

**CLACKAMAS COUNTY SOCIAL SERVICES  
DIVISION, AGING AND DISABILITY SERVICES  
DISTRICT #2 - CLACKAMAS  
OLDER AMERICANS ACT  
AREA PLAN  
*for period of*  
**JANUARY 1, 2008**  
*to*  
**DECEMBER 31, 2012****

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**VERIFICATION OF INTENT**

- Type A: OAA, OPI
- Type B: Staff-Contract: OAA, OPI, Medicaid
- Type B: Staff-Transfer: OAA, OPI, Medicaid

This Area Plan document is an Older Americans Act (OAA) requirement and summarizes planned professional services under contract by agency named below and State of Oregon Department of Human Services Seniors & People with Disabilities. The Area Agency named below agrees to provide said services under federal provisions of the OAA, Titles III B, III C1, III C2, III D, III E, and VII, Oregon Project Independence, and Medicaid during the period identified above.

Clackamas County Social Services  
2051 Kaen Rd.  
P.O, Box 2950  
Oregon City, OR 97045

Chief Executive Director  
Brenda Durbin, SSD Director

503-655-8640

My signature below endorses this Area Plan and affirms the Plan has been reviewed and approved by the AAA Advisory Council and if applicable, the AAA Governing Body.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **OVERVIEW OF AREA PLAN**

## **SECTION A** **OVERVIEW OF AREA PLAN**

The overview must include, at a minimum the following information:

- a) thorough description of the service system, including meeting the needs of rural and low-income minority;
- b) list of designated focal points;
- c) profile of the population to be served by the AAA, including rural and low-income and ethnic minority;
- d) the types of services to be funded and any identified unmet needs;
- e) description of any major changes to the service system planned during the next area plan period, with annual updates; and
- f) description of the area agency planning process used to determine service priorities.

The Social Services Division was created through the merger of the Area Agency on Aging and the Community Action Agency in the spring of 1982. The Area Agency on Aging (AAA) and the Community Action Agency (CAA) combine advocacy, program coordination and development activities with social programs to provide opportunities and services for the elderly, people with disabilities, low-income persons, rural residents, and minority individuals of Clackamas County.

Area Agencies on Aging began as part of the Older Americans Act of 1965. In Clackamas County, the AAA was originally a Tri-County agency administered by the Columbia Regional Association of Governments. The AAA became independent in Clackamas County in 1977. In 1990 Clackamas County AAA accepted the transfer of the rest of the 65+ caseload, and all disabled adults receiving Medicaid or food stamps from Adult and Family Services. In 1994 the name of the Area Agency on Aging changed to "Aging and Disability Services" (ADS) to better reflect the population being served. On July 1, 2009, Social Services became a Type A AAA again as the Medicaid funded programs were transferred back to the State. There are now 4 DHS-SPD offices in Clackamas County providing Medicaid long-term care services.

The Board of County Commissioners appoints an Area Agency on Aging (AAA) Advisory Council. The AAA Advisory Council consists of representatives of the general public (more than 50% members age 60 or older) who reside, work or serve those who live within the boundaries of Clackamas County.

Purpose of the AAA Advisory Council:

- \* serve as an advisory body to the Clackamas County Area Agency on Aging, which is the Social Services Division of the Health, Housing and Human Services Department;
- \* advise the Clackamas County Area Agency on Aging (AAA) on all matters relating to the development and administration of the Clackamas County Area Plan and advise the AAA on Area Plan operations conducted under the Plan;

- \* review all requests for Clackamas County Area Agency on Aging funding and make the findings of the AAA Advisory Council known to the applicant, the County and the State;
- \* seek the opinions of clients of services funded under the Area Plan and seek the opinions and advice of the general public on services needed and how to improve existing services;
- \* be a catalyst in the improvement and maintenance of existing services and in the generation of needed services for Clackamas County senior residents.

a) THE SERVICE DELIVERY SYSTEM - SINGLE ENTRY

Clackamas County Aging and Disability Services (ADS) operates as a Single Entry system. This was developed to ensure that residents of Clackamas County would be provided with a simple and direct means to access needed information and services. The system operates on the premise that if all requests for information go through one central place that there will be less confusion, less frustration and better, more appropriate service. Single Entry has goals which are internal to ADS and also goals which involve the ADS and other providers in the service delivery network.

- b) FOCAL POINTS: The service delivery goes beyond the ADS office. ADS is one aspect of Single Entry. There are designated focal points which are part of the comprehensive service delivery system in Clackamas County. Focal points are expected to operate five days a week (a minimum of 32 hours per week), and to adhere to the Clackamas County Policy on Aging. Focal points combine people, services and activities. The typical focal point offers meals three to five times a week, information and assistance, community outreach, client assessment, transportation, social services, legal counseling, health promotion activities, recreation and social programs. The focal points in Clackamas County are:

- \* Canby Adult Center
- \* Estacada Community Center
- \* Gladstone Senior Center
- \* Hoodland Senior Center (access point, not a full focal point+)
- \* Lake Oswego Adult Community Center
- \* Milwaukie Center
- \* Molalla Adult Community Center
- \* Pioneer Community Center
- \* Sandy Senior and Community Center
- \* Wilsonville Senior Center

+ Hoodland does not have a senior center facility so cannot meet all of the focal point requirements, i.e. activities and number of congregate meals.

- c) POPULATION SERVED: The primary focus of the Clackamas Aging and Disability Services is to provide direct services or contracted services to elderly County residents

(60+ for Older Americans Act funded services), especially low-income and/or minorities in rural areas, as well as those in greatest economic and social need throughout the County.

The Clackamas County 2005 American Community Survey figure for people 60+ is 59,779 and for people 65+ is 41,188.

- 60+ population increased by 15.8% over the 2000 census figure;
- 60+ population is 16.3% of the total County population of 365,723;
- 65+ population is 8.8% of the age 65+ Oregon population (469,696)
- 60+ population divided by gender is approximately 44% male and 56% female; and
- Divided by age: 60-64 – 18,591; 65-74 – 21,786; 75-84 – 13,758; 85+ - 5,644.

The 2005 American Community Survey indicates that the 85+ population increased by 13.44% over the 2000 census figure. The 2000 Census also indicated that approximately 25,553 non-institutionalized persons between the ages of 16 to 64 self-reported a disability. An additional 14,457 persons over the age of 65 self-reported similar limitations. In total, the 40,010 represents 11% of the total County population (down 2% from the 2000 census). The over 60 County population divided by race is approximately 94.53% White Alone Non-Hispanic and 5.42% non-white based on data from compiled by the US Administration on Aging based on Census data that was released August 9, 2007.

For the over 60 County population this breaks down as 0.30% Black Non-Hispanic, 0.41% American Indian Alaska Native Non-Hispanic, 2.25% Asian Alone Non-Hispanic, 0.09% Native Hawaiian and Other Pacific Islander Non-Hispanic, 0.73% Non-Hispanic Two of more Races, and 1.69% Hispanic/Latino (may be of any race).

- d) TYPES OF SERVICES FUNDED: The Clackamas County Aging and Disability Services (ADS) administers federal and state funded programs at the County level. The major programs administered by ADS are:
1. Oregon Project Independence (OPI) - a state funded program for those not financially eligible for Medicaid but who still need assistance in their homes.
  2. Older Americans Act funded access to services, nutrition, health promotion (including medication management), in-home care, family caregiver support, community training/education, and elder abuse prevention services.
- e) SERVICE SYSTEM CHANGES - July 1, 2010, Social Services underwent a redesign of our Information and Referral Unit now called the Clackamas Resource Connection (CRC). With no change in funding the Unit began a transition towards the ADRC model providing more focused, intensive one-on-one information and referral services to the older residents of the County seeking assistance. The CRC also offers Options Counseling on how to find the best long term care and short-term case management..
- f) PLANNING PROCESS FOR DETERMINING SERVICE PRIORITIES: Clackamas County Aging and Disability Services and its Advisory Council (AAAAC) begins its planning process in the fall of the previous planning year. It begins with each committee firming up

its yearly workplan which includes monitoring visits and reviews of existing contracted service providers. After the reviews are completed the committees discuss whether changes should be made to the way services are being provided. As funding allocation figures become available the Advisory Council is involved in the formation and approval of its recommended budget for the following year. The AAA-AC is active in the Oregon Area Agencies on Aging and Disability (O4AD) and the Governor's Commission on Senior Services.

Members participate actively in the legislative process and advocate for issues concerning service needs for older, rural, minority, low income persons and people with disabilities. ADS Staff members and contracted service providers, while providing assistance to clients, are able to identify gaps and barriers in the delivery system for older and disabled persons. The Adult Center Liaison Committee of the AAA-AC assists in site and client visits to monitor the Older Americans Act funded services. They are satisfied that the funds budgeted for Title III B mandated services are properly proportioned.

During FY2010-2011 Clackamas County Social Service Division embarked on the **engAGE in Community** project. This project is a community-based participatory action initiative with a mission of establishing Clackamas County as an age-friendly place that supports the ability of all people to age actively and successfully in their residence or community of choice. **engAGE in Community** teams identify and map assets and barriers to place-based aging in local communities. Individuals and organizations were recruited from within Clackamas County to work together toward our goal of empowering Clackamas County communities to create the supports and infrastructure that will allow all county residents to live in age-friendly places.

Key partners include Clackamas County Social Services, OSU Extension Service, and AARP Oregon. **engAGE in Community** would not be possible without the efforts of engaged and engaging community partners and volunteers

To obtain a complete copy of the Clackamas County Social Services Division Aging and Disability Services (ADS) Area Plan contact Social Services at 503-655-8330 and ask for the ADS Contracts Specialist. You may request either an electronic copy or a hard copy of the Area Plan document.

# **ADMINISTRATION**

**Governing Body  
Advisory Council  
Organizational Chart  
Administrative Goals and Objectives  
Other Programs & Activities**

**SECTION B-1**  
**AGENCY'S GOVERNING BODY**

List all members of the Governing Body (Board of Directors, COG Board, County Commissioners) indicating officers by title and the date each member's term of office expires.

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Charlotte Lehan	12/31/12	Chair, County Commissioner
Jim Bernard	12/31/14	County Commissioner
Jamie Damon	12/31/12	County Commissioner
Ann Lininger	12/31/12	County Commissioner
Paul Savas	12/31/14	County Commissioner

Additional Comment:

**SECTION B-2**  
**AREA AGENCY ADVISORY COUNCIL**

List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D)

Name & Contact Information	Date Term Expires	Category of Representation
Bentley, Lisa 4422 SE River Dr. Milwaukie, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Bering, Rika 21215 S. Sweetbriar Rd. West Linn, OR 97068	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Breiling, Mary 17685 S. Holly Lane Oregon City, OR 97045	06/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Brothers, Sharon K. 5281 Windsor Terrace West Linn, OR 97068	6/30/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>

Name & Contact Information	Date Term Expires	Category of Representation
Burns, Ellen 7550 Charolais Court Gladstone, OR 97027	06/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Cavataio, Pat PO Box 1717 Sandy, OR 97055	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Childs, Hazel S. 2122 Dillow Drive West Linn, OR 97068	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Graebert-Rodriquez, Gabriele 170 Linn Ave. Oregon City, OR 97045	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Jackobssen, George (Jake) 4110 Imperial Drive West Linn, OR 97068	6/30/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Jones, Dick 3205 SE Vineyard Rd. Oak Grove, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Koehrsen, Glenn 15144 S. Graves Rd. Mulino, OR 97042	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Lowe, Joseph 39635 Dubarko Rd. Sandy, OR 97055	6/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60 & Disabled
Petersen, Charles 17971SE River Rd, #302 Milwaukie, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Disabled
Renk, Marilyn 15115 SE Bartell Rd Boring, OR 97009	06/30/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Stillwell, Inez 401 S. First Street Oregon City, OR 97045	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Announcements to recruit members are made at the County ADS Contractor meetings, I&R Breakfasts, notices are put into the newsletters of the 10 senior centers, plus the County

Public Affairs office advertises in local community newspapers in the County and the Citizens News quarterly newspaper sent out by the County. Contacts are made in the Russian and Hispanic communities by Social Services and contract agency staff which we hope will result in minority representation.

**SECTION B-3**  
**ORGANIZATIONAL CHART(S)**

Insert organizational chart(s) that clearly show the functional organization of the Area Agency sponsor and the Area Agency on Aging.

**PDF File of CCSS Organizational Chart Attached**

## **SECTION B-4** **ADMINISTRATIVE GOALS AND OBJECTIVES**

Listed goals and objectives must be measurable in terms of results and have a target date or time duration for accomplishment. Goals and objectives must be reviewed and updated annually with accomplishments noted for the previous year's goals.

As required by the Older Americans Act you must have goals and objectives in the five areas explained below. Please indicate the type(s) of each goal in the table. Some goals may cover more than one area.

Administration: Administrative functions required to implement planned services, maintain records, and fulfill the requirements of Federal regulation, State rules, and Community Independence & Advocacy/State Unit on Aging policies and procedures. Support advisory committees. Includes such functions as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.

Advocacy: Monitor, evaluate and comment on issues related to community actions affecting older persons; conduct or attend public hearings; represent older persons' interests at the local, state and national levels; and support Long Term Care Ombudsman program.

Coordination: The coordination of programs funded through the Older Americans Act with other supportive federal, state, local or private programs. Coordination is a continuing activity linking, in support of common service objectives, existing planning and service resources on a cyclical and ongoing basis.

Development: Functions directed toward the development of specific service(s), goals or objectives. Includes such functions as needs assessment, plan development, budgeting/resource analysis, inventory, standards development, policy analysis, resource development and research.

Outreach: Efforts used to identify individuals eligible for assistance under the Older Americans Act, with special emphasis on:

- older individuals residing in rural areas;

Outreach, continued

- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English-speaking ability;
- and older individuals with Alzheimer's disease or related disorders.

<p><b>A=Administration</b>  <b>B= Advocacy</b>  <b>C=Coordination</b>  <b>D=Development</b>  <b>E=Outreach</b></p> <p><b>GOAL DESCRIPTION</b></p>	<p><b>MEASURABLE OBJECTIVES</b></p>	<p><b>ACTIVITIES</b></p>	<p><b>DURATION</b></p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p><b>OUTCOMES/ ACCOMPLISHMENTS</b></p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Increase nutrition services for elderly county residents.</p>	<p>\$X raised annually for senior center meal programs.</p>	<p>Provide information, resources, and marketing to support fundraising efforts of new non-profit, Clackamas County Meals on Wheels.</p>	<p>Ongoing</p>	<p>FY07/08 CCMOW &amp; the Meal Sites sold Entertainment Books. Total funds raised by the Meals Sites \$2,800; total funds raised by CCMOW \$1,800. Also sold books in FY08/09 FY09/10, and FY10/11 raising over \$6,000 each year. This activity raises awareness of the program as well as being a fund raiser.</p> <p>FY07/08 All Meal Sites participated in the MOWAA March for Meals campaign. This effort is to both fund raise and raise awareness of the program and it's needs.</p> <p>FY08/09 The Milwaukee Center site was honored by MOWAA for its March for Meals campaign rising over \$25,000.</p>

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<p>Increase nutrition services for elderly county residents. (con't)</p>				<p>FY09/10 The program received a \$20,000 grant from Kaiser Permanente to increase client consumption of fruits &amp; vegetables.</p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Engage local advocates to monitor, evaluate and comment on issues affecting older persons.</p>	<p>On an annual basis:                      10 communications with local officials                      10 communications with state legislators                      10 communications with federal lawmakers and/or administration officials                      (Note – communications may be in person, via phone or email.</p>	<p>Annual advocacy training                      Create and distribute information for advocates to use                      Monthly advocacy meetings</p>	<p>Ongoing                      Ongoing                      Ongoing</p>	<p>10 Residents and AAA-AC members participated in the O4AD Advocacy Day at the Legislature                      8 Letters to the Editor were written by AAA-AC Advocacy members to local papers                      3 AAA-AC Members met with the Board of County Commissioners (BCC) regarding concerns and issues around the Transfer of the Medicaid Long-term Care program back to the State                      1 BCC member attended an AAA-AC meeting FY09/10.</p>

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<p>[X]A [X]B [X]C [X]D [X]E</p> <p>Increase access to special needs, community based transportation services in the county.</p>	<p>Number of rides provided increases 2% each year.</p> <p>Number of riders increases 2% each year.</p> <p>Amount of funding allocated to special needs transportation increases 2% each year.</p>	<p>Quarterly meeting of the Clackamas County Transportation Consortium (CCTC) to ensure coordination and sharing of best practices.</p> <p>Participate in regional RTCC meetings.</p> <p>Submit STF grant applications.</p> <p>Submit one transportation related grant application annually in addition to STF grants.</p> <p>Post transportation information on agency website.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>By June, 2008</p>	<p>In comparing FY07/08 to the same time period in FY08/09 we see a slight increase in Rides and a decrease in the average miles per ride.</p> <p>The number of Riders FY07/08 compared to FY06/07 decreased by 9.89%. We are also seeing a decrease in comparing FY07/08 to the same time period in FY08/09.</p> <p>Received continued STFF for FY07/08, FY08/09, FY09/10 &amp; FY10/11 and applied for FY11/12 and was approved for funding to continue services</p> <p>Received funding (STFD &amp; BETC) for Mt Express – new service in Welches area.</p>

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<p>[X]A [X]B [X]C [X]D [X]E</p> <p>Increase awareness of issue of abuse, exploitation and neglect against seniors and adults with disabilities.</p> <p>Increase coordination between various entities that come into contact with adults who are being abused, neglected or exploited.</p>	<p>On an annual basis;                      3 public presentations                      3 in-service trainings                      1 training for Clackamas County law enforcement CIT.</p>	<p>Participate on County MDT,, which includes law enforcement, DA, code enforcement, animal control, senior council, and local hospitals.</p> <p>Participate in and nominate individuals for Everyday Heroes campaign.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Director of the AAA is a participating member of the MDT.</p> <p>Abuse Awareness is provided as part of the Family Caregiver training program. 4 Presentations were given in FY08/09.</p>

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<p>Provide services that appeal to and are accessible to low-income ethnic minority individuals</p>	<p>Increase the percentage of minority seniors who participate in Older American Act services by 2% each year.</p>	<p>Provide translation services.                      Employ minority and bi-lingual staff                      Provide program material in Spanish and Russian                      Participate in Hispanic Interagency Networking Team.</p>	<p>Ongoing                      Ongoing                      Ongoing                      Ongoing</p>	<p>We continue to contract for translation services as needed.                      We have staff who speak Spanish, Russian, and Chinese                      Our Community Resource Guide is printed in English, Spanish and Russian for distribution around the County</p>

## **SECTION B-5** **OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA**

Explain all other coordinated services/activities of the area agency whether funded by public or private funds and NOT funded by the State provided OAA, OPI, and Medicaid allocation, nor indicated in Section D-1. (OAA 306(a)(12))

Describe each type of activity and source of funding of each activity. (e.g., Low-Income Home Energy Assistance Act, Community Services Block Grant Act, Titles XVI, XVIII, XIX and XX of the Social Security Act, Housing & Community Development Act, Workforce Investment Act, etc.)

1. Special Needs Transportation: In addition to providing staff support to the Clackamas County Transportation Consortium, including the agency-sponsored Transportation Reaching People program, CCSS is actively engaged in seeking ways to enhance special needs transportation through grant-writing, travel training and other program development, and participating in planning and policy development meetings at the county, regional, and state levels. A Directory of Special Needs Transportation is available as part of the Community Resources Guide posted on the CCSS Web Site. Funding Sources: OAA, ODOT cigarette tax, ODOT STF, Medicaid, Provider Match, Rider Donations.
2. Special Needs Housing Development: Division staff are working cooperatively with staff from the County's Community Development Department, Mental Health Division, and state agencies to develop housing to close gaps in the supportive housing continuum in our county. We have developed and are operating a transitional housing facility for single individuals and childless couples, including seniors and disabled adults.
3. LifeSpan Respite Caregiver Network. This program is coordinated in concert with OAA Family Caregiver Support programs. Represents a collaborative partnership with more than 30 other agencies working to develop respite care resources. The program currently provides information and referral services to households needing respite care services and matches clients with respite care providers. Caregiver training, assistance and support are provided by a Social Services staff member. Funding is through county general funds after the Oregon DHS grant was unfunded.
4. Information and Assistance. I&A includes the Clackamas Resource Connection (an ADRC modeled program) as well as, , the Energy Assistance Program and the Fair Housing Program. Services are provided directly and staff also refers people to resources to meet their needs through 500+ listings of agencies and their services. Oregon Low Income Gas Assistance (OLGA) will be added to the mix of energy assistance programs. United Way funding for Information & Referral (I&R) regional collaboration is expected and budgeted, along with continued work on the 211 (3 digit number for human services I&R) with United

Way “focus” funding. Clackamas County is also a partner with the State in the “Network of Care” project. Other funding sources: OAA, LIEAP, HUD, Community Action.

Community Resources Guide - Posted on the Division’s WebPage this database includes information on resources provided by non-profit and governmental agencies. It includes free, low cost and sliding fee scale services available in Clackamas County and targeted to people who are low income. Informational posters in English, Spanish and Russian are also available.

Spanish Information and Referral Line Provides information and assistance in Spanish and assists Spanish speakers to complete applications for emergency rent assistance.

Networking Meetings - Monthly meetings include speakers from various agencies who provide overviews and updates on services offered. The meetings are open to the public and telecast on the county’s cable network.

Energy Assistance - Provides assistance to help low-income households to pay energy bills. Assistance includes the following:

- Low Income Energy Assistance Program (LIEAP) - Federally funded program makes payment for the heat source including electricity, oil, gas, wood and propane.
  - Gas Assistance Program (GAP) - Funded by Northwest Natural Gas the program serves Northwest Natural Gas customers.
  - Oregon Heat - Locally donated funds for energy assistance.
  - Oregon Energy Assistance (OEA) - State funded program makes payment for electricity.
  - REACH - Federally funded program provides education, weatherization and assistance with utility payments.
5. Volunteer Connection Programs - three major programs: the Retired Senior Volunteer Program (RSVP); the Senior Companion Program (SCP); the Transportation Reaching People Program (TRP); plus other smaller volunteer programs. We project that 1,300 unduplicated volunteers (i.e., many volunteer in more than one program) will be involved in the overall effort in FY 2007-08. We are working to increase fundraising efforts and to be in position to apply for new federal initiatives. The Volunteer Connection continues to receive United Way “focus” funding to expand regional collaboration and create new volunteer opportunities throughout the Portland Metro area, including Clackamas County.

Emergent Volunteer Plan has been created to assist Clackamas County, as part of the County’s Emergency Operations Plan, in developing and executing a community volunteer plan focused on spontaneous volunteers following an emergency. The plan includes steps for volunteer agencies, emergency management and other community organizations to address those individuals who appear on the scene to volunteer in the event of a disaster. The purpose of this plan is to provide Clackamas County and its center of Emergency Operations with necessary information and tools to assist with planning, processing, and placing of spontaneous volunteers.

Senior Companion Program volunteers provide companionship and assistance to seniors and adults with disabilities to help them remain independent. Services include shared activities, transportation and assistance.

Senior Health Insurance Benefits Assistance (SHIBA) helps elderly and persons with disabilities by providing information and assistance with billing questions related to Medicare and supplemental health insurance.

Money Management Program assists persons with money management, budgeting, balancing checkbooks and bill paying. Specially trained Representative Payee volunteers offer help with complex situations.

6. Resident Opportunity for Self Sufficiency (ROSS) Grants - Partnership with the Housing Authority of Clackamas County on two ROSS grants. The ROSS Elderly and Disabled Grant provides two part-time Case management Aides (one bi-lingual in Russian) for the residents of Hillside Manor. Hillside Manor services approximately 100 low-income seniors and adults with disabilities. The Case Management Aides link individual residents to needed social and health services and support resident-driven activities, special events, and on-site service provision. The ROSS Family Grant aims to improve the self-sufficiency of working-age adults through intensive employment services as well as an ESL and Family Literacy program.
7. Shelter plus Care - Partnership with Clackamas County Mental Health and the Housing Authority on the Shelter plus Care grant. The grant provides rental assistance for homeless persons with disabilities. CCSS and Mental Health provided supportive services for those receiving rental assistance.

# **PLAN & SERVICE DEVELOPMENT**

**Public Hearings  
Contracted Services**

## **SECTION C-1** **PUBLIC HEARING COMMENTS**

The Area Agency on Aging is required to conduct at a minimum, one public hearing on the Area Plan content, planned services, goals, objectives, etc., prior to submittal of the plan for State review and acceptance (OAA 306(a)(6)). Consistent with CFR 1321.17(14)(ii) the Area Agency will submit proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment. The AAA shall maintain documentation of public hearing notifications/discussion for the duration of the Plan. During the duration of the plan, public hearings are required if the area agency seeks to fund Title III B access, in-home or legal services below the minimum percentage. OAA 306, (a)(2)(A-C) and 306(c)

1. Please provide the following information:

City and Hearing Location: Canby, Canby Adult Center

Date: 8/16/07

Number in Attendance: 12

Number of 60 y/o+: 9

City and Hearing Location: Welches, Hoodland Senior Center

Date: 9/10/07

Number in Attendance: 8

Number of 60 y/o+:7

City and Hearing Location: Wilsonville, Wilsonville Community Center

Date: 9/12/07

Number in Attendance: 9

Number of 60 y/o+:9

City and Hearing Location: Milwaukie, NCPR – The Milwaukie Center

Date: 9/14/07

Number in Attendance: 11

Number of 60 y/o+:8

City and Hearing Location: Molalla, Molalla Adult Community Center

Date: 9/17/07

Number in Attendance: 9

Number of 60 y/o+:9

City and Hearing Location: Lake Oswego, Lake Oswego Adult Comm. Ctr.

Date: 9/26/07

Number in Attendance: 11

Number of 60 y/o+:5

City and Hearing Location: Gladstone, Gladstone Senior Center, AAA-AC

Date: 10/8/07

Number in Attendance: 13

Number of 60 y/o+:10

City and Hearing Location: Oregon City, Clackamas County Public Services Building

Date: 10/25/07

Number in Attendance: 18

Number of 60 y/o+: 3

2. Briefly describe the information presented at the public hearing(s), and a summary of any objections related to the material presented, from those in attendance at the hearing.

An overview of the Area Plan was presented at all meetings. This included an Executive Summary that outlined why the Area Plan is required, how the funds are used, and any changes from the last plan. A public comment period for comments, questions, and/or objections was also part of these meetings. All comments, questions, and/or objections where noted. There were no comments or objections at any meeting only questions about the changes in the aging populations' need for services.

3. Were any changes made to the plan based on the public hearing comments?  No  Yes

If yes, briefly describe: At the meeting held on October 8<sup>th</sup> the comment was made that in Section A, Part C should include specific data showing the increase in the age 85+ and, if applicable, the age 75-84 increase also. This section was modified to show the percentage increase of the age 85+ population.

**SECTION C-2**  
**CONTRACTS OF THE AREA AGENCY**

Except where a waiver is granted by the State, AAA's shall award funds by grant or contracted to community services provider agencies and organizations. OAA Sec 306(a)(13)(B) and (CFR 1321.63(b))

List all contracts and funding agreements that provide services to the elderly with Older Americans Act, NSIP and OPI funds. Do not include contracts to provide services to Medicaid clients in this section.

<b>CONTRACTOR NAME                  ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX #                  SERVICE NAME</b>
City of Canby/Canby Adult Center 1250 S. Ivy (PO Box 10) Canby, OR 97013 Contact: Kathy Batz  <input type="checkbox"/> For profit agency	4 & 7 Meal Site Mngt. 4 & 7 Food Service 10 Transportation 13 Info & Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment 70-10 Public Outreach/Ed.

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
<p>Estacada Community Center PO Box 430 Estacada, OR 97023 Contact: Kelly Williams</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment 70-10 Public Outreach/Ed.</p>
<p>City of Gladstone Senior Center 1050 Portland Avenue Gladstone, OR 97027 Contact: Rhonda Bremmeyer</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment</p>

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
<p>Hoodland Senior Center PO Box 503 Welches, OR 97067 Contact: Jeri McMahan</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Program 4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment 70-10 Public Outreach/Ed.</p>
<p>Lake Oswego Adult Community Center 505 "G" Avenue Lake Oswego, OR 97034 Contact: Brenda Suteu</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Food Service (NSIP) 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 30-5 Caregiver Respite 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment</p>

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
<p>No. Clackamas Parks &amp; Recreation District Milwaukie Center 5440 SE Kellogg Creek Drive Milwaukie, OR 97222 Contact: Joan Young</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Food Service 4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 30-5 Caregiver Respite 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment</p>
<p>City of Molalla Community Center PO Box 728 Molalla, OR 97038 Contact: Lola Burge</p> <p style="text-align: right;"><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment 70-10 Public Outreach/Ed.</p>

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
<p>City of Oregon City Pioneer Community Center 615 Fifth Street Oregon City, OR 97045 Contact: Kathy Wiseman</p> <p><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment</p>
<p>City of Sandy Senior &amp; Community Center 38348 Pioneer Blvd. Sandy, OR 97055 Contact: Nancy Enabnit</p> <p><input type="checkbox"/> For profit agency</p>	<p>4 &amp; 7 Meal Site Mngt. 10 Transportation 13 Info &amp; Assistance 14 Outreach - Individual 16 Caregiver Assistance 30-5 Caregiver Respite 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment</p>

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
Wilsonville Senior Center 7965 SW Wilsonville Road Wilsonville, OR 97070 Contact: Patty Brescia <input type="checkbox"/> For profit agency	4 & 7 Meal Site Mngt. 10 Transportation 13 Info & Assistance 16 Caregiver Assistance 14 Outreach - Individual 30-5 Caregiver Respite 40-2 Exercise Phys Fitness 40-3 Wellness Education 70-1 Case Monitoring 70-4 Geriatric Assessment
Clackamas County Senior Citizens Council, Inc. PO Box 5177 Oregon City, OR 97045 Contact: Christina Bird <input type="checkbox"/> For profit agency	40-5 Health Equipment Loans 50-1 Guardianship/ Conservatorship 70-7 Placement Services
Bateman Food Service 2655 Hyacinth NE Salem, OR 97303 Contact: Dan Kratz <input checked="" type="checkbox"/> For profit agency	4 & 7 Food Service
Adams and Gray, Inc. 4560 International Way, Ste. 100 Milwaukie, OR 97222 Contact: Mark Schulz <input checked="" type="checkbox"/> For profit agency	1 Personal (ADL) Care 2 Homemaker
Legal Aid Services of Oregon 421 High Street, Suite 110 Oregon City, OR 97045 Contact: Ellen Mendoza, Director <input type="checkbox"/> For profit agency	11 Legal Assistance 15 Information for Caregivers

<b>CONTRACTOR NAME ADDRESS &amp; CONTACT PERSON</b>	<b>MATRIX # SERVICE NAME</b>
Clackamas County Community Health Division, Registered Dietitian Services <input type="checkbox"/> For profit agency	4 & 7 Nutrition Consultant
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

# **SERVICES PROVIDED**

## **Service Matrix Oregon Project Independence**

**SECTION D-1**  
**SERVICE MATRIX**

The AAA is required to provide comprehensive and coordinated community based services designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Examples of such services are in the *Service Definitions for Older Americans Act and Oregon Project Independence Services* as released at <http://www.dhs.state.or.us/policy/spd/transmit>.

Indicate all services provided to OAA and/or OPI clients and the method of service delivery.

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<b>CLUSTER 1 REGISTERED SERVICES</b>			
<input checked="" type="checkbox"/> 1	Personal Care <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 1a	Personal Care – HCW <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2	Homemaker <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2a	Homemaker – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 3	Chore <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3a	Chore – HCW <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input type="checkbox"/> 5	Adult Day Care/ Adult Day Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 6	Case Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<b>CLUSTER 2 REGISTERED SERVICES</b>			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 8	Nutrition Counseling <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 9	Assisted Transportation <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<b>CLUSTER 3 NON-REGISTERED SERVICES</b>			
<input checked="" type="checkbox"/> 10	Transportation <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 11	Legal Assistance <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 12	Nutrition Education <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Contact	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Contact	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 15	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 16	Assistance in Gaining Access to Caregiver Services <input checked="" type="checkbox"/> OAA	1 Contact	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<b>OTHER SERVICES – ADMINISTRATIVE FUNCTIONS</b>			
<input checked="" type="checkbox"/> 20-1	Administration <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-2	AAA Advocacy <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-3	AAA Program Coordination <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-4	AAA Program Development <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<b>Services Which Address Functional Limitations</b>			
<input checked="" type="checkbox"/> 30-1	Home Repair/Modification <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Activity	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 30-2	Home Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Home Visit	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-3	In-Home Volunteers <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 30-4	Respite <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-5	Caregiver Respite <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 30-6	Organization & Maintenance of Support Groups for Caregivers <input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<b>Services Which Maintain Health</b>			
<input type="checkbox"/> 40-1	Health/Nutrition Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-2	Exercise/Physical Fitness <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-3	Wellness Education <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-5	Health Equipment Loans <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Payment for Service per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-7	Medical Equipment <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Client Served	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<b>Services Which Protect Elder Rights</b>			
<input checked="" type="checkbox"/> 50-1	Guardianship Conservatorship <input checked="" type="checkbox"/> OAA	1 Contact	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-2	Protective Service <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-3	Elder Abuse Awareness <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-5	LTC Ombudsman <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<b>Services Which Promote Socialization and Participation</b>			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 60-2	Friendly Visiting <input type="checkbox"/> OAA	1 Visit	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 60-3	Telephone Reassurance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-4	Volunteer Recruitment <input checked="" type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

<input type="checkbox"/> 60-5	Interpreting/Translation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<b>Services Which Assure Access and Coordination</b>			
<input type="checkbox"/> 70-2	Counseling <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-2a	Individual Counseling for Caregivers <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-3	Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-5	Newsletter <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Newsletter Distributed	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-6	Gatekeeper Training <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-8	Private Case Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-9	Caregiver Training <input checked="" type="checkbox"/> OAA	1 Session per Participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

<input checked="" type="checkbox"/> 70-10	Public Outreach/Education <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Activity	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<b>Services that Support Other Goals/Outcomes</b>			
<input type="checkbox"/> 80-1	Senior Center Assistance <input type="checkbox"/> OAA	1 Center Assisted	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-2	Employment Assistance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-3	Utility Assistance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-4	Financial Assistance/Material Aid <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 80-5	Money Management <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 80-6	Center Renovation/ Acquisition <input type="checkbox"/> OAA	1 Center Acquired or Renovated	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-7	Housing Assistance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 90-1	Volunteer Services <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

## **SECTION D-2**

### **OREGON PROJECT INDEPENDENCE**

Provide the following information about the procedures your agency (or your contractor) uses in the OPI program:

- a. Describe how the agency will ensure timely response to inquiries for service.

All calls for services are routed to the OPI Case Manager who reviews financial and service eligibility and if services appear to be needed, sets up services if available. If services are not currently available through the program the client will be put on the wait list.

- b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.

When services are available, the OPI Case Manager does a complete screening for all services that are available and makes referrals as appropriate. Screening for other services are done routinely during their yearly review or whenever necessary.

- c. Describe how eligibility will be determined.

After screening, if there is adequate OPI funding, an OPI case manager will do a home visit and CAPS assessment to determine in home service needs, develop a plan and determine a co-pay if appropriate.

- d. Describe how the services will be provided.

Clients can either choose our in-home contracted agency or to hire a client employed provider to provide OPI in-home services. When the OPI budget warrants other services such as respite care, home repair/modification, durable medical equipment, and home delivered meals will be provided by the appropriate contractor(s).

- e. Describe the agency policy for prioritizing OPI service delivery.

Current clients will be first priority. If additional funding is available clients will be served from the waiting list by survival priority with the most impaired being the first to be served. If individuals on waiting list have not been assessed, as funding becomes available the clients who have been on the waiting list the longest will be offered services. If there is no waiting list clients will be served upon CAPS assessment and a determination that they meet the criteria for OPI services. If funding is significantly reduced survival priority will be used to prioritize existing clients for continued services.

- f. Describe the agency policy for denial, reduction or termination of services.

Denial – Clients would only be denied service if they failed to meet survival priority. They would be provided written notice.

Reduction of Services – For individual client reductions such as the client's function improving and their need for services is less, they would be provided with written notice. This type of reduction is an individual case manager's decision. For across the board reductions written notice would also be provided. This would be a management decision.

Termination of Services – When we are no longer able to serve a client, either because of individual circumstances or funding reductions, written notice would be provided. Individual clients may be terminated for a variety of reasons such as non-payment of co-pays or having an unsafe work environment. Case managers would always consult with their supervisor before terminating services to a client. If client needs to be closed because of funding, management would make this decision.

- g. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.

Written notice is provided within 24 hours of an adverse decision (denial, closing or reduction). For concerns about specific plans and authorized services case managers would inform the client verbally with a written follow-up within 3 business days. The CCSS Agency grievance policy, located in the CCSS Administrative Manual, will be followed. This policy has been attached to this document as Attachment B.

- h. Explain how fees for services will be implemented, billed, collected and utilized.

Each client is assessed based on household income for a co-pay at the time of his or her intake and at each review. Case managers use an "OPI Fee Sheet" to do the calculation and use the "OPI Fee Schedule" to determine the appropriate co-pay for each service.

For client employed provider services the Case manager prepares coupons to send to each client who has a co-pay. The client calculates their co-pay based on the number of hours of services (this is explained on the coupon) and sends it in to the agency where it is receipted in.

Our In Home Agency sends monthly billings and collects co-pays for services to their clients based on information provided on the referral from the case manager. The co-pays collected are deducted from the monthly billings they send our agency.

All co-pays are used to expand services.

- i. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

Non-payment of fees will be tracked by the case managers. If clients get behind in their

co-pay a schedule is developed for payment. The client is given a written warning after 3 months of non-payment, and a written closing notice after 6 months. The supervisor can make an exception on closure based on extenuating circumstances.

- j. Explain how service providers will be monitored and evaluated.

The In-Home Contract Agency homemaker and personal care supervisors conduct aide evaluation visits at least every 180 days to make sure services are being provided according to their standards. Client case managers are notified by the supervisors of results of evaluation visits. Meetings are held quarterly between Agency supervisors and case managers to discuss individual client issues. Agency has grievance procedure in place for clients or family members who express a complaint regarding services or aides. Case managers are notified and asked to assist in facilitating a resolution if the complaint is of such a degree that it is not easily resolved by Agency. The AAA Advisory Council's Long Term Care Committee members visit Agency clients and are briefed several times a year by the Agency's Executive Director about status of contract compliance – clients served and aide recruitment and placement.

CCSS ADS Contract Specialist and In-Home Unit Case Manager Aide monitor monthly hours provided reports and reimbursement requests to ensure hours authorized for each client are not exceeded, client co-pays are properly accounted for and accounting is accurate. The contract in-home provider provides ADS the monthly OPI client fees billed/received/expended information.

Monitoring client employed providers is a joint responsibility between the client and the case manager. Although this is an informal process that happens under many different circumstances, the formal monitoring happens during the yearly client review.

The \$5.00 annual minimum fee will be applied to each client annually at the time of the client's annual review. No one with adjusted income levels at or below the federal poverty level will be denied service for non-payment of the annual fee.