



# SeniorsPlus

SeniorsPlus  
The Area Agency on Aging and Disability Resource Center  
Serving Western Maine

2016-2020 Area Plan  
DRAFT

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### **SeniorsPlus Mission, Vision and Values**

## **Mission Statement**

Our mission is to enrich the lives of seniors and adults with disabilities. SeniorsPlus believes in supporting the independence, dignity and quality of life of those we serve.

## **Vision Statement**

Our vision is for SeniorsPlus to be a powerful local resource in addressing community issues, is sensitive and responsive to customer needs, and is the kind of organization that is proactive, creative and innovative in its service to the elderly.

## **Values Statement**

For our customers:

- ❖ Be responsive and flexible in service delivery.
- ❖ Assure quality services.
- ❖ Provide professional, well-trained staff.
- ❖ Maintain accessible and welcoming facilities.
- ❖ Access to information and resources are based on individual needs.
- ❖ We support consumer choice.

For our employees:

- ❖ Recognize employees for performance and team work.
- ❖ Provide professional developmental opportunities.
- ❖ Ensure consistent implementation of policies and procedures.
- ❖ Provide competitive compensation and benefits.
- ❖ Support open two-way communication.
- ❖ Encourage safety and wellness.
- ❖ Encourage and nurture autonomy and self-directed work.

For our volunteers:

- ❖ Treat volunteers with respect.
- ❖ Offer meaningful volunteer opportunities and training.
- ❖ Support open communication between staff and volunteers.

For our communities:

- ❖ Facilitate education and information sharing about older adults and people with disabilities.
- ❖ Participate actively in community partnerships.
- ❖ Inform communities about our work.

## **EXECUTIVE SUMMARY**

SeniorsPlus is the Area Agency on Aging that serves Androscoggin, Franklin and Oxford counties, located in Western Maine. All three counties are very rural except for the urban center of Lewiston/Auburn situated in the center of Androscoggin County.

Like all Area Agencies on Aging, we are challenged by the breadth of the aging population. We have the Baby Boomer generation who tend to be more tech savvy and want to have services through technology, we have the middle old who still want a face to face, and sometimes a social experience, and then we have the older old who may need us to deliver services in their homes or in their local community. A commonality among all groups is the desire for life-long learning. Additionally, we serve adults with disabilities. We also now serve a new, special population of refugees, commonly known as New Mainers. The New Mainers, who reside in our geographic footprint, are predominately located in the Lewiston/Auburn area, and mainly come from African countries. This area plan will have a special focus on connecting with and adapting services to this new population of older and disabled adults.

As part of our mission, we will continue to provide the services that are funded through the Older Americans Act. For each of these services, we will look at how we can expand, improve, and change, to meet the ever-changing needs of our populations. These services include:

- Nutrition services, including Meals on Wheels, Lunch Plus Cafes and the Dine Around program,
- Information and assistance, including Options Counseling and Medicare Counseling,
- Caregiver support and education,
- Education, including evidence-based prevention classes and wellness classes.

It became evident through the focus groups we conducted with older adults in Androscoggin, Franklin, and Oxford counties that to improve and advance our work, and to reach out to, and provide for more people while relying on the same or fewer resources we need to concentrate on the following areas:

1. **Technology**. We must utilize the availability of technology wherever possible. Communication and the delivery of services can be increased through technology. The growing generation of Baby Boomer older adults is increasingly more

confident and comfortable on several different platforms of technology than the other older adult populations that we serve.

2. **How to find help.** Build a network of locations where hard copy information can be found. Time and time again we hear about people who are unaware of the services we provide and how we can help them. One way we can combat the lack of information is by setting up locations across the three counties that serve as a reference shelf of sorts. By starting with the services that most towns already have, even small ones, like the town office, police and fire departments, post office, and a library, we can designate areas where community members could get the information that they need in a hard copy form.
3. **Age-friendly communities.** We must work with communities within the reach of our counties on adapting them to become age-friendly. We must collaborate and educate these communities on models and possibilities of which route is best and ideal for their community and the people within it.
4. **New Mainers.** The urban area of Lewiston/Auburn has increasingly become a center for African born New Mainers. This population has a different set of needs than our other populations. To better reach out and help, we must connect with New Mainers and the agencies who are more familiar with them. We will, where possible and culturally appropriate, adapt our services to meet this growing population.
5. **Dementia education and support.** When people are first diagnosed with dementia, they often feel left out in the dark and alone. They lose support and connections with family, friends, and their community because of the stigma. We will continue to offer support and education to those who live with the disease and those who serve as caregivers, and educate communities about how best to support these residents.

In summary, SeniorsPlus is a trusted resource to those who know us. We have established programs and services that meet the needs of many in our geographic footprint. These are the traditional urban and rural Mainers who have histories of being staunch individuals who only ask for help as a last resort. We have worked to become an agency that also provides proactive, preventative, healthy aging programming. We have found that older adults want to remain active, involved, and are life-long learners.

Our challenges are and continue to be the 50 year span of older adult life and how we stay relevant to all in our offerings. We know that in order to be a catalyst for communities to create age-friendly environments that we must reach out to and work

alongside the indigenous leadership of the urban and rural communities of Oxford, Franklin and Androscoggin Counties,

We are also challenged to get people to “know us before they need us” so that they know where to turn when they need answers on aging. This area plan is ambitious yet reasonable given the limitations of our funding and other resources.

#### Statement of Purpose Regarding Emergency Preparedness

SeniorsPlus will continue to work with local and state emergency management entities to inform older adults about the need for preparing for emergencies. We will educate them about what steps they need to take to safely remain at home, and what to prepare in case of the need for evacuation. We will advocate for older adults to create plans with their families and with local emergency management staff.

## **APPENDIX A:** **CONTEXT**

For several years now, Maine has been named the oldest and most rural state in the nation. Of the three counties that SeniorsPlus serves, Androscoggin, Franklin, and Oxford, one county has one of the three urban hubs in Maine – the Lewiston/Auburn region of Androscoggin County. Both Franklin and Oxford counties are two of the most rural counties in all of Maine.

The percentage of older adults in Maine has followed its predicted increase and will continue to do so until a peak hits in 2020. Between 2012 and 2020, there is a projected increase of adults aged 65 and up of nearly 13,000 individuals in Androscoggin, Franklin, and Oxford counties combined. With this stark increase, a boom in needs will follow, but no positive change in funding patterns. Instead, a decrease in funding for services provided to older adults and adults with disabilities is expected. The question now posed is how to continue to ensure the quality of life of the older and disabled adults we serve, as well as better help them to continue to stay where they most want to be - at home - for as long as possible and by having the smallest cost to society.

With the arrival of the Baby Boomers, we now have three generations of older adults that we serve. The first, a frailer and older generation that will continue to need our help. The second is a more active and yet less tech savvy group, and third, a younger and more active generation, “the boomers”. This generation is living longer, is healthier and much more comfortable using all sorts of technology and social media platforms than the older groups. This younger generation also wants to be active in all matters of choice regarding their life. Despite their differences, all groups remain concerned with their money; where it goes and what it goes towards. So how do we, as an agency, continue to serve the needs of the older generation as we have been while also adapting to this energetic new generation of older adults and their needs?

In addition to these populations, SeniorsPlus also now serves a new population of elder New Mainers, primarily refugees and asylum seekers from African countries, in the Lewiston/Auburn center. This population is both relatively new to the state, but also very new to our agency. With this new population, come new and very different needs. How can we adjust our services to better reach and aid these elders?

We used data from Older Adults and Adults with Physical Disabilities: Population and Service Use Trends in Maine (2012) and the John T. Gorman Foundation, report on

The Status of Seniors in Maine (2016). We conducted three focus groups in our more rural areas - Rangeley, Farmington, Norway. We also conducted two focus groups, one with men and one with women, with the New Mainer population in the Lewiston/Auburn area.

From the five focus groups we conducted, the biggest gaps that seemed to appear over and over again were the need for help with home repair and home maintenance, and transportation. There was also significant worry about housing and where people can go when they can no longer stay in their home, but do not want to go to an assisted living or nursing facility; there needs to be better options, and more options of affordable housing in communities available to older adults and disabled adults. Many older adults defer maintenance on their homes as their incomes are fixed and they do not see it as a priority over other needs such as prescription drugs. Their own ability to do routine maintenance is lessened as they age or lose the spouse who was responsible in the area of home maintenance.

According to their report, *The Status of Seniors in Maine*, the JTG Foundation found that the majority older adults in the Androscoggin region owned their home (81%). Forty percent of older adults owned their home with a mortgage and around 16% of older adults rented. In the Northwest region which includes Franklin and Oxford counties, 38.4% owned their home with a mortgage, nearly 36% owned their home without a mortgage and 23.3% of older adults rent. These numbers show that a significant portion of older adults still make home payments and many of them rent, which takes up a lot of their limited income.

Another identified issue is becoming known and trusted by older adults and communities early in the aging process. Many people don't know where they would go to look for services and resources within their community, and only when in crisis mode do they end up looking for assistance. It's important to be known by people before a crisis occurs.

The sheer increasing numbers of older adults we will be serving (13,000) during this four year span highlight the need for our nutrition services. During the last 3 of 4 years, we have had a Meals on Wheels wait list. As we gain thousands more in our area, this need will increase as well. Using the Determine Your Nutritional Risk in our Meals on Wheels program, 11% responded that they don't always have enough money to buy the food they need. 75% of current Meals on Wheels clients are at high nutritional risk. We must address the food insecurity for older adults in multiple ways.



Wait lists are often indicators of need, and as we are in our second year of a wait list for our Alzheimer's respite program for caregivers, we know the need for support for caregivers grows. In our focus groups, participants admitted thinking about dementia and trying not to worry about it, and nearly everyone was or had been a caregiver of someone with dementia, or knew someone close to them who was a caregiver. Participants commented on the isolation that dementia creates. There is a lot of work to be done to create supportive, educated communities, as well as individual support for those with dementia and their caregivers.

As we looked closely at the region of Western Maine that we work in and its needs, it is clear that our findings mirror the focus areas and goals that the Administration on Community Living have set as their national agenda. The mission of SeniorsPlus states that we will "enrich the lives of seniors and adults with disabilities. SeniorsPlus believes in supporting the independence, dignity and quality of life for those we serve." The goals of the ACL are to:

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.
2. Enable older adults to remain safely in their own homes, ensuring a high quality of life for as long as possible...
3. Empower older people to stay active, healthy and connected to their communities...
4. Protect the rights of older adults, and enhance the response to elder abuse.

SeniorsPlus, the Office of Aging and Disability Services of the State of Maine and the Administration on Community Living will work to assist individuals to reach these goals and to build communities that are supportive to these individuals as they seek to stay home as long as possible with quality of life.

**APPENDIX B:**  
**GOALS, OBJECTIVES, INITIATIVES, OUTCOMES AND PERFORMANCE**  
**MEASURES**

**GOAL 1: EMPOWER OLDER PEOPLE AND THEIR FAMILIES TO MAKE INFORMED DECISIONS ABOUT, AND BE ABLE TO EASILY ACCESS, EXISTING HEALTH AND LONG-TERM OPTIONS.**

**Goal 1, Objective 1:** Increase collaboration with health care providers.

Initiatives:

- ❖ Pursue collaborative funded work with healthcare providers such as care transitions, Community Health Workers, accountable care organizations and health insurers to ease transitions, reduce hospitalizations and provide person-centered care across all medical venues.
- ❖ Provide healthcare providers (2 in year one, increase by 2 each year thereafter) with outcomes of services provided to them, to increase awareness of value of our services (I.e. number of referrals, outcomes of referrals)
  - Increase use of Crisis to Thrive scale outcomes for reporting
  - Track and report number of referrals processed and services received
- ❖ Evaluate our services to physicians through a customer satisfaction survey, or one-on-one interviews with physicians (2 in year one, increase by 2 each year thereafter).
- ❖ Explore and implement, as appropriate, an email newsletter to healthcare providers and community partners to alert them on important information for their clients.

## **Goal 1, Objective 2:** Provide navigation and counseling services.

### Initiatives:

- ❖ Increase reach of SHIP counseling :
  - Recruit and maintain a minimum of 2 Medicare volunteers in each county.
  - Explore the use of face-to-face technology for long-distance appointments, and implement as feasible.
  - Create Medicare 101 webinar on website.
- ❖ Increase assistance with options counseling and assistance:
  - Create an explanation of how to access LTC services (home care) and include on website.
- ❖ Provide benefits screening to approximately 1,500 consumers per year.
- ❖ Maintain a skilled cadre of State Health Insurance Program (SHIP) volunteers to provide ‘Welcome to Medicare’ seminars and one-on-one counseling.
- ❖ Provide ‘Welcome to Medicare’ seminars and offer one-on-one counseling during open enrollment.
- ❖ Provide Information and Referral services, including ADRC Counseling and Options Counseling, to approximately 9,000 people a year.

## **Goal 1, Objective 3:** Increase capacity for older and disabled adults to access and act on information and resources.

### Initiatives:

- ❖ Increase visible locations where consumers can find information about services by:
  - Create and maintain a minimum of one office in each county.

- Explore and pursue 2-4 more locations where information and/or staff can be co-located where older adults commonly visit.
- Expand use of social media.
- ❖ Advocate with state and other stakeholders for the simplification of the long-term care system.
- ❖ Create and maintain a minimum of one TV/radio presence with information on aging issues.
- ❖ Continue to work with Healthy Androscoggin and the REACH grant to increase access to resources for older New Mainers. Goal: to have at least one service (i.e. Medicare Counseling) available on a regular basis for New Mainers working with interpreters, translated written materials, in a location that's comfortable for them.

## **GOAL 2: ENABLE OLDER ADULTS TO REMAIN SAFELY IN THEIR HOMES ENSURING A HIGH QUALITY OF LIFE FOR AS LONG AS POSSIBLE THROUGH THE PROVISION OF HOME AND COMMUNITY-BASED SERVICES, INCLUDING SUPPORT FOR FAMILY CAREGIVERS.**

**Goal 2, Objective 1:** Promote and advocate availability for services necessary to remain safe at home.

Initiatives:

- ❖ As needed, continue legislative advocacy for continued funding that provide basic needs for older adults, including fuel, food, transportation, and housing.
  - Maintain membership in and work with advocacy groups already established in the state, i.e. Maine Council on Aging, etc.

- Create and expand consumer advocacy database, and create alert systems when advocacy calls become necessary.
- Maintain relationships with state and federal legislators to inform on aging issues and advocate for change.
- ❖ Continue Money Minders program, and advocate for continued funding through the Maine State legislature.
- ❖ Promote and as possible, assist in creation of home repair services in communities such as volunteer neighbors helping neighbors programs.
- ❖ Deliver 85,000 home delivered meals annually to homebound and frail older and/or disabled adults.

**Goal 2, Objective 2:** Promote the development of a fairly compensated and valued direct care workforce.

Initiatives:

- ❖ Continue to advocate in legislature for higher wages and creation of a career ladder for direct care workers.
- ❖ Raise awareness of work of direct care workers in communities, and champion the work they do, through initiatives of the Age Friendly Communities projects, through public media and through agency appreciation and respect.
  - Publicly thank direct care workers in newsletter and public media.
- ❖ Explore opportunities for creation of Adult Day Services in the tri-county area and create at least one Adult Day Service program, if feasible.
  - Explore collaboration with other agencies.
  - Explore models that would work in our area.
  - Explore funding opportunities.

**Goal 2, Objective 3:** Advocate for public transportation and ride options.

Initiatives:

- ❖ Continue to advocate for legislation both at the state and federal level for increased transportation for older adults.
- ❖ Through the Age Friendly community projects, promote and assist in implementation of community based transportation options, to include door-to-door transportation for social outings and errands.
  - Explore expanded RRHAT Van services in Rangeley.
  - Explore and implement expanded transportation options in Farmington.
- ❖ Explore partnerships/funding opportunities with Community Concepts and Western Maine Transportation.
- ❖ Connect older adults needing transportation to available community programs.

**Goal 2, Objective 4:** Maintain and improve caregiver services.

Initiatives:

- ❖ Increase accessibility of caregiver education by creating webinars of classes held in the Education Center and/or provide links to online courses already available through other sources. Create one in year one and increase by one each year thereafter.
- ❖ Continue to advocate for increased legislative funding for the respite program, and seek additional grant funding, as feasible.
- ❖ Provide caregiver education and training, support groups, community education, and one-on-one counseling.
- ❖ Offer respite via Caregiver Respite Program to 35 people as funds are available.

- ❖ Offer a minimum of 4 evidence based Savvy Caregiver and evidence-informed Savvy Caregiver Advanced classes per year based on identified community need.

## **Goal 2, Objective 5: Reduce food insecurity.**

### Initiatives:

- ❖ Reach required congregate dining number through OAA funding by increased marketing of program, and increased dining sites.
- ❖ Collaborate with New Mainer community to provide culturally appropriate nutrition services to older adults in the L/A area.
  - Consider and implement if feasible, a dining site in the L/A area specifically for New Mainers.
  - Consider and implement if feasible, culturally appropriate home delivered meals to elder New Mainers in the L/A area.
- ❖ Offer healthy cooking classes at the Aging Well, Living Well Expo and Education Center (twice per year).
- ❖ Maintain capacity of Lunch Plus Cafes and Around Town Cafes to serve 800 people.
- ❖ Provide Meals on Wheels to 650 homebound older adults yearly.

## **GOAL 3: EMPOWER OLDER ADULTS TO STAY ACTIVE, HEALTHY, AND CONNECTED TO THEIR COMMUNITIES THROUGH EMPLOYMENT, CIVIC ENGAGEMENT AND EVIDENCE-BASED DISEASE AND DISABILITY PREVENTION PROGRAMS.**

### **Goal 3, Objective 1: Increase participation in health and wellness programs.**

#### Initiatives:

- ❖ Seek grant funding to supplement Title IIID to increase capacity for more evidence-based classes.
- ❖ Research feasibility of the inclusion of exercise classes, (i.e. T'ai Chi or Matter of Balance) on the SeniorsPlus website and/or public access TV channels
- ❖ Increase the Long Distance Learning opportunities in Franklin and Oxford counties to either more times per month, and/or more locations.
- ❖ Research and implement as appropriate, the use of skype of other technological tools for individual connection to educational opportunities in the Education Center.
- ❖ Seek partnerships with health care providers to increase referrals/offerings.

### **Goal 3, Objective 2:** Expand volunteer opportunities.

#### Initiatives

- ❖ Develop messaging about volunteers that more clearly represent the scope of opportunities – i.e. professional opportunities.
- ❖ Increase high-level volunteer opportunities that assist staff and use the varied skills of volunteers. Goal: add a minimum of one new job description/opportunity each year. (Examples: Medicare and ADRC follow-up callers, support group facilitators, Long Distance Learning facilitators, educators for the evidence-based classes)
- ❖ Working with University of Maine at Farmington, explore opportunities for UMF student volunteers such as Friendly Callers, researchers, interns.
- ❖ Explore and implement, if feasible, a network of “Community Ambassadors” that will keep SP informed of



community resources, and promote SeniorsPlus services in their communities.

**Goal 3, Objective 3:** Encourage and promote age-friendly communities.

Initiatives:

- ❖ Continue work with communities of Rangeley and Farmington through the Thriving in Place grant.
- ❖ Offer and provide support to communities through our territory that desire to begin an Age-Friendly initiative, sharing resources, best practices and facilitation.
- ❖ Promote the work of communities that are working with Age-Friendly initiatives through our marketing (i.e. newsletters, website postings, Facebook, workshops)
- ❖ Develop and implement the Dementia-Friendly initiative through the TiP grant and share with other Age-Friendly initiatives.

**GOAL 4: PROTECT THE RIGHTS OF OLDER ADULTS, AND ENHANCE THE RESPONSE TO ELDER ABUSE.**

**Goal 4, Objective 1:** Increase awareness of financial exploitation.

Initiatives:

- ❖ Continue the Money Minders program for older adults who may be vulnerable to exploitation.
- ❖ Continue to increase Scam Alerts and other avenues of getting the word out about financial exploitation to consumers on website, in newsletters, and on Facebook.
- ❖ Pilot EASI (Elder Abuse Suspicion Index) and add one additional service area each year.

- ❖ Provide 10% of Older Americans Act Title IIIB funding to Legal Services for the Elderly (LSE), and continue co-location of LSE at SeniorsPlus.

**Goal 4, Objective 2:** Provide educational opportunities about fraud, elder abuse, and scams.

Initiatives:

- ❖ Provide a monthly Fraud and Scam Alert to Meals on Wheels clients with their meals
- ❖ Continue educational opportunities about frauds, scams, and elder abuse at the Education Center, the Aging Well, Living Well Expo, and in other venues on a regular basis.

**Goal 4, Objective 3:** Collaborate with a variety of partners to address elder abuse.

Initiatives:

- ❖ Continue with county-wide elder abuse coalitions in all three counties, as well as participating regularly with the Elder Abuse Prevention Task Force at the state level.
- ❖ Work with Legal Services for the Elderly, local police departments, Adult Protective Services, and the Senior Medicare Patrol program to increase awareness of elder abuse. Work collaboratively in intervention when abuse occurs.
- ❖ Participate in Elder Abuse Awareness Month and other Day events with partners.

**APPENDIX C:**  
**AREA PLAN ASSURANCES**

**Area Agency Activities**

(1) SeniorsPlus (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 that such procedures are available for review by the Office of Aging and Disability 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,
- (B) Information and assistance, and case management services);
- (C) 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
- (D) 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 2016 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 Bureau of Elder and Adult 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 E:**  
**BOARD OF DIRECTORS**

**Officers:**

Richard Theriault - *Chairperson*

Patrick Norton - *Vice-Chair*

Larry Morin - *Treasurer*

Kathleen Conley Murphy - *Secretary*

**Directors:**

Irving Faunce

Amy Flowers

Fran Fowler

R.J. Gagnon

Dennis Gray

Danielle Hinkley

Patricia McCluskey

Annette Nadeau

Patricia Quinn, Member at Large

Linda Snyder

Pat Vampatella



**APPENDIX F:**  
**LIST OF CURRENT SERVICES**

- ❖ Aging and Disability Resource Center
- ❖ Alzheimer's Respite
- ❖ Community Health and Wellness Education
- ❖ Family Caregiver Support
- ❖ Medicare and Health Insurance Counseling
- ❖ Nutrition Services, including Meals on Wheels, Lunch Plus Cafes, and Dine Around
- ❖ Money Minders
- ❖ Volunteer Opportunities
- ❖ Legal Services
- ❖ Options Counseling
- ❖ Information, Assistance, and Outreach
- ❖ Veterans Independence Program
- ❖ EIM Home and Community Based Care Coordination
- ❖ EIM Waiver Service Providers
- ❖ EIM Fiscal Intermediary
- ❖ Multiple Sclerosis Home Links Care Coordination

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