

Maine State Plan on Aging 2025-2028

State of Maine

Department of Health and Human Services

Office of Aging and Disability Services



Acknowledgments

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

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2024, through September 30, 2028. The plan includes goals, objectives, strategies, and performance measures to be conducted by the Office of Aging and Disability Services, Maine's State Unit on Aging, during this period. The Office of Aging and Disability Services has been given the authority to develop and administer the State Plan on Aging following the requirements of the Older Americans Act. The Office of Aging and Disability Services is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services; and to serve as the advocate for Maine's older adults.

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

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

5/22/2024

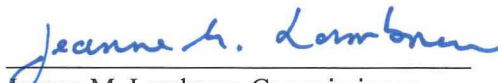
Date



Paul Saucier, Director
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5.24.24

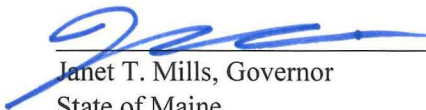
Date



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

5/28/24

Date



Janet T. Mills, Governor
State of Maine

Executive Summary

The Older Americans Act of 1965 requires all State Units on Aging (SUA) receiving Older American's Act funding to prepare and publish a "State Plan on Aging." Maine's SUA is designated as the Office of Aging and Disability Services (OADS) within the Department of Health and Human Services. OADS has prepared the 2025-2028 Maine State Plan on Aging as a roadmap for programs and services funded by the Older Americans Act. To help guide the development of this plan, OADS convened a State Plan on Aging Advisory Committee consisting of a diverse group of community stakeholders. The Advisory Committee provided valuable input on the development of a statewide needs assessment and feedback on the goals and objectives of this plan.

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

The 2025-2028 Maine State Plan on Aging is working towards the population-level result of *all older Mainers are healthy and safe*. To achieve this, Maine will prioritize its OAA programs to:

- Support older Mainers and their care partners to remain active and healthy in their communities of choice;
- Ensure Maine's aging services and programs are accessible to all older Mainers and their care partners with emphasis on individuals with the Greatest Social Need and Greatest Economic Need; and
- Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.

OADS will lead the efforts to support older adults and their care partners to remain in their communities through the provision of home and community-based services, service navigation, enhanced volunteer utilization, elder justice services, and caregiver support. Providing home supports will help reduce the need for institutional care in any form. These choices support the independence and the finances of both the individual and the public as costs for community-based services are comparatively lower than institutional care. Aligning the State Plan on Aging with Maine's Department of Health and Human Services values, Maine's SUA, through the identification of its three primary goals, will lead to the achievement of the overall vision for Maine People Living Safe, Healthy and Productive Lives.

Maine's Aging Network

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

Office of Aging and Disability Services

Maine's State Unit on Aging (SUA) operates as the Office of Aging and Disability Services (OADS), located within Maine's Department of Health and Human Services (DHHS). OADS manages services for vulnerable adults ages 18 and over who need long-term services and supports (LTSS). Our mission is to promote the highest level of independence, health, and safety of older adults as well as vulnerable adults and adults with disabilities.

OADS consists of four units:

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

Aging and Long-Term Services & Supports consists of the following programs: MaineCare benefit section 19, aging and disabled waiver services, MaineCare State Plan services, State-funded programs, quality management, and Older Americans Act funded aging in community services.

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

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

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

Area Agencies on Aging (AAAs) in Maine offer a variety of services to Maine's older adults, including, but not limited to: information and assistance; in-home services; congregate and home delivered meals; educational programming, including chronic disease self-management programs; family caregiving support and training; and health insurance and benefits counseling, including Medicare education regarding insurance and prescription drug benefits, identification and reporting of health insurance fraud, waste, and abuse. Maine has five AAAs, all of which are private, non-profit agencies. They are the Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum

Generations, and Southern Maine Agency on Aging. The agencies serve all regions of the state. These agencies maintain a statewide association dedicated to statewide aging advocacy and leadership called the Maine Association of Area Agencies on Aging (M4A). Maine's five AAAs are also designated Aging & Disability Resource Centers (ADRCs) as part of Maine's No Wrong Door System to answer questions from both older adults and adults with disabilities, about a wide range of in-home, community-based, and institutional services. Attachment D includes a map of the state designated and federally approved Planning and Service Areas (PSAs) and contact information for each AAA.

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

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

Cabinet on Aging

Governor Mills established the [Cabinet on Aging](#) by Executive Order in July 2022 to eliminate silos across state government, enhance partnerships, and accelerate actions to help every person in Maine age safely, affordably, in ways and settings that best serve individual needs. The Cabinet is comprised of the leaders of eight state agencies, co-chaired by the Commissioners of Health and Human Services and the Maine Department of Labor. Priority focus areas include creating sustainable living in community; supporting community connections to improve quality of life, inclusion, and engagement of older adults; and engaging older adults in active retirement by supporting opportunities for employment and volunteering. The work of the Cabinet builds on the designation of Maine in 2019 as an Age Friendly State.

Elder Justice Coordinating Partnership

Maine has a rich history of engaging in regional and statewide collaborative work to advance elder justice. Building on past efforts, Governor Mills in 2019 convened the Elder Justice Coordinating Partnership (EJCP), a broad coalition including public and private sector members. This work culminated in the creation of Maine's [Elder Justice Roadmap](#) in December 2021, a comprehensive and visionary set of recommendations to advance elder justice goals to prevent and respond to elder abuse. In 2023, Maine was awarded grant funding through the National Center for State and Tribal Elder Justice Coalitions to support continuing work of the EJCP in implementing the Roadmap recommendations.

Maine Council on Aging

The Maine Council on Aging (MCOA) is a statewide multi-disciplinary organization that influences policy, educates stakeholders, and advances initiatives to support healthy, engaged, and secure aging. In response to the overt ageism seen during the pandemic, the MCOA launched the Power in Aging (PIA) Project in 2021, an expansive effort to promote age-positive conversation and policy change with the goal of ending ageism in Maine by 2032. PIA offers broad educational training, technical assistance, community conversations, and sector-specific strategies, currently focused on healthcare and business and expanding to others. A key component of this work is leadership mobilization, accomplished through the Leadership Exchange on Ageism (LEA). LEA is a first-in-the-nation 14-hour intensive peer-learning-centered leadership development program that is growing a cadre of business, finance, government, policy, healthcare, public safety and community leaders, now more than 200 strong, who are taking action to end ageism and promote age-positivity in Maine.

Context

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

The Department of Health and Human Services' Office of Aging and Disability Services (OADS) partnered with the Catherine Cutler Institute within the Muskie School of Public Service at the University of Southern Maine (USM) in Fall 2023 to conduct a statewide assessment of community needs of older adults and caregivers. The goal of the statewide assessment was to gather information directly from older Mainers living in diverse regions across the state, in both urban and rural settings, to inform the State and its community partners about the most pressing needs of older people around Maine, and to shed light on how best to prioritize existing services - or develop new ones - to meet those needs. The sections below highlight key themes and findings from a report developed by the University of Southern Maine Muskie School of Public Service. A copy of the full report can be found on the OADS website at:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/SPOA-Final-Report-2024.pdf>

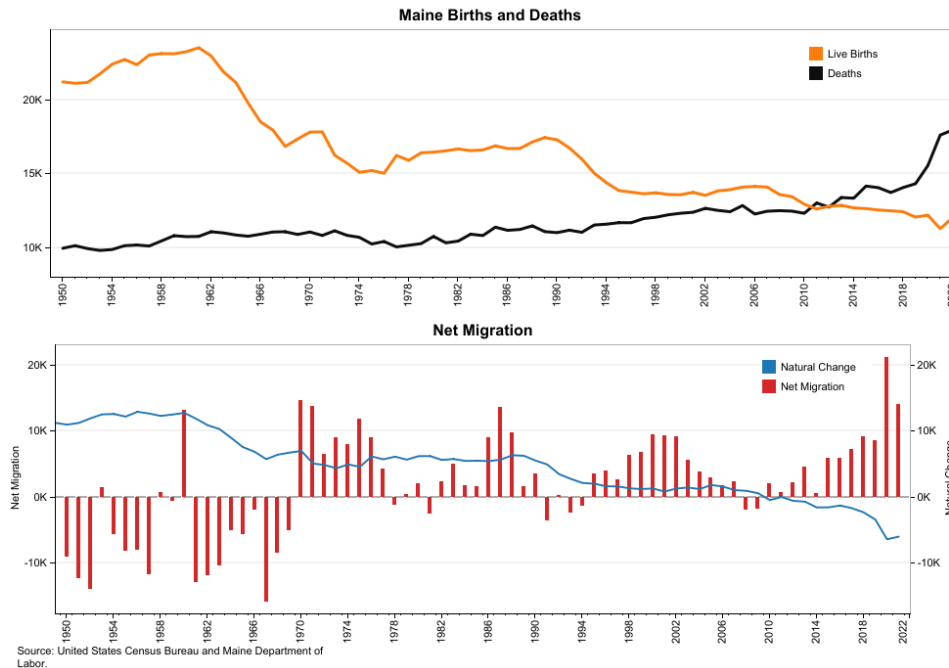
Demographics

According to the U.S. Census Bureau, Maine has the highest median age of any state or territory at 44.8 in 2022¹, and will rise to 49 in 2050, with the older adult population likely to grow at a much faster rate during that time. Maine's older adult population is already rapidly changing. From 2017 to 2022, Maine residents aged 65 to 74 years old grew to over 25,000 people. By 2050, it is anticipated that older adults, those aged 65+, will make up 29% of Maine's population. The ratio of people ages 20-64 persons per person ages 65 and older is projected to decline from 2.6 people in 2020 to 1.8 in 2050, largely due to higher death rates than birth rates over time², see Figure 1 below. The declining ratio of younger to older persons has significant implications for the available workforce to serve Maine's older aging population.

¹ U.S. Census Bureau. (2022). Age and Sex. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101. Retrieved February 5, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0101?q=Age and Sex&g=040XX00US23>.

² Maine Department of Labor, Center for Workforce Research and Information. *Demographics of Employment and Unemployment in Maine*. Retrieved February 5, 2024, from https://public.tableau.com/views/DemographicsofEmploymentUnemployment_0/Population?:embed=y&:loadOrderID=0&:display_count=y&:origin=viz_share_link

Figure 1, Maine Births, Deaths, and Net Migration Rates 1950 to 2022



Maine’s racial demographic characteristics are becoming more diverse, largely due to an increase in net migration, see Figure 1 above. Although predominantly White, this varies between those under 60 (91%) and over 60 (97%) years of age. As the population ages, Maine’s older adults will likely continue to grow in diversity. Other racial and ethnic categories are as follows: Black or African American 2.4%, American Indian or Alaska Native 1.4%, Asian 1.6%, Native Hawaiian and Other Pacific 0.0%, Some other race 1.2%, and Hispanic or Latino (of any race) 2.7%. Because of these low percentages and numbers of underserved and underrepresented populations, OADS and the State Plan Advisory elevated these voices during the planning process as much as possible and throughout the public input and needs assessment process.

For older adults, poverty rates increase with age. While under one-quarter of 55–64-year-old Mainers have incomes below 200% of the federal poverty level (FPL) (\$34,000 in 2022) nearly one-third of people 75+ have incomes below that level. Over 100,000 Mainers 60 and older have annual income below 200% of the FPL.

Public Input

The full statewide needs assessment envisioned a broad study comprising mixed methods data collection through surveys, listening sessions, focus groups, and key informant interviews. The study components were designed to reach older Mainers- or sub populations of older Mainers- using various platforms. Intentional efforts were made to include hard-to-reach populations (e.g., oldest old, people geographically or otherwise isolated, those with significant health challenges, individuals not engaged in services, etc.). Study components were designed to be inclusive and represent the broadest spectrum of older adults and caregivers. All study components centered on the Domains of Need (healthcare, housing, food and nutrition, transportation, safety, caregiving, and socialization). Each of the data collection methods is briefly summarized below.

In addition to the statewide needs assessment process described below, a draft of this state plan was published on the OADS website with a public comment period that was open from April 12, 2024, and closed on May 17, 2024. OADS hosted two public hearings via video conferencing with a call-in option on April 30, 2024, and May 2, 2024. The responses provided by OADS to submitted comments are included in the [Public Comments and Responses](#) section of this plan.

Statewide Needs Assessment

Each of the data collection methods is briefly summarized below. For more details on methodologies used and findings, a copy of the full report can be found at:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/SPOA-Final-Report-2024.pdf>

Statewide Survey and Caregiver Survey

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

- Transportation
- Housing
- Food and nutrition
- Health Status
- Caregiving
- Information and referral
- Community assets
- Impact of COVID-19 pandemic
- Emergency preparedness
- Feeling respected in one's community
- Employment and volunteering

A caregiver survey was included as a section of the larger statewide survey, as well as distributed as a stand-alone survey. Caregiver surveys were disseminated to solicit feedback from adults of any age who are care partners of older adults or adults with disabilities and older adults caring for a minor grandchild or another family member in the place of a parents (kinship care).

The final sample for the Statewide Survey was 3,094 and the Caregiver Survey had 627 respondents.

Listening Sessions

Five regional Listening Sessions were conducted virtually in September and October 2023 using the Zoom platform, although many AAAs facilitated in-person attendance options across the state and even went to some older adult's homes with tablets to increase access. Participants were encouraged to register for the session date corresponding to their county to ensure that the sessions represented the service area of each of Maine's five AAAs. Ninety-two people across all five sessions participated in facilitated conversations around what is working well and what needs improvement in the Domains of Need (healthcare, housing, food and nutrition, transportation, safety, caregiving, and socialization). The sessions were designed to hear nuances and details about community assets and the needs of older adults and their caregivers.

Focus Groups

USM collaborated with several community organizations to convene focus groups of older adults from different communities who have been underrepresented in other data gathering activities. Convenience

sampling was utilized for the focus groups, with recruitment and publication of the group conducted by trusted community partners. Cross Cultural Community Services (CCCS), the Maine Council on Aging (MCOA), Khmer Maine, Equity Maine, MaineTransNet, In Her Presence, Legal Services for Maine Elders, and several age-friendly community organizations helped to identify older adults willing to participate in the different focus groups.

Seven focus groups covering the Domains of Need were conducted in-person and online via Zoom. Participants included 64 older individuals in the following categories:

- Asian older adults
- US-born Black and African American older adults
- LGBTQ+ older adults living in rural areas of the state
- Low-income older adults
- New Mainers-Somali and Arabic speakers
- New Mainers- French and Portuguese speakers

As focus groups were conducted with a small number of participants, the findings are not expected to be representative of the experiences of an entire population. However, focus group findings can help identify issues and concerns and provide insight into individuals' experiences and perceptions.

Key Informant Interviews

Nine interviews were conducted in September-November 2023 with twelve aging services representatives and other experts who serve and interact with older people in the areas of:

- Food insecurity
- Homelessness and housing insecurity
- Intellectual and developmental disabilities (IDD)
- Island communities
- Kinship care
- Legal issues
- Long-term care
- Low income
- Refugees/asylees

Key Findings

This section provides a brief overview of the themes and trends that emerged across all components. A complete analysis of the findings from the listening sessions, statewide survey, care partner survey, key informant interviews, and focus groups can be found in the full report on OADS's website at: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/SPOA-Final-Report-2024.pdf>

Health

While many older Mainers report Good, Very Good, or Excellent health, seventeen percent (17%) of people 75-84 years-old, and twenty one percent (21%) of adults 85+ report Fair or Poor health. Respondents reported system-related concerns that impact the quality, efficiency, and value of their healthcare encounters thereby putting them at greater risk for poor healthcare outcomes. System-related concerns such as delays and disruptions in care due to labor shortages, decreased continuity in provider relationships due to poor communication and coordination of care, lack of access to providers, and overall unavailability and affordability of services were raised in nearly every needs assessment conversation. Respondents also reported that lack of trauma-informed care and ageism participating in the downplaying

of health conditions as barriers to effective healthcare. The lack of geriatricians and other providers who understand the unique health needs of older people was also highlighted across study platforms.

The need for affordable and accessible preventative care was a repeated concern amongst respondents. Fall prevention was highlighted as a concern for older adults, with almost twenty percent (20%) of survey respondents reporting that they had fallen within the last six months. Twenty-five percent (25%) of survey respondents reported they were *Somewhat* or *Very Interested* in a free or low-cost workshop or class to learn about how to keep themselves healthy.

Approximately ten percent (10%) of survey respondents reported they have difficulty with daily tasks related to health and wellness including personal care activities or managing their medications. Of those respondents reporting difficulties, thirty-two percent (32%) indicated they are receiving in-home help from another person or organization. For those not receiving services, reported barriers to accessing care were: inability to afford help (36%); not knowing how to get help (28%); or there was no help available (11%).

Housing

Participants reported critical housing needs including the availability of safe and suitable housing and the affordability of major housing repairs. Over sixteen percent (16%) of respondents indicated that their home does not meet their current needs due to unaffordable repairs, needed home modifications, and heating or cooling expenses. Additionally, routine maintenance tasks such as snow shoveling, yard care, and trash removal pose sanitation and safety risks for older adults. Older adults, especially those living alone (25% of Mainers aged 65+), do not have the ability nor the resources to accomplish routine home maintenance tasks, which may be a barrier to service entry, and pose health and wellness concerns such as increased risk of falls.

Key informants reported that there are more frequent calls for housing needs given the current highly competitive market. No-fault evictions leave older Mainers open to discriminatory rental practices resulting in housing disruption with very little notice and few options. Twelve percent (12%) of survey respondents fear losing their current housing for any reason, with nearly half of respondents (49%) indicating that they would not have options if they lost their current housing.

Food and Nutrition

Food insecurity among older adults is rising, and disproportionately affects those who live alone or homebound, are unemployed or disabled, low-income, and those with grandchildren living in the home. Listening session and focus group participants, and key informants in the field of food insecurity, homeless services, and community action programs said that current SNAP benefits are not adequate to meet older adult needs. Other respondents stated that while they had received SNAP benefits at one time, they were no longer eligible or that the benefit amount was not enough. Alternatively, others who are eligible for SNAP benefits do not enroll due to perceived stigma around using food stamps or are unsure of eligibility status due to changing state and federal regulations and are unsure where to receive information or support.

Access to food was a prominent concern across assessment platforms. Those in rural and island areas reported challenges in accessing fresh produce items and desired better access to nearby grocery stores, reporting that the corner stores available in more rural communities have limited and often expensive food options. Transportation was a significant concern with many respondents worried that when they no longer drive, they will be unable to grocery shop particularly in rural regions of the state where transportation services are limited.

Transportation

Transportation is key to older Mainer's ability to remain safe and healthy in their homes and communities. Access to transportation to meet basic life needs (e.g., food, services, congregate meal sites, social activities, medical appointments, etc.) was continuously raised as a concern across study platforms. While twenty percent (20%) of respondents reported that family and friends meet their transportation needs, many voiced concerns of burdening others.

For older adults residing in more rural areas with limited to no access to public transportation, considerable time must be spent arranging rides to medical appointments, shopping, and socializing.

Transportation to MaineCare-covered appointments is provided through one of three transportation brokers in Maine. Respondents reported however that the two-day advanced notice requirement, especially for those living with chronic health conditions or behavioral health needs requiring multiple weekly appointments, scheduling necessary transportation can become overwhelming.

For older adults who do not receive MaineCare benefits, access to transportation, affordability of transportation, and finding transportation within an accessible vehicle can be increasingly challenging.

Older adults residing in rural areas have limited alternative transportation options. Listening session participants noted that availability of volunteer-based systems in rural areas can be affected by downturn in volunteerism or a lack of recruitment of drivers in these areas. Those residing in rural areas sometimes must travel long distances to receive specialty medical care, incurring increased expenditures in fuel and lodging costs.

Safety

Viewed across the study components, older Mainers expressed concerns about safety in the context of physical safety, psychological safety, and feelings of security. Listening session participants spoke about physical safety hazards in the home (e.g., home repairs and upgrades, etc.) and also the burdens of worrying about financial scamming, abuse and exploitation, and fear of overt criminal activity (e.g., theft of medications, etc.). Eighty-two percent (82%) of older Mainers responding to the statewide survey reported they do not have concerns for their personal safety (from the concerns listed), while eleven percent (11%) reported fear of being taken advantage of, seven percent (7%) worry about safety of their neighborhood, five percent (5%) fear that someone may steal money or valuables, two percent (2%) fear family members and others they know, and one percent (1%) fear that someone may steal their medications.

Older adults consistently noted their frustration with the ubiquity of telephone calls and text messages from scammers. While for many these calls were annoyances, for some they represented a real threat to financial security, especially for particularly susceptible populations, such as those living with cognitive changes. Several participants mentioned that older adults are using the internet for socialization and for home-delivered items-in ways that meaningfully improve their daily lives. However, participants reported that with increased internet use by older adults, there isn't enough training on internet security that would be helpful due to fear and vulnerability to scams.

Caregiving

Across study components, affordable respite services were identified as a top need of individuals who are caregiving, particularly in rural areas where the caregiving workforce is especially limited. Family caregivers voiced critical concerns of easing emotional and financial hardship as well as reduction of burden in managing highly complex health needs, with 74% of respondents indicating that they Somewhat or Very Much experience emotional strain, and 40% experience financial strain due to

caregiving duties. Thirty seven percent (37%) of caregivers reporting that they are not receiving the help that they need as a caregiver, twenty-seven percent (27%) reported that respite services would be helpful. Additionally, forty-three percent (43%) of respondents reported that they weren't receiving help because they did not know who to ask or where to get information.

Provision of affordable and accessible respite services may decrease the impact of caregiving responsibility on caregiver employment, which can directly relate to caregiver stress and financial burden. Fifty-seven percent (57%) of caregiver respondents reported employment within the last six months. Of those, sixty-five percent (65%) experienced the need to go into work late, leave early, or take time off during their day to provide care. Additionally, seventeen percent (17%) of caregivers went from full to part time employment or cut back on hours due to caregiving, and an additional 17% of caregivers left a job as a result of caregiving.

Socialization

The critical socialization needs of older Mainers, described by participants across study platforms include resuming activities in a post-pandemic environment, transportation alternatives to social activities, and reassurance check-ins. Across all survey respondents, twenty percent (20%) said they sometimes felt lonely or disconnected from other people in the last six months, five percent (5%) said Often, and one percent (1%) said Always. Feelings of loneliness and lack of connection increased with age with over one-third of 85+ year olds saying they were lonely Sometimes, Often, or Always.

A key factor limited socializing identified across study platforms was the lasting impact of the COVID-19 pandemic, with respondents reporting pre-pandemic social opportunities were no longer available, and reporting that fear of contracting the virus was barrier for attendance at social gatherings.

Transportation is also a key factor limited socialization opportunities. Focus group and listening session participants said they would like to participate in social activities in their community or visit friends and family, but without transportation are unable to do so. Participants reported that the need to make special arrangements for transportation to social events through family, friends, and volunteers has an impact on their decision to attend. Additionally, for older adults who continue to drive themselves, driving in winter and driving after dark also impacts their participation in in-person activities.

Focus Areas

Older Americans Act (OAA) Core Programs

The Older Americans Act (OAA) funds critical community services that keep older adults healthy and independent. Such services provided are a variety of programs from senior employment to home delivered meals. Many other services include job training, disease prevention and health promotion, benefits enrollment, caregiver support, transportation, job training, and more. Maine is focusing the provision of OAAA Title III Core Programs (i.e., Access to Services, Nutrition Services, Evidence Based Programs, and Care Partner Services), including Title VI and VII programs to adults with Greatest Economic and Social Need. See the [Equity](#) subsection below for Maine's definition of Greatest Economic Need and Greatest Social Need. This plan proposes to prioritize information, outreach, and new ways to deliver core OAA services to these communities. Moreover, and especially post-COVID-19, older adults in these communities face disproportionate risks in the areas of housing, safety, and access to legal services. This Plan places special emphasis on providing information and assistance to older adults at risk in these areas in an effort to make Maine an age-friendly and dementia-friendly state for all residents.

COVID-19 Impact

In building objectives, strategies and measurable outcomes in the wake of the COVID-19 pandemic, this Plan draws from lessons learned to address an array of issues and risks facing Maine's older adults. Given the aging and rural nature of Maine, and the high percentage of people living with disabilities, planning for a disaster is critically important. Maine's older adults are routinely faced with harsh winters with snow and cold temperatures affecting mobility, transportation, and access to services in addition to the public health emergency that COVID-19 brought. Throughout the COVID-19 pandemic, state and local partners worked diligently to modify and adapt service delivery and programs to meet the needs of Mainers. While OADS programs and partners were able to effectively pivot services and offer a variety of options allowing services to continue during the pandemic, the emergency highlighted the need to ensure programs are equitably accessible, inclusive, and responsive to the diversity of Maine's population. Although the pandemic provided lessons learned it also provided insight in how to provide services differently and created energy to collaborate and create new partnerships.

This plan also includes efforts to combat and address social isolation and feelings of loneliness which were exacerbated by the COVID-19 pandemic and continue to have negative impact upon older adults in Maine. Older Mainers who may already have limited opportunities for social engagement due to Maine's rurality, limited public transportation options, and weather conditions impacting safe mobility and transportation, report increased worry for participation in social activities due to fear of contracting the virus.

When addressing public emergencies such as COVID 19, Maine's Emergency Management Agency (MEMA) is responsible for developing Maine's Comprehensive Emergency Management Plan. The Office of Aging and Disability Services (OADS) is committed to enhancing its partnership with MEMA in order to routinely update and maintain emergency preparedness plans across all levels of the aging network to ensure that the needs of older adults and adults with disabilities are included in any disaster response. Additionally, this plan contains strategies to ensure that vital emergency preparedness information is disseminated effectively to the public, with attention to method of communication, as well as linguistic and cultural considerations, to ensure equity in dissemination of information.

OADS and Maine's area agencies on aging were awarded various pandemic relief funding to support OAA Title III services and programs in response to COVID-19, including funds through the [American Rescue Plan Act of 2021](#). All COVID-19 supplemental funding awarded to Maine's area agencies on aging will be expended by September 30, 2024, prior to the start of this state plan on aging.

Equity

Maine's older adult population is growing more diverse, and this plan strives to work on objectives and strategies that improve OAA services and supports to meet the needs and preferences of older adults across communities. Throughout the planning process, OADS collaborated with several community partners to ensure that voices of underserved populations were included in order to elevate equity in the planning process and service delivery. Through use of data collection to track progression towards measurable outcomes, and increased focus on building relationships with communities who are not currently adequately served by Maine's Aging Network, Maine will improve equity of service provision for underserved populations.

Per § 1321.3 of the Older Americans Act Final Rule released on February 6, 2024³, the following definitions for *Greatest Economic Need* and *Greatest Social Need* are used throughout the Maine 2025-2028 State Plan on Aging:

Greatest Economic Need = the need resulting from an income level at or below the Federal poverty level.

The State Plan on Aging Advisory Committee discussed the use of the Elder Economic Security Standard™ Index (Elder Index)⁴, developed by the Gerontology Institute at the University of Massachusetts Boston, as a tool to help target OAA programs based on local income levels needed to meet basic living costs like housing, health care, food, transportation, and other essentials. Any future implementation of the Elder Index in the delivery of OAAA programs will be explored in collaboration with Maine's Aging Network.

Greatest Social Need = the need caused by noneconomic factors, which include:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - (i) Racial or ethnic status;
 - (ii) Native American identity;
 - (iii) Religious affiliation;
 - (iv) Sexual orientation, gender identity, or sex characteristics;
 - (v) HIV status;
 - (vi) Chronic conditions;
 - (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
 - (viii) Interpersonal safety concerns;
 - (ix) Rural location; or
 - (x) Any other status that:
 - (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
 - (B) Threatens the capacity of the individual to live independently.

Expanding Access to Home and Community Based Services

Home and Community Based Services (HCBS) are fundamental to making it possible for older adults to age in place. In partnership with Maine's Aging Network, OADS has been working on initiatives to increase access to HCBS for older adults including streamlining information sharing and referrals for needed services, and increasing access to services, especially for older adults of Greatest Social Need and Greatest Economic Need.

Maine's area agencies on aging are integrated within the formal [Long-Term Care Services](#) network. Each area agency on aging provides at least one service under MaineCare – the State of Maine's Medicaid program – and state-funded [Home Care](#) programs. All five area agencies on aging are providers of Home

³ <https://public-inspection.federalregister.gov/2024-01913.pdf>

⁴ <https://elderindex.org/>

Delivered Meals under the MaineCare 1915(c) waiver program Home and Community Benefits for the Elderly and Adults with Disabilities (Section 19) and the state-funded program In-Home Community Support Services for Elderly and Other Adults (Section 63). Aroostook Agency on Aging, Eastern Area Agency on Aging, Spectrum Generations, and SeniorsPlus are enrolled providers of Evidence Based Services under Section 19. Aroostook Agency on Aging, Spectrum Generations, and Southern Maine Agency on Aging are enrolled providers of [Adult Day Services](#) under MaineCare Section 26 and state-funded Section 61. Aroostook Agency on Aging and Southern Maine Agency on Aging are enrolled providers of state-funded [Independent Housing with Services Program](#) (Section 62). Aroostook Agency on Aging and Spectrum Generations are sub-contracted providers of state-funded Independent Support Services (Section 69). Spectrum Generations is an enrolled provider of Personal Care Services under Section 19, Section 63, and MaineCare Section 96. Spectrum Generations' [Bridges Home Services](#) program also provides [Case Management](#) services under MaineCare Section 13 and Adult Day and Community Support Services under MaineCare Section 21 and Section 29 to individuals with intellectual or developmental disability (IDD) and/or autism. SeniorsPlus [Care Coordination](#) is a service coordination agency that provides Case Management Services for members across the state enrolled in Section 19, Section 63, and Section 96. SeniorsPlus is also the contracted Atypical Waiver Services Provider for Assistive Technology and Environmental Modification Coordination under MaineCare Section 19.

In 2022, Spectrum Generations was awarded a grant from the U.S. Administration for Community Living to develop [Healthy Living for ME](#) into Maine's [Community Care Hub](#). Healthy Living for ME's evidence-based programming and website is managed through a joint partnership between Spectrum Generations and Aroostook Agency on Aging. Healthy Living for ME recognizes the importance of aligning healthcare and social care sections to best serve the entire person. Healthy Living for ME is made up of local organizations, health systems, and volunteers who work together to empower individuals to take charge of their health.

OADS and members of Maine's Aging Network are participants in the stakeholder group of the Maine Community Information Exchange (CIE) Project - an effort to develop and implement a system that combines information from separate health and medical record systems to create a comprehensive health record for patients. The mission of the Maine CIE is to advance health equity, reduce disparities, and improve the overall well-being of people in Maine through coordinated information sharing, data standards, resources, and technologies. The benefits of the CIE for Maine residents include informed decision-making, efficient care coordination, fewer medical errors, improved patient safety, fewer repeated test and procedures, less paperwork, decreased wait times, and efficient discharge and referral management for patients.

Maine's Aging & Disability Resource Centers (ADRCs), operated by each of Maine's AAAs, help connect older individuals and their family care partners to available resources, including HCBS programs. ADRC staff conduct benefits eligibility screenings to review a person's income and other eligibility requirements to determine which HCBS programs offered in Maine best meet identified needs. ADRC staff also assist with completing applications for Long Term Care through My Maine Connection (www.mymaineconnection.gov) when requested.

Caregiving

Care partners are fundamental to the health and wellness of older Mainers, particularly in rural settings where workforce and transportation limitations are access barriers to key OAA services. This plan places

an emphasis not only on family care partners, but on older adults who may not have any kin in their communities and have caregiving needs met by friends, neighbors, or trusted peers in their everyday lives. Additionally, subpopulations of care partners, such as older-relative caregivers and Kinship caregivers, are a focus for outreach and education in available supports and services for this plan.

This plan places emphasis on improving best practices related to caregiving including increased training to direct care staff in case management best practices and trauma-informed care. Use of care partner screening and assessments to develop person-centered care plans focused on specific needs of family care partners are also highlighted in order to improve outcomes of services for both the older adult and their care partners.

Special Projects and Initiatives

Alzheimer's State Plan

The Office of Aging and Disability Services participates in the advisory committee for the development of the Maine Alzheimer's State Plan. Developed by Maine CDC in partnership with a robust statewide advisory committee, the Maine Alzheimer's State Plan recognizes the value of older adults with dementia and the need for policies aimed at enhancing prevention through early detection and diagnosis, provide to patient communication and care planning, treatment, and appropriate supports for people with dementia, their care partners, and their family members. The Plan provides the basis for action to be taken jointly by government and non-governmental partners and is integrated within chronic disease public health program work in risk education and reduction, and compliments strategies that exist in other state plans: Maine State Plan on Aging, the 2020 Maine Age Friendly State Plan. The plan seeks to create the necessary instruction that empowers, educates, and supports people living in Maine by reducing ADRD risk factors, promoting early detection, and connecting people to resources they need in order to optimize their wellbeing.

Maine Access Navigator Tool Pilot Program

Using the State-administered aging and disability data systems, The Office of Aging and Disability services is working closely with Maine's No Wrong Door System to develop and implement a public facing web-based referral form which allows adults to request services. The Federal Medical Assistance Percentage (FMAP) funded project aims to allow the public to self-assess their needs to make recommendations and referrals with a focus on Social Determinants of Health. The self-assessment data will also be automatically sent, with approval of the user, to the appropriate Aging and Disability Resource Center to initiate provider-level referrals, follow-up, and pre-screen for eligibility.

Respite for ME Grants Pilot Program

In 2022, in partnership with Maine's five AAAs, the Office of Aging and Disability Services launched the Respite for ME Grants Pilot Program, a two-year Maine Jobs and Recovery Plan (American Rescue Plan) funded initiative to provide needed Respite services to unpaid family care partners. The Respite for ME Grants Pilot Program provides expansion of covered services beyond those provided by National Family Caregiver Support Program or the Maine State Respite Care Program. The program utilizes an evidence-based caregiver evaluation to assess the impact of covered services on care partners in areas of stress,

feelings of burden, depression, intent to place care recipient, and others. The Respite for ME Grants Pilot Program will provide critical data to support the sustainability and expansion of Respite programming for unpaid family care partners in Maine. The pilot program runs through September 30, 2024. A full report of the first year of the pilot program can be found here:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Respite-for-ME-Evaluation-Report-2022-2023.pdf>

Lifespan Respite Pilot Program

In 2024, in partnership with Maine's five AAAs and the Maine Brain Injury Association of America – Maine Chapter (BIAA-ME), OADS will launch the Lifespan Respite Pilot Program, a one-year program funded through FMAP which will provide respite services to unpaid family care partners of individuals waitlisted for MaineCare waiver for Home and Community Based Services for Adults with Brain Injury. The project will provide expansion of Respite services to unpaid family care partners for the population, and provide opportunity for Maine's application, participation, and sustainability in the Lifespan Respite ACL Grant.

Elder Justice

All Mainers deserve to be safe, secure, and able to flourish at every stage of life. To support a just society for all people, we all must address elder abuse. Maine has a rich history of engaging in regional and statewide collaborative work to advance elder justice. To further advance these efforts, Governor Mills established by Executive Order on October 23, 2019, the Elder Justice Coordinating Partnership (EJCP), a broad coalition including members from both the public and private sectors. The charge of the EJCP was to identify challenges to the prevention of, detection of, and response to elder abuse and to develop strategic priorities across the public and private sectors to prevent and respond to elder abuse. This work culminated in the creation of [Maine's Elder Justice Roadmap](#) in December 2021, a comprehensive and visionary set of recommendations to advance elder justice goals. Several Cabinet members or their staff are represented on the EJCP, including the Department of Public Safety (DPS), the Department of Professional and Financial Regulation (DPFR), and DHHS.

To support the continued commitment of EJCP members and implementation of the Roadmap's recommendations, the Cabinet successfully applied for, and was one of eight states to receive, a grant through the National Center for State and Tribal Elder Justice Coalitions to fund a coordinator position for the EJCP and support implementation of the Roadmap. This grant runs through September 2025 and will help advance continued progress. Maine has already shown its commitment by investing over \$4 million in the FY24-25 biennial budget to help advance several recommendations, including:

- Making permanent the Elder Service Connections program to connect Adult Protective Services (APS) clients to services, allowing APS to refer clients to an Elder Advocate through the Elder Abuse Institute of Maine who can help with arranging services and setting client-centered goals. Originally piloted in 2018 as a grant-funded research project, the Elder Services Connections program has operated successfully statewide since 2021 and will now be sustained into the future with this funding.
- Expanding APS capacity at OADS to prevent and respond to elder abuse by creating 10 positions statewide within APS.

- Supporting civil legal services for older adults by increasing the capacity of Legal Services for the Elderly, which offers free legal assistance to Mainers aged 60 and older.
- Funding for the Office of Attorney General to support restructuring of the Maine Elder Death Analysis Review Team (MEDART).

As of 2023, Maine now [requires training](#) every four years of all mandatory reporters of abuse, neglect, and exploitation. OADS also released an [APS Data Trends Report \(PDF\)](#) covering State Fiscal Years 2021 and 2022. The release of the report fulfills a priority recommendation of the Elder Justice Roadmap and will help identify trends and patterns and develop ongoing recommendations for system improvement.

To further help address financial exploitation and raise awareness of scams, DPFR's Office of Securities and DPS have partnered with others, including Maine AARP and the Maine Council for Elder Abuse Prevention, to create a series of YouTube videos. Additionally, the Office of Securities continues to produce and run a series of Public Service Announcements (PSAs). The YouTube videos and PSAs have proven to be a positive and effective method for increasing awareness and engaging families in important conversations about scams, frauds, and how to protect family, friends, and neighbors. DPFR continues to partner with the Maine Council for Elder Abuse Prevention and APS on SeniorSafe™, a training initiative to increase identification and reporting by financial institutions of suspected cases of elder financial exploitation.

Quality Management

Data Collection

Maine's aging network utilizes various software systems to collect required programmatic and fiscal data to be submitted annually for Older Americans Act Title III and Title VII funded programs and services. The Healthy Aging Services unit within OADS and the five area agencies on aging utilize the WellSky Aging and Disability case management software to maintain electronic client records and to collect required data on Title III funded services. OADS utilizes Evergreen Data System, a new client data system, for the Developmental Services, Adult Protective Services, and will be integrated into Long-Term Care units (<https://www.maine.gov/dhhs/eis/evergreen>), to collect data on performance measures and demographics for Title III funded elder abuse prevention services. The Maine Long Term Care Ombudsman Program (MLTCOP) had a unique database created by a software developer where programmatic, contractual, and required data is collected for Title VII funded ombudsman services.

Data elements are collected via WellSky that provides data to assure OAA Title III funded services are focused on at-risk populations including older individuals with the highest social and economic need. The following chart provides evidence of The Healthy Aging Services unit's commitment to focus the provision of Title III services to those with the highest socioeconomic needs:

<i>Targeting Criteria</i>	<i>Target Population*</i>	<i>Total Population</i>		<i>Service Population**</i>	
<i>Greatest Social Need</i>	Persons Age 85+	31,927	8.02%	2,979	20.40%
	Rural	153,422	39.49%	7,608	52.26%
	Lives Alone	79,707	20.03%	6,903	51.73%
	Race/Ethnicity (Non-White)	17,688	5.16%	296	2.19%
<i>Greatest Economic Need</i>	At or Below Poverty Level	23,669	5.95%	6,193	54.18%

*See Attachment C: Intrastate Funding Formula (IFF) for data sources.

**Missing data excluded.

The Healthy Aging Services unit continually works to update and enhance functionality of the WellSky platform to ensure OAA required data elements are collected, maximize efficiency of system use, and reduce risk of platform errors. The Healthy Aging Services unit provides routine training, technical assistance, and support to the five area agencies on aging to ensure effective use of WellSky platform, as well as timely and accurate data collection for yearly OAAPS reporting.

Remediation

Maine’s aging network provides various remediation processes for OAA funded services to ensure compliance with federal regulations and ensure accuracy of reported data. The Healthy Aging Services unit has developed Monitoring Guides for Title III funded services and programs that are utilized across the five area agencies on aging. Each monitoring guide consists of four elements: Quarterly, Mid-Year, Annual, and Site Visit Monitoring. Monitoring is performed at the desk level and in-person to review: expenditures, persons, and units served; missing data; progress towards meeting area plan objectives; contract and policy requirements; and state and federal rules and regulations. Monitoring feedback is provided to each AAA throughout the year to: review variances in service levels; facilitate programmatic changes to ensure compliance; review effectiveness of strategies utilized to meet area plan objectives; gather information on successes and challenges; and support each AAA in meeting targeted outcomes.

Corrective Action Plans are implemented by the Healthy Aging Services unit to individual AAAs as needed to: identify the most cost-effective actions that can be implemented to correct error causes; improve processes or methods so that outcomes are more effective and efficient; achieve measurable improvement in the highest priority areas; and eliminate repeated deficient practices.

Adult Protective Services conducts a review of program and fiscal data annually. When systemic errors are discovered, desk level procedures are evaluated for modification to increase accuracy and effectiveness of the program, and state policy is updated as appropriate.

MLTCOP performs monthly, quarterly, mid-year, and annual desk level monitoring and audits to ensure compliance with state and federal regulations and progression toward targeted fiscal outcomes. MLTCOP management team continually reviews case resolution, satisfaction surveys, and performance measures per contract and ACL requirements. When systemic errors relating to the quality of ombudsman services are discovered, remediation occurs through strict adherence to policy and procedures, staff education and development initiatives, and case collaboration.

Continuous Improvement

Maine's aging network continually strives to improve service delivery, data collection, and compliance with state and federal regulations. Ongoing technical assistance, written guidance, training, and feedback is provided to aging services staff and community partners to ensure best practices for Title III and VII funded services. APS is working to implement the proposed Federal Rule as another baseline for compliance. MLTCOP efforts are focused on increasing outreach and education to recipients, providers, and Maine residents to increase awareness of advocacy services, expand volunteer opportunities, and increase public education and awareness of resident's rights, abuse, neglect, and exploitation reporting. Aging network staff attend professional conferences, webinars, and perform independent, evidence-based research to ensure that emerging issues in aging are addressed and adaptations made to improve accessibility, quality, and relevance of services provided.

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. For more information about local strategies and performance measures, please contact the local area agency on aging.

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

Strategies

1. Implement the Maine Access Navigator Tool to screen for Social Determinants of Health (SDoH) and provide appropriate referrals to ADRCs.
2. Increase outreach efforts to older adults with the Greatest Social and Economic Need.
3. Partner with Ethnic Community Based Organizations (ECBOs) to offer culturally competent access services.

4. Explore the feasibility of implementing the Medicaid Administrative Claiming (MAC) process within Maine's No Wrong Door System to identify all Medicaid reimbursable ADRC activities.
5. Enhance awareness of free, unbiased SHIP/SMP/MIPPA services offered by ADRCs.
6. Explore opportunities to implement screening for depression and screening for suicide risk, when appropriate and feasible, to make referrals to community mental and behavioral health services.

Outcomes

1. Short-term: Increased number of screenings for SDoH and referrals to community resources.
2. Intermediate: Increased availability of culturally appropriate access services statewide.
3. Intermediate: Increased number of screenings for depression and screenings for suicide risk.
4. Intermediate: Increased number of referrals to community to community mental and behavioral health services.
5. Long-term: Diversification of federal, state, and local funding for Maine's No Wrong Door System.

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

Strategies

1. Improve the quality of Case Management Services by establishing statewide standards.
2. Develop and implement statewide trainings on Case Management Services and person-centeredness best practices.

Outcomes

1. Short-term: Updated policies, contract language, and guidance on Case Management Services for a more person-centered approach to service delivery.
2. Intermediate: Number of trainings on best practices and person-centeredness provided annually.
3. Long-term: Improved quality of Case Management Services demonstrated through better data collection, client documentation, and care plans.
4. Long-term: Explore opportunities to diversify federal, state, and local funding for Case Management Services.

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

Strategies

1. Develop and update statewide program policies for the provision and oversight of Older Americans Act-funded In-Home Services.
2. Enhance screening to determine the need for In-Home Services and make appropriate referrals.
3. Improve partnerships with local organizations that provide Chore Services.
4. Enhance outreach, recruitment, and retention of volunteers at the local level to expand the availability of Chore Services.

Outcomes

1. Short-term: Increased referrals to providers of In-Home Services beyond baseline FFY 2022 service year levels.
2. Intermediate: Updated policies, contract language, and guidance on Older Americans Act-funded In-Home Services.
3. Intermediate: Provision of on-going training and support on the provision of In-Home Services statewide
4. Intermediate: Updated OADS AAA quarterly Monitoring Plan to monitor compliance with In-Home Services rules.
5. Long-term: Increased number of volunteers and volunteer hours providing Chore Services.
6. Long-term: Increased number of persons and units provided In-Home Services annually beyond baseline FFY 2022 service year levels.

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

Strategies

1. Partner with state and local organizations to support cultural experiences, activities, and services, including in the arts, for older adults.
2. Continue to provide virtual options for socialization activities while recognizing the need for in-person options.
3. Strengthen community connections that increase opportunities for socialization such as older adult volunteer, intergenerational engagement, and lifelong learning programs.

Outcomes

1. Short-term: Increased number of partnerships with local community centers and organizations.
2. Intermediate: Maintain number of virtual socialization opportunities for older adults.
3. Long-term: Increased type and frequency of social engagement activities provided statewide.

Title III C: Nutrition Services

Objective 1.5 Improve the nutritional health status of older Mainers.

Strategies

1. Improve screening and referral processes for food insecurity and malnutrition to identify older individuals at risk ensure appropriate referrals based on need to supplemental nutrition programs (Supplemental Nutrition Assistance Program (SNAP), Senior Farmers Market Nutrition Program (SFMNP), Commodity Supplemental Food Program (CSFP), etc.) that addresses access to healthy food.
2. Increase access to healthy meals statewide in a Congregate setting, including opportunities such as restaurant voucher or foodservice (grocers) partnerships, in rural Maine.

3. Increase access and referrals to other OAA services, including In-Home Services for meal preparation and grocery shopping and Evidence Based Programs such as falls prevention programs to reduce risk of falling, for older individuals at risk for food insecurity and malnutrition.
4. Strengthen client choice through increasing the availability of local service providers statewide.
5. Improve screening and access to culturally appropriate and medically tailored meals considerations to the maximum extent practicable.

Outcomes

1. Short-term: Increased awareness of and access to supplemental nutrition programs.
2. Short-term: Improved access to healthy food for clients with the highest need.
3. Short-term: Increased number of referrals to other OAA services (In-Home Services and Evidence Based Programs).
4. Intermediate: Percent of clients that request and receive meals that are adjusted for cultural considerations and preferences.
5. Intermediate: Percent of clients that request and receive medically tailored meals.
6. Intermediate: Percent of clients served Nutrition Services who are at high risk for food insecurity and malnutrition.
7. Long-term: Increased number of local nutrition service providers statewide reported annually in the State Performance Report.
8. Long-term: Increased number of participants who receive Congregate meals statewide.

Title III D: Evidence Based Programs

Objective 1.6 Promote and maintain participation in Evidence Based Programs.

Strategies

1. Promote evidence-based health and wellness programs through a variety of outreach methods.
2. Improve partnerships for increased access to evidence-based programs in underserved areas.
3. Explore opportunities to implement health screenings for immunization status, infectious disease, and vaccine-preventable disease, when appropriate and feasible, to make referrals to evidence-based health promotion programs.
4. Continue to develop virtual delivery options for evidence-based programs.
5. Leverage other OAA programs and services to increase access to evidence-based programs.
6. Improve tracking of individual completion rates of evidenced-based programs.

Outcomes

1. Short-term: Improved awareness of available evidenced-based programs.
2. Intermediate: Greater access to evidence-based programs.
3. Long-term: Sustained statewide enrollment in evidenced-based programs.
4. Long-term: Increased individual completion rates of evidenced-based programs.

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

1. Provide educational information to both unpaid care partners and the Aging Network on: RAISE Act Advisory Councils recommendations, the National Technical Assistance Center on Grandfamilies and Kinship Families, and best practices related to caregiving support. Improve partnerships with organizations for improved public awareness of available programs and services for unpaid family care partners.
2. Improve awareness of the value of care partner supports among public and private organizations.

Outcomes

1. Short-term: Improved tracking of outreach methods for effectiveness in reaching targeted family care partners to establish baseline measurements.
2. Intermediate: Improved coordination of outreach targeting family care partners across systems and organizations.
3. Long-term: Greater awareness of available resources among unpaid family care partners and Maine’s Aging Network is evidenced by increased participation in both OAA & state-funded care programs as reflected in FY24-26 SPR Report, over FY22 baseline levels.

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

Strategies

1. Provide education and support in the use of standardized care partner assessments in the development and implementation of person-centered care plans.
2. Identify methods to incorporate family care partners in care plan development and maintenance for individuals accessing care while maintaining person-centeredness.
3. Provide ongoing training and support in case management best practices, including trauma-informed care, focused on the needs of family care partners.
4. Include family care partners in relevant stakeholder groups to provide input in the planning and provision of services.

Outcomes

1. Short-term: Care partners receive services and supports which best meet their individual needs.
2. Intermediate: Improved care plans for both individuals accessing care and their care partners.
3. Long-Term: Better integration of care partners in all aspects of care delivery to reduce overall costs and caregiver burden scores.

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

Strategies

1. Support partnerships with national and state organizations to expand access for family care partners.
2. Improve programming for unpaid family care partners who are culturally, regionally, and/or socially underserved.
3. Streamline eligibility requirements and processes for care partner programs.

Outcomes

1. Short-term: Increased number of family care partners receiving services and supports.
2. Intermediate: Provision of programming to family care partners from diverse backgrounds.
3. Long-term: Improved coordination of care partner programming across federal, state, and local funding sources.

Assistive Technology

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

Strategies

1. Develop and implement a screening tool to assess the client's need for assistive technology services.
2. Develop, implement, and maintain an assistive technology basics training module for Maine's Aging Network direct service staff.
3. Increase access to assistive technology by creating regional assistive technology demonstration areas.

Outcomes

1. Short-term: Improved screenings to address assistive technology needs.
2. Short-Term: Increased number of referrals to AT service providers.
3. Intermediate: Increased number of older adults who can engage in activities with increased independence.
4. Intermediate: Improved wait time to access assistive technology devices and services as the staff become more familiar with the resources as they evolve to meet the needs of the client.
5. Long Term: Increased number of individuals receiving AT services statewide.

Advocacy

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

Strategies

1. Engage in leadership activities to address ageism at the individual, interpersonal, institutional, and systemic levels.
2. Promote age-positive efforts to reframe aging, including dementia-friendly initiatives.
3. Identify opportunities to ensure initiatives and policies at all levels are age-informed and consider the needs of older adults and family care partners.
4. Partner with communities across the state to strengthen age and dementia friendly efforts.
5. Assure that family care partners are aware of the advocacy services provided by the Maine Long Term Care Ombudsman Program.
6. Coordinate with the Governor’s Cabinet on Aging to leverage other statewide plans focused on improving social determinants of health.
7. Share resources and tools across state agencies regarding services and supports available to older adults, older workers, and their care partners.

Outcomes

1. Short-term: Participation in Maine’s Power in Aging Project.
2. Intermediate: Strengthened community partnerships across the state that engage in age and dementia friendly strategies.
3. Long-term: Policies and procedures reflect age-positive language and values.
4. Long-term: Older adults are valued and included in all aspects of community life.

Integration

Objective 1.12 Work towards the integration of public health, health care, legal assistance programs, and social services systems.

Strategies

1. Conduct annual cross training for Maine’s Aging Network and formal LTSS providers to increase awareness about available OAA, Medicaid, and state funded home and community-based services among provider networks.
2. Participate in the Maine CIE Stakeholder process to bridge information exchange across clinical and community-based settings.
3. Support dissemination of information and activities regarding public health and disease prevention.
4. Identify opportunities to increase promotion of public benefits, such as the Medicare Savings Program, to reduce poverty among older adults.
5. Promote public health benefits of age-positivity.

Outcomes

1. Short-term: Needs of older individuals are represented in state plans.
2. Short-term: Provider network staff are more knowledgeable about available aging services and programs to increase access to OAA, Medicaid, and state funded home and community-based services.
3. Intermediate: Enhanced collaboration across sectors to improve the well-being of older individuals.
4. Long-term: Increased impact of Aging Network services on addressing social determinants of health.

Title III & Title V Coordination

Objective 1.13 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.

Strategies

1. Continue to provide training opportunities to SCSEP participants through community service assignments.
2. Provide information and referral services to SCSEP participants across the state.

Outcomes

1. Short-term: SCSEP participants are better informed about available services and programs.
2. Intermediate: SCSEP participants transition from training to employment within Maine’s Aging Network.
3. Long-term: Improved financial freedom, security, and personal satisfaction among SCSEP participants.

Title III & Title VI Coordination

Objective 1.14 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.

Strategies

1. Support educational opportunities for Maine’s Aging Network to enhance understanding of tribal elders’ needs and Title VI services.
2. Enhance outreach and offer resources to tribal elders throughout the state.

Outcomes

1. Short-term: Enhanced knowledge and awareness among tribal elders in available services and supports.
2. Intermediate: Better understanding across Title III and Title VI grantees about available services for tribal elders.
3. Long-term: Greater access to services for tribal elders.

Emergency Preparedness

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

Strategies

1. Leverage partnerships with national and state organizations involved in emergency preparedness to provide accessible information to older Mainers and family care partners.
2. Continually update emergency preparedness information for emerging issues.
3. Update emergency preparedness information to be culturally and linguistically appropriate.

Outcomes

1. Short-term: Improved delivery methods of accessible information regarding emergency preparedness.
2. Long-term: Increased awareness of emergency preparedness information among older Mainers.

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

Strategies

1. Update the OADS emergency preparedness plan annually, or as needed.
2. Review and monitor Maine's Aging Network's emergency preparedness plans annually to ensure the incorporation of best practices and responsiveness to emerging issues, such as climate events and other events that may impact public health or safety.
3. Leverage Maine's Aging Network as part of emergency and disaster responses.

Outcomes

1. Short-term: Maine's Aging Network is better prepared for emergencies and disasters.
2. Intermediate: Maine's Aging Network is recognized as a valued partner in emergency and disaster responses.
3. Long-term: Improved responses by Maine's Aging Network to emergencies and disasters.

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.

Strategies

1. Continue building and strengthening partnerships with ethnic-based community organizations to provide culturally and linguistically appropriate services.
2. Coordinate with Cabinet on Aging’s Community Connections Pilot Initiative to strengthen community-based navigation services and access to services.
3. Explore training opportunities developed by community-based organizations focusing on the needs of older individuals with Greatest Social Need.
4. Continue building and strengthening partnerships with volunteer transportation groups to better serve older people who lack access to transportation services.

Outcomes

1. Short-term: Strengthened relationships between Maine’s Aging Network and community-based organizations serving individuals with Greatest Social and Economic Need.
2. Intermediate: Services and programs are more culturally responsive.
3. Long-term: Increased number of services provided to older adults of Greatest Social and Economic Need.

Trauma-Informed Services

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

Strategies

1. Provide training on person-centered, trauma-informed care to improve service delivery using a holistic approach.
2. Incorporate evidence-based practices in the delivery of aging services, based on knowledge about the role of trauma in trauma victims’ lives.

Outcomes

1. Short-term: Maine’s Aging Network staff are more knowledgeable about person-centered, trauma-informed approaches to service delivery.
2. Short-term: All Aging and Disability Resource Center and Family Care Partner staff are trained in person-centered, trauma-informed care by FFY 2027.
3. Intermediate: Service delivery system integrates knowledge about trauma into policies, procedures, practices, and services.
4. Intermediate: Training on person-centered, trauma-informed care is included in the onboarding process for new Aging and Disability Resource Center and Family Care Partner staff by FFY 2028.
5. Long-term: Services are delivered in a way that promotes safety and prevents re-traumatization.

Screening for Brain Injury

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

Strategies

1. Explore opportunities to implement NASHIA’s (National Association of Head Injury Administrators) OBISSS (Online Brain Injury Screening and Support System) within Maine’s Aging Network.
2. Provide outreach and education to family care partners, including kinship care partners, about brain injury information and resources.

Outcomes

1. Short-term: Aging individuals living with brain injuries are aware of available aging services and programs.
2. Intermediate: Better integration between aging and brain injury service networks.
3. Long-term: More older individuals with brain injuries are screened for and referred to available services.

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.

Strategies

1. Improve data collection methods to accurately capture demographic information, including methods to differentiate between clients declining to answer demographic questions and actual missing data.
2. Enhance program monitoring to better track service type and frequency among older individuals with Greatest Social Need and Greatest Economic Need.

3. Develop and implement a statewide report on key indicators to demonstrate how well aging services and programs are targeted towards older individuals with Greatest Social and Economic Need.

Outcomes

1. Short-term: Aging Network staff are more knowledgeable about the importance of collecting accurate demographic information and this is reflected by improved demographic information in FFY24-FFY26 State Performance Report, over FFY 2022 baseline levels.
2. Intermediate: Increased accuracy accurate in reporting and monitoring of program performance designed to meet the needs of older individuals with Greatest Social and Economic Need.
3. Long-term: Aging services and programs are targeted towards older individuals with Greatest Social and Economic Need.

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.

Strategies

1. Provide outreach and public education on the availability of legal assistance programs.
2. Partnership with community organizations to increase the visibility of legal assistance programs.
3. Prioritize meeting the legal needs of elder abuse victims when allocating available legal assistance program services.

Outcomes

1. Short-term: Increased public awareness of and access to free legal assistance for qualifying older adults.
2. Intermediate: Increased referral to free legal services by community organizations.
3. Long-term: Victims of elder abuse have their safety restored and recover stolen assets.

Elder Justice Coordinating Partnership (EJCP) and Elder Justice Roadmap

Objective 3.2 Maintain ongoing and consistent public and private leadership participation in the Elder Justice Coordinating Partnership (EJCP) meetings and activities.

Strategies

1. Renew and enhance the commitment of the EJCP members to the work of the EJCP and the implementation of the Elder Justice Roadmap.
2. Improve the coordination of the work of the EJCP with the Maine Council for Elder Abuse Prevention and the Governor's Cabinet on Aging.
3. Monitor attendance at EJCP meetings and conduct outreach with members as needed to ensure robust active and ongoing participation.
4. Conduct an orientation session with new members of the EJCP regarding the purpose, goals, and activities of the EJCP.
5. Recognize and celebrate the accomplishments of the EJCP on an annual basis.

Outcomes

1. Short-term: Continued engagement in Elder Justice Coordination Partnership.
2. Intermediate: Improved multi-disciplinary response to elder abuse.
3. Long-term: Decreased incidence of elder abuse in Maine.

Objective 3.3 Improve the response to elder abuse in Maine by advocating for and supporting the implementation of recommendations under the Elder Justice Roadmap.

Strategies

1. Contribute resources and expertise toward the implementation of the Elder Justice Roadmap.
2. Monitor progress in the implementation of the Elder Justice Roadmap.
3. Update the Elder Justice Roadmap and support the sustainability of continued system improvement activities.

Outcomes

1. Short-term: Progress in implementing the recommendations in the Elder Justice Roadmap.
2. Intermediate: Increased number of elder abuse victims who seek and receive help in stopping abuse.
3. Intermediate: Improved multi-disciplinary response to elder abuse.
4. Long-term: Decreased incidence of elder abuse in Maine.

Objective 3.4 Collaborate to raise awareness of elder abuse among professionals who come into contact with older victims and improve the response to elder abuse.

Strategies

1. Sustain and enhance the active participation of LSE, LTCOP and APS and other key public and private agencies and organizations in the Maine Council on Elder Abuse Prevention (MCEAP).
2. Sustain and enhance the collaboration of LSE, LTCOP and APS and other key public and private agencies and organizations in developing and delivering training programs for professionals who work with elder abuse victims, including through MCEAP.

Outcomes

1. Short-term: Increased awareness among professionals about recognizing, reporting, and preventing elder abuse.
2. Intermediate: Increased number of reports of elder abuse submitted by professionals.
3. Intermediate: Increased number of elder abuse victims who receive help in stopping abuse.
4. Intermediate: Improved multi-disciplinary response to elder abuse.
5. Long-term: Decreased incidence of elder abuse in Maine.

Objective 3.5 Collaborate to promote awareness of and compliance with mandatory reporter training requirements.

Strategies

1. LSE, LTCOP and APS work together to develop and implement approaches to promote the new requirement across a range of mandated reporters, including with and through MCEAP.

Outcomes

1. Short term: More mandated reporters are aware of their reporting obligations.
2. Long-Term: Increased number of reports and elder abuse victims who receive help in stopping abuse.

State Long Term Care Ombudsman Program

Objective 3.6 Enhance awareness of and access to Ombudsman Program services and advocacy for residents in nursing homes, assisted housing including residential care, adult family care homes, and assisted living as well as clients of adult day services and home care.

Strategies

1. Perform outreach and public education to community partners such as home care agencies, adult day service programs, service coordination agencies, AAAs, mental health case management agencies, and other advocacy groups to increase awareness of Ombudsman Program services and advocacy.
2. Continue outreach activities for residents in long-term care facilities, including attendance at resident council meetings and establishment of and participation in family councils.
3. Partner with the Maine Health Care Association regarding communication to their members about Ombudsman Program services and advocacy.
4. Provide transition services to home care clients and facilitate access to other services such as assistive technology, legal representation, financial assistance, durable medical equipment, or home modifications.
5. Inform home care clients of their rights and how to report incidents of abuse, neglect, and exploitation through outreach and education.
6. In partnership with APS, conduct outreach to community stakeholders, including personal care agencies, to ensure accurate reporting of incidents around abuse, neglect, and exploitation within home care settings.

Outcomes

1. Short term: Increased awareness of Ombudsman services and advocacy services by community partners, residents of long-term care facilities, and home care clients.
2. Intermediate: Increased collaboration with community partners to identify systemic issues impacting access and quality of services for older adults.
3. Long-term: Increased number of older adults accessing Ombudsman services.

Objective 3.7 Continue expansion of Ombudsman Volunteer Program to allow increased presence in long-term care facilities.

Strategies

1. Continue volunteer recruitment efforts through LTCOP's website, social media, and presence at community events for older Mainers.
2. Provide recognition of volunteers through social media and newspaper articles to maximize volunteer retention.
3. Network with other States regarding best practices for volunteer recruitment and retention.

Outcomes

1. Short Term: Increase the number and retention of volunteers visiting long-term care facilities.
2. Long Term: Expansion of Ombudsman services using more volunteer Ombudsman.

Objective 3.8 Address quality of care and quality of life issues within long-term care facilities while protecting resident rights.

Strategies

1. Review data collected by Adult Protective Services with Maine LTCOP annually for substantiated complaints of abuse, neglect, and exploitation in long-term care facilities.
2. Using collected data, collaborate with Maine LTCOP, Maine Health Care Association, Healthcentric Advisors (QIO), and Division of Licensing and Certification to identify and prioritize long-term care facilities at risk based on survey results and complaints received to provide enhanced technical assistance using a collaborative approach.
3. In partnership with Maine LTCOP, Division of Licensing and Certification, and Adult Protective Services, identify interventions that can be implemented to reduce the incidence of abuse, neglect, and exploitation and address quality of care and quality of life issues in long-term care facilities.
4. Promote mandatory reporting training among long-term care facility staff.
5. Increased Maine LTCOP presence in facilities identified to be at risk (based on survey results and complaints received).
6. Update and provide resident rights training, including virtual options, for management, staff, and residents, including their families, within long-term care facilities.
7. Make facilities aware of resources for training on diversity, equity, and inclusion.

Outcomes

1. Short-term: More long-term care facility management, staff, and residents are aware of resident rights and the importance of diversity, equity, and inclusion.
2. Intermediate: Enhanced statewide collaboration to identify actions that can be implemented to increase protection for resident rights.
3. Long Term: The dignity and respect of residents are continually recognized and upheld by management and staff of long-term care facilities.

Public Comments and Responses

A draft of this state plan was published on the OADS website with a public comment period that was open from April 12, 2024, and closed on May 17, 2024. OADS hosted two public hearings via video conferencing with a call-in option on April 30, 2024, and May 2, 2024. Comments and questions submitted during the two public hearings and public comment period will be described in this section with formal responses provided by OADS.

Comment: One commenter expresses gratitude there is an emphasis on Emergency Preparedness in the Maine State Plan on Aging because it is an important issue for older people in their community. The recent storms have started a robust community discussion about readiness, shelters, and what individuals can do to put themselves and their families in the best position when the next storm comes.

Response: OADS appreciates this comment and agrees that emergency preparedness at all levels, from state government to local communities, is necessary as the frequency of climate events increases. This is reflected in the strategies and outcomes for Objectives 1.15 and 1.16 on page 34.

Comment: One commenter highlighted the significant lack of understanding about the state of transportation for aging Mainers. This commenter shared the following from a report by Age Friendly Maine: “There are 25 active volunteer transportation programs in Maine (that are documented and choose to report). They vary in size from 2 or 3 drivers to 20+. The total number of self-identified community drivers in 2023 was 129 and they gave an average of 4 to 27 rides per month which ranged from 60 to 1,500 miles in a month. The average number of active clients per month was 103 and no group could say they had always been able to meet the need.” This commenter said these figures are most likely underreported as they don’t account for family members, neighbors, and friends and that it’s an incredibly fragile network that is collapsing under the stress. At a recent meeting of this commenter’s local Age Friendly Committee, the owner of a local physical therapy clinic stated that it is not unusual for them to have 20% missed appointments in a week due to lack of transportation. It is affecting the business so much that they are considering buying a car and hiring a driver to help people get to the clinic, and this is in South Portland, a location that has many more available services than much of Maine.

Response: OADS thanks this commenter for sharing information on the need for transportation services for older adults at the local level. The need for transportation services is highlighted in the statewide needs assessment on page 16 of this state plan. Additionally, the lack of transportation is included in the definition of Greatest Social Need on page 19 and used throughout the state plan to target Older Americans Act programs under Goal 2 on page 35. In response to this comment, an additional strategy of “Continue building and strengthening partnerships with volunteer transportation groups to better serve older people who lack access to transportation services” is added to Objective 2.1 on page 35.

Comment: One commenter asked if the proposed state plan has detailed information on how it supports older adults with intellectual and developmental disabilities.

Response: The Older Americans Act provides funding for programs and services for older people with an emphasis on serving those with the Greatest Social Need, which is defined on page 19 and includes older people with physical and mental disabilities. The Aging and Disability Resource Centers operated by the area agencies on aging described on page 8 are available to help older adults with intellectual and developmental disabilities navigate and access services. Additionally, the Maine Long-Term Care Ombudsman Program described on page 9 coordinates ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under

subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.). These coordination activities are included in Objectives 3.6 and 3.8 under the State Long-Term Care Ombudsman Program starting on page 39.

Comment: One commenter shared a personal caregiving experience in caring for a spouse diagnosed with early-onset Alzheimer's disease. This caregiver found it difficult to navigate the system, despite being knowledgeable in the field, to find supports and services in the home while working full-time. Their spouse is now in a long-term care facility not by choice, but because the system does not support or allow for full-time, around-the-clock care in the home to happen in a meaningful way. The commenter shared their experience when calling the local area agency on aging and being told by agency staff there is nothing they can do in this situation. This commenter expressed concerns about the barriers other older Mainers, especially those living in rural areas, experience trying to better understand what resources are available and how to access services.

Response: OADS thanks this caregiver for sharing their personal experiences. This state plan outlines several strategies to improve awareness about caregiving and access to quality services for caregivers of older adults and adults with dementia in Objectives 1.7, 1.8, and 1.9 starting on page 30. The Older Americans Act requires states and area agencies on aging to prioritize caregiver services to those who reside in rural locations. The definition of “rural” as used in this state plan is included in the Intrastate Funding Formula on page 63 of the state plan and is part of the definition of Greatest Social Need on page 19.

Comment: One commenter questioned if the proposed state plan adequately addresses the critical long-term care crisis in Maine with respect to the closure of nursing homes completely or being converted into residential care, as well as the new federal regulations that are going to require 24-hour nursing care in nursing homes which across the state of Maine we don't have the workforce to support.

Response: Federal rules and regulations require administrators of long-term care facilities to notify the State Long-term Care Ombudsman Program in writing and provide a plan for the transfer and adequate relocation of the residents. The Maine Long-Term Care Ombudsman Program as described on page 9 of this state plan provides assistance during nursing home closures to protect the rights of residents and their families during these transitions. This state plan includes many objectives and strategies for State Long-Term Care Ombudsman Program services and advocacy starting on page 39.

Comment: One commenter understands that Older Americans Act funding is based on the state's population. However, Maine has a greater proportion of its population that is older. This commenter finds it unfortunate that the funding does not take into consideration the age of a state's population in determining funding levels. This commenter asked if there are effective avenues to advocate for Maine to receive increased funds based on the state's population age.

Response: The Older Americans Act mandates in Section 304(a)(1) that each state's funding allocation be determined by its percentage share of the total population of older individuals in the nation. A federal statutory change is required to modify how much each state is awarded under the Older Americans Act. All questions related to funding amounts can be directed to the U.S. Administration for Community Living and Maine's congressional delegation.

Comment: The Brain Injury Association of America – Maine Chapter (BIAA-ME) reemphasizes that the number of people with brain injuries who are aging is an important issue. The Maine Center for Disease Control and Prevention frequently reports on hospital discharge data, and right now, older adults have the

highest incidence of brain injury in Maine largely due to falls. The latest figures report over 5,000 older adults being discharged from the hospital have a brain injury and the care is often focused on orthopedic injuries while brain injuries are often missed and can be mistaken for dementia. Traumatic brain injury prevention for older adults is also an important issue for the Brain Injury Association of America. BIAA-ME has brain injury navigators in the state specializing in opening the door to the brain injury community for care and providing service navigation. BIAA-ME stands ready to assist in any way with the state plan on aging.

Response: OADS thanks the BIAA-ME for this comment and looks forward to collaborating with the BIAA-ME on the Lifespan Respite Pilot Program described on page 22 of this state plan. Falls prevention programs are also part of Title III-D: Evidence-Based Programs of the Older Americans Act and are included as part of Objective 1.6 on page 29. Additionally, strategies for implementing screening for brain injury using the OBISSS (Online Brain Injury Screening and Support System) are included in Objective 2.3 on page 36. These are all efforts to prevent and screen for brain injuries among older Mainers.

Comment: One commenter representing Blessing Hands of Maine LLC located in Washington County that serves Hancock, Washington, and Penobscot Counties commented on behalf of the caregivers and the supports of the people trying to stay in their homes. This commenter shared that the resources, programs, and services outlined in the state plan are greatly needed to address the turnover and burnout of caregivers and the loved ones of people served through their agency. This commenter is excited to see how this state plan addresses the needs of family caregivers and what it plans over the next four years to improve the quality of caregiver services offered. This commenter also shared that the agency's biggest problem is having enough staff and employees who are committed and with good work ethics. Another challenge for this agency is for the current staff and employees not to get burned out because they are doing such great, hard work.

Response: OADS thanks Blessing Hands of Maine LLC for this comment and agrees that caregiver services and programs continue to be necessary in Maine. The impact workforce shortages have on caregivers is reported on through the statewide needs assessment on page 16 and in the Caregiving focus area on page 20. This state plan outlines several strategies to improve awareness about caregiving and access to quality services for caregivers of older adults and adults with dementia in Objectives 1.7, 1.8, and 1.9 starting on page 30.

Comment: Submitted by the Acquired Brain Injury Advisory Council (ABIAC) of Maine: The Acquired Brain Injury Advisory Council (ABIAC) agrees with the proposed plan to provide screening for brain injury as outlined on page 36 of the report. The reasons for the Council's positive endorsement are four-fold.

- (1) Brain Injury is a significant, on-going public health issue that affects all communities in Maine. Many individuals will make meaningful recoveries following injury, especially if they get the needed rehabilitative care. Among those still alive five years following a moderate or severe TBI, 57% are moderately to severely disabled and will live with very difficult, life-altering challenges. Immediate access to specialized neurorehabilitation treatment, access to information and access to care coordination is crucial for positive outcomes. Brain injury screening and referral to available services, as outlined in the Maine State Plan on Aging, is essential to timely intervention.
- (2) Data provided by Maine CDC 2016-2019, which is the most current data available, indicates that emergency department visits, hospitalizations, and the rate of death from traumatic brain injury are high for older Mainers. Traumatic brain injuries caused by falls are most common among

older Mainers age 75 and above. There is a real need here. Screening and promoting access to care attends to the State Plan on Aging goal of ensuring all Mainers are healthy and safe.

- (3) Brain injury screening and enhancing access to brain injury information and resources directly aligns with strategic priority 3 in the *Acquired Brain Injury in Maine State Action Plan 2023-2028*.
- (4) The ABIAC holds public forums across the state each year to gain feedback about needs and potential service gaps. Year after year, a consistent theme has been that brain injury survivors do not know what is available for services and may feel lost following injury. The long-term goal outlined in the Maine State Plan on Aging to have more older adults screened and referred to services directly attends to this reported need.

As a point for consideration, some additional specificity in the goals on page 36 may be beneficial for ensuring successful outcomes. Could the plan outline how outreach to older Mainers will occur and by whom?

Response: OADS thanks the Acquired Brain Injury Advisory Council of Maine for this comment. Please see page 26 regarding the relationship between this state plan and the area plans developed by the area agencies on aging that conduct outreach activities for services and programs funded by the Older Americans Act. For more information about local strategies and performance measures, please contact the local area agency on aging.

Comment: Submitted by the Home Care & Hospice Alliance of Maine: Members of the Home Care & Hospice Alliance of Maine have had the opportunity to review the draft State Plan on Aging. It was noted that while the document naturally focuses on Area Agencies on Aging and covers many excellent topics, it appears that there are individuals whose needs, due to various issues and physical debility, are less accounted for in this document.

To that end, we wish to provide the following comments:

- The Statewide Needs Assessment (Assessment) identified transportation as significant challenge, especially when relying on state-funded services, and this becomes particularly burdensome for elders with numerous appointments. Access to transportation is crucial for them. They struggle to keep up with appointments, and basic activities like grocery shopping become limited. This isolation can greatly affect their well-being. However, it's unclear how the State Plan as presented addresses these specific issues.
- There is considerable support for care partner assistance, although there remains a need to enhance support for respite care and coverage for adult day care. Caregivers within households are experiencing exhaustion, and with the dwindling availability of nursing home beds, this situation is expected to worsen.
- While the State is still unwinding from the public health emergency, the State Plan lacks sufficient acknowledgment of the service gaps for individuals in facilities and those who are homebound during public health emergencies.
- Numerous elders are grappling with mental health issues. They find it challenging to navigate daily tasks, are often confined to their homes, and have limited resources. Their mental health often makes it difficult for them to sustain the help they do receive. These are not elders who would typically go to a senior center for a meal or participate in a Matter of Balance course. How can the State Plan on Aging better support Mainers while acknowledging their mental health needs?

- The vast majority of Mainers prefer to age (and receive care) in their own home and community. Often, home adaptations such as railings, ramps, and bathroom modifications, would greatly support Mainers in remaining independent and in familiar surroundings. However, many aging Mainers cannot afford these necessary modifications. Better information about available programs and access to home adaptations would be valuable.
- The State Plan also highlights ongoing workforce issues that require attention. While efforts to increase volunteer and work opportunities for elders, as well as encouraging family and neighbors to serve as caregivers, are commendable, there is still more work needed to address the workforce shortage.

Thank you once again for this opportunity to provide comments on the Older Americans Act State Plan on Aging. We look forward to continuing our collaboration and making a meaningful difference in the lives of those choosing to age with grace and dignity here in Maine.

Response: OADS thanks the Home Care & Hospice Alliance of Maine for this comment. The need for transportation services is highlighted in the statewide needs assessment on page 16 of this state plan. Additionally, the lack of transportation is included in the definition of Greatest Social Need on page 19 and used throughout the state plan to target Older Americans Act programs under Goal 2 on page 35. Grocery shopping is an allowable expense as part of Homemaker Services funded by the Older Americans Act and is part of Objective 1.3 on page 27. In-home and out-of-home Respite Services, which include Adult Day Services, are part of Older Americans Act funded Care Partner Services and are included in Objective 1.9. The emergency preparedness plans as part of Objective 1.16 include continuity of operations for services funded by the Older Americans Act and delivered by the area agencies on aging and the State Long-term Care Ombudsman Program. The emergency preparedness strategies outlined under Objective 1.16 will continue to incorporate lessons learned during public health emergencies. The state plan provides an assurance that the mental health needs of older individuals are addressed through coordination efforts at the local level between Aging and Disability Resource Centers and mental and behavioral health services. The Maine Access Navigator Tool described on page 21 and included in Objective 1.1 screens older individuals for mental health needs to provide appropriate referral information. The Aging and Disability Resource Centers provide many older individuals each year with information and referral assistance to a wide variety of resources, including available Home Repair and Modification services when not funded by the area agencies on aging. Home Repair and Modification services are also available through the State Respite Care Program administered by the area agencies on aging.

Attachment A: State Plan Assurances and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including

multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to

identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing

plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title

VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

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

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

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

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

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

6/4/2024

Date



Paul Saucier, Director

Office of Aging and Disability Services

Attachment B: Information Requirements

INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE: [Goal 2](#) of this State Plan is focused on ensuring Maine's aging services and programs are accessible to all older Mainers and their care partners with emphasis on individuals with the Greatest Social Need and Greatest Economic Need. This includes the 2020 reauthorization of the Older Americans Act state and area plan assurances to engage in outreach to underserved older individuals, collect data on the needs of underserved older individuals, and evaluate program effectiveness in meeting their needs. Maine's AAAs have and will continue to engage in outreach efforts with community organizations that serve underserved older adult populations. Maine's SUA and AAAs have started to collect better demographic data in the statewide client database in 2021, especially on sexual orientation, gender identity, and tribal affiliation.

To assure that preference will be given to older individuals with Greatest Social Need and Greatest Economic Need when funds are not available to serve all older adults seeking OAA services, the Office of Aging and Disability Services (OADS) has a waitlist policy that prioritizes the following factors, in ranked order: Frailty (# of activities of daily living impairments); Rural; Economic Need (actual % of federal poverty level); Isolation (socially or geographically); Minority (cultural or social barriers caused by racial or ethnic status, sexual orientation, gender identity, etc.); English as a Second Language; Risk of Institutionalization; and Days on Waitlist. OADS routinely monitors waitlists submitted by AAAs for adherence to the waitlist policy.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE: The five area agencies make referrals to Maine CITE, Maine's Assistive Technology Act program, for a detailed assistive technology assessment, when appropriate. Additionally, in 2023 OADS met with Maine CITE to brainstorm projects and initiatives that would strengthen the relationship between Maine CITE and the five area agencies on aging. Currently, Maine CITE is developing on-demand training opportunities for the AAAs with focus on education in assistive technologies to promote safety, aging in place, and increased independence for common diagnoses. This is highlighted in [Assistive Technology](#) Objective 1.10 of this State Plan.

Section 306(a)(17)

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

RESPONSE: Each Area Agency is required to have an emergency preparedness plan in compliance with the Older Americans Act and Maine state policy manual (Title 10-149, Ch. 5, Section 30.03 (D)). These plans are updated annually and when disasters occur that require unique adjustments to operations, like climate events and other events that may impact public health or safety. This is highlighted in [Emergency Preparedness](#) objectives of this State Plan.

Section 307(a)(2)

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

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

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

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

Section 307(a)(3)

The plan shall—

...

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

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

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

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

RESPONSE: Maine is the largest and most rural New England state, with only 18 of Maine’s 533 municipalities meeting the 2020 Census Urban areas qualifying criteria for urban (whereas the urban core is comprised of at least 425 housing units per square mile with remainder of urban area comprised of at least 200 housing units per square mile, and at least one high-density nucleus of at least 1,275 housing units per square mile) with the remaining 515 municipalities meeting qualifying criteria for rural. The rurality of each Area Agency is calculated into the Intrastate Funding Formula, where the number of older individuals residing in rural areas is a weighted factor.

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

Section 307(a)(10)

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

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

The two most geographically rural AAAs are currently developing access point sites in order to ensure delivery of in-person services to older adults who would otherwise be required to travel significant distances to access such services. The rurality of each Area Agency is calculated into the Intrastate Funding Formula, where the number of older individuals residing in rural areas is a weighted factor.

Section 307(a)(14)

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

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

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

RESPONSE: According to U.S. Census Bureau 2021 American Community Survey, in Maine there are: a) 4,723 individuals age 65 and above who speak English as a second language; b) 23,669 individuals age 60 and above who are below the federal poverty level; and c) 21,225 individuals age 55 and above who of a racial or ethnic minority. The needs of these underserved populations are calculated in the Intrastate Funding Formula.

[Goal 2](#) of this State Plan is focused on ensuring Maine’s aging services and programs are accessible to all older Mainers and their care partners with emphasis on individuals with the Greatest Social Need and Greatest Economic Need, as defined in the [Equity](#) section of this State Plan.

Section 307(a)(21)

The plan shall —

...

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

ways in which the State agency intends to implement the activities.

RESPONSE: The Office of Aging and Disability Services invited tribal representatives to participate in the State Plan Advisory Committee.

OADS will continue to foster collaboration between the tribal nations and the Area Agencies to strengthen service coordination between Title III and VI, as highlighted in the [Title III & Title VI Coordination](#) objective of this State Plan.

Section 307(a)(27)

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

(B) Such assessment may include—

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

RESPONSE: The statewide needs assessment conducted in preparation of this State Plan includes the projected growth of the older adult population in Maine to the year 2040. Please see the [full report](#) for more details. As Maine’s older adult population is expected to grow at a much faster rate compared to other New England states and the nation, the Office of Aging and Disability Services will consult with the Area Agencies on a routine basis to identify delivery system improvements.

Section 307(a)(28)

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

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

Section 307(a)(29)

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

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

Section 705(a) ELIGIBILITY —

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

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

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

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

Attachment C: Intrastate Funding Formula (IFF)

OADS performed a comprehensive review of the Intrastate Funding Formula (IFF) in accordance with Section 305 of the Older Americans Act (OAA) of 1965, as amended. OADS consulted with Maine's Area Agencies on Aging (AAAs) on the development of the IFF outlined below by presenting multiple options to update the weights of each factor, include new populations under *Greatest Social Need* based on 2020 OAA reauthorization assurances, update the definition for *Rural*, and increase *Base Allotments*. The AAAs had the opportunity to provide feedback and recommendations to OADS for consideration based on the presented information. The AAAs focused efforts on IFF modifications that limited significant swings and variations per agency, while continuing to provide a calculation which best met the needs of Maine's aging population. The following modifications were made to the IFF:

Equal weights were given to *Age* (remained at 30%), *Greatest Economic Need* (increased from 20% to 30%), and *Greatest Social Need* (decreased from 35% to 30%) to better align with OAA, Sec. 305(a)(2)(C).

Greatest Social Need includes the addition of the sub-populations Lives Alone, Living with HIV/AIDS (60+), and Alzheimer's Disease (65+). The updated weight modification (30% overall for *Greatest Social Need*) also allows for future expansion based on future federal statutory changes, ACL guidance, and AAA recommendations without having to adjust weights when adding individual sub-populations. For example, based upon recommendations from the AAAs, the top three chronic conditions for adults ages 65 and above according to the [National Council on Aging](#) (Hypertension, Hyperlipidemia, and Arthritis) were added as sub-populations for *Greatest Social Need* in the updated IFF below.

Rural decreased from 15% to 10%. While *Rural* is included as part of *Greatest Social Need* in OAAA Section 306(a)(1), OADS and the AAAs agree that the rurality of Maine presents unique challenges in the planning and delivery of services. However, Maine does not agree with the recent update to the definition of *Rural* in the Older Americans Act Performance System (OAAPS) to the USDA, Economic Research Service (ERS) defined [Rural-Urban Commuting Areas](#) (RUCA) Codes. OADS collaborated with AAAs to identify a Rural definition using [2020 Census Urban Areas](#) data that better aligns with the rurality of Maine.

The *Base Allocation* was modified from 15% to 20% to ensure the capacity of Maine's Aging Network, especially for the smaller funded AAAs.

The following table provides a breakdown of target populations, assigned weights, and equation notation.

<i>Targeting Criteria</i>	<i>Target Population</i>	<i>Assigned Weight</i>	<i>Equation Notation</i>
<i>Age</i>	Persons Age 60-74	0.05	A60
	Persons Age 75-84	0.1	A75
	Persons Age 85+	0.15	A85
<i>Greatest Social Need</i>	See below for breakdown of sub-populations.	0.3	GSN
<i>Greatest Economic Need</i>	Persons Age 60+ Below Poverty Level	0.3	GEN
<i>Rural</i>	Persons Age 60+ Living in Rural Areas	0.1	R60
	Total	1	

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

Below are the sources of the best available data that allowed for the tabulation of each target population in Cumberland County by town to account for the service coverage difference between Spectrum Generations and the Southern Maine Agency on Aging, unless noted otherwise. All tables are from the 2021 American Community Survey with 5-Year Estimates.

Age Distribution

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

Greatest Social Need⁵

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

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

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

⁵ For the definition of Greatest Social Need, please see Equity. The sub-populations listed in this section are limited to available population-level data and do not fully represent Maine’s definition of Greatest Social Need.

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

Lives Alone (Age 65+): *DP02 Householder Living Alone*

Living with HIV (Age 60+)*: *Maine Center for Disease Control* provided by the HIV/AIDS Surveillance Epidemiologist.

Alzheimer’s Disease (Age 65+)*: *Alzheimer’s Association, [Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics - Dhana - 2023 - Alzheimer's & Dementia - Wiley Online Library](#)*

Hypertension (Age 65+)*: *CMS, [Chronic Conditions | CMS](#)*

Hyperlipidemia (Age 65+)*: *CMS, [Chronic Conditions | CMS](#)*

Arthritis (Age 65+)*: *CMS, [Chronic Conditions | CMS](#)*

* Population-level data was collected at County level only, data for Brunswick and Harpswell included in PSA 5, not PSA 3.

Greatest Economic Need

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

Older Individuals Living in Rural Areas

Rural (Age 60+): *S0101: Age and Sex, Using the 2020 US Census Urban Areas Criteria definition of urban: [2020 Census Urban Areas FAQs](#) whereas initial urban core comprised of at least 425 housing units per square mile with remainder of urban area comprised of at least 200 housing units per square mile, and at least one high-density nucleus of at least 1,275 housing units per square mile required for qualification. When applying this definition to Maine, 489 of Maine’s 533 municipalities meet the criteria for rural, with only 18 municipalities meeting urban criteria. The number of older individuals residing in rural areas was calculated by subtracting the number of older individuals residing in these 18 municipalities from the total number of older individuals residing by each PSA.*

PSA	Area Agency	Percent of Population Age 60+ Rural
1	Aroostook Agency on Aging	76%
2	Eastern Area Agency on Aging	83%
3	Spectrum Generations	70%
4	SeniorsPlus	77%
5	Southern Maine Agency on Aging	85%

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

Population Data: American Community Survey 5-year Estimates 2021											
	PSA 1		PSA 2		PSA 3		PSA 4		PSA 5		Maine
Target Populations	Total	Agency %	Total	Agency %	Total	Agency %	Total	Agency %	Total	Agency %	Total
<u>Age Distribution</u>											
Persons Age 60-74 = A60	14933	5.35%	53590	19.21%	78014	27.97%	39745	14.25%	92626	33.21%	278908
Persons Age 75-84 = A75	4292	4.93%	24128	27.72%	22515	25.86%	10681	12.27%	25437	29.22%	87053
Persons Age 85+ = A85	2471	7.74%	6076	19.03%	8424	26.39%	4258	13.34%	10698	33.51%	31927
<u>Greatest Social Need = GSN</u>	39346	6.78%	111949	19.30%	145170	25.03%	80362	13.86%	203087	35.02%	579914
Asian (55+)	91	2.85%	226	7.08%	619	19.39%	300	9.40%	1956	61.28%	3192
Black or African American (55+)	32	1.50%	287	13.49%	340	15.98%	246	11.57%	1222	57.45%	2127
Hispanic (55+)	148	4.18%	605	17.10%	984	27.82%	499	14.11%	1301	36.78%	3537
Native American (55+)	245	12.14%	952	47.18%	475	23.54%	117	5.80%	229	11.35%	2018
Native Hawaiian (55+)	6	12.00%	14	28.00%	0	0.00%	15	30.00%	15	30.00%	50
Two or More (55+)	341	3.69%	1551	16.79%	2019	21.86%	1411	15.28%	3915	42.38%	9237
Some Other (55+)	33	3.10%	328	30.83%	278	26.13%	90	8.46%	335	31.48%	1064
English as a Second Language (Age 65+)	818	17.32%	376	7.96%	918	19.44%	794	16.81%	1817	38.47%	4723

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Have a Disability (Age 65+)	6462	7.31%	19160	21.67%	23774	26.88%	12583	14.23%	26450	29.91%	88429
Older Relative Caregivers (Age 60+)	226	8.86%	425	16.66%	616	24.15%	453	17.76%	831	32.58%	2551
Lives Alone (Age 65+)	4769	5.98%	15476	19.42%	22744	28.53%	10546	13.23%	26172	32.84%	79707
Living with HIV (Age 60+)*	11	1.77%	87	13.96%	135	21.67%	78	12.52%	312	50.08%	623
Alzheimer's Disease (65+)*	1800	6.06%	5600	18.86%	7600	25.59%	4100	13.80%	10600	35.69%	29700
Hypertension (65+)*	10376	6.98%	29026	19.52%	35838	24.11%	20796	13.99%	52633	35.40%	148669
Hyperlipidemia (65+)*	8868	7.36%	22664	18.82%	28070	23.31%	16614	13.80%	44194	36.70%	120410
Arthritis (65+)*	5120	6.10%	15172	18.09%	20760	24.75%	11720	13.97%	31105	37.08%	83877
<u>Greatest Economic Need</u>											
Age 60+ below FPL = GEN	2021	8.54%	4878	20.61%	7156	30.23%	3183	13.45%	6431	27.17%	23669
<u>Rural</u>											
Persons 60+ Living in Rural Areas = R60	16305	5.29%	62197	20.19%	76086	24.69%	42085	13.66%	111430	36.17%	308103

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

* Population-level data was collected at County level only due to limitations of data source; data for Brunswick and Harpswell included in PSA 5, not PSA 3.

New Intrastate Funding Formula 2024 for Title III Funds

Each Area Agency will receive 20% of the allotment for Title III Part B (B\$), Part C (C\$), Part D (D\$), and Part E (E\$) funds after deducting State Plan Administration, Long Term Care Ombudsman Part B funds, and Area Plan Administration, which is represented by X_1 . The remaining 80% of Title III Part B (B\$), Part C (C\$), Part D (D\$), and Part E (E\$) funds will be allocated using the Area Agency’s agency percentage share of the target populations outlined above. The new Intrastate Funding Formula can be stated mathematically as:

$$x = X_1 + A60 + A75 + A85 + GSN + GEN + R60$$

Whereas:

$$X_1 = 0.20 \times [B\$ + C\$ + D\$ + E\$]$$

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

$$A60 = 0.05 \times X_2 \times \text{Agency \%}$$

$$A75 = 0.15 \times X_2 \times \text{Agency \%}$$

$$A85 = 0.20 \times X_2 \times \text{Agency \%}$$

$$GSN = 0.30 \times X_2 \times \text{Agency \%}$$

$$GEN = 0.30 \times X_2 \times \text{Agency \%}$$

$$R60 = 0.10 \times X_2 \times \text{Agency \%}$$

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

PSA	Area Agency	Former Agency Share	New Agency Share	Percent Change
1	Aroostook Agency on Aging	9.05%	9.64%	6.53%
2	Eastern Area Agency on Aging	20.92%	20.46%	-2.17%
3	Spectrum Generations	26.01%	25.59%	-1.59%
4	SeniorsPlus	14.47%	14.80%	2.26%
5	Southern Maine Agency on Aging	29.56%	29.51%	-0.17%

Prior to distribution of funds under the IFF to the five AAAs, funds are deducted from Title III grants for State Plan Administration (SPA), Area Plan Administration (APA), and Long-Term Care Ombudsman (LTCOP) allocations. State Plan Administration allocations are based upon the overall Notice of Award amount and calculated proportionally to the amount received in Title III subparts B, C1, C2, and E. LTCOP allocations are deducted from Title III B subpart. Area Plan Administration allocations are based upon the allowable deduction from cumulative Title III funds and calculated following SPA and LTCOP deductions.

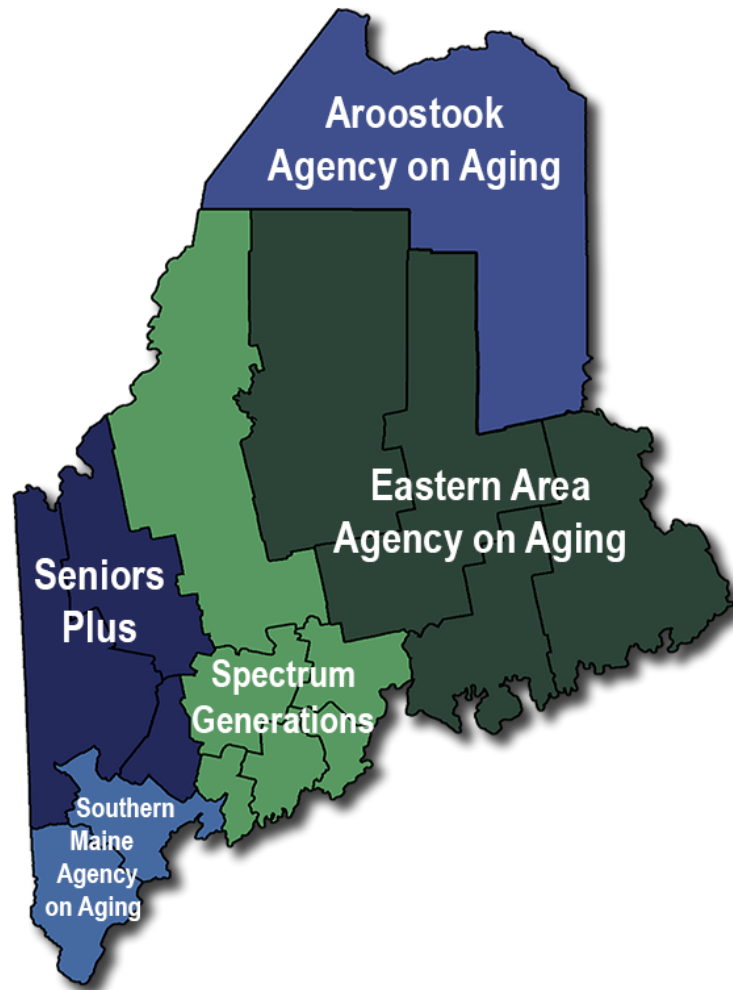
Maine is a recipient of Nutrition Services Incentive Program (NSIP) funds which are distributed to the AAAs via the IFF.

The following table provides breakdown by PSA of 2023 Older Americans Act Grant Award Allocations for Area Plan Administration, III B, III C, III D, and III E distributed via the new IFF outlined above.

PSA	III B		III C1		III C2		III D	III E		Total
	APA	Supportive Services	APA	Congregate Meals	APA	Home Delivered Meals	Preventative Health	APA	Family Caregiver	
1	\$17,878	\$157,461	\$23,473	\$206,747	\$16,135	\$142,114	\$12,735	\$8,738	\$76,957	\$662,238
2	\$37,957	\$334,317	\$49,838	\$438,961	\$34,258	\$301,733	\$27,038	\$18,551	\$163,394	\$1,406,047
3	\$47,473	\$418,124	\$62,332	\$549,000	\$42,846	\$377,372	\$33,816	\$23,202	\$204,353	\$1,758,518
4	\$27,448	\$241,755	\$36,040	\$317,427	\$24,773	\$218,193	\$19,552	\$13,415	\$118,155	\$1,016,758
5	\$54,729	\$482,039	\$71,860	\$632,921	\$49,395	\$435,057	\$38,985	\$26,748	\$235,591	\$2,027,325
Total	\$185,485	\$1,633,696	\$243,543	\$2,145,056	\$167,407	\$1,474,469	\$132,126	\$90,654	\$798,450	\$6,870,886

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

Attachment D: Area Agency Planning and Service Areas (PSAs)



PSA 1: Aroostook Area Agency on Aging: www.arostookaging.org

Counties Served: Aroostook

PSA 2: Eastern Area Agency on Aging: www.eaaa.org

Counties Served: Hancock, Penobscot, Piscataquis, Washington

PSA 3: SeniorsPlus: www.seniorsplus.org

Counties Served: Androscoggin, Franklin, Oxford

PSA 4: Spectrum Generations: www.spectrumgenerations.org

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

PSA 5: Southern Maine Agency on Aging: www.smaaa.org

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