Maine's State Plan on Aging 2016-2020

Aging and Disability Services
An Office of the Department of Health and Human Services

Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2016 through September 30, 2020. The plan includes goals, objectives, strategies and performance measures to be conducted by the Office of Aging and Disability Services (OADS), Maine's State Unit on Aging (SUA), during this period. OADS has the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act. OADS is responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services; and to serve as the advocate for Maine's older adult.

The Plan is hereby approved by the Governor of the State of Maine and constitutes authorization to proceed upon approval of the Plan by the Assistant Secretary for Aging.

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

Date	Gary Wolcott, Director Office of Aging and Disability Services
Date	Mary Mayhew, Commissioner MaineDepartment of Health and Human Services
Date	Paul R. LePage, Governor State of Maine

EXECUTIVE SUMMARY

The Federal Older Americans Act of 1965 requires all State Units on Aging (SUA) accepting Older American's Act funding, to prepare and publish a "State Plan on Aging". Maine's SUA is designated as Maine's Office of Aging and Disability Services (OADS). OADS has prepared the 2016-2020 State Plan on Aging as a roadmap for meeting the needs of aging and disabled adults in Maine. There are a number of trends fueling the need for change, including trends in: population aging, caregiver strain, income and poverty, food insecurity, a dwindling workforce, and housing concerns. The overall goal of Maine's State Plan on Aging is to assist aging and disabled adults to maintain their independence and to live safely where they choose. To achieve this Maine will:

- *Educate and improve access to existing health and community long-term services and supports.*
- *Support individuals to remain safely in their environment of choice.*
- *Encourage active and healthy lifestyles and community engagement for aging and disabled adults.*
- *Protect the rights and safety of aging and disabled adults.*
- *Ensure data integration, quality and access to services for aging and disabled adults.*

Maine is at a critical passage in planning for its aging and disabled populations. A new foundation is needed for the future. As part of the commitment to building a new foundation, Maine is working with the Muskie School of Public Policy to build upon the successful Lewin Model. This model projected utilization of nursing facilities in Maine. OADS and Muskie are conducting research and development to expand this model to predict the use of community aging and long term service and supports to facilitate the ease of use and responsiveness to department planning needs.

Since the last State Plan on Aging for 2012-2016, Maine's elderly population has increased dramatically. Maine's population has the highest median age in the United States. Maine also experiences similar challenges of transportation and the provision of needed services due to the state's rural makeup. Maine's coastline presents additional challenges with several of the island communities experiencing isolation due to transportation, employment, utility costs and access to technology.

Maine's population is aging faster for several reasons; the percentage of elder adults has been increasing and the percentage of younger persons has been decreasing. The number of working age people is projected to decline resulting in a short supply of available workforce and

caregivers to meet the demands of Maine's aging population. This increase of the older population will strain the supply of services and availability of resources resulting in an increased need for information and assistance.

Poverty is another factor affecting Maine's aging and disabled adults. Maine seniors ages 85 and older have poverty rates 50 percent higher than younger Maine seniors. These older Mainers have also been found to be low-income. Maine seniors age 75 and older are likely to live in families with income below the 200 percent of federal poverty level. "Statistics show that Maine's low income seniors fare worse on all indicators of wellbeing. Their disadvantaged income status is similarly reinforced by living alone, being single or widowed and having burdensome housing costs compared to those who are not low-income."[1] These seniors are burdened with excessive housing costs including mortgages, rent and home repairs. With more than 30 percent of total household income being spent on housing costs, housing affordability is especially significant to Maine seniors. Living on fixed incomes forces them to make difficult choices related to their housing and energy costs, nutrition, medications, and health care.

As Maine's population ages, there is a greater interest in aging and active retirement. This interest may delay an older adults' need for physical assistance. Federal and state long-term care policies have long promoted the goal of assisting seniors to stay in their home and "age in place." Public policy both at the State and Federal level, focuses on the benefits to "age in place."[6] Aging in place is defined as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."[6]

Maine's SUA will lead the efforts to support aging and disabled adults remaining in their homes for as long as possible through the provision of home and community based services, navigation, enhanced volunteer utilization, strong elder justice and caregiver support. Providing home supports will help reduce the needs for institutional care in any form. These choices support their independence and the finances of both the consumer and the public.

Over the course of the past four years, OADS has developed and implemented a comprehensive strategic plan. Through this strategic plan, Maine's SUA has identified mutual and individual goals, objectives and strategies related to the delivery of aging and disabilities services and are looking to align them with the 2016-2020 State Plan on Aging. In addition, OADS has completed a comprehensive review of existing services throughout the State, participated in the National Core Indicators-Aging and Disabilities survey, evaluated State and National demographics and other data. OADS has also sought public input from Maine's Aging Network, current program participants, Maine's community based service providers and other State

agencies in developing the goals, objectives, strategies and performance outcomes for the 2016-2020 State Plan on Aging (APPENDIX B).

Aligning the State Plan on Aging with Maine's Department of Health and Human Services values, Maine's SUA, through its identification of its five major goals, will lead to the achievement of the overall vision for ***Maine People Living Safe, Healthy and Productive Lives.***

MAINE'S AGING NETWORK

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

Area Agencies on Aging in Maine offer a variety of services to Maine's older adults, including, but not limited to: congregate and home delivered meals, information and assistance, health insurance and benefits counseling, Medicare education regarding insurance and prescription drug benefits, identification and reporting of health insurance fraud, errors and abuse, family caregiving support and training, educational programming, including chronic disease self-management programs, and adult day services. Maine has five AAAs, all of which are private, non-profit agencies. They are Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum Generations, and Southern Maine Agency on Aging. The agencies serve all regions of the state. These agencies maintain a statewide association dedicated to statewide aging advocacy and leadership called the Maine Association of Area Agencies on Aging (M4A).

Maine's five AAAs are also designated Aging & Disability Resource Centers (ADRCs) and serve as a "no wrong door" to answer questions from both older adults and people with disabilities, about a wide range of in-home, community-based, and institutional services.

Long Term Care Ombudsman Program (LTCOP) is a private non-profit agency designated by the State to serve as an advocate and mediator for consumers receiving long-term care through nursing homes, as well as, home and community based services. LTCOP receives and investigates complaints from individuals and agencies regarding issues that affect the care, health safety, or rights of recipients of long term care. LTCOP is mandated by federal law and is further defined by Maine statute (22 MRSA §5106 and 5107-A) which requires the OADS to assure that Maine has an Office of the Ombudsman. LTCOP's authority also extends to those receiving home and community based services.

Legal Services for the Elderly (LSE) is a private non-profit agency designated by the State and mandated and funded under the Older Americans Act to provide free legal services to individuals age 60 and older statewide. The agency also receives state funding as well as funding from other private and public organizations and individuals to support its activities.

STATE UNIT ON AGING

Maine's (SUA) operates as a division of Maine's Department of Health and Human Services (DHHS) , (OADS). OADS manages services for vulnerable people age 18 and over who need long term services and supports (LTSS). Our mission is to promote the highest level of independence, health, and safety of older adults as well as, vulnerable adults and adults with disabilities.

OADS is housed within the (DHHS). OADS consists of three units:

> **Care and Intervention Services** manages the following programs: brain injury services including brain injury waiver, other related conditions waiver services, developmental services including waiver services, employment services and crisis services.
>
> **Central Operations and Support** consists of the management OADS information systems and financial and data operations.
>
> **Community Living and Long Term Care Services** consists of the following programs: elder and disabled waiver services, quality management, long term services and supports, and aging community services.

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

MISSION AND VISION

MISSION

To promote the highest level of independence, health and safety of older citizens, vulnerable adults and adults with disabilities.

VISION

We promote individual dignity through respect, choice and support for all adults.

We believe in the following core values:

- Appropriate levels of support
- Dignity of Risk
- Family Caregiver Support and Informal Support
- Individual/Person Centered
- Optimizing Independence
- Quality of Care and Services

NEEDS ASSESSMENT/PUBLIC INPUT

The Office of Aging and Disability Services completed a comprehensive review of existing internal and external State services. Over the course of the last four years, OADS has participated in several initiatives identifying the opportunities, needs and challenges for Maine's aging and disabled population. Specifically, OADS participated in the National Core Indicators-Aging and Disabilities survey. This is the first statewide survey comparing our aging services provided to individuals and families to other states. This grew out of concern about the limited information currently available to help states assess the quality of Long Term Services and Supports (LTSS) for seniors, adults with physical disabilities, and their caregivers.

Maine evaluated State and National demographics as well as other relevant data to complete its assessment of need. In addition, we underwent a comprehensive, cross population review of Maine's of progress as it pertained to our Olmstead Roadmap of 2010. Integral to the assessment of need, each of Maine's five Area Agencies on Aging (AAA) completed a needs assessment of their service areas. The information from each of the AAA's area plans produced responses particular their service area and are incorporated throughout this document. In addition, public input was sought from Maine's Aging Network, program participants, community based service providers, elder advocate organizations, and other State agencies. This feedback was used to developing goals and objectives for this four year State Plan on Aging (APPENDIX B).

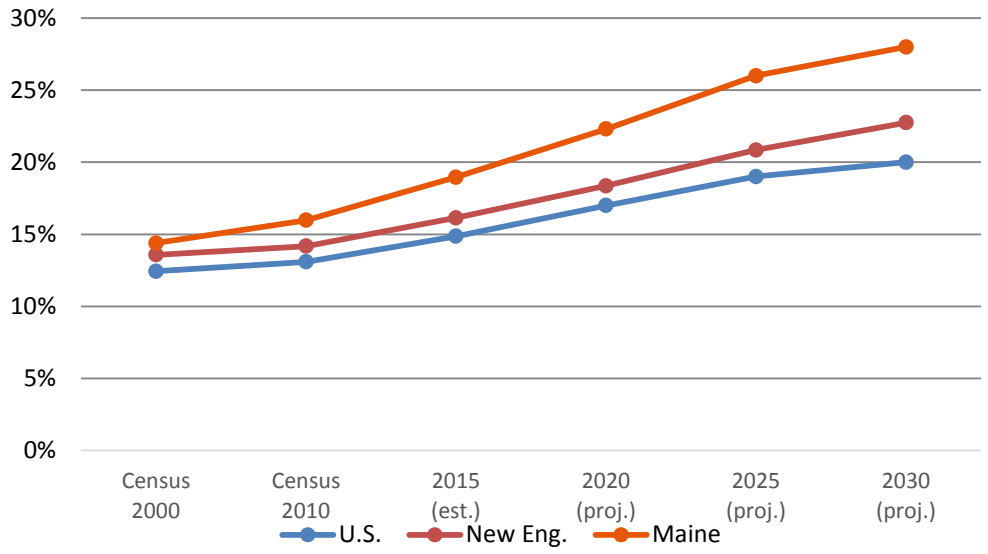
AGING IN MAINE-CONTEXT

DEMOGRAPHICS

Population Trends in Maine

The US census bureau estimates that in 2015 Maine's had a population of 1.3 million residents. The percentage of Maine' population 65 and older is 19 percent and this segment is growing faster than either the New England or National average. By 2030, Maine's population age 65 and will reach 28 percent. Maine's median age was 43 in 2010 and it will rise to age 46 by 2030, compared to the median age of 39 nationally. According to the Muskie School of Public Policy, by 2025, the number of Mainer's age 85 and over (which is the group with the highest demand for services) will grow by 4,000 people, a 14 percent increase. [18] Research indicates almost two thirds of adults age 65 and older are expected to need long term services and supports in their lives. This becomes a critical factor for Maine because it is one of the oldest populations in the country. This trend is expected to continue through 2030. [18]

Historical and Projected Trends in the Percentage of Populations 65 and Older, Maine, New England, and the United States, 2000-2030[18]



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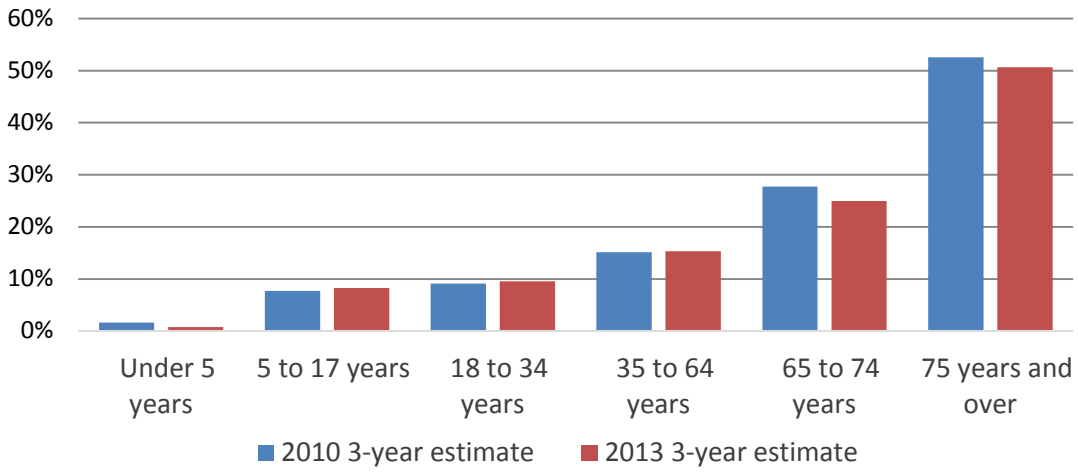
As Maine's population over age 65 increases exponentially, Maine's population under age 65 will decrease 2.6 percent. Additionally, the number of working age (20-64) people age 65 and over is projected to decline as the number of people over age 65 overtakes the younger population. [18] This shift in population impacts both the availability of caregivers and workforce capacity statewide.

The good news is that both state and national trends show a decrease in rates of disability in adults overtime by age. The decrease has been explained through advances in assistive technologies and the improved health and wellbeing of the population.

Changes in Rates of Disability in Maine Adults over Time, by Age, 2010 and 2013 3 Year Estimates[18]



Income and Poverty Trends in Maine

Like many other rural states, Maine is no exception when it comes to income and poverty. The economy has left Maine's low-income seniors vulnerable and often unable to remain in their homes. Within Maine, poverty rates for seniors vary by age, category, and regions. Those in the oldest age group (age 85 and over) have poverty rates 50 percent higher than younger Maine seniors. Maine seniors age 75 to 84, and 85 and over, are most likely to live with income below 200 percent of the federal poverty level. Approximately 70 percent of low-income seniors receive Social Security as their sole source of income, compared to half of seniors who are above poverty levels. Statistics show Maine's low-income seniors are disadvantaged on all health indicators of wellbeing than their higher-income counterparts. Their lower income status is similarly reinforced by living alone, being single or widowed and having burdensome housing costs as compared to those who are not low-income. [1]

Like seniors, adults with disabilities have disproportionately low incomes and face challenges in finding affordable accessible and integrated housing in the community. Data has shown that individuals with a disability have incomes ranging between 75 and 224 percent of the Federal Poverty Level. They often have to spend 90 to 100 percent of their monthly income on rent, leaving little or no funds to cover other basic needs. [19] With increased costs in electricity, oil, gas and food, many low-income seniors and disabled are confronted with their reliance on federal and state assistance . With funding cuts for programs such as Low Income Home Energy Assistance Program (LIHEAP), many aging and disabled adults in Maine are living in unsafe conditions, increasing their need for support services.

KEY AREAS

Elder Justice

It is widely known that elder abuse goes largely unreported and Maine is no exception. The National Center on Elder Abuse reports only 1 in 14 cases are reported to authorities. Statistics indicate 33,000 Maine seniors are abused each year [3]. In 2014 Maine OADS-APS received 6,577 calls on its central APS intake line. Of those calls, 2,486 were assigned for investigations and 931 were substantiated. Whether it is fraud, abuse or neglect, older and disabled adults are often a target of crimes and scams. The larger the older and disabled population gets, the more prevalent the crimes. A study conducted in 2010 indicates approximately 11 percent of the elderly population in the US has experienced abuse or neglect in the prior year. [9] Additional studies show older Americans lose a minimum of $2.9 billion annually due to elder financial abuse and exploitation. [10] To address abuse in Maine, the OADS Adult Protective Services (APS) program is responsible for accepting referrals, assessing the adult for reported dangers, and providing and arranging for services to protect dependent or incapacitated adults; those who are unable to protect themselves from abuse, neglect or exploitation.

Since the 2012-2016 Aging State Plan, OADS has been incrementally integrating the operations of its two Adult Protective programs: Developmental Services and Aging. In particular, since 2012, OADS now has one program manager centrally located at OADS central Office in Augusta, Maine. Maine's recently merged Adult Protective Services program accepts referrals statewide regardless of disability or location. It investigates allegations of abuse, neglect or exploitation of adults age 18 and over.

In July 2014, the two programs began using the same client database. MAPSIS is the system to which the recording and tracking of all reports of abuse, neglect and exploitation which are then assigned for investigation. In 2015, APS began using this data for a combined APS report expected to be published spring 2016.

In addition to its investigative casework, the program petitions Probate Court to become public guardian or conservator for incapacitated adults when no private person is available, willing or suitable to assume responsibility. Maine OADS also manages assets of public wards and protected persons; and provides training on mandatory reporting; and recognizing and reporting abuse, neglect or exploitation to health care, law enforcement and social service agencies.

The recently released FrameWorks Research Report, *"You Only Pray that Somebody Would Step In"*: Mapping the Gaps between Expert and Public Understandings of Elder Abuse in America, experts agree that several measures are crucial for better addressing elder abuse. [20] The report references the following priorities: increased funding; increased education and training; development and implementation of multidisciplinary teams; clarity of research; and an emphasis on the need for better support within communities for both caregivers and older adults. To this end, Maine is committed to the safety of its aging and disabled population under the Adult Protective Services Act. OADS APS is instrumental to the work being done statewide to educate, promote and protect its most vulnerable populations.

Maine's APS play a key role in many initiatives throughout Maine. In Maine, 30 percent of elder abuse is in the way of financial exploitation. In the fall of 2014 a task force was created to design a Financial Abuse Specialist Team (FAST). As a program of the APS, the FAST will provide a means of redress to victims of financial abuse, by leveraging available resources, making recommendations to appropriate agencies for investigation and/or prosecution. In 2016, APS is expanding the FAST, by hiring two staff who will facilitate the assistance of investigative agencies in clarifying and organizing evidence so financial abuse cases may be successfully prosecuted. As members of the Maine Council for Elder Abuse Prevention, APS worked on several educational initiatives including the annual Elder Abuse Summits and Senior$afe. The Senior$afe program, started in 2014, is a pioneer in financial abuse nationally. It is a program where banks and credit unions throughout Maine collaborate on training and public education designed to stop financial abuse. The Senior$afe program teaches bank and credit union employees to identify irregular or suspicion activity that could indicate abuse.

Under OADS Statewide Model Assistance grant, In February 2016 Maine with (LSE) deployed the Elder Abuse Screening Instrument (EASI) which was developed by Dr. Mark Yaffe. EASI encompasses five standardized questions and one observation to provide trained professionals

the ability to determine if further action is warranted. Currently, three of Maine's five AAA's and Maine LSE have been trained and are utilizing this tool. After six months, participants will analyze data to better plan for future use and/or applicability.

Maine Long Term Care Ombudsman

Maine's Long Term Care Ombudsman and ombudsman program is administered under contract with a nonprofit organization, Maine's Long Term Care Ombudsman Program (LTCOP). LTCOP has fulfilled this role since approximately 1995. In addition to investigating complaints from residents of long term care facilities, LTCOP also investigates complaints for persons receiving long term care services at home. According to the last full year of data, LTCOP investigated 1369 complaints, made 3118 visits to long term care facilities, and assisted residents to find alternative placement after facility closures. LTCOP provides training on in-service , Resident Rights and mandated reporting to residential care facility administrators. LTCOP participates on numerous legislative committees and Commissions dealing with long term care priorities.

Senior Medicare Patrol

Maine' s Senior Medicare Patrol's (SMP) mission is to educate consumers about Medicare and MaineCare and how they can help identify and reduce errors, fraud, waste and abuse. Through the coordination and facilitation of Maine's Medicare workgroup, stakeholders related to Medicare and MaineCare programs provide advisory and informational support to the SMP program. The work of Maine's SMP program is primarily conducted by highly trained staff and volunteers. Under contract with LSE, Maine provides consistent education, training and public awareness of healthcare fraud.

Maine's SMP leadership has served as a best practice model to the program nationally. Since 2012, SMP has incrementally increased use of volunteers to support program provision. In 2014, SMP broadened its program focus to include public education regarding types of scams beyond healthcare fraud. Recently Maine has held a Statewide SMP/ SHIP (State Health Insurance Assistance Program) conference. In 2015 the conference hosted staff and volunteers with 90 attendees receiving program training and recognition. Recent reports indicate that in 2015, Maine's SMP served 20,000 individuals statewide.

Future Initiatives

- Provide opportunities for training in aging and long term care services about the prevention, identification and reporting of abuse, neglect and exploitation.
- Foster collaboration among the Maine Domestic Violence Coalition, Maine Association of Triads, Elder Abuse Task Forces, Maine Attorney General's Office,

Maine Council for Elder Abuse Prevention, Disability Rights Center (DRC), LTCOP, and LSE to deliver information and training to recognize and prevent abuse, neglect and exploitation statewide.

- Continued examination of the system of protecting persons from abuse, neglect, and exploitation.

Home and Community Services

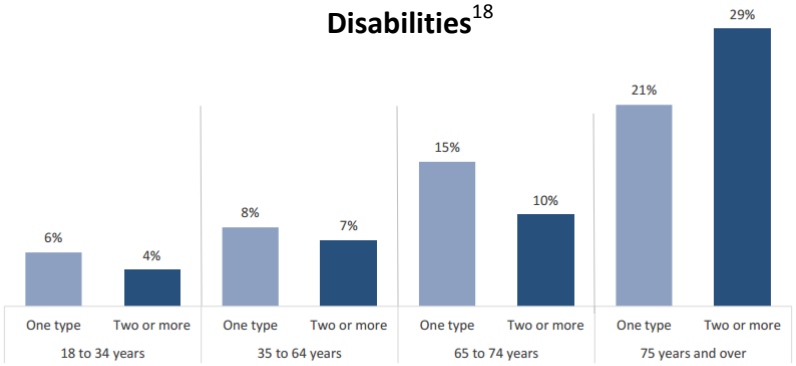
Home and community based services is a valuable matrix of supports and services that allow people to age in place; at home and independent in the community. Maine OADS/SUA is responsible for the management of several home and community based services such as: home based and consumer directed care, home health, homemaker, hospice, personal support services, adult day and home and community based waiver services.

Most people want to utilize services that offer the least restrictive home environment, thus avoiding institutionalization. This trend is echoed at both State and Federal levels through the provision of the new Home and Community Based Services (HCBS) settings regulations. In 2014, Maine began work with its stakeholders to review its current regulations and settings to develop a transition plan to move into compliance with the Federal regulations. This work I expected to continue through 2019.

Maine has continued to be a leader in the progress it has made toward reducing the use of nursing facilities. Through efforts such as the Balancing Incentive Payment Program (BIPP) and Money Follows the Person (Homeward Bound) Maine has shifted the utilization of institutional care expenditures showing a decrease to 45 percentage expenditures on institutional care versus 55 percentage LTSS provided in community settings.

As individuals become more fragile; have chronic and disabling diseases; and physical disabilities, there is possibly a greater need for support. We are now becoming an aging population with disabling conditions. Though statistics show that today's seniors may be less disabled compared to past data, according to the Muskie School of Public Policy, "the percentage of the population having more than one type of disability increases with advanced age."[18]

Percentage of Maine Adults with One Type only or Two or More Types of Disabilities[18]



There will be a greater role for family caregivers as Baby Boomers age, and this group must be supported. Maine's Aging Network will have a growing role in providing access to information and assistance to these older adults and their caregivers. As adults and caregivers face personal challenges where they need help coordinating support for activities of daily living (ADLs) such as getting out of bed, eating, bathing, dressing or instrumental activities of daily living (IADLs) such as shopping, housework, paying bill and preparing meals, they are often confused on what supports are available to them and where to find the best options.

To this end and to meet the challenges of the present and address the assumptions for the future, the OADs has worked with the Muskie School of Public Service, to develop Maine's Long Term Care Projection Model (APPENDIX E). This model is based on Lewin's nursing home forecasting model, weaving together county level and age specific population forecasts with the disability data and long term care use rates. OADS will enhance this model to gauge impact of the availability of low cost, community based services (e.g home maker, meals on wheels) on the utilization of more expensive and intensive services. As Maine looks towards the future, it will look towards creative solutions such as navigational services that consider the mix of services, dove tailed with community resources to meet needs.

Future Initiatives

- Develop sustainability plan for demonstration services under for Maine's Money Follow the Person Program.
- Collaborate with Maine's Aging Network and other various partners, advocates, and providers to develop and support community based initiates.
- Continue to develop Maine's Projection Model to better forecast for future service needs.
- Continue to implement Maine's Home and Community Based Transition plan to meet compliance with federal regulations.

Housing

Remaining in one's home poses a wide range of challenges. Housing is another critical aspect of seniors overall wellbeing. For these older adults, their health, status, financial means, the condition of their homes, access to transportation and food play a critical role in determining their degree of independence and their ability to stay in their homes. Maine seniors, particularly renters, are often overburdened by housing costs. Seniors who spend more than 30 percent of their total household income on housing costs comprise nearly 50 percent of that population. For low-income renting seniors, this value is dramatically higher at 38.2 percent. Housing affordability is especially relevant among seniors, many of whom live on fixed incomes.[1]

Studies show that some 70 percent of Americans aged 65 and older live in single-family detached homes, and nearly 90 percent intend to age in place and remain in their homes permanently.[4] This option is the most cost-effective and financially sensible, as long as physical abilities allow one to stay at home. Some accessibility improvements can be made relatively easily, others can be complex and costly. A 2010 MetLife Mature Market Institute report estimates that home modifications range in price from well under $1,000 for installation of grab bars and grips in bathrooms, hand rails on both sides of steps, and lever-style handles on doors and faucets, to $1,600–3,200 for wheelchair ramps, and $3,000–12,000 for stair lifts. [5] Major remodeling projects such as bathroom or kitchen renovations can cost even more. However if individuals can't afford to live safely in their own homes they should be able to move to alternate residential settings that accommodates their need for health care and other critical services.

Individuals who are interested in moving out of institutions into the community find a limited selection or lack of affordable, accessible, and integrated housing. Therefore, it is often difficult or impossible for people to transition out of nursing homes because affordable housing may not be available. The Money Follows the Person Demonstration Program (Homeward Bound) across the country cites access to affordable, accessible housing as the single greatest barrier to helping individuals move out of nursing facilities and back into the community. [8]

Through the MFP demonstration Maine has prioritized Housing, Home Care and Assistive Technology for investment of rebalancing dollars, with initial use of rebalancing funds support an expansion of Housing Assistance. Maine has a very similar experience as other states who are participating in the MFP demonstration, with the most significant challenge in returning people back to the community being a lack of affordable/accessible housing.

The needs of individuals with disabilities present a unique problem. As these individuals age, they'll also be subject to the same physical issues experienced by the elderly. The challenges will be as they age, they'll need more services in addition to the ones that they already have. This raises questions about this group's future. Are they going to need either additional housing that will be more suitable to their reduced independence or should there be major retrofits of their current residences at some point in the future? Regardless, either of these possibilities identifies a significant lack of suitable housing. In Maine, housing may impact a person's need for assistance and ability to pay for care and to remain a healthy and an active member within the community.

Future Initiatives

- Facilitate and educate housing providers about the value of assistive technology.
- Complete a study to explore the feasibility of merging the Independent Housing with Services Program (IHSP) and Maine's 7 affordable Assisted Living Services.
- Update Assisted Living Facilities and IHSP policies.
- Collaborate with Maine Housing to identify and quantify the need for vouchers for eligible aging and disabled applicants.

Transportation

Maine has long been challenged with providing adequate transportation services to meet the needs of its citizens. Today, most Mainers do not have the option of using public transit because of limited geographic service areas and limited service availability. Maine is not only the oldest state in the nation by median age, aging faster than any other state in the nation; it is also the most rural. Almost 16 percent, of Mainers are age 65 and older and 61.3 percent of Mainers live in rural areas. According to statistics from the Governor's Office of Policy and Management, in a ten year span from 2012 -2022, the number of people in Maine age 60 and older will grow by nearly 22 percent from 321,534 to 411,232.[2]

Given Maine's aging demographics, the mobility problem has worsened over the past decade due to the increasing numbers of elderly people who are either unable to drive or have limited driving ability. Therefore, the Maine Strategic Transit Plan 2025, a 10-year comprehensive transit plan for the period 2015-2025, released in June 2015, has placed a particular focus on Maine's aging population. The planned investments and policies will help bring about a place where people can more easily remain in their homes and communities as they "age in place" with access to the things they need to make their lives full and complete, such as access to doctors, shopping, community activities, and visits with family and friends.

The data suggests that a growing percentage of Maine's aging population will "age out" of their vehicles, and they will no longer be able or willing to drive. Many of these older individuals, having one or more disabilities, results in a greater need for alternative forms of transportation. Many older Mainers are unable to relocate from rural areas to access service options to stay in their homes. Many older Mainers are unable to stay in their homes and access service options due to the rural nature of the state.

Future Initiatives

- Strengthen partnership with Maine's Department of Transportation and regional transportation providers to create solutions to provide transportation services statewide.
- Support expanded access and utilization of publically funded transportation in order to address rural/island isolation of our aging and disabled populations in need of urban based services.

Quality Management/Data Integrity

Quality Management, as defined by the Accreditation Coalition Workgroup is "the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community." [21]

The Quality Management Team of OADS/SUA is committed to using a quality improvement approach to assessing and improving services through the following quality management principles that are adapted from the ISO 9000 and ISO 9001. Those principles include leadership, customer focus, personal engagement, process approach, continuous quality improvement, evidence-based decision-making and relationship management. Each of these principles alone serves as tool for improvement but together they serve as the foundation for quality management.

OADS has expanded its Central Operations and Quality Management Units to provide improved oversight, accountability and consistency of management practices for OADS services and contracts. One improvement is the requirement of all OADS contracts to have performance-based measures. Maine's SUA, through its Central Operation and Quality Management Units will ensure that federal, state and local funds provided to the AAA/ADRCs and other grantees are used effectively, efficiently and strategically to maintain or improve services and supports for the aging and disabled adults statewide.

Since 2012, OADS/SUA collaborated with the AAA/ADRC to develop a consolidated system resulting in improved data, tracking and planning reports. Over the next four years, the Quality Management Unit will continue to use data to measure results by using continuous quality improvement activities to improve long-term services and supports.

Future Initiatives

- Monitor state service activities and contract provider outcomes for quality compliance and standardization.
- Conduct quality management reviews on long-term care services that include but are not limited to: SHIP, SMP, ADRC, Caregiver Support Program, Meals on Wheels, Senior Community and Service Employment Program and Chronic Disease Self-Management Program.
- Adopt a framework that standardizes formats, processes, collection and reporting across all OADS Programs.
- Promote a culture of quality improvement across all OADS Programs.
- Introduce a questionnaire to measure quality of life in the older population.

Emergency Preparedness

Given the aging and rural nature of Maine and the high percentage of people living with disabilities, planning for a disaster is critically important. Disasters may include: naturally occurring, technological, human related and hazardous materials events. Maine's Emergency Management Agency (MEMA) and the American Red Cross since 2006 have operated the *Integrated Mass Care Planning and Operations*. In addition, Maine's SUA has demonstrated significant efforts to improve emergency preparedness. The OADS Crisis Team participated in the state Public Health Hazards Vulnerability Analysis in October. This group evaluated what the risk level is for the human impact, property/infrastructure, and community impact.

There is also a group that is developing a State of Maine Disaster Case Management Plan. The purpose is to coordinate disaster case management operations, including planning, execution and closure processes, standards, organization, administration, and authorities. This document will apply in disasters where the State, Maine Voluntary Organizations in Active Disasters (ME VOAD), the State Long Term Recovery Group (LTRG), and equivalent organizations who are participating in long-term recovery after a disaster event. This plan will be a guideline for local disaster case management. The plan will provide conformity and consistency in the delivery of disaster case management services.

The planning continues to focus, creating a comprehensive approach to planning for all emergency care needs however, more work needs to be done on the Vulnerable Populations Communications Plan (VPCP). Currently 27 agencies statewide participate, including Maine's tribes and agencies that work with refugee/immigrant populations.

Future Initiatives

- Continue to collaborate with MEMA to develop and secure Maine's Emergency Preparedness plans statewide.
- Partner with municipal health, emergency offices and long term service and support providers to ensure planning and response plans are in place to ensure safety and support of aging and disability consumers.
- Develop with APS, housing providers, MaineHousing and other interested stakeholders both an action plan to have available emergency shelter beds for victims of elder abuse.

OLDER AMERICANS ACT PROGRAMS

The Maine DHHS, Office of Aging and Disability Services will continue to implement the core services of the Older Americans Act (OAA) programs and services by allocating OAA and state funds for aging services to Maine's five area agencies on aging. The overall purpose of the OAA programs is to help older adults remain in their homes through the provision of long-term services and supports.

NUTRITION

As has been well documented nationally, food insecurity is an increasingly concerning issue nationally but particularly for Mainers. The number of Mainers who are food insecure has increased significantly in recent years. The USDA estimates that 16.2 percent of Maine households, or more than 208,000 individuals, are food insecure. Maine ranks 12th in the nation and 1st in New England for food insecurity. [11]

Maine's statewide needs assessment completed in 2012, revealed trends in Maine that are consistent with the national averages. Nearly a quarter of Mainers over the age of 50 worry that their food budget will not meet their needs and 11 percent reported skipping meals or cutting back on the amount and type of food they eat for financial reasons. Younger respondents (14 percent age 50-64) and those with a lower annual income (22 percent under $30,000) are more likely to say they have skipped or cut back on meals. Senior food insecurity: 23 percent of seniors experience marginal, low, or very low food security.[11]

Through both congregate nutrition and home delivered meal programs, Maine seeks to reduce Maine's high incidence senior hunger and food insecurity, isolation, promote health and wellness and engage seniors and adults with disabilities in their communities. Studies show that older adults who are less food secure are more likely to have adverse health conditions than their food secure counterparts. For example, food insecure older adults are 50 percent more likely to be diabetic, 60 percent more likely to have congestive heart failure, and 3 times more likely to suffer depression. [22]

Congregate and Community Nutrition Program

Through annual contracts with Maine's five AAAs, the SUA supports over 75 community dining sites across the state. These sites provide a social setting for enjoying nutritious meals and act as information and activity hubs for seniors.

Older adults and those with disabilities coming to these community dining sites receive a hot, nutritionally appropriate meal that meet local cultural and community preferences. These sites offer a great opportunity for trained nutritionists to provide counseling services to those who may be at nutritional risk or who may seek help to manage their chronic health conditions through proper nutrition. This is important, since Maine is ranked 18, nationally for incidence of Diabetes.[17]

National data from the 2013 reveals that more than 75 percent of participants report that they eat healthier and realize improved overall health as a result of their participation in community dining programs. [15] Also, a recent ACL research brief released in September 2015, *Older Americans Benefit from Older Americans Act Nutrition Programs*, stated that adequate food and quality nutrition services are a prevention, risk reduction, and treatment modality for many of the most common chronic conditions, such as hypertension, heart disease, diabetes, osteoporosis, and obesity.[16]

Home-Delivered Nutrition Program (Meals on Wheels)

Meals on Wheels in Maine deliver a nutritious meal, a safety check and the smile that serve as a lifeline to homebound seniors age 60+ with limited mobility. Maine provides its home delivered meal program under contracts with its five local AAAs. The platform for Meals on Wheels success across Maine is due to the dedicated of volunteers who care about participants and care about their community. Meals on Wheels provide the support and peace of mind that enable recipients to remain safely and securely at home. The program allows seniors to stay in

their own homes extending their independence so they can stay connected to the community. The powerful side effect is that seniors can stay out of expensive nursing facilities and hospitals. According to a American Association of Retired Persons (AARP) "more than a meal" pilot research study, seniors who receive daily-delivered meals experience the greatest improvements in health and quality of life compared to a seniors who receives frozen, weekly-delivered meals or no meals at all.

In 2015, Maine's home-delivered meals program served over 831,882 meals to more than 17,529 consumers statewide. Evidence suggests that the home-delivered meals program has a positive impact on the nutritional well-being of older, homebound participants. Research has also demonstrated that individuals receiving meals improvements in dietary patterns and decreases in food insecurity. Furthermore, home-delivered meals help to relieve caregiver burden by providing an essential service to the older adults for whom they provide care. [14]

Future Initiatives

- Seek greater efficiencies to meet service demands.
- Strengthen and support in delivering nutrition education and person-centered nutrition counseling services at community dining sites, statewide.
- Collaborate with partners statewide to address and raise awareness of senior hunger and food insecurity.

Information and Referral /Assistance

The Older Americans Act of 1965, identifies Information and Referral/ Assistance services as a core service funded by Title III. The goal of the Information and Assistance/Referral Program is to provide assistance to Maine's aging and disabled citizens and/or their caregivers, in accessing services and supports. The Information and Referral services provide a "no wrong door" for services, that consumer choice is enhanced, and that the goal of independent living is supported. Many older adults do not know what services are available, or how to access them. Information should be provided in a manner that is easy to understand and navigate. This service is designed to help Maine's vulnerable adults to maintain the highest level of independence possible and to remain in their community as long as they desire.

Improving Maine's access to information has been a priority of Maine's SUA over the last four years. Maine has collaborated with various partners statewide to provide multilevel access to information. All five of Maine's AAA contract with OADS to provide Information and

Referral/Assistance services for older and disabled adults. In 2015, over 31,000 consumers were served by this program and over 86 percent of those served were over the age of 60.

In 2013 Maine was awarded the Balancing Incentive Payment Program (BIPP) grant. BIPP provided financial incentives to States to increase access to non-institutional Long Term Services and Supports (LTSS). BIPP funds were used to support Maine to enhance its No Wrong Door System. In 2015, OADS collaborated with Maine 211 to launch its LTSS prescreening tool. This tool guides a user through service questions, ultimately providing a directory of resources based on their responses. In addition, Maine 211, ADRCs and OADS all revised their websites for easier navigation. This empowers aging and disabled Mainers to make informed choices. A challenge when relying on web based services and information is that Maine lacks complete broadband coverage statewide, particularly in rural communities. This impacts the ability of citizens to access services in some locations. Many services are web based and without broadband coverage individuals in rural or isolated areas are unable to access services.

State Health Insurance Assistance Program

The Maine State Health Insurance Assistance Program (SHIP) offers personalized counseling, education, and outreach to assist Medicare beneficiaries with their Medicare benefits and related health insurance questions. The OADS contracts with Maine's five AAA and LSE to provide SHIP services throughout the state. SHIP is intended to reach current and potential Medicare eligible individuals and their caregivers to provide personalized Medicare benefit counseling, enrollment information, and assistance. The counseling helps beneficiaries make informed, cost effective decisions related to their individual healthcare and insurance needs.

The return on investment for this program is significant. An estimated 85% of the SHIP "workforces" are highly trained volunteers. Without the commitment of these skilled individuals, this program would not exist nor would it be able to build the capacity to meet the needs of Maine's Medicare population. In 2013, Maine SHIP volunteers provided nearly 13,000 hours of one-on-one Medicare counseling, valued at more than $221,000 and equal to approximately 6.5 full-time staff positions.

During the 2013 Medicare Annual Enrollment Period, local SHIP counselors assisted Medicare eligible individuals in determining appropriate plans to meet their health insurance needs, collectively saving them just under one million dollars ($983,282) in annual insurance premium costs. Outreach to low-income and underserved beneficiaries is a primary goal. It is estimated that over 650 Mainers become eligible for Medicare each month.

As one of the founding states for the creation of this program in 1992, Maine has consistently received national recognition for outstanding performance in program delivery. In fact, over

the 22 years since the SHIP program's inception, Maine has scored in the top 20% of all states in program administration and performance, with its program delivery serving as a national model, replicated by many states across the country.

Options Counseling

Options Counseling is a combination of services involving education, information and decision support, all focused on assisting older citizens or those with a disability, identifying all possible options regarding appropriate, affordable and desirable living situations for those in need.

Options Counseling is provided by a variety of staff in Maine's aging network. Counseling is provided over the telephone, at an office visit, at a benefits check-up event, at a State Health Insurance Program (SHIP) appointment, a community visit, or in a consumer's home. The service is very helpful to those who are facing a significant life change and need assistance planning. It can also be useful for family members concerned about an individual's declining health or if a family caregiver is in need of assistance.

Due to the increasing demand on resources, Options Counseling is a highly valuable service for families, individuals and taxpayers as few people plan ahead. There is a lot of information available to those who can research the topic, but it is often confusing, contradictory and/or difficult to understand. In addition, residential placements in institutions are increasingly limited and are often made without full knowledge of all the available options. Maine's older citizens are facing a housing cost burden with 50,000 people over the age of 50 spending more than 50 percent of their annual household income on housing costs. [18] As their costs for care increase these individuals may develop a need for assistance in determining their best options for affordable housing and care, making Options Counseling increasingly important to this population. Options Counseling services are provided throughout Maine's network of AAAs.

Future Initiatives

- Increase the number of volunteers in the program statewide through use of partners, written and social media, and targeted recruitment/training activities.
- Promote benefit enrollment including State and Federal premium subsidy for low income consumer and information and assistance services statewide.
- Enhance educational activities to promote Medicare's annual wellness visit and preventative services.
- Improve outreach and education regarding available services and supports to Maine's tribes, immigrants, and islands communities.

CAREGIVER PROGRAMS/DEMENTIA CAPABLE SYSTEMS

It is estimated that there are 154,000 informal family caregivers in Maine. Family caregivers are critically important to the continuum of care for Maine seniors. Many caregivers are trying to do it all on their own, without formal or informal support, and this is taking a toll on caregivers. In 2012 Maine conducted a survey of caregivers which reported 17 percent of respondents were providing care for someone living in their home. Most caregivers are providing care for either a spouse or a parent, and in many cases, both. More Maine caregivers are women than men. While friends and family members provide significant support to family caregivers, more than 40 percent of caregivers say they are reluctant to seek help from any source, including friends and family. This is often because the caregiver does not want to be a burden or to impose on others. In some cases previous requests for help went unanswered or resulted in unreliable care, and at times the care receiver is resistant to outside help.

Caregiving can have a significant impact on caregivers. 66 percent of those providing responses to the online survey said they spent less time with other family members and friends, and had to give up things they enjoy. These findings indicate that a decline in emotional, mental, and physical health problems often arise from the strain of caregiving. The consideration of the health needs of caregivers also needs to be considered when addressing the health needs of those for whom they provide care.

In addition to its emotional impact, caregiving has a direct impact on our economy and workforce. As the workforce shrinks, the impact of caregiving on workers should be a critical focus. Caregivers are often faced with the challenge of maintaining employment and their caregiving duties. According to the 2012 caregiver survey, almost 50 percent report missing too many days of work because of caregiving.

Based on the most recent data reported by AARP in 2013, approximately 178,000 family members in Maine were caring for an adult age 18 and older, providing 165 million hours of care valued at $2,220 million dollars. The 2010 U.S. Census data shows that approximately 2.2 percent of all 557,219 Maine households are multi-generational with children under age 18 potentially living with grandparents. [13]

By supporting caregivers, we give older adults the opportunity to remain in their homes. By providing support the program offers these family caregivers opportunities to remain active, healthy and lead productive lives.

Family Caregiver Support Program

The goal of the Caregiver Support Program is to enhance skills and alleviate stress among caregivers. It provides support in five key areas: information, access to services, counseling and training, respite care and supplemental services. The program supports caregivers of adults age 60 or older, and those who are determined functionally impaired, as well as grandparents age 55 and older who are raising grandchildren. Since 2014, all AAAs in Maine provide caregiver support services, and the evidence-based Savvy Caregiver Training Program is sustained within the Caregiver Support Program. An Advanced Savvy Caregiver Program has been developed and is also offered periodically to consumers who have participated in the Savvy Caregiver Training Program. Savvy Advanced is focused on models of behavior and creating support teams to assist family to remain as active caregivers.

The Savvy Caregiver Training Program provides the knowledge and practical skills essential for successful caregiving for people with dementia still living at home. Participants learn what dementia is and how it affects people's behavior. The program teaches strategies for interacting and communicating and how to manage challenging behaviors as well as the importance of self-care, building a support team, anticipating changes, and planning ahead. Throughout 2015, Maine's Family Caregiver Program conducted 27 classes' statewide, educating 191 participants.

Alzheimer's Disease Supportive Services Program Grant

In September 2013, the SUA received a three-year Alzheimer's Disease Supportive Services Program grant from the ACL to ensure access to a dementia-capable sustainable home and community-based system for people with Alzheimer's disease and related disorders and their caregivers, MEDCAPS (Maine Dementia Capable Service Systems).

Based on available data, it is evident that Maine citizens can benefit from this program. The number of individuals living with Alzheimer's will increase from 37,000 individuals in 2012 to over 53,000 individuals by 2020. One in eight people aged 65 and older has Alzheimer's disease. Maine's 65-74 year old age group is forecast to grow by 77 percent in the next ten years. Prominent in this rapid increase are aging baby boomers, many of whom may at some point seek services through the SUA. Establishing a dementia-capable model aging network will help to meet the needs of these individuals and will contribute to OADS goal of giving older adults the opportunity to have a high quality of life. [13]

As a result of MEDCAPS, Primary Care Specialist (PCS) screening, the assessment, and referral process for people with dementia and their family/care partner(s) will be improved. Provision of free, online training and continuing education for direct care workers and others on the

basics of dementia care will be available. A standard protocol to identify people with a memory concern for themselves or others will be implemented by the AAAs and service referrals will increase. Information and assistance specialists and person-centered counselors will better understand the unique needs of individuals caring for people with dementia, and caregivers will receive the information and education they need to better care for themselves and individuals with Alzheimer's disease and dementia.

Future Initiatives

- Support informal caregivers and increase caregiver awareness of and access to support services that will reduce caregiver stress and increase quality of care.
- Collaborate with others to provide information, assistance and counseling tailored for individuals with dementia and their caregivers.
- Explore and implement options for sustaining the Alzheimer's Disease Supportive Services Program.

Legal Services

Since 1974, Maine has had one Title IIIB legal service provider, Legal Services for the Elderly, Inc. (LSE) . LSE provides legal services to Maine's socially and/or economically disadvantaged residents 60 years of age or older when their basic human needs are in jeopardy. They provide legal services through a statewide helpline and Area Offices located within four of Maine's five Area Agencies on Aging. LSE's Helpline receives over 10,000 calls each year. All callers are provided some level of service. For those calls that require legal services, accounting for 50 percent of the total call volume. The Helpline attorneys and paralegals are able to resolve the legal issues for approximately 80 percent of those calls. The average cost per case for Helpline services is 22 percent below the national average. Those calls that require a higher level of legal service are referred to the attorneys who work in the Area Offices.

During the past four years, LSE successfully completed its work under the Model Approaches to Statewide Legal Assistance grant, and was responsible for Maine's State Unit on Aging being awarded a Phase II Model Approaches grant in 2013. Under the grant, Maines Legal Services Developer and Legal Services for the Elderly assessed the capacity of Maine's legal service system. The capacity assessment addressed the legal services faced by Maine's socially and economically vulnerable elders whose basic human needs are at risk. Work under this grant developed economic outcome measures for the legal services provided by LSE. The outcome measures will be implemented throughout 2016 and will provide the missing data needed to better plan and deliver legal services.

LSE is developing guidelines on outreach and targeting as well as standards/guidelines for the delivery of legal services. LSE assists the State's Legal Service Developer meet obligations under the Older Americans Act by providing legal education and technical assistance throughout the state under a Memorandum of Understanding (MOU) between the two parties.

Future Initiatives

- Support State and Federal funding opportunities for legal services for the elderly.
- Provide Title III funding and monitor service contract with LSE to provide legal services for Mainer's age 60+ on issues such as consumer protection, public benefits, health insurance counseling, housing, financial exploitation, abuse, neglect and age discrimination.

Senior Community and Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the Older Americans Act, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants have access to both SCSEP services and other employment assistance through Career Centers in Maine and are sponsored through Goodwill Industries of Maine and the National Able Network. Eligible program participants must be at least 55, unemployed, and have a family income of no more than 125 percent of the federal poverty level.

SCSEP provides both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools and hospitals. It is intended that community service training serves as a bridge to unsubsidized employment opportunities.

Future Initiatives

- Partner and align efforts with other state agencies and community organizations to create a more effective and efficient effort to train people for employment and volunteer opportunities.
- Implement the Senior Community Service Employment Program Strategic Plan and increase its visibility as an option for older workers who meet the requirements.

Healthy Aging

To improve the health for Maine people, a critical component is to equip them with the tools they need to manage their own chronic disease and prevent conditions from worsening. This will prevent an increase in hospital visits and more long term care. Maine must increase its efforts to support older people to remain in their homes for as long as possible through the provision of prevention services. A 2015 issue brief from the Association of State and Territorial Health Officials states that older adults prefer to "age in place." As more and more older adults chose to "age in place" there will be an increased need to monitor health and coordinate services. The Coalition on Care Coordination estimates that 85 percent of Americans 65 and older have one chronic condition, and almost 50 percent have multiple chronic conditions. Ensuring wellness through care coordination and self-management of chronic disease has the potential to reduce ER use, hospitalization and long-term care. Prevention continues to be an easy, cost effective method to reduce the reliance on care.

Maine takes pride in being a leader in the implementation of evidence-based healthy aging programs by working with a combination of community and state level partners. An exciting opportunity has been and continues to be with the public health sector. We know Maine has an increasing population of older adults in addition to the disabled population. If the focus of tertiary prevention can be implemented across these populations with the inclusion of Chronic Disease Self-Management Education (CDSME) and Matter of Balance, the expansion of evidence-based prevention programs will help older adult's achieve improved health.

Maine's CDSME programs provide older adults and adults with disabilities with education and skills to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS and depression. It is provided widely throughout the State through informal and formal partnerships with: Maine Center for Disease Control and Prevention; AAA; ADRC; and community organizations that currently participate in evidence-based wellness programs. According to the Stanford Medicine Patient Education Unit, participants in CDSME programs, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatients' visits and hospitalizations. [12]

To further its goal of assisting Mainers to remain healthy and independent in their homes, Maine's SUA supports its evidence based falls prevention program, Matter of Balance. Many older adults experience a fear of falling. People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater. A Matter of

Balance is a program designed to reduce the fear of falling and increase activity levels among older adults. Like CDSME, Matter of Balance is provided through formal and informal partnerships statewide.

In 2016, OADS and Maine's Centers for Disease Control (MCDC) and Prevention-Public Health Nursing, are partnering in a demonstration project. The demonstration has public health nurses through Maine's CDC complete a comprehensive assessment and development of a plan of care for referred consumers participating in Maine's Homemaker program in Knox and Lincoln counties. The demonstration will focus on medication and self-management of chronic conditions, coordination to community resources, communication with primary care provider, and transitional care. Demonstration outcomes are to increase awareness of clinical preventative health services, and improved access to primary care. , The demonstration will also increase self-management to better manage chronic disease, promote preventative care and the independence, safety and dignity of aging and disabled adults.

Future Initiatives

- Expand utilization of existing evidence-based programs such as Matter of Balance and Chronic Disease Self-Management.
- Coordinate with Maine's State Health Agency, Maine Center for Disease Control and Prevention regarding healthy living initiatives.
- Collaborate with state agencies and community partners to develop and implement supports that allow individuals to age in place.

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ATTACHMENT B- STRATEGIC WORKBOOK

Goal 1
Educate and improve access to existing health and community long term services and supports.

Objective	Strategy	Measure/Outcome
Objective 1-1: Improve health outcomes through integration across health disciplines.		
	Strategy 1-1.1: Coordinate with the Maine CDC to expand public health nursing initiative to aging services statewide.	• Complete and determine efficacy of the Public Health Nursing Homemaker Pilot by December 2016. • By 2017, OADS and MECDC Public Health Nursing will Expand Public Health Nursing Homemaker Pilot throughout homemaker service statewide. • Facilitate regular PACE workgroup meetings on an ongoing basis. • Use Request for Information (RFI) responses to develop Request for Proposal (RFP) for PACE if legislatively approved.
	Strategy 1-1.2: Review and assess initiatives of coordinated care for individuals dually eligible for Medicare/MaineCare.	
	Strategy 1-1.3: Explore feasibility of developing Program of All Inclusive Care for the Elderly (PACE) model.	
Objective 1-2: Expand awareness of community services that foster independence and safety within a community.		
	Strategy 1-2.1: Expand efforts to promote AAA/ADRC services to healthcare professions and community partners on the services available locally.	• Maintain annual Stanford multi-site, multi program license. • By 2017 chronic disease self-management programs and home delivered meals will be successfully integrated into MaineCare's health delivery system. • Maintain ongoing list of healthy aging workshops on OADS and SETU websites. • By 2020 healthy aging programs and participants will be tracked statewide via state approved database. • By December 2017 Healthy Aging program materials will be developed and/or revised.
	Strategy 1-2.2: Improve access to evidence based programs such as Matter of Balance, and Chronic Disease Self-Management for homebound aging and disabled adults.	
	Strategy 1-2.3: Address food insecurity among Maine seniors, by promoting improved nutrition available through the delivery of meals and at community meal sites.	

Objective 1-3: Connect people to information and services to maximize the ability of individuals to make informed decisions.		
	Strategy 1-3.1: Expand outreach efforts to provide education, screening and application assistance for Maine's Medicare population regarding Medicare Part D, Low Income Subsidy (LIS) and Medicare Savings Programs (MSP), focusing on rural and/or underserved area within the state.	• Annually increase the number of low Income Subsidy client contacts by 10%. • Annually increase the number of total client contacts and benefit enrollments by 10%. • Annually increase public and Media events promoting Medicare services by 10%. • Annual increase the number of persons reached at Public and Media Events by 10%.
	Strategy 1-3.2: Increase the number of volunteers in the program statewide through use of partners, written and social media, and targeted recruitment/training activities.	
	Strategy 1-3.3: Use all media forms (i.e. AAA newsletters, websites, OADS website and online newsletter).	
	Strategy 1-3.4: Enhance educational activities to promote Medicare's annual wellness visit and preventative services.	
Objective 1-4: Provide information, assistance and counseling services tailored for individuals with dementia and their caregivers		
	Strategy 1-4.1: Provide counseling that empowers individuals to successfully navigate health and long-term care options for those with Alzheimer's or other related dementias.	• Increased knowledge, adoption, and use of core protocols by individual physicians within health systems/practices for dementia screening, assessment, and community referrals. • Collect and track data on number of participants and completers of the direct care worker Dementia Basic CARES free on line training course. • Collect and track data on AAA agency wide standard protocol two part dementia question. • In partnership with the AAAs, conducted two, statewide public awareness campaigns related to Brain Health and Memory Loss, FY15 & 16. • Adapted a Community-based Care Transition Program (CCTP) utilizing the evidence-based Coleman Model to include people with dementia (piloted at SMAA during FY15) • Annual updates that partner with and contribute to the
	Strategy 1-4.2: Strengthen the collaboration with Maine Alzheimer's Association, OADS and AAAs.	
	Strategy 1-4.3: Explore sustainability options for the Alzheimer's disease Supportive Services Program.	
	Strategy 1-4.4: Increase availability of evidence-based Savvy and Savvy Advanced Caregiver Program by providing fidelity oversight and support for statewide trainer development.	

		State Plan for Alzheimer ’s disease and Related Dementias in Maine. • Track the number of caregivers receiving services through AAA programs and the number of respite service provided. • Track number of participants in Savvy Caregiver classes.

Goal 2		
Support individuals to remain safely in environment of their choice.		
Objective	**Strategy**	**Measure/Outcome**
Objective 2-1: Support Age Friendly communities that are inclusive and culturally responsive to the needs of diverse groups		
	Strategy 2-1.1: Identify and address the unique needs of socially and geographically isolated aging and disabled adults.	• DHHS will serve as aging and disability representative on Island Eldercare Advisory Committee, Tribal Health Network advisory group and councils. • By 2017 complete and share results of quality management review of ADRC programs. • OADS will continue to collaborate with AAA/ADRCs and other community partners to develop various strategies to serve Maine vulnerable aging and disabled adults.
	Strategy 2-2.2: Support ADRC and local community initiatives to meet unique local needs.	
Objective 2-2: Expand utilization of high quality home and community based services		
	Strategy 2-3.1: Utilize performance based decision making to better manage home and community based waiver services.	• Incorporate Money Follows the Person (Homeward Bound) demonstration services into each home and community services based waiver by June 2017. • Complete feasibility study for navigation services by December 2016. • Review monthly data reports to inform policy and planning.
	Strategy 2-3.3: Explore the development and feasibility of implementing a care navigation model to assist consumers with accessing community services and supports.	
Objective 2-3: Assist Community based organizations to build capacity to meet demands for services with diminishing financial and human		

resources		
	Strategy 2-3.1: Increase the use of highly trained and well managed volunteers at all levels of service provision.	• By December 2016 convene work group consisting of OADS, Maine Division of Licensing, and Maine Department of Labor to strengthen workforce perception of viable career advancement opportunities. • By December 2017 conduct a rate study for Adult Day Services to address direct care worker shortages. • By December 2018 conduct a quality management review of assistive technology services across all home and community based waiver services.
	Strategy 2-3.2: Explore and promote the use of technology as a resource to support aging and adults with disabilities in their homes and/or at work.	
	Strategy 2-3.3: Address Maine's work force crisis for skilled healthcare and direct care workers to meet the steadily increasing demand for services.	
	Strategy 2-3.4: Support efforts to expand the development and utilization of Adult Day Services statewide.	
Objective 2-5: Increase access to transportation, and direct care services for older and disabled adults, living in both rural and urban areas of the State.		
	Strategy 2-5.1: Partner with DOT and regional transportation providers to find creative solutions to provide transportation services to rural, aging adults.	• OADS will collaborate with Maine DOT and regional transportation providers. • Attend all Maine DOT and Office of Maine Care transportation planning meetings as scheduled.
	Strategy 2-5.2: Support initiatives to expand access and utilization of publicly funded transportation in order to address rural isolation of our aging persons in need of urban-based services.	
Objective 2-6: Promote and increase opportunities for access to quality, affordable housing and services.		

	Strategy 2-6.1: Collaborate on a process providing shared resources to connect housing providers with the AAA's and the ARDC's on the availability of affordable rental housing.	• Finalize the OADS Strategic Housing Plan by 12/2016 that will address the needs of aging and disabled adults. • Strategies will be developed that support individuals to age in place as part of the implementation of the OADS Strategic Plan by 12/2017. • Serve as a liaison and convener of the housing provider community and the LTC Unit of OADS to promote availability of existing technology to support aging in place by 10/1/16. • Review and comment on an annual basis on Maine Housing's Low Income Housing Tax Credit Qualified Action Plan.
	Strategy 2-6.2: Facilitate and educate housing providers about the value of assisted technology; make the use of adaptive technology a covered service in MaineCare services and waiver programs.	
	Strategy 2-6.3: The Housing Resource Developer will explore establishing an intra-office housing unit that would collaborate with both internal and external stakeholders on housing issues, contracts, programs, and policies.	
	Strategy 2-6.4: Collaborate with Maine Housing and other agencies on housing initiatives.	
	Strategy 2-6.5: Collaborate with state agencies and community partners to develop and implement supports that allow individuals to age in place.	
Objective 2-7: Promote person centered care that maximizes independence and choice		
	Strategy 2-7.1: Ensure quality of care and quality of life for elders receiving long term services and services.	• Maine's Long Term Care Ombudsman Program (LTCOP) will continue oversight of Maine's Long Term Care Settings. • LTCOP will continue to receive and respond to complaints regarding long term care services. • By 2017, OADS will have reviewed all policies for compliance for person centeredness. • Annually provide training opportunities to ltss providers and staff on person centered practices.
	Strategy 2-7.2: Advocate on behalf of Maine's elders receiving long term services and supports.	
	Strategy 2-7.3: Ensure all home and community based policies and procedures are in alignment with person centered practices.	
	Strategy 2-7.4: Educate consumers and providers on the importance of having a person centered approach to service delivery.	

Goal 3		
Encourage active and healthy lifestyles and community engagement for aging and disabled adults.		
Objective	**Strategy**	**Measure/Outcome**
Objective 3-1: Increased access for individuals to seek employment services		
	Strategy 3-1.1: Facilitate the use of adaptive technology to provide increased access to employment opportunities for the elderly and adults with disabilities.	• Expand access through reimbursement for technology in waivers. • OADS will update the SCSEP rules by 2017. • OADS will continue to expand participation in meetings, groups and committees to address barriers to employment. • OADS will promote and maximize participation in SCSEP annually.
	Strategy 3-1.2: Partner and align efforts with other state agencies and community organizations to create a more effective and efficient effort to train people for employment and volunteer opportunities.	
	Strategy 3-1.3: Implement the Senior Community Service Employment Program Strategic Plan (SCSEP) and increase its visibility as an option for older workers who meet the requirements.	
Objective 3-2: Foster community connections for aging and disabled adults through opportunities for civic engagement		
	Strategy 3-2.1: Promote the importance and value of volunteering through strategic volunteering recruitment and or training activities.	• Conduct at least 1 annual volunteer recruitment event in each AAA/ADRC coverage area. • By 2019 OADS will reach out to Volunteer Maine to identify opportunities for collaboration to recruit and retain volunteerism.
	Strategy 3-2.2: Collaborate with community partners to align volunteer opportunities with the experience and skill s of Maine's aging/retired population.	

Objective 3-4: Sustain community living by providing services and supports to family caregivers		
	Strategy 3-4.1: Maintaining sustainable community based training infrastructure to support family caregivers.	• Maine will conduct at least 8 SAVVY Caregiver Training statewide. • Annually utilize 100% of available family support funds on aging services. • By 2017 all caregiver and respite material will be reviewed, revised and disseminated as needed.
	Strategy 3-4.2: Ensure respite service delivery to enhance family caregiver effectiveness.	
	Strategy 3-4.3: Promote caregiver services and resources statewide.	

Goal 4		
PROTECT THE RIGHTS AND SAFETY OF AGING AND DISABLED ADULTS.		
Objective	**Strategy**	**Measure/Outcome**
Objective 4-1: Improve responsiveness to financial exploitation of older and disabled adults		
	Strategy 4-1.1: Partner with the Maine Office of Securities and Maine's financial institutions to provide Senior$afe training statewide.	• By 2020, provide 5 Senior$afe trainings statewide. • By 2017 a Maine specific statewide training will be developed for real estate and family law attorneys.
	Strategy 4-1.2: Broaden financial exploitation training to include Maine's real estate attorneys and family law attorneys.	• Real estate and family law attorneys will be trained by December of 2018.
	Strategy 4-1.3: Maine FAST provides guidance on investigation and prosecution for financial exploitation cases.	• Maine FAST begins accepting referrals by December 2016.
Objective 4-2 Provide educational opportunities to identify, prevent and report fraud, abuse, neglect and/or exploitation		
	Strategy 4-2.1: Provide opportunities for training in aging and long term care services about the prevention, identification and reporting of abuse, neglect and exploitation.	• By 2017 Maine FAST will conduct two presentations on adult protective services at the Maine Criminal Justice Academy. • Annually participate in the Chiefs Roadshow to educate Maine Law Enforcement on abuse, neglect and exploitation.
	Strategy 4-2.2: Foster collaboration among the Disability Rights Maine (DRM), Long Term Care Ombudsman Program, & Legal Services for the Elderly (LSE) for consumer advocacy.	• APS program manager will annually attend the Maine Council for Elder Abuse Prevention Summit. • FAST Staff members will develop educational materials by December 2016.
	Strategy 4-2.3: Promote and educate citizens, law enforcement, financial institutions and advocates on the services provided by Maine's FAST team.	• The FAST will conduct 25 community training events by 2017.

Objective 4-3 Improve awareness and access to legal services for Maine's aging citizens		
	Strategy 4-3.1: Advocate and support funding opportunities to increase capacity for Maine Legal Services for the Elderly to serve Maine's older and vulnerable citizens.	• Support two grant opportunities for legal services in Maine over the next 4 years. • Annually increase in public and Media events promoting Legal Services by 10%.
	Strategy 4-3.2: Increase awareness of elder's legal advocacy services in Maine.	
	Strategy 4-3.3: Expand outreach to the elderly regarding benefits of financial and healthcare power of attorney.	
Objective 4-4 Ensure safety through timely crisis prevention, and intervention services by expanding the coordination of emergency preparation and response for elders and adults with disabilities		
	Strategy 4-4.1: Strengthen the crisis response for aging and disabled populations.	• Participate in regular meetings with the MaineCare Care Management Unit to address individuals in crisis. • By 2019 OADS will have had at least 2 meetings to discuss creative solutions to address the emergency needs of victims of elder abuse. • Actively participate in regularly scheduled meetings and activities that are convened by MEMA and MECDC. • Annually review all IHSP and ALF contracts to assure each provider has a current evacuation plan. • By 2017 OADS will disseminate results of public forums on residential fire safety and regulations. • By 2017 OADS will develop and disseminate guide for landlords on residential fire safety and regulations.
	Strategy 4-4.2 Collaborate with APS, housing providers, Maine Housing and other interested stakeholders both an action plan to have available emergency shelter beds for victims of elder abuse.	
	Strategy 4-4.3: Participate in the Maine Emergency Management Agency planning and preparation meetings and	

	activities	
	Strategy 4-4.4: Partner with municipal health and emergency offices to ensure planning and response programs are prepared to support aging and disability consumers in community settings.	
	Strategy 4-4.5: Promote provider awareness for the need to have emergency protocols including a current evacuation plan	
	Strategy 4-4.6: Promote landlord awareness for the need to have emergency protocols including an evacuation plan.	

Goal 5		
ENSURE DATA INTEGRITY, QUALITY, AND ACCESS TO SERVICES FOR AGING AND DISABLED ADULTS.		
Objective	**Strategy**	**Measure/Outcome**
Objective 5-1: Evaluate, assess, develop and report quality measures for programs and services statewide		
	Strategy 5-1.1: Monitor state service activity and contract provider outcomes for quality compliance and standardization.	• By December 2016 deploy new Lewin model capability to forecast LTC service needs in Maine. • By December 2020 complete at least one quality management review of all Title III and LTSS programs. • Within 12 months implement recommendations of the quality management reviews that improve access to services for aging and disabled adults.
	Strategy 5-1.2: Extend Lewin model capability to predict LTC service needs across geographic areas and demographic profiles.	
Objective 5-2: Expand deployment of standardized automation tools across all programs and services		
	Strategy 5-2.1: Development and implement standard data management functions across all of OADS Aging Programs	• OADS will participate and collaborate on the ongoing development and refinement of its Social Assistance Management System (SAMS) reporting capabilities. • Monthly management reports for adult protection and public guardianship services will be utilized using data from the MAPSIS application to assistance with policy and planning decisions. • Create data interface between EIS MAPSI, and MECARE by October 2017. • Implement a consolidated application for OADS state and community case management, adult protective services and long term care services by December 2019.

	Strategy 5-2.2: Standardize Reportable Event data formats, process, collection and reporting across OADS programs.	• Align OADS – Developmental Services, Brain injury and ORC reportable events with Office of Children and Family Services and Office of Substance Abuse and Adult Mental Health Services by December 2018.
Objective 5-3: Align adult protective, Title III and disability services to ensure continuum of care across the lifespan.		
	Strategy 5-3.1: Promote awareness of the impacts of dementia for aging and disabled populations.	• By 2018 develop multimedia training materials for dementia in disabled persons. • By 2018 complete at least 2 statewide trainings focusing on the impacts of dementia in disabled populations. • Collaborate with Maine CDC (Public Health) to ensure OADS populations are included in the CDC planning and dissemination. • Ongoing review of the results and opportunities to sustain successful initiatives developed under Maine's Dementia Capable Systems grant.
	Strategy 5-3.1: Promote annual wellness visit and preventative services.	

ATTACHMENT-C

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION
(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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 health services**)**, outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(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 subclause (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
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall 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--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and

expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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-
to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances
that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

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

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)
(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

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

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

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

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

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;

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

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES <u>NOT</u> REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

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

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

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

Section 306(a)(17)

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

Section 307(a)

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

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

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

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

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

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

Section 307(a)(10)

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

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared-

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

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

Section 307(a)(21)

The plan shall:

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

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies

responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

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

Section 705(a)(7)

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below)

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

Gary Wolcott, Director
Office of Aging and Disability Services

Date

ATTACHEMNT- D

INTRASTATE FUNDING FORMULA - Maine's Intrastate Funding Formula was recalculated in 2012. The funding formula has been reviewed in 2016 and will remain in effect through 2020.

Maine Intrastate Funding Formula

AAA Allocation Formula 2012 for Title III Part B, C, and E Funds

Target Populations:	PSA 1 Aroostook	PSA 2 Eastern	PSA 3 Spectrum	PSA 4 Seniors+	PSA 5 Southern	Totals
Persons Age 60+	18,839	59,990	84,710	42,648	94,255	300,442
Persons Age 75+	6,422	19,418	27,150	14,052	31,089	98,131
Minorities (Age 60+)	260	955	1,135	1,185	1,690	5,225
Greatest Social Need						
Non-English Speaking (Age 60+)	465	165	215	445	885	2,175
Have a Disability (Age 65+)	6,014	16,519	11,040	22,894	21,627	78,094
Economic Need (Age 60+ below FPL)	2,109	5,220	7,467	4,300	6,351	25,447
Rural Age 60+	14,083	43,977	48,030	28,567	35,443	170,100
Square Miles	6,828.8	13,539.5	8,111.4	4,416.8	2,488.2	35,384.7
% of Square Miles	19.3%	38.3%	22.9%	12.5%	7.0%	100.0%
Geo-weighted Rural Factor = [Rural Pop Age 60+] x [% of Square Miles] x 5%	136	841	551	178	125	1,831

Target Population Base	48,328	147,085	180,297	114,269	191,465	681,445
Agency Share of Target Population Base	7.09%	21.58%	26.46%	16.77%	28.10%	100.00%
New Funding Formula:						
Base allocation (10% / 5 regions)	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%
Formula allocation (90% * share of target pop.)	6.38%	19.43%	23.81%	15.09%	25.29%	90.00%
New Agency Share of Funds	**8.38%**	**21.43%**	**25.81%**	**17.09%**	**27.29%**	**100.00%**
Share of Funds Under Current Formula	**8.78%**	**21.16%**	**27.02%**	**15.77%**	**27.27%**	**100.00%**
Change from Current Funding Formula	**-0.40%**	**+0.27%**	**-1.21%**	**+1.32%**	**+0.02%**	**0.00%**

Former AAA Allocation Formula from 2007 for Title III Part B, C, and E Funds

Target Populations	PSA 1 Aroostook	PSA 2 Eastern	PSA 3 Spectrum	PSA 4 Seniors+	PSA 5 Southern	Totals
Persons Age 60+	16,300	47,425	65,780	36,320	73,605	239,430
Persons Age 75+	5,670	16,445	23,845	13,470	27,195	86,625
Minorities (Age 60+)	115	695	740	410	945	2,905
Greatest Social Need						
Non-English Speaking (Age 60+)	548	149	379	509	595	2,180
Have a Disability (Age 65+)	6,595	18,150	24,315	14,245	25,875	89,180
Economic Need (Age 60+ below FPL)	2,430	5,810	6,230	3,520	5,480	23,470
Rural Age 60+	12,125	34,705	40,255	20,525	29,800	137,410

Geo-weighted Rural Factor *	*1,326*	664	461	128	104	2,684
Target Population Base	45,109	124,043	162,005	89,127	163,600	583,884
Former Agency Percentage	7.73%	21.24%	27.75%	15.26%	28.02%	100.00%
Base allocation (10% / 5 regions)	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%
Formula Allocation (90% * Agency Percent)	6.95%	19.12%	24.97%	13.74%	25.22%	90.00%
Former Agency Share	8.95%	21.12%	26.97%	15.74%	27.22%	100.00%

* Note: The 2007 calculation of Aroostook's previous geo-weighted rural factor was made in error. Instead of 1,326 the correct number should have been 117.

Data Sources for Allocation Formula
Calculations for Title III, Parts B, C, and E

Target Populations: Persons Age 60+ and 75+: *QT-P1 - Age Groups and Sex* table from the Census 2010 Summary File 1

Minorities (age 60+): The 5-year average number of persons between 2005 and 2009 who were non-Hispanic or non-white in the *S21007A - Age by Hispanic or Latino and Race for the Population 60 Years and Over* table from the U.S. Census Bureau's American Community Survey (ACS) Special Tabulation on Aging, published on the U.S. Agency on Aging's Aging Integrated Database (AGID) web site at: http://www.agidnet.org/DataFiles/ACS/

Greatest Social Need:

Non-English Speaking (age 60+): *S21014A - Age by Ability to Speak English for the Population 60 Years and Over* from the 2005-2009 ACS Special Tabulation on Aging

Have a disability (age 65+): The 3-year average number of persons between 2008 and 2010 who had a disability in the American Community Survey *B18101 Sex by Age by Disability Status* table. Disability status from the 2005 to 2009 Special Tabulation on Aging, since the Census Bureau changed the definition of "disability status" in 2008.

Due to small sample size, the Census Bureau did not publish the 3-year average disability status data for Piscataquis County (Eastern AAA) in the 2008 to 2010. Therefore, the disability rate for Piscataquis County was estimated by taking the unweight average disability rates for the three adjacent counties (Aroostook 36%, Penobscot 33%, and Somerset 38%) in the 65-to-74 and the 75-and-over age groups, and applying them to the total population of those age groups in Piscataquis County.

Economic Need (age 60+ below FPL): The *S21039 - Age by Hispanic or Latino and Race by Poverty Status in Previous Year for the Population 60 Years and Over* table from the 2005-2009 ACS Special Tabulation on Aging

Rural Age 60+: Since the 2005-2009 ACS Special Tabulation on Aging did not include data for the number of older persons living in rural areas, and since the Census Bureau does not plan to publish similar data from Census 2010 until October 2012, this number was estimated by using data from the *P002 - Urban and Rural*

table of Census 2000 Summary File 1 to find the total number of persons age 60-and-over who were living in each county, and the number of persons in that same age group who were living in the rural areas of each county. The percentage of older persons living in rural areas was then applied to each county's 2010 census population of persons age 60-and-over.

Geo-weighted Rural Factor: This factor takes population density into account, by first calculating each AAA region's percentage share of the total square miles of land and water-surface area in Maine. Each AAA's share is then multiplied by 5% of the number of persons age 60-and-above living in the rural portions of each AAA region.

Target Population Base and Agency Percentage: The population base is the sum of all the target populations, plus the number calculated for each region's geo-weighted rural factor. The agency percentage is each AAA's share of the state's target population base.

Funding Allocations for Title III for Parts B, C, and E

The funding allocations for Parts B, C, and E, are based on the same formulas as before. However, the mathematical notations in allocation formulas displayed on page 31 of the 2008-2012 State Plan on Aging are incorrect. The corrected formulas appear below:

(.10*B$) ([A:60+] + [A:75+] + [A:M60+] + [A:SN60] + [A:EN60] + [A:R60] + [A:RGW60])

———— + ——*

(.90*B$)

#AAAs ([60+] + [75+] + [M60+] + [SN60] + [EN60] + [R60] + [RGW60])

PLUS

(.10*C$) ([A:60+] + [A:75+] + [A:M60+] + [A:SN60] + [A:EN60] + [A:R60] + [A:RGW60])

———— + ——*

(.90*C$)

#AAAs ([60+] + [75+] + [M60+] + [SN60] + [EN60] + [R60] + [RGW60])

PLUS

(.10*E$) ([A:60+] + [A:75+] + [A:M60+] + [A:SN60] + [A:EN60] + [A:R60] + [A:RGW60])

———— + ——* (.90*E$)

#AAAs ([60+] + [75+] + [M60+] + [SN60] + [EN60] + [R60] + [RGW60])

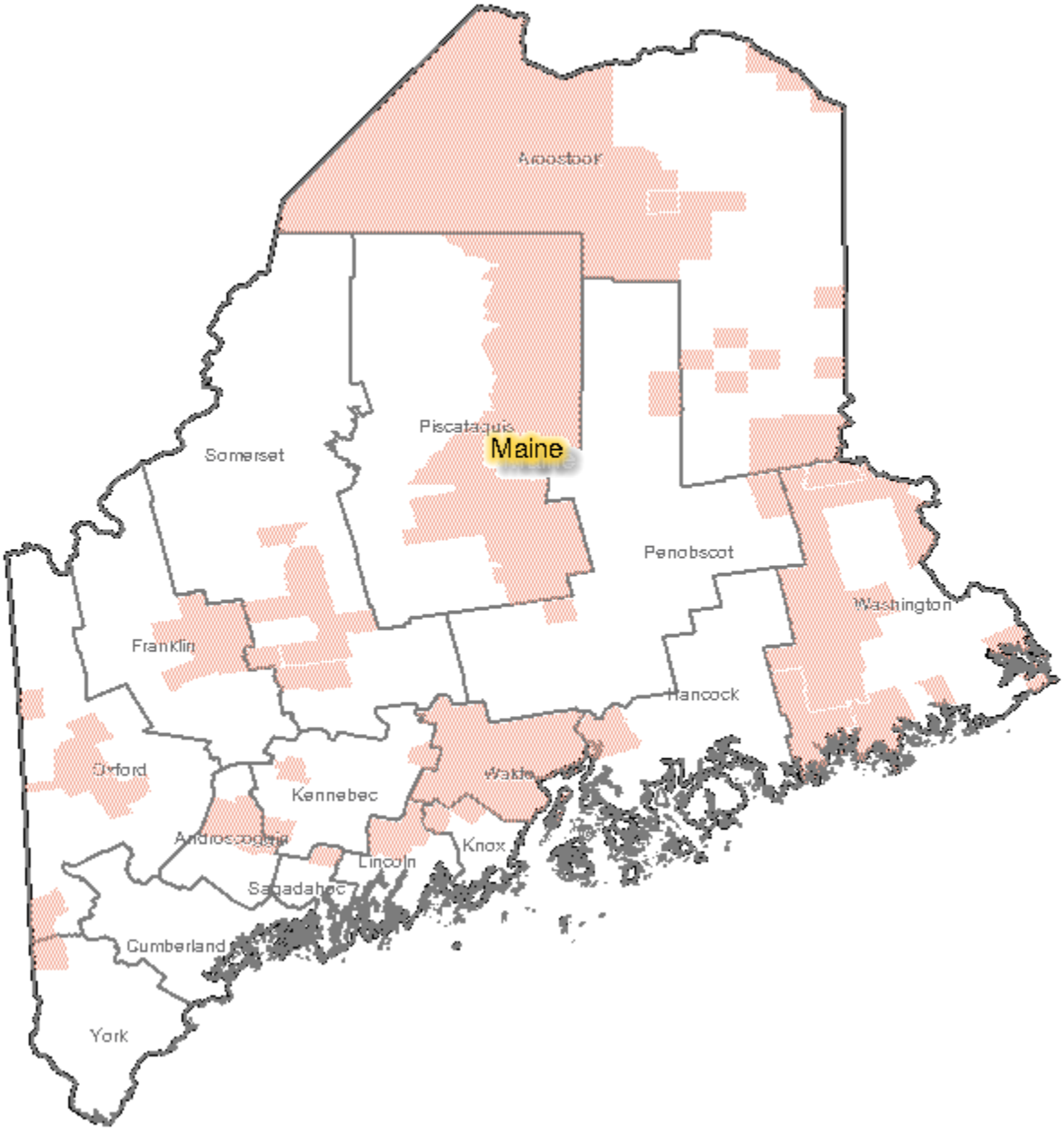
Funding Allocation Formula for Title III, Part D

Target Populations	Aroostook	Eastern	Spectrum	Seniors+	Southern	Totals
Number of persons age 65+ living in medically underserved areas who:						
had a disability	1,102	2,921	4,704	1,552	89	10,368
had incomes below the FPL	297	789	1,271	404	17	2,778
Target Population Base	1,399	3,710	5,975	1,956	106	13,146
New Agency Share	10.64%	28.22%	45.45%	14.88%	0.81%	100.00%
Former Agency Share	11%	53%	23%	12%	1%	100%
Change	0%	-25%	+22%	3%	0%	0%

Data Sources for New Allocation Formula Calculations for Title III, Part D

The list of Maine towns in each of Maine's Medically Underserved Areas (MUAs) was obtained from the Health Resources and Services Administration (HRSA) Find Shortage Areas tool on the HRSA website at: http://muafind.hrsa.gov/
They are also displayed on the map, below: **Medically Underserved Areas in Maine**
Source: HRSA Data Warehouse Map Tool at:

*http://datawarehouse.hrsa.gov/DWOnlineMap/MapLocation.aspx?mapName=MUA*x



Persons age 65-and-over who had a disability: Since disability status was not included in Census 2010, and since MUA-level disability status data is not available from the current American Community Survey, the number of persons was estimated by using the *P042 - Sex by Age by Disability Status by Employment Status for the Civilian Noninstitutionalized Population 5 Years and Over* table from Census 2000 Summary File 3 to calculate the number of persons age 65-and-over with a disability in each town in a current Maine MUA as a percentage of all persons age 65-and-over in each town. This percentage was then applied to the number of persons age 65-and-over in those same

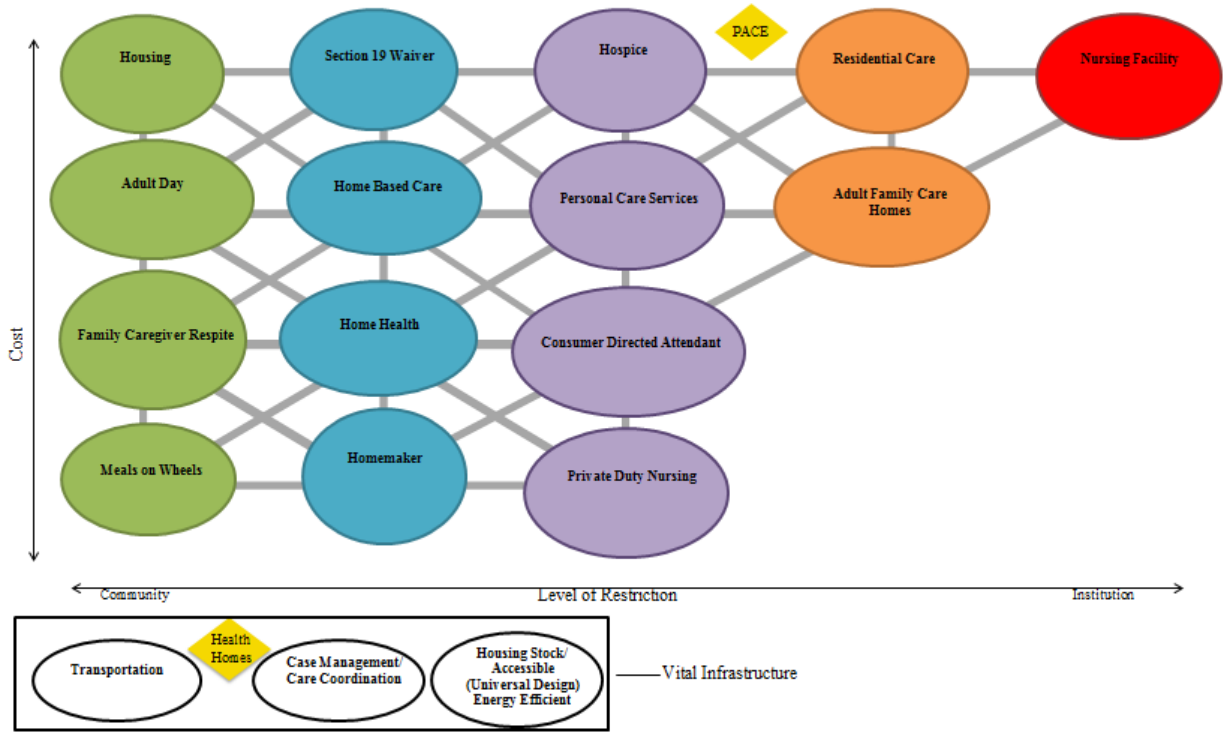
towns from Census 2010 Summary File 1 to estimate the number of those persons who had a disability.

Persons age 65-and-over who had incomes below the Federal Poverty Level: The number of persons age 65-and-over with incomes below the FPL was obtained from the *B17001*

Poverty Status in the Past 12 Months by Sex by Age table from 2006-2010 American Community Survey 5-year estimates for each town within a Maine MUA.

ATTACHMENT-E

Maine Long Term Care Continuum



Left to Right→

- Choice and least restriction is demanded by older people.
- Moving from low cost community options to high cost is a varied journey for most people, as their circumstances change.
- Transportation, care management and housing are infrastructure concerns that need to be addressed.

Maine Long Term Care Projection Model

To meet the challenges of the present and address the assumptions for the future, we are working with the Muskie School of Public Service, proposing a Maine Long Term Care Projection Model.

- This model is based on Lewin's nursing home forecasting model, weaving together county level and age specific population forecasts with the disability data and long term care use rates.

- The current model takes into account the decline of nursing home use in Maine, which has been declining faster than the rate older Mainers have been increasing in numbers.

- This current model has left long term services static, predicting the use of nursing homes and capping the use of residential care beds.

- The current model doesn't allow adjustments to trend assumptions for any home and community based services.