2025-2028 Area Plan on Aging

as required by the Older Americans Act

Approved by Board of Directors – xx/xx/2024

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Verification of Intent

The Area Plan on Aging is hereby submitted for the York and Cumberland County Planning and Service Area for the period 2025 through 2028. It includes all assurances and plans to be followed by the Southern Maine Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency identified will assume 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 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 are hereby submitted to the State Agency on Aging for approval.

Date: (Signed) ___________________________
Megan Walton
Chief Executive Officer
Southern Maine Agency on Aging

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

Date: (Signed) _____________________________
TBD (between chairs as of 5.17)
Advisory Council Chair
Southern Maine Agency on Aging

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

Date: (Signed) _____________________________
Julie Mascari
President, Board of Directors
Southern Maine Agency on Aging

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Executive Summary

The Southern Maine Agency on Aging (SMAA) is a private, non-profit organization that seeks to develop a comprehensive system of services and supports for older adults and their families in Cumberland and York Counties. SMAA serves as an advocate, provider, and focal point for information and services needed by older adults, adults with disabilities, and their care partners. SMAA applauds Maine's Department of Health and Human Services for its focus on older Mainers, ensuring they live with dignity, in the place that balances their needs and preferences.

Our Mission

The Southern Maine Agency on Aging is the focal point in Cumberland and York counties for resources, services and information to empower older adults, adults with disabilities, and their caregivers to live to their fullest potential.

Our Vision

A community in which older adults are able to live to their fullest potential.

SMAA uses a wide variety of resources to carry out its mission, including a strong team of volunteers and staff, multiple contracts and partnerships with other organizations and units of government, and an array of programs and services.

The overall goals and objectives contained in SMAA's 2025-2028 Area Plan were developed through a process facilitated by the Maine Office of Aging and Disability Services (OADS) in collaboration with all five Area Agencies on Aging (AAAs) in Maine, with regional strategies toward these goals and objectives being created by each AAA. SMAA developed strategies and action items based upon ongoing initiatives, assessments of the unique array of resources and partners available in our region, and a 2023 statewide needs assessment survey conducted by the Muskie School of Public Service in partnership with OADS. Results of the statewide needs assessment were extracted for each AAA service area and included the following components:

- Surveys targeting adults 55 or older
- Surveys targeting adults under 55 who are informal care partners of an adult 60+, or under 60 with Alzheimer's or a related dementia
- Listening Sessions
- Focus Groups with specific demographic groups: LGBT older adults, older Asian adults, US-born black Americans, older New Mainers, Hispanic/Latino, low-income 75+ adults

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- Key Informant Interviews with Maine tribal Title VI grantees, older adults with intellectual and developmental disabilities, older people experiencing homelessness or unstable housing, older kinship care partners, and older adults in island communities

What we will do

As outlined in the attached plan, SMAA will be particularly focused on the following areas, given the needs of our region and our community members:

- **Continue to make the public aware of SMAA's services and capabilities**
  Especially for those clients and care partners in greatest social and economic need who could benefit most from being aware of our services earlier.

- **Offer community supports to address social isolation**
  Meal sites and nutrition programs not only provide for clients' basic needs – they offer an opportunity to connect with others and reduce social isolation.

- **Falls prevention classes and information**
  Older adults in our region continue to face challenges in preventing and recovering from falls.

- **Improve respite options for care partners**
  SMAA's adult day center programming in Southern Maine continues to be a needed respite resource and community hub for clients, care partners, and families.

- **Advocate for older adults**
  By continuing to track outcomes and measure gaps, SMAA will continue to advocate for new and different services for older adults. Additionally, we will work in partnership with municipalities to enhance age friendly community initiatives.

- **Information and resources for local community members, especially Medicare seminars**
  In the coming years, it will be essential for SMAA to continue to provide valuable information that helps clients get the services and support they need and make informed decisions.

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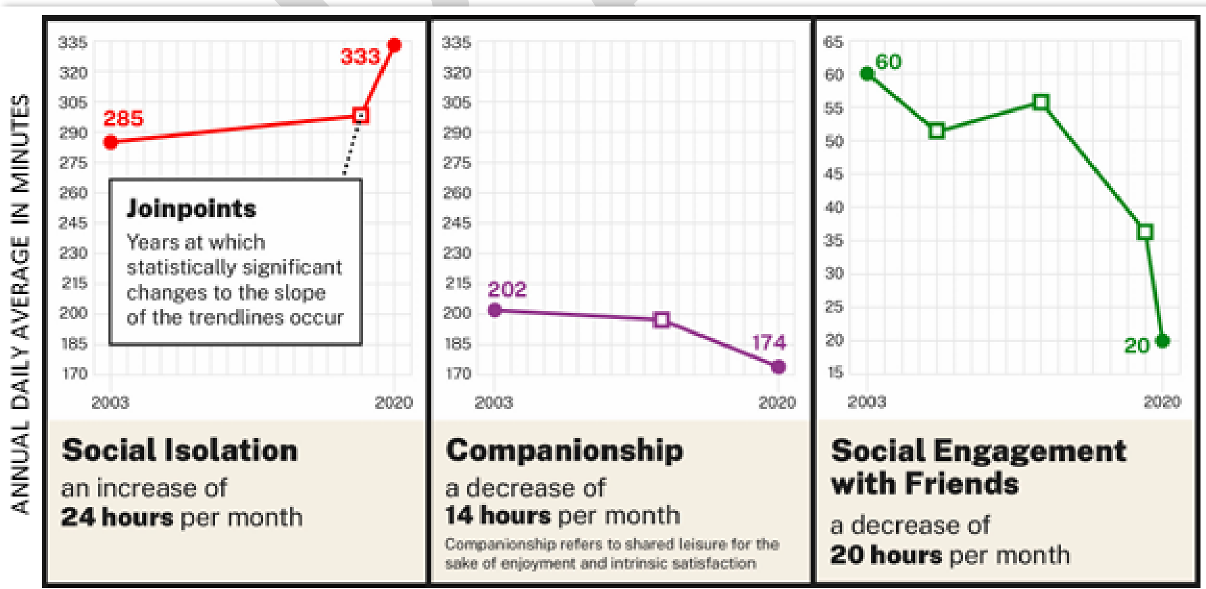
Context

SMAA serves the Maine counties of Cumberland and York, with the exception of the towns Brunswick and Harpswell. While this is the smallest geographic service area of the five Maine agencies on aging, it is also within the context of the largest New England state and the nation's most rural state, 50% percent of which is almost completely uninhabited. Encompassing 2,488 square miles, much of the area served by SMAA is rural, containing communities with little-to-no access to public transportation, with residents often living miles from the closest grocery store, medical facility, or even neighbors. There are numerous island communities accessible only by boat. The rural nature of Maine creates particular challenges related to service delivery and access, particularly for those who are homebound or without access to reliable transportation.

Rural Layout and Social Isolation

The COVID-19 pandemic, with its associated lockdowns, raised national awareness of social isolation and loneliness to new levels, yet there had already been recognition that social connectedness in the United States has been declining for decades. In 2023, the U.S. Surgeon General issued the advisory *Our Epidemic of Loneliness and Isolation* outlining the trends, causes and negative health outcomes of this decline and putting forward a national strategy to advance social connection.



National Trends for Social Connections, 2003 - 2020[1]

[1] Adapted from The U.S. Surgeon General, *Our Epidemic of Loneliness and Isolation*, 2023.

The rural nature of Maine's landscape contributes to the many challenges our older residents face related to access to food, healthcare, social connectedness, etc. For older adults, isolation and loneliness can be a predictor of poor health, especially depression, other mood disorders, anxiety, and alcohol and drug abuse[2].

More than two of every five (41.3%) Maine older adults live alone[3]. Maine has recently been ranked as the loneliest state in the country, largely due to the high number of people living alone[4]. Not surprisingly, living alone is associated with amounts of time spent alone. People 60 and older who live alone say they spend, on average, about 10 and a half hours alone each day – almost twice as much time as those who live with a spouse. More than a third (37%) of older adults who live alone report spending all their measured time alone[5].

Southern Maine is a "Super-Aged" Region

In 2018 Maine crossed a crucial milestone – one-in-five residents were over the age of 65 – thereby meeting the United Nations definition of a "super-aged" state. Since then, five other US states have passed that threshold, and by 2030 more than half of US states are projected to have similar age profiles.[6] According to 2022 U.S. Census data, Maine has the highest median age in the country at 44.8 years old – 6 years older than the national average of 38.5. Nearly one in three Mainers is over 60.

Maine's older adult population continues to be the fastest growing age cohort, with the 65+ population projected to increase by over 30% between 2020 and 2030. All other age cohorts are projected to contract.

Maine Statewide Population by Age			
	2020 (historical)	2025	2030
Age 0-19 years	286,218	264,935	258,901
Age 20-39 years	320,309	325,242	313,804
Age 40-64 years	466,899	444,771	431,560
Age 65+ years	288,854	339,780	393,399

Percent Change in Population			
	2020-2025	2025-2030	2020-2030
Age 0-19 years	-7.4%	-2.3%	-9.5%
Age 20-39 years	1.5%	-3.5%	-2.0%
Age 40-64 years	-4.7%	-3.0%	-7.6%
Age 65+ years	17.6%	15.8%	36.2%

Maine population projection by age cohort[7]

[2] MEHAF, *Reducing Social Isolation in Maine: The Thriving in Place Experience*, 2016
[3] JTG Foundation, *Maine Data Glimpse: Share of Householders Age 60+ Living Alone*, 2019
[4] AgingInPlace, *Loneliest States*, 2022. Retrieved 5/20/2024 from https://aginginplace.org/loneliest-states/
[5] Pew Research Center, 2019
[6] University of Virginia Weldon Cooper Center. (2018). National Population Projections
[7] Maine Population Outlook 2020 to 2023, Department of Administrative and Financial Service. https://www.maine.gov/dafs/economist/sites/maine.gov.dafs.economist/files/inline-files/Maine%20Population%20Outlook%20to%202030_5.pdf

The projected increase in Maine's older adult population is already happening, particularly in the 65 to 74 age group, which saw a 17% increase between 2017 and 2021[8].

Cumberland and York counties comprise 38% of Maine's population with Cumberland being home to the largest population size (303,357), followed by York (212,691). 35.6% of Mainers 60 or older, and 44% of older BIPoC Mainers live in Cumberland or York county. The median age of Cumberland County is 42.1, while that of York County is above the state average at 45.2[9].

Income Challenges

The poverty rate for Americans 65 and older has been dropping sharply during the past 50 years, from nearly 30% in 1966 to 10% today[10]. Unfortunately, the more recent trend has been in the opposite direction, with US Census Bureau data showing that Americans 65+ were the only age cohort where poverty increased, from 8.9% in 2020 to 10.3% in 2021. Additionally, a growing range of socio-economic challenges often offset income gains for older adults, including wide economic disparities across population subgroups, an increase in the number of divorced older adults, an increase in older women living alone, and increases in caregiving-related costs[7].

Maine has the sixth lowest average Social Security retirement benefit in the entire country at $1,734 a month, 6% below the national average and 8.4% below the regional average in New England (Social Security Administration). Living on some of the smallest fixed incomes in the country forces older Mainers to make difficult choices related to their housing and energy costs, nutrition, medications, health care spending, and other basic human needs. This is particularly the case in Southern Maine, where the cost of living is higher than the rest of Maine. The living wage necessary to meet basic needs in Cumberland and York Counties exceeds that of all other Maine counties and is 10.3% and 5.5% respectively above the state average[11].

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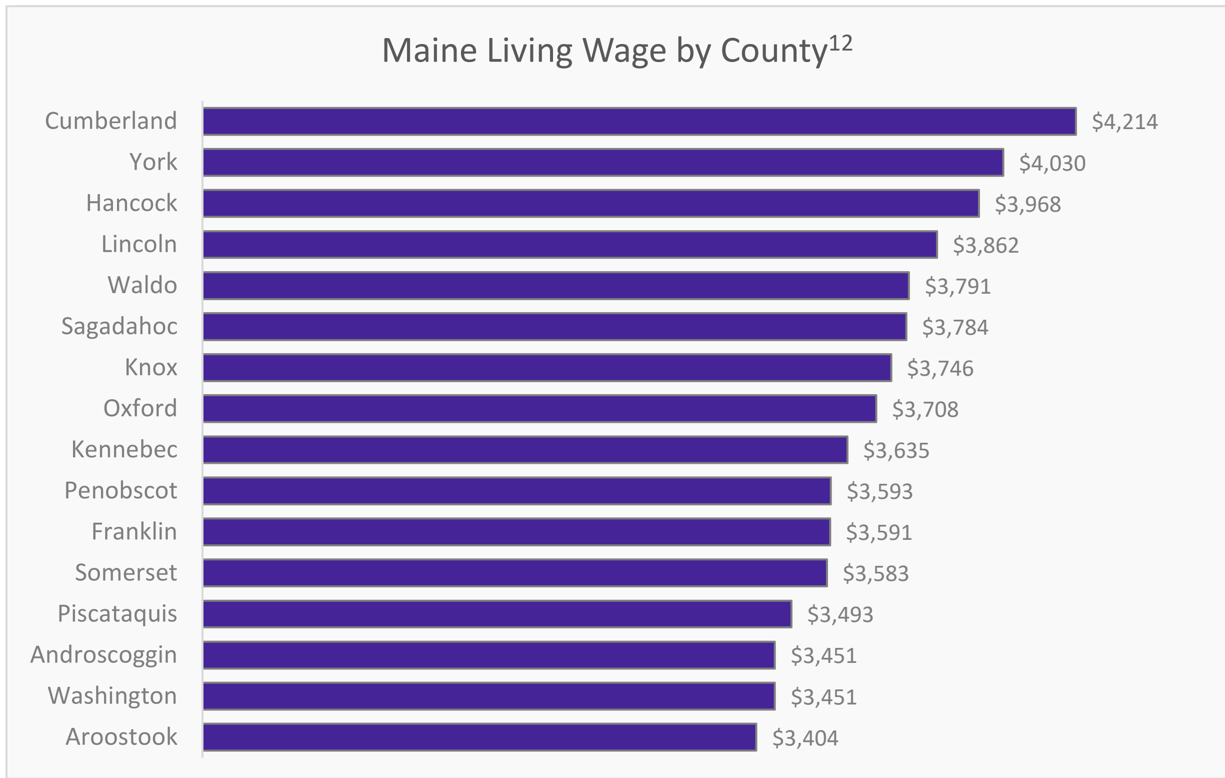
[8] Catherine Cutler Institute, *Maine State Plan on Aging Needs Assessment*, 2024.
[9] Population 60 Years and Older in the United States American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved April 8, 2024, from https://data.census.gov/table?t=Older%20Population&g=010XX00US_040XX00US23_050XX00US23005,23031
[10] Fact Sheet: Aging in the United States, 2024, Population Reference Bureau
[11] MIT living wage calculator. Retrieved 5/8/2024 from https://livingwage.mit.edu/states/23/locations.



Monthly Income Required to Meet Basic Needs[12]

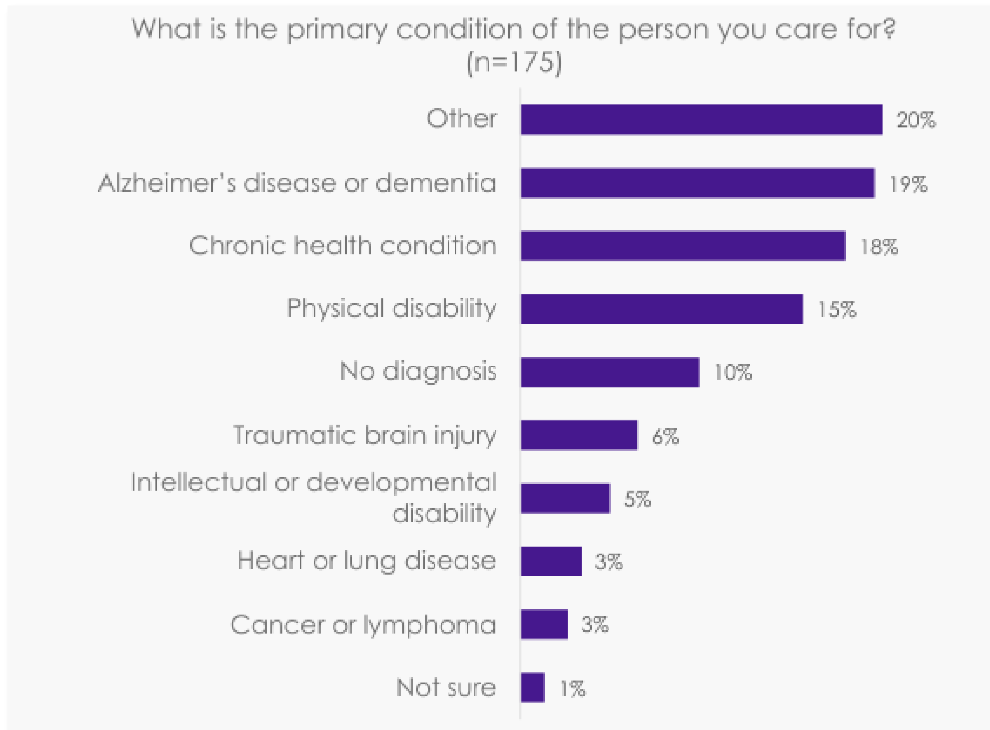
Dementia

In Maine alone, the number of individuals living with Alzheimer's is 29,600, including 10% of Mainers over 65.[13] The average annual per-capita Medicare expenditures for a beneficiary with Alzheimer's disease or other dementia is three times that of one without Alzheimer's disease or other dementia, and the total projected Alzheimer's cost is projected to surpass a trillion dollars by 2050[14].

The current health delivery system, ranging from the ambulatory care of independent older persons to the provision of care to persons residing at the nursing home level, is already stretched. Ongoing financial constraints will limit the ability of the State and Federal governments to provide sufficient resources to deal with this unfolding health crisis. Add to this the toll on family members caring for someone with dementia, 38% of whom report suffering from depression and over 60% of whom report having chronic health conditions of

[12] Hourly wage data from MIT living wage calculator, adjusted to monthly income (single household, no children), 2024.
[13] Alzheimer's Association, *2024 Maine Alzheimer's Statistics*, 2024.
[14] Maine CDC, *Maine Reaching for the Summit: Addressing Alzheimer's Disease and Related Dementias, Maine State Plan 2022-2027,* 2023.

their own[15]. Nearly 1 in 5 care partners surveyed in York and Cumberland Counties indicated that they are caring for a person with Alzheimer's Disease or a related dementia.



Care Recipient Primary Condition – York and Cumberland Counties[16]

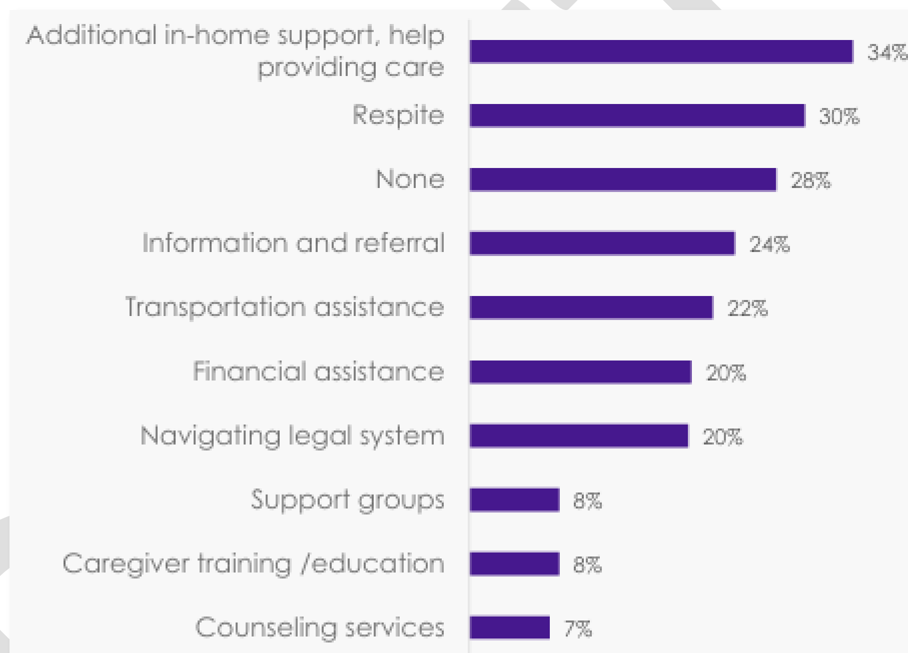
Caregiving

As noted above, rising rates of Alzheimer's and related dementia have a large impact on Maine's informal care partner population. It is also important to note that family caregiving is not narrowly defined as someone caring for an individual with dementia, but rather, refers to any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition. 22% of surveyed adults 55+ in York and Cumberland County indicated they had concerns about their own memory, and 58% of family care partners surveyed indicated they have concerns about the memory of the person they are caring for, up from 20% in 2017[17].

[15] Alzheimer's Association, *2024 Maine Alzheimer's Statistics*, 2024.
[16] Catherine Cutler Institute, *Maine State Plan on Aging Needs Assessment*, 2024.
[17] Catherine Cutler Institute, *Maine State Plan on Aging Needs Assessment*, 2024.

There are currently 166,000 family care partners in Maine. They contribute an estimated 155 million hours annually of unpaid care time with an economic value of $2.9 billion a year[18]. These care partners are overburdened and under supported. An estimated 68% of family care partners make work accommodations such as turning down promotions, reducing hours, arriving late or leaving early, or leaving jobs entirely due to the stress of caregiving. Care partners who do not leave the workforce to care for a loved one, on average, lose more than $300,000 in earnings during their lifetime[19].

When care partners surveyed in York and Cumberland Counties were asked about their top support needs, the responses indicated a range of areas that SMAA will continue to support and focus on:



Self-Reported Care Partner Support Needs in SMAA Service Area[17]

Quality Management

SMAA has included measurements in the Goals, Objections, Strategies and Outcome Measures section below that highlight what we will track over the coming years to know if and how we have helped older adults in our region. Key areas include ongoing program implementation, remediation of problem areas and a focus on continuous improvement.

[18] AARP Public Policy Institute 2023.
[19] Committee on Family Caregiving for Older Adults et. al, *Families Caring for an Aging America*, 2016

Focus Areas

Older Americans Act (OAA) Core Programs

Coordination between Title III programs with Title VI Native American programs

While none of the five established Wabanaki communities in Maine are located in SMAA's service area, SMAA continues to support and advocate for Statewide and area efforts to provide services to Native elders residing on and off reservation. SMAA is a member of the Wabanaki Alliance Tribal Coalition.

Malnutrition

A linkage between food insecurity and malnutrition seems intuitive, and both are needs addressed by Older American's Act-funded nutrition services. However, it's important to note that food insecurity primarily focuses on a lack of food whereas malnutrition also recognizes the health risks associated with excess consumption and obesity. According to the CDC, more than 40% of Americans over 60 are obese[20]. In our nutrition screening process and nutrition education service, SMAA ensures that the tools and trainings utilized incorporate a broad perspective of nutritional wellness and social determinants of health. To this end, we have housed our nutrition services and health and wellness services under one Living Well umbrella, and have developed a comprehensive support needs assessment for all recipients of home delivered meals.

Elder abuse, neglect and exploitation

SMAA works closely with Adult Protective Services, the Long Term Care Ombudsman Program, and local law enforcement on behalf of vulnerable older adults. In addition to ongoing support of Legal Services for Maine Elders (LSE) with Title IIIB funds, SMAA has begun a case management pilot project with LSE focused on vulnerable older adults facing eviction and/or homelessness. We take a multi-disciplinary approach whenever possible to better serve the needs of clients who are experiencing abuse, neglect and/or exploitation. Our Money Minders Advisory Council meets once per month with Board members representing banking, elder law, Social Security, retirement planners, retired social workers, and RSVP volunteers.

Age and Dementia Friendly Efforts

SMAA is seeking to strengthen the delivery of Title III & VII services by increasing collaborative efforts with our large network of established age-friendly towns and local municipalities where we can assist in addressing the needs of older adults and their care partners in their unique communities. SMAA is participating in Community Connections,

[20] CDC, *Adult Obesity Facts*. Retrieved 5/6/2024 from https://www.cdc.gov/obesity/data/adult.html.

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a new statewide pilot project initiated by Maine's Cabinet on Aging and involving University of Maine Center on Aging, OADS, Maine AAAs, and the growing number of Maine's Age-friendly Lifelong Communities. The goal of Community Connections is to enhance awareness, collaboration and cross-referrals between Age-friendly Lifelong Communities and AAAs in Maine.

COVID-19 Impact

Through an ACL-funded grant from USAging, SMAA developed AgeWise Maine, a statewide collaborative between Maine AAAs and healthcare providers to educate older adults about regular immunizations including COVID-19, Flu, RSV and Pneumonia vaccines; to offer statewide vaccine clinics; and to facilitate vaccinations through the provision of supportive services such as scheduling assistance, transportation resources, and in-home vaccination options. To-date, Agewise Maine community outreach and education has reached well over a million people, has directly administered over 9,000 clinic-based and in-home vaccinations, and has provided vaccination-related supportive services to more than 3,000 older adults.

OADS and Maine AAAs were awarded various pandemic relief funding to support Older Americans Act 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 will be expended by September 30, 2024, prior to the start of this area plan on aging. In distributing these relief funds, SMAA contracted with 40 providers throughout our region. We placed special emphasis on social isolation and nutrition, with the largest expenditures going to services that addressed social isolation. These services also targeted specific older adult demographics, including those homebound, food insecure, in poverty, those with low English proficiency, BIPoC older adults, those experiencing homelessness, and digitally disconnected older adults.

Equity

As an AAA, SMAA's mission is to serve older adults, adults with disabilities, and their care partners. Since SMAA's inception under the Older Americans Act in 1973, OAA services are required to place special emphasis on older adults with the greatest social or economic need. The term "greatest social need" refers to the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens their capacity to live independently[21].

[21] Older Americans Act §102(24).

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SMAA incorporates these priorities and values into our Strategic Plan, Theory of Change document, and Program Logic Models, highlighting and recognizing the frequent intersections between diverse communities, client-centered approach, social connection, belonging, reducing exploitation, and financial security. They also inform our community outreach approach, from targeting partnerships with organizations that serve traditionally marginalized and underrepresented clients, to utilization of the CDC Social Vulnerability Index to help identify geographic regions at relatively higher social and economic risk. Lastly, when resources are limited and SMAA is forced to maintain service waiting lists, these lists are prioritized based on social and economic need.

Expanding Access to Home and Community Based Services

SMAA has begun an expansion plan to add several new service hub locations throughout our planning and service area over the next few years, with a goal toward increasing visibility and access to services. SMAA publicly requested Letters of Intent from organizations to provide OAA-funded services, including In-Home Supportive Services such as chore, homemaker and personal care. The Agency will continue to search for partnership opportunities in this area. SMAA is a contracted MaineCare provider for Adult Day Services, Evidence Based Health and Wellness Services, and Home Delivered Meals, and is also an enrolled provider of the state-funded Independent Housing with Services Program.

Caregiving

As previously mentioned, care partners are critical to supporting the health and wellness of older Mainers. Through the goals, objectives, and strategies outlined in this plan, SMAA will continue to support care partners in our region with education, supportive services and training. This includes care partners of older adults as well as older relative care partners.

SMAA will be particularly focused on caregiving best practices such as staff training in trauma-informed and person-centered care, and application of these practices to screening, assessing and care plans development functions. Additionally, we seek to sustain existing respite care options available to care partners in our region, including planned participation in the Lifespan Respite Care program.

Other Focus Areas to Be Addressed

SMAA supports the provision of transportation through a contract with York County Community Action Program for low-income clients in need of transportation to medical appointments and food shopping as well as other needs. The CEO and senior staff

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advocate for housing issues at the State and local levels. The CEO serves on the Board of 75 State Street.

Goals, Objectives, Strategies, and Outcome Measures

Goals, Objectives, Strategies, Outcomes

Based on the findings and recommendations from the statewide needs assessment, and specifically on those results for SMAA's service area, the following goals and objectives were developed. All goals and objectives listed below are shared with Maine's State Plan on Aging, and corresponding strategies and outcomes have been developed to reflect the specific needs and resources in SMAA's planning and service area.

The strategies and performance measures outlined below specify the actions that SMAA will take involving various combinations of partnerships with the aging networks throughout our service area.

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 health 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. Increase outreach efforts to older adults with the Greatest Social and Economic Need, by targeting additional outreach activities targeted to a) organizations serving clients with high social and economic need and b) geographic regions with a high Social Vulnerable Index rating.
2. Partner with Ethnic Community Based Organizations (ECBOs) to offer culturally competent access services.
3. Enhance awareness of free, unbiased SHIP/SMP/MIPPA services offered by ADRCs.

Outcomes

1. Short-term/Ongoing: Maintain translation partnerships with Khmer Maine and Language Partners.
2. Short-term/Ongoing: Offer Welcome to Medicare group seminars at least twice monthly without charge (volunteer contribution only).
3. Short-term: By end of FY25, increased targeted outreach activities vs. FY23 baseline.
4. Short-term: By end of FY25, established system for tracking referrals to and from ECBOs.
5. Long-term: By end of FY28, 10% increase over FY23 baseline in clients served who are Frail, Rural, live alone, in Poverty, BIPoC, and/or with low English proficiency.

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

Strategies

1. Establish person-centered policies and standard for the delivery of Case Management Services.
2. Staff training on Case Management Services and person-centeredness best practices.

Outcomes

1. Short-term/Ongoing: Maintain existing Person-Centered Policy Committee at Agency.
2. Intermediate: In partnership with OADS, Agency case management staff will receive annual trainings on best practices and person-centeredness.
3. Long-term: Improved quality of Case Management Services demonstrated through better data collection, client documentation, and care plans.

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

Strategies

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1. In partnership with OADS and the other Maine AAAs, enhance screening to determine the need for In-Home Services and make appropriate referrals.
2. Improve partnerships with local organizations that provide Chore Services.
3. Enhance outreach, recruitment, and retention of volunteers at the local level to expand the availability of Chore Services.

Outcomes

1. Short-term/ongoing: Continue outreach to In-Home Services providers for potential Title IIIB subcontracting opportunities.
2. Short-term: By end FY26, increased referrals to In-Home Services providers vs. FY23 baseline.
3. Long-term: By end of FY28, increased number of persons and units provided In-Home Services annually vs. FY23 baseline.

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

Strategies

1. Continue to provide both virtual and in-person 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/ongoing: Maintain virtual and in-person options for: Care partner Support groups, Care partner Training, Case management, Health and Wellness programming, Health Insurance Counseling, and Information and Referral services.
2. Short-term: By end of FY25, partnership developed with USM OT department to train OT students in facilitation of Gentle Exercise wellness programming.
3. Short-term: By end of FY26, partnership developed with Retired Senior Volunteer Program to offer evidence-based health and wellness programming to RSVP volunteers.
4. Intermediate: By end of FY27, care partner book club collaboration developed with local libraries, a service that has been requested on care partner surveys.
5. Long-term: By end of FY28, at least two evidence-based health and wellness program offerings collocated with congregate dining sites.

Title III C: Nutrition Services

Objective 1.5 Improve the nutritional health status of older Mainers.

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Strategies

1. Improve screening and referral processes for food insecurity and malnutrition to 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 in a Congregate setting, including opportunities such as restaurant voucher or foodservice (grocers) partnerships, in rural Maine.
3. Strengthen client choice through increasing the availability of local service providers.
4. Improve screening and access to cultural appropriate and medically tailored meals considerations to the maximum extent practicable.

Outcomes

1. Short-term: By end of FY25, 5% increase in number of screenings for SNAP benefits over FY23 baseline.
2. Short-term: By end of FY25, 5% increase in number of referrals to SNAP program over FY24 baseline.
3. Short-term/Ongoing: Increase in number of traditional congregate dining locations, adding at least one additional site annually.
4. Short-term/Ongoing: Increase in number of restaurant voucher congregate sites, adding at least one additional site annually.
5. Short-term/Ongoing: Menu options reviewed at least quarterly with primary food vendor, adding culturally sensitive menu opens as available.
6. Intermediate: By end of FY26, reporting and monitoring system in place that identifies percentage of home delivered meal clients requesting and receiving meals that are medically tailored and/or adjusted for cultural considerations.
7. Long-term: By end of FY27, At least one additional Congregate Dining site in Northern York County vs. FY23 baseline.
8. Long-term: By end of FY28, ensure that at least 1 restaurant voucher site or meal caterer offering culturally appropriate meals exists in both Cumberland and York Counties.
9. Long-term: Increased number of participants who receive Congregate meals over FY23 baseline by at least 5%.

Title III D: Evidence Based Programs

Objective 1.6 Promote and maintain participation in Evidence Based Programs.

Strategies

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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. Maintain virtual delivery options for evidence-based programs.
4. Leverage other programs and services to increase access to evidence-based programs.

Outcomes

1. Short-term/Ongoing: Continue to offer at least 1 virtual Tai Chi deepening class each year.
2. Short-term/Ongoing: Maintain partnership with New England Arab American Organization for evidence-based health and wellness programming.
3. Short-term: By end of FY25, implement tracking of evidence-based health and wellness service delivery in relation to regions with moderate or high Social Vulnerability Index ratings.
4. Short-term: By end of FY25, explore incorporating evidence-based programming into SMAA's Care partner Wellness Trainings for older care partners.
5. Short-term: By end of FY26, virtual offering available for intro to Tai Chi or A Matter of Balance.
6. Intermediate: By end FY26, host Network Exchange session that includes evidence-based health and wellness options.
7. Long-term: By end of FY28, increase Evidence-based health and wellness offerings targeted to diverse communities over FY23 baseline.
8. Long-term: Sustained enrollment in evidenced-based programs.

Title III E: Caregiver 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 outreach using various methods to inform unpaid care partners about available programs and services.
2. Improve partnerships with organizations for improved public awareness of available programs and services for unpaid family care partners.

Outcomes

1. Short-term: (Ongoing) Provide group Savvy Care partner Training courses at least semi-annually.

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2. Intermediate: Implement collaborative caregiving programming with at least one new organization each year. FY24 baseline example would be joint care partner support groups with Adoptive & Foster Families of Maine.
3. Long-term: Greater awareness among unpaid family care partners about available programs and services.

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.

Outcomes

1. Short-term: All Agency Family Care partner staff continue to be trained in the TCARE platform and care partner assessment process.
2. Short-term: (Ongoing) Family Care partner collaboration with adult day services, ensuring care partner engagement with the assessment, care plan development and care monitoring process.
3. Intermediate: Improve programming for unpaid family care partners who are culturally, regionally, and/or socially underserved.
4. Long-Term: By FY28, family care partner case management staff will receive trauma-informed training.

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

Strategies

1. Support partnerships with state and local organizations to expand access for family care partners.
2. Improve programming for unpaid family care partners who are culturally, regionally, and/or socially underserved.

Outcomes

1. Short-term: Increased number of family care partners receiving services and supports. Increase care partners served by 2% annually.
2. Intermediate: Provision of programming to family care partners from diverse backgrounds.

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Assistive Technology

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

Strategies

1. In partnership with OADS and other Maine AAAs, implement a screening process to assess the client's need for assistive technology services.
2. In partnership with OADS and other Maine AAAs, develop, implement, and maintain an assistive technology basics training module for Maine's Aging Network direct service staff.

Outcomes

1. Short-term: Improved screenings to address assistive technology needs.
2. Intermediate: All Access Services staff receive training on assistive technology screening process and assistive technology basics training module.
3. Long Term: Increased number of individuals receiving AT services.

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. Partner with communities to strengthen age and dementia friendly efforts.
4. Assure that family care partners are aware of the advocacy services provided by the Maine Long Term Care Ombudsman Program

Outcomes

1. Short-term: By FY25: Leverage Age Friendly Community Ambassador in Community Connections program to increase Family Care partner Services outreach and education to local Age Friendly Lifelong Communities.
2. Short-term: (Ongoing) Continue to participate in Maine's Power in Aging Project through staff attendance of the Power in Aging presentation.
3. Short-term: (Ongoing) Provide at least one age-positivity related public education activity annually.
4. Short-term: By FY26 All senior leadership staff at will have participated in the Maine Council on Aging Leadership Exchange on Ageism.

5. Intermediate: Collaborate with LTCOP to provide Family Care Partner staff training at least every two years.
6. Intermediate: By FY27 partner with Alzheimer's Association for cross-promotion of programming.
7. Long-term: Policies and procedures reflect age-positive language and values.
8. Long-term: Older adults are valued and included in all aspects of community life.

Integration

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

Strategies

1. Support dissemination of information and activities regarding public health and disease prevention.
2. Identify opportunities to increase promotion of public benefits, such as the Medicare Savings Program, to reduce poverty among older adults.
3. Promote public health benefits of age-positivity.

Outcomes

1. Short-term: (Ongoing) Include at least 4 public health and disease prevention articles annually in Agency newsletters and social media channels.
2. Short-term: (Ongoing) Screen every SHIP client for MSP eligibility.
3. Short-term: FY25: Pilot implementation of American Heart Association's Healthy for Life training into nutrition education curriculum at one nutrition site.
4. Intermediate: Enhanced collaboration across sectors to improve the well-being of older individuals.
5. Long-term: FY28: Expand Healthy for Life curriculum across all Agency Community Cafes.
6. Long-term: Increased impact of Aging Network services on addressing social determinants of health.

Title III & Title V Coordination

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

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Strategies

1. SMAA will continue to participate in the SCSEP program and look for a) opportunities to offer up as SCSEP community service assignments, and b) potential ongoing employment opportunities in the Aging Network for existing SCSEP trainees.
2. Provide information and referral services to SCSEP participants.

Outcomes

1. Short-term: SCSEP participants are better informed about available services and programs.
2. Intermediate: By the end of FY28, add at least 1 additional SCSEP participant at SMAA's new service hubs.
3. Intermediate: SCSEP participants transition from training to employment within Maine's Aging Network.
4. Long-term: Improved financial freedom, security, and personal satisfaction among SCSEP participants.

Title III & Title VI Coordination

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

Strategies

1. Maintain membership in and engagement with the Wabanaki Alliance Tribal Coalition.
2. Outreach to Wabanaki Public Health and Wellness for referral, public education, and training opportunities.

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.

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Strategies

1. Leverage partnerships with 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: FY25: Finalize volunteer handbook emergency preparedness updates for Retired Senior Volunteer Program, Money Minders, and Phone Pals.
2. Intermediate: FY26: Explore options for integrating emergency preparedness topics into a Family Care partner Training course.
3. Intermediate: FY27: Utilize existing partnerships with county emergency management groups to improve and expand emergency preparedness information disseminated to home deliver meals clients.
4. Long-term: Increased awareness of emergency preparedness information among older Mainers.

Objective 1.16 Participate in maintaining and regularly updating emergency preparedness plans at all levels of Maine's Aging Network.

Strategies

1. Update SMAA emergency preparedness plan annually, or as needed.
2. Leverage regional Aging Network as part of emergency and disaster responses.

Outcomes

1. Short-term: FY26: Host Exchange Network session discussing climate change impacts, considerations and planning for older adults.
2. Intermediate: Aging Network in SMAA's area is recognized as a valued partner in emergency and disaster responses.
3. Long-term: Improved responses by Aging Network to emergencies and disasters.

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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. Maintain partnerships with ethnic-based community organizations to provide culturally and linguistically appropriate services.
2. Explore training opportunities developed by community-based organizations focusing on the needs of older individuals with Greatest Social Need.

Outcomes

1. Short-term: (Ongoing) Maintain health and wellness programming partnership with New England Arab American Organization.
2. Intermediate: Increase translated resource documents available on Agency website vs. FY23 baseline
3. Intermediate: Strengthen working relationships with Maine Immigrants' Rights Coalition, Maine Access Immigrant Network, and In Her Presence
4. 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.

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: FY27: Existing Family Care Partner and ADRC staff will receive trauma-informed training.
2. Intermediate: Service delivery system integrates knowledge about trauma into policies, procedures, practices, and services.

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3. Intermediate: FY28: 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.
4. 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. 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 adults with brain injuries are screened for and referred to available services.

Program Monitoring

Objective 2.4 Evaluate the effectiveness of SMAA-supported 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.
2. Enhance program monitoring to better track service type and frequency among older individuals with Greatest Social Need and Greatest Economic Need.
3. Maintain reporting 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/ongoing: Provide service program leads with monthly client-level missing demographic reports, grouped by case manager and/or site.

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2. Short-term/ongoing: Ongoing: utilize custom intake form with required demographic fields, to include distinction between "client declined" and "unknown" whenever possible.
3. Short-term/ongoing: Provide staff and volunteers annual training on client interviewing and data collection practices.
4. Short-term/ongoing: Identify and maintain reporting on target demographics for all public education activities.
5. Short-term/ongoing: Utilize CDC Social Vulnerability Index to identify geographic areas with higher relative vulnerability, and track monthly all community outreach, public education activities, and individual clients served in those regions.
6. Short-term/ongoing: Review monthly Information and Referral report, to include ranked detail on incoming service needs/requests, service referrals and information given, and volume by town.
7. Short-term: FY25: Finalize development of interactive OAA client demographic dashboard for all OAA required client demographics, to include monthly data updates, YTD and monthly intake data, and ability to filter by service.
8. Intermediate: Increased accuracy in reporting and monitoring of program performance designed to meet the needs of older individuals with Greatest Social and Economic Need.
9. Long-term: Aging services and programs are targeted towards older individuals with Greatest Social and Economic Need.

Assurances and Required Activities

The Southern Maine 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.

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

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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

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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);

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(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;

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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 care partners 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;

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(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 care partners, 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 care partners;
    (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 care partners 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),

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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.

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(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,

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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.

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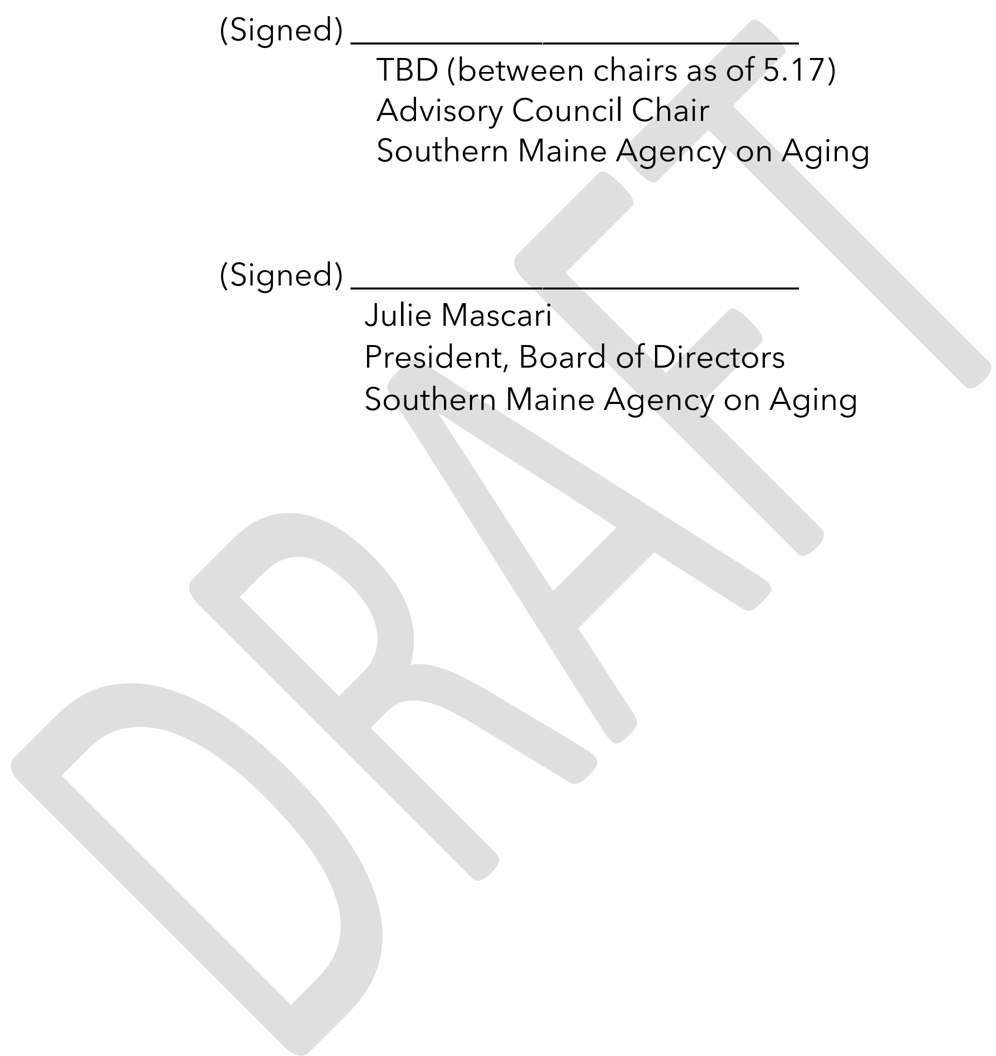
Date: (Signed) ___________________________
Megan Walton
Chief Executive Officer
Southern Maine Agency on Aging

Date: (Signed) _____________________________
TBD (between chairs as of 5.17)
Advisory Council Chair
Southern Maine Agency on Aging

Date: (Signed) _____________________________
Julie Mascari
President, Board of Directors
Southern Maine Agency on Aging



Appendix A: Public Comments and Responses

A draft of this area plan was published on the Agency website with a public comment period that was open from June 12th, 2024, and closed on July 12th, 2024. The Agency hosted two public hearings on Jun 27th, one in-person at 30 Barra Road, Biddeford, and one via video conferencing with a call-in option. Comments and questions submitted during the two public hearings and public comment period will be provided in this section along with Agency responses.

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Appendix B: Board of Directors and Advisory Counsel

SMAA Board of Directors
Julie Mascari, President, Glen Ridge (NJ)
Steve Braverman, Vice President, Wells
Anne Dalton, Secretary, Falmouth
Rob Hunter, Treasurer, Falmouth
Carl Toney, Scarborough
Donna Brassard, Cape Elizabeth
Jim Clark, Cape Elizabeth
Linda S. Durst, MD, Falmouth
William Hall, Peaks Island
Ann Hastings, Biddeford
John Holland, Gorham
Susan Keiler, Falmouth
Nancy C. Koglmeier, Falmouth
Alfredo Vergara, PhD, Portland
Herb Janick, Cape Elizabeth

SMAA Advisory Council
Terry Bagley, Cape Elizabeth
Lisa Becker, Gorham
Shawna Della Monica, Arundel
Don Harden, Portland
Sheriff William King, Alfred
Ann C. Milliard, Saco
Tara Paradie, Auburn
Candice Simeoni, Kennebunk
Beverley Soule, Kennebunkport

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Appendix C: List of Current Services

Southern Maine Agency on Aging services as of 4/1/2024

Service	York County	Cumberland County
A Matter of Balance	√	√
Adult Day Services	√	√
As You Like It	√	√
Care partner Respite	√	√
Case Management	√	√
Community Cafes	√	√
Family Caregiver Support	√	√
Home-delivered meals	√	√
Information & Referral	√	√
Money Minders	√	√
PhonePals	√	√
Retired Senior Volunteer Program (RSVP)	√	√
Senior Medicare Patrol	√	√
Health Insurance Counseling	√	√
Simply Delivered Meals	√	√
Tai Chi for Health and Balance	√	√
Volunteer Connections	√	√

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Adult Day Services

Sam L. Cohen Adult Day Center in Biddeford: licensed adult day center staffed by a team of professionals and volunteers who provide therapeutic activities for people with dementia and those with intellectual and developmental disabilities aging into dementia as well as respite and support for their family care partners.

Community Services

Information & Referral: Information, assistance and community resources for older adults, adults with disabilities, and care partners. Social workers assist people by phone, during scheduled appointments in the office or community, and in clients' homes.

Family Caregiver Support Program: Support for care partners through one-on-one consultation, support groups, lunch and learns, and Savvy Caregiver classes for those caring for someone with a dementia.

Caregiver Respite: A respite reimbursement program to help defray some of the cost of respite care for family care partners of people with dementia.

Senior Medicare Patrol: Provides education and information about health care fraud, error, and abuse using trained volunteers to assist older adults with Medicare billing issues.

SHIP (State Health Insurance assistance Program) Counseling: The SHIP program is intended for Medicare beneficiaries who need information, counseling, and/or enrollment assistance beyond what they are able to receive on their own. In addition, SHIP provides information on long-term care insurance and, when needed, refers beneficiaries to agencies such as the Social Security Administration and local Medicaid offices for additional assistance. SMAA volunteers and staff are specially trained as SHIP counselors.

Healthy Living

Nutrition

Home-Delivered Meals: meals delivered to homebound older adults and disabled adults unable to prepare meals for themselves. Meals meet USDA standards and include therapeutic dinners for those with dietary restrictions (e.g., gluten-free, renal, low salt, vegetarian, pureed) by volunteers and staff.

Community Cafés: nutritious midday meal with recreational or educational programs offered at a network of 14 sponsored locations throughout York and Cumberland counties.

As You Like It: A voucher-based meals program for people age 60+ that allows a choice of menus and dining at 13 cafeterias and restaurants throughout the SMAA service area.

Simply Delivered Meals: A private pay meal delivery program offering up to 7 meals a week delivered frozen and easily heated in a microwave or oven on-demand. Offers variety, convenience and requires no additional preparation time.

Evidence-Based Wellness Classes

A Matter of Balance: an intervention of eight classes taught by certified volunteers that helps participants increase their falls efficacy and activity levels.

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Tai Chi for Health and Balance: a volunteer-led evidence-based program of two hour-long sessions weekly for 8 to 24 weeks designed to increase participant wellness and exercise levels.

Volunteer Connections / Retired Senior Volunteer Program (RSVP)

The Volunteer Connections / RSVP Program handles the registration, screening, placement, management and support for the 400+ Southern Maine Agency on Aging volunteers, as well as those volunteers aged 55 and over who work in network of other nonprofit or healthcare organizations offering volunteer opportunities through RSVP.

Money Minders: Budgeting, bill organizing and paying assistance offered to older adults with low incomes by screened, trained, insured and bonded volunteers.

PhonePals: Telephone reassurance calls to homebound older adults. A trained volunteer calls at agreed upon times, 1-3 times per week, for friendly check-ins and social connection.

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Appendix D: Requests for Direct Service Waivers

DIRECT SERVICE WAIVER REQUEST FOR 2025-2028: Home Delivered Meals

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

SECTION I. (Agency)

5/1/2024

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Home Delivered Meals

SMAA requests a continuation of the waiver of Section 30.09 of the Office of Aging and Disability Services policy manual in order to ensure an adequate supply of congregate meals in our planning and service area.

C. SPECIFIC SERVICE NEED:

i. **Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.**

Home delivered meals provides meals for homebound older adults and disabled adults who are unable to prepare nutritious meals, and/or do not have someone in the household who can prepare them. Home delivered meals are nutritionally wholesome; they meet one-third of the Required Daily Intake (RDI) of nutrition for good health as determined by the US Department of Agriculture. Without this service, the health of recipients would decline, increasing the use of hospitals and other health care resources.

In addition, following a hospitalization of any length, an older person's nutritional status is diminished by what is medically defined as "Post Hospitalization Syndrome," a state of nutritional deconditioning caused by missed meals, inadequate diet, and absence of appetite while hospitalized. Home Delivered Meals serve to restore nutritional health during the bridge period between leaving the hospital and regaining meal preparation capacity at home.

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ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

Provision of home delivered meals in southern Maine is mandated by the Older Americans Act and is directly related to our broad Older Americans Act mandate to develop comprehensive service systems for older adults, especially those who are frail and have low incomes. SMAA has supported the service in our region since 1972 through provider subcontracts, self-preparation of meals, using private food service vendors, and currently using meals prepared by an outside vendor. As a non-profit organization, SMAA deploys hundreds of volunteers who deliver meals and collectively contribute thousands of hours of service, increasing the program's sustainability and cost effectiveness.

D. AVAILABLILTY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

i. There is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;

ii. There are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

SMAA brought home delivered meal services to our service area nearly fifty years ago when there were only two other non-profit organizations offering the service in just six communities in York and Cumberland counties. SMAA contracted with those two organizations to provide Older Americans Act funding for their small programs for more than three decades. When those organizations proposed to discontinue operating in 2004 and 2006, SMAA subsumed their operations to assure that home delivered meals would continue to be available. No other agency at that time or since has been willing to take on the administrative, fundraising, volunteer recruitment and financial liabilities for the program.

Over its years of supporting and providing home delivered meals, SMAA has sought to outsource home delivered meals services multiple times, and each time private vendors were not willing to take on the full program operations. In April 2024, SMAA publicly requested letters of intent for additional OAA service providers, including congregate dining*. We received no responses expressing interest in home delivered meal service provision.

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*Documentation of Request for Letters of Intent:
Home page link:
https://web.archive.org/web/20240428140306/https://www.smaaa.org/
RFLOI:
https://web.archive.org/web/20240428135720/https://www.smaaa.org/rfp.html

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Signature Date

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

Click here to enter a date.

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

B. REQUEST STATUS:

Approved: ☐

Rejected: ☐

Pending: ☐

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

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

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DIRECT SERVICE WAIVER REQUEST FOR 2025-2028: Congregate Meals Waiver

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

SECTION I. (Agency)

5/7/2024

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Congregate Meals for Older Adults

SMAA requests a continuation of the waiver of Section 30.09 of the Office of Aging and Disability Services policy manual in order to ensure an adequate supply of congregate meals in our planning and service area.

C. SPECIFIC SERVICE NEED:

i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.

The Congregate Meals Program is designed to offer nutritious meals and an opportunity for socialization to older adults who live independently in the community. Social isolation is a well-documented risk factor for depression, poor diet, and consequently poor health. SMAA's networks of contracted and/or self-managed dining sites offer regionally accessible locations for older adults to connect with old friends and make new ones. As such, they are a resource to combat social isolation.

ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

Provision of a congregate meals program is a requirement of the Older Americans Act for Area Agencies on Aging receiving support from the Act. The seven congregate sites where SMAA staff serve meals also serve as satellite operations and distribution points for meals-on-wheels in the region.

D. AVAILABLILTY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

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Please explain why:

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

Since 1973, it has been necessary for SMAA to participate as one of the direct providers of congregate meal services in our region to ensure availability of services throughout our service area. The Agency directly operates seven congregate dining sites and subcontracts the operation of eight additional sites. In addition, SMAA contracts with four restaurant voucher locations in our service area to offer a flexible, consumer-directed congregate dining experience that expands availability of congregate meals. The traditional congregate dining sites are available for congregate meals one to four days per week, while the restaurant voucher sites are available up to seven days per week.

In April 2024, SMAA publicly requested letters of intent for additional OAA service providers, including congregate dining*. We received no responses for congregate meal service provision but will continue to reach out to other providers regularly to expand availability of congregate meals in our region. Our current subcontracted providers have declined to expand their programs to other locations because of geographic restrictions in their charters.

*Documentation of Request for Letters of Intent:
Home page link:
https://web.archive.org/web/20240428140306/https://www.smaaa.org/
RFLOI:
https://web.archive.org/web/20240428135720/https://www.smaaa.org/rfp.html

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Signature Date

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

Click here to enter a date.

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

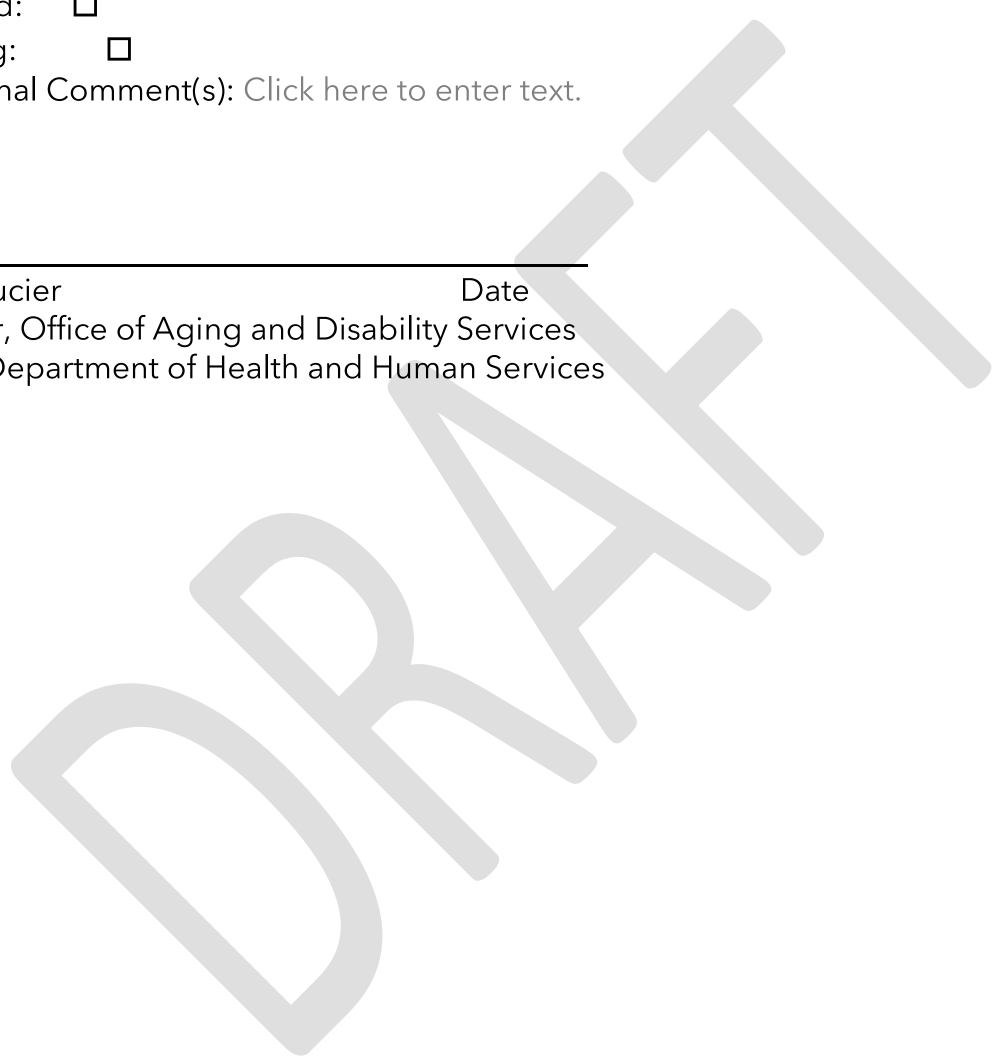
B. REQUEST STATUS:

Approved: ☐

Rejected: ☐

Pending: ☐

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



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Paul Saucier Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

DIRECT SERVICE WAIVER REQUEST FOR 2025-2028: Evidence-Based Programs

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

SECTION I. (Agency)
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5/1/2024

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Evidence-Based Health Programs

The Southern Maine Agency on Aging (SMAA) requests a continued waiver of Section 30.09 of the Office of Elder and Adult Services policy manual in order to ensure the delivery of evidence-based health programs in York and Cumberland counties. The Agewell Program at SMAA currently provides falls prevention programming at a variety of community-based sites throughout Southern Maine, offering important education, physical activity, and health self-management training to older adults.

C. SPECIFIC SERVICE NEED:

i. **Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.**

Falls are a leading cause of fatal and non-fatal injuries for older adults, posing a threat to personal safety, independence, and quality of life. Each year 1 in 4 older adults 65 and older will experience a fall. SMAA receives funding through Title IIID to provide a limited number of evidence-based interventions that are proven to reduce the risk of falls or increase ability to manage fall risk.

ii. **Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated**.

There are limited options in Southern Maine for evidence-based falls prevention education at the community level. As a trusted community resource in aging issues, SMAA is ideally suited to develop trainings and partnerships, leverage facilities and

volunteers, and market the array of evidence-based health programs that enable older adults to improve their health- management self-efficacy, reduce the incidence of falls, and participate in programming that also provides social engagement.

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D. AVAILABLILTY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

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

Within SMAA's catchment area, there is no other regular, dependable provider of evidence- based falls prevention programs. SMAA offers a high volume of dependable programming, which can be offered cost-effectively due to volunteer engagement as program leaders. In April 2024, SMAA publicly requested letters of intent for additional OAA service providers, including evidence-based health programming*. We received no responses for provision of this service.

*Documentation of Request for Letters of Intent:
Home page link:
https://web.archive.org/web/20240428140306/https://www.smaaa.org/
RFLOI:
https://web.archive.org/web/20240428135720/https://www.smaaa.org/rfp.html

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

Click here to enter a date.
A. COMMENT (s): Click here to enter text.
B. REQUEST STATUS:
Approved: ☐
Rejected: ☐
Pending: ☐
Additional Comment(s): Click here to enter text.

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

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DIRECT SERVICE WAIVER REQUEST FOR 2025-2028: Care Partner Support Groups

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

SECTION I. (Agency)

5/1/2024

A. AGENCY NAME: Southern Maine Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Care Partner Support Groups

The Southern Maine Agency on Aging (SMAA) requests a waiver of Section 30.09 of the Office of Aging and Disability Services policy manual in order to ensure an adequate supply of care partner support groups in our planning and service area.

C. SPECIFIC SERVICE NEED:

i. **Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.**

In 2021, AARP estimated the value of family care partners' unpaid contribution to be $600 billion. With Maine's Long Term Service and Supports System experiencing significant direct worker shortages and wait lists, the ongoing contribution of family care partners to the care of older adults is critical. Nearly a third of family care partners of older Americans live in a household that also includes children or grandchildren, experiencing the increased stress of "sandwich generation" care partnering.

ii. **Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.**

Care partner burnout, defined as a state of physical, emotional, and mental exhaustion, can develop when care partners overexert themselves without taking the time to care for their needs and wants. Symptoms of care partner burnout can include

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but are not limited to feelings of depression and/or anxiety, changes in appetite and sleeping patterns, and withdrawal from friends, family and other loved ones. While not a replacement for therapy or counseling, care partner support groups offer many benefits that can help alleviate care partner burnout and help extend a person's ability to continue their care partner role. These benefits include: a place to exchange information; support and friendship with other care partners; a forum for sharing practical tips and strategies for coping; an opportunity to decrease feelings of isolation and loneliness; a place to express feelings and be reassured that these feelings are normal and expected; an opportunity to develop communication and problem-solving skills; and a place to find a sense of hope.

D. AVAILABLILTY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:

Please explain why:

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

Since the inception of the National Family Caregiver Support Program, it has been necessary for SMAA to serve as the primary direct provider for care partner support groups in our region to ensure availability of services. While we have at times found providers willing and able to offer this service, we do not currently have any subcontracts in place and are the sole provider for our service area.

In April 2024, SMAA publicly requested letters of intent for additional OAA service providers, including care partner support groups*. We received no responses regarding provision of this service, but will continue to reach out to other providers in an attempt to expand service availability in our region.

*Documentation of Request for Letters of Intent:
Home page link:
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RFLOI:
https://web.archive.org/web/20240428135720/https://www.smaaa.org/rfp.html

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A. COMMENT (s): Click here to enter text.
B. REQUEST STATUS:
Approved: ☐
Rejected: ☐
Pending: ☐
Additional Comment(s): Click here to enter text.

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

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