

**Central Oregon Council on Aging
DISTRICT 10
SERVING CROOK, DESCHUTES
& JEFFERSON COUNTIES**

**OLDER AMERICANS ACT
AREA PLAN**

for period of

JANUARY 1, 2008

to

DECEMBER 31, 2012

Updated September 2011

Table of Contents

	Page
Verification of intent.....	2
Section A - Overview	
Overview of Area Plan.....	3
Section B - Administration	
Agency's Governing Body	20
Agency's Advisory Council	21
Administration Goals and Objectives.....	25
Other Programs and/or Activities of the AAA.....	37
Section C – Plan and Service Development	
Public Hearing Comments.....	38
Contracts of the Area Agency.....	41
Section D – Services Provided	
Service Matrix.....	43
Oregon Project Independence.....	51
Attachments	
1 Organizational Chart	56
.....	
.....	
.....	
.....	

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.

Central Oregon Council on Aging
373 NE Greenwood Avenue
Bend, OR 97701

Pamela Norr, Executive Officer

(541) 678-5483

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

Pamela Norr
Printed Name

Executive Officer
Title

Date

OVERVIEW OF AREA PLAN

SECTION A **OVERVIEW OF AREA PLAN**

CENTRAL OREGON COUNCIL ON AGING FOUR YEAR PLAN OVERVIEW 2008-2011

***MISSION:** To promote dignity, well-being, security and independence for Central Oregon seniors.*

THE DEMOGRAPHIC PROFILE AND CHALLENGE OF THE SERVICE AREA

The single greatest challenge to service is the rapid and continued demographic change in the Deschutes, Crook, and Jefferson Tri-County area. Currently the total potential client base of those over 60 is less than 35,000 people. This number will grow by about 30% (about 10,000 people) by the year 2010. However, the most dramatic change will take place in the next thirty years when the number aged 60 and over will more than double from about 45,000 to 105,000 people. While growth in the overall service area will double in the next 30 years, in Redmond the service population will double in less than twenty years (23,897 in 2010 to 45,724 by 2025).

The growth in the senior population is partly fueled by the boomer bulge expected between 2010 and 2030; however, Central Oregon has a relatively larger share of seniors (18-20%) when compared to Oregon (12%) or the nation (13%). Moreover, seniors in the tri-county area are expected to increase to about 22% during the planning period 2008-2011.

The population growth will predominately produce an influx of retiring seniors moving into the region with an overall higher socio-economic level than those who have lived here from birth or over the past 20 years. The Agency will have to adjust services provided to accommodate the desires/needs of this changed demographic as the population grows.

Another demographic change will be the different age composition of our clients. As our 2007 survey demonstrates, overwhelmingly, most of our clients at the senior centers are aged over 70 (almost 80% of respondents) while statistically, this group represents only slightly less than half the senior population. Table X shows how the age composition of seniors will change in the next thirty years with the share in each age decade (60s, 70s, 80s) approaching approximately one-third in each category. This has implications for future programming, but we do not yet fully understand the potential impact in terms of changed preferences and needs. In Central Oregon 1.63% of the population is over 85+ compared to 1.9% for the state. This segment of the population is the most vulnerable group and most likely to require the services of the Area Agency.

Table x: Age of Seniors in Central Oregon¹

AGE	Senior Centers	2005	2040
60-69	19.1%	51.6%	42.1%
70-79	37.9%	30.4%	32.2%
80-89	32.0%	18.0%	25.6%
90+	7.8%		
Total	100.0%	100.0%	100.0%

Central Oregon has quality medical services and is a destination recreation and retirement area and thus the quality of life in general is very good. However, the Council believes that the community, and in particular the businesses catering to seniors has not sufficiently recognized that it is in their enlightened self-interest to support the mission of The Council.

Furthermore, researchers² tell us that boomers are living longer and are different from previous generations, because they have no set path for retirement and have more varied circumstances in life. People 50 and older represent half of discretionary spending in the economy and a third want to work at least part time or start a business. As the boomers age we anticipate that their expectations will more closely resemble those of younger Americans, because largely they do not perceive themselves as aged. A Princeton Survey found that finances, leisure activities, health and fitness were extremely important to boomers.

Therefore, not only does The Council on Aging face growing numbers of customers, it must adapt to changing preferences. These changing preferences offer new opportunities to partner within the community to help us meet the growing demand.

An important part of our strategy during the four year planning period will be to make greater efforts to mobilize the voices of seniors by “amplifying” their voices in the halls of decision-making that most critically affect seniors. This includes education and advocacy in the local communities that need to take greater ownership of the senior centers, as well as with our state legislators who need to adequately fund those services that respect the dignity and independence of the seniors such as *Oregon Project Independence (OPI)*.

¹ Data from the senior centers was obtained in the 2007 Needs Assessment Survey; other data from “Deschutes County Coordinated Population Forecast,” Office of Econ Analysis, Depart of Admin Services, State of Oregon, April 2004. Data considers seniors 65+. Senior centers do not total 100% as sample included about 3% of respondents who were under age 60.

² Acknowledgement to C. David Lereah, Chief Economist, National Association of Realtors and a 2002 study by Princeton Survey Research Associates for the AARP. Source articles available on request.

NEEDS ASSESSMENT – SURVEY FINDINGS³

- 97% feel “safe and secure”
- 86% of seniors are “satisfied” with retirement⁴
- Half say they engage in volunteer work
- And half believe their health is “good”
- Overwhelmingly, seniors turn to family, friends and neighbors (70-90% depending on the survey) for help.
- Over 60% say they need no improvements in quality of life
- Of those who indicated that they needed help, they ranked transportation (31%), access to health care (19%) and money as their most important needs
- However, 30% of those needing help wanted greater access to community services, recreation or education opportunities.

BOARD AND ADVISORY COUNCIL PRIORITIES

As in past years, the Advisory Council was asked to rank services in order to establish priorities for the core programs of the Council. These included those programs funded by the Older Americans Act and the State of Oregon and are the programs that meet the needs of the most vulnerable. The Board approved the following Council recommendations:

- Information and Assistance
- Home delivered meals (Meals on Wheels)
- Transportation (assisted and non-assisted)
- In-home services (including respite care, home repair, and counseling)
- Case Management
- Congregate Meals

There are no plans for major changes in most of these service programs. Our objective for the planning period will be to “maintain quality services” and “meet the growing demand.” What will become different is how services will be provided i.e. natural supports from local sources. Included in this is a major change to the operation of the congregate meals in Bend and LaPine which has already taken place, and a similar plan which has been proposed in Redmond. Additional information on these changes is detailed on page 18 (review of the last 4-year period).

³ The 2007 assessment was based on a survey administered by The Council and primarily distributed at senior centers. A total of 404 responses were received of which 31.5% were men and 68.5% were women. About 20% were in their 60s; 38% in the 70s and 32% in their 80s; and 8% were over 90. Respondents represented between .6 and 1.3% of the total senior population in each of our service centers in three counties. In addition, this analysis used findings from a more comprehensive survey that was conducted in 2003 by a consultant to the Council on Aging. *Finally, the advisory council provided input and ranked the importance of on-going services.*

⁴ The 2003 Survey found almost the same share (86%) found life “meaningful every day” or “almost every day.”

In addition, the Council will give priority in its advocacy, education and partnership programs that form part of our nascent “hub” of services for all seniors. These activities will include:

- Affordable Senior Housing (COCOA will continue to support and advocate for the development of affordable housing options)
- Senior help line and referrals
- Paperwork Assistance
- Caregiver Registry
- Recreational Activities
- Advocacy efforts, especially those aimed at obtaining increased State funding for OPI, Federal OAA budget increases, emphasizing Respite Care
- Affordable and available health care and insurance
- Advocating ADA compliance in public spaces

TARGETING THE MOST VULNERABLE

There are also known risk factors that inform our on-going efforts of determining which activities receive priority when we allocate scarce resources. We expect to continue to safeguard core services that are needed by the most vulnerable through our community-based service programs.

We are required by the Older Americans Act to target resources to the most vulnerable seniors. They are most likely to be those who:

- Are isolated from family, friends or community and/or living alone.
- Have financial problems (inability to pay for health care, food, housing, utilities) and include in particular those who do not own their own home and/or are in female-headed households.
- Are of an ethnic minority
- Are 85 years and older.
- Are in poor health or suffer from depression, cognitive or emotional problems.
- Require protection from abuse, fraud and physical harm – which includes at the time of any area or regional disaster or health emergency.

It is also known that the following contributes to a healthy outlook and positive attitude and thus should be encouraged through our programs:

- Helping others – volunteer work
- Participating in faith-based activities
- Owning a pet
- Activity with various social and civic groups
- Involvement with family and friends throughout the elders years
- Desire for recreation activities from various sources

The core mission of the Council, and in particular the Area Agency, will remain those that assist the most vulnerable, but we will also devote substantial efforts to expanding our information, education, referral and advocacy efforts through what we will call our “senior hub center.”

DISCUSSION OF NEEDS AND PROGRAMS

Transportation – Not surprisingly, access to transportation is an essential component of well-being for seniors with a third saying that better transportation could improve the quality of their lives. While perhaps surprisingly, 60% of seniors said they had no need for services, those needing help with transportation overwhelming (99%) need it for essential services – medical appointments and shopping including food shopping.

The Council has long been the primary provider (or organizer) of transportation for seniors in the tri-county area that it serves. However, the population is growing rapidly and the demand for public transportation is growing. For example, the City of Bend introduced its first city-wide transportation system in 2006 that has included both a fixed route system and the Dial-A-Ride system for seniors and the disabled who cannot access the fixed route system. Over the past year The Council has invested time in participating in the planning processes with the Central Oregon Intergovernmental Council (COIC). We now understand that our energies should be redirected to ensuring ADA-compliant services for our clients. Redirecting our energies to this role, while phasing out direct service provision, will be one of our major activities in the next planning period.

Other survey data indicates that some categories of help needed by seniors also relate to better transportation. For example, 30% of respondents said they would like help with “recreation, education and access to community services.” Another survey in 2003, suggested that among the things “wished for” were “going on trips more often,” and “spending more time with family and friends.” In the same survey, respondents said their two wishes in receiving help in getting “to and from places” were “going on long trips” and “going to visit friends or relatives.” These expressed needs likely relate to the availability of transportation and suggests that there are opportunities for further partnering with “travel” services beyond the essential transportation provided by Dial-A-Ride.

Health – Respondents ranked “access to health care” as the second most needed service that would improve their quality of life. When asked, “what help do you need with health care items,” 70% said they needed help with payment related access issues (paying for meds, paying for medical/dental care), while 24% needed help with information (insurance questions, taking meds correctly, health and nutrition information, etc.)

Affordable and available health care services are a major concern both at the local and state level. The Council on Aging provides the following services to address these concerns:

- Senior Health Insurance Benefits Assistance (SHIBA) Trained staff and volunteers assist clients with insurance questions and payment issues regarding medications and medical bills
- Case Managers advocate for clients to adjust medical bills and obtain free or discounted drugs

Through collaborative efforts the Central Oregon Health Council with, the medical community has implemented programs that begin to address access and affordability for health for all Central Oregonians. They include:

- Volunteers in Medicine (VIM) clinic
- Cascade Health Clinic
- Drug company discounts

Support Services – Sixty-seven (67) percent of respondents said they needed no support services. However, of those needing help the results were roughly one-third for each of the following types of services:

- Legal, information and referrals, money management;
- Daily contact, mental health counseling and support groups; and
- Personal care of self or a loved one, respite care, or day care.

It is interesting that many of the needs in this category of support services could be provided from a regional hub with outreach coordinated through the senior center focal points. The challenge for the Council on Aging is that the leadership of the state legislative body chose not to make seniors a priority and not to invest in the services, programs and supports necessary to maintain or strengthen Oregon's long term care system. The Council is therefore seeking ways and means to alternatively satisfy these needs through local community partnerships and private entities.

The board and the staff agree that in order to meet future needs, more will need to be done to add services to our "hub" that can generate income. The analysis of the types of support services for which there is demand need to be further analyzed among the entire senior population as most of our needs assessment data is drawn from those who frequent the senior centers. Thus our data perhaps represent a more homogeneous group than the "at large" senior population and thus is not sufficient for planning the expansion of the regional hub. We however, do have some indication of the types of services that are most in demand.

For example, the 2003 survey found that on a scale of difficulty, the service that was rated as the single most difficult by the largest number of people was "getting help if I have a legal problem." While the Council currently offers some estate planning and other legal services and has been seeking a partnership for a guardianship program, legal services may be an area for expansion and one that could possibly provide revenue if specialized senior legal services were available at reasonable costs. However, if the data is clustered around types of services, we find that nearly 35% want help with a combination of legal, business or information services. This cluster of demand suggests one area of services that might be added to the regional hub and that could possibly generate fees.

The Council plans to further analyze the demand for this type of "senior services." We expect to take advantage of the growing reputation of Central Oregon as a "senior-oriented" retirement community. This offers the possibility of partnering with the for-profit health care, legal, recreational, real estate, building and a multitude of other services offered by the private sector now catering to seniors. Along with substantially increased fund-raising efforts, opportunities for fee-based "partnering" will be explored during the planning period.

Housing Needs – Over a third of those surveyed said that affordable housing was a problem, but almost half said they did not need help with maintaining their home. However, of those saying they needed help, more than 60% asked for assistance with heavy cleaning, yard work or housekeeping while the remainder needed financial help for repairs, housing and utilities. It is important to note that neither of our in home service programs provide outside yard work or deep “heavy” cleaning and only minimal home repair or modification for senior accessibility in the home. Neighbor Impact and USDA offer some assistance but seniors compete with younger age groups for these grants/loans.

In Home Services – The Council faces increased demand for in-home services for both Oregon Project Independence and the Family Caregiver Support Program (FCSP), while the forecast for funding from traditional sources (e.g., State funding for Oregon Project Independence) is gloomy. This means that if The Council is to respond to the growing needs, ways must be found to subsidize these programs. Together with other “OPI-model” programs, we need to make substantial efforts in the planning period to increase undesignated resources so that The Council has the flexibility to continue support for the most vulnerable served by these programs.

The Council has a memorandum of agreement with Life Span Respite Care of Deschutes County for the conduct of its Grandparents Raising Grand Children portion of the FCSP.

Disaster Preparedness – Sixty percent said that they “knew what to do” in the case of disaster. However, over 30% said they were “not sure” of what to do and only 26% said they had “72 Hour Kits.”

In the last year, the Council has devoted substantial staff time to participating in the Red Cross Disaster Preparedness planning and education. We expect to continue this effort, especially given the very real seasonal threat of fire and the potential need for mass evacuations. Moreover, The Council has brought together Emergency Planners from both public and private sectors and developed our plan to interface with these organizations in anticipation of a crisis through senior survival training, incident response, and coordination of assets. This plan includes a Memorandum of Understanding for emergency evacuation with Central Oregon Intergovernmental Council (COIC) regarding vulnerable population requirements during an area emergency event. As chair for the tri-county Vulnerable Populations Disaster Preparedness Working Group, the Council has worked with county emergency planners to develop a comprehensive annex on vulnerable population response in an area incident/emergency which will be ready for implementation in 2010.

ORGANIZATIONAL NEEDS

Central Oregon Council on Aging must address the fact that two management staff will be retiring within the next two years. This vacancy creates the need to redistribute responsibility to remaining staff and develop new management positions that comply with the goals of the strategic plan.

COCOA Organization of the Future:

Roles:

1. Board of Directors –a strong Board responsible for Policy Matters, Governance, and Fundraising.
2. Executive Officer – For the foreseeable future the Executive Officer will act as AAA Director and will have Oversight of Core Services and supervision of AAA and staff.
3. NEW INFO Operations Manager – The position of Operations Manager has been added in order to manage the distribution of services and coordinate administrative needs under direct supervision of the Executive Officer.
- 4
5. Advisory Council – advises the Executive Officer on all aspects of senior services, advocates for senior services to the community and the state and federal governments.

FOUR YEAR PLAN OBJECTIVES

The four year plan objectives set out in this document contribute to longer term goals of The Council's Strategic Plan. Therefore our planning period (2008-2011) is presented in the context of our longer term plan.

Goal 1: Sustainable Community Services

Planning Period Objective:

- Increase sense of local ownership by forming more community based sponsorship programs;
- Introduce the concept of “self-reliance” and sponsor “center-to-center” collaboration
- Learning with the Redmond seniors as a possible “model” program;
- Maintain the quality of current services, bringing more cost-effective delivery where possible; and
- Meet the growing demand. Central Oregon is the fastest growing region in the state, with Deschutes County being the fastest growing county in Oregon. The population in Redmond is expected to double between now and 2020. Population in Prineville, Bend, Redmond, Sisters, Culver, Madras, Metolius and Warm Springs varies by median age and demographics, and is projected to continue growing over the next

twenty years. Between now and 2020 the % increase in population is projected to be as follows:

COUNTY	2005-2010	2010-2020
CROOK	9%	16.5%
DESCHUTES	10%	19.5%
JEFFERSON	8%	15.0%
TOTAL	9%	19.0%
Total	100.0%	100.0%

Goal 2: Innovative Regional Hub (by 2020)

Planning Period:

- Begin to establish a functional/identifiable regional hub serving all seniors in Central Oregon by the end of the period. Indicators for accomplishing this objective include identifying needs; development of a business plan; establishment of a clearly identifiable identity for the “hub” as measured by more effective public relations efforts;
- Assign management responsibilities and costs of current AAA programs that can be more effectively provided on a centralized basis (e.g., information and referral);
- Integrate RSVP programs more effectively into the hub and seek to add other partners such as COGAP to the hub;
- Identify other services and partnerships, especially those that could generate income to the “portfolio” of hub services.

Goal 3: Council Adapts to Changing Needs

This goal includes the activities that will make the Council a more sustainable and effective organization capable of meeting the growing demand. While the demand will be manageable over the strategic planning period, by 2020 we will have a higher demand on our services than the state as a whole. The prediction is based on several factors:

- Central Oregon has been celebrated in national and regional press as one of the most desirable places to retire
- Central Oregon’s climate and relative low cost of living is attractive to retirees
- We have a higher percentage of people living here between the ages of 55-74 than either Oregon or the U.S. as a whole
- The 85+ population in Central Oregon has grown by over 28% compared to 13% statewide.

Stabilize Finances

Over the longer strategic planning period (2020) we see an organization that is meeting the growing demand from the most vulnerable. We have set an annual budget planning criteria that includes not cutting services while balancing our budget. This will be an important

accomplishment and an indicator of whether we can meet the demand by 2040 of more than 100,000 seniors in our service area.

The major objective in the planning period will be to stabilize funding and begin to rebuild the reserves that have been used over the last three years. This means there will be a priority given to public relations, fund raising and seeking to increase the level of endowment giving in the community. In the next four years our goal is to have:

- A balanced budget without reserves in the first year
- Increase reserves by 2% each year beginning the second year
- Increase the amount of undesignated fundraising by 25%

Staffing and Governance

Within the council, the new Executive Officer will establish a fiscally responsible and effective team to meet council goals and establish a new path and planning direction including fundraising, operations and AAA responsibilities. The Executive Officer will lead the Council staff in achieving our goals and, initially, lead the efforts of the hub.

During the planning period, we also plan to:

- Review, harmonize and where possible standardize position descriptions;
- Identify new skills and, if necessary, realign current staffing assignments to more effectively support the planning goals;
- Examine the governance structures of the organization (the board, advisory councils and committees) to more clearly define respective roles and responsibilities.

Monitoring and Evaluation

We have recently initiated a series of planning activities that are increasing our ability to define roles appropriately as the staff and program grow in response to demand. The Board is asking for higher levels of accountability and has embraced the use of tools that will help us monitor both the effectiveness of our programs, as well as, of our organization.

By the end of the planning period:

- We will have aligned the planning periods for our long term strategic plan and the four year planning process required by our major donor;
- There will be a functioning Monitoring & Evaluation system that uses agreed performance indicators for each of our programs;
- We also will do a better job in standardizing our survey questions and to the extent possible, use existing data bases for the community.

DEVELOPMENT OF THE AREA PLAN:

In accordance with federal and state policy, the Council on Aging is required to help create and maintain a comprehensive and coordinated service delivery system to meet the needs of older and disabled persons in Central Oregon. The Council on Aging is required to develop an Area Plan that documents its work toward this goal. The Area Plan is a multi-year document, with annual updates. It serves two purposes: (1) it is a planning document – it identifies the needs of seniors and people with disabilities, and describes the scope of work the agency plans to use in addressing these needs; and (2) it is a compliance document which provides the basis for the State of Oregon to contract with the Council on Aging for the delivery of a range of services to older persons and people with disabilities.

The current Area Plan service priorities and its annual updates are based upon a needs assessment conducted by the Council on Aging in the spring of 2007 and the Advisory Council's annual survey, done at the local senior centers, among seniors and providers of services to the elderly.

The development of the Area Plan was a joint effort involving staff and members of the Council's Planning and Budget Committees, the Advisory Council, and the Board of Directors. The Committees and Advisory Council reviewed the findings and recommendations of the needs assessment, the Agency's goals and objectives, and the availability of federal and state revenues. Based on this information, it developed recommendations for the staff to build the budget and objectives for the current plan.

DESCRIPTION OF SERVICES:

Core Functions (responsibilities of all Area Agencies on Aging in USA)

- Identify the needs of seniors and persons with disabilities
- Develop and implement plans to address these needs
- Coordinate existing services and develop new services, as needed
- Advocate on behalf of seniors and people with disabilities
- Manage public resources
- Help people get the services they need (Information and Assistance)

The Council on Aging Service System provides services through a tri-county network of local sites staffed by agency employees and volunteers. A list of COCOA offices appears at the end of this part of the Area Plan Summary. A person needing help can call or visit any of the sites or the main office for assistance.

COCOA has provided services to the senior and disabled population in Central Oregon since 1975. The programs include:

- **Information and Assistance:** A service for older individuals that provides current information on opportunities and services available within their communities; assesses the problems and capacities of the individuals; links individuals to the opportunities and services; to the maximum extent feasible, ensures the individual receives the services needed and is aware of the opportunities available by establishing adequate follow-up procedures
- **Senior Nutrition Program:** The Senior Nutrition Program is designed to promote better health and well-being among senior citizens. The program offers economical, nutritious meals in both a group setting and to frail, homebound persons through Meals on Wheels.
- **Transportation:** Dial-a-Ride vans provide transportation to seniors and the disabled of any age to the local senior centers, to medical appointments, local shopping, and personal errands. Escort transportation to medical appointments is provided to those who cannot access the Dial-a-Ride program.
- **In-Home Services:** Home and personal care services are provided through Oregon Project Independence and OAA programs to seniors at risk of institutionalization.
- **Case Management:** COCOA case management staff assess needs, develop and implement a plan of care and provide ongoing care coordination/case management to respond to a client's changing needs.
- **Family Caregiver Program:** Support to family and informal caregivers including the following services: Information...about available services; assistance...in gaining access to services; individual counseling, support groups and caregiver training...to assist the caregiver in making decisions and solving problems relating to their caregiver roles; respite and supplemental services...on a limited basis to complement the care provided by the caregiver. Also includes grandparents or older relative caregivers of children.
- **Senior Center Programs:** Coordination of health and wellness education, health screenings, legal assistance, recreation activities, information and assistance.
- **Elder Rights Protection:** Safe house (emergency short-term shelter), support of volunteer Ombudsman, public education and awareness.

Based on the findings of the needs assessment, the Council on Aging concluded that the services it currently funds or operates are appropriately focused on the most pressing needs of seniors. This is not to say that the scope and volume of the services provided are adequate, only that they are correctly targeted. Social service programs have felt the squeeze of flat or reduced revenues over the past several years. Unlike a business, however, we cannot simply cut our losses. The demand for services will continue at a record pace and the Council on Aging remains committed to doing the best job possible with the resources we have.

In view of budget shortfalls we must focus on only those most severely in need of help. Thus we have had to adjust the approach to OPI and FCSP assistance parameters as well as case management actions away from the original objective "to maintain Seniors in relatively good health to remain in their home with dignity and quality of life as long as possible", to one of reaction to those in crisis. Our goal will be to strengthen the front-end by shoring up our Information and Assistance program to direct folks to the most appropriate services to meet their needs.

Focal Points of Service:

NEW ADDRESS COCOA Central Office	Jefferson County Meal Site/Case Management
373 NE Greenwood Ave.	860 SW Madison
Bend, OR 97701	Madras, OR 97741
541-678-5483	541-475-1148
Toll-Free 877-704-4567	

NEW SITE Bend Meal Site
1036 NE 5th
Bend, OR 97701
541-312-2069

Redmond Meal Site/Case Management
325 NW Dogwood
Redmond, OR 97756
541-548-6325

Bend Case Management
373 NE Greenwood Ave.
Bend, OR 97701
541-678-5483

La Pine Meal Site/Case Management
16450 Victory Way
La Pine, OR 97739
541-536-3207

Sisters Meal Site/Case Management
15220 McKenzie Highway
Sisters, OR 97759
541-678-5483

Prineville Case Management
457 NE Ochoco Plaza Dr. #C
Prineville, OR 97754
541-447-1177

Prineville Meal Site
180 N. Belknap
Prineville, OR 97754
541-447-6844

DIVERSITY:

As the population increases, the Council will have to identify and become familiar with other ethnic and racial groups arriving in Central Oregon. In the meantime, on a local community basis, we should provide informational seminars and presentations to civic and private organizations representing these groups now here to promote understanding of our mission and availability of our services to them. Ethnic Meal Sites should be a consideration for the future.

REVIEW OF THE LAST FOUR YEAR PERIOD:

Management

We have experienced some personnel instability with our staff in the past 4 years. At the same time the erosion of government funding has created the necessity for innovative thinking about alternative funding sources, while the need to expand services continues to grow with the population. Some positions have seen responsibility changes in order to reflect the changing needs within the community.

Community Based Care

The Agency, operating with the philosophy of community based care, has been placed under threat from the Managed Care approach, wherein care is directed by institutions including insurance companies and health care firms. The proven results of the latter care are very often more costly overall, case management is not locally-based, and can cause reduction in services provided due to the firms' cost considerations. This threat is further indicated by the poor support demonstrated in the 74th Session of Oregon's Legislature where, although a substantial budget surplus existed, essentially NO increase in state budgeted programs for senior services occurred. In fact there were shortfalls in the 2007-2009 biennium budget allocations. We are adapting to this new era by learning ways to meet demand by pursuing 'FEE FOR SERVICE' and other economical means to serve elders including natural family or informal support.

Transportation

Central Oregon Council on Aging has been very creative and effective in expanding its Transportation Program in Deschutes and Jefferson Counties. The Agency has become a part of Cascade East Ride Center, which is the State of Oregon's Medical Ride Brokerage. This has been a plus for the agency as rides that are provided to Medicaid clients are reimbursed by the State at a much higher rate.

The agency has been able to expand Dial-a-Ride boundaries in Madras, La Pine, and Redmond through funding from the Department of Energy's Business Energy Tax Credit Program. The agency has been a recipient of tax funds for the past four years, and in 2007 was also able to direct those funds to provide payment for senior riders under the City of Bend's changed Dial-a-Ride policy which eliminated the donation established by the Older Americans Act and imposed a direct fee of \$1.00 a ride.

Council on Aging also created a Shuttle from Redmond to Bend one day weekly. In the past, the agency has provided active shuttle service one day weekly from La Pine, Sisters and Madras to Bend. Central Oregon Intergovernmental Council provides shuttle from Prineville to Bend. This new Redmond service allows riders from all major cities in Crook, Deschutes and Jefferson counties to get to the Bend area for specialized medical services and expanded shopping.

Nutrition

Funding decreases have been a challenge to the Nutrition Program, especially Meals-on-Wheels. The number of clients receiving homebound meals gradually continues to increase. Council on Aging has been creative in fundraising for Meals-on-Wheels which is one of the agency's fastest growing programs. The community has been very willing to support the Meals-on-Wheels program through donation and volunteerism. The agency has never had a waiting list and is able to assess new clients within 48 hours. The agency's policy is to provide a meal even before the assessment so that client health is not compromised. NEW INFO In the past year, the program has expanded to include Crooked River Ranch, a small and potentially geographically isolated area outside of Terrebonne. This program immediately expanded to capacity and resources for further expansion are being sought. In addition, home delivered meals are now delivered to North Klamath County through a partnership with KBSC to meet the needs of the most rural between our two counties.

Frozen food is provided to the home bound on days hot meals are not delivered. When inclement weather prohibits drivers from delivering meals, the agency provides shelf-stable meals to use as replacement for the hot meals. Upcoming changes to meal sources may yield a higher percentage of frozen meals overall.

NEW INFO The LaPine and Bend congregate meal funds were redistributed in order to serve more seniors amidst the aforementioned population expansion and funding limitations. The meals are now prepared on-site with funds provided through the Council, thus creating local jobs and fostering a sense of community autonomy. Similar changes have been proposed in Redmond. Madras and Prineville meal sites have followed this model for some time with great success.

NEW INFO Numerous outreach activities regarding in-home nutrition services and federal grocery assistance funding were conducted throughout 2011. This was provided through a grant from Oregon's Department of Human Services. In addition to promoting higher nutrition through grocery funding, staff used the opportunity to promote other nutrition programs provided by the Council, specifically targeting seniors on a fixed or low income.

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)
Mike Martynowicz	October 2012	President
Vacant	October	Vice President
Brad Westphal	October 2013	Secretary
Ryan Correa	October 2013	Treasurer
Neva McPherson	October 2012	
Walter Ponsford	October 2011	
Greg Borstad	October 2013	
Katie Hammer	October 2012	
Paul Svendsen	October 2012	
Renee Devlin	Replacement term expires October 2011 to be elected by membership to first term	

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
Virginia Reddick 460 SE 5 th St. Bend, OR 97702	10/13	<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"/> _____
Sue Ellen Leithauser 13772 SW Meadowview Dr. Camp Sherman, OR 97730	10/13	<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"/> _____
Michael Dean Bautista PO Box 1416 Bend, OR 97709	10/11	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" 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 type="checkbox"/> _____
Lucille Schuster CTWS Senior Dept.-Box C Warm Springs, OR 97761	10/12	<input checked="" type="checkbox"/> 60+ y/o <input checked="" 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"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Doug Brewer 1135 SW Highland Ave Redmond, OR 97756		60+ y/o <input type="checkbox"/> Minority 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"/> _____
Larry Kogovsek 1962 NE Otelah Pl. Bend, OR 97701	10/12 10/14	<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"/> _____
Charles Frazier 1362 NW City View Dr Bend, OR 97701		60+ y/o <input type="checkbox"/> Minority Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver Elected official X General Public <input type="checkbox"/> _____
Jerry Thackery 3430 SW Canal Redmond, OR 97756	10/13	<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"/> _____
Jacqui Waterman 6746 SW Valley View Powell Butte, OR 97753 <u>Ruthanna Warnock</u> <u>PO Box 770</u> <u>Crooked River Ranch, OR</u> <u>97760</u>	10/14 10/11	<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"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Jennifer Rogers 222 NW Outlook Vista Dr. Bend, OR 97701	10/13	<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 type="checkbox"/> _____

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.

See Attachment 1

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, 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.

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E 1. Explore and expand alternative services in our District for minority and low-income individuals. (1 & 3)	Identify and document local resources to meet the needs of low-income seniors. Increase the number of low cost/free services to low-income seniors by 5%.	Develop plans to involve businesses and private enterprise in local resource development. Case Managers will develop a list of low-cost/free services for referral.	Done On-going Done On-going	Mountain Laurel The Lodge at McKenzie Meadow Entrée Business Energy Tax Credit Shuttle Medical Ride Brokerage Develop volunteer work group Update and keep current

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E</p> <p>2. Reinforce the role of the AAA as a key partner for LTC services and strengthen support systems in the community, improve access and meet the needs of seniors for LTC services. AAA becomes an identified regional hub for the LTC. (2)</p>	<p>Attend meetings with Warm Springs Tribe Leaders & document activities affecting COCOA activity to include participation in tribal informational events.</p> <p>Identify & develop written agreements with other agencies to formalize partnerships, especially those that support the AAA goals.</p>	<p>Expand Focus groups to Reservation</p> <p>Participate in the Senior Services System planning and development team</p> <p>Provide space for and work with Parish Nurses caregiver training program</p> <p>You and Your Aging Parent</p> <p>Cascade Gerontology Conf.</p>	<p>On-going</p> <p>On-going 12 year plan</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Helped write Grant for Health Initiative</p> <p>Actively participate in caregiver symposium</p> <p>-Medical Ride Brokerage Shuttle</p> <p>-Partner with Low Income Housing Developers to provide services in facilities</p> <p>Annual training provided</p> <p>Annual 6-week program</p> <p>Annual Event</p>

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
Goal 2, continued	<p>Explore with Volunteers in Medicine possible senior referrals for the purpose to improve senior health.</p> <p>Maintain quarterly statistics assistance records of all referrals made by COCOA.</p> <p>Represent senior needs and issues in healthy community development through participation in local county health work groups</p> <p>Provide space for quarterly health activities in conjunction with our meals program</p>	<p>Meet with VIM Advisory Council to represent senior needs and issues</p> <p>Work with Commission to Children and Families to develop goals</p> <p>Participate in Central Oregon Health Council monthly</p> <p>Continue to work with Hunger Prevention Coalition</p> <p>Continue to serve on the Community Action Teams in Central Oregon</p> <p>Participate as Board member on Senior Care Network Board</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
Goal 2, continued	Provide a letter of support for each low income housing project. Document, on a quarterly basis for annual recording, information & assistance as well as outreach efforts so that clients, staff and community partners have consistent up-to-date accessible data	Resource Directory Senior Helpline	Every 2 years On-going	Two more low income housing units; one in Bend and one in Redmond completed One in Sisters planned-The Lodge at McKenzie Meadows;; worked with development group on health clinic and expanded senior site.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>3. Strengthen the relationship between the Advisory Council and the Board of Directors (1)</p>	<p>Conduct and document Advisory Council education for a broader understanding of the OAA/OPI and Long Term Care system</p> <p>Train & annually update education of agency community advocates who will work with O4AD during legislative sessions to identify & resolve senior issues legislation.</p>	<p>Provide training on roles and responsibilities of the Advisory Council</p> <p>Continually upgrade member packets and orientation</p> <p>Provide 2 local advisory trainings annually</p>	<p>Annually in September</p> <p>Done On-going</p> <p>On-going</p>	<p>New packets provide an overview of organization and what we do</p>

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
4. Prepare for the future needs of the increasing senior population by establishing the Council on Aging as the regional hub of which the Area Agency is an integral part. (2)	Create & implement a process to identify Hub performance with on-going evaluation and modification of core services Develop & establish a business plan with quarterly monitoring & evaluation features Annually conduct informational meetings with community partners who can supplement COCOA efforts with senior services Develop speakers bureau	Review needs assessment Participate as a partner in planning & establishing Community Development Team services through the Hub Write planning grants for demonstration project Conduct informational meetings to all civic and governmental groups regarding the Council's mission & services Investigate speaker locations as promotional opportunities	Done On-going On-going Done On-going On-going	Strategic Plan developed Grant allowed us to update brochures, develop new website and market COCOA Power Point presentation developed & used as an ongoing informational tool.

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E 5. Adequate transportation services to Seniors, the communities and people with disabilities (1,3)	Monthly desk monitoring and annual audit	Monitor contracted services with COIC to maintain priority services to seniors Coordinate with local entities to expand Medical Ride Brokerage Coordinate regional transportation through committee organized by COIC and City of Bend	On-going In progress In progress	Coordination with COIC and Bend Area Transit has resulted in local contractors in all Central Oregon cities and surrounding areas.

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E 6. Explore new stable revenue producing opportunities for COCOA (1,2)	MEASURABLE OBJECTIVES Develop informational brochures for planned giving and endowments	ACTIVITIES Develop awareness campaign to promote planned giving opportunities as well as overall awareness of COCOA programs & services Work with allied professionals to educate them about our agency and opportunities Promote planned giving opportunities in all mail-out appeals 5% of all fund-raising revenue will go towards growing endowment fund	DURATION On-going On-going Done On-going	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS Brochures development

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
Goal 6, continued Develop needs assessment and issues identification process Publication of the 5th edition of the Central Oregon Senior Resource Directory now called Directions	Develop a comprehensive, long-range services plan that will identify and guide how best to meet the needs of the region's senior population & monitor results monthly Provide the community with a comprehensive up-to-date Senior Resource Directory bi-annually	Develop plans to involve businesses and private enterprise in local fund-raising activities/efforts -Conduct Senior Needs Assessment Survey -Work with area community partners to develop strategic long term plan for senior service delivery system -Sell advertising to vendors -Update content -Produce and publish directory	On-going Done On-going March 2010	Completed needs assessment to set priorities for next 4-year plan

	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E 7. Develop area-wide informational event (1,2)</p>	<p>Establish a Senior Activities & Health Expo involving all age groups in this region & report to the COCOA Board of Directors monetary results of the event</p>	<p>Conduct annual "Senior Fair" events at each site</p>	<p>Annually</p>	
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E 8. Establish a disaster readiness posture (1,2,3)</p>	<p>Coordinate and establish an Agency Disaster Preparedness Plan with government agencies and other non-governmental organizations creating a living document (agency instruction) plan with annual updates</p>	<p>Prepare a comprehensive Disaster Response Plan: -to provide survival training to vulnerable populations through the respective counties -to participate in Disaster Preparedness exercises -to develop & maintain a Disaster Preparedness vulnerable population listing of those requiring assistance in an area emergency</p>	<p>Done On-going updates On-going</p>	<p>First plan completed Agency acts as tri-county vulnerable populations working group chair. Drafted final emergency operations plan annex for vulnerable populations for counties' approval</p>

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E 9. Support Long Term Care Ombudsman Program	Maintain Case Management records of all referrals and other coordinated activities with local Ombudsman office and (review quarterly)	Identify issues and comments by senior clients requiring investigation. Inform Ombudsman as necessary.	Ongoing	Visit by local ombudsman official in May 2007. To be scheduled in May/June 2010

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.)

Organization	Type(s) of Service/Funding Source
Retired Senior Volunteer Program (RSVP)	Volunteer Coordination Federal Grant
SHIBA	Senior Health Insurance Benefits Assistance State of Oregon grant through the Department of Consumer & Business Services
NOT doing CO-GAP – no support throughout community, no community grant funding available due to economy	
Extended Hands	A one time payment for persons 60 and over to meet emergency needs/services when no other resources are available Funded by a Private Trust
NEW INFO Foster Grandparent Program	Program is in place throughout tri-county area; new volunteers are being trained and recruited and stipend opportunities are available for seniors on a limited income
Interfaith Volunteer Caregivers	
NEW INFO Supplemental Nutrition Assistance Program (SNAP) Outreach	Short-term grant provided funds from June-September 2011 to promote SNAP to seniors. Funding allowed Council to attend a wide variety of community events and promote agency goals to seniors, caregivers, and community members.

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: Redmond, Oregon

Date: September 27, 2007

Number in Attendance: 16

Number of 60 y/o+: 7

City and Hearing Location: Redmond, Oregon

Date: October 5, 2007

Number in Attendance: 15

Number of 60 y/o+:7

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

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.

Presented the overview of the Area Plan and budget information, with a copy of the completed Area Plan available for review for the public. Discussed priority services and future planning goals as they relate to the Strategic Plan.

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

If yes, briefly describe:

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.

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
At Home Care Group, LLC 2955 N. Highway 97 Bend, OR 97701 Ann Bahn (541) 312-0051 <div style="text-align: right;"><input checked="" type="checkbox"/> For profit agency</div>	1,2,30-4, 40-8, 40-9
Evergreen In-Home Care Services 243 SW Scalehouse Loop, Suite 3A Bend, OR 97702 (541)389-0006 <div style="text-align: right;"><input checked="" type="checkbox"/> For profit agency</div>	1,2,30-4, 40-8, 40-9
Home Instead Senior Care 901 NW Carlon Ave., Suite 1 Bend, OR 97701 Todd Sensenbach (541)330-6400 <div style="text-align: right;"><input checked="" type="checkbox"/> For profit agency</div>	1,2,30-4, 40-8, 40-9
Assured Quality Home Care, Inc. 521 SW 6 th Street, Suite 208 Redmond, OR 97756 Diego Morgan (541) 815-8505 <div style="text-align: right;"><input checked="" type="checkbox"/> For profit agency</div>	1,2,30-4, 40-8, 40-9
Home Help Team 6733 Harrington Loop Bend, OR 97701 Toni Landis (541) 480-4803 <div style="text-align: right;"><input checked="" type="checkbox"/> For profit agency</div>	30-1

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Interfaith Volunteer Caregivers PO Box 7856 Bend, OR 97701 Eve Nazarian (541) 548-7018 <input type="checkbox"/> For profit agency	14, 30-3, 30-7, 60-1, 80-5, 90-1
Senior Citizens of Jefferson County Madras Senior Center 860 SW Madison Ave. Madras, OR 97741 (541)475-1148 <input type="checkbox"/> For profit agency	7,4
Legal Aid Services of Oregon 1029 NW 14 th Street Bend, OR 97701 Leigh Dickey (541) 385-6950 <input type="checkbox"/> For profit agency	11
Soroptimist International of Prineville Charitable Trust 2650 SE Baldwin Court Prineville, OR 97754 Sue Lockhart (541) 447-6844 <input type="checkbox"/> For profit agency	7,4
Klamath Basin Senior Citizen's Council PO Box JE Klamath Falls, OR 97602 Mike O'Brien (541) 883-7171 <input type="checkbox"/> For profit agency	4
Safe Haven Care, In Home Services PO Box 1416 Bend, OR 97709 Michael Dean Bautista (541)678-5838 <input checked="" type="checkbox"/> For profit agency	1,2,30-4,40-8,40-9

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Central Oregon Intergovernmental Council (COIC) 2363 SW Glacier Place Redmond, OR 97756 Melanie Ybarra (541)548-8163, ext. 230 <input type="checkbox"/> For profit agency	10
Lifespan Respite Care 2577 NE Courtney Drive Bend, OR 97701 Terri Dupuy (541)322-7550 <input type="checkbox"/> For profit agency	30-5

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
CLUSTER 1 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 1	Personal Care <input checked="" 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 checked="" 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 type="checkbox"/> 3	Chore <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 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 checked="" type="checkbox"/> OPI	1 Meal Delivered	<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 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 checked="" type="checkbox"/> OAA <input checked="" 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
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<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"/> 8	Nutrition Counseling <input checked="" type="checkbox"/> OAA <input 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"/> 9	Assisted Transportation <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
CLUSTER 3 NON-REGISTERED SERVICES			
<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 checked="" 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 checked="" type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input checked="" 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 checked="" type="checkbox"/> 15	Information 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

	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 type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
<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 type="checkbox"/> 20-3	AAA Program Coordination <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<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"/> 20-4	AAA Program Development <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Address Functional Limitations			
<input checked="" type="checkbox"/> 30-1	Home Repair/Modification <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	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
<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 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"/> 30-4	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 checked="" 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 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"/> 30-7	Supplemental Services to Caregivers <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
Services Which Maintain Health			
<input checked="" type="checkbox"/> 40-1	Health/Nutrition Screening <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening 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"/> 40-2	Exercise/Physical Fitness <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"/> 40-3	Wellness Education <input checked="" type="checkbox"/> OAA	1 Session per participant	<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 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 type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<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"/> 40-6a	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 type="checkbox"/> 40-7	Medical Equipment <input type="checkbox"/> OAA <input 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 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
Services Which Protect Elder Rights			
<input type="checkbox"/> 50-1	Guardianship Conservatorship <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"/> 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 checked="" type="checkbox"/> 50-4	Crime Prevention/Home Safety <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 checked="" type="checkbox"/> 50-5	LTC Ombudsman <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
Services Which Promote Socialization and Participation			
<input checked="" type="checkbox"/> 60-1	Recreation <input checked="" type="checkbox"/> OAA	1 Activity 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 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 checked="" type="checkbox"/> 60-3	Telephone Reassurance <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
<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 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
Services Which Assure Access and Coordination			
<input checked="" type="checkbox"/> 70-1	Case Monitoring <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 type="checkbox"/> cost efficient
<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 type="checkbox"/> 70-2a	Individual Counseling for Caregivers <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 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 type="checkbox"/> 70-4	Geriatric Assessment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Assessment	<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 type="checkbox"/> Contracted <input checked="" 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"/> 70-7	Placement Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Referral	<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 type="checkbox"/> 70-9	Caregiver Training <input type="checkbox"/> OAA	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 type="checkbox"/> 70-10	Public Outreach/Education <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services that Support Other Goals/Outcomes			
<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 type="checkbox"/> 80-5	Money Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	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"/> 80-6	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.

Case managers have 24 hours from initial inquiry/client notification to make telephone contact to determine possible eligibility. Based on this interview, every effort is made to schedule a full assessment at a subsequent home visit within 3 (three) working days.

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

All potential OPI clients will first be screened for potential Medicaid eligibility. During the periodic review, if an ongoing client may be eligible for Medicaid programs, referral is made to the local program office to start the application process. All applicants are informed of COCOA and community services at intake, at reviews and when the need for other services becomes apparent. Currently, Central Oregon Council on Aging Case Managers administer sixteen (16) programs that provide a variety of assistance to seniors. The procedure guidelines in our manual outline the ways to access and provide service to meet the needs that these programs can cover. The Case Manager must also know community resources that can provide the needed services. Additionally, clients will be asked if they are veterans or the spouse of one so they may contact the local county veterans' services advisor (CVSO) to determine eligibility for those benefits in lieu of state or AAA services.

- e. Describe how eligibility will be determined.

Eligibility is determined through an in-home assessment. This assessment is based on observation and information gathered from the client, physician and/or family members. Completing the Client Assessment and Planning System (CA/PS) form will provide information on medical, mental, mobility and the support systems for the person and is used to determine the client's service eligibility level.

f. Describe how the services will be provided.

Case management is the program which helps seniors to make cost-effective and appropriate decisions regarding their care needs. Case management includes assessment of individual/family needs, problems, and resources; care planning and arrangement of the provision of formal and informal services; ongoing monitoring to assure services are appropriately delivered; and reassessment to adjust care plans to changing needs.

When a Case Manager receives a referral from either the client, family, friend or another agency, they have 24 hours to make telephone contact to schedule a home visit to do the needs assessment. When needs are determined, the Case Manager then looks at providers for the needed services. This might entail assisting in the creation or enrichment of an existing natural support system; helping to engage neighbors, friends or family members, fellow church goers, or friendly visitors on the person's behalf. Gathering information about financial status is required to make appropriate referrals to the formal support systems.

The Case Manager's role is to support the natural system, not to replace it. This support includes helping to find equipment, such as a bath bench, or other items, that make it easier to care for the client. The Case Manager then looks for the formal service system for those services that cannot be met by the informal system. The formal systems include services such as home health, transportation, congregate meals, home delivered meals, etc. The formal system can be a challenge, due to lack of resources or service gaps, and complexity in accessing services. This requires creative problem-solving on the part of Case Managers, as they search for alternative resources to provide the needed services. Once the plan is in place, the Case Manager's job is to monitor and adjust the care plan as the needs change.

Monitoring and Reassessment: Monitoring the plan takes two forms. First, there is monitoring the status of the client and second, there is monitoring the adequacy of services provided under the plan. Annual reassessments should occur for all clients. Formal reassessments should also be triggered by specific events such as a hospitalization, when an application for alternative care is made, or when a provider or others call with concerns. These reassessments will always include Veterans Administration involvement if the client has any military service background.

The goal of case management is to help delay or prevent inappropriate institutionalization, and to serve as the senior's advocate in order to maximize independence. *These programs not only provide choice, dignity, independence, and quality of life to the elderly*, but also are much less costly (average monthly community-based care is 300% less than nursing home care).

g. Describe the agency policy for prioritizing OPI service delivery.

Priority is based on Activities of Daily Living (ADL's). Persons who need assistance in the following ADL's will have higher priority:

- Mobility
- Eating
- Bowel/Bladder
- Bathing/Personal Hygiene
- Dressing/Grooming
- Cognition

Priority is also given to seniors discharged from hospitals, those who have no insurance or family or other natural resources, those assessed at levels 1-5 or those who are at-risk referrals.

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

Cases will be denied when they are receiving duplicate Medicaid services or when they do not meet the established priority level. Service reductions are based on need and available funding for the services. Cases are terminated when they no longer have a need for OPI services, move to an alternative care setting, when they pass away, or there are no funds available. Applicants and clients will be notified in writing of adverse action and of their rights to a hearing. COCOA has established procedures and notice letters.

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

At the time of the initial intake, clients are advised of their rights to grieve a decision made by the agency regarding their care requests or to file a complaint regarding the services they are receiving. They are given copies of the Grievance Rights and Procedures and Consumer complaint Procedures.

If someone wishes to exercise their grievance rights, they need to notify the Program Manager by phone within 10 days and ask for a meeting as described below.

Appeal Process

The following process will be used in resolving differences of opinion between the client and/or client representative and local OPI agency.

1. The client is responsible for contacting the Case Manager within **10 working days** of receiving reduction/termination notice.
2. The Case Manager will discuss the situation and attempt to reach a mutually acceptable solution with the client.
3. If the client and Case Manager fail to resolve the situation, the Case Manager or client may contact the Program Manager.
4. The Program Manager will arrange a staffing within **10 working days** with the client and the Case Manager and attempt to reach a mutually acceptable agreement.
5. If the client, Case Manager or Program Manager fail to reach a mutually acceptable solution, the Program Manager will **immediately** notify the Executive Officer. If the Program Manager fails to contact the Executive Officer within **5 working days**, the client may contact the Executive Officer.
6. The Executive Officer will **immediately** staff the situation with the Program Manager, Case Manager and the client and attempt to reach a mutually acceptable agreement.
7. If the client, Case Manager, Program Manager and Executive Officer fail to reach a mutually acceptable solution, the Executive Officer will contact SPD for an Administrative review within **7 working days**.

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

Case Managers gather financial information at the time of the initial assessment. Gross income minus medical expenses equals the net income. The monthly net income is used to determine the fee, using the fee schedule established by COCOA. COCOA bills the clients once a month for the services provided. Clients send their payments to COCOA where they are logged in and

recorded to each client's account. The fees are used to expand services in the district. Fees collected are used before OPI funds are requested each month on the OPI 148 reporting form. For those clients not charged a monthly service fee, a \$5.00 minimum annual service fee is required at the time of the initial assessment as well as at the annual in-home assessment with the Case Manager (per ORS 411 Division 32 Revision of 11-1-06).

k. 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.

If payment is not received from a client, they are billed again. If payment is not received after the second bill, the Case Manager contacts the client to set up a payment schedule. If payment is still not received, it is our policy to terminate services until payment is made. If there are circumstances of extreme hardship, the case may be referred to the COCOA Executive Officer who may waive the fee.

l. Explain how service providers will be monitored and evaluated.

CEP's are monitored through monthly billing and service reports. Services are monitored by the Case Manager through contact with clients. There is an annual audit conducted by the Advisory Council Committee and staff for satisfaction and home care worker service performance.

