

**HARNEY COUNTY SENIOR & COMMUNITY
SERVICES CENTER
DISTRICT 14 # & HARNEY
OLDER AMERICANS ACT
AREA PLAN
for period of
JANUARY 1, 2008
to
DECEMBER 31, 2012**

Updated 08/23/2011

Table of Contents

	Page
Verification of intent.....	2
Section A - Overview	
Overview of Area Plan.....	3
Section B - Administration	
Agency's Governing Body	8
Agency's Advisory Council	12
Administration Goals and Objectives.....	17
Other Programs and/or Activities of the AAA.....	21
Section C – Plan and Service Development	
Public Hearing Comments.....	24
Contracts of the Area Agency.....	26
Section D – Services Provided	
Service Matrix.....	30
Oregon Project Independence.....	37
Attachments	
.....	
.....	
.....	
.....	
.....	

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.

HARNEY COUNTY SENIOR AND COMMUNITY SERVICES CENTER
 17 S ALDER
 P O BOX 728
 BURNS, OR 97720

Chief Executive Director
 ANGELA ITURBIDE

541 573 6024

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

ANGELA ITURBIDE
 Printed Name

EXECUTIVE DIRECTOR _____

 Title

 Date

OVERVIEW OF AREA PLAN

SECTION A **OVERVIEW OF AREA PLAN**

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

- a) thorough description of the service system, including meeting the needs of rural and low-income minority;
 - b) list of designated focal points;
 - c) profile of the population to be served by the AAA, including rural and low-income and ethnic minority;
 - d) the types of services to be funded and any identified unmet needs;
 - e) description of any major changes to the service system planned during the next area plan period, with annual updates; and
 - f) description of the area agency planning process used to determine service priorities.
- a) Description of service delivery system support from the community at large. Since the inception of the Agency, it has been the primary long-range goal to use the multi-purpose concept for service delivery.

In 1978, the County built the existing Senior Center and offices, thus lending stability in the service delivery system. The building encompasses 9,396 square feet.

In 1994, a grant was received from ODOT for a lift-equipped minibus. This was a very needed addition to our transportation program ensuring access for wheelchair individuals.

In March 1996, the Harney County Court appointed the Harney County Senior & Community Services Center's Director the Veteran Service Officer position and programs. This program ties in with the other services to seniors and the low-income population in Harney County.

In June 1997, a three bay transportation bus barn was completed on Railroad Avenue. The funding to build the bus barn was received through a grant from ODOT. Dale White, County Judge, helped us obtain the land to use for this project. It was County land that was acquired for unpaid taxes.

In 2000, a grant was written to ODOT for a Comm. Trans. van. This was a

needed addition to our transportation program.

In May 2001, an addition was added to our bus barn. Three more bays and a bathroom were added, also the lot was paved, front and back of the building. The entire lot was fenced, a vehicle carport in the back for maintenance, plus faucets on the outside of the building were added. The funding for these improvements came from Public Transportation Discretionary Grant from ODOT.

In May 2002, two more Comm. Trans. vans were acquired with a grant from ODOT, enabling the Center to expand the Transportation program.

In November 2005, an addition was added to the building for a new Food Bank. This was funded from private donations through the Senior Center. We also received a grant from the Oregon Food Bank for a walk-in freezer. USDA commodities are now being delivered to our Food Bank enabling us to give better services to the hungry in Harney County.

In July 2007, a grant was received from ODOT for a Mobiltat computer program for the transportation program. This grant will enable the transportation program to book rides efficiently.

Harney County Senior & Community Services Center has been designated as the Disaster Preparedness Site for Harney County and has recently installed a liquid gas generator for lights, heat and refrigeration in case of an emergency.

In 2010 ODOT thru ARRA funds funded a new small van. This has added another vehicle to the ever expanding rural transportation by adding 2 vans for Saturday trips.

Harney County Senior & Community Services Center is located at 17 S Alder, Burns, Or 97720 and has been designated as a focal point for program delivery.

- b) List of designated focal points
Harney County Senior and Community Services Center is the only designated focal point in Harney County.

c) Profile of the population to be served by AAA

The 2010 census information established the elderly population of Harney County as 1,972. The total population of Harney County is 7422. The elderly, 60 and over, represent 26% of the total population. This reflects an increase in the segment of the population in Harney when in 1970 this figure was 11.4%, the figure in 1980 was 12.3%, the figure in 1990 was 19% and the figure in 2001 was 21% of the population.

Race: Race distribution by age was not available.

94.8% of the population in Harney County is white and 5.2% is other.

There are 30 60+ Native American seniors at the Burns Paiute Tribe Reservation. This information came from the Tribal office.

Poverty status of the age 65 population is estimated at 8.6% or a total of 170 seniors.

Harney County is a large sparsely populated area, 5 small communities are in the county with post offices and a few have a store, only two have a service station, so most people come in to Burns for services. Very hard to reach seniors in the rural areas.

d) Types of services to be funded and any identified unmet needs

Services to be funded 08/12

Cluster 1 Registered services:

- 2a Homemaker-CEP
- 4 Home delivered meals
- 6 Case Management of OAA and

OPI

Cluster 2 Registered services:

- 7 Congregate meals

Cluster 3 Non-registered services:

- 10 Transportation
- 11 Legal assistance
- 13 Information and assistance
- Group Two Caregiver Services
- 16 Caregiver Access Assistance

Other services:

- 20-1 Administration OAA and OPI

Services which address functional
30-5 Respite

limitations:

30-1 Home repair/modification

Services which maintain health:

40-2 Physical Activity and Falls Prevention

40-3 Preventive Screening

40-9 Medication management

Services which protect elder rights:

50-3 Elder abuse awareness

Services which promote socialization
and participations:

60.-1 Recreation

Services which assure access and
coordination:

70-5 Newsletter

Services support other goals/outcomes:

80-1 Senior center assistance

90-1 Volunteer Services

As an umbrella organization for many programs, we are able to provide many services to seniors. With additional funding, we could provide more services. Because our county is vast, we are unable to meet many seniors' needs. These seniors live over 100 miles away from Burns.

e) Description of any major changes to the service system planned during the next area plan period, with annual updates

Service Definitions have been significantly updated for the 2012 year to better capture the services and activities occurring in our facility. We are constantly seeking new funding sources to benefit seniors and compliment the goals and objectives of our program.

f) Description of area agency planning process used to determine service

priorities

Surveys were distributed to congregate meals site participants, home delivery meals recipients and transportation riders , the majority of the people who live in the Burns/Hines cities. These surveys enable seniors using these services the opportunity to have input and make suggestions for the services they use. Comments from these surveys were used to determine the service priorities that the agency will implement. The surveys showed that 99% of the recipients were satisfied with services that they received. The agency addressed the comments and revised the services as needed.

A public meeting, including the Board of Directors and the Advisory Board was held for public input to help us to set our service priorities.

Surveys are kept on file at the agency for public viewing.

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)
Lois Taylor PO Box 674 Hines OR 97738	2012	
Dale White P O Box 66 Burns, Or 97720 541 573 6280	2012	Chairman
Patsy Baird PO Box 802 Hines OR 97738	July 2012	
Arloa Martin 964 N Alder Burns, Or 97720 541 573 7452	July 2013	
Rose Johnson P O Box 575 Burns, Or 97720 541 5736237	July 2012	
Patti Schultz 418 W Madison Burns OR 97720 541-589-1133	July 2013	

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Steve Grasty 450 N Buena Vista Burns, Or 97720 5441 573 6356	July 2012	
Ruth Schultz PO Box 501 Hines OR 97738 541-573-2997	July 2013	First Vice Chairman
Richard (Dick) Day 708 W Filmore Burns OR 97720 541-573-7481	July 2013	
Delcy Currey P O Box 176 Hines, Or 97738 541 573 3437	July 2012	
Darlene Wingfield P O Box 517 Burns, Or 97720	July 2013	
Dick Deming 1240 Seneca Drive Burns OR 97720 541-573-2347	July 2012	
Wm Renwick, Jr P O Box 952 Burns, Or 97720 541 573 02945	July 2013	

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Sherrie Modey 293 N Broadway Burns OR 97720 541-573-2005	July 2012	
Gene Sevey P O Box 651 Hines, or 97738 541 573 7675	July 2013	2 nd Vice Chairman
Pearl Heinz 730 East Washington Burns OR 97720 541-573-6724	July 2013	

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
Linc-Reed Nickerson PO Box 877 Burns OR 97720 541-360-0873	July 2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> VeteraFamily Caregiver <input type="checkbox"/> Elected official x <input type="checkbox"/> General Public <input type="checkbox"/> _____
Diane Smith PO Box 875 Hines Or 97738	July 2012	60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural X <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"/> _____
Jeanette Wilson SPD 725 E Main St. Ste E John Day, Or 97845 541 573 2691	July 2012	<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 type="checkbox"/> General Public <input checked="" type="checkbox"/> DHS
Sally Hendry 67690 Oil Well Rd Burns OR 97720 541-573-6773	July 2013	XX60+ y/o <input type="checkbox"/> Minority XX <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Sally Allen 261 N Birch Burns OR 97720 541-573-0963	July 2013	XX60+ 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 XX General Public <input type="checkbox"/> _____
Maria Iturriaga 450 N Buena Vista Burns, OR 97720 541 573 6641	July 2012	XX <input type="checkbox"/> 60+ y/o XX <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
John Thelen PO Box 307 Burns OR 97720 541-493-2213	July 2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority XX 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"/> _____
Berniece McGee 30663 Stanclift Lane Burns, Or 97720 541 573 7152	July 2012	<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 type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input 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.

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

<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 checked="" type="checkbox"/>D <input type="checkbox"/>E Provide qualified staff to administer the Area Plan goals and objectives, according to all Federal and State policies and procedures. Have qualified and informed Boards</p>		<p>MEASURABLE OBJECTIVES To ensure that services planned are administered and implemented as set in the Area Plan.</p>		<p>ACTIVITIES Maintain accurate records and reports, attend staff trainings as they are available. To supply support to the Board of Directors and the Advisory Board, hold annual Board orientation.</p>		<p>DURATION On-going</p>		<p>(Complete this column as achieved and submit this section with your annual AP updates)</p>	<p>OUTCOMES/ ACCOMPLISHMENTS Ensure that the audits are without concerns and findings. Conduct Board trainings annual. Ensure accounting and monitoring are done in a timely manner.</p>
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<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 Represent older persons interests so that they may receive the necessary services to ensure their independence and dignity.</p>		<p>MEASURABLE OBJECTIVES Ensure that adequate funding and services are available</p>	<p>ACTIVITIES Attend public meeting at the local, state and national levels and advocate for senior programs. Meet with community partners to ensure representation for seniors. Write letter to our legislative representatives regarding senior issues. Fund raising and coordination of volunteers at the local level.</p>	<p>DURATION On-going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p>
		<p>OUTCOMES/ ACCOMPLISHMENTS Raise funding and obtain a pool of volunteers to help seniors whose services were eliminated for State programs. Encourage legislatures not to eliminate the senior programs.</p>			

	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 checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E Obtain a comprehensive, coordinated service system through partnering with other local, state and federal agencies and non-profits programs.</p>	<p>Coordinate services with our partners to ensure uninterrupted services to seniors.</p>	<p>Staff training and coordination with partners to support common service objectives.</p>	<p>On-going</p>	<p>To maintain services objectives and service resources on an ongoing basis through contacts with community partners. Communicate with the state volunteer program to ensure that seniors who need services will be included in this program.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E To develop and maintain policies and procedures that will ensure the goals and objectives of the agency that are set forth in the area plan.</p>	<p>Provide services as planned and meet targeted goals in the area plan.</p>	<p>Amend agency policies and procedures manuals as needed. Conduct surveys and needs assessments to ensure needs of our seniors are being met.</p>	<p>On-going</p>	<p>Agency will continue to follow new policies and procedures that comply with program requirements.</p>

<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 type="checkbox"/>D <input checked="" type="checkbox"/>E 1)Identify the needs of older individuals eligible for assistance under the Older American Act</p>	<p>MEASURABLE OBJECTIVES Provide eligible individuals information that will enable them to receive specific services that will meet their needs.</p>	<p>ACTIVITIES Staff will contact seniors through the local media outlets as well as through relationships with active seniors and other community partners. Tribal representatives have relationships with staff and will continue to encourage members to participate in programs. Tribal representation on the Board of Directors and committee seats are actively sought after.</p>	<p>DURATION On-going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS Through local media seniors will be reached and informed of programs and services available as well as any opportunities for activities. Tribal contacts will be made to continue to build relationships and reach tribal members who are interested in our programs.</p>
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<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 type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>2) Identify low-income ethnic minority seniors to be able to inform them of available services.</p>	<p>Informing these seniors of services and other information will improve their quality of life.</p>	<p>Director writes a monthly column with the local paper to inform the community of services available. Outreach within the community to identify minority individuals who may need services.</p>	<p>on going</p>	<p>Ethnic minority seniors are not in areas of the community separate from the majority. These seniors are reached through relationships and media within the community. Their needs are kept in mind when services are planned.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>3) Identify low-income rural seniors to be able to inform them of available services.</p>	<p>Informing these seniors of services and other information will improve their quality of life.</p>	<p>Articles in the local paper. Fliers for activities, newsletter and word of mouth.</p>	<p>on going</p>	<p>Rural seniors receive the majority of their services in Burns/Hines. Senior Center has brochures in the community discussing services. The information is out there and rural seniors have the opportunity to utilize our programs when they can.</p>

<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 type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>4) Partner with our local State agencies that provide services to seniors</p>	<p>Provide seniors with all the available services, supply them with the choices and assistance they need, to make qualified decisions regarding their quality of life</p>	<p>Referrals to other agencies as needed, on-going communication with the state agencies. Provide a brochure that has contact information for other local agencies.</p>	<p>on going</p>	<p>Continue communication with other local and state agencies as well as comprehensive planning for local seniors to address their needs. Continue to develop complementary services within the agency. Expand opportunities for activities and outreach.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>Partner with our local and state agencies that provide services to disabled seniors</p>	<p>Provide seniors with all the available services, supply them with the choices and assistance they need, to make qualified decisions regarding their quality of life</p>	<p>Referrals to other agencies as needed, on-going communication with the state agencies</p>	<p>on going</p>	<p>The agency has good relationships with community partners. We will continue to meet and provide information and referrals within the community to help address the needs of our disabled seniors.</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 type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E Powerful Tools for Caregivers. Development and implementation of the course in the community	Identify two volunteers able and willing to become trainers and invest their time in teaching the class to local caregivers.	Case manager is currently researching the commitment needed to train to be a trainer. Obtaining the schedule and conducting outreach to identify interested parties to become trainers.	By the end of 2012.	

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.)

Dial-a-Ride Transportation system funded with State and Federal grants, OMAP contract, Title XIX non-medical contract and local funds.

Oregon Housing and Community Services Department programs, which include the following services: Energy assistance, weatherization and emergency assistance for utilities, shelter and rent

Emergency Food and Shelter Program: provides food, emergency rent , utilities and shelter.

Harney County Veterans' program: helps the veterans with filing claims and medical trips to Veteran hospitals in Portland and Boise. These funds are from the Oregon State Veterans Department and County funds.

Harney County Food Bank: Provides food to the low-income population of the county and transients. . This program is funded through Oregon Food Bank, local and EFSP funds.

Have A Heart Organization: Meal tickets for seniors, transportation tickets, volunteers for housekeeping, prescriptions for low-income, seniors and utilities.

Harney County Ministerial Association: Emergency shelter, rental assistance, medications, fuel and bus tickets..

Burns Christian Church Thrift Shop: Clothing, emergency rent, shelter, utilities and prescriptions.

Salvation Army: Bus tickets and emergency assistance.

HHOPE (domestic violence): Shelter and food.

Senior and People with Disabilities: Medicaid programs, Elder Protection and food stamps.

Entree: Local program to ensure funding to supplant the Congregate meals and Meals on Wheels

Project Share: Heating assistance

SHIBA and Needy Meds are manned by volunteers

Better Balance for Better Living and Tai Chi exercise classes

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: Burns- Harney County Senior & Community Services Center

Date: 1/16/ 2007

Number in Attendance: 25

Number of 60 y/o+:10

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+:

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.

Affordable housing, food, jobs, transportation, legal drugs and high energy cost for low income and persons in poverty, seniors and disabled. The meal site; meal-on-wheels and the other services were presented and no objections were stated on the OAA services.

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
Harney County Senior & Community Services Agency does not contract with other agencies at this time, due to the fact that the agency is able to do the services and that Lifespan is no longer doing services in the County. <input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
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<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

**SECTION D-1
SERVICE MATRIX**

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

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
<input type="checkbox"/> 1	Personal Care <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"/> 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
2	Homemaker <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
x <input type="checkbox"/> 2a	Homemaker – HCW x <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 x <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 type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" 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 XX <input 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 checked="" type="checkbox"/> no provider <input type="checkbox"/> cost efficient
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 8	Nutrition Counseling <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 9	Assisted Transportation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input 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 type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 11	Legal Assistance <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 12	Nutrition Education <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
14	Outreach -OAA -OPI	1 Contact	<input type="checkbox"/> Contracted -Waiver request to self-provide -no provider <input type="checkbox"/> cost efficient
-15	Information to Caregivers -OAA	1 Activity	<input type="checkbox"/> Contracted -Waiver request to self-provide -o provider -cost efficient

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input type="checkbox"/> 30-6	Organization & Maintenance of Support Groups for Caregivers <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"/> 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			
-40-1	Health/Nutrition Screening -OAA <input type="checkbox"/> OPI	1 Screening per participant	<input type="checkbox"/> Contracted -Waiver request to self-provide <input type="checkbox"/> no provider -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
XX <input type="checkbox"/> 40-3	Wellness Education XX <input type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted XXWaiver request to self-provide <input type="checkbox"/> no provider XX <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input 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 type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
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 checked="" type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-5	LTC Ombudsman <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
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 type="checkbox"/> cost efficient
60-2	Friendly Visiting <input type="checkbox"/> OAA	1 Visit	<input type="checkbox"/> Contracted Waiver request to self-provide no provider cost efficient
<input type="checkbox"/> 60-3	Telephone Reassurance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 60-4	Volunteer Recruitment <input type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

<input type="checkbox"/> 60-5	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 type="checkbox"/> 70-1	Case Monitoring <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"/> 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 checked="" 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
-70-9	Caregiver Training -OAA	1 Session per Participant	<input type="checkbox"/> Contracted -Waiver request to self-provide <input type="checkbox"/> no provider -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 checked="" type="checkbox"/> 80-1	Senior Center Assistance <input checked="" type="checkbox"/> OAA	1 Center Assisted	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input checked="" 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 checked="" type="checkbox"/> 90-1	Volunteer Services <input checked="" type="checkbox"/> OAA	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

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. Initial information is collected on a NAPIS form during the first contact with the client, whether on the phone or in person. If immediate assistance is needed, the OPI Manager will follow thru at that time. If no immediate needs are required at first contact, a date is set with OPI Manager for a full assessment at subsequent visit within 3 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 HCSC and community services at intake, at reviews and when the need for other services becomes apparent.

e. Describe how eligibility will be determined. Client eligibility will be determined by a home visit, financial, physical, medical, functional assessment, age (60+), disability age (19-59) (when funding becomes available) and social needs for services.

f. Describe how the services will be provided. Client services will be based on the need assessment from the home visit as determined by eligibility.

g. Describe the agency policy for prioritizing OPI service delivery. Clients shall receive authorized services on a service priority basis as per the SPD levels 1-18 receiving OPI services.

h. Describe the agency policy for denial, reduction or termination of services. Denial of service is based on a change in client's need or yearly review upon placement of information into Oregon ACCESS in the client assessment table. The reduction or termination of services may occur if client's situation improves or if funding from the State is reduced. The client will be given a 30

day notice and informed of the grievance procedure with the Agency's Grievance Procedure and the ORS Chapter 183. The client receives a letter with the reduction or termination and a grievance policy is attached.

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

Harney County Senior & Community Services Center in accordance with DHS shall follow the procedures as outlined in the accepted Grievance Procedures established by the State of Oregon. The clients receive a letter with this information attached.

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

Client fees are calculated according to the OPI Client Fee process. Fee billing will be completed by the Senior Service Manager at the end of the month with invoices mailed to clients. Each month, the hours of service will be entered into CMS by the Financial Office. Fees will be used to expand and maintain services under OPI.

- 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 the client is more than 60 days in arrears, a letter requesting payment and including information for the client regarding the right to grieve adverse eligibility of service, determination, or consumer complaints will be sent from Harney County Senior & Community Services Center.

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

The OPI Case Manager is responsible for monitoring and evaluating the services provided under this contract. Annual visits are conducted by the OPI Case Manager with the clients to ensure that services and proper treatment are being provided as contracted with CEPs and documented in Oregon ACCESS as per the DHS standards. A satisfaction survey is completed and filed in the client's file at the office of the Harney County Senior and Community Services Center.