2020-2024 Area Plan on Aging

as required by the Older Americans Act

Approved by Board of Directors – 07/10/2020

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VERIFICATION OF INTENT

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

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

07/01/2020
Date
Joy Barresi Saucier
Executive Director
Aroostook Agency on Aging

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

07/01/2020
Date
Rev. Dr. Kenneth Phelps
Chairperson
Aroostook Agency on Aging Advisory Council

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

07/10/2020
Date
Rev. Dr. Kenneth Phelps
President of Board of Directors
Aroostook Agency on Aging
**Mission Statement**
The mission of the Aroostook Agency on Aging is to improve the quality of life, maximize the independence and promote the well-being of older people in northern Maine.

**Vision Statement**
Through choice and range of service, every aging adult will be able to live a quality life.

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

The Aroostook Agency on Aging was incorporated in 1973 with the mission of improving the quality of life, maximizing the independence, and promoting the well-being of older people in Northern Maine. The agency is a 501c(3) charitable corporation, guided by a 18-member elected board of directors that is representative those served; all board members are over the age of 55 and all hail from different communities representing all regions of the county. Funded in part by the Older Americans Act, the Agency is required to develop and implement an Area Plan on Aging every four years. The following plan for the 2020-2024 period is based on community need, as well as state and federal focus areas, and outlines the Older Americans Act service strategy for the organization.

The Agency serves Aroostook County, the largest county in Maine spanning 6,671 square miles, a region of about the same size as the states of Connecticut and Rhode Island combined. “The County”, as the region is called, is rural in nature with a low population density of only 10.8 people per square mile. County residents are known for their hard work, willingness to help their neighbors, and commitment to community. The region is challenged by outmigration, high rates of poverty, low educational attainment, and poor health status. These challenges significantly impact older people as they make up about a quarter (24.1%) of the population.

The 2019 regional community needs assessment sheds light on several areas of concern for older people, including the continued need for information, in-home support services, social opportunities, transportation, care partner support, financial assistance, and wellness programs. Federal and state focus areas for aging services include strengthening and expansion of core programs, collaboration with organizations serving serve tribal and underserved consumers, and integration of services with healthcare organizations and other community-based organizations to improve coordination of services and address social determinants of health.

In response to these needs and in alignment with the Maine State Plan on Aging, the Aroostook Agency on Aging adopts the following comprehensive set of goals, with associated objectives, strategies, and performance measures, to guide the delivery of service over the next four years.
1. Support older Mainers, adults with disabilities, and their care partners to remain active and healthy in their communities of choice for as long as possible.

2. Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.

3. Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers and adults with disabilities.

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

**Context**

Aroostook County is the largest county east of the Mississippi River with over 6,700 total square miles. The service area is larger than the states of Connecticut and Rhode Island combined, but has a population density of only 10.8 people per square mile. Located in northernmost Maine, bordering Canada on the North, East and West boundaries, the area is very rural, and heavily forested. There are 68 municipalities, most with populations of less than 2,500. The largest municipality is Presque Isle with a population of 9,511. Presque Isle and neighboring Caribou have the greatest concentration of medical services, with Presque Isle being the only location for dialysis and intensive cancer treatments. It is not uncommon for a person to drive 60 miles one way for a doctor appointment or medical procedure.

Aroostook County continues to experience significant population decline; from 73,938 in 2000, to 71,870 in 2010, to 68,628 in 2015, and 67,111 in 2018 (US Census v. 2018 est.). Driving this trend is the outmigration of the younger population, a trend that started and has been continuous since 1960. At the same time, the population age 65+ increased to 24.1% of the population. Projections indicate a rapid increase of people age 65+ for the next 18 years through 2030, with 27% being age 65+. Aroostook County differs from the rest of Maine and the US, with Aroostook County having more homeowners 65 and older living alone (13.3% in Aroostook County compared to 10.7% in Maine and 9.3% in the US). Maine has the oldest median age in the country at 44.6 years, with Aroostook County’s median age being 47.2 years. From an economic perspective, nearly half of older people in Maine are also financially disadvantaged; 44.73% of older adults in Maine live below 200% of poverty under the Supplemental Poverty Measure per the Kaiser Family Foundation. US Census (v. 2018 est.) reports Aroostook County's median income is $36,923 versus Maine's median income of $49,331. 18.4% of Aroostook residents are classified as living in poverty.

In the report “County Health Rankings and Roadmaps” as published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (2018), Aroostook County Maine ranks 15th [of 16 counties in Maine] in Health Outcomes and 16th for Overall Quality of Life. Aroostook County ranked 14th for Health Behaviors.
Locating and securing services from a primary care provider (PCP) is a concerning issue. In their report titled “Maine Rural Health Profiles” the Muskie School of Public Service, Maine Rural Health Research Center (2016) state that Aroostook County has 164 practicing physicians, or 2.3% per 1,000 population as compared to the state average of 3.4% per 1,000 population. Aroostook has the 2nd highest county rate in costly Emergency Department visits, driven in part by the inability to secure a PCP or by an inability to schedule a timely appointment for an urgent need. Referral of care to specialist usually located out-of-county is common and travel is time consuming and expensive.

In preparation for the development of the 2020-2024 Aroostook Area Plan on Aging, the Aroostook Agency on Aging worked in collaboration with Maine Department of Health and Human Service, Office on Aging and Disability Services and the University of Maine Muskie School to conduct a needs assessment of Aroostook County as part of a state-wide needs assessment process. The needs assessment included a variety of data collection methodologies to fully understand the needs of older adults, including a telephone survey, caregiver survey, listening sessions, and key informant interviews. See Appendix G for the full report for Aroostook County.

In Aroostook, the following areas of concern identified have been identified and are supported by the referenced data specific to older adults in the region:

**Access to Information and Resources**
Nearly 1 in 3 older people (31%) participating in the telephone survey found it somewhat or very difficult to find information about available services for older people in Aroostook County. Only 1 in 3 (34%) had contacted Aroostook Agency on Aging for information.

**Support Services and Social Isolation**
Nearly a third (35%) of older adults surveyed lived alone and many had difficulty with household tasks (17%), but only a small percentage (5.3%) were currently receiving help. One of every 5 older people surveyed fell in the past 6 months and a 21% of those who fell could not get up on their own. In addition, nearly 1 in 3 (30%) of older adults surveyed sometimes or often felt lonely or disconnected.

**Transportation**
Approximately one in four (24%) older people surveyed depended on friends or family to get around and 6.8% needed transportation in the last 90 days and could not get it.

**Financial Resources**
Per census estimates, approximately 12.1% of older people in Aroostook County live below federal poverty level ($12,490, single household) and 29.6% live below 150% of the federal poverty level ($19,140, single household). This explains why many older adults in the region must rely on food pantries (21%), are not able to heat their
home to a comfortable temperature in the winter (42%), and have unmet health needs, such as tooth or mouth problems (19%), per the telephone survey.

**Hunger**
Significant food insecurity is present in Aroostook County with approximately 15.4% of individuals food insecure per Feeding America Map the Meal Gap Project 2017; Aroostook County has the highest rate of food insecurity of all counties in Maine and its rate is significantly higher than the state food insecurity rate of 12.9%.

**Care Partners**
Aroostook County has a high rate of older people who provide care for others. 17% of older people surveyed stated that they are care partners, providing others with crucial support, including assistance with food preparation, transportation, and management of finances.

**Cognitive Status**
Telephone survey results indicate that approximately 2 in 10 older people have concerns about their own memory or the memory of someone for whom they care.

**Wellness Programs**
Per the 2018 Aroostook County Health Profile of the Maine Shared Community Health Needs Assessment, 20.8% of adults in the county had three or more chronic conditions, significantly higher than the state at 15.8%. Over one-third of those participating in the telephone surveyed indicated that they would be somewhat or very interested in attending a free or low-cost wellness program.

**Community Assets**

Even with all the barriers shared, over three quarters (80%) of those surveyed rated their community as excellent, very good, or good place to live for people as they age.

As part of the planning process using the state and regional needs assessment results, all Agencies for Aging in Maine collaborated with the Maine Department of Health and Human Services, Office of Aging and Disability Services, to define shared goals and objectives for the Area Plan on Aging (See Appendix C). This process and the resulting goals and objectives also reflect the five pillars of the Administration for Community Living (ACL): Connecting People to Resources; Strengthening our Networks; Protecting Rights and Preventing Abuse; Supporting Families and Caregivers; and Expanding Employment Opportunities.

**Focus Areas**
The Administration for Community Living has identified several major “focus areas” to be addressed through the 2020-2024 Area Planning Process. Strategies explained below
are also included in the Goals, Objectives, Strategies and Performance Measures section with additional detail provided. Note references to Goals section below.

1. **Core Programs.** Older Americans Act programs are encompassed in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs), and serve as the foundation of the national aging services network.

   a. **Coordinating Title III programs with Title VI Native American programs**
      The Agency invites tribal leaders or representatives to serve on its Advisory Council. This forum provides an opportunity to gain input from the Native American Community regarding how the programs can collaborate and coordinate efforts to improve access to services. (See 1.3.1)

   b. **Strengthening or expand Title III & VII services**
      In order to strengthen and expand services, the Agency is actively pursuing two strategies. The first, entitled Service Enterprise, was developed by the Points of Light organization, and implemented in Maine by the Maine Commission on Community Service. The goal is for the Agency to increase the number of skilled volunteers who work in all levels of the organization. Through the use of skilled volunteers, the Agency believes it can improve the delivery of service in the most rural communities, especially through programs such as the First Contact volunteer program. (See 1.1.4) The second strategy is to support the development of age-friendly communities in the region. The Agency advocates for communities to consider the age-friendly journey and serves as a connector for communities to link with AARP Maine and other organizations. As age-friendly communities build grass roots support and engage local community members in service, the Agency believes that access to social support structures will be improved. (See 1.12.1)

   c. **Increasing the business acumen of the area agency on aging**
      In order to ensure that the Agency remains sustainable and can grow as the demand for services increases, the Agency is taking steps to build depth in its business acumen and business function resources. In this regard, the Agency has designated human resources, finance, and information systems leaders, is developing next level staff under each business function, and increasing its use of Standard Operating Procedures to ensure service, quality, and business goals are achieved. (See 2.2.1)

   d. **Working towards the integration of health care and social services systems**
      The Agency is one of three members of the Aroostook Health Network, a Health Resources and Services Administration funded network focused on improving coordinated care through the region. Other network partners include Pines Health Center (a federally qualified health center), Cary
Medical Center, and Aroostook County Action Program. The network has several areas of focus, including improving the coordination of care between healthcare and social services, improving the transition of care from hospital to home, and improving the business acumen of the network partners, especially in the areas of human resources and care coordinators. (See 1.1.5)

e. **Integrating core programs with ACL discretionary programs.**

The Agency uses a Regional Services Coordination service delivery model (see item 3 below) to ensure that all programs needed by clients are delivered in a coordinated manner. As clients are assisted with core programs, they are also offered services, such as evidenced-based wellness programs, that respond to other needs. In addition, evidenced-based wellness programs are delivered in congregate dining locations, as possible.

2. **ACL Discretionary Grants** – The Agency is a joint venture partner of Healthy Living for ME, a state-wide network of providers of evidenced-based wellness programs. Healthy Living for ME is currently implementing two Administration for Community Living grants specific to evidenced-based wellness, one focused on chronic disease self-management and the other on fall prevention. As a partner of Healthy Living for ME, the Agency will continue to develop the network of evidenced-based programs in Aroostook County and develop the network infrastructure to ensure sustainability of programs. (See 1.6.1 and 1.6.2)

3. **Participant-Directed/Person-Centered Planning** – Due to the large size of the geographic region served and minimal funding available for many programs, the Agency is transitioning to a Regional Service Coordination service delivery model. In this model, the three regions of Aroostook (north, central, south) each have an assigned Regional Service Coordinator who connects with the client individually to assess needs, connect resources, and make referrals. The Regional Service Coordinator works with other Agency staff and representatives from other organizations who serve that region. This model ensures that clients stay at the center of the planning process and have an assigned staff member who understands their needs and who is their primary point of contact for questions and resources. (see 1.1.6)

4. **Elder Justice** – The Agency contracts with Legal Services for the Elderly (LSE) to ensure that older people in Aroostook have access to legal support. LSE has a 1-800 helpline available to answer many legal questions. They also have a staff attorney assigned to Aroostook County who works on cases requiring legal action or advocacy. The Agency also has a strong relationship with Elder Abuse Institute of Maine (EAIME), who has staff based in the Agency office in Presque Isle. EAIME has a grant partnership in Aroostook County with Adult Protective Services. The collaboration of the three organizations in our region provides an ability to easily bring all resources together to serve older adults experiencing abuse or exploitation. (See 3.1.1)
5. **Other Focus Areas: Housing, Transportation, Diversity, and Inclusion** – The impact of Social Determinants of Health on quality of life and the ability to remain independent cannot be underestimated. The Agency is a member of the Aroostook District Public Health Council, with its Executive Director serving on the Council Steering Committee and as Chair of the Council Subcommittee on Healthy Aging. The Subcommittee on Healthy Aging currently has four areas of focus including housing, transportation, caregiver support and workforce. Each area of focus has an interdisciplinary and interagency team of individuals working together to improve status. In addition, the Agency has two representatives who serve on the Aroostook Regional Transportation System (ARTS) Board of Directors. The Agency Executive Director currently serves as Board Chair. The Agency contracts with ARTS to provide low or no cost transportation to older people in our community through a public bus service. (See 1.11.3)
Goals, Objectives, Strategies, and Performance Measure

In response to community needs and in alignment with the Maine State Plan on Aging, the Agency adopts the following Goals, Objectives, Strategies and Performance Measures for 2020-2024.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Strategy</th>
<th>Performance Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Support older Mainers, adults with disabilities, and their care partners to remain active and healthy in their communities of choice for as long as possible.</td>
<td>1.1 Title III B Access to Services: Increase awareness of local services and programs available to older Mainers, adults with disabilities, and their care partners with an emphasis on transportation, housing, home maintenance, in-home supports, heating assistance, opportunities to socialize, and volunteer opportunities.</td>
<td>1.1.1 Provide public presentations regarding the Agency to healthcare providers, community organizations and senior clubs.</td>
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<td>1.1.2 Partner with local media partners to provide regular news features regarding aging.</td>
<td>Receive media coverage on at least 12 news features annually.</td>
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<td>1.1.3 Host or support the provision of classes for older people focused on using technology to link to needed resources.</td>
<td>Host at least 2 classes annually.</td>
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<td>1.1.4 Develop and maintain First Contact volunteer program providing each community in county with one volunteer to act as a resource for aging and disability needs.</td>
<td>Increase number of communities with active First Contact volunteers by 5% year.</td>
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<td>1.1.5 Continue to develop Aroostook Health Network to improve integration of healthcare and social service systems.</td>
<td>Agency remains active partner.</td>
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<tr>
<td>1.1.6</td>
<td><strong>Refine Regional Service Coordination service delivery model to ensure participant-directed/person-centered service planning and implementation.</strong></td>
<td><strong>Maintain number of consumers receiving service coordination each year.</strong></td>
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<td>1.2</td>
<td><strong>Title III B Access to Services:</strong> Promote the Aging and Disability Resource Centers at each area agency on aging in Maine as valuable resources of information and service navigation.</td>
<td><strong>Provide at least 6 public service announcements to local media annually.</strong></td>
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<tr>
<td>1.2.1</td>
<td><strong>Partner with local media to provide public service announcements.</strong></td>
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<tr>
<td>1.3</td>
<td><strong>Title III B Access to Services:</strong> Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBTQ older adults, older adults experiencing homelessness, remote island communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.</td>
<td><strong>Maintain at least one relationship with partner organizations representing each of the following underserved populations: Native American, Homeless, Sensory Impaired, and those experiencing Mental/Behavioral Health needs each year through a collaborative project, shared service, or advisory council membership.</strong></td>
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<tr>
<td>1.3.1</td>
<td><strong>Develop and maintain relationships with organizations representing underserved populations to share information and collaborate to improve access.</strong></td>
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<tr>
<td>Section</td>
<td>Program Description</td>
<td>Goal 1</td>
<td>Goal 2</td>
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<tr>
<td>1.3.2</td>
<td>Strengthen programs and services for those with memory loss and their care partners.</td>
<td>Maintain number of individuals with memory loss and their care partners served by Agency programs each year.</td>
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<td>1.4</td>
<td><strong>Title III C Nutrition Services:</strong> Ensure access to local congregate dining options.</td>
<td>Maintain current congregate dining options in hub communities.</td>
<td>Maintain number of individuals receiving congregate dining services each year.</td>
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<tr>
<td>1.4.1</td>
<td><strong>Title III C Nutrition Services:</strong> Ensure access to local congregate dining options.</td>
<td>Maintain current congregate dining options in hub communities.</td>
<td>Maintain number of individuals receiving congregate dining services each year.</td>
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<td>1.4.2</td>
<td>Increase communities with access to voucher program.</td>
<td>Increase number of individuals participating in voucher program by 5% per year.</td>
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<tr>
<td>1.5</td>
<td><strong>Title III C Nutrition Services:</strong> Enhance the quality and variety of meals offered to older Mainers to allow for personal choice, dietary restrictions, and cultural differences.</td>
<td>Increase consumer choice of frozen home delivered meals.</td>
<td>Exceed 80% of consumers ranking consumer choice highly on satisfaction survey each year.</td>
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<tr>
<td>1.5.1</td>
<td>Increase consumer choice of frozen home delivered meals.</td>
<td>Increase number of community partners offering evidenced based wellness programs.</td>
<td>Increase number of community partners offering evidence-based wellness programs by 5% each year.</td>
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<td>1.6</td>
<td><strong>Title III D Evidence-Based Programs:</strong> Maintain participation in evidence-based programs, including, but not limited to, SAVVY Caregiver, falls prevention, and chronic disease self-management.</td>
<td>Further develop network of community partners offering evidenced based wellness programs.</td>
<td>Increase number of completers of evidenced-based wellness programs through a variety of communication methods.</td>
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<tr>
<td>1.6.1</td>
<td>Further develop network of community partners offering evidenced based wellness programs.</td>
<td>Increase number of community partners offering evidence-based wellness programs by 5% each year.</td>
<td>Increase number of completers of evidenced-based wellness programs through a variety of communication methods.</td>
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<td>1.6.2</td>
<td>Promote evidenced-based wellness programs through a variety of communication methods.</td>
<td>Increase number of completers of evidenced-based wellness programs through a variety of communication methods.</td>
<td>Increase number of completers of evidenced-based wellness programs through a variety of communication methods.</td>
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<td>wellness programs by 5% each year.</td>
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<td>1.7</td>
<td><strong>Title III E Care Partner Services:</strong> Explore ways to provide in-home services and supports such as Homemaker, Chore, and Home Delivered Meals to care partners of older Mainers.</td>
<td>1.7.1</td>
<td>Develop and maintain volunteer program(s) that provide in-home supports and services to older adults and their care partners.</td>
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<td>1.8</td>
<td><strong>Title III E Care Partner Services:</strong> Enhance respite services to care partners of older Mainers to maximize the utilization of other care partner services, such as evidence-based programs, support groups, and counseling.</td>
<td>1.8.1</td>
<td>Provide respite to care partners of older Mainers to enable them to attend evidenced-based programs and support groups.</td>
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<tr>
<td>1.9</td>
<td><strong>Title III E Care Partner Services:</strong> Increase awareness of and access to the Family Caregiver Support Program to Older Relative Caregivers.</td>
<td>1.9.1</td>
<td>Promote program to older relative care partners in Aroostook County, with special emphasis on referral sources.</td>
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<td>1.10</td>
<td><strong>Assistive Technology:</strong> Increase awareness of and access to public and privately funded Assistive Technology programs and resources.</td>
<td>1.10.1</td>
<td>Work with Assistive Technology programs to train staff, volunteers, and community partners in available resources and funding options.</td>
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<td>1.11</td>
<td><strong>Advocacy:</strong> Support capacity building initiatives to strengthen Maine's aging and disability service networks at the state and local levels through advocacy and participation in leadership activities.</td>
<td>1.11.1</td>
<td>Develop and maintain relationships with federal and state legislative delegations to advocate on issues important to older people.</td>
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<td>1.11.2</td>
<td>Develop, implement, and maintain advocacy program for older people in region, which includes opportunities for those participating to receive information, training and/or become involved legislative process.</td>
<td>Enlist and maintain at least 25 advocates in program each year.</td>
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<td>1.11.3</td>
<td>Serve on local, regional, and national committees and boards that advocate for improved services for older people.</td>
<td>Establish baseline and maintain number of hours served on local, regional, or national committees/boards by agency staff.</td>
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<td>1.12</td>
<td>Advocacy: Support local and statewide age-friendly initiatives through advocacy and participation in leadership activities.</td>
<td>Leverage community assets to steward and support development of age-friendly initiatives in region.</td>
<td>Increase number of initiatives in region by at least 2 each year.</td>
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<td>2.1</td>
<td>Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.</td>
<td>Participate in state-wide effort to develop and implement intake, assessment, and referral standards.</td>
<td>Attend 100% of state meetings specific to topic.</td>
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<td>2.2</td>
<td>Improve data collection methodologies using standard service definitions and utilizing data management resources effectively to ensure statewide consistency.</td>
<td>Develop and implement organization standard operating procedures for data collection that align with statewide standards.</td>
<td>Train 100% of staff using Wellsky data system on standard operating procedures for data collection annually and as needed.</td>
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</table>
## 2.3 Evaluate the effectiveness of services and programs in meeting the preferences and unmet needs of older Mainers, adults with disabilities, and their care partners using outcome measurements.

### 2.3.1 Develop, maintain, and monitor organization dashboard of key performance indicators to evaluate effectiveness of services and programs.

**Publish and distribute dashboard monthly to board and leadership team.**

### 3 Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers and adults with disabilities.

#### 3.1 Prevent and improve response to the abuse, neglect, and exploitation of older Mainers and adults with disabilities.

**Collaborate with Legal Services for the Elderly, Elder Abuse Institute of Maine, and other partners/initiatives to prevent and improve response.**

**Maintain number of referrals made to community partners regarding abuse, neglect, and exploitation.**

#### 3.2 Preserve the rights and autonomy of older Mainers and adults with disabilities.

**Strengthen Senior Medicare Patrol (SMP) program through the development of a cadre of volunteers.**

**Increase number of SMP volunteers by 5% each year.**
APPENDIX A

ASSURANCES AND REQUIRED ACTIVITIES

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

Older Americans Act Assurances, Sec. 306, Area Plans

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

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

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

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

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

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;

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

(9) 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 2000 in carrying out such a program 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

07/01/2020
Date
Joy Barresi Saucier
Executive Director
Aroostook Agency on Aging

07/01/2020
Date
Rev. Dr. Kenneth Phelps
President of Board of Directors
Aroostook Agency on Aging
### APPENDIX B

#### CONTRACTUAL RELATIONSHIPS

<table>
<thead>
<tr>
<th>Service</th>
<th>Organization</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Aroostook Regional Transportation Systems</td>
<td>Provide low or no cost transportation for older people and RSVP program.</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Legal Services for the Elderly</td>
<td>Provide quality legal services without fee to economically or socially</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Borderview Nursing Home</td>
<td>Provide hot home-delivered meals, congregate meals, and voucher meals for clients in Van Buren.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Birch Stream Farms</td>
<td>Provide frozen home-delivered meals.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Northern Light Health – Aroostook Health Center</td>
<td>Provide hot home-delivered meals for clients in Mars Hill.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Catholic Charities of Maine</td>
<td>Provide regional frozen storage and transportation of frozen home-delivered meals within service region.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Sysco and Area grocery stores</td>
<td>Provide food for congregate dining and adult day services.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Bigrock Transportation</td>
<td>Provide truck to transport frozen home-delivered meals to region (in-kind) and driver to deliver food.</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Forever Young Club of Madawaska and Fort Kent Senior Club</td>
<td>Provide location for congregate dining services.</td>
</tr>
<tr>
<td>In Home Support</td>
<td>Northern Light Health – Live Safe</td>
<td>Provide personal emergency response services to clients through Elder Independence of Maine.</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Healthy Living for ME</td>
<td>Provide information systems and marketing support for evidenced-based wellness programs.</td>
</tr>
<tr>
<td>Outreach</td>
<td>Aroostook County Action Program</td>
<td>Agency aids with LIHEAP applications.</td>
</tr>
<tr>
<td>Management</td>
<td>Caribou Housing Development Corporation</td>
<td>Agency provide management for Caribou Gardens Apartments</td>
</tr>
</tbody>
</table>
APPENDIX C

PUBLIC HEARING PROCESS

The following public notice was posted on the Agency website and social media accounts beginning on June 1, 2020 and was published in all local newspaper during the week of June 10, 2020.

The Aroostook Agency on Aging will soon hold public hearings on its 2020-2024 Area Plan on Aging draft document. The plan identifies the needs of older people in The County and how the agency plans to help address those needs over the next four years. Ideas and comments on the draft plan are welcome and will help the agency to formulate the final document. The public is invited to attend public hearings virtually through online meetings on Monday, June 22nd from 10-11a or Tuesday, June 23rd from 3-4p. If you would like to attend, please contact the agency to receive an electronic meeting link. A copy of the draft plan is available on or after June 1st; it can be accessed at www.aroostookaging.org. It can be also be requested by phone at 764-3396 or 1-800-439-1789, or by writing to the agency at PO Box 1288, Presque Isle, ME 04769-1288. Written comments on the plan must be received by 9:00 a.m. on Friday, June 26, 2020, and can be mailed to the Agency or emailed to joy.b.saucier@aroostookaging.org.

Hard copies of the proposed plan were made available at Agency locations for anyone requesting a copy beginning on June 1, 2020. An electronic copy was posted on the agency website beginning on June 1, 2020.

Public Hearing was held through virtual meeting on June 22 and June 23, 2020. Public Hearing Comments, along with Written Comments received and their corresponding responses are documented below.

Public Hearing Comments Received with Responses:

Comment: How do you train volunteers? Do you have a formal program and how does it work?
Response: Yes. We are affiliated with national Retired Senior Volunteer Program (RSVP) with over 600 volunteers who serve over 40 partner sites. They receive mandatory screening and training and their hours are tracked. Also, our Agency is currently developing a volunteer policy including handbook and consistent onboarding procedures. Some volunteers are trained at our Presque Isle office while others are trained remotely by our program leaders.

Comment: Since one of your Area Plan goals is to better educate the public about your Agency and its programs, do you send people out to communities for face-to-face opportunities to meet during scheduled “office hours”? 
Response: Education primarily is done by our regional service coordinators and outreach specialists. We also go (during normal times but not now during Covid-19 outbreak) directly into people’s homes or meet them in a public place. Currently we are considering re-instating a series of periodic times to set up informational sessions in communities throughout our service territory. People do not need to come to Presque Isle to see us.

Comment: What are the guidelines/qualifications for becoming an Age-Friendly Community?
Response: I will share resources with you after the meeting that describe the process. Nationally the effort is spearheaded by AARP. There is also a consultant who comes north (or meets virtually) to advocate for towns to become certified and share best practices. It is a commitment to improve. But there’s help to develop an action plan. Age-Friendly communities are grassroots driven. It is not a top down, but a bottom up thing. Engaged citizens plan, act and improve.

Comment: Under the topic of elder abuse, I have a concern that older people are being targeted by scams, fake Medicare calls et. How is the Agency addressing this?
Response: Yes. This problem is insidious and it is bigger than you can imagine. We have hosted the Homeland Security specialist who works in this area to educate our staff with real world examples. There is also a federal Senior Medicare Patrol program with a coordinator and volunteers who are trained to be community educators. Resources are shared but funding is limited.

Comment: Is there help available on the national or state level? What about the Do Not Call effort? I do not hear much about that anymore.
Response: Yes, that is an option. The Agency does encourage individuals who are concerned they have been a victim of fraud or scams to reach out to us as we can assist in connecting them to state and national resources.

Comment: I would like to know more about your partner organization, Aroostook Regional Transportation Service.
Response: I will send you a connection to their executive director.

Written Comments Received with Responses:

Comment: As I was reading the section on congregate dining, the reality of the limitations associated with the Coronavirus (or other significant issues) may limit your accomplishment of this objective relative to the level preferred for this and perhaps other objectives.
Response: Complying with such health issues may limit the complete accomplishment of some objectives for various periods of time during the Agency’s fulfillment of various goals and objectives over the life of the plan. The Agency has currently made successful adjustments to full fill such objectives to the extent possible and will continue to do.
APPENDIX D

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

AROOSTOOK AGENCY ON AGING BOARD OF DIRECTORS
2019-2020

Rev. Kenneth Phelps, Presque Isle - President
James Tweedie, Blaine - Vice President
Mary Anne Buck, Mapleton - Secretary
Durward Huffman, Fort Fairfield - Treasurer

George Dionne, Grand Isle
Martha Grant, Presque Isle
Keith MacKenzie, Island Falls
Robert Meinders, Benedicta
Linda Nadeau, Perham
Phyllis Pelletier, Ashland
Stephen Poitras, Fort Fairfield
Donald Raymond, New Canada
Lorraine Redwine, St. David
Barbara Robertson, New Limerick
Albertine Soucy, Frenchville
Raymond Thibodeau, Sinclair
Lori Weston, Houlton
### APPENDIX F

#### LIST OF CURRENT SERVICES IN AROOSTOOK COUNTY

<table>
<thead>
<tr>
<th>Type</th>
<th>Program Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusted</td>
<td>Aging &amp; Disability Resource Center</td>
<td>It all starts with one call. Have a question or need help? Our toll-free, confidential Answer Line provides information and assistance on all Agency services and a variety of important topics. In addition, we encourage our community to visit our Aging &amp; Disability Resource Center, which is located at 260 Main Street, Presque Isle, Maine.</td>
</tr>
<tr>
<td>Information</td>
<td>Aging Well Speaker’s Bureau</td>
<td>It is said, “with information comes power”. With over 20 programs and services for older people, those with disabilities, and their care partners, the Agency has many experts available to provide presentations to community groups.</td>
</tr>
<tr>
<td>Trusted</td>
<td>Benefits Checklist</td>
<td>Public benefit programs were created to help those in need and can make a difference in one’s ability to remain living independently. If you are age 60 plus and have a low income, you may be eligible for more public benefits than you are currently receiving. Use our 2-page Benefits Checklist to identify which programs may be available to you.</td>
</tr>
<tr>
<td>Information</td>
<td>Maine Legal Services for the Elderly (Partner Organization)</td>
<td>There are times when we all need a strong advocate who can provide good advice and help us represent our interests. Maine Legal Services for the Elderly provides free, high quality legal assistance to older people in social or economic need. Assistance is available on a variety of topics, including healthcare, health insurance, Medicare, MaineCare, Social Security, public benefits, pension/retirement benefits, powers of attorney, credit/bankruptcy problems, physical and financial abuse, guardianship defense and other civil (non-criminal) matters. Contact the LSE Helpline (1-800-750-5353) or visit <a href="http://www.mainelse.org">www.mainelse.org</a> for more information.</td>
</tr>
<tr>
<td>Trusted Information</td>
<td>Medicare and Insurance Counseling</td>
<td>Regardless of your age, healthcare coverage is important. Matching coverage to an individual’s needs can be challenging. Education and counseling help people to know all the options available so they can select the best plan for them. Trained health insurance and Medicare counselors are available to assist those in need of assistance as they choose their coverage. Special help is offered during the Medicare open enrollment period and “Welcome to Medicare” seminars are also available.</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Trusted Information</td>
<td>Outreach Services</td>
<td>Sometimes we need someone to guide us as we confront life’s challenges. Trained outreach specialists are available to work with older people in the community to answer questions, connect them to community resources, assist them with applications for services, or be their advocates.</td>
</tr>
<tr>
<td>Trusted Information</td>
<td>Preventing Scams &amp; Fraud</td>
<td>We all work hard for our money and try to protect our resources. Older people often have saved large sums of money for retirement. Fraud and scams have many forms, such as Grandparent Scams, Identity Theft, and Government Grant Scams. Education on fraud and scams is available for both individuals and groups, as well as assistance for people who have been the victim of scams.</td>
</tr>
<tr>
<td>Wellness</td>
<td>Bone Builders</td>
<td>Having strong bones is an important part of preventing fractures and remaining healthy. The Bone Builders program helps you improve balance to protect against falls and fractures, while enhancing your energy level and sense of well-being.</td>
</tr>
<tr>
<td>Wellness</td>
<td>Living Well with Chronic Conditions</td>
<td>Staying well allows us to live better lives. The Living Well chronic condition courses offered (Living Well for Better Health, Living Well with Chronic Pain, and Living Well with Diabetes) help people learn how to manage their own health by improving communication with their physicians, actively managing their symptoms, creating personal action plans, and developing support structures.</td>
</tr>
<tr>
<td>Wellness</td>
<td>Matter of Balance</td>
<td>Remaining safe and healthy at home is a goal for all. A fear of falling is something that can be on the minds of older people. Engaging in moderate exercise helps improve your balance and coordination. Matter of Balance is an award-winning program designed to reduce the fear of falling and increase the activity levels of older adults.</td>
</tr>
</tbody>
</table>
### Wellness

| **Tai Chi for Health & Balance** | Improving health and wellbeing are core to living a long life. Tai Chi for Health and Balance is a program proven to be effective in preventing falls and relieving pain for those with arthritis. Participants focus on improving strength, balance, and mental health. |

### Staying at Home

| **Aroostook Regional Transportation Systems** (Partner Organization) | Access to transportation is essential, especially in rural areas. It often opens the door to meeting a variety of other needs. ARTS uses buses, volunteer drivers, private cars and taxis throughout Aroostook to help people get to appointments, shop, and stay active in their community. Contact ARTS at 1-800-442-3320 or visit www.aroostooktransportation.org for more information. |

| **Care Partner Education & Support** | Taking care of a family member who can no longer care for themselves is a role that many people hold. To provide the best care for those we love, support is needed to be an effective care partner. Care Partners face the challenge of managing the care of another and finding time to care for themselves. Sometimes care partners are afraid to ask for help. Care partner education and support is available for individuals of all ages, including the Savvy Caregiver program. |

| **Daybreak Adult Day Service** | All people need to connect with others at all stages of life. This connection gives us energy, which keeps us living at our best. Daybreak Adult Day Service focuses on creating a safe place for those with chronic memory loss or health conditions to enjoy the day and interact with others. While participants are at the program, care partners can take a much-needed break or handle personal business. |

| **Eldercare Homecare Services** | As we age, we want to live independently in our own home. Home is a place where we feel safe, comfortable, and most able to participate in our community. At some point, to stay living in our home, we may need help. ElderCare Homecare Services provides an extra set of hands to help with our daily activities. |

<p>| <strong>Friendly Visitors</strong> | Connecting with others each day is a normal part of life. When family or friends are not available, having a Friendly Visitor helps to pass the time, take part in an activity, or bring a smile from a shared story. Trained volunteers visit or call homebound participants regularly giving them a connection to their community. |</p>
<table>
<thead>
<tr>
<th>Staying at Home</th>
<th>Money Minders</th>
<th>Managing your money is a key aspect of being independent. The Money Minders Program is a free bill paying service where trained volunteers provide consumers with assistance in setting up a budget, paying bills, and managing a checkbook.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying at Home</td>
<td>Nutrition Services: Meals on Wheels, Community Dining, USDA Senior Food Box Program, Easy Meals</td>
<td>Getting food and good nutrition is something we all need to remain healthy and happy, no matter our income or support network. If you are finding yourself choosing between groceries and other household and medical expenses you're not alone. Not having enough money to buy groceries or a support network to obtain easy access to nutritious food is increasingly common. Let the Aroostook Agency on Aging connect you to a service that will help meet your needs.</td>
</tr>
<tr>
<td>Staying at Home</td>
<td>Planning for the Future</td>
<td>When we plan for the future, we increase the likelihood that we will be able to continue to make our own decisions or others will know our wishes. The Agency has trained staff that can sit with you to understand your needs and put a plan on paper for your future.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Aroostook RSVP</td>
<td>Use the skills and talents you have learned over the years or develop new ones while serving in a variety of volunteer activities within your community. RSVP volunteers choose where and how they want to work. Aroostook RSVP can connect you with one of over 40 partner sites in The County and support you throughout your volunteer experience.</td>
</tr>
</tbody>
</table>
APPENDIX G

AROOSTOOK COUNTY NEEDS ASSESSMENT

2019 Maine Aging Study
Aroostook Agency on Aging (Pages 135-163)
Muskie School of Public Service
Cutler Institute for Health and Social Policy
March 6, 2020