



**Central Maine Area Agency on Aging  
d/b/a Spectrum Generations**

**AREA PLAN on AGING**  
for Fiscal Year 2025 through Fiscal Year 2028  
October 1, 2024 – September 30, 2028

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**VERIFICATION OF INTENT**

The Area Plan on Aging is hereby submitted for the Central Maine Planning and Service Area for the period FY (Fiscal Years) 2025 through FY 2028. It includes all assurances and plans to be followed by Spectrum Generations 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gerard L. Queally  
President & CEO  
Spectrum Generations

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

\_\_\_\_\_  
Terry Reddy  
Chair, Advisory Council  
Spectrum Generations

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Karen Foxwell  
Chair, Board of Directors  
Spectrum Generations

## Table of Contents

|  |    |
|--|----|
| VERIFICATION OF INTENT .....   | 2  |
| EXECUTIVE SUMMARY .....  | 3  |
| CONTEXT .....  | 6  |
| NEEDS ASSESSMENT .....   | 8  |
| QUALITY MANAGEMENT .....   | 11 |
| KEY TOPIC AREAS.....   | 11 |
| <b>1. Older Americans Act (OAA) Core Programs</b> .....                            | 12 |
| <b>2. Emergency Preparedness</b> .....   | 12 |
| <b>3. Equity</b> .....   | 12 |
| <b>4. Expanding Access to Home and Community-Based Services (HCBS)</b> .....       | 13 |
| <b>5. Caregiving</b> .....   | 13 |
| <b>GOALS, OBJECTIVES, STRATEGIES, PERFORMANCE MEASURES, AND<br/>OUTCOMES</b> ..... | 14 |
| AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES .....                                 | 25 |

### **EXECUTIVE SUMMARY**

Spectrum Generations’ (SG) home office is in Augusta, Maine. Its corporate name is Central Maine Area Agency on Aging and was incorporated in 1972 and began operations in 1973 as a designated Area Agency on Aging authorized by the Federal Older Americans Act (OAA). It is a private, non-profit 501(c)(3) organization.

Spectrum Generations works collaboratively on statewide issues and projects with the other four Area Agencies on Aging in the state, with Maine's Office of Aging and Disability Services (OADS) and the Maine Council on Aging (MCOA).

For more than 50 years, Spectrum Generations (SG) has operated as the non-profit Central Maine Area Agency on Aging and as an Aging and Disability Resource Center. It provides dozens of services and programs for older and disabled adults, including those funded under Title III of the Older Americans Act (OAA) through the State Unit on Aging. SG has an annual operating budget of over \$18 million and has eight locations throughout its catchment area with programs operating out of six community resource centers and two offices. Its *mission* is to promote and advance the well-being and independence of older and disabled adults, with the support of their care partners, to live in their community of choice. Spectrum Generations carries out its mission with a singular *principle* of “delivering excellence through accountability” and by living the *core values* of Cohesion, Respect, Collaboration, Professionalism, Dependability, Integrity, Solutionary, Innovation, Boldness, and Competence.

Every four years, or as directed by the Office of Aging and Disability Services (OADS), Spectrum Generations engages in comprehensive and ongoing planning to meet the needs of persons aged 60 and over in its Planning and Service Area (PSA), which includes Kennebec, Knox, Lincoln, Sagadahoc, Somerset, and Waldo Counties and the communities of Brunswick and Harpswell in Cumberland County.

Spectrum Generations began the development of this comprehensive plan to address the evolving needs of older adults in our region, ensuring their well-being, independence, and quality of life. By understanding the challenges and opportunities faced by our aging population, this plan aims to provide a framework for effective and efficient delivery of services and support.

At Spectrum Generations we believe aging adults, adults with disabilities, and care partners (caregivers) in Maine should have full access to the supports and services needed for self-fulfillment, to live a healthy life as defined by the individual, and to be free of barriers to reach their full potential. To this end, our purpose is to be an important and influential community partner, serving older and disabled adults and their care partners, by providing full access to information and a network of services and supports that address social needs, facilitate informed decision making, and enable the most meaningful participation in all aspects of life.

We believe older and disabled adults have the right to oversee their lives with as many options as possible, regardless of their age or disability, and therefore incorporate person-centeredness as frequently as possible. We understand that care partners have a special need for information and support as they strive to keep their loved ones at home. Advocacy for the rights and needs of older individuals and care partners is central to our mission and everything we do. Through implementation of this Area Plan, we will meet the broad range of needs of Central Maine's older and disabled adults by strengthening our network and connecting people to resources.

With this as our foundation, the overarching aim of Spectrum Generations' 2025-2028 Area Plan is to develop a plan of action to position and tailor Older Americans Act Title III services to meet the future support needs of our aging population, and their care partners, in central and mid-coast Maine communities. This plan is also to serve as an instrument for advocacy when social, economic, and policy issues beyond the scope of Older Americans Act Title III resources impede successful mission accomplishment.

In 2000, the percentage of Maine's population that was 65 and older was 14%, which has grown to 22.5% according to the American Community Survey one-year 2022 population estimates. While eight states had more than 20% of their population over age 65, Maine continues to have the oldest median age in the country at 45.1 years. While every county in Maine saw an increase in people over age 65, Cumberland, Knox and Sagadahoc Counties had notable increases for Central Maine at 8% to 9% in the three years between 2019 and 2022.

Maine's total population is projected to increase 0.9% from 2020 to 2025 and an additional 1.7% from 2025 to 2030. However, the age 65 and older cohort is expected to see growth of over 36% from 2020 to 2030 as the youngest Baby Boomers age into this cohort. Maine's working age population (20-64) is projected to decrease by 5.3% from 2020 to 2030, as the Baby Boomer generation continues to age out of the workforce and into retirement. In 2020, this generation was between 56-74 years old. In 2030, this generation will be 66-84 years old.

This means that demand for older adult goods and services will continue to increase. Maine's Long-Term Services and Supports (LTSS) will face additional stress while workforce volume and the resources it creates decreases. We all saw during the pandemic that workforce volume had a direct impact on the supply and availability of goods and services, and we have heard our communities reflect the daily personal pain this causes.

Spectrum Generations felt these market challenges directly, particularly in efforts to maintain adequate levels of Direct Care Workers. But by facing these challenges, Spectrum Generations also learned how to identify and capitalize on new opportunities. Technology was used in innovative ways to deliver services and meet consumer needs. Resources were shifted to align with community demands and relationships were leveraged to increase partnerships and volunteer services to record levels.

In the face of unplanned adversity and conflict, the established mission, vision, values, and principles of Spectrum Generations served as a beacon to successfully guide the organization to success through spontaneous re-application of skills and abilities. While the world was locked down, Spectrum Generations advanced, boldly challenging the emerging barriers that attempted to disconnect us from the people we serve. Our doctrine is now tried-and-true, and the foundation of our future success.

## **CONTEXT**

Under DHHS (Department of Health and Human Services) Rule 10-149, Chapter 5, Section 30.07, the Maine Department of Health and Human Services (DHHS) Office of Aging and Disability Services (OADS) directed all 5 AAA's (Area Agencies on Aging) to submit an Area Plan on Aging for the period of October 1, 2024, through September 30, 2028. The five Area Plans will be utilized parallel to the Maine State Plan on Aging.

The Area Plan is to convey a clear understanding of the current and future service and support needs of each region's older residents, and the issues, challenges and opportunities facing Maine's aging population. The plan creates direction, documents efforts, and outlines tangible outcomes. It is a blueprint for service coordination and advocacy activities that will help the organization leverage additional resources and accomplish its mission.

Under the context of the Area Plan, the following services are supported by Older Americans Act Title III funded Area Plan activities:

Nutrition services: Home-delivered meals and congregate meals are provided directly by Spectrum Generations and sub-contracted where it contributes to increased capacity at a lesser cost. Home-delivered meals are sub-contracted for Knox County and in the town of Jackman in Somerset County. Congregate dining is provided by Spectrum Generations at two locations and by sub-contract at a co-location. Nutrition education is provided monthly; Nutrition Counseling is offered on an individual basis.

Aging and Disability Resource Center services (Access and Supportive Services): Provided at eight locations across central and mid-coast Maine (four community centers, three resource centers, and one administrative office), a centralized staff person provides all information assistance and referrals. Staff located at the seven community centers provide supportive services including bill paying services, insurance support, outreach, and public education. Through subcontracts, Spectrum Generations provides in-home support; personal care, adult day programming, transportation, chore and homemaker services. Money Minders, a homemaker service, is provided by Spectrum Generations direct service.

Care partner and Respite services: Provided by staff at all eight locations, with services including options counseling, support groups, information and referral, and respite reimbursement and coordination.

Health Promotion: Provided under Spectrum Generations' statewide Community Care Hub, Healthy Living for ME<sup>®</sup>, connects community

providers, volunteers, and paid staff leaders with health systems, health plans, and community-based organizations to provide evidence-based health and wellness programming and address social determinants of health.

**Community Center Activities:** Operating eight sites including four community centers, two regional centers where services are co-located with other senior service providers, one resource center, and one administrative office. Community centers provide supportive services, congregate dining and adult day and community support programs (at three locations), and act as a hub for home-delivered meal coordination and evidence-based and non-evidence-based programs and activities to engage older adults to combat social isolation and feelings of loneliness.

**Legal Services:** Provided via sub-contract to Legal Services for Maine's Elders.

**Advocacy and Public Education:** Title III supports work and advocacy with the legislature, local leadership officials, municipalities, and organizations including the Maine Council on Aging (MCOA), US Aging, and public relations firms. It also supports public awareness, including presentations, education, media, and community engagement activities.

Through entrepreneurial spirit, Spectrum Generations capitalizes on resources and opportunities inherent to mission-focused service delivery to ensure the stability of Spectrum Generations and the services it delivers. So, in addition to and separate from Area Plan programs, Spectrum Generations provides the following fee-for-service programs which enhance the availability of options, resources, independence, and choice without any loss or diminution of quality or quantity of Older American Act programs.

**Bridges Home Services:** Personal Support Services (non-skilled home care), assistive technology and personal emergency response systems, four Adult Day programs which operate simultaneously with four community support programs, and an in-home supports program for older adults and adults with intellectual and/or developmental disabilities.

**Targeted Case Management:** Long-term case management services for individuals with intellectual and/or developmental disabilities.

**Supportive Services:** Staff provide support to health systems and insurers by providing assessments and short-term case management services which impact the health of the population by identifying an individual's health-related social needs and addressing them to positively influence the individual's social determinants of health. Spectrum Generations believes and has heard from the community that this is a valuable and desired service, but it is currently inaccessible to many due to gaps in Maine's current case management system. Spectrum Generations advocates for dedicated state and/or federal funding for this service.

Healthy Living for ME® (HL4ME®) is Maine’s Community Care Hub (CCH); the CCH is made up of local organizations, health systems, and volunteers who work together to empower individuals to take charge of their health. Already within the network is capability and capacity for short-term complex case management, care transitions, meal delivery, mental health education, behavioral activation interventions, chronic condition management, and falls prevention and fitness education.

HL4ME provides key social determinants of health (SDoH) access functions for complex care for older and disabled adults such as coordination of information and referral, screening, care coordination, care transitions, eligibility and enrollment and person-centered planning. The growing HL4ME network consists of multiple community-based organizations (CBO) coordinating or participating at various levels to create and respond to an increasing demand from health sector organizations that seek services and supports at volumes, scopes, and geographic areas larger than any single CBO can typically meet.

Maine-ly Delivered Meals and Maine Pine Catering are two SG programs that provide non-OAA funded home-delivered meals, community dining, private event hosting/catering, and meeting catering both on and off-site to raise additional resources to support consumers. Spectrum Generations also offers insurance funded Medically Tailored Meals and Medical Nutrition Therapy.

## **NEEDS ASSESSMENT**

The Office of Aging and Disability Services (OADS) contracted the Catherine Cutler Institute (CCI) at the University of Southern Maine (USM) to provide a statewide needs assessment which included research, virtual focus groups, and surveys. Spectrum Generations hosted one of those virtual focus groups at our Muskie Community Center in Waterville so that those in our catchment area without computer access could participate. In addition, Spectrum Generations held six of its own focus groups to gain a deeper perspective of the needs of consumers in our specific service area. Spectrum Generations also conducted its own survey, focusing on current consumers instead of the community at large. Additionally, Spectrum Generations’ Advisory Council identified areas of concern to older adults and adults with intellectual and developmental disabilities and brought in experts in each subject area to inform the council of the extent of the need in the community and current available resources to address those needs. This led to discussion of how these topics can intersect with this Area Plan. These topics included dental care/oral health, system navigation, transportation, socialization, and Alzheimer’s/dementia.

The following are key findings from the needs assessments.

Needs of older and disabled adults:

- Inflation Relief



- Healthcare, Benefit, Service Access, and Continuity of Care
- Stable Housing, Home Repair, and Chores
- Transportation for Appointments and Socialization
- Food Security and Culturally Relevant Foods
- Care Partner Needs and Direct Care Workers
- Support to Access Technology and Address Isolation and Feelings of Loneliness
- Oral Healthcare
- Emotional and Physical Safety

Barriers to getting help:

- Inflated costs of goods and services required to meet basic needs
- Difficulties navigating complicated, unreliable, reluctant, and self-centered healthcare and social service systems
- Lack of available Direct Care Workers
- Lack of availability of/awareness of access to information and “no wrong door” service entry
- Ageism and discrimination as experienced by older LGBTQI+ adults

Strengths noted in assessment:

- Community Centers (where available, those who utilize find extremely valuable)
- Relationship-based services
- Telehealth options (broadly defined and for those who use technology)
- Safe and reliable communities
- Available food security programs including Meals on Wheels

Opportunities noted in assessment:

- Building trust into services
  - Removing stigma and knowing how to interact with older adults and care partners
- Supporting socialization in communities
- Creating diverse options to improve ease of access to services
- Prevention and navigation can prevent crisis

Other data points of note from statewide assessment:

- There were no respondents aged 95 or older
- Income decreases with advancing age
- Loneliness increases with advancing age
- Over 75% of older adults under 75 use the internet to get information, while most adults 85 and older rely on their healthcare provider as their main source of information on services
- Income correlates to health status, with lower incomes having poorer health status
- Nearly 60% of respondents were female
- Most respondents are not interested in workshops or classes about health

- Many complaints about healthcare, benefits and services had to do with systems-level issues
- 23% had concerns about their memory

The statewide survey was distributed in several ways. First, it was distributed by mail to a sample of 15,000 individuals aged 55 and older. This random sample frame was obtained from Dynata and included names, addresses, and phone numbers when available. 3,000 records were requested from each of the five geographical areas. Those who received the mail survey were given the option of completing the paper survey and returning it in a postage paid envelope or accessing an online (Qualtrics) version using the provided QR code or link. So, to capture data from those with the *Greatest Social and Economic Needs*, Spectrum Generations conducted its own paper survey focusing on current home-delivered meals consumers. This was done to gain insight on the needs of Older Americans Act Title III consumers and to be a representation of this population. This consumer-targeted survey often replicated the Catherine Cutler Institute’s statewide assessment questions to analyze response variations between the broad spectrum of older adults at large and older adults being served. The margin of error for this focused survey was 8%. Notable variations between Statewide 55+ survey and Spectrum Generations survey are as follows:

| <b>Survey item</b>  | <b>SG Survey</b> | <b>Statewide 55+ Survey</b> |
|---|------------------|-----------------------------|
| Lives alone   | 67%              | 31%                         |
| Aged 75 or older  | 59%              | 37%                         |
| Native American or Alaskan Native   | 2%               | 0%                          |
| Multiracial   | 2%               | 0%                          |
| Did not graduate High School  | 18%              | 3%                          |
| Household income less than \$20,000   | 54%              | 16%                         |
| Difficulty finding information  | 48%              | 25%                         |
| Uses Internet to get information  | 43%              | 72%                         |
| No internet access  | 32%              | 8%                          |
| No difficulty meeting needs because of transportation                           | 49%              | 95%                         |
| Needs help finding or arranging transportation                                  | 21%              | 4%                          |
| Cultural or language difficulties have prevented getting help                   | 9%               | 1%                          |
| Affordability has prevented getting help (of those who did not get needed help) | 53%              | 22%                         |
| Experiencing more difficulty because of the COVID-19 pandemic                   | 70%              | 43%                         |
| Telemedicine has made access to services easier                                 | 24%              | 70%                         |
| Physical health is fair to poor   | 55%              | 15%                         |
| Sometimes to always feels lonely or disconnected                                | 65%              | 26%                         |
| Fallen in the past 6 months   | 40%              | 19%                         |

|   |     |     |
|---|-----|-----|
| Tooth or mouth problems                           | 36% | 12% |
| Owens home  | 55% | 87% |
| Has called or looked SG up online for information | 57% | 7%  |

Spectrum Generations also referenced the Elder Economic Security Standard™ Index, Cutler Institute’s 2022 report Adult Day Services in Maine, US Aging’s national AAA Survey, the United Way’s 2021 Report to the Community, the National Alzheimer’s Association’s 2024 Alzheimer’s Disease Facts and Figures Special Report and the Rural Community Health Improvement Partnership (R-CHIP) Community Readiness Assessment. The latter two highlight a stark need for care navigation services.

## **QUALITY MANAGEMENT**

Quality management of service programs encompasses three functions: data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement. Spectrum Generations will achieve this by regular monitoring of the services provided. This will include service levels and frequency, consumer and staff experience, and adherence to compliance guidelines. Service-level data will include the number and percentages of different demographic groups of people and organizations receiving services, along with the percentage of overall population and the percentage of people with the greatest economic and social need formed by each demographic group. Ongoing quality management activities will produce the following 7 core outcomes:

1. Enhanced Program Efficiency
2. Quality Assurance and Standards Compliance
3. Increased Accountability and Transparency
4. Improved Service Coordination
5. Stakeholder Confidence and Support
6. Continuous Improvement and Innovation by Operational Design
7. Healthy Outcomes from Positive Experiences (HOPE)

Performance Measures highlighted in this plan are designed to monitor progress toward these outcomes but are not meant to be all inclusive. The performance measures are the mile markers on the path we have chosen. The outcomes are the destination we know and the ideal we must always strive for. To accomplish the outcomes in this plan, Spectrum Generations will adapt to ever-changing needs for modernization, advocacy, strategic positioning, data collection, and analysis.

## **KEY TOPIC AREAS**

The Administration for Community Living identified key topic areas to incorporate into Area Plans. These key topic areas were outlined by the ACL (Administration for Community Living) in their most recent guidance for developing plans. This

memorandum, Letter #02-2019, serves as a guide for plans created on or after October 1, 2022. The guidance within this memorandum reflects changes to the Older Americans Act (OAA) as codified through the Supporting Older Americans Act of 2020 (P.L. 116-131). This legislation reauthorized the OAA and its programs from federal fiscal year (FFY) 2020 through 2024. This guidance is also consistent with current Administration priorities as reflected in various Presidential Executive Orders and other priority-setting documents. The key topic areas identified by the ACL contain various areas of progress to address, incorporated into the Goals and Objectives directed by OADS and, where applicable, incorporated locally in Strategies and Performance Measures. The following is the list of 5 key topic areas with a summary of each.

### **1. Older Americans Act (OAA) Core Programs**

OAA core programs are found 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. All core programs must be addressed in State and Area Plans.

This plan, as it pertains to core programs, aims to coordinate Title III programs for a more efficient social services/long-term care system, to focus on special populations that have been historically underserved, to leverage core program resources to make impacts in areas of social need, and to strengthen and expand Title III programs.

### **2. Emergency 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 care partners, and increased awareness of the need to plan for future disasters. It also transformed the aging network, drove rapid innovation and the creation of innovative approaches that endure beyond recovery, and increased awareness of the need to plan for future disasters. Spectrum Generations has remained committed to emergency preparedness by maintaining an up-to-date Continuity of Operations Plan (COOP) and maintaining communications with Emergency Management Agencies. Spectrum Generations will build on this commitment into the future.

### **3. Equity**

Spectrum Generations is committed to making services accessible to every eligible person in the counties served, specifically individuals with the Greatest Social and Economic Need. Accomplishing this will be done by ensuring equity in all aspects of plan administration from governance to service delivery. This means ensuring all policies and procedures support participant-directed/person-centered services and encourage representation and participation of people of different genders, races, ethnicities, religions, ages, sexual orientations, disabilities, and classes.

Equity means access for all by considering individuals' starting points and unique needs. As we strive to accomplish equity, we must acknowledge and confront barriers to access

that are inherent to society and the systems and policies of federal and state government. For example, the ACL acknowledges that NSIP (Nutrition Services Incentive Program) funding rules make purchasing culturally inclusive items more difficult<sup>1</sup>. So, navigating complex systems is not only a service we provide to consumers, but also how we must accomplish operational goals. It also must be plainly noted here that, regardless of demographic grouping, poverty status is the single most crucial factor in gaining access to goods and services. Facilitating access to achieve equity and mission success are co-dependent and therefore a focus of this plan.

#### **4. Expanding Access to Home and Community-Based Services (HCBS)**

Within this context, HCBS is a broad term including services and organizations within a comprehensive system (of which, Spectrum Generations is an important, influential, and leading participant). Spectrum Generations is on the front lines of securing, coordinating, and promoting opportunities for individuals to receive in-home and community-based long-term care services. Essential to these activities is the ongoing effort to foundationalize a better system for Mainers through the ongoing development and promotion of Healthy Living for ME<sup>®</sup>, Maine's Community Care Hub. This explicitly includes working towards the integration of health, health care, and social services systems, increasing the capacity of Maine's AAAs, and efforts to pursue, attain, and deliver services through contractual arrangements.

#### **5. Caregiving**

Nationally, the value of unpaid care partners is approaching \$1 trillion (about \$3,100 per person in the US) dollars per year, but there is a disconnect from this to local care partners who do not feel socially valued or recognized<sup>2</sup>. This was a common theme that emerged from focus groups in Central Maine. It is, in part, the role of the AAA to provide care partners with the reassurance and recognition they need in addition to the tangible goods and services they already receive. This will be an increasingly important objective, as care partners acutely feel all the other economic, social, and systemic problems highlighted in and addressed by this plan.

Many care partners of older adults are themselves growing older. According to the National Family Caregiver Support Program, the average care partner of a recipient 65 years of age or older is 63 years old. Of these care partners, one third report having fair to poor health<sup>3</sup>. To support these individuals - and in turn the distressed HCBS systems that family care partner efforts reinforce - Spectrum Generations must work to maintain the

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<sup>1</sup> Administration for Community Living (ACL), NSIP and Domestically Produced Food FAQ, retrieved from <https://acl.gov/sites/default/files/nutrition/NSIP.DomesticallyProducedFoodsFAQ.pdf>, 6/4/24

<sup>2</sup> "\$600 billion estimate for 2021 is up from \$479 billion in 2017 and continues a 25-year trend of increasing economic value", Susan C. Reinhard, AARP Public Policy Institute, Selena Caldera, AARP Public Policy Institute, Ari Houser, AARP Public Policy Institute & Rita Choula, AARP Public Policy Institute, Valuing the Invaluable 2023 Update: Strengthening Supports for Family Caregivers, Published March 8, 2023, retrieved from <https://www.aarp.org/pri/topics/ltss/family-caregiving/valuing-the-invaluable-2015-update.html>, 6/4/24

<sup>3</sup> Family Caregiver Alliance, Caregiving Statistics: Demographics, (C) 2016, retrieved from <https://www.caregiver.org/resource/caregiver-statistics-demographics/>, 6/4/24

momentum of increased family care partner support that has developed over the last three years.

## **GOALS, OBJECTIVES, STRATEGIES, PERFORMANCE MEASURES, AND OUTCOMES**

Based on the findings and recommendations from the statewide needs assessment, the following goals and objectives were developed in collaboration with the state unit on aging and the five area agencies on aging. The goals and objectives listed below are mostly shared between this state plan and the area plans of the five area agencies on aging.

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

**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.*

Additionally, OADS created the following goal for Legal Services for Maine Elders (formerly Legal Services for Elderly) and the Long-Term Care Ombudsman Program to create Objectives and Strategies. As a result, Spectrum Generations will not directly address the following goal in this plan but will also continue to support Legal Services for Maine Elders and the Long-Term Care Ombudsman Program. Spectrum Generations will also continue to provide funding to Legal Services for Maine Elders.

**Goal 3** – *Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.*

Within each goal there is a set of Objectives. Each Objective has Strategies, Performance Measures, and Outcomes. As OADS directed the use of the preceding goals, OADS also directed the use of the Objectives herein. OADS also tasked AAAs with using Strategies and Performance Measures that support the Strategies and Outcomes created for the State Plan on Aging. Spectrum Generations recognizes the limitations and boundaries of its OAA statutory authority, and the funding received under the Older Americans Act. The goals and objectives outlined below are one part of the larger network made up of public and private partnerships that advance the needs of older individuals and their family care partners. Spectrum Generations’ role is to lead the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the planning and service area.

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

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

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

#### **Strategies**

1. Support the Maine Access Navigator Tool (MANT) by promptly responding to referrals and tracking service outcomes.
2. Increase data analysis and public communication of outreach and other services provided to Greatest Social Need and Greatest Economic Need populations.
3. Continue to engage with Ethnic Community Based Organizations (ECBOs) to offer culturally competent access services.
4. Implement the Medicaid Administrative Claiming (MAC) process within Maine's No Wrong Door System to identify all Medicaid reimbursable ADRC (Aging & Disability Resource Center) activities.
5. Reach the oldest Maine Elders by conducting public educational activities focused on healthcare centers and providers to provide information on available services.

#### **Performance Measures**

- # of MANT referrals
- # of contacts and services provided to Greatest Social Need and Greatest Economic Need Populations
- # of partnerships with organizations focused on Greatest Social Need and Greatest Economic Need Populations
- % of ADRC staff wages reimbursed by MAC
- # of staff trained on the Firewall Delineation Policy

#### **Outcomes**

- Short-term: Increased accountability of the utilization of ADRC resources.
- Intermediate: Improved compliance and efficiency of ADRC services.
- Long-term: New revenue streams to support additional service quantity, quality, and/or compliance measures.

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

#### **Strategies**

1. Formalize Social Care Coordination Standard Operating Procedures and unit pricing methodologies.
2. Provide staff with training on Trauma-Informed Care Principles and participate in OADS-developed trainings on Case Management Services and person-centered best practices.
3. Delineate in service data the difference between stand-alone Case Management Program Services and Case Management activities performed while coordinating other established programs like Meals on Wheels.
4. Advocate for and explore funding for Case Management Services.
5. Where feasible and appropriate, include screening for depression and/or suicide risk.

### Performance Measures

- # and type of Case Management Service units
- # of staff trained
- # of advocacy activities

### Outcomes

- Short-term: Up-to-date unit pricing and formalized service methodologies
- Intermediate: Improved service quality
- Long-term: Sufficient funding for Case Management Services

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

### Strategies

1. Document and analyze referrals made to external organizations and providers.
2. Shift resources and organizational structure as needed to align with compliance requirements, community needs, and best practice models for the delivery of In-Home Services
3. Improve partnerships with organizations that provide In-Home Services.

### Performance Measures

- # of referrals made to external organizations and providers
- Amount of funding (direct and indirect) spent on In-Home Services
- # of organizations supported by III B funding for In-Home Services
- # of Consumers served In-Home Services

### Outcomes

- Short-term: Increased referrals to providers of In-Home Services beyond baseline FY22 service year levels.
- Intermediate: Increased number of persons and units provided In-Home Services annually beyond baseline FY22 service year levels.
- Long-term: Increased AAA effectiveness.

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

### Strategies

1. Partner with local organizations to support cultural, intergenerational, and mental health focused experiences, activities, and services.
2. Continue to provide virtual and in-person socialization activities.

### Performance Measures

- # of activities and non-evidence-based Health and Wellness Education units
- #% of virtual offerings

### Outcomes

- Short-term: Maintained number of virtual and in person socialization opportunities for older adults.



- Intermediate: Increased number of partnerships with local community centers and organizations.
- Long-term: Decreased isolation and feelings of loneliness.

*Title III C: Nutrition Services*

***Objective 1.5 Improve the nutritional health status of older Mainers.***

**Strategies**

1. Address malnutrition by screening consumers, when feasible and appropriate, and increasing access to other community-based organizations through referrals and partnerships to provide resources to participants who are at risk for food insecurity and malnutrition.
2. Develop data systems in client record database to catalogue food preference characteristics, including medical nutrition needs, BIPOC (Black, Indigenous, People of Color), and culturally competent meals.
3. Include food preference questions, such as medical nutrition needs and BIPOC and culturally competent meals, in all home-delivered meals assessments.
4. Explore partnership opportunities to subcontract or otherwise support culturally sensitive meal needs.

**Performance Measures**

- # of referrals made to other community-based organizations
- # consumers reporting food preferences and type of preference
- #% of satisfied nutrition consumers

**Outcomes**

- Short-term: Increased awareness of and access to supplemental nutrition programs.
- Intermediate: Improved nutrition program quality.
- Long-term: Improved nutritional health status of older Mainers.

*Title III D: Evidence-Based Programs (EBPs)*

***Objective 1.6 Promote and maintain participation in Evidence Based Programs.***

**Strategies**

1. Modernize program offerings by adding at least one new EBP by 2028
2. Promote evidence-based health and wellness programs through a variety of outreach methods.
3. Expand partnerships for EBP (Evidence Based Programs) subcontractors, host sites, workshop leaders, and referral sources.
4. Leverage other programs and services to increase access to EBPs.
5. Where feasible and appropriate, screen for immunization status.

**Performance Measures**

- # of workshop participants
- #% individual completion rate
- # of internal referrals
- # of consumers with services in multiple care programs

### **Outcomes**

- Short-term: Improved awareness of EBPs.
- Intermediate: Greater access to EBPs.
- Long-term: Improved health and reduced falls for older adults.

#### *Title III E: Care Partner Services*

#### ***Objective 1.7 Improve awareness of available services for unpaid family care partners through outreach, education, and promotion of programs.***

### **Strategies**

1. Provide public education targeting all generations, using testimonials and other methods, to inform both current and future unpaid care partners of available programs and services.
2. Explore partnerships and alternative organizational structures to increase care partners public education.
3. Include messaging in care partner public education that conveys family care partner appreciation.
4. Review recommendations from the RAISE Family Caregiver Advisory Council, as well as the National Technical Assistance Center on Grandfamilies and Kinship Families and implement them if feasible.

### **Performance Measures**

- # of care partner public education activities
- # of individuals reached through care partner public education
- # of total care partners served

### **Outcomes**

- Short-term: Increased number of public education activities targeted to current and future unpaid care partners.
- Intermediate: Increased awareness of care partner resources, as shown by increased participation in OAA and state funded care programs over FY22 baseline levels.
- Intermediate: Increased number of care partners served.

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

### **Strategies**

1. Utilize trauma-informed and person-centered approaches in the delivery of care partner services.
2. Gather feedback from unpaid family care partners on the experiences of caregiving through surveys, focus groups, or other means.
3. Include care partner representation on the Advisory Council.

### **Performance Measures**

- % of care partner satisfaction

- # of care partners served

### Outcomes

- Short-term: Improved care plans for both individuals accessing care and their care partners.
- Intermediate: Care partners receive support and services that best meet their individual needs.
- Long-Term: Better integration of care partners in all aspects of care delivery.

### *Objective 1.9 Expand access to programs, services, and support to unpaid family partners.*

#### Strategies

1. Follow and continue to serve, as best able, current Respite for ME consumers after funding for the program concludes and participants are discharged.
2. Target public education for unpaid family care partners who are culturally, regionally, and/or socially underserved.

#### Performance Measures

- # of Current Respite for ME care partners receiving services after program conclusion
- # of public education activities delivered to culturally, regionally, and/or socially underserved populations

### Outcomes

- Short-term: Provision of programming to family care partners from diverse backgrounds.
- Intermediate: Improved care partner program quality.
- Long-term: Maine care partners are better resourced.

### *Assistive Technology*

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

#### Strategies

1. Where feasible and appropriate, assess consumer needs for assistive technology hardware, software, and services.
2. Participate in and provide constructive feedback on assistive technology training modules from MaineCITE and/or OADS.
3. Include innovations in assistive technology in agency newsletters or other forms of public education.

#### Performance Measures

- # of consumers receiving assistive technology
- # of public education activities that include assistive technology
- # of staff trained in assistive technology

### Outcomes

- Intermediate: Increased AT services and referrals to AT providers.
- Long -term: Increased number of older adults who can engage in activities with increased independence.

### *Advocacy*

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

##### **Strategies**

1. Provide training on or otherwise inform the Community Engagement Team and direct service staff on ageism at the individual, interpersonal, institutional, and systemic levels.
2. Empower consumers to self-advocate and influence policy through the democratization of information.
3. Partner with local communities to strengthen age- and dementia-friendly efforts.
4. Advocate for, and provide information on the importance of, dental care and oral health for older adults.

##### **Performance Measures**

- # of trainings or other activities on the topic of ageism
- # of public hearings, policy events, or other advocacy issues promoted
- # of connections made with local age- and dementia-friendly initiatives.

##### **Outcomes**

- Short-term: Increased staff knowledge of ageism.
- Intermediate: Strengthened community partnerships across the state that engage in age- and dementia-friendly strategies.
- Long-term: Policies and procedures reflect age-positive language and values.
- Long-term: Older adults are valued and included in all aspects of community life.

### *Integration*

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

##### **Strategies**

1. While maintaining compliance with the 2024 OAA Final Rule regarding contracts and commercial relationships, maintain current contracts and seek new opportunities to partner with health systems, insurance companies, and other stakeholders of healthcare integration.
2. Provide opportunities to promote public benefits, such as the Medicare Savings Program, to reduce poverty among older adults.

##### **Performance Measures**

- # of public health topics discussed with consumers

##### **Outcomes**

- Short-term: Better collaboration across all sectors to improve the well-being of older individuals.
- Intermediate: Increased resources available to address social determinants of health.
- Long-term: Improved health outcomes.

*Title III & Title V Coordination*

***Objective 1.13 Maintain collaboration between Maine’s Aging Network and Title V Senior Community Service Employment Programs (SCSEP) to improve the financial wellbeing of unemployed, low-income older adults seeking employment.***

**Strategies**

1. Continue to provide training opportunities to SCSEP participants through community service assignments.

**Performance Measure**

- # of participating SCSEP participants

**Outcomes**

- Short-term: Older adults receive meaningful workplace training and experience.
- Intermediate: Older adults transition from training to employment.
- Long-term: Improved financial freedom, security, and personal satisfaction among older adult workers.

*Title III & Title VI Coordination*

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

**Strategies**

1. Participate in educational opportunities to enhance understanding of tribal elders’ needs and Title VI services.
2. Complete outreach to Wabanaki Public Health & Wellness to share resources, and governance or advisory volunteer opportunities.
3. Share Title VI resources and/or access information with Title III Native American consumers.

**Performance Measures**

- # of attended educational opportunities regarding the needs of tribal elders
- # of Public Education services provided to Wabanaki Public Health & Wellness
- % of Title III Native American provided information

**Outcomes**

- Short-term: Enhanced knowledge and awareness among tribal elders and staff of available services and support.
- Intermediate: Greater access to services for tribal elders.
- Long-term: Improved health and wellness of tribal elders.

## *Emergency Preparedness*

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

### **Strategies**

1. Continue to engage, receive information from, and inform regional Emergency Management Organizations of Spectrum Generations consumer population needs and Spectrum Generations services provided.
2. Disseminate information on emergency preparedness through public education opportunities.

### **Performance Measures**

- # of contacts with EMAs (Emergency Management Agency)
- # of public education activities on emergency preparedness

### **Outcomes**

- Short-term: Increased awareness of emergency preparedness information among older Mainers.
- Long-term: Improved health outcomes of consumers during emergencies.

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

### **Strategies**

1. Continue to annually update Spectrum Generations' Continuity of Operations Plan (COOP).

### **Performance Measures**

- # of annual updates to COOP

### **Outcomes**

- Short-term: Increased preparation for emergencies and disasters.
- Intermediate: Improved responses to emergencies and disasters.
- Long-term: Improved health outcomes of consumers during emergencies.

**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.***

### **Strategies**

1. Continue building and strengthening partnerships with ethnic-based community organizations to provide culturally and linguistically appropriate services.
2. Coordinate with the state Cabinet on Aging's Community Connections Pilot Initiative to strengthen community-based navigation services and access to services for age- and dementia-friendly initiatives.
3. Explore training opportunities developed by community-based organizations focusing on the needs of older individuals with Greatest Social or Economic Need.

### **Performance Measures**

- # of partnerships and contacts with organizations focusing on the needs of individuals with the Greatest Social and Economic Needs
- # of referrals from age- or dementia-friendly initiatives
- % of Greatest Social or Economic Need consumers served

### **Outcomes**

- Short-term: Strengthened relationships with community-based organizations serving individuals with Greatest Social or Economic Need.
- Intermediate: Increased number of services provided to older adults of Greatest Social or Economic Need.
- Long-term: Improved health outcomes for older individuals with the Greatest Social or Economic Need.

### *Trauma-Informed Services*

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

### **Strategies**

1. Provide training on person-centered, trauma-informed care.
2. Incorporate evidence-based practices in the delivery of aging services, based on knowledge about the role of trauma.

### **Performance Measures**

- # trainings utilized by staff on trauma-informed care approaches
- # of staff trained in trauma-informed care approaches

### **Outcomes**

- Short-term: Staff are more knowledgeable about trauma-informed approaches to service delivery.
- Intermediate: Service delivery system integrates knowledge about trauma into policies, procedures, practices, and services.
- Long-term: Improved health outcomes for consumers who experience post-traumatic stress.

### *Screening for Brain Injury*

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

**Strategies**

1. Where feasible and appropriate, participate in OADS' initiatives to implement National Association of State Head Injury Administrators' (NASHIA's) Online Brain Injury Screening and Support System (OBISSS) within Maine's Aging Network.
2. Provide outreach and education about brain injury information and resources.
3. Provide outreach and education about Title III services to organizations focused on brain injury care.

**Performance Measures**

- # of brain injury screenings
- # of public education activities about brain injuries

**Outcomes**

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

*Program Monitoring*

***Objective 2.4 Evaluate the effectiveness of Spectrum Generations' programs and services in offering choice and meeting the needs of older adults with the Greatest Social and Greatest Economic Needs.***

**Strategies**

1. Utilize improvements to data collection methods, thereby improving data analysis and synthesis to communicate the organization's relationships with older adults with the Greatest Social Need and Economic Needs.
2. Identify benchmark goals of services delivered to older adults with the Greatest Social and Economic Needs and operationally respond as needed.

**Performance Measures**

- % of consumers served with the Greatest Social and Economic Needs.
- % of services provided to individuals with the Greatest Social and Economic Needs.

**Outcomes**

- Short-term: Aging Network staff are more knowledgeable about the importance of collecting accurate demographic information.
- Intermediate: More accurate reporting and monitoring of program performance designed to meet the needs of older individuals with Greatest Social and Economic Needs.
- Long-term: Improved health outcomes for individuals with the Greatest Social and Economic Needs.



## **AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES**

Spectrum Generations (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 <sup>23</sup> 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.

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Date

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Gerard L. Queally  
President & CEO  
Spectrum Generations

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Date

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Karen Foxwell  
Chair, Board of Directors  
Spectrum Generations