

Area Plan on Aging



EASTERN AREA AGENCY ON AGING

October 1, 2024 – September 30, 2028

Last Revised: June 19, 2024

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Verification of Intent

AREA PLAN ON AGING 2025-2028

VERIFICATION OF INTENT

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

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

Date

Tabatha Caso
Executive Director
Eastern Area Agency on Aging

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

Date

Chris Johnson
Chairperson, Advisory Council
Eastern Area Agency on Aging

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

Date

Jaime Rogers
President, Board of Directors
Eastern Area Agency on Aging

Mission & Vision Statement

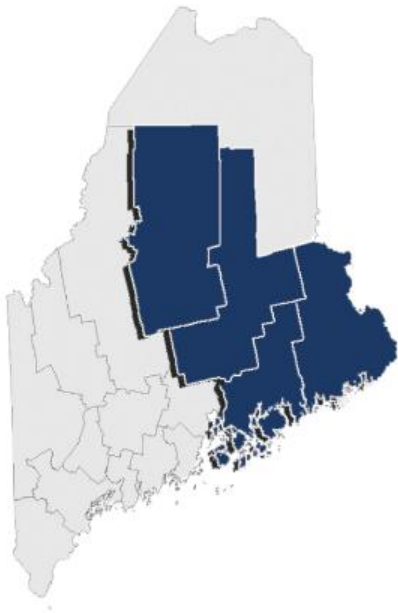
Our Mission

It is the mission of Eastern Area Agency on Aging to provide older adults, caregivers, and adults with disabilities in Hancock, Penobscot, Piscataquis, and Washington counties in Maine with the information and access to resources they need to be healthy, engaged, and supported in their communities.

Our Vision

To be the most accessible and convenient support system for older adults, caregivers, and adults with disabilities in Penobscot, Piscataquis, Hancock, and Washington counties.

Our Values



Collaboration: We work together to share ideas, resources, and expertise to strengthen our relationships and to better serve our consumers.

Empathy: We promise to practice compassion and understanding by actively listening, being considerate, and accepting people as they are.

Empowerment: We encourage each other to live fulfilling lives by providing education, resources, and support to promote independence and inspire growth.

Integrity: We build trust with people in our communities by being dependable, honest, and respectful.

Sustainability: We are stewards of all resources, using them responsibly to improve lives while fostering the vitality of the agency and seeking new avenues of growth.

Executive Summary

EAAA's coverage area reaches over 13,000 square miles in Eastern Maine. To put in perspective how large our service area is, our 4 counties (Penobscot, Piscataquis, Hancock and Washington counties) have more square miles than all of Massachusetts and it takes about 3.5 hours for a staff member to drive from Greenville in Piscataquis County to Eastport in Washington County.

Every four years, the federal Older Americans Act provides funding and guidance for service provisions offered by Area Agencies on Aging. The Older Americans Act requires that Eastern Area Agency on Aging (EAAA) prepare and publish an "Area Plan on Aging". This Area Plan for EAAA provides a comprehensive outline of the goals and objectives EAAA intends to implement for the four-year time period of October 1, 2024 – September 30, 2028. In preparing for the plan, EAAA held public listening sessions to gather information and reviewed the data and outcomes of the statewide assessment provided by the Department of Health and Human Services' Office of Aging and Disability Services (OADS). OADS partnered with the Catherine Cutler Institute, Muskie School of Public Service, University of Southern Maine (USM) to conduct a statewide assessment of the community needs of older adults and caregivers. The goal of the statewide assessment was to gather information directly from older Mainers living in diverse regions across the state, in both urban and rural settings, to inform the State and its community partners about the most pressing needs of older people around Maine, and to shed light on how best to prioritize existing services - or develop new ones - to meet those needs.

The population of aging adults in the state continues to increase, Maine's median age continues to rise (currently at 45.1 years) and the demand for services continues to grow. Adults age 60 and older are currently 29.5% of the total population in Maine. The aging network in Maine continues to work diligently to develop new and productive partnerships with higher education, health care and private insurers.

This plan includes a description of the current programs funded by the Older Americans Act and offered by EAAA. EAAA's staff and volunteers continue to provide the core services under the Older Americans Act, including information and assistance, benefits counseling, congregate and home-delivered meals, nutrition counseling, evidence-based health programming, and caregiver support. These core services will continue to be a top priority for the next four years.

In addition, during the next four years, EAAA will assess and research other types of services and alternative funding models to support the ongoing growth of older adults in our region and the complex needs of older caregivers.

The results of the public listening sessions and the community surveys provided valuable insight to help guide EAAA's ongoing discussions and planning. Over the next four years, EAAA plans to address many of the needs and concerns raised by community members. Our main priorities over the next four years include:

- Support older Mainers and their care partners to remain active and healthy in their communities of choice.
- Ensure Older Americans Act services and programs are accessible to older Mainers and their care partners by enhancing outreach in rural communities through the development of

access points in strategic communities within Piscataquis, Washington, Hancock, and Penobscot counties.

- Raising public awareness through various methods and resources of available resources and supports and how community members can access those services.
- Ensure access to healthy, nutritious meal options is available to older Mainers who are at high nutritional risk or malnutrition through Older Americans Act nutrition services, as well as other federal, state, and local resources available.
- Promoting and maintaining wellness and evidence based programming, as well as increasing access by providing more virtual options where available.

The demographic shift brought on by the aging of the baby boomer generation that is reflected in the national population is well advanced in Maine. Currently in Maine, 29.5% of the population is age 60 and older, increased from 23% four years ago. In the EAAA service area, approximately 32% (83,794) of the overall population is age 60 or older. (An increase from approximately 27% four years ago). This demographic will surely necessitate creative and collaborative thinking in order to respond to the increased numbers of older adults with limited financial means.

To fulfill its mission and provide Older Americans Act funded services, EAAA will continue to partner with Age Friendly communities across our region. These Age Friendly initiatives are comprised of community members who utilize EAAA services and community provider organizations who refer to EAAA and also receive referrals from our organization. In addition, EAAA will work with the other four area agencies on aging in Maine that comprise the Maine Association of Area Agencies on Aging. Additional active partners in our efforts include primary care, higher education, community based organizations, municipalities, and community-led volunteer groups.

The EAAA 2025-2028 Area Plan reflects recognition of the needs of our region while also taking into consideration the available workforce and the collaborative partnerships needed to provide those services and supports that respond to the range of identified needs.

Context

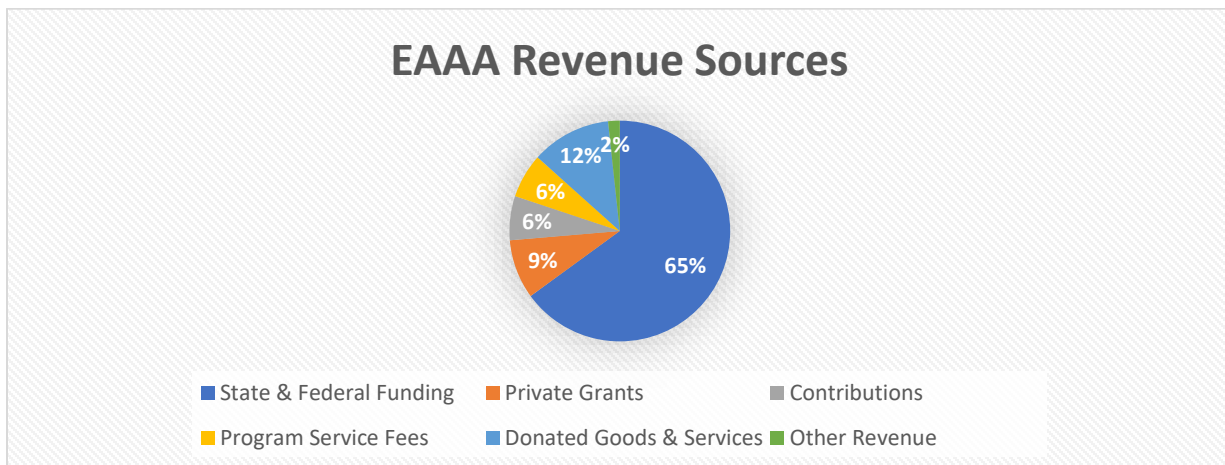
Eastern Area Agency on Aging (EAAA) has been serving Penobscot, Piscataquis, Hancock and Washington counties since 1973. With a specially trained and dedicated staff, we are able to provide older adults, adults with disabilities, and caregivers with a variety of options, opportunities, resources, and referrals. Volunteers are an integral part of the EAAA’s work and the agency is overseen by a Board with representation in each of the 4 counties.

EAAA works with Title VI grantees within both Passamaquoddy Indian Township and Passamaquoddy Pleasant Point to offer Older American Act programs and services. One of EAAA’s goals is to enhance collaboration with Title VI programs to better facilitate coordination and expand services and access to Maine’s Native American elders and family care partners.

EAAA has dedicated distribution sites throughout the 4 counties to offer services to older individuals, including Meals on Wheels, Medicare Counseling, Support Groups, Community Cafes, Furry Friends Food Bank, Tai Chi, and a wide variety of other services and programs. One of these sites is the Durgin Center in Brewer, ME. The Durgin Center provides programs and activities in Brewer and serves as a hub to provide similar virtual services throughout our service area. Some of the programs offered are Arts & Crafts, Community Café, Matter of Balance, Medicare 101, Simple Yoga, Tai Chi, and many other classes and activities. The Durgin Center also includes a “green room” set up with equipment to provide virtual exercise and classes.

EAAA, with funding through federal Congressionally Directed Spending, is developing Access Points patterned after the Durgin Center. Each of these sites will be a microcosm of EAAA services with furnishings, technology and programs that fit for that specific community. The intention of the funding is not to build space, but rather to enhance space in coordination with local partnerships to best serve older individuals. These spaces will offer educational sessions, walk-in consultations, exercise classes, cafés, and social activities.

EAAA uses various revenue sources to fund programs and services for older adults in Eastern Maine. Revenue sources include state and federal funding, private grants, donor contributions, program service fees, and donated goods and services. The chart below breaks down the percentages of each of these revenue sources.



To accurately assess the needs of the EAAA service area for the development of the 2025-2028 Area Plan, data was collected through surveys, listening sessions, focus groups, and key informant interviews.

Surveys were conducted by the Catherine Cutler Institute. 119 caregivers took part in the survey within EAAA’s service area. Additionally, a survey was conducted which was directed at community members in the EAAA service area who are age 55 or older and live in a community in one of the four counties the agency serves. There were 586 respondents to the survey in the EAAA service area. The demographics from this survey are as follows:

- Penobscot County (54%)
- Hancock County (24%)
- Washington County (14%)
- Piscataquis County (8%)

The percentage of respondents mirrors the total population for each of the four counties in the EAAA service region.

| County | Population |
|--------------------|-------------------|
| Penobscot County | 153,704 |
| Hancock County | 56,701 |
| Washington County | 31,555 |
| Piscataquis County | 17,417 |

The age and sex profile of respondents to the EAAA survey are as follows:

- Age 55 to 64 (41%)
- Age 65 to 74 (37%)
- Age 75 to 84 (15%)
- Age 85 and older (7%)

- Male (51%)
- Female (49%)
- Not Listed (<1%)

The focal areas for the survey were transportation, housing, health status, caregiving, information and services and community.

Transportation

Most of the respondents to the community survey stated that transportation was not a barrier to getting to the places they needed to go. Ninety-seven percent stated they had no issues finding or arranging transportation. A large majority of respondents (78%) were below the age of 75 and had higher incomes than many consumers who utilize EAAA services. Also, due to the rurality of EAAA’s service area and lack of public transportation, there is a greater reliance on single-occupancy vehicle transportation.

EAAA partners with numerous agencies to provide transportation throughout our four counties: Penquis in Penobscot and Piscataquis counties, Downeast Community Partners in Hancock and Washington counties and Friends in Action in Hancock county.

Housing

The majority of respondents (89%) own their own homes, with a much smaller percentage (8%) who rent.

Eighty-three percent stated their home met their current needs. For those who said their home did not meet their current needs (n=99), the majority (59%) stated it was due to the fact they had repairs they could not afford.

EAAA's Aging and Disability Resource Center services regularly refers individuals to the appropriate Maine Housing Authority contact, as well as partnering with organizations like Habitat for Humanity.

Food & Nutrition

The majority of survey respondents (95%) stated they usually had enough money to buy food. The same majority (95%) said they had no issues preparing or cooking a main meal.

Only a very small number of those surveyed (n=12) currently participate in the Meals on Wheels program. This is a weakness in the study that a very limited number of current Meals on Wheels consumers were surveyed.

EAAA partners with Birch Stream Farms to provide nutritious meals throughout our four counties with the Meals on Wheels program, providing over 200,000 meals every year. Another partnership, with MDI Housing Authority, provides hot and frozen meals to individuals throughout Mount Desert Island.

Health Status

Almost one quarter (24%) stated they had concerns about their memory and a greater number of respondents (43%) had concerns about the memory of someone they care for.

In the last six months, twenty-three percent of respondents have felt lonely or disconnected, sometimes or often.

Eighteen percent of respondents have fallen within the last six weeks. Of those that have fallen (n=100), 31% need someone's help to get up and 13% needed to go to the emergency room. An additional 15% needed to see their doctor or medical provider after the fall.

Almost one quarter (23%) stated that they would be very or somewhat interested in attending a workshop about how to stay healthy.

Caregiving

A large number of respondents to the caregiver survey noted they (n=119) provide help regularly to someone else. Eighty-nine percent care for an adult age 60 or older, eleven percent care for a person with a disability age 18-59 and seven percent have assumed parental responsibility for a grandchild or a relative under the age of 18.

Caregivers shared they provide a variety of supports including talking with health care professionals (72%), daily household tasks (66%), transportation (64%), food or meal preparation (55%), and companionship or supervision (50%).

Caregivers identified their top ranking priority to be additional in-home support and help to provide care (42%).

In partnership with the Alzheimer's Association – Maine Chapter, EAAA staff and/or volunteers will be trained to offer additional Education Programs and Support Groups at the Access Points. EAAA also partners with Ellsworth Public Library to provide in-person support groups on a regular basis.

Information and Services

Sixty-eight percent of respondents access the internet through a home computer and twenty percent utilize a cell phone. Ten percent noted they do not have access to the internet. Again, it is important to note that 78% of respondents were below the age of 75.

Twenty-eight percent have called or used the internet to learn about EAAA.

In the last six months, sixteen percent needed help with Medicare or had other health insurance related questions.

Community

Overwhelmingly, people feel good about living in their current communities as they age. A combined seventy-five percent rated their community as a good, very good, or excellent place to live as they grow older.

The feedback from the survey results will guide the development of the EAAA area plan goals and strategic priorities for the next four years.

Quality Management

A. Data Collection

Eastern Area Agency on Aging (EAAA) utilizes software systems to collect required programmatic and fiscal data to be submitted annually for Older Americans Act Title III funded programs and services. EAAA uses the WellSky Aging and Disability case management software to maintain electronic client records and to collect required data on Title III funded services

Annual surveys are completed at the program level to receive feedback on a per program basis for Title III funded services to ensure services are effective and impactful to each individual.

Data elements are collected via WellSky which provides data to assure OAA Title III funded services are focused on at-risk populations including older individuals with the highest social and economic needs. The following chart provides evidence of EAAA’s commitment to focus the provisions of Title III services to those with the highest socioeconomic needs:

| Targeting Criteria | Target Population | Total Population | | Service Population | |
|------------------------|----------------------------|------------------|--------|--------------------|--------|
| Greatest Social Need | Persons Age 85+ | 6,076 | 7.25% | 741 | 9.72% |
| | Rural | 26,398 | 31.50% | 5,481 | 71.87% |
| | Lives Alone | 15,476 | 18.47% | 2,199 | 28.84% |
| | Race/Ethnicity (Non-White) | 3,963 | 4.73% | 146 | 1.91% |
| Greatest Economic Need | At or Below Poverty Level | 4,878 | 5.82% | 2,329 | 30.54% |

B. Remediation

EAAA provides various remediation processes for OAA funded services to ensure compliance with federal and state regulations and ensure the accuracy of reported data. EAAA has procedures in place to perform regular quality assurance checks regarding data accuracy and collection methods. Required data for Title III funded services are audited on a monthly basis to ensure accurate data collection.

Key Topic Areas

A. Older American Act (OAA) Core Programs

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

EAAA is dedicated to continue to strengthen Title III services. These Older American Act programs under Title III include:

Title III-B services – adult day care, transportation, case management, chore services, health promotion and disease prevention, homemaker services, information and assistance, legal assistance, outreach, personal care, and other services.

Title III-C services – congregate meals, home delivered meals, nutrition counseling, and nutrition education.

Title III-D services – all evidence-based disease prevention and health promotion services, which include programs related to physical fitness, medication management, fall prevention, arthritis, and chronic pain.

Title III-E services – information for caregivers about available services, assistance to caregivers in gaining access to services, caregiver training and education, support groups, and respite care.

EAAA has numerous strategies to strengthen these OAA core programs over the next four years. These are laid out in detail within the next section of this plan. Examples of the strategies include outreach methods to target older individuals in the greatest social and/or economic need to connect these individuals to these core programs and services, improve local partnerships in rural communities to provide services, improve screening and referral processes for food insecurity and malnutrition to refer at-risk older individuals to other available nutrition programs and services, and to grow programming for unpaid family care partners who are culturally, regionally and/or socially underserved.

EAAA will continue collaboration with the Senior Community Service Employment Program (SCSEP) by hosting program participants at EAAA sites, partnering to develop and train older individuals to re-enter the workforce. EAAA will encourage participants to find employment, whether it be internally within EAAA or externally.

B. COVID-19 and Disaster Preparedness

COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created a national awareness of the impact of social isolation on older adults and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network; drove rapid innovation and creation of new approaches that will endure beyond recovery; and increased awareness of the need to plan for future disasters.

EAAA learned extensively throughout the pandemic and took part across the state developing innovative practices to increase access to services throughout Eastern Maine. We have prepared procedures and a plan if another public health emergency takes place, including a Business Continuity Plan (BCP) and emergency preparedness procedures. Moving forward EAAA is dedicated to regularly reviewing this information and updating it as necessary.

EAAA continues to provide resources regarding immunizations, promoting up to date vaccines as part of evidence based health promotion programs.

C. Equity

Serving individuals with the greatest economic and social needs means ensuring equity in all aspects of plan administration. Eastern Maine provides challenges due to the vast size of the service area, as well as the high percentage of rural communities. Ensuring services and programs are accessible to all older Mainers and their care partners, especially those with the Greatest Social Need and Greatest Economic Need is vital for our communities.

EAAA's plan is to develop and open Access Points in strategically placed locations within each of the four counties to provide local access to services and programs provided through the Older Americans Act to those living in rural parts of Eastern Maine. These Access Points will provide these services through EAAA staff, volunteers, and through local partnerships developed within each community.

Our partner for nutrition services, contracted to provide meals, is committed to providing appropriate nutritious meals to older adults throughout Eastern Maine. They have developed a menu that meets federal standards that can meet numerous medically tailored diets to ensure healthy meals are available that can meet individual needs.

D. Expanding Access to HCBS

Home and Community Based Services make it possible for older adults to age in place and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services.

EAAA is dedicated to ongoing training and education with staff and volunteers to ensure they are aware of resources and supports for community-based, long-term care services for older adults who reside at home and are at risk of institutionalization. The Aging and Disability Resource Center Specialists are trained to assess and help older adults navigate Maine's complex state system.

We are a direct service provider for Meals on Wheels and Evidence Based Programs through Section 19 – Home and Community Benefits Waiver and Section 63 – Home-Based Supports and Services for Older and Disabled Adults.

EAAA also continues to partner with the large healthcare systems in our PSA, including Northern Light, St Joseph's Hospital, and Penobscot Community Health Center. The partnerships focus on the integration of health, health care, and social services systems.

E. Caregiving

EAAA, with funding through federal Congressionally Directed Spending, is developing Access Points. By having Access Points in rural communities, a focus will be enhancing services and supports for caregivers. At the Access Points, EAAA staff and/or volunteers will offer Powerful Tools for Caregivers. Powerful Tools for Caregivers is Evidence Based and focuses on two groups, family caregivers and the adults with chronic conditions they are caring for. As highlighted on the Powerful Tools for Caregivers website, research studies find high rates of depression and anxiety among caregivers and increased vulnerability to health problems. Caregivers frequently cite restriction of personal activities and social life as problems. They often feel they have no control over events, and that feeling of powerlessness has a significant negative impact on caregivers' physical and emotional health. This six-week class will provide caregivers in EAAA's service area with the tools they need to support their loved ones while they maintain good physical, mental and emotional health for themselves. "Research studies find high rates of depression and anxiety among caregivers and increased vulnerability to health problems. Caregivers frequently cite restriction of personal activities and social life as problems. They often feel they have no control over events, and that feeling of powerlessness has a significant negative impact on caregivers' physical and emotional health. In the years since the program began, extensive research, evaluation and revision has been done to ensure its continued value and success." (www.powerfultoolsforcaregivers.org/what-we-do/) Caregivers who complete this course will not only be in better condition for themselves, but be better equipped to care for their loved ones struggling with chronic conditions.

In partnership with the Alzheimer's Association – Maine Chapter, EAAA staff and/or volunteers will be trained to offer additional Education Programs and Support Groups at the Access Points.

EAAA will continue to expand the use of TCARE. Powered by high-tech and human touch, TCARE's tailored, data-driven care plans assess and address identity discrepancy to provide caregivers with the right interventions at the right time to reduce their burnout risk. The interventions will also include state and federally funded respite programs.

Goals, Objectives, Strategies & Outcomes

Goal 1: Support older Mainers and their care partners to remain active and healthy in their communities of choice.

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

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

Strategy #1: Educate new volunteers on the Aging and Disability Resource Center during the onboarding process.

Outcome: Track new volunteers, make this part of our onboarding process.

Strategy #2: Utilize various outreach methods and target those in greatest social need, greatest economic need, underserved populations and/or the community organizations who work with them.

Outcome: Increase targeted outreach to underserved populations by 1% each year.

Strategy #3: Provide awareness of the Maine Access Navigator Tool to screen for Social Determinants of Health (SDoH) and receive appropriate referrals to ADRCs.

Outcome: Increase targeted outreach to underserved populations by 1% each year.

Strategy #4: Participate in the Medicaid Administrative Claiming (MAC) process within Maine's No Wrong Door System to identify all Medicaid reimbursable ADRC activities.

Outcome: Expanded capacity within EAAA's ADRC to provide enhanced access services.

Strategy #5: Participate in trainings and/or update procedures to meet statewide standardization regarding ADRC screening and referrals.

Outcome: Updated procedures and screening tools implemented.

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

Strategy #1: Participate and provide input in statewide trainings on Case Management Services and person-centeredness.

Outcome: The number of staff that participated in statewide trainings.

Strategy #2: Incorporate updates provided by OADS in EAAA policies, procedures, and training.

Outcome: Review and update procedures and standards at least once a year.

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

Strategy #1: Screen for the need for In-Home Services to make appropriate referrals.

Outcome: Track the number of people screened and/or educated on services through Call Topics.

Strategy #2: Improve partnerships with local organizations and volunteers that provide In-Home Services.

Outcome: Increase the number of persons and/or units provided beyond baseline FFY 2022 service year levels.

Strategy #3: Enhance outreach, recruitment, and retention of volunteers for the availability of In-Home Services.

Outcome: Increase the number of volunteers and/or volunteer hours provided.

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

Strategy #1: Partner with state and local organizations to support cultural experiences, activities, education, and services.

Outcome: Increased number of partnerships with local community centers and organizations.

Strategy #2: Continue to provide virtual options while recognizing the need for in-person options.

Outcome: Number of virtual socialization opportunities for older adults.

Strategy #3: Increase opportunities for socialization, enrichment, and lifelong learning programs.

Outcome: Increased type and frequency of social engagement activities.

Title III C: Nutrition Services

Objective 1.5 Improve the nutritional health status of older Mainers.

Strategy #1: Improve screening and referral processes for food insecurity and malnutrition to identify older individuals at risk to ensure appropriate referrals based on need to supplemental nutrition programs (SNAP, Senior Farms Market Nutrition Program (SFMNP), CSFP, etc.) that addresses access to healthy food.

Outcome: Track the number of people screened and/or educated on services through Call Topics.

Strategy #2: Increase access to healthy meals in a Congregate setting in rural areas within our PSA.

Outcome: Increase the number of consumers in rural areas by 1% per year.

Strategy #3: Increase access and referrals to other OAA services, including In-Home Services for meal preparation and grocery shopping and Evidence Based Programs such as falls prevention programs to reduce risk of falling, for older individuals at risk for food insecurity and malnutrition.

Outcome: Increased number of referrals to other OAA services (In-Home Services and Evidence Based Programs).

Strategy #4: Strengthen client choice through increasing the availability of meal options.

Outcome: Number of meal options available.

Strategy #5: Improve screening and access to culturally appropriate and medically tailored meal considerations to the maximum extent practicable.

Outcome: Number of consumers who received tailored meals based on culture and medical needs.

Title III D: Evidence Based Programs

Objective 1.6 Promote and maintain participation in Evidence Based Programs.

Strategy #1: Promote evidence-based health and wellness programs through a variety of outreach methods.

- Outcome: Increase targeted outreach by 1%
- Strategy #2: Improve partnerships and/or volunteerism for increased access to evidence-based programs in underserved areas.
- Outcome: Increase the number of volunteer hours provided.
- Strategy #3: Promote and partner, when appropriate and feasible, to provide education and/or offer health screenings and immunizations.
- Outcome: Number of opportunities provided.
- Strategy #4: Continue virtual delivery options for evidence-based programs.
- Outcome: Number of virtual options.
- Strategy #5: Improved tracking of individual completion rates of evidence-based programs.
- Outcome: Increased individual completion rates of evidence-based programs.

Title III E: Care Partner Services

- Objective 1.7 Improve awareness of available services for unpaid family care partners through outreach, education, and promotion of programs.
- Strategy #1: Provide educational information to both unpaid care partners and the Aging Network on: RAISE Act Advisory Councils recommendations, the National Technical Assistance Center on Grandfamilies and Kinship Families, and best practices related to caregiver support.
- Outcome: Increase targeted outreach for unpaid family care partners by 1%
- Strategy #2: Improve partnerships with organizations for public awareness of available programs and services for unpaid family care partners.
- Outcome: Increase targeted outreach for unpaid family care partners by 1%
- Objective 1.8 Include and engage unpaid family care partners in the planning and provision of aging services and programs.
- Strategy #1: Expand use of standardized care partners assessments in the development and implementation of person-centered care plans.
- Outcome: Number of assessments completed.
- Strategy #2: Participate in ongoing training for case management best practices, including trauma-informed, focused on the needs of family care partners and incorporate into agency procedures.

Outcome: Number of staff participated and update procedures and standards at least once a year.

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

Strategy #1: Improve partnerships with local organizations to expand access for family care partners.

Outcome: Increased community partner promotions and marketing through agency newsletter and social media.

Strategy #2: Grow programming for unpaid family care partners who are culturally, regionally, and/or socially underserved.

Outcome: Increased number of services offered in rural communities.

Strategy #3: Participate and provide input to streamline eligibility requirements and processes for care partners programs.

Outcome: Number of staff participated.

Assistive Technology

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

Strategy #1: Participate in assistive technology basics training module for Maine's Aging Network direct service staff.

Outcome: Number of staff participated to increase staff knowledge of assistive technology.

Strategy #2: Partner with MaineCITE to offer access to assistive technology demonstrations.

Outcome: Number of demonstrations provided.

Strategy #3: Promote available assistive technology resources through information and assistance services.

Outcome: Track the number of people screened and/or educated on the resources through Call Topics.

Advocacy

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

Strategy #1: Engage in leadership activities to address ageism at the individual, interpersonal, institutional, and systemic levels.

- Outcome: Number of committees' and/or activities leadership staff is actively involved in.
- Strategy #2: Promote and partner with communities and age-positive efforts to reframe aging.
- Outcome: Number of age positive partnerships.
- Strategy #3: Promote advocacy services provided by the Maine Long Term Care Ombudsman Program through information and assistance services.
- Outcome: Track the number of people screened and/or educated on the program through Call Topics.
- Strategy #4: Support capacity building initiatives to strengthen Maine's aging and disability service networks at the local level through advocacy and participation in leadership activities.
- Outcome: Number of committees' and/or activities leadership is actively involved in.

Integration

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

- Strategy #1: Participate in annual cross training for Maine's Aging Network and formal LTSS providers to increase awareness about available OAA, Medicaid, and state funded home and community-based services among provider networks.
- Outcome: Number of staff trained.
- Strategy #2: Dissemination of information and activities regarding public health and disease prevention.
- Outcome: Increase targeted outreach by 1%.
- Strategy #3: Education of public benefits, such as the Medicare Savings Program, to reduce poverty among older adults.
- Outcome: Increase targeted outreach by 1%.
- Strategy #4: Promote public health benefits of age-positivity.
- Outcome: Increase targeted outreach by 1%.

Title III & Title V Coordination

Objective 1.13 Maintain collaboration between Maine's Aging Network and Title V Senior Community Services Employment Programs to improve the financial well-being of unemployed, low-income older adults seeking employment.

- Strategy #1: Continue to provide training opportunities to participants through community service assignments.
- Outcome: Number of A4TD participants hosted by EAAA each year.
- Strategy #2: Communicate with regional Title V contact as requested to discuss assignment opportunities.
- Outcome: Number of communications.
- Strategy #3: Encourage and assist participants to find employment at the completion of the employment program.
- Outcome: Number of participants assisted in employment opportunities, both internally and/or with community partners.

Title III & Title VI Coordination

Objective 1.14 Enhance collaboration between Maine's Aging Network and Title VI Programs to better facilitate Title III and VI Coordination and expand services and access to Maine's Native American elders and family care partners.

- Strategy #1: Meet with Title VI Director to determine how to improve partnerships with Title VI providers.
- Outcome: Number of meetings / communications between EAAA and Title VI providers.
- Strategy #2: Increase outreach to Title VI recipients.
- Outcome: Increase targeted outreach for by 1%.

Emergency Preparedness

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

- Strategy #1: Provide emergency preparedness information and resources to older Mainers and family care partners.
- Outcome: Track the number of people screened and/or educated on resources through Call Topics.

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

- Strategy #1: Provide, per OADS request, agency emergency preparedness plans annually to ensure the incorporation of best practices and responsiveness to emerging issues, such as climate events and active shootings.

Outcome: Updated based on any required action items from OADS.

Strategy #2: Continually update emergency preparedness information for emerging issues including climate events and active shootings.

Outcome: Review and update the Business Continuity Plan at least once a year.

Goal 2: Ensure Maine’s aging services and programs are accessible to all older Mainers and their care partners with emphasis on individuals with the Greatest Social Need and Greatest Economic Need.

Partnerships

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

Strategy #1: Continue building and strengthening partnerships with organizations who serve older adults experiencing homelessness, LGBTQ+ older adults, older islanders, tribal communities, and older veterans.

Outcome: Increase outreach to underserved populations by 1%.

Strategy #2: Participate in the Cabinet on Aging’s Community Connections Pilot Initiative to strengthen community-based navigation services and access to services.

Outcome: Collect required data to report on outcomes and complete the pilot.

Strategy #3: Participate in training opportunities developed by community-based organizations focusing on the needs of older individuals with the Greatest Social Need.

Outcome: Number of trainings completed.

Trauma-Informed Services

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

Strategy #1: Participate in training on person-centered, trauma-informed care to improve service delivery using a holistic approach.

Outcome: All Aging and Disability Resource Center and Family Care Partner staff are trained in person-centered, trauma-informed care by FFY 2027.

Strategy #2: Incorporate person-centered, trauma-informed care training into internal policies and procedures.

Outcome: Training on person-centered, trauma-informed care is included in the onboarding process for new Aging and Disability Resource Center and Family Care Partner staff by FFY 2028 and procedures and standards are updated at least annually.

Screening for Brain Injury

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

Strategy #1: Provide outreach to family care partners, including kinship care partners, about brain injury information and resources.

Outcome: Increase outreach by 1%.

Outcome: Track the number of people screened and/or educated on resources through Call Topics.

Program Monitoring

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

Strategy #1: Complete quality assurance checks to ensure accurate capture of demographic information.

Outcome: Improved demographic information in FFY24-FFY26 State Performance Report, over FFY 2022 baseline levels.

Strategy #2: Monitor service type and frequency among older individuals by demographic characteristics.

Outcome: Number of quality review checks completed.

Appendix A: Assurances & Required Activities

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

Older Americans Act Assurances, Sec. 306, Area Plans

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove

barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

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

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

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

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

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

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

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

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

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

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

Date

Tabatha Caso

Executive Director

Eastern Area Agency on Aging

Date

Jaime Rogers

President, Board of Directors

Eastern Area Agency on Aging

Appendix B: Public Hearing Comments

A public notice was posted on the EAAA website, emailed to our mailing list and added to our regular newsletter. EAAA held public hearings on:

May 28th – Virtual Public Hearing

May 30th – Milo, ME Public Hearing

June 4th – Brewer, ME Public Hearing

June 6th – Brooksville, ME Public Hearing

Public comments were made virtually through comments in the chat function, provided publicly at each site and in written form through email. Below are all public comments received with responses provided by Eastern Area Agency on Aging:

Q: Thank you for your presentation. One thing mentioned here was the need for rides to the meals. Is that a possibility?

A: There are various transportation options available for non-medical needs throughout our four county service area. Reach out to our Resource Specialists to learn about options available to you in your area.

Q: Any plans to make your phone system more user friendly for the elderly?

A: There is currently an Aging Network Initiative to provide ongoing funding to restructure the Aging and Disability Resource Programs statewide. The goal is to better support access and assistance to older adults. However, last year our Resource Team provided over 14,000 calls. The Initiative funding provides funds to hire one additional staff, but without significant additional funding, the volume of calls outweighs the capacity of our Resource Team.

Q: Does EAAA have programs for those who need caregivers so that their caregivers can get away for an hour or two?

A: Yes, Caregiver Respite provides adult family members or other informal caregivers services and supports to take care of a loved one at home and allows for self-care. Call our Resource Team to determine if you meet the eligibility requirements.

Q: Thank you for letting me on the Zoom yesterday. It was very informative. I'm VP of the Board for Habitat for Humanity, we get calls from older people for repairs that we don't always have resources for so it's good to know that your organization may be able to help in some instances. I do think it's beneficial for so many reasons for older people to be able to stay in their homes for as long as they can and our programs help with that.

A: Thank you for attending! We look forward to your referrals and we will continue to refer individuals to all of your services as well.

Q: Years ago they switched to providing frozen meals. In my situation, there were so many ladies that lived up there by themselves and I was the only person they would see regularly. It was such a shame to switch to the frozen meals.

A: Last year we provided meals to 1,275 qualified individuals. We currently have a waitlist of over 180 older adults to receive home delivered meals. Although we do wish we could provide a hot meal each day to every one of our consumers, it would cost us significantly more money and volunteer

time to do so. This would result in our waitlist expanding as we would need to reduce the number of individuals we serve. Due to the size of our service area, we could not logistically deliver to all individuals daily. As such, to ensure we serve as many individuals as possible, we choose to provide frozen meals.

Q: What do you consider to be rural?

A: Based on the State of Maine's Department of Health and Human Services Chapter 6, Section 5 – Nutrition Services Program, a Rural Area means a type of developed environment in which the consumer lives as defined by the rural-urban commuting area (RUCA) codes defined at the zip code level.

Q: Does your outreach plan include Legal Services for the Elderly and does that go beyond estate planning?

A: When we educate on Legal Services, we refer individuals to Legal Services for Maine Elders. They provide free, high quality legal services to people who are 60 and older when their basic human needs are at stake and advocate for people facing challenges accessing Medicare benefits. In the Maine State Plan on Aging, in Objective 3.1, Strategy #1, specifically provides outreach and education on the availability of legal assistance programs.

Q: If you go into a veteran's home, are you going to offer help to them with application processes?

A: Any individual needing assistance completing applications can call our Aging and Disability Resource Center.

Appendix C: Board of Directors

EAAA Board of Directors 2023-2024

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Appendix D: Current Services by County

While core OAA services are currently offered in each county, there are service gaps within each county due to lack of infrastructure, increased costs, availability of volunteers and rurality.

List of Current Older Americans Act Services Provided by EAAA in FY23

| Name of Program | Description | Number of Consumers Served | Number of Service Units | Counties |
|----------------------------------|---|----------------------------|-------------------------|---|
| Congregate Dining | Delicious meals and socialization for older adults. | 251 | 3,894 | Hancock Penobscot Piscataquis Washington |
| Evidence-Based Wellness Programs | Wellness program support for older adults living well and aging well in their communities. | 78 | 1,749 | Hancock Penobscot Piscataquis Washington |
| Caregiver Services | Support and education to individuals caring for loved ones – including Alzheimer’s disease / dementia. | 517 | 1,689 | Hancock Penobscot Piscataquis Washington |
| Home-Delivered Meals | Meals on Wheels provided to older adults 60 years of age or older who are homebound and unable to leave their residence without assistance; unable to prepare a meal and have no one available to prepare a meal. | 1,275 | 163,878 | Hancock Penobscot Piscataquis Washington |
| Information and Assistance | Office appointments, home visits and telephone calls linking individuals with available services. | 7,175 | 16,952 | Hancock Penobscot Piscataquis Washington |
| Medicare Counseling | Empowering, educating and assisting Medicare-eligible individuals, their families and caregivers through objective outreach and counseling to help them make informed health insurance decisions that optimize access to care and benefits. | 2,703 | 4,240 | Hancock Penobscot Piscataquis Washington |

Appendix E: Direct Service Waivers

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Care Partner Training (Care Partner)

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Family Caregiver Support Services provides Care Partner Training to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, Chapter 5, Section 75. As required, EAAA has designated a minimum of one full-time equivalent staff, qualified through education and/or experience, to the Family Caregiver Support Program. Through EAAA, Care Partner Training, is offered by staff and volunteers, either in person or virtually, to our PSA. When offered in person, the Care Partner Trainings are held at an EAAA site or donated locations, such as local libraries. EAAA works with the Powerful Tools for Caregivers, located at Iowa State University, to ensure all staff and volunteers have gone through the appropriate training process to provide support groups. The Care Partner Trainings are publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

Older adults in rural Eastern Maine face extreme transportation challenges. Consistent dependable access to Care Partner Training must be available to Care Partners of Older Adults throughout EAAA's territory. Provision of Care Partner Training services is mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972.

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

Please explain why:

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

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

EAAA is requesting a waiver to be the direct service provider for Care Partner Training to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months.

As much as possible EAAA does Volunteer MOU's with other Community Partners to provide Care Partner Support Groups. For example, the Ellsworth Library has allowed one of their staff to become an EAAA volunteer to provide it on-site in Ellsworth. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

Signature _____ Date _____

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

Click here to enter a date.

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

B. REQUEST STATUS:

Approved:

Rejected:

Pending:

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

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

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2025-2028

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Congregate Meals

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Nutrition Program provides congregate, social contact and access to other services to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, chapter 6 section 5. EAAA conducts Nutrition Education, as well as a variety of outreach and community education programs at the congregate sites. The services are managed at EAAA by a full time Nutrition Director, as required. EAAA operates and supports 6 congregate dining sites in Eastern Maine as of April 2024. These are volunteer staffed dining rooms. The Nutrition Program manages a volunteer force of over 200 dedicated volunteers, who work together to provide a high level of service and information to older adults throughout EAAA's 13,000 square miles. The Nutrition Program is publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers and television spots.

Older adults in rural Eastern Maine face extreme transportation challenges. It is critical that consistent, dependable access to food is available to older adults throughout EAAA's service area. Congregate meals in their own communities allow older adults to receive a nutritious meal, as well as vital information and services distributed by EAAA's network of staff and volunteers.

Provision of Congregate Meals services is mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972. Currently, EAAA works with an outside vendor to prepare hot meals for older adults in Eastern Maine.

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

Please explain why:

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

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

EAAA is requesting a waiver to be the direct service provider for Congregate Meals to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

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

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Health Promotion and Disease Prevention

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's receives Title IIID Funding for Health Promotion and Disease Prevention to eligible persons as described by the Older Americans Act. The services are managed at EAAA by a full-time Community Services Director. EAAA uses Title IIID Funding to employ a Program Coordinator. This Program Coordinator is a Master Training for several Evidence-Based Health Promotion and Disease Prevention Programs. There is not enough funding to subcontract or hire additional staff. Instead, EAAA's Program Coordinator partners with volunteers and community based organizations to train their staff and volunteers to provide the service in the rural areas.

There are limited amounts of community-based wellness classes that are focused specifically on adults age 50 or older. EAAA is ideally suited to develop trainings and partnerships, leverage facilities and volunteers, and market the growing array of evidence-based healthy aging programs and enrichment and wellness activities that will enable aging adults to stay healthy, manage their chronic disease better, and reduce the incidence of falls.

The programs are publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots. Older adults in rural Eastern Maine face extreme isolation. Consistent dependable access to enrichment programs, exercise classes, and meals must be available to older adults throughout EAAA's territory.

Provision of Health Promotion and Disease Prevention services are mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972. Currently, EAAA has several volunteers and partnerships that help provide these services.

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

Please explain why:

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

EAAA is requesting a waiver to be the direct service provider for Health Promotion and Disease Prevention Programs to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

Signature

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

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Home Delivered Meals

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Nutrition Program provides home delivered meals, social contact, and access to other services to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, Chapter 6, Section 5. The services are managed at EAAA by a full-time Nutrition Director, as required. Through EAAA Home Delivered Meals are available in 155 communities in Eastern Maine. Most of the delivery routes, packing, and distribution activities are completed by volunteers and operate out of donated and rented spaces. The Nutrition Program manages a volunteer force of approximately 200 dedicated people, who work together as a network to provide a high level of service and information to older adults throughout EAAA's 13,000 square mile service area. The Nutrition Program is publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

Older adults in rural Eastern Maine face extreme transportation challenges. Consistent dependable access to food must be available to older adults throughout EAAA's territory. Home Delivered Meals allow older adults to receive nutritious meals, as well as, vital information and services distributed by EAAA's network of staff and volunteers. Over 90% of individuals receiving Home Delivered Meals are at high nutritional risk based on Determine Risk Scores, indicating the true need for access to nutritious meals to older adults, especially in the rural communities throughout Eastern Maine.

Provision of Home Delivered Meals services is mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972. Currently, EAAA works with an outside vendor alongside two other Agencies on Aging in Maine to provide frozen, prepared meals to older adults in Eastern Maine.

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

Please explain why:

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

EAAA is requesting a waiver to be the direct service provider for Home Delivered Meals to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

Signature

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

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

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2025-2028

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Nutrition Counseling

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Nutrition Program provides nutrition counseling and access to other services to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, Chapter 6, Section 5. The services are managed at EAAA by a full-time Nutrition Director, as required. Through EAAA Nutrition Counseling is available to all individuals receiving nutrition services (Congregate or Home-Delivered Meals) and is at a high risk for malnutrition. Nutrition Counseling is provided by a Registered Dietitian to promote individualized nutrition education based on the current needs and obstacles of that individual older adult. The Nutrition Program manages a volunteer force of approximately 200 dedicated people, who work together as a network to provide a high level of service and information to older adults throughout EAAA's 13,000 square mile service area. The Nutrition Program is publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

As of 2020, the Administration for Community Living (ACL), estimated that nearly 50% of all older adults are malnourished. As such, providing not only access to healthy, nutritious foods, but also education on how to increase the overall nutrition level of day to day eating is vital. With the challenges older adults face in rural Eastern Maine, it is critical to provide education, as well as meals, to older adults throughout EAAA's territory. This education also allows EAAA to provide vital information and services distributed by EAAA's network of staff and volunteers.

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

Please explain why:

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

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

EAAA is requesting a waiver to be the direct service provider for Home Delivered Meals to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

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AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2025-2028

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Nutrition Education

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Nutrition Program provides nutrition education and access to other services to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, Chapter 6, Section 5. The services are managed at EAAA by a full-time Nutrition Director, as required. Through EAAA Nutrition Education is available to all individuals receiving nutrition services (Congregate or Home-Delivered Meals) on a monthly basis. Nutrition Education is prepared and provided by Registered Dietitians to promote healthy living, primarily through promoting a well balanced diet and the benefit of various foods. The Nutrition Program manages a volunteer force of approximately 200 dedicated people, who work together as a network to provide a high level of service and information to older adults throughout EAAA's 13,000 square mile service area. The Nutrition Program is publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

As of 2020, the Administration for Community Living (ACL), estimated that nearly 50% of all older adults are malnourished. As such, providing not only access to healthy, nutritious foods, but also education on how to increase the overall nutrition level of day to day eating is vital. With the challenges older adults face in rural Eastern Maine, it is critical to provide education, as well as meals, to older adults throughout EAAA's territory. This education also allows EAAA to provide vital information and services distributed by EAAA's network of staff and volunteers.

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

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

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

EAAA is requesting a waiver to be the direct service provider for Nutrition Education to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

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Maine Department of Health and Human Services

AREA AGENCY ON AGING
DIRECT SERVICE WAIVER REQUEST FOR 2025-2028

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Senior Center Activities

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Supportive Services Program provides Senior Center Activities to eligible persons as described by the Older Americans Act. The services are managed at EAAA by a full-time Community Services Director. EAAA has a Community Center in Brewer called the Durgin Center. The Durgin Center is a welcoming space for older adults in the community to enjoy enrichment programs, exercise classes, socialization, educational speakers, and meals. The Durgin Center has a large dedicated classroom and there is ample parking with public bus line service right to the front door. The Durgin Center vision is to provide a vibrant center that will address the ever-growing needs of the expanding population of older adults by giving them a communal, friendly, and safe space to socialize, stay active, and engaged in life as they age.

In addition to the Durgin Center, EAAA has "Access Points" in rural communities to offer similar activities. Whenever possible EAAA subcontracts or uses volunteers to provide these services. At times activities at the Durgin Center are zoomed in to the rural sites. This stretches the same services significantly across EAAA's 13,000 square mile service area. The programs are publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

Older adults in rural Eastern Maine face extreme isolation. Consistent dependable access to enrichment programs, exercise classes, and meals must be available to older adults throughout EAAA's territory.

Provision of Senior Center services is mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972. Currently, EAAA has several volunteers and partnerships that help provide these services.

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

Please explain why:

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

EAAA is requesting a waiver to be the direct service provider for Senior Center Services to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

Signature

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

B. REQUEST STATUS:

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Rejected:

Pending:

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

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

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

SECTION I. Eastern Area Agency on Aging

5/15/2024

A. AGENCY NAME: Eastern Area Agency on Aging

B. DIRECT SERVICE DESCRIPTION: Direct Provider of Care Partner Support Groups (Care Partner)

C. SPECIFIC SERVICE NEED:

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

EAAA's Family Caregiver Support Services provides Care Partner Support Groups to eligible persons as described by the Older Americans Act and Office of Aging and Disability Services Policy Manual, Chapter 5, Section 75. As required, EAAA has designated a minimum of one full-time equivalent staff, qualified through education and/or experience, to the Family Caregiver Support Program. Through EAAA, Care Partner Support Groups, are offered by staff and volunteers, either in person or virtually, to our PSA. When offered in person, the support groups are held at an EAAA site or donated locations, such as local libraries. EAAA works with the Alzheimer's Association of Maine to ensure all staff and volunteers have gone through the appropriate training process to provide support groups. The Care Partner Support Groups are publicized through the agency brochure, website, e-newsletter, health fairs, community education presentations, local newspapers, and television spots.

Older adults in rural Eastern Maine face extreme transportation challenges. Consistent dependable access to Support Groups must be available to Care Partners of Older Adults throughout EAAA's territory. Provision of Care Partner Support Group services is mandated by the Older Americans Act. EAAA has supported this service in Eastern Maine since 1972.

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

Please explain why:

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

EAAA is requesting a waiver to be the direct service provider for Care Partner Support Groups to ensure an adequate supply of service over the 13,000 square mile service area. There are no other providers available to cover the entire region. In addition, EAAA has secured a line of credit that allows the agency to continue to provide services even when federal contracts and payments are delayed for up to 2 months.

As much as possible EAAA does Volunteer MOU's with other Community Partners to provide Care Partner Support Groups. For example, the Ellsworth Library has allowed one of their staff to become an EAAA volunteer to provide it on-site in Ellsworth. EAAA recently advertised a Request for Proposals for all Title III services. EAAA will review any inquiries made and discuss all agency, state and federal guidelines required for specified services and programs. If a direct service waiver is determined to no longer be needed, EAAA will communicate with OADS of new partnerships and contracts to local service providers.

Signature

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Maine Department of Health and Human Services