



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

2012 - 2016

AREA PLAN

June 2012

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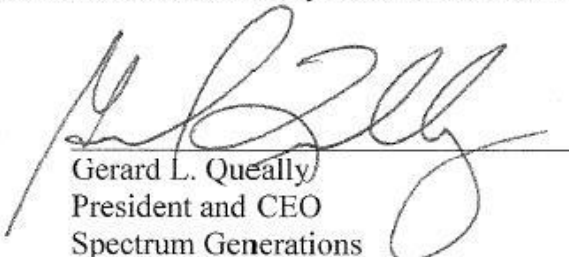
VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Central Maine Region for the period FY 2012 through FY 2016. It includes all assurances and plans to be followed by the Central Maine Area Agency on Aging (d/b/a Spectrum Generations) under provisions of the Older Americans Act (OAA), as amended during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

June 4, 2012

(Signed)


Gerard L. Queally
President and CEO
Spectrum Generations

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

June 6, 2012

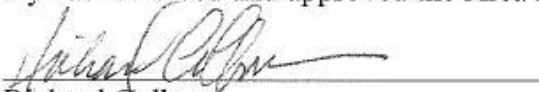
(Signed)


Grace Durgin,
Chairperson
Spectrum Generations Senior Advisory Council

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

June 9, 2012

(Signed)


Richard Colburn
Chairperson
Spectrum Generations Board of Directors

SPECTRUM GENERATIONS MISSION

The promotion of life-long learning, health, wellness, nutrition, community engagement and social well-being of all older and disabled adults.

SPECTRUM GENERATIONS VALUES

Dignity: We believe that each person possesses inherent nobility and worth that demands a natural respect. We are committed to each consumer's right to choose what they need to live a complete and healthy life.

Professionalism: Our staff and volunteers are the essential strength of our services. Our staff and volunteers are well trained and of excellent character. As a learning organization, our staff will employ proven methods and will aspire to the highest standards in providing services to our consumers.

Integrity: We expect to be accountable to the consumers and communities we serve. Spectrum Generations adheres to highest ethical standards in its work and relationships. We will work hard to earn the complete trust and confidence of our consumers, their families and the greater community each and every day. We will always be a conscientious steward of the financial resources entrusted to us by the federal and state government, philanthropic institutions and organizations, and individual donors.

EXECUTIVE SUMMARY

SPECTRUM GENERATIONS' home office is located at One Weston Court, 2nd Floor, 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 Elder Services (OES) and the Maine Council on Aging.

Spectrum Generations engages in ongoing planning to meet the needs of persons age 60 and over in its Planning and Service Area (PSA), which includes Kennebec, Somerset, Lincoln, Waldo, Sagadahoc and Knox Counties and the communities of Brunswick and Harpswell in Cumberland County. Every four years, or as directed by the Office of Elder Services, this ongoing planning is focused in a comprehensive area plan which assesses the needs of elderly persons in the PSA and then develops goals, objectives and strategies for meeting those needs.

Spectrum Generations began the development of this area plan with this premise:

The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level enables a person to live a more physically and socially healthy life.

With that thesis as our foundation, the overarching aim of the 2012-2016 Spectrum Generations' Area Plan was to develop a detailed plan of action to position our Older American Act Title III services to meet the future support needs of our aging population, their caregivers, and the central Maine community as a whole in order to enable older and disabled adults to age in place.

In developing the current needs assessment, Spectrum Generations used information and data obtained from the following sources:

1. Maine County and State Population Projections 2013-2028, March 2010 Economics and Demographics Team State Planning Office;
2. Maine Elder Services Needs Assessment (a telephone survey performed by Critical Insights between December 19, 2011 and January 2, 2012 of 1,003 Maine citizens 50 years of age or older. 257 respondents to this survey lived in central Maine);
3. University of New England's *Assessment on Aging: Survey and Focus Group Research*, dated March 4, 2012;
4. Focus groups run by Spectrum Generations held at six of our community centers and one focus group held at People Plus in Brunswick. These focus groups covered the entire six counties of central Maine and were attended by a total of 105 older and disabled adults, caregivers, and providers
5. Maine Long Term Care Ombudsman Program's *Personal Experiences with Long Term Care Services and Supports*, dated January 2012;

From this information, we learned much about the daily challenges central Maine older and disabled adults encounter and how we can do better in planning and providing services.

Maine is the oldest state in the nation. In 2013 it is estimated that 17.81% of central Maine's population will be over 65 years of age and 41.54% will be over 55 years of age; these percentages are expected to grow to 20.48% and 43.64% respectively by the year 2018.

With this expected growth in central Maine's aging population, Spectrum Generations is committed in offering health, social, educational and other life satisfaction options through our network of seven community centers, our *Elders1* and toll free telephone assistance line, our adult day care, and our in-home assistance service to the homebound. We believe older and disabled individuals have a right to be in charge of their lives with as many options as possible, regardless of their age or disability. We understand that caregivers have a special need for information and support as they strive to keep their older loved ones at home. Advocacy for the rights of older individuals and caregivers is part of everything we do.

By implementation of our area plan we will meet the broad range of needs of central Maine's older and disabled adults through information sharing, coaching, and planning; ensuring that all central Maine's homebound adults have access to high quality services and are able to live safely and productively in the community.

Through the area plan process, Spectrum Generations will continue to improve upon our coordination and providing of the following services to aging and disabled adults:

Nutrition

We provide over 850 community dining meals and reach 1,700 Meals on Wheels consumers each week. Meals on Wheels and community dining will be provided through both subcontracts and direct provision. Our programs exceed the required regulations; we are committed to offering fresh and locally grown meals through our We Sustain Maine food program. Our dining environments provide freshly prepared and delicious food and serve as a gateway to holistic, intellectual and interactive lifestyles. Nutrition education and important daily safety checks for Meals on Wheels participants are provided by trained staff and hundreds of dedicated volunteers.

Outreach and Options Counseling

Outreach and Aging and Disability Resource Center (ADRC) services are provided by our trained, compassionate staff based in our seven community centers as well as our corporate office. Face-to-face information and assistance is provided in home and community settings. We help older and disabled individuals receive benefits and participate in publicly supported programs such as state, federal and community resources.

In addition, we are partnering with the Southern Maine Agency on Aging (SMAA) to offer a care transition program in three (Sagadahoc, Lincoln, and Knox) of our six counties. This program, managed by Maine Health, assists seniors on Medicare with safe transitions back into the community after discharge from a medical facility. We serve as a critical link to community resources.

Community Education

Monthly bulletins, tailored by county, are published from our seven community resource centers along with regular press communications, public presentations, our public web site, and our cable television show keeps the community of central Maine informed on how we can help them or their loved one live in their own home and community safely, independently, and comfortably.

Assistance with health insurance issues and educational efforts to battle Medicare and Medicaid fraud and abuse are important components of our community services. Staff and trained volunteers work together to bring these services to the public both one-on-one and at group presentations.

Transportation

Transportation for older and disabled adults who no longer are able to drive a car is available on a limited basis. We advocate for inventive transportation solutions through collaboration and coordination in local communities in an effort to improve options in our rural service area. We will continue to partner with organizations who are transportation experts such as Kennebec Valley Community Action Program (KVCAP) who manage the KV Van service and the Kennebec Explorer bus service and Methodist Conference Home (MCH) who manages Coastal Trans, Midcoast Ride Finder, and the Brunswick Explorer bus service.

Family Caregiver and Alzheimer's Respite Services

Family Caregiver and Alzheimer's respite services are offered through broad community outreach efforts. They include individual counseling with useful information and materials, support groups, respite services, educational seminars, employer efforts, collaboration with healthcare providers, and community partnerships.

Health and Wellness

Programs and services which have been demonstrated to be effective for improving health and well-being, such as *Living Well* and *A Matter of Balance*. These evidence based services are meant to reduce disease and disabilities in older and disabled adults.

Legal Services

Legal Assistance is provided through a subcontract with Legal Services for the Elderly (LSE). We continuously promote LSE's service on our printed and electronic public education materials.

Other Services

We offer three other important fee-for-service programs.

Our Adult Daycare services are offered in four of our community-based locations (Waterville, Hallowell, Skowhegan, and Belfast). These health services include case management, socialization and recreational options through individual care plans.

Our personal care service, called Bridges Help at Home, is provided to adults in our service area who wish to stay at home and/or who wish to recover at home. Bonded, trained, certified Personal Service Specialists who deliver help with bathing, dressing, meal preparation, laundry and companionship. In addition, personal emergency response systems and care management services are available.

Our Community Case Management program is contracted through Maine DHHS and provides person centered case management services to developmentally disabled adults.

SPECTRUM GENERATIONS is committed to provide strong leadership on behalf of the interests of the growing older adult and disabled population and help create an environment that allows a person to live in their own home and community safely, independently, and comfortably, regardless of age, income, or ability level enabling them to live a more physically and socially healthy life.

Context of Area Plan

The Maine Department of Health and Human Services (DHHS), Office of Elder Services (OES) directed each area agency on aging (there are 5 Area Agencies on Aging (AAA) in Maine) under DHHS Rule 10-149 Chapter 5 Section 30.07 to submit an area plan on aging for the years 2012 through 2016. The five area plans will be utilized in the development of a State Plan.

Guidance received from OES directed that 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 network.

The area plan's intended purpose and focus as directed by OES is:

Focus Area A: Older Americans Act (OAA) Core Programs. OAA core 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. The area plan is to describe plans to coordinate with the Title VI Native American programs, and strengthen or expand the Title III & VII services, as well as how they will be integrated with the federal government's Administration on Aging (AoA) discretionary programs addressed in Focus Area B below.

Focus Area B: AoA Discretionary Grants. For each of the following AoA Discretionary Grant programs received, develop measurable objectives that include integration of these programs with OAA core programs above (Focus Area A): Community Living Programs (CLP); Alzheimer's Disease Supportive Services Program (ADSSP); and Evidence-Based Disease and Disability Prevention Program.

Focus Area C: Consumer Control and Choice. Advocate for changes in state policies and programs which support consumer control and choice is recognized as critical focus for area plans. OAA Title VII programs and services are designed to support this effort, and opportunities also exist for maximizing consumer control and choice in Title III and VI programs. The area plan should describe planned efforts (measurable objectives) to support consumer control and choice.

OES directed that each area agency on aging use the following four goals in developing their specific objectives and initiatives that will be implemented over the next four years:

Goal 1 – Empower older people and their families to make informed decisions about, and be able to easily access, existing health and long-term care options.

Goal 2 – Enable older adults to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Goal 3 – Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease and disability prevention programs.

Goal 4 – Protect the rights of older adults, and enhance the response to elder abuse.

In addition, OES directed that each area plan be based primarily on recently conducted research and needs assessments. Each plan was to derive its purpose, methods, outcomes, and suggestions based on (a) qualitative focus group research methodology with older adults and (b) on-line assessment survey tools from caregivers and service providers.

In developing the current needs assessment for central Maine, Spectrum Generations used information and data obtained from the following five sources:

1. Maine County and State Population Projections 2013-2028, March 2010 Economics and Demographics Team State Planning Office;
2. Maine Elder Services Needs Assessment (a telephone survey performed by Critical Insights between December 19, 2011 and January 2, 2012 of 1,003 Maine citizens 50 years of age or older. 257 respondents to this survey lived in central Maine);
3. University of New England's *Assessment on Aging: Survey and Focus Group Research*, dated March 4, 2012. This includes the results of 11 focus groups, an electronic survey for caregivers and an electronic survey of service providers;
4. Focus groups run by Spectrum Generations held at six of our community centers and one focus group held at People Plus in Brunswick. These focus groups covered the entire six counties of central Maine and were attended by a total of 105 older and disabled adults, caregivers, and providers; and
5. Maine Long Term Care Ombudsman Program's *Personal Experiences with Long Term Care Services and Supports*, dated January 2012.

From these five sources, there are a total of six groups of seniors (4), caregivers (1), and service providers (1) from which we learned information about the daily challenges central Maine older and disabled adults encounter and how we can do better in planning and providing services.

Central Maine Population Trends: Maine has the oldest median age in the country and the second-smallest percentage of the population under the age of 18. These two factors all combine to give Maine a rapidly aging population and slow population growth.

The Maine State Planning Office projects in 2013 that an estimated 17.81% of central Maine's population will be over 65 years of age and 41.54% will be over 55 years of age; these percentages are expected to grow to 20.48% and 43.64% respectively by the year 2018.

6 Counties of Central Maine: Projections of the Older Population 2013-2028

Maine Population Outlook 2013-2028, State Planning Office

	2013	2018	2023	2028
age 65+	57,706	66,502	75,811	82,681
age 50+	134,560	141,689	145,218	144,498
age 49<	189,401	183,010	178,551	175,348
65+ as proportion	17.81%	20.48%	23.42%	25.85%
55+ as proportion	41.54%	43.64%	44.85%	45.18%

The Maine State Planning Office data reflects the reality of the aging of the baby boom generation. The baby boom generation is so large that as they enter different life stages, the economy changes to accommodate them. Health care will be one of the industries most affected by the aging of the baby boomers. The challenge this presents includes the demand for health care increasing but the available workforce will be decreasing as baby boomers in health care retire. The general workforce will be impacted the same way – fewer available workers for employers and an aging workforce. Changes in community infrastructure will be a challenge with a decline in residential and commercial tax base in many towns and a shift in service demand to accommodate an aging population.

Critical Insights Survey: The Maine Office of Elder Services commissioned Critical Insights to conduct a telephone poll of 257 households in central Maine with head of household age 50 or older. The survey was done in December 2011 and January 2012 and was part of a 1,003 person survey of the entire state.

Central Maine Survey Demographics:

- Age
 - 50 to 64: 59%
 - 65 to 74: 21%
 - 75 and over: 20%

- Gender
 - Male: 35%
 - Female: 65%

- Number of people currently living in household:
 - One: 23%
 - Two: 60%
 - Three: 11%
 - Four or more: 6%

- Education Level:
 - Did not graduate from high school: 8%
 - Graduated high school: 50%
 - Graduated technical /community college: 5%
 - Graduated college or graduate school: 37%

- Income Level (annual):
 - Under \$10,000: 12%
 - \$10,000 to \$20,000: 10%
 - \$20,000 to \$30,000: 9%
 - \$30,000 to \$50,000: 19%
 - \$50,000 to \$70,000: 9%
 - \$70,000 or more: 16%
 - Don't know/refused: 25%

Highlighted results of the survey answers provided by central Maine residents included:

1. Homecare:

- a. 14% indicated health now limits them in daily activities such as pushing a vacuum cleaner or taking a short walk;
- b. 11% indicated their health now limits them in bathing and dressing;
- c. 19% indicated they are now a caregiver for someone else in their home with 71% of them indicating care is provided to a spouse and 18% indicating care for a parent or other older relative; and
- d. Of those providing care 84% indicated they provide help with daily living such as preparing meals and cleaning; 34% indicated medical care; 39% transportation; 47% nutrition; 37% help with medications; 29% financial help and bill paying; and 29% self care and grooming.

2. Transportation:

- a. 12% indicated they are somewhat dependent or completely dependent (5%) on others for transportation;
- b. 27% worry that health or transportation issues may require them to change their current living situation in the future; and
- c. 8% indicated transportation to be a service they will need in the near future.

3. Food and nutrition:

- a. 9% indicated they have skipped meals or cut back on amount or types of food because of financial concern; and
- b. 17% said they worry their household food budget won't be sufficient to meet their food needs.

4. Medication:

- a. 71% indicated they currently take prescription drugs and 1% indicated managing medications will be a need in the near future; and
- b. 4% indicated they have had a problem filling a prescription with 62% of them saying it was because of financial reason or no insurance.

5. Information about Financial Help:

- a. 33% indicated they worry about being able to afford their current living situation in the future; and
- b. 2% indicated they may need help in managing finances in the near future.

6. Safety and Security at Home:

- a. 91% indicated that they own their own home;
- b. 25% indicated they sometimes or often feel isolated or lonely and, of them, 33% said they would like help having visitors or socializing opportunities;
- c. 9% indicated they are very or somewhat concerned about their personal safety at home and another 17% indicated a little concern about home safety;

- d. Of those very or somewhat concerned, 18% indicated the reason is that their home is no longer meeting their physical needs but a disconcerting **6% indicated it is because they experience physical violence or threats of violence**; another 6% said that their needs were not being met by their caregiver;
- e. Other reasons given for fear of personal safety at home include 19% -fear of falling; 19%-fear of recent break-ins, robberies, assaults; and
- f. 5% indicated that within the last two years someone who they lived with or someone who provides care to them stole things from them or took money without permission.

University of New England Caregiver Survey: It is estimated that there are 154,000 informal caregivers in Maine. In order to identify needs of caregivers, the University of New England Center Community and Public Health was contracted to develop and conduct an electronic survey of our state’s caregivers. It is estimated that approximately 2,000 people received the e-mails sent out through area agency on aging caregiver distribution lists; approximately 500 of those receiving the surveys were likely caregivers of older adults. 236 older adult caregivers began the survey but only 143 completed the survey. 34 central Maine older adult caregivers were part of the 143 completed surveys. The following depict the survey’s results:

1. Services identified as being “most helpful” by those that received service include
 - a. Service to help with personal care or nursing (33%)
 - b. Information to help connect with services (19%)
 - c. Caregiver support group (19%)
 - d. Day program outside the home (14%)
 - e. Information about financial help (6%)
 - f. Caregiver training or education (6%)
 - g. Respite service (3%)

2. Caregivers identified as not receiving services but needing services indicated these service needs:
 - a. Financial assistance (56%)
 - b. Housekeeping (54%)
 - c. Transportation (53%)
 - d. In-home respite care (49%)
 - e. Personal care (45%)
 - f. Medicine (41%)
 - g. Shopping (40%)
 - h. Making meals (40%)
 - i. Legal Services (38%)
 - j. Getting other family involved (35%)
 - k. Financial advice (34%)
 - l. Adult Daycare (33%)
 - m. Mental Health (25%)

Service Provider Survey: The University of New England Center Community and Public Health was also contracted to develop and conduct an electronic survey of our state’s providers. 161 respondents started the survey and 150 completed the entire survey. Many of the providers

answering the survey serve multiple counties; at least 56 of the providers surveyed provide a service in one or more of the counties in central Maine. The following is the total of number of providers by county who were surveyed in central Maine:

- Kennebec County: 56 providers
- Knox County: 48 providers
- Lincoln County: 47 providers
- Sagadahoc County: 47 providers
- Somerset County: 44 providers
- Waldo County: 46 providers

The top services identified by providers as needed to help older adults remain living healthy and safe in their homes and communities are:

1. Transportation
2. Home care – non-health such as personal care and housekeeping
3. Home health care
4. Assistance with accessing community services
5. Caregiver and respite services
6. Fuel assistance
7. Home delivered meals
8. Health monitoring, medication management
9. Prescription/medication assistance
10. Information & assistance with Medicare/health insurance

One provider expressed the following concern of note: —*The overarching trend is towards information and referral and away from Care Management support. As [a] result...unless they have the wherewithal and cognitive ability to follow up on their own the information they have been given is of little use.*¶

Focus Groups: There were two types of focus groups used to gather information to answer the question: “What do Maine’s older adults need to successfully remain (live) in the community (home)?”

The first type of focus groups was facilitated by the University of New England Department of Geriatric Medicine and consisted of 11 focus groups throughout Maine with varied populations. Five focus groups were held at each Area Agencies on Aging, three focus groups with Native American Tribes, one focus group with an island population and two focus groups with a racial, ethnic, language (REL) communities. 11 people participated in the focus group conducted at Spectrum Generations Muskie Center in Waterville, Maine on January 30, 2012.

Most important needs expressed by participants are:

1. **Transportation** – Need for public and/or private transportation mostly related to medical appointments, picking up prescriptions or shopping for food.
2. **Food and Nutrition** – Meals on Wheels service, help with meal preparation and nutrition counseling.

3. **Home care/homemaker** – Services provided in the home that aid the older person with personal care, meal preparation, housework and chores.
4. **Health/social care** – Physical and mental health across settings, such as home health services, emergency care, hospital care, ambulatory care. Special concern expressed for finding and accessing services including finding a physician or primary care provider.
5. **Financial services** – Viability of Social Security payments, money management such as help with bill paying.
6. **Fuel Assistance** – Need for help to pay for heat in the home.
7. **Check-in service** – Social networks for older adults who may not leave their homes very often.
8. **Home Repair** – Physical or structural repairs for the home that is affordable.
9. **Medications/prescriptions** – Help with payment for medication, help with medication management, and review for safety of medication; also fear that someone would steal their medication.
10. **Lifeline** – Personal emergency response device.

The second type of focus group was facilitated by Spectrum Generations CEO, Gerard Queally. These sessions were held at six of our community centers and one focus group was held at People Plus in Brunswick. These focus groups covered the entire six counties of central Maine and were attended by a total of 105 older and disabled adults, caregivers, and providers. The focus groups were conducted during the month of February 2012.

The following 10 key needs, issues and concerns preventing a person from living in one's own home and community safely, independently, and comfortably were raised at these sessions (not in priority order):

1. **Health/social care:** Educate healthcare providers on the services offered by Spectrum Generations and other community providers that can assist their patients in aging in place.
2. **Medications/prescriptions:** Assistance in healthcare decision making...offer classes that educate seniors on prescription drugs, their use, abuse, signs of side effects, the danger of not discussing drug interactions with your physician and assistance in making prescription drugs more affordable.
3. **State and local government:** Educate local and state government officials on issues affecting the elderly population in central Maine.
4. **Volunteer Training:** Improve the training, and hold periodic refresher training, of Spectrum Generations volunteer workforce; better educate them, especially our MOW drivers, in identifying clients in need of other services offered by Spectrum Generations.
5. **Transportation:** for elderly in rural areas; need for public and/or private transportation mostly related to medical appointments, picking up prescriptions or shopping for food.
6. **Service navigation:** Help in navigating all services for the elderly and disabled not just Medicare and Social Security; who to contact and who provides what service.
7. **Help at home (Personal Care Attendant):** eligibility for MaineCare assistance is too stringent and long waiting lists are a barrier for those who are eligible. Private pay rate is too high (\$15-\$20/hour) for many.

8. **Help at home (Home Maintenance):** finding help and assistance with housework, snow shoveling, plowing, gardening was difficult. Seniors do not know who to call and who was reputable; fear of being taken advantage financially.
9. **Home Modifications:** Spectrum Generations needs to work with central Maine area businesses in assisting seniors in planning for and modifying their homes for aging in place; educate seniors on government programs that can assist in funding home modifications.
10. **Adult Day Care:** MaineCare program eligibility is too stringent and the long waiting list for those who are eligible is seen as a barrier to aging in place. Private pay rate is too high (\$12/hour). There was a desire to see Spectrum Generations' adult day care be more social rather than medical.

All seven focus groups expressed a high level of awareness of the AAAs and an appreciation for the role they play in coordinating and providing services among both caregivers and other service providers. However, all participants felt that Spectrum Generations should take an opportunity to increase awareness, outreach and marketing of available supports, particularly for older adults and caregivers who may experience barriers navigating the complex system. The suggested community partners for collaboration and public education include chambers of commerce, banks, real estate brokers, churches, medical providers and hospitals.

There was 100% agreement that Spectrum Generation's community centers were critical hubs for assisting seniors in aging in place. It was strongly felt that our centers allowed seniors to maintain an active lifestyle, socialize, get a good meal, and keep the mind stimulated.

There was a consensus that retirement planning should not be just about money but needs to include getting prepared to age in place. The majority of the participants of these focus groups believe that there is a role for Spectrum Generations to play in educating seniors and younger caregivers (who too will get old one day) on how best to be prepared to age in place (i.e. home modifications and maintenance repairs, planning future transportation needs, downsizing one's home of residence, moving closer to services, and building a social network, etc.)

Long -Term Care Report: In January 2012, the Maine Long-Term Care Ombudsman program published a report called "*Personal Experiences with Long term Care Services and Supports*". The information contained in the report was based on statewide listening sessions held in eight communities and attended by 238 people and a survey of 755 people (180 from central Maine) using state funded home care services.

The top eight barriers to living in the community raised during the listening sessions, ranked on frequency of which mentioned are:

1. Access to Affordable Services at Home
2. Easy to Understand Information
3. Transportation
4. Qualified Workers
5. Navigation Assistance
6. Family Support
7. Housing and Food
8. Assessment Process

Highlights from the survey of persons using state funded home care services:

- 1. Access to Medical Services (in the last 6 months):**
 - a. 90% indicated that when they needed medical care right away, they could get an appointment;
 - b. 27% had to go to a hospital emergency room because they could not see their doctor when needed;
 - c. 40% said their doctors asked them about services they need or were getting at home; and
 - d. 27% reported that their doctor made a referral for them to receive services in their home;
- 2. Unmet Needs:**
 - a. 80% reported that the services they received at home met their needs;
 - b. 25% reported that they have additional needs that are not being met by the at home program they were enrolled;
 - c. 45% talked to their care manager about their unmet needs; and
 - d. Only 23% reported that their care manager referred them to a area agency on aging for assistance in their unmet needs;
- 3. Services at Home:**
 - a. 98% reported that they were always or sometimes satisfied with the worker who comes to their house; and
 - b. 12% reported that in the last 30 days the worker paid to help did not show up at their house;
- 4. Transportation:**
 - a. 66% reported that they could get transportation to see their doctor in the last 6 months; 33% reported some or occasional difficulty in getting transportation for a doctor's visit; and
 - b. 40% rely on family, friends or their home worker to go the grocery store for food on their behalf;
- 5. Social Activity:**
 - a. 50% did not participate in some type of social activity outside their house in the last 30 days.

Conclusion: The needs assessment data revealed many common themes in terms of the problems facing older adults in central Maine, particularly those with low resources and/or living in rural areas. All six source groups of seniors, caregivers and providers identified problems with transportation for older adults who remain in their homes, difficulties in accessing information about the services and eligibility of programs available to older adults, and challenges in finding the resources to afford in-home care for older adults not eligible for nursing care and unable to afford other in-home supports.

The top five needs across seniors, caregivers receiving services, caregivers not receiving services and providers of services most frequently cited across all sources utilized in development of the needs assessment are:

1. Home care – personal care and homemaker/housekeeping help (6 of 6 groups)

2. Transportation (6 of 6 groups)
3. Food and nutrition (5 of 6 groups)
4. Medication (5 of 6 groups)
5. Information about financial help (5 of 6 groups)

Spectrum Generations sees the next four years as an opportunity to do better at assisting Maine seniors and disabled adults in aging in place through:

1. **Improved Public Education:** Better inform older and disabled adults and their caregivers about their options around aging in place. One such initiative is “Options Counseling” to help people identify and choose long-term services and support options that meet the person’s preferences, strengths, needs, values and circumstances. Counseling can be for an individual, caregiver or a family who is planning for the future or dealing with current issues.
2. **Work More Collaboratively:** Expand our community partnerships and collaborations so we can be more effective in dealing with the difficult solutions such as access to transportations in rural counties, modifying homes, or paying for utilities on a limited budget. An excellent example of collaboration is the Centers for Medicare and Medicaid Services (CMS) funding called Homeward Bound in Maine. Working collaboratively with Alpha One and the Ombudsman programs, we will be focusing on community based long term care, particularly in education on the role of the ADRC and options counseling. We will support trainings and education in nursing facilities and take the lead in educating hospitals and skilled nursing facilities in our region.
3. **Leveraging Our Volunteer Force More Effectively:** We could not fulfill our mission without our 700 plus volunteers. We owe it to them to provide them with better training and education on our services so that they can be our community ambassadors and reach more older and disabled adults and their caregivers than we could ever hope to reach via more traditional means.
4. **Serving Fresh Food from Local Farms:** Through our We Sustain Maine initiative we will meet the increasing demand for MOW and provide better tasting, nutritious meals for central Maine’s seniors and disabled adults. We will become a high-volume, reliable customer of Maine grown food products and support Maine’s economy by reinvesting Spectrum Generations’ food dollars back into local communities.
5. **Proactive Caring:** In today’s fast paced world, information overload can easily occur. Programs for seniors and the disabled come and go. Our consumers need us to be one step ahead; well versed and ready to assist them in solving what crisis or situation life throws at them. We call this proactive caring. We can no longer aggressively wait for the phone to ring. Instead we need to reach out early and educate those we serve with

solutions and strategies before a crisis is put upon them. They and/or their caregiver need to be assured that we know what options are available to them and help them choose what is best to meet their current and future needs to age in place.

6. **Evidenced Based Health and Wellness:** This AoA funding is used only for programs and services which have been demonstrated to be effective for improving health and well-being. These evidence based services are meant to reduce disease and disabilities in older adults. Older and disabled adults will maintain their independence and well-being through consumer and caregiver access to opportunities that improve health knowledge, self-management skills and well-being.
7. **Understanding the Economic Impact of Aging in Place:** The changing aging demographic of central Maine will have a significant impact on the economic development of all six counties. Lincoln County is in the vanguard of understanding its effects. Coastal Enterprises, Inc. (CEI), based in Wiscasset, Maine, received a small, two-year grant from the Bingham Program to do an assessment of resources available to Lincoln County's senior population and issues facing individuals, families and the community, particularly as the senior population is expected to increase over the coming years. CEI is working with the Lincoln County Regional Planning Commission (LCRPC) and a diverse group of stakeholders on the project. Spectrum Generations has been identified as one of the principle stakeholders in this project. The assessment is a first step to determine what actions and investments are needed to provide new services, housing and/or facilities as well as job opportunities for seniors in the county. Lessons learned from this work can be applied to the other six counties of central Maine.

In the Appendix A of this area plan, we will take what we learned from the needs assessment and apply it toward identifying specific goals, objectives and initiatives for assisting older and disabled adults in living in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level leading to live a more physically and socially healthy life for all people in central Maine.

Appendix A

Goal 1: Empower older people and their families to make informed decisions about, and to be able to access, existing health and long-term care options.

Objective 1.0: Older, disabled adults and caregivers will be better informed and experience ease of access to services through public education campaigns using a combination of print and electronic media.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
1.1 Responsible Party: Director of Community Engagement	A comprehensive public education plan will be developed, implemented and reviewed annually, to ensure improved public information and knowledge of the Area Agency/Aging and Disability Resource Center (ADRC)	2013, 2014, 2015, 2016	2013 - Complete 2014 - Complete	2013 -Complete. An in-depth Strategic Communications Plan has been created and is in implementation. This includes ADRC key messages, branding, target audiences, and public education activity scheduled throughout the year. -An Annual Public Education Calendar has been created and is in implementation so we may track our goals and stay on target. -Our plan is connected to the budget and an in-depth review with program leaders has occurred. 2014 - A Strategic Communications Plan has been created and implemented with monthly tracking and public

				education calendar. This includes targeted audiences, utilizing all media channels such as print, social media, on-line and in person.
1.2 Responsible Party: Director of Community Engagement	A targeted caregiver public education campaign will be developed and implemented.	2013, 2014, 2015, 2016	2013 -Under Review 2014 – Complete	2013 -This goal is under review due to recent sequestration cuts. 2014 – The Family Caregiver staff is offering monthly Caregiver 101 informational sessions throughout the service area in addition to six monthly support groups, two monthly Memory Cafes and Savvy Caregiver trainings. These offerings are widely advertised through press releases, our web site and newsletters.
1.3 Responsible Party: Director of Community Engagement	The website content will be updated, made ADA compliant, and converted to Drupal navigation for ease of consumers and caregivers use.	2013, 2014, 2015, 2016	2013 Complete 2014 – Complete	2013 Complete. New web site has been launched. Continually reviewed and enhanced with new Drupal themes and modules as

				<p>appropriate.</p> <p>2014 – The web site has been reviewed and a work plan for implementation of improvement is in place. Included are more frequent updates, a new Spec Gen Report; and additions of even more relevant and dynamic content. Among the improvements has been a page to note achievements, and additional navigation links to make mobile devices more useable.</p>
<p>1.4</p> <p>Responsible Party: Director of Community Engagement</p>	<p>A plan will be developed and implemented that will drive seniors and disabled adults to our website and social networking venues.</p>	<p>2014, 2015, 2016</p>	<p>2014 – Complete</p>	<p>2014 – We link share between Tweeter, Facebook and our public website with a constant feed of fresh content to generate interest and traffic. Google Analytics is used to track trends and</p>

				plan actions for continued improvements.
1.5 Responsible Party: Director of Community Engagement	As part of our public education efforts, real estate agents, elderly housing facilities, town offices and churches will be specifically targeted to improve community awareness of existing health and long term care options.	2015, 2016		While not an FY14 goal, a campaign targeting municipality public education on agency services and livable communities has been implemented and is on-going.
Objective 2.0: Older, disabled adults and caregivers will have improved access to transportation resource information, educational opportunities and community resources through expanded community partnerships and collaborations.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
2.1 Responsible Party: Manager of Aging & Disability Resources	Transportation resource information will be expanded.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. New resources have been found in Sagadahoc and Lincoln counties. Mid-Coast Transportation guide in the process of being updated. 2014 – Complete. Resources throughout the region have been added. In addition, we were contracted for mobility coordination for Somerset and Kennebec Counties 7/13-5/14. As part of this

				work, channels of communication have been developed within the new broker system; and a community transportation advisory council has been created. We have gathered information on volunteer networks in our region.
2.2 Responsible Party: Manager of Aging & Disability Resources	Support and actively seek transportation grant collaborations to pursue increased transportation resources.	2014, 2015, 2016	2014 - Complete	2014 – Adult Day transportation grant funding was procured from JTG. This is being utilized to assist in program attendance.
Objective 3.0: A comprehensive public education campaign targeted to reach healthcare providers will result in more referrals to the Area Agency/ADRC.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
3.1 Responsible Party: Director of Community Engagement	Develop a public education campaign designed and implemented to reach physician practices, hospital discharge planners and long term care facility social workers.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - This goal is similar to Program Ops #2. No additional plans made due to cuts. Educational presentations were made at the Augusta (11/2/12) and Skowhegan (1/28/13) Local Social Work Group meetings. Hospital presentations have occurred at Maine Health hospitals in Damariscotta, Brunswick, Belfast and

				<p>Rockland. In addition, information was shared at Waterville and Augusta ME General hospitals; and Parkview, Inland, Redington Fairview and the VA hospitals.</p> <p>2014 – A comprehensive power point presentation was developed to educate and illustrate Spectrum Generations value to the medical community. In November 2013, the annual meeting speaker, Dr. Renfrew presented on community organizations collaborating with the medical community. Targeted hospitals, insurance companies and physician practices have been contacted to explore collaborate to achieve mutual goals. In January and March staff presented as part pf the Community Care Team panel for the health community. A staff person represents all AAAs on Maine’s Chronic Pain Collaborative working with</p>
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				healthcare representatives and physicians as they deal with chronic pain issues. In addition, ADRC staff served on a panel discussion in February for Maine General Family Medical practices as a resource on critical community resources.
3.2 Responsible Party: Manager of Aging & Disability Resources	Homeward Bound Transitions will be supported through education and trainings at skilled nursing facilities.	2013, 2014, 2015, 2016	2013- Complete 2014 – Complete	2013 - More than a dozen nursing facility education sessions on Homeward Bound have been held in every county of our service area. 2014 – Complete with activity throughout the service area.
3.3 Responsible Party: Manager of Aging & Disability Resources	Develop and implement trainings and education to hospitals and to skilled nursing facilities staff about community based long term care system options for Homeward Bound.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 -Complete. Educational presentations were made at the Augusta (11/2/12) and Skowhegan (1/28/13) Local Social Work Group meetings. Hospital presentations have occurred at Maine Health hospitals in Damariscotta, Brunswick, Belfast and Rockland. In addition, information was shared at

				Waterville and Augusta ME General hospitals; and Parkview, Inland, Redington Fairview and the VA hospitals. 2014 – Complete. 186 public presentations done.
3.4 Responsible Party: Manager of Aging & Disability Resources	Approach hospitals on becoming members of their post-discharge and care transitions teams. As reimbursed members of these teams, we will assist in the transition from hospital to home and reduce the rate of emergency hospital visits and unnecessary re-hospitalizations for consumers.	2013, 2014, 2015, 2016	2013 – Ongoing 2014- Complete	2014 –Eastern Maine Health Systems CCT has contracted to have an ADRC staff work as a part of their team on transitions; in addition, an ADRC staff attends discharge rounds at Pen Bay hospital to improve transitions.
3.5 Responsible Party: Manager of Aging & Disability Resources	Approach physician practices who are designated a Patient Centered Medical Homes (PCMH) to become reimbursed members of their Community Care Teams (CCT). As reimbursed members of these teams, we will assist in reducing the rate	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Complete. In the CCT/ADRC pilot we work with 5 CCTs connected with PCMHs in our region. Those CCTs have made 21 referrals to date. CCTs had already staffed a delivery model including their own social work staff and the CCTs are currently not willing to pay for additional services. We continue to

	of emergency hospital visits and unnecessary re-hospitalizations, enabling consumers to have a better quality of life and age in place.			<p>strive to show our value through services delivered to keep their patients from hospitalizations and ER use. In addition, we have partnered with Quality Counts and others, proposing new models of community health intervention that will dovetail with PCMHs efforts in reducing readmissions and allow payment for our efforts.</p> <p>2014 – Ongoing effort with CCTs, Quality Counts and others, proposing new, quality and efficient models of engagement with community health.</p>
3.6 Responsible Party: Director of Community Engagement	A public education campaign for pharmacists, optometrists and hearing specialists will be developed and implemented.	2014, 2015, 2016	2014 - Complete	2014 –Complete. Medication disposal collaborations with pharmacies; vision and hearing clinics and three health expos have been held at centers.
3.7 Responsible Party: Director of Community	An education campaign clarifying the ADRC role as a collaborative referral	2013, 2014, 2015, 2016	2013 – Complete	2013 - Complete. Two disabilities provider mailings were done and

Engagement	source will be developed and implemented for disability service providers and community mental health centers.		2014 - Complete	<p>local Center open houses were held with a low turnout. ADRC information was improved on the new website. On 3/29/13 a public forum was held for providers, professionals and family members for a "Community Resources Toolkit". Although this goal's funding was impacted by sequestration cuts, we continue to seek educational opportunities and collaborative referral efforts to bring quality services to aging and disabled consumers and providers.</p> <p>2014 – Complete. ADRC gathered and updated information regarding disabilities and mental health service providers in each county we serve. In-service staff trainings with disability providers are held on an ongoing rotation. The online disabilities resource directory was updated. A new acquired brain injury protocol for</p>
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				ADRC staff is in use.
Objective 4.0: Advocacy efforts will be expanded through greater volunteer involvement and community presentations to better meet the needs of older, disabled adults and caregivers.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
4.1 Responsible Party: Director of Nutrition & Community Centers	Local advisory council volunteers will be encouraged to increase participation in organizational advocacy efforts through presentations of issues and involvement in legislative advocacy campaigns.	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Complete. Each Center Director has posted the Advocacy Network sign-up sheet in their centers. A “talking points” sheet was also given to each Director to share with Local Advisory Councils. All Council members are on our Advocacy contact list. Sequestration cuts have resulted in their increased engagement. Members have called members of the Maine delegation, collected letters at centers lunches and mailed to delegation. One letter to editor published by a Council member. 2014 – Complete. New advisory council members are oriented to their role in advocacy. As pertinent

				legislative issues arise, volunteers are called upon to advocate. This network of advocates now numbers in the hundreds. We actively participated in statehouse meetings with legislators such as the February, Maine Nonprofit Day.
4.2 Responsible Party: Director of Community Engagement	Annually conduct community listening sessions to stay well informed and best able to advocate for economic, security and other issues that affect elders, disabled adults and caregivers.	2014, 2015, 2016	2014 – Complete	2014 – A series of forums have been completed at the Muskie, Coastal, Cohen, and Brunswick Centers
4.3 Responsible Party: Director of Community Engagement & CEO	Collaborate and advocate with other providers through Maine Association of Area Agencies on Aging (M4A), Maine Council on Aging and the Alzheimer Association to better meet the needs of those with dementia and intellectual disabilities.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. ADB administrator attended Alzheimer’s’ Assoc. train the trainer training ‘Caring for people w/ Alzheimer’s disease’ for SG staff education. A collaborative community forum for Caregivers dealing with dementias and Alzheimer’s’

				<p>was successfully held in August. There are ongoing collaborative efforts.</p> <p>2014 – We actively participated in MEDCAPs planning with other partners including M4A, the Alzheimer’s Association and many stakeholders, to create a dementia capable system of services in Maine. Alzheimer Association training was brought to our Adult Day Programs.</p>
4.4 Responsible Party: Director of Community Engagement	Partner with central Maine businesses to tap into the potential collective buying power of elders and disabled citizens.	2015, 2016	CANCELLED	Concept determined not to be feasible
4.5 Responsible Party: Director of Community Engagement	Advocacy efforts will address solutions that will attempt to improve long term care waiting lists.	2016		
4.6 Responsible Party: Director of Community	Advocacy efforts will support legislation and policies that promote self directed care, nursing	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. A new SG Health Care Advisory Council has met three times and will meet quarterly in

Engagement	home diversion and elder and disabled housing options.			<p>the future. Its purpose is to share information for improving quality and cost of health care, while engaging consumers in their own care. We remain active in advocacy efforts.</p> <p>2014 – We actively advocated in the legislature through M4A and our efforts to support policies that promote self-directed care, nursing home diversions and elder and disabled housing options. We are members of several advocacy groups including brain injury and the disabilities provider group. Our Health Care Advisory Council has meetings at least quarterly to actively promote self-directed care with consumers choosing wisely in health care choices.</p>
4.7 Responsible Party:	Advocate for rebalancing long term care funds in	2014, 2015, 2016	2014 – Complete	2014 – We are active in

Director of Community Engagement	the state to allow greater access to home care for older and disabled adults.			conversations with OADS as they pursue the Balancing Incentive Program. Our CEO is an active member of the SIMS group.
4.8 Responsible Party: Manager of Aging & Disability Resources	Outreach and advocacy will be expanded to include Native American populations, citizens living on coastal islands, Racial Ethnic Languages and those living in rurally isolated areas.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. SG participated in a health fair on Islesboro, information distributed in library on Isle Au Haute and contacts made with consumers on North Haven and Vinalhaven. At the Common Ground Fair booth, rural contacts were the focus. Rural contacts have been made in all counties and this will continue. 2014 – Rural presentations in targeted areas have included several senior and community presentations in Boothbay, Pittsfield and Madison. Hospital and NF presentations were done in Pittsfield and Glen Cove. Islesboro, Vinalhaven, Mohegan and North Haven residents attended MCR clinics and received Med D

				assistance. In addition, relationships have been developed with the Island Institute.
Objective 5.0: Older, disabled adults and caregivers will experience less food insecurity and improved health and wellness through improved access to quality nutrition services.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
5.1 Responsible Party: Director of Nutrition & Community Centers	We Sustain Maine, a program to utilize fresh, quality Maine foods in the Nutrition Program will be implemented; gradually increasing the use of local foods, by 30% over 2012 levels.	2016	In Progress	Finished FY13 at just under 33%. Farm and food bank purchasing plan will increase that number steadily through FY14 without increasing food costs. Costs will be monitored for accurate reporting.
5.2 Responsible Party: Director of Nutrition & Community Centers	A system will be developed and implemented that connects nutritionally challenged seniors with dieticians for nutritional counseling.	2014, 2015, 2016	2014 – Complete	2014 - Original plan with all AAA NUT Directors put on hold while changes took place at OADS. In the meantime, materials were delivered to MOW participants on diets for at risk populations. This includes low sodium and low sugar diets. Dietary improvement presentations

				have made at our centers.
5.3 Responsible Party: Director of Nutrition & Community Centers	A feasibility study will be done on possible therapeutic meal offerings	2015, 2016		
5.4 Responsible Party: Director of Nutrition & Community Centers	A plan will be developed and implemented in Somerset and Waldo Counties to insure elders and disabled adults have SNAP benefits, information and access to food and nutritional guidance to alleviate food insecurity.	2014, 2015, 2016	2014 – Complete	2014 - CSFP shares were increased throughout the service area. Food bank referrals are regularly provided as needed and SNAP benefits assessments remain a critical part of ADRC services.
5.5 Responsible Party: Director of Nutrition & Community Centers	Nutrition education will be offered at least three times each year.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - In addition to three nutrition education classes held at our centers as part of our evidenced based programming, the centers provided the following. <u>Cohen:</u> - Maine Coop Extension: Using Herbs In Place of Salt. - Gluten Free Diets - To Your Health: Food Safety for Seniors - Eat Smart, Live Strong

				<p><u>Coastal:</u></p> <ul style="list-style-type: none"> - Two cooking classes for people with diabetes - Metabolic Typing Diet - Healthy Teeth Begin with Good Nutrition - Lunch and Learn-FARMS - Winter Soups and Quick Breads - Eat Smart, Live Strong <p><u>Knox:</u></p> <ul style="list-style-type: none"> - Simple Solutions for Healthy Eating - The Power for Cancer Prevention and Survival - Eat Smart Live Strong 2014 – Dietician presentation at our Coastal Center; Food Safety Class at the Cohen Center. A Mature Lifestyle TV show featuring our Nutrition Director and a certified dietitian was taped and will air throughout the month of March.
Objective 6.0: The Aging and Disability Resources Center (ADRC) capacity will be strengthened and increased through educational opportunities, community resources and through community partnerships and collaborations.				
<i>Initiatives</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>

<p>6.1</p> <p>Responsible Party: Manager of Aging & Disability Resources</p>	<p>Improve capacity to offer aging, disabled adults and caregivers professional options counseling when they want to stay in their homes or transition from a skilled nursing facility to the community.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 – Complete</p> <p>2014 – Complete</p>	<p>2013 - Complete. All ADRC and Family caregiver staff received a 1/2 day options counseling update training on 3/18/13 and a full day of person centered planning training on 5/9/13. Four are trained to provide enhanced option counseling to CCT patients as part of the CCT/ADRC sustainability pilot. ADRC Staff is in a continuous training process. Trainings have included the ME Bureau of Ins. in long term care insurance; by Vocational Rehabilitation, Independent Living Program and the Div. of Blindness and Visually Impaired; STRIVE; Goodwill Industries; home care services; Community Case Management; Maine Cite; National Alliance on Mental Illness; Disability Rights Center; Maine Long Term Care Ombudsman; ACOs and EMHS; Alpha One and the Advocacy Initiative Network; Goold Health Systems and EIM; Health Reach; KVCAP; and LSE,</p>
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				<p>disability attorneys and brain injuries. Disability providers and services will continue to be a training focus.</p> <p>2014 – Options Counseling: 10/1/13 through 3/23/2014 there has been 656 Options Counseling contacts involving 349 unduplicated clients. Staff received refresher training regarding Options Counseling protocol on 3/3/14.</p>
<p>6.2</p> <p>Responsible Party: Compliance Officer</p>	<p>The infrastructure for tracking consumer and resource data will be reviewed and a plan will be developed and implemented to enhance the ADRC capacity.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 - Partially Complete</p> <p>2014 – Complete for FY14 Goals</p>	<p>2013 - Partially complete. The consumer tracking software, SAMS continues to be reviewed and enhanced as part of the synchronization of the software for OADS and the 5 AAAs. Staff is active in enhancing capacity through participation in a statewide SAMS Steering Committee to guide progress. In addition in depth SAMS training will take place with key staff this fall. ADRC</p>

				<p>resource data been updated.</p> <p>2014 – Active participation in statewide SAMS/ Harmony Steering Committee. Three members of the SG Leadership attended Harmony’s National training in Ohio, as part of commitment to improve data and achieve enhanced capacity.</p>
<p>6.3</p> <p>Responsible Party: Manager of Aging & Disability Resources</p>	<p>Customer protocols will be reviewed and a plan for improvements developed and implemented.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 – Complete</p> <p>2014 – Complete</p>	<p>2013 - Complete. Customer protocols have been reviewed and revised with improvements made to ensure we meet fully functioning ADRC requirements.</p> <p>2014 – We have created a Compliance/ Quality Improvement Division to better identify standards, improved QI tracking and improve the customer</p>

				experience.
6.4 Responsible Party: Manager of Aging & Disability Resources	Develop a long term care resource data tool that will be continuously updated to ensure we provide quality and accurate information to older, disabled adults and caregivers contacting the ADRC.	2014, 2015, 2016	2014 – Completed FY14 Goals	2014 - Our core assessment tool is the Money Savings Benefits Checklist that is updated annually or as changes occurs. If eligible for long term care benefits, consumers are assisted in application with follow-up is an integral element. 2014 includes an emphasis on use of the My Maine Connection benefits portal, utilization of trained volunteers, a rural focus, reaching underserved areas, faith based communities, food pantries, grocery stores and soup kitchens and benefits follow-ups.
6.5 Responsible Party: Manager of Aging & Disability Resources	Develop and implement a comprehensive resource data tool that specifically addresses consumers facing poverty and loss of assets.	2014, 2015, 2016	2014 – Partially Completed	2014 - In process as part of the SAMS synchronization project with OADS and 5 AAAs.

6.6 Responsible Party: Manager of Aging & Disability Resources	As funding is available, expand ADRC operations for greater access and convenience for caregivers and consumers.	2016		
6.7 Responsible Party: Manager of Aging & Disability Resources	Central Maine community aging and disability coalitions will be strengthened with expanded membership, meeting twice each year in two counties of central Maine by 2013 and in all six counties.	2016		
6.8 Responsible Party: Manager of Aging & Disability Resources	Staff trainings will be conducted on behavioral interviewing and related skill enhancements to build capacity in determining root causes of consumer contacts.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. Skill and knowledge enhancement is an ongoing process for ADRC staff. At least one or more training occurs each month. Options counseling update training and person centered planning training have occurred, enhancing staff ability to address consumer issues. On 5/9/13 OADS held a day long person centered training that was attended by all ADRC staff.

				2014 - Behavioral interviewing training presented to Leadership group 12/13.
6.9 Responsible Party: Manager of Aging & Disability Resources	Plan and implement actions which will insure the ADRC meets the criteria to be a fully functioning ADRC, meeting the goals articulated in Maine's 5 – year plan.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Completed FY14 Goals	2013 - Complete. The fully functioning ADRC review was completed and met in March. 2014 – In progress, as part of the OADS Steering Committee monthly meetings, ADRC fully functioning criteria is being discussed with appropriate internal actions taken, to insure goals are met.
6.10 Responsible Party: Manager of Aging & Disability Resources	Develop and implement consistent service definitions and data standardizations.	2013, 2014, 2015, 2016	2013 - Partially Complete 2014 – Completed FY14 Goals	2013 - Partially Complete. In process as part of the SAM's synchronization project and statewide Steering Committee with OADS and 5 AAAs. 2014 – Ongoing efforts continue with OADS and other members of the Harmony statewide

				Steering continue to achieve data quality and consistency.
Objective 7.0: Older and disabled adults and their caregivers will be better informed that the Area Agency on Aging/ADRC is a first stop resource for helpful information and services.				
<i>Initiatives</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
7.1 Responsible Party: Director of Nutrition & Community Centers	In addition to Meals on Wheels volunteer orientation training, we will annually conduct refresher training to provide updated information that will enable volunteers to more effectively engage consumers in benefit services.	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Training curriculum developed in working with volunteer advisory council member. Topics include abuse/neglect signs, MOW procedural issues, fundraising, service referrals, and food safety/general safety. 2014 – Complete. The benefits referrals from MOW assessments are ongoing. Refresher trainings with volunteers were held June.
7.2 Responsible Party: Director of Nutrition & Community Centers AND	Full contact information, including emails and residential addresses for consumers, emergency contacts and caregivers will be available to improve communication.	2014, 2015, 2016	2014 - Complete	2014 – Complete. All new consumers have full contact information to the extent they are willing to share.

Responsible Party: Manager of Aging & Disability Resources				
7.3 Responsible Party: Manager of Aging & Disability Resources	A plan to improve aging and disabled Veterans' information and engagement in entitled services and benefits will be developed and implemented.	2014, 2015, 2016	2014 -Complete	2014 – Complete. In addition to monthly veteran representative counselling at four community centers, we have held four public special benefits veterans seminars at Coastal, Muskie, Knox and Cohen centers in November 2013.
7.4 Responsible Party: Manager of Aging & Disability Resources	A plan will be developed and implemented to improve and expand the community family caregiver support network.	2014, 2015, 2016	2014 – Complete.	2014 – Complete. Family Caregivers are offering “Caregiver 101”, monthly at sites throughout the service area. In addition a radio interview was taped; an art show and presentation was done and a faith community speech is planned for May. As partners with Camden’s film festival, Aging in Maine series, a film presentation was held in May.

Goal 2: Enable older adults to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.

Objective 1.0: Older, disabled and caregiving adults will maintain their independence and wellbeing through access to navigational assistance, referrals, advocacy and problem solving support necessary to obtain benefits and services.				
<i>Initiatives</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
1.1 Responsible Party: Manager of Aging & Disability Resources	Review and supplement resource data to address reliable, practical supports with personal care, daily living skill needs, basic homemaking and home repair/maintenance needs will be updated for better access.	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Annual goal is complete for FY13. Resources have been updated in all counties with new resources data added for Lincoln and Sagadahoc. 2014 – Complete. A directory of businesses with a commitment to quality services has been developed with new entries each month on the website. This supplements the always updated and user friendly helpful links page. In addition, the Home Care newsletter features informative resources and articles to assist in meeting basic needs.
1.2	Distribute assistive tools and educate caregivers in	2013, 2014, 2015, 2016	2013 – Complete	2013 - Complete. Ongoing education at monthly

Responsible Party: Manager of Aging & Disability Resources	methods to overcome resistance to accepting outside help by care receivers.		2014 – Complete	support and education groups, Savvy classes and telephone outreach. 2014 – Activities have continued as in 2013. In addition, Caregiver 101 presentations have been offered monthly throughout the service area.
1.3 Responsible Party: Manager of Aging & Disability Resources	Caregivers will be supported in their challenges through matches with experienced volunteer caregivers, willing to provide telephone interactions.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Complete. This is in place and the option's promoted through our web site and in one on one counseling sessions when extra support is needed. It's been utilized by ten caregivers. 2014 – The offer of volunteer assistance remains in place and is utilized as needed.
1.4 Responsible Party: Director of Community Engagement	Aging in place educational sessions will be developed to assist caregivers and consumers planning for their futures.	2014, 2015, 2016	2014 – Complete	2014 – Educational sessions been held at Coastal, Muskie and Cohen centers. A fourth was held in Brunswick in September
1.5	A plan will be developed and implemented to	2015, 2016	2014 – Complete	2014 – Complete. Two

Responsible Party: Director of Community Engagement	engage the faith based community in caregiver support.			presentations were held with Interfaith Councils.
1.6 Responsible Party: Director of Nutrition & Community Centers	Meals on Wheels emergency fund for unexpected household expenses will be developed, contingent on funding, to assist consumers to stay in their homes.	2014, 2015, 2016	2014 - Complete	2014 – Complete. A church group donated towards the purchase of microwaves for Meals on Wheels consumers who experience the emergency of broken microwave ovens.
1.7 Responsible Party: Director of Community Engagement	A caregiver information toolkit will be developed and distributed.	2016		

<p>1.8</p> <p>Responsible Party: Manager of Aging & Disability Resources</p>	<p>Seek out potential partners (i.e. collaborations, joint venture, etc.) that will support elders living in the comfort of their homes and living their lives to the fullest using technology, social networking, life management and expansive volunteering.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 – Complete</p> <p>2014 - Complete</p>	<p>2013 - Complete. Full Circle America (FCA) partnership executed in March of 2013. FCA specializes in technology, social; supports and volunteers as a part of aging in place. Joint ventures include Quality Counts work on AF4Q, an innovation grant and CCT/ADRC pilot; Healey and Associates work on telephonic health coaching; service providers in Lincoln County and CEI in Lincoln County and co- location collaboration with People Plus in Brunswick.</p> <p>2014 – Complete. Cyber cafes are located in Somerset, Knox, Waldo, Muskie and Coastal Centers. Ongoing computer classes occur at six sites.</p>
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Objective 2.0: Older, disabled and caregiving adults will be better equipped to maintain their independence and well being through evidence based and community health and wellness programming.				
<i>Initiatives</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
2.1 Responsible Party: Manager of Aging & Disability Resources	A plan, in collaboration with local hospitals and medical insurance companies, will be developed and implemented to find sustainable support for chronic disease self-management programs.	2013, 2014, 2015, 2016	2014 - Complete	2013 - Collaborations continue on two separate grants with MaineGeneral. One is to implement and train on diabetes education, and the other is to implement a region wide chronic pain management training system with all the hospitals in Kennebec and Somerset counties. 2014 – As part of a plan for sustainability, presentations have been made to hospitals, insurance and CCTS. These efforts will continue.
2.2 Responsible Party: Director of Community Engagement	A plan will be developed for a series of public presentations to address financial, wellness, home modification and safety issues related to older, disabled and caregiving adults.	2014, 2015, 2016	2014 – In Progress	2014 - Cohen-Monthly 15 free minute sessions (by appointment) with Elder Law Attorney/Financial Planner Craig Stevens. Evening public seminars have included “Look forward to a long

				<p>retirement but be prepared for the possibility of long term care costs!" and "Are you concerned about out living your retirement assets?"</p> <p>Knox - Old House Field Study with Les Fossel, Old Home Restorations (October – December 2013).</p> <p>Coastal - November 2013 Financial Planning and Long Term Care Insurance seminars.</p> <p>Coastal (December 2013) and Knox (January 2014) Women Can Defend Themselves seminars.</p> <p>Coastal - Building – Renovation Project: Becoming a Smart Decision Maker series "Why Hire A _____"? seminars held</p>
2.3	A plan to address situational driven	2015, 2016		

Responsible Party: Manager of Aging & Disability Resources	depression in older adults will be developed and implemented.			
2.4 Responsible Party: Manager of Aging & Disability Resources	A brown bag series on health and wellness for caregivers will be presented at two or more businesses.	2015, 2016		
2.5 Responsible Party: Director of Community Engagement	A consumer injury prevention and safety expo will be developed.	2016		
2.6 Responsible Party: Manager of Aging & Disability Resources	Financial resources will be developed to allow cost sharing for consumers participating in health and wellness options.	2016		
Objective3.0: Older and disabled adults will be able to remain in their homes longer because community Adult Day Services are available.				
<i>Initiatives</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
3.1 Responsible Party: Adult DayBreak Manager	Seek funding to conduct a survey of needs and expectations around the Adult Day Program.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete 2015 – CANCELLED/ Not	2013 - RFP application submitted to MeHAF ; application was denied. 2014 – Surveys were done

			Feasible	to measure satisfaction and gain insight for consumers, caregiver, referral sources/providers and staff for Adult Day. Results have tallied and suggestions for improvements are in the process of implementation.
3.2 Adult DayBreak Manager	Adult Day Services reviews and improvement plans will be completed.	2013, 2014, 2015, 2016	2013 – Complete 2014 – In Progress and ongoing	2013 - Complete. Monthly meetings are held with all lead staff with a portion of the agenda focused on a person centered educational component. Monthly, a review is completed on all charts, all medication records and items concerning regulatory compliance. In addition, the RN consultant/supervisor is available to address issues as needed. In service trainings are provided on an ongoing basis per regulations and on an ad hoc basis if consumer circumstances warrant. 2014 – Activities noted in 2013 continue and are

				ongoing.
3.3 Adult DayBreak Manager	Adult Day Services continuous quality improvement plans will be implemented in all locations.	2015, 2016		
3.4 Adult DayBreak Manager	Because of budgetary shortfalls at the state for adult day care services, we will conduct an extensive search for alternative funding sources (i.e. grants) to better meet consumer and caregiver needs. Contingent on funding, Adult Day Service scholarships will be available to improve program access needs.	2014, 2015, 2016	2014 – Complete	2014 – One time JTG funds are being used to provide Adult Day scholarships. In addition, Sukeforth scholarships are available.
3.5 Responsible Party: Director of Community Engagement	A campaign of targeted Adult Day Services public education will be developed and implemented to better inform consumers, caregivers and health	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Complete. The Community Liaison position was filled and is producing useful contacts. He has begun, building relationships to gain referrals from medical,

	professionals.			<p>legal, faith based and community contacts that interact with caregivers and elders in the midst of critical change who are open to adult day as a possible long term service and support option.</p> <p>2014 – A public education campaign occurred. Strategies in the campaign included events, personal interaction, website updates, materials distribution, targeted newsletters, health care interactions and mailings to consumes, caregivers and referrals sources.</p>
3.6 Responsible Party: Adult DayBreak Manager	Skilled volunteers will be trained and utilized to ease the transition from home and enhance participation in Adult Day Services.	2013, 2014, 2015, 2016	2013 - Incomplete 2014 - Complete	<p>2013 - This goal will not be met. An application was submitted to AmeriCorps to build a veteran volunteer program for ADB. It was announced no awards would be given due to budget issues.</p> <p>2014 – Complete. Staff was</p>

				trained for this transition as a first step in eventual use of volunteers. One transition visit was made.
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Goal 3: Empower older people to stay active, healthy and connected to their communities through employment, civic engagement and evidence- based disease and disability prevention programs.

Objective 1.0: Older and disabled adults will maintain their independence and well being through consumer and caregiver access to opportunities that improve health knowledge, self-management skills and well-being.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
1.1 Responsible Party: Manager of Aging & Disability Resources	Develop and implement a community program that is offered as supportive follow- up to evidence based disease and disability programs trainings.	2013, 2014, 2015, 2016	Cancelled 2014 - Complete	2013 - This goal will not be met due to sequestration cuts. 2014- Complete. An online support group was established through Stanford for any participants who complete ay CDSMP workshop.
1.2 Responsible Party: Manager of Aging & Disability Resources	A plan will be developed and implemented to provide <i>Matter of Balance</i> training and better educate adults on balance and avoiding	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Completed two Matter of Balance classes with a total of 19 participants; trained five Matter of Balance volunteer

	falls.			coaches. 2014 -Three Matter of Blanca Leader trainings and three Matter of Balance classes were held.
1.3 Responsible Party: Manager of Aging & Disability Resources	Develop and launch an <i>Aging Well</i> program through a prevention and wellness education series.	2014, 2015 , 2016	2014 – Cancelled	2014 – A review of branding and packaging is underway. Presentations are ongoing. Upon further research, the program is not feasible for fiscal reasons.
1.4 Responsible Party: Manager of Aging & Disability Resources	A wellness education program will be developed and implemented for consumers in Somerset County, pending funding.	2014, 2015, 2016	2014 – Complete	2014 – As part of a MeHaf grant in Somerset County, we are partnering with the Healthy Maine Partnership other community entities. Together we are pursuing initiatives to promote Somerset County wellness improvements.
1.5 Responsible Party: Director of Nutrition & Community Centers	Pending funding, develop a pilot fitness program at one of our community centers that emphasizes strength training and utilizes cardiovascular equipment.	2016		Grants from Miles Hospital League and the Maine Community Foundation have enabled the Coastal Center to begin the implementation a pilot

				senior fitness program “East Meets West: Functional Movement” FY14.
1.6 Responsible Party: Director of Nutrition & Community Centers	Develop enduring partnerships with two or more independent community seniors groups to support their efforts in civic engagement efforts.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Goal met with the Readfield Senior Group and People Plus in Brunswick. 2014 – We have collaborated and actively presented options in wellness and ADRC at the Richmond Community Center. We worked with and submitted and a national Livable Communities grant with the Town of Bowdoinham’s Aging Committee.
Objective 2.0: Older, disabled and caregiving adults will experience enhanced well- being through opportunities for volunteerism, civic engagement and employment information.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
2.1 Responsible Party:	Develop and implement a comprehensive volunteer utilization and appreciation plan that	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 – Complete. A Volunteer Coordinator was hired December 2012. Quarterly Volunteer Liaison

<p>Responsible Party: Director of Human Resources</p>	<p>both improves our deployment of volunteers and their skills across the entire agency and maximizes the positive experiences volunteers have when working with Spectrum Generations.</p>			<p>meetings are occurring quarterly. Recruitment and retention plans developed materials and opportunities for volunteers updated. Budget developed for each center's volunteer recognition.</p> <p>2014- We reviewed and improved volunteer liaison job descriptions. Par levels for Nutrition program volunteers were determined and plan made to recruit accordingly. In addition, an active and successful ADRC volunteer recruitment and training program is underway.</p>
<p>2.2 Responsible Party: Manager of Aging & Disability Resources</p>	<p>Recruit, train and utilize at least six volunteers to assist in Outreach, Aging and Disability Resource Center (ADRC) and Senior Health Insurance Program (SHIP) operations.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 - Complete 2014 – Complete</p>	<p>2013 - Goal met.</p> <p>2014 – ADRC/SHIP/SMP Volunteer trainings were held in April 2014 and another is scheduled for August 2014. Three new volunteers completed training in April and have been assigned to work with</p>

				current ADRC staff. There are currently 11 ADRC/SHIP trained volunteers.
2.3 Responsible Party: Director of Nutrition & Community Centers	Make a plan to better utilize community centers and other organizational resources to improve volunteer recruitment by at least 10% over 2012 levels.	2014, 2015, 2016	2014 – In Progress	2014 – Volunteer openings are now posted on Center webpages and throughout communities. Participation in national and statewide volunteer recruitment education.
2.4 Responsible Party: Chief Operations Officer	Engage with veteran organizations to either enhance an existing program or develop and implement a new volunteer program for Veterans assisting Veterans.	2016		
2.5 Responsible Party: Manager of Aging & Disability Resources	Develop comprehensive information to assist older adults with questions regarding age discrimination, employment and occupational training.	2016		
2.6	In order to improve intergenerational	2015, 2016		

Responsible Party: Director of Human Resources	interactions, we will develop a high school student volunteer program that partners a young volunteer with an adult volunteer toward the betterment of aging and disabled adults.			
Objective 3.0: Older, disabled and caregiving adults will be better informed and prepared to make critical decisions on aging in place options.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
3.1 Responsible Party: Manager of Aging & Disability Resources	Expand the resource database information for reliable home modifications and assistive equipment to help individuals stay at home longer.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete	2013 - Annual goal complete for FY13. Resources have been expanded as follows: two each in Waldo, Kennebec and Somerset counties; and one each in Knox and Lincoln counties. 2014 – Complete. Resources have been expanded in two counties.
3.2 Responsible Party: Director of Community Engagement	Target local government officials for education on the elder, disabled and caregiving options provided by the Area Agency/ADRC to assist	2014, 2015, 2016	2014 – Complete	2014 - A municipal campaign including monthly newsletters on our ADRC and other services is in place. More than 120 new municipal subscribers get

	their citizens to age in place.			monthly newsletters and email updates.
3.3 Responsible Party: Director of Community Engagement	Analyze the Naturally Occurring Retirement Communities (NORCs) in the region and make a plan to become involved in these efforts.	2015, 2016		
3.4 Responsible Party: President/ CEO	Participate as a stakeholder in the Coastal Enterprise, Inc. two-year Aging Demographic and Economic Development (ADED) initiative in Lincoln County; assist them in better planning for the elderly and the disabled in their communities.	2014, 2015, 2016	2014 – Completed 2015 – N/A 2016 – N/A	2014 - Coastal Regional Director and CEO are both active participants in this initiative. Planning period completed and a grant for Thriving in Place (TiP) was submitted to MeHAF.

Goal 4: Protect the rights of older adults and enhance their response to elder abuse.

Objective 1.0: Older, disabled and caregiving adults will be provided education on options that will provide them with an improved sense of safety and security.

Initiative	Description	Scheduled	Status	Comments
1.1	Actively participate in at least one elder abuse task	2013, 2014, 2015, 2016	2013 – Complete	2013 - Complete. FCG support specialist

<p>Responsible Party: Director of Community Engagement</p>	<p>force each year.</p>		<p>2014 – Complete</p>	<p>attends the Kennebec Cty. Elder Abuse Task Force every other month and the Elder Abuse Multi Disciplinary Team meetings as scheduled. Cohen Center Director member of Kennebec County Elder Abuse Task Force. Also attended “Making the Case: Justice for the Elderly” presented by the Androscoggin County Elder Abuse Task Force on 9/12/13.</p> <p>2014 – FCG Support Specialists attends Elder Abuse Task Force every other month and the Elder Abuse Multi Disciplinary Team meetings as scheduled. Center Director for Cohen Center has attended</p>
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				groups as well.
1.2 Responsible Party: Director of Nutrition & Community Centers	Present a wise investing and elder abuse seminar.	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	2013 - Complete. 67 attended FINRA training on 9/10/12. Coastal Center held a 3 part series on Financial Wellness January 2013. 2014 –Bullying/ Elder Abuse Round Table was held at the Cohen center and received front page coverage in two newspapers, with excellent attendance. A second Elder Abuse panel was held at the Cohen Center.
1.3 Responsible Party: Director of Community Engagement	Develop and implement an elder abuse information and collaboration plan with faith communities.	2014, 2015, 2016	2014 - Complete	2014 – Complete. Meetings have been held with church councils to discuss issues of concern.
1.4 Responsible Party: Director of Community Engagement	Develop and implement an education plan on how to address abuse by friends, family and other caregivers in their	2016		

	homes.			
1.5 Responsible Party: Director of Community Engagement	Improve our promotion of Legal Services for the Elderly through printed material, the web site and consumer discussions.	2013, 2014, 2015, 2016	2013 – Complete 2014 – Complete for FY14 Goals	2013 - Complete. LSE resource information is regularly distributed by ADRC staff in response to consumer concerns. LSE information has been added to our website. Additionally, LSE was a Mature Lifestyle TV Show guest in June focusing on Elder Abuse. 2014 - LSE article was printed in the Brunswick newsletter and posted on web site. LSE has been a close collaborator on issues of Medicare and Medicaid, including a 2014 NCOA/BEC grant.
Objective 2.0: Older adult Triad participation will be enhanced to better protect their rights and enhance their response to elder abuse.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
2.1	A comprehensive review of Triads in the	2013, 2014, 2015,	2013 – Cancelled	2013 - Center staff has begun a TRIAD review for

Responsible Party: Manager of Aging & Disability Resources	catchment area will be completed.	2016	2014 – Completed	each of their areas. Due to sequestration, this goal will not be met. 2014 – Triads reviewed by Community Liaison. An employee serves as the chair of the Knox Triad and the Community Liaison attends periodically in Lincoln county.
2.2 Responsible Party: Director of Community Engagement	Develop and implement a campaign to increase elder involvement in local Triads.	2014, 2015, 2016	2014 - Complete	2014 – Complete. Center Directors each held Elder Abuse awareness events at their centers, involving Triads as they were available. A statewide Editorial, public education articles and magnetic bumper stickers were distributed.
Objective 3.0: Commitment to promotion of National Elder Abuse Awareness Day will be a significant initiative in all programs.				
<i>Initiative</i>	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
3.1 Responsible Party:	Each major program will plan and implement an observance and	2013, 2014, 2015, 2016	2013 – Complete	2013 - Complete. Center Directors scheduled 6 events at 5

Director of Community Engagement	promotion of National Elder Abuse Awareness Day.		2014 - Complete	<p>center locations. Joint marketing at Expos.</p> <p>2014 – Complete -A link has been added to report Elder Abuse on our home page on the web. Elder Abuse Awareness events were scheduled for June throughout the catchment area.</p>
3.2 Responsible Party: Director of Community Engagement	The promotion of National Elder Abuse Awareness Day will be a focus of public education efforts.	2013, 2014, 2015, 2016	2013 – Complete 2014 - Complete	<p>2013 - Centers held Elder Abuse Awareness events for June which were included in our newsletters, press releases, bulk e-mail, and on our web site. Additionally, Legal Services for the Elderly was our feature guest/story on our June Mature Lifestyles TV Show focusing on elder abuse.</p> <p>Cohen: Nan Bell and her team from the Elder Abuse Taskforce, Friday, June 14th from 10:00 to 1:00.</p>

				<p>Coastal: Governor LePage spoke about domestic violence as it relates to elder abuse at the Coastal Center's Lunch and Learn on June 12.</p> <p>Knox: Speaker: Seth Blodgett, Maine Attorney General's Office spoke on Elder Abuse Awareness at a Brown Bag lunch on June 17 at 11am.</p> <p>Muskie: Speaker: Kathy Davis, New Dimensions Credit Union about Financial Elder Abuse at 11:30am. Nale and Nale Attorneys presented on June 12 at 10am.</p> <p>Somerset: Franklin-Somerset Federal Credit Union addressing financial abuse June 21, 10-11am.</p> <p>Bridges: Op-Ed Piece was written and published, newsletter to PSS staff with education, and No Excuse for Elder Abuse stickers</p>
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				<p>distributed to all PSS staff to be worn on 6/14 & 6/15.</p> <p>2014 – Comprehensive events were held, along with public information.</p>
<p>3.3</p> <p>Responsible Party: Director of Community Engagement</p>	<p>The promotion of National Elder Abuse Awareness Day will be posted on the web site.</p>	<p>2013, 2014, 2015, 2016</p>	<p>2013 – Complete</p> <p>2014 - Complete</p>	<p>2013 - Our Elder Abuse efforts and Elder Abuse Mature Lifestyle show was posted on the website in May/June 2013.</p> <p>2014 – Complete.</p>

Appendix B

AREA PLAN ASSURANCES

Area Agency Activities

(1) The Central Maine Area Agency on Aging (the “agency”) has described in this plan all of the agency activities, whether funded by public or private funds. 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 of its functions and those procedures are available for review by the Office of Elder Services.

Adequate Proportion

(2) The agency assures 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 categories of services listed below, and also assures that the agency 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. ((a)(2))

- (A) Services associated with access to services (transportation, outreach, information and assistance, 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.

Greatest Economic Need

(3) The agency assures that it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, and include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a) (4) (A) (i))

Providers to serve low-income minorities and older individuals residing in rural areas

(4) The agency assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (A) Specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) Provide, to the maximum extent feasible, services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

- (C) Meet specific objectives established by the agency, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

Federal Fiscal Year 2012 objectives met

(5) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the agency shall—

- (A) Identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (B) Describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) Provide information on the extent to which the agency met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

Outreach Efforts

(6) The agency assures that it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on the categories of individuals below, and inform those individuals and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

- (A) Older individuals residing in rural areas;
- (B) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) Older individuals with severe disabilities;
- (E) Older individuals with limited English-speaking ability; and
- (F) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

Activities with Low-income and Rural Elders

(7) The agency assures 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. ((a)(4)(C))

Older Individuals with Disabilities

(8) The agency assures that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

Older Native Americans

(9) The agency shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

- (A) Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the agency assures that it will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) That the agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) That the agency will make services under the area plan available, to the same extent as such services are available to older individuals within its planning and service area, to older Native Americans. ((a)(11))

Contractual and Commercial Relationships

(10) The agency assures that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

(11) The agency assures that it will disclose to the Assistant Secretary and the State agency--

- (A) 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
- (B) the nature of such contract or such relationship. ((a)(13)(B))

(12) The agency assures that it will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) The agency assures that it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) The agency assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the agency to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(15) The agency assures that preference in receiving services under this title will not be given by the agency to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

Disclosure of Funds and Expenditures

(16) The agency assures that it will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds the agency receives or expends to provide services to older individuals. ((a)(13)(E))

Conflict of Interest

(17) The agency assures that--

- (A) No individual (appointed or otherwise) involved in the designation of the agency, or in the designation of the head of any subdivision of the agency, is subject to a conflict of interest prohibited under this Act;
- (B) No officer, employee, or other representative of the agency is subject to a conflict of interest prohibited under this Act; and
- (C) The agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for Federal and State funds under the area plan and that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. ((a)(7)(B))

Limited English Speaking Ability

(18) If a substantial number of the older individuals residing in the agency's planning and service area in the State are of limited English-speaking ability, then the agency shall

- (A) Utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) Designate an individual employed by the agency, or available to the agency on a full-time basis, whose responsibilities will include--
 - (i) Taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) Providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. ((a)(14))

Coordination with Long-Term Care Services

(19) The agency will conduct efforts to facilitate the coordination of community-based long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) Reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) Are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) Are patients in long-term care facilities, but who can return to their homes if they are provided community-based services. ((a)(18))

Contributions

(20) The agency assures that it will provide the opportunity for consumers to contribute to support the cost of providing a particular service. Consumers should be informed of the suggested contribution appropriate for each service; the advisory council should approve the suggested contributions. All contributions are assured to be voluntary. Confidentiality of the participants' donations is also assured. No eligible person may be denied participation because of an inability or unwillingness to pay all or part of the suggested contribution. The agency

assures that the appropriate procedures are used to safeguard and account for all contributions.

Procurement

(21) The agency agrees to comply with Federal and State regulations and procedures for the procurement of supplies, equipment, construction and other services whose cost is borne in whole or in part as a direct charge to the awards under the area plan. This assurance includes provision for competitive bidding as required by policy and regulation unless waived by the Office of Elder Services.

Residency and citizenship

(22) No requirement as to duration of residence or duration of citizenship will be imposed as a condition of participation in an agency program for the provision of services. Services may be limited to US citizens or legal residents of the United States.

Appendix C

Public Hearing Comments and Corrections

The general public, as well as older individuals, caregivers, referral sources, potential community collaborators and providers, were among those who were informed of our two public hearings, with at least 14 days notice in the following manner:

- Public Hearing notices appeared in print in the Kennebec Journal, Morning Sentinel, The Free Press, Bangor Daily Newspaper, and the Coastal Journal – as well as posted in the online versions of these newspapers.
- Public Hearing notices appeared in VillageSoup online newspapers, The Courier Gazette, The Camden Herald, and The Republican Journal.
- A mailed formal notice of the two public hearings was sent to attendees of Spectrum Generations Area Plan focus groups held in each of its seven center locations in February, 2012.
- An email invitation was sent to Maine House of Representatives and Maine Senators representing central Maine.
- An email invitation was sent to Spectrum Generations Family Caregiver Council and Support Group members, and Provider email list.
- An email invitation was sent to the 900 plus consumers that subscribe to receive Spectrum Generations monthly updates.
- Spectrum Generations Board of Directors, local and senior advisory councils, and all staff were informed of the hearings and invited to attend.

A public hearing was held Monday, April 23, 2012 from 1:30-3:30p.m. at Spectrum Generations Muskie Community Center in Waterville. Seven people attended. They included advisory council members, volunteers, a representative from Full Circle America, and a member of the Maine House of Representatives. Copies of the entire Area Plan were distributed to the public attendees.

A second public hearing was held on Tuesday, April 24, 2012 from 2:00-4:00p.m. at Spectrum Generations Cohen Community Center in Hallowell. Nine people attended. They included board members, advisory council members, volunteers, local clergy, a representative of a local senior center, and a Senior Real Estate Specialist. The meeting was conduct similarly to the pervious hearing, including a review and opportunity for discussion of each item of the draft.

Signup sheets and notes from both hearings are on file.

Gerard Queally, President and CEO of Spectrum Generation, opened both hearings by explaining the Area Plan process and the process of how the agency gathered information about the daily challenges central Maine older and disabled adults encounter, and how Spectrum Generations can do better in planning and providing services. The following sources were used:

1. Maine County and State Population Projections 2013-2028, March 2010 Economics and Demographics Team State Planning Office:
2. Maine Elders Services Needs Assessment (telephone survey by Critical Insights).
3. University of New England's *Assessment on Aging: Survey and Focus Group Research* dated March 3, 2012.
4. Focus groups run by Spectrum Generations covering the six counties of central Maine.
5. Maine LTC Ombudsman Program's *Personal Experiences with Long Term Care Services and Supports*, dated January 2012.

Gerard Queally introduced Deb Halm, Vice President of Program Operations. Deb Halm reviewed the four goals, their objectives and initiatives and asked participants for their feedback on how to improve the draft Area Plan.

At the April 23, 2012 Muskie Center public hearing, discussion occurred as follows:

Goal 1

A participant questioned if Nursing Facilities meant Nursing Homes in Objective 3, Initiative 2. It was requested that we should better define Nursing Facilities and differentiate from hospitals.

Participants questioned what M4A stood for (Objective 4, Initiative 3), making it clear that use of acronyms should be avoided throughout the Area Plan.

A participant commented that the wording of – Advocacy efforts will address solutions “that will approve” long term care waiting lists (Objective 4, Initiative 5), might be an unobtainable goal and suggested that it be changed to “in an attempt to approve.”

In regards to Objective 5, participants suggested that we incorporate children into We Sustain Maine Initiative, reaching out to High School community service programs for volunteers. It was also suggested that we could do more to educate young people by bringing more elders into the schools. This suggested addition will be incorporated in Goal 3 Objective 2.

Questions regarding annual volunteer trainings were addressed (Objective 7, Initiative 2). It was suggested that regular ongoing trainings were needed to train new volunteers, and refresh older volunteers about the many programs and services available to help older and disabled adults.

As a result of these comments, changes were made to the initiatives for Goal 1 and Goal 3.

At the April 24, 2012 Cohen Center public hearing, discussion occurred as follows:

Goal 1

Questions about social networking (Objective 1, Initiative 4) were addressed. Participants commented that newspapers are still the most common source of information for “older” seniors, plus people living alone are often afraid of computers and technology. Suggestions included providing educational materials written with easily understood language explaining Spectrum Generations programs and services to municipal town offices and churches to reach people who do not use technology.

A question regarding targeting Real Estate agents in a public campaign (Objective 1, Initiative 5) was addressed by explaining that people who attended Spectrum Generations focus groups commented that they looked at Real Estate agents as a referral source for what is available for services when moving to a new area.

Questions regarding improving services for older, disabled adults and caregivers (Objective 2) were addressed. Participants questioned if Spectrum Generations had a plan to follow up with consumers to find out if its services had been helpful. Deb Halm explained that this is already being done depending on the situation, but agreed that we need to do better with this.

An attendee who is a caregiver for her husband stated that she attends a Family Caregiver Support Groups and has found it, and the Savvy Caregiver Training, very beneficial.

Participants suggested adding mental health facilities to comprehensive public education campaign targeted to reach healthcare providers (Objective 3) to better serve adults with disabilities.

Questions regarding yearly trainings for Meals on Wheels volunteer drivers were addressed (Objective 7, Initiative 2). It was suggested that we add regular refresher trainings throughout the year.

Participants praised Spectrum Generations for including an initiative to develop a plan to improve services and benefits for aging and disabled Veterans (Objective 7, Initiative 4).

Goal 2

A question regarding Meals on Wheel (MOW) emergency fund for unexpected household expenses (Objective 1, Initiative 6) was addressed. Gerry explained that this fund came about due to a MOW driver purchasing a critically necessary household item (microwave) for a consumer to be able to eat frozen MOW meals. Nutrition is an important part of helping people stay in their homes.

Participants suggested that Spectrum Generations also pursue physicians and insurance companies to help fund chronic disease self management programs (Objective 2, Initiative 1).

Participants praised Spectrum Generations efforts to provide a series of public presentations on financial, wellness, home modifications and safety issues related to older disabled and caregiving adults (Objective 1, Initiative 2) as a great way to sustain community based support and help keep people out of hospitals.

Goal 3

Objective 2, Initiative 2 was another example of participants questioning what the acronyms for ADRC and SHIP stood for, with the suggestion that these be written out throughout the document.

Questions about the increased cost of providing necessary services to the growing number of seniors aging in place in central Maine were addressed (Objective 3). It is expected that these costs will rise dramatically. Gerry explained that he predicts future funding will not fully cover the expected increase in aging population and that it will be very important to collaborate with other service agencies and help older, disabled and caregiving adults to be better informed and prepared to make critical decisions on aging in place options.

As a result of these comments, changes were made to the initiatives for Goal 1, 2 and 3.

Appendix D

Requests for Direct Service Waiver

TO: Ricker Hamilton, Director of the Office of Aging and Disability Services

FROM: Gerard Queally, President and CEO, Spectrum Generations

DATE: July 26, 2012

RE: REQUEST FOR WAIVERS

Spectrum Generations requests a waiver for the following services:

- Nutrition Services
- Adult Day Services and Meals
- Waiver of Five Days per week Meals
- Waiver of Advance Menu Posting
- Waiver of less than full-time Nutrition Director
- Catering
- Healthy Aging Programs (CDSMP)
- Commodity Supplemental Food Program (CSFP)
- Bridges Care at Home
- Case Management

Nutrition Services:

We are requesting a waiver for our Nutrition Program to ensure an adequate, quality supply of service over the six counties of Spectrum Generations' planning and service area.

This program provides congregate and Meals on Wheels (MOW), social contact and access to other services to eligible persons as described by the Older Americans Act and the Bureau of Elder and Adult Services Policy Manual, Section 65. The services are managed by our Nutrition Director who spends 36 hours per week focused on Nutrition and four hours per week on catering efforts.

We currently work with several subcontractors to provide services. A listing of sub-contractors; their location; their relationship; and the days of their meal provision is included below.

- Methodist Conference Home, Rockland – MOW and congregate meals; meals Monday-Friday
- Bread of Life Ministries, Augusta – congregate meals; meals Wednesday & Friday
- Northland Living Center, Jackman, ME – MOW; meals Monday-Friday
- Somerset Rehabilitation & Living Center, Bingham – MOW; meals Monday-Friday
- The Coasters, Bath – congregate meals; meals Wednesday & Friday

- Mid-Coast Hunger, Brunswick – congregate meals; meals Tuesday & Thursday
- People Plus, Brunswick – congregate meals; meals Wednesday

We directly provide meals in the following locations:

- Cohen Center, Hallowell – MOW and congregate meals; MOW Monday-Friday (Wednesday & Friday hot and 3 frozen); Congregate Monday-Friday
- Muskie Center, Waterville – MOW and congregate meals; MOW Monday-Friday (Tuesday and Thursday hot and 3 frozen); Congregate Monday-Friday
- Coastal Center, Damariscotta – congregate meals Wednesday
- Topsham Center, Brunswick – congregate meals Friday

Waiver of Five Days per Week Meals:

Part of our Nutrition request is to waive the requirement to serve meals five or more days per week. Meals on Wheels are provided for five or more days, but congregate meals are provided from one to five days per week depending on the site. We feel it is appropriate to continue to manage sites that serve meals less than five days per week due to the nature of our region.

Waiver of Advance Menu Posting:

We request a waiver of advance menu posting for soup kitchens. They comply with all regulations except advance menus due to their reliance on donated food. Menus are received after the fact and I expected that they will meet Title III C guidelines.

Waiver of Less than Full-Time Nutrition Director:

We request a waiver of having less than a full-time Nutrition Director. Thirty-six hours are devoted to Nutrition Direction each week and they meet the needs of the program requirements. The remaining four hours are focused on catering efforts and they do not impede the delivery of quality Nutrition Services.

Adult Day Services and Adult Day Services Meals:

Spectrum Generations requests a waiver for operations of Adult Day services in Waterville, Belfast, Hallowell and Skowhegan. These programs offer a safe, social, medical environment for adults age 60 and over, or for disabled adults age 19 and over.

We request a waiver of for use of our kitchen to provide Adult Day services meals. These meals are prepared with other meals and the cost is fully reimbursed to the Nutrition Program from Adult Day services funds.

Catering:

Spectrum Generations seeks a waiver for our fee-for-service catering program in order to generate income to support Title III programs. OADS funds are not be used to offset the cost of the catering program and all program income and expenses are tracked and segregated. Any surplus would be used to support and expand Spectrum Generations services.

Healthy Aging Programs:

Spectrum Generations seeks a waiver as a provider able to develop evidence based healthy aging programs throughout our catchment area. We develop trainings and partnerships, leveraging facilities and volunteers and marketing the growing array of evidence based healthy aging programs that will enable those who are disabled, caregivers and seniors to stay healthy, live better with chronic disease and reduce the incidence of falls.

Commodity Supplemental Food Program:

Spectrum Generations has the infrastructure to facilitate the distribution of supplemental food programs to elderly low income residents. Spectrum Generations utilizes partnerships to make sure the access to the USDA supplements is seamless. We request a waiver to deliver this program.

Bridges Personal Services Specialists:

Spectrum Generations requests a waiver to provide Bridges help at home through our personal services specialists. Bridges provides homemaking, housekeeping, laundry, meals, errands, companionship; and help with bathing, dressing and personal care. Bridges is a contractor with Elder Independence of Maine, in addition to providing services for those who wish to pay privately. Income and expenses are segregated and any surpluses are utilized to expand the work of Spectrum Generations beyond grant funds that do not address the burgeoning demand for service.

Case Management:

Spectrum Generations seeks a waiver to provide care consultation and assessment, care planning and care coordination services, for private pay or as a contractor for Community Case Management services for DHHS. This service is offered in order to assure an adequate supply of affordable, quality service. Services ensure expanded consumer choice learning about options in long-term care supports.

Case Management is appropriate for individuals who are ineligible, in terms of income or disability, to receive services provided by GHS or Elder Independence of Maine or who do not wish to apply for state or federally subsidized services. We will inform consumers about the free long-term assessment provided by GHS and make referrals when requested.

Provision of care management will not detract from Spectrum Generations' ability or willingness to serve those in greatest economic or social need or limit the scope of outreach, access and advocacy we now provide to older and disabled people and their caregivers.

OADS funds will not be used to offset the cost of case management. Case Management services income and expenses will be tracked and segregated. Additional revenue will be used to improve and expand Spectrum Generations' services.

Appendix E
SPECTRUM GENERATIONS BOARD OF DIRECTORS
2011/2012
OFFICERS

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(Brunswick Community)**
member since 2007 (Chair starting 2011)
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At Large – Vacant

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SENIOR ADVISORY COUNCIL
2011-2012**

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Appendix F

Current Subcontracts

Wiscasset Senior Citizens	Meal Provider
Methodist Conference Home	Meal Provider
Bath Senior Citizens	Meal Provider
The Coasters	Meal Provider
Mid-Coast Hunger Prevention Program	Meal Provider
Somerset Rehabilitation	Meal Provider
Northland Living Center	Meal Provider
Bread of Life Kitchen	Meal Provider
People Plus	Meal Provider & Outreach
Elder Independence of Maine	Long Term Care Coordinator
Legal Services for the Elderly	Legal Services Provider
Life Aid	Personal Emergency Response Provider
Coastal Trans	Medical Transportation
Bill Gordon's Transportation	Adult Day Break Transportation
DHHS/Behavioral & Developmental Services	Adult Community Case Management Provider and Adult Day Break Service
Veteran's Administration, TOGUS VA	Adult Day Break Service Contract & Bridges Homecare & VA Self Directed Care
University of Southern Maine	Wellness Program & PSS Services

Appendix F

Current Direct Services

Advocacy, Outreach/Information and Assistance

Options Counseling

Health Insurance Counseling

Congregate and Meals on Wheels Dining

Evidence Based Health and Wellness Programs

Bridges Personal Support Services

Family Caregiver Assistance

Alzheimer Respite Services

Adult Day Break Services

Legal Assistance contracted through LSE

ABLE older worker opportunities in collaboration with the National ABLE Network Program

Transportation contracted through providers

Community Case Management