

KLAMATH BASIN SENIOR CITIZENS' COUNCIL
DISTRICT 11 KLAMATH & LAKE COUNTY
OLDER AMERICANS ACT
AREA PLAN
for period of
JANUARY 1, 2008
to
DECEMBER 31, 2011

Revised 04-03-08

Approved SUA 06-19-08

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VERIFICATION OF INTENT

Type A: OAA, OPI

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

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

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

KLAMATH BASIN SENIOR CITIZENS' COUNCIL

DISTRICT 11 KLAMATH & LAKE COUNTY

2045 ARTHUR STREET

P.O. BOX JE

KLAMATH FALLS, OR 97603

MIKE O'BRIEN, EXECUTIVE DIRECTOR

(541) 883-7171

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

Executive Director

Title

Mike O'Brien

Printed Name

October 09, 2007

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) **AGENCY OVERVIEW:** The Klamath Basin Senior Citizens' Council (KBSCC) is a private, non-profit community based organization as defined by Section 501 (c) - (3) of The Internal Revenue Code. KBSCC was established in 1969 and is governed by a twelve (12) member volunteer Board of Directors and receives program/service recommendations from a nine (9) member volunteer Advisory Council. Recommendations include service priorities, effectiveness of the service delivery systems and assistance in identifying any unmet needs.

PURPOSE/MISSION STATEMENT: "To insure that the older population, low-income, minority groups and those with disabilities within Klamath and Lake Counties have the opportunity for pursuing choices, independence, dignity and quality of life."

The Klamath Basin Senior Citizens' Council, AKA, Area Agency on Aging, District 11, Klamath and Lake Counties targets services to seniors, low-income families and disabled households with the greatest social and economic need. The Agency continues to improve services/programs through on-going

SECTION A (a) (Continued)

monitoring and assessment of programs and services to ensure that they meet the specific need of clients accessing services.

The Klamath Basin Senior Citizens' Council is a State designated Area Agency on Aging (AAA) agency for both Klamath and Lake Counties and is designated as District 11. A contract between KBSCC and the Lake County Senior Citizens Association (LCSCA) authorizes LCSCA to provide all AAA services within Lake County.

The KBSCC Advisory Council provides for representation from Lake County on the KBSCC/LCSCA Advisory Council. Individuals are selected by The LCSCA Board of Directors. The KBSCC annual budget is comprised of Federal, State, County and local funds, including funding from The Klamath Basin United Way with additional dollars raised by volunteers through on-going local fundraising events and activities.

KBSCC also utilizes over one hundred and eighty (180) volunteers in the delivery of support services, senior/disabled assistance programs and in our fundraising activities, etc.

SERVICE SYSTEMS: District 11 is comprised of Klamath County that encompasses a land base of 6,135 square miles and Lake County with a land base of 8,030 square miles. The combined land base of the two counties which make up District II is, 14,165 square miles.

The travel distance between the main focal point (KBSCC) and the furthest focal point (Gilchrist) is 100 miles. The Gilchrist Family Restaurant provides a weekly (Mondays) congregate hot meal. KBSCC contracts with COCOA to provide Meals on Wheels delivery in the north end of Klamath County and COCOA is reimbursed for the cost of the meal. COCOA uses volunteers for delivery.

The travel distance between the main focal point in Lake County (LCSCA) and Christmas Valley is 110 miles. LCSCA operates a meal site in Christmas Valley through a contract with a local restaurant and through use of volunteers in that area.

SECTION A (b) (Continued)

b) **FOCAL POINTS:** The Klamath Basin Senior Citizens' Council serves as the main designated focal point for older individuals , 60 + years of age, in Klamath County, while the Lake County Senior Citizens' Association serves as the main focal point for Lake County.

The Klamath Basin Senior Citizens' Council operates The Area Agency on Aging (AAA) and the Executive Director is responsible for the management of both the Senior Center and The Area Agency on Aging.

The focal points for older individuals, 60 + years of age, in both Klamath and Lake Counties are reflected on the maps of the respective areas. The map is contained in this section.

COORDINATION OF EFFORT: KBSCC and LCSCA work with other community based agencies, organizations and with State Agencies, including the local Klamath/Lake County branch office of Senior and People with Disabilities (SPD) in their communities in order to provide the most efficient and effective service delivery systems.

c) **PROFILE OF THE POPULATION SERVED:**

Population Profile - Klamath County		Lake County
60 - 64 years of age	3,566 (KC)	474 (LC)
65 - 69 years of age	2,783 (KC)	409 (LC)
70 - 74 years of age	2,397 (KC)	332 (LC)
75 - 79 years of age	1,945 (KC)	276 (LC)
80 - 84 years of age	1,439 (KC)	213 (LC)
85 + years of age	1,169 (KC)	170 (LC)
75 to 85 years of age	4,553 (KC)	659 (LC)
Total Senior Population 60 +	13,299 (KC)	1,874 (LC)
Minority Population	26.4% (KC)	11.3% (LC)
Economically Disadvantaged	16.6% (KC)	15.9% (LC)

SECTION A (c) (Continued)

Information based on U.S. Census Bureau DATA, Census update 2004/2006 and the July 1, 2006 Oregon Population Report, Population Research Center, Portland State University.

d) SERVICES PROVIDED WITH OLDER AMERICAN ACT (OAA) AND OREGON PROJECT INDEPENDENCE (OPI) FUNDING.

CLUSTER 1: REGISTERED SERVICES:

- 1) **PERSONAL CARE** (1 unit= 1 hour of service)
Personal care assistance, stand-by assistance, cueing, or supervision for persons having difficulty with one or more of the following activities of daily living; eating, dressing/grooming, bathing/hygiene, toileting and mobility/transferring, (SPD definition of personal care takes precedence over the OAA definition).
- 2) **HOMEMAKER** (home care) (1 unit = 1 hour of service)
Assistance to persons having difficulty with one or more of the following instrumental activities of daily living; preparing meals, shopping for personal items, managing money, accessing available transportation services, medication management, using the telephone, or housekeeping. (SPD definition of home care takes precedence).
- 3) **CHORE** (1 unit = 1 hour of service)
Assistance to persons having difficulty with one or more of the following activities; heavy housework, yard work or sidewalk maintenance.
- 4) **HOME DELIVERED MEALS** (1 unit = 1 hour of service)
A meal provided to a qualified individual in his/her place of residence. The meal must comply with the Dietary Guidelines for Americans and provides a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances as established by The Food and Nutrition Board of the National Research Council of The National Academy of Sciences.
- 6) **CASE MANAGEMENT** (1 unit = 1 hour) OAA IIIB and OPI only
Assistance in the form of either access or care coordination in circumstances where the older person is experiencing diminished

SECTION A (Part d) (Continued)

functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Typical activities include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment as required.

(Note: Case management services for FCSP funded by III-E should be recorded using Matrix #16).

CLUSTER 2 : REGISTERED SERVICES

7) CONGREGATE MEALS (1 unit = 1 meal)

A meal provided to an eligible participant at a nutrition site, Senior Center or some other congregate setting which complies with the Dietary Guidelines for Americans and provides a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances (RDA) established by The Food and Nutrition Board of The National Research Council of the National Academy of Sciences.

9) ASSISTED TRANSPORTATION (1 unit = 1 one-way trip)

Assistance and transportation, including escort, to a person who has difficulty (physical or cognitive) using regular vehicular transportation.

CLUSTER 3: NON-REGISTERED SERVICES

10) TRANSPORTATION (1 unit = 1 one-way trip)

A means of transportation from one location to another. Does not include any other activity.

11) LEGAL ASSISTANCE (1 unit = 1 hour)

Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

13) INFORMATION AND ASSISTANCE (1 unit = 1 contact)

A service for older individuals that provides current information on opportunities and services available within their community assesses the problems and capacities of the individual, links individuals to the opportunities

SECTION A (Part d) (Continued)

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. Internet web site "hits" are to be counted only if information is requested and supplied.

14) OUTREACH (1 unit = 1 contact)

Intervention initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits. Outreach services provided under this service is restricted to services provided to individuals on a one-on-one basis.

15) INFORMATION FOR CAREGIVERS (1 unit = 1 activity)

A service for caregivers that provides the public individuals with information on resources and services available to individuals within their community. This may include group services, public education, provision of information at health fairs and other similar functions.

(Note: Service units for information for caregivers are for activities directed to large audiences of current or potential caregivers and other similar activities).

16) ASSISTANCE IN GAINING ACCESS TO CAREGIVER SERVICES (1 unit = 1 contact)

A service that assists caregivers on a one-on-one basis, in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive services needed by establishing adequate follow-up procedures. Assistance can be provided either in the form of information and assistance or case management.

OTHER SERVICES

ADMINISTRATIVE FUNCTIONS

20.1) AREA PLAN ADMINISTRATION (OAA and OPI only)

Area Agency administrative functions required to implement the planned services, maintain required records, fulfill the requirements of Federal regulation, State rules, and State unit policies and procedures; and support the

SECTION A (Part d) (Continued)

Advisory Committee. Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

20.2) AAA 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 level, support long term care ombudsman program, and coordinate planning with other agencies and organizations.

20.9) MEDICAL AAA SERVICES (Optional)

Functions or services of AAA that are funded with Medicaid and/or local match funds only, i.e. case management, screening, outreach, etc.

SERVICES THAT ADDRESS FUNCTIONAL LIMITATIONS

30.5) CAREGIVER RESPITE (1 unit = 1 hour of service)

Services that offer temporary substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for unpaid caregivers served under the Family Caregivers Support Program. Respite Care includes: (1) in-home respite (personal care, home care and other in home respite). (2) Respite provided by attendance of the care recipient at a service center or other non-residential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver, and (for grandparents caring for children) summer camps.

TO BE ELIGIBLE FOR CAREGIVER RESPITE, THE CARE RECIPIENT MUST EITHER: (1) BE UNABLE TO PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING (ADL'S) WITHOUT SUBSTANTIAL HUMAN ASSISTANCE, INCLUDING VERBAL REMINDING, PHYSICAL CUEING OR (2) DUE TO A COGNITIVE OR OTHER MENTAL IMPAIRMENT, REQUIRE SUBSTANTIAL SUPERVISION BECAUSE THE INDIVIDUAL BEHAVES IN A MANNER THAT POSES A SERIOUS HEALTH OR SAFETY HAZARD TO THE INDIVIDUAL OR ANOTHER INDIVIDUAL.

SECTION A (Part d) (Continued)

SERVICES THAT ADDRESS FUNCTIONAL LIMITATIONS (Continued)

30.6) ORGANIZATION AND MAINTENANCE OF SUPPORT GROUP FOR CAREGIVERS (1 unit = 1 session per participant)

Activities that organize and maintain support groups that provide assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles. (one session is equivalent to one meeting of a support group).

30.7) SUPPLEMENTAL SERVICES TO CAREGIVERS (1 unit = 1 activity)

Those services that will provide assistance with activities of daily living or instrumental activities of daily living, are to be provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home repair/modifications, assistive technologies, emergency response systems, home delivered meals, and incontinence supplies.

TO BE ELIGIBLE FOR SUPPLEMENTAL SERVICES, THE CARE RECIPIENT MUST EITHER: (1) BE UNABLE TO PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING (ADL'S) WITHOUT SUBSTANTIAL HUMAN ASSISTANCE, INCLUDING VERBAL REMINDING, PHYSICAL CUEING OR; (2) DUE TO A COGNITIVE OR OTHER MENTAL IMPAIRMENT, REQUIRE SUBSTANTIAL SUPERVISION BECAUSE THE INDIVIDUAL BEHAVES IN A MANNER THAT POSES A SERIOUS HEALTH OR SAFETY HAZARD TO THE INDIVIDUAL OR ANOTHER INDIVIDUAL.

SERVICES THAT MAINTAIN HEALTH

40.2) EXERCISE OR PHYSICAL FITNESS (1 unit = 1 session per participant)

Programs regarding physical fitness; group exercise, music, art and dance movement therapy, including programs for multi-generational participation that one provided through local educational institutions or community based organizations.

40.5) HEALTH EQUIPMENT LOANS (1 unit = 1 loan)

Assist clients in obtaining usable health care equipment on a temporary basis.

SECTION A (Continued)

SERVICES THAT MAINTAIN HEALTH (Continued)

40.9) MEDICATION MANAGEMENT (1 unit = 1 session per client)

Services that provide information, counseling, or education on issues related to prescription drugs and over the counter medications.

Services include such activities as: public education activities related to medication management problems, assisting seniors in applying for low cost or no cost prescription programs through pharmaceutical and community resources; screening programs with public health and health to practitioners identify persons at high risk of medication interactions and adverse reactions; and provision of client specific medication review and consultations by pharmacists, nurse practitioners or physicians.

SERVICES THAT PROTECT ELDER RIGHTS

50.3 ELDER ABUSE AWARENESS (1 unit = 1 activity)

Activities that promote understanding and increase public awareness of elder abuse. For the purpose of the Older Americans Act program an "Elder" is a person age 60 or over. (For example, one activity could include securing a local public service announcement; provide a local training for nursing facility staff or law enforcement agencies, or district attorney staff or other local agencies; local training for multi-disciplinary team; producing a specific brochure or other publication, etc.).

50.5 LTC OMBUDSMAN (1 unit = 1 activity)

Functions of the Ombudsman Program are to receive, investigate, and act on complaints by individuals age 60 or over who are residents of long-term care facilities and to advocate for the well-being of such individuals. Activities may include: direct support to certified ombudsman volunteers and administrative support to local committees engaged in recruiting, screening and supporting the Ombudsman Program (e.g. mileage reimbursement, support for monthly meetings, etc.).

SECTION A (Continued)

SERVICES THAT PROMOTE SOCIALIZATION AND PARTICIPATION (Continued)

60.2) FRIENDLY VISITING (1 unit = 1 visit)

Visits to physically, geographically or socially isolated individuals.

60.3) TELEPHONE REASSURANCE (1 unit = 1 contact)

Providing regular telephone calls to individuals to determine if they are safe and well, if they require assistance, and to provide psychological reassurance.

60.4) VOLUNTEER RECRUITMENT (1 unit = 1 placement)

Provide staff support, recruitment, coordination, and training/educational opportunities for volunteers (one placement means one volunteer identified, trained and assigned to a volunteer position).

SERVICES THAT ASSURE ACCESS AND COORDINATION

70.1) CASE MONITORING (1 unit = 1 hour)

Documented ongoing follow-up activity (telephone contact, Senior Center contact or home visit) of individuals with a case plan. Case monitoring includes: a) Providing early identification of current or potential problem areas; b) Assessing the needs for change in service; and, c) Reviewing intervention results to determine if what was done achieved desired results.

70.2a) INDIVIDUAL COUNSELING FOR CAREGIVERS (1 unit = 1 hour)

Providing one-on-one counseling for caregivers to assist in making decisions and resolving problems related to their caregiving roles. Individual counseling includes, but is not limited to : grief counseling, mental health counseling, etc. NOTE: Case Management Services for FCSP should not be counted as individual counseling. Case management for FCSP should be listed under Access Services (16).

SECTION A (Continued)

70.5) NEWSLETTER (1 unit = 1 newsletter distributed)

Preparation and regular distribution of publications that inform seniors and the community of available services and activities.

70.9) CAREGIVER TRAINING (1 unit = 1 session per participant)

Training provided to caregivers and their families that supports and enhances the caregiver role. For example: Powerful tools training; communication effectively with health care professionals, conferences, etc. NOTE: This does not include training to paid providers. (a session for conferences would be equal to one day's attendance at the conference).

90.1) VOLUNTEER SERVICES (1 unit = 1 hour of service)

Volunteer services provided to OAA clients; this includes meal site volunteers and volunteers doing home care, housekeeping, and Chore services.

UNMET NEEDS

- 1) Housing for low-income seniors continues to be an unmet need. The population continues to grow in both Klamath and Lake Counties and a shortage of affordable housing exists in both Counties.
- 2) Guardianship and conservatorship is another area where the needs far exceed the resources available.
- 3) Mental Health, while improving a little during the last few years, we still have a shortage of professionals trained to meet the mental needs of an aging population.
- 4) Transportation is not available after 7:00 PM or on weekends. This limits the mobility of seniors to go to movies, out to dinner and/or to other social functions.

MORE CHANGES

None are currently planned.

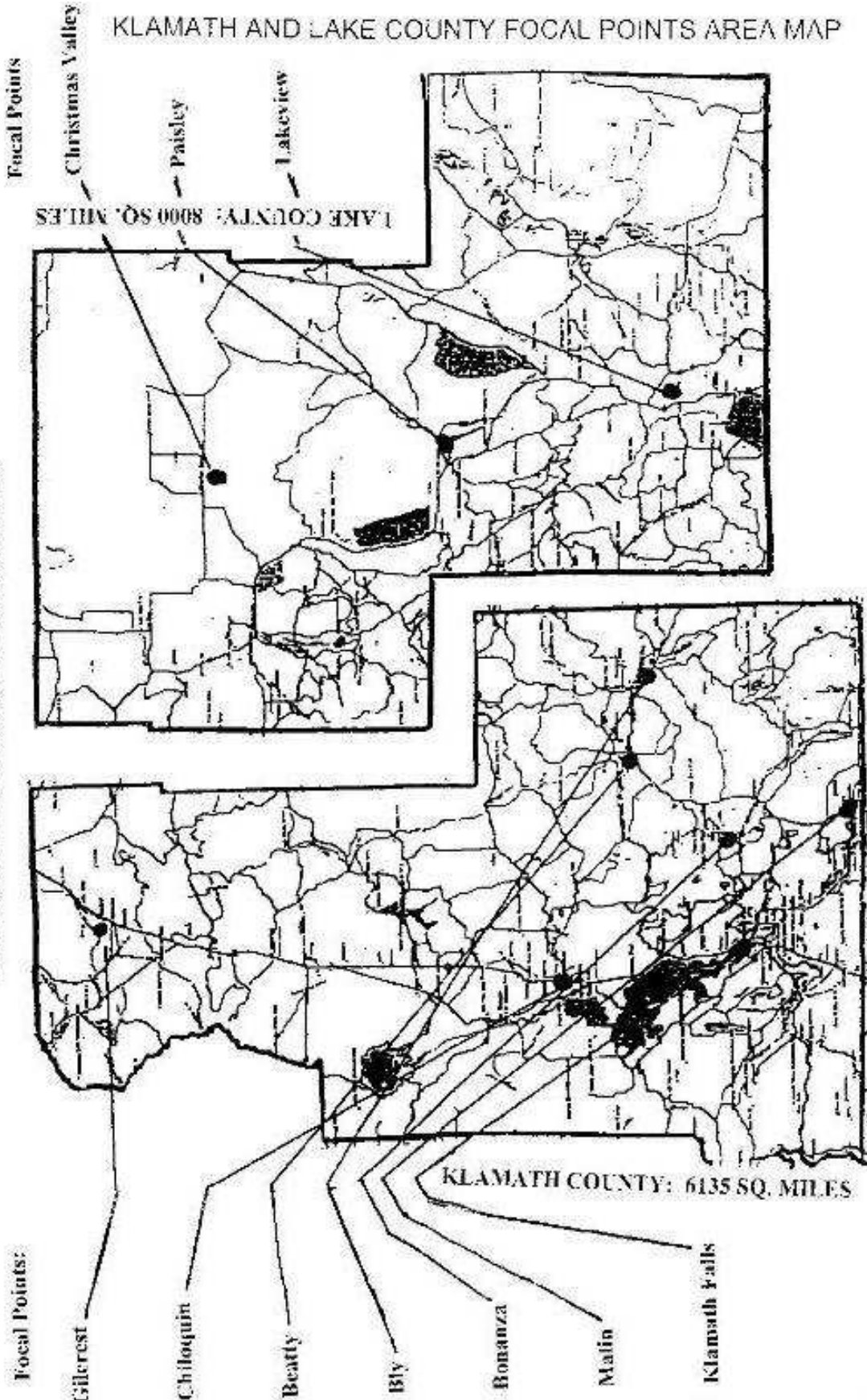
Section A (Continued)

PLANNING PROCESS

We use an on-going survey form that is placed in the lobby area down stairs and on the stair landing as you go up stairs. The form can be use to identify any unmet needs as well as presenting an opportunity for individuals to rate the current services that are being provided. The forms with addressed return envelopes areavailable in the congregate meal sites where seniors gather throughout Klamath County.

We also use Advisory Board members who conduct various program serveys using a cross section of seniors using existing services, i.e. Meals on Wheels clients, as well as those receiving assistance through the OPI Program are identified as target groups. We also held an annual membership meeting on July 24, 2007 and had imput from 25 members in attendance at the meeting. The Advisory Council members are also used to evaluate services provided by the Agency and conducts several reviews during the year using Needs Assessment Forms developed by Avisory committees. See Klamath Basin Senior Citizens' Council "Satisfaction Survey Form" enclosed as an Agency attachment to the Area Plan.

DISTRICT 11 AREA AGENCY ON AGING



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)
Janet Buckalew 3712 Grenada Way Klamath Falls, OR 97603 541-850-7744	June 30, 2012	Treasurer
Lee Crutchfield 1948 Esplanade Klamath Falls, OR 97601 541-883-2443	June 30, 2010	Vice President
Sandy Brown 1615 Wiard St Klamath Falls, Or 97603	June 30,2010	Member of the Board
Al Grant 6749 Redding Street Klamath Falls, OR 97603 541-882-0922	June 30, 2011	Member of the Board
David Groff District Attorney's Office 316 Main Street Klamath Falls, OR 97601 541-883-5147	June 30, 2012	Member of the Board
Bill Guest 4075 Collier Lane Klamath Falls, OR 97603 541-883-2947	June 30, 2012	Secretary

Pat Harris P.O. Box 389 Keno, OR 97627 541-883-2044	June 30, 2011	President
Jeff Lord 1965 Leroy Street Klamath Falls, OR 97601 541-883-5130	June 30, 2012	Member of the Board
Patricia Holman P.O. Box 1239 Klamath Falls, Or 97601	June 30, 2011	Member of the board
Rick Starkey 10116 Wright Avenue Klamath Falls, OR 97603 541-884-7869	June 30, 2010	Member of the Board
Charlene Poff P.O. Box 897 Keno, Or. 97627	June 30, 2011	Member of the Board
Darlaine Watson 5214 Sturdivant Avenue Klamath Falls, OR 97603 541-850-9812	June 30, 2010	Member of the Board
Additional Comments:		

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
Trina Lee 714 Main St Klamath Falls, Or 97601	06/30/2010	<input type="checkbox"/> 60+ y/o <input checked="" 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"/>
Pat Hurst 5709 Airway Dr. Klamath Falls, Or 97603	06/30/2010	<input type="checkbox"/> 60+ y/o <input checked="" 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"/>
Sheriff Tim Evinger 3300 Vandenberg Klamath Falls, OR 97603 541-883-5130	06/30/2012	<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 checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/>
Clidia Gibson 415 Main Street Klamath Falls, OR 97601 541-883-7547	06/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/>
LouEllyn Kelly 2115 Orchard Ave Klamath Falls, Or 97601	06/30/2010	<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"/>
Pat Hurst 5709 Airway Drive Klamath Falls, OR 97603 541-882-7019	06/30/2010	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> X 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"/>
Andy Swanson 126 So. 6th Street Klamath Falls, OR 97601 541-882-8896	06/30/2010	<input checked="" 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

Virginia Detroit P.O. Box 387 Bonanza, Or. 97623	06/30/2011	<input type="checkbox"/> Elected official X 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 checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/>
Shelley Cobb 3704 Diamond Street Klamath Falls, OR 97601 541-883-8988	06/30/2012	<input checked="" 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 X General Public <input type="checkbox"/>
Darron Fletcher 3706 Pine Tree drive Klamath Falls, OR 97603	06/30/2011	<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"/> xGeneral Public <input type="checkbox"/>
Cheryl Hukill 3830 Hal Ct. Klamath Falls OR 97603	06/30/2011	<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"/>
H.F. Skip Walther 1340 Madison, Klamath Falls, OR 97603	06/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official x <input type="checkbox"/> General Public <input type="checkbox"/>

SECTION B-3

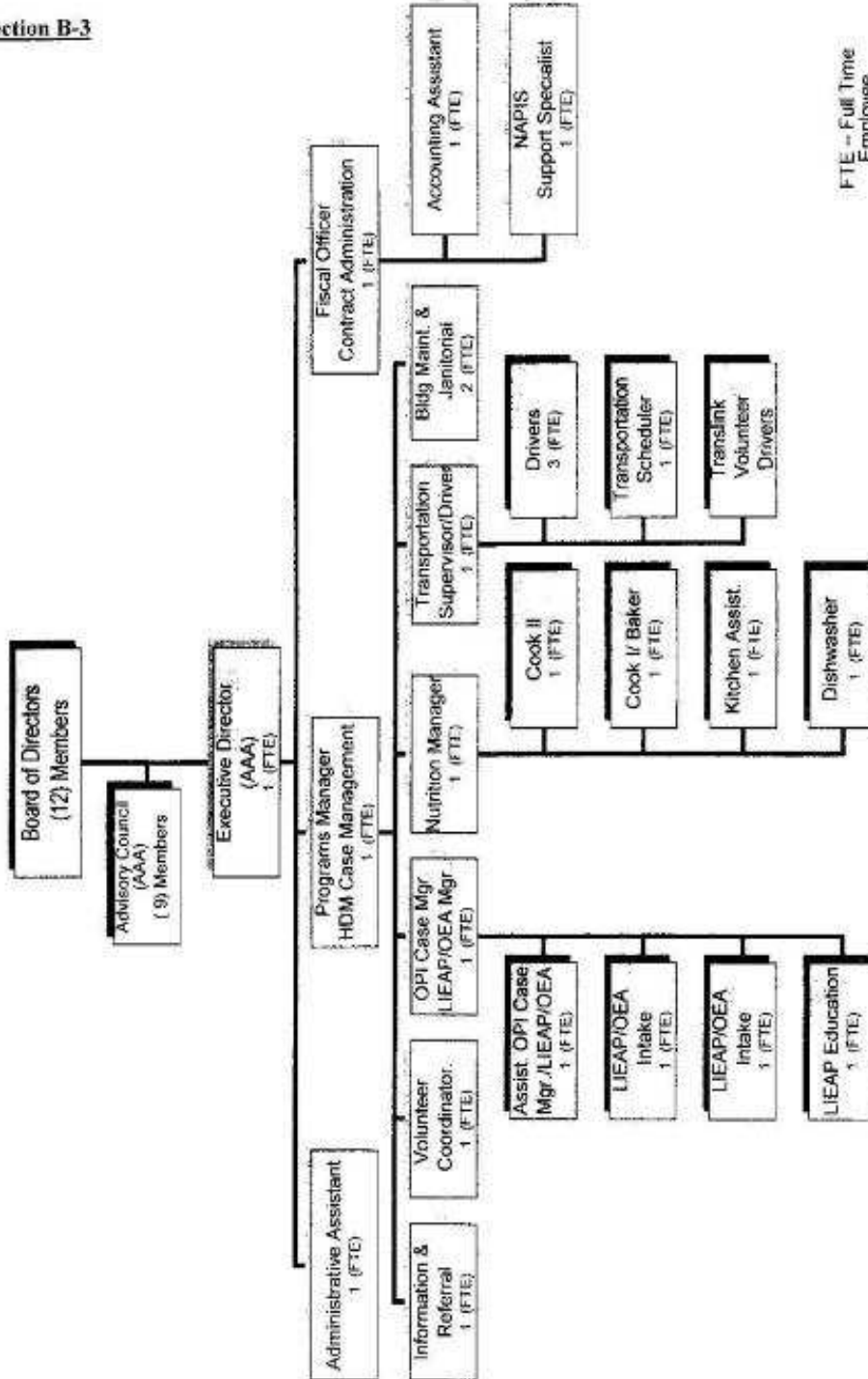
ORGANIZATIONAL CHART(S)

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

See next page for organization chart

Section B-3

KLAMATH BASIN SENIOR CITIZENS COUNCIL
Organization Chart



FTE - Full Time Employee

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; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

SECTION B-4 (Continued)

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

<p>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><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>To continue working with the Board of Directors and Advisory Council to ensure that all OAA and other state programs are implimented and operated in compliance with Federal regulations, and State rules.</p>	<p>To meet with both the Board of Directors and Advisory Council members 11 x per year to keep them aware of any changes in rules and regulations pertaining to OAA and State funded programs.</p>	<p>Monthly meetings including providing copies of proposed rule changes and/or changes in Federal regulations.</p>	<p>Ongoing</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>To continue addressing issues important to the senior community through a newsletter, articles in the local newspaper and through interviews with radio and/or television reporters.</p>	<p>To increase awareness of needs of a growing population by continued advocacy at all levels and through use of the Agency News Letter 4 x per year and meetings with elected officials a minimum of 6 x per year. We also meet with</p>	<p>Through attending public hearings, meetings with other agencies, elected officials, and by actively supporting the Ombudsman Program and by attending State Unit</p>	<p>Ongoing</p>

	seniors at our congregate meal sites in the smaller communities at least 2 x per year.	Meetings.	
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To coordinate services with other community agencies, Federal and State programs offered through funding provided by OAA and State agencies.	To develop an open dialog that promotes senior issues with the development of programs and services to meet their needs. Measurement by increases and changes in newly developed services.	Continue identifying and linking service providers in support of common objectives including planning, and service resources on an ongoing basis.	Monthly
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E To involve the Board of Directors and Advisory Council in the development of specific services required to meet the needs of the senior population.	To improve the Board of Directors and Advisory Council awareness of the changing needs of the senior population.	Through monthly meetings with both the Advisory Council and Board of Directors.	Ongoing
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E Our goal is to continue to meet with other groups and/or organizations in order to provide information on programs/services provided by OAA and State funding. To learn more about other agencies and programs operated in Klamath County that can assist and benefit the senior population.	To hold monthly meetings with other groups and organizations for the purpose of exchanging ideas. To increase awareness of other programs and services through an array of brochures, pamphlets and flyers.	Meet on a quarterly basis to discuss programs and services. Provide space for informational literature in our lobby.	Ongoing

<p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E Improve the awareness and focus of the Board of Directors on Fiscal matters of the Agency.</p>	<p>Hold monthly meetings between the Board of Directors Budget/Finance Committee, Executive Director, Board President and Fiscal Manager to resolve any issues in Financial reporting.</p>	<p>Meetings will be held with the Board of Directors, budget/ Finance Review Committee, Executive Director and the Agency's Fiscal Department.</p>	<p>Ongoing</p>
<p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E Goal will be to review and update the Advisory Council handbook.</p>	<p>To provide and keep current the handbook developed to assist Council members of their role and responsibilities under the OAA and State funded programs and services and meet together with the Advisory Council semi-annually. New members will be provided a hand book.</p>	<p>The Program Manager and the Administrative Assistant will review the handbook and will meet together with the Advisory Council to help members better understand the use of the handbook and their responsibilities.</p>	<p>Ongoing</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E Work towards increasing funding levels including funding received from State, County and the United Way.</p>	<p>To advocate with the State Legislatures, County Commissioners, and the United Way Allocations Committee. Monitor local, internal and other agency funding resources.</p>	<p>Hold meetings with elected officials on a regular basis to keep an open dialog on the need for increased funding in order to keep pace with a growing population.</p>	<p>6/30/08 Ongoing</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E Continue working with DHS staff to improve on services and the delivery of services to mutual clients.</p>	<p>Develop schedule monthly meetings rotating the meetings between the Senior Center and the SPD office.</p>	<p>Continue working with DHS staff to improve on services and the delivery of services to mutual clients.</p>	<p>6/30/08 Ongoing</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E To continue to meet with other groups/organizations to get the word out on our programs and services</p>	<p>To keep seniors, tribal members and those living in the smaller rural communities of Klamath and Lake Counties more aware of programs and services.</p>	<p>Meetings with other community agencies/organizations including local State offices and through sharing of information</p>	<p>6/30/08 Ongoing</p>

and to learn more about services and programs offered by other groups and organizations that address the needs of the senior population.

on programs and services and through public service announcements in the local newspaper.

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.)

The Klamath Basin Senior Citizens' Council operates programs in order to provide an outlet to seniors for health and socialization, such as, Ballroom Dancing (every Wednesday) supported by donations from the dancers, Line Dancing on Friday afternoons, supported by donations from the line dancers, Body Recall exercise program (Mon., Wed., & Fri.) supported by donations and paid to the trained instructor.

The Agency also offers wood carving (Tuesdays) supported by donations to the instructor, blood pressure checks (Tuesdays) provided by volunteers, hearing aid checks (2 x month) provided by volunteers, Golden Age Travel Club (trips & cruises) operated by a volunteer, nickel bingo and card playing is held by the Golden Age Club (Mon. & Thurs.). The Center has nickel bingo during the day time (Sat.) run by all volunteers.

We also have a pool room with two tables. The room is open during the week. KBSCC operates a bingo fundraiser and is licensed by The Department of Criminal Justice. The games are held on Thursday night, Saturday night, with a family day bingo on the second Sunday of the month. The games are run by all volunteers with the money raised helping to support the building and all programs/services.

KBSCC also provides space for a Craft Shop, all items are hand made by senior crafters. The shop requires that seniors placing items in the shop volunteer to help operate it. They sell items to the general public. 90 percent is paid to the crafter and 10 percent is paid to the Agency to help cover the cost of providing the space.

Section B-5 (Continued)

As an agency we also work with another service provider, a senior retirement center and an assisted living facility in providing Alzheimer support groups(2 x monthly).

KBSCC continues to provide The Christmas Basket Program. During 2006 we delivered 175 baskets to low-income seniors. The baskets contain food items for a complete Christmas dinner, plus a wrapped gift. The baskets are delivered to the senior's home by volunteers from the Air National Guard stationed at Kingsley Field in Klamath Falls. Most Guardsmen include their family members in helping with the delivery.

The Low Income Energy Assistance Program (LIHEAP) is a heating program which begins October 1st and runs through September 30th. We have the LIHEAP Program which is operated with Federal funding and covers all heat sources (elec., gas, wood, oil, propane) and the Oregon Energy Assistance (OEA) Program which is operated with State dollars for electric customers only. We also have several private programs; they are Low Income Rate Assistance (LIRAP) and Project Share which are for Avista customers and the Oregon Heat Program which is for electric customers. The private programs help assist clients who are in danger of being shut off.

We sent out over 1,700 applications to the seniors and disabled in October. The seniors and disabled who did not receive a grant last year must call and make an appointment. We open to the general public on December 1st and the client must call and set up an appointment.

The grants are based on income levels and how many people are in the household.

We also have limited funding to help with fixing or replacing a furnace so no one

has to go without heat.

WE HAVE FOUR (4) EMPLOYEES WHO SEE CLIENTS AND PROCESS THE PAPERWORK FOR THE PROGRAM. THEY PERFORM THE INTAKE, SET UP PHONE CALL APPOINTMENTS, FILING, ENERGY EDUCATION AND ANYTHING ELSE THAT NEEDS TO BE DONE TO MAKE THE PROGRAM RUN AS SMOOTHLY AS POSSIBLE.

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: Klamath Falls, Klamath Basin Senior Citizens' Council

Date: July 24, 2007

Number in Attendance: Number of 60 y/o+: 25

City and Hearing Location: Lakeview, Lake County Senior Citizens' Assoc.

Date: June 7, 2007

Number in Attendance: Number of 60 y/o+: **50**

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.

Both Klamath (KBSCC) and Lake County (LCSCA) presented information on the level of services provided during the year and asked for input on any unmet needs that seniors felt should be added and included in The Area Plan. They commented that the areas listed in The Area Plan were addressing the most important issues, IE low income senior housing and the need to increase our ability to meet the growing demand for support services that we currently provide.

Elections were held for Board positions and the membership conducted an open election process. Newly elected Board members were given their oath of office and a monthly Board meeting followed The Annual Meeting.

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
<u>Lake County Senior Citizens Association</u> <u>11 North G Street</u> <u>Lakeview, OR 97630</u> <u>Contact: Susie Cahill</u> <input type="checkbox"/> For profit agency - NO	#1-a Personal Care-CEP #2-a Homemaker-CEP #3 Chore #4 Home Delivered Meals #6 Case Management for OAA & OPI #7 Congregate Meals #10 Transportation #13 Information & Assistance #14 Outreach <u>#15 Information to Caregivers No longer available</u> <u>#16 Assistance to Gaining Access to Caregiver Services No longer available</u> #20-1 Administration OAA and OPI #20-2 AAA Advocacy <u>#30-5 Respite No longer available</u> <u>#30-6 Support Groups for Caregivers No longer available</u> <u>#30-7 Supplemental Services to Caregivers No longer available</u>

	<p>#70-2 Counseling <u>#70-9 Caregiver Training No longer available</u> -</p>
<p>Assured Quality Home Care P.O. Box 21195 Chula Vista, CA 91921 Contact: Bruce Morgan</p> <p>X For profit agency – YES</p>	<p>#1 Personal Care #2 Homemaker</p>
<p>Spokes Unlimited 415 Main Street Klamath Falls, OR 97601 Contact: Cindy Howard</p> <p>For profit agency- NO</p>	<p>#15 Info for caregivers #16 Access to Caregivers Services #30-4 Respite #30-6 O & M of Support Group for Caregivers #30-7 supplemental Services of Caregivers #70-9 Caregivers Training <u>Contract expanded Jan 2010 to include Lakeview</u></p>
<p>Longhorn Restaurant 10079 E. Langell Valley Road Bonanza, OR 97623 Contact:</p> <p><input type="checkbox"/> X For profit agency-YES</p>	<p>#7 Congregate Meals</p>
<p>Central Oregon Council on Aging 1135 SW Highland Avenue Redmond, OR 97756 Contact: Carol Bro</p> <p><input type="checkbox"/> For profit agency- NO</p>	<p>#4 Home Delivered Meals</p>
<p>The Klamath Tribe (Beatty Site) P.O. Box 436 Chiloquin, OR 97624</p> <p><input type="checkbox"/> For profit agency – NO</p>	<p>#7 Congregate Meals</p>
<p>The Klamath Tribe (Chiloquin Site) P.O. Box 436 Chiloquin, OR 97624</p>	<p>#7 Congregate Meals</p>

<input type="checkbox"/> For profit agency - NO	
Papa Tany's Drive Inn P.O. Box 395 Malin, OR 97632 Contact: Jose Venegas <input type="checkbox"/> X For profit agency – YES	#7 Congregate Meals
Faith Assembly Church 19148 Edler Street P.O. Box 365 Bly, OR 97622 Contact: <input type="checkbox"/> For profit agency – NO	#7 Congregate Meals <u>Operation requires a new facility to continue After 12/01/2009</u>
Legal Aid Society of Oregon 403 Pine Street, Suite 250 Klamath Falls, OR 97601 Contact: Marla Cummings <input type="checkbox"/> For profit agency - NO	#11 Legal Assistance Klamath/Lake County
Foot Note: <input type="checkbox"/> For profit agency - No	#4 Home Delivered Meals are provided in house in Klamath Falls from KBSCC Senior Center without contract as a program related service of the AAA for approved clients. Some take out meals (HDM) are also allowed for authorized clients at our Congregate meal sites.
<u>Bonnie Lam, Attorney</u> <u>Legal services</u> <input type="checkbox"/> For profit agency	<u># 11 Legal Assistance</u> <u>Klamath County</u>
<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			
X (1)	Personal Care <input type="checkbox"/> OAA <input checked="" type="checkbox"/> (OPI)	1 Hour of Service	X (Contracted) <input type="checkbox"/> Waiver request to self-provide no provider <input checked="" type="checkbox"/> cost efficient
X1a	Personal Care – HCW Lake County <input checked="" type="checkbox"/> OPI	1 Hour of Service	X Contracted (Waiver request to self-provide no provider <input checked="" type="checkbox"/> cost efficient
X 2	Homemaker OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	X(Contracted) <input type="checkbox"/> Waiver request to self-provide no provider <input type="checkbox"/> cost efficient
X 2a	Homemaker – HCW Lake County <input checked="" type="checkbox"/> OPI	1 Hour of Service	X Contracted Waiver request to self-provide no provider <input checked="" type="checkbox"/> cost efficient
X 3	Chore <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> X cost efficient
X 3a	Chore – HCW <input checked="" 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
X 4	Home Delivered Meals XOAA XOPI	1 Meal Delivered	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider X cost efficient
<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
X6	Case Management <input type="checkbox"/> OAA XOPI	1 Hour of Service	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
CLUSTER 2 REGISTERED SERVICES			
X 7	Congregate Meals OAA	1 Eligible Meal	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider X cost efficient
<input type="checkbox"/> 8	Nutrition Counseling XOAA <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			
X10	Transportation XOAA XOPI	1 One-Way Trip	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider X cost efficient
X11	Legal Assistance XOAA	1 Hour of Service	X Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X12	Nutrition Education <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider X cost efficient
X13	Information and Assistance XOAA <input type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
X14	Outreach	1 Contact	<input type="checkbox"/> Contracted

		XOAA <input type="checkbox"/> OPI	X Waiver request to self-provide no provider X cost efficient
X15	Information to Caregivers	XOAA 1 Activity	X Contracted <input type="checkbox"/> Waiver request to self-provide no provider cost efficient
X16	Assistance in Gaining Access to Caregiver Services	XOAA 1 Contact	X Contracted <input type="checkbox"/> Waiver request to self-provide no provider cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
X 20-1	Administration	XOAA XOPI	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
X20-2	AAA Advocacy	XOAA XOPI	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
<input type="checkbox"/> 20-3	AAA Program Coordination	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	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 <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
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 <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
30-4	Respite OAA <input type="checkbox"/> OPI	1 Hour of Service	Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X30-5	Caregiver Respite XOAA	1 Hour of Service	X Contracted <input type="checkbox"/> Waiver request to self-

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
X40-5	Health Equipment Loans XOAA XOPI	1 Unit/Loan	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
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
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
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
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
X40-9	Medication Management OAA	1 Contact	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> X cost efficient
Services Which Protect Elder Rights			
50-1	Guardianship Conservator ship <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
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
X50-3	Elder Abuse Awareness OAA	1 Activity	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
50-4	Crime Prevention/Home Safety 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
50-5	LTC Ombudsman	1 Activity	<input type="checkbox"/> Contracted

	OAA		<input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X60-2	Friendly Visiting XOAA	1 Visit	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
X60-3	Telephone Reassurance OAA	1 Contact	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
X60-4	Volunteer Recruitment XOAA	1 Placement	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X 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	
	X70-2	Counseling XOAA	1 Hour of Service	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient	
	X70-2a	Individual Counseling for Caregivers XOAA	1 Hour of Service	X 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
	X70-5	Newsletter XOAA XOPI	1 Newsletter Distributed	<input type="checkbox"/> Contracted X Waiver request to self-provide no provider X cost efficient
	<input type="checkbox"/> 70-6	Gatekeeper Training 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
	X70-9	Caregiver Training XOAA	1 Session per Participant	X Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	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 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 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 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 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 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 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	
	X90-1	Volunteer Services XOAA	1 Hour of Service	<input type="checkbox"/> Contracted X Waiver request to self-provide <input type="checkbox"/> no provider X 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.

The Case Manager conducts an assessment within 2-3 days of a referral and from assessment a care plan is developed and provided to the contractor. The contractor has 5 calendar days from the referral on non-emergency cases and 24 hours from referral for emergency cases to respond and provide services.

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

The screening evaluation determines what kind of services the client needs. The Case Manager checks to see whether the client is low-income for Medicaid services, or needs meals on wheels, or refers the client to other community programs like Respite, exercise classes etc. The Case Manager performs the initial evaluation using the CA/PS forms and re-evaluates every 6 months for home care and every 3 months for personal care to see if any changes are needed. We provide services at level 10 to 18, priorities of services are clients needing personal care, service levels below level 10 are being served through the local SPD office.

- c. Describe how eligibility will be determined.

Eligibility of services will be based on client's financial, physical, functional, medical and social needs using the priority levels as established by OAP-411-032.

- d. Describe how the services will be provided.

After determination of needs by the OPI Case Manager, OPI is contracted out to a Home Health Agency that provides Caregivers, CNA'S or a nurse to provide the services. The OPI Case Manager works closely with the contracted provider oversees the billing of hours and works with clients to ensure services contracted are provided.

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

We conduct a client need assessment and determine eligibility for OPI services, all eligible clients receive services based on a priority basis, with level 10 being the highest priority. The Case Manager sets the care plan up according to the clients level of care required. The Case Manager takes into account any resources available to assist the client in developing a care plan. The approved number of hours provided to a client is based on current funding level of services and the need of the client.

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

A denial letter is given to the client at the time of assessment. Clients receive a personal letter or a phone call advising the client if services are being reduced or terminated.

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

The Agency contacts the client and sends out a grievance form for the client to fill out and return. The client has 10 business days to appeal the decision. If not resolved at the local level the appeal will be submitted to SPD. SPD will schedule a grievance review meeting within 10 business days.

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

The fees are established on an OPI Financial Assessment form once filled out. The Case Manager determines the co-pay from the 2007 sliding scale fee form provided by the State. The Case Manager then gives the co-pay amount together with the care-plan to the contractor. The contractor will bill the client for the co-pay at the end of the month and the contractor has the responsibility for collecting the co-pay fee and its deduction from the Agency

billing. OPI clients will be asked to pay a \$ 5 fee in accordance with OAR 411-032-0010 and annually thereafter. No second attempt will be made to collect this fee if it is not paid.

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

Clients who do not pay their co-pay are notified by the contractor that services will be discontinued unless co-pay is met. Prior to canceling services, the contractor notifies the Case Manager who attempts to determine if the client has the ability to pay the co-pay. If changes have occurred in assets, the Case Manager can make the necessary adjustments. If the problems are based solely on the client's refusal to pay the co-pay, the client is notified in writing that OPI services will cease on a selected date of approximately 2 weeks from date of notice unless the co-pay is brought current or arrangements have been made with the contractor to satisfy the problem.

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

The contracted Home Health Provider monitors and evaluates the caregivers. KBSCC monitors the home care agency through billing for services. The billing statements include the signature of the client for all services provided during the billing period. The Case Manager also reviews case files as part of the monitoring process. The Fiscal/Contracts Manager, OPI Case Manager and Program Manager are responsible for the monitoring of the contractor for services and to ensure correct billing.



Program Services

- Support Services**
 - Counseling
 - Needs Assessment
 - Transportation
 - Elder Abuse
 - Information Referral
 - Advocacy
- Congregate Meal Sites**
 - Klamath Falls
 - ODFW
 - Madras
 - Madras
 - Madras
 - Madras
 - Madras
- Home Delivered Meal Sites**
 - Klamath Falls
 - Madras
- Volunteer Services**
 - Home Repair
 - Financial Counseling
 - Community Resource Referral
 - Chores
- Invasive Health**
 - Hearing Aids
 - Visioning
 - Podiatry
 - Podiatry
 - Podiatry
 - Podiatry
 - Podiatry
- Overnight Respite**
 - Day Right Respite
 - Overnight Respite
- Region Project Independence**
 - Case Management
 - Home Care
 - Personal Care
- Low Income Energy Assistance**
 - Energy Audit
 - Fuel Assistance
 - Project Heat
- Members Of:**
 - Klamath Basin Senior Citizens Council
 - AARP
 - AARP
 - AARP
 - AARP
 - AARP
 - AARP

OPI Denied Notice

Date: _____

Name: _____

Address: _____

City: _____

On _____ you applied for Oregon Project Independence through Klamath Basin Senior Citizens' Council for services of

Homecare _____ Personal Care _____

I have determined that your request for services is denied at this time for the following reason(s)

If you feel that this decision has been made in error, you may appeal this decision in one of the following ways:

1. **Informal approach:** You may contact me within 10 business days of the date of this notice. If you use this approach, within 5 business days of your call to me, I will schedule a meeting with you to discuss this decision and try and resolve it in a way that is agreeable to both of us.
2. **Formal Approach:** You may file a written grievance within 10 business days of the date of this notice. Your grievance will be submitted to the Seniors and People with Disabilities Director. If you use this approach SPD will schedule a grievance review meeting within 10 business days of receiving your grievance. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you have any questions regarding this notice of service denial, please contact me at 882-4098.

**KBSCC
OPI FINANCIAL ASSESSMENT**

CLIENT NAME: _____ DATE: _____ PRIME # _____

GROSS INCOME

SOURCE	AMOUNT
Social Security	
Pension	
Interest/ Dividends	
Investments	
Rentals	
Other (specify)	
TOTAL	

MEDICAL EXPENSES

TYPE	AMOUNT
Medication	
Medical Supplies	
Medical Equipment	
Doctor Bills	
Hospital Bills	
Health Insurance	
Other (specify)	
TOTAL	

SERVICE FEE COMPUTATION

Monthly Income	
Monthly Expenses -	
Net Monthly Income	

OPI CO-PAY FEE'S

Home Care	
(per hour)	
Personal Care	
(per hour)	

Case Manager Signature: _____

COMMENTS:

Administrative Review Request

Completed by Area Agency on Aging:

Date of Notice:	Date of AAA Grievance Review:
Outcome of AAA Grievance Review:	
Claimant's Name:	Telephone Number:
Address:	City/State/Zip Code:
Indicate if Claimant is non-English Speaking or requires alternate format material:	
AAA Staff Contact:	Telephone/E-mail:

Completed by Claimant/Representative:

If you want a review of the decision to deny, reduce or close your Oregon Project Independence benefits, you or your representative must fill out this form. Staff at your local office can help you complete this form.

1. I am asking for an administrative review with the Department of Human Services because I do not agree with the decision to:

- Close
- Deny
- Reduce my benefits
- Other: _____

2. Notice to deny, reduce or close my benefits:

- I did receive a written notice
 - I did not receive a written notice
- Date of Notice: _____

3. Briefly explain what the decision was and why you disagree with it:

Claimant's Signature: _____ Date: _____

KLAMATH BASIN SENIOR CITIZENS' COUNCIL
SATISFACTION SURVEY FORM

Please assist us by filling out this form and returning it to Klamath Basin Senior Citizens' Council, PO Box JE, Klamath Falls, OR 97602.

The purpose of this survey is to provide you with an opportunity to evaluate our services and/or programs. The form also provides you with a process to let us know if we are meeting your needs, or if there are other important services and/or programs that we should be providing if funding was available.

1. Are you over 60 years of age? _____Yes _____No
If no, are you completing the form for someone over 60 years of age?
_____Yes _____No

2. Are you or someone you know currently using any of the following services? Please check each service being used.

- | | |
|----------------------------------|--------------------------------------|
| (A)_____Meals on Wheels | (I)_____SHIBA |
| (B)_____Congregate Meals | (J)_____Blood Pressure Check |
| (C)_____Transportation | (K)_____Personal Care (OPI) |
| (D)_____Body Recall/Exercise | (L)_____Home Maker (OPI) |
| (E)_____Stroke Support Group | (M)_____Information & Referral |
| (F)_____Friendly Visitors | (N)_____Counseling |
| (G)_____Chores | (O)_____Legal Assistance |
| (H)_____Low Income Energy Assist | (P)_____Care Givers Support Services |

3. How would you rate the services and/or programs you've received?
_____Very Satisfied _____Satisfied _____Somewhat Satisfied
_____Somewhat Dissatisfied _____Very Dissatisfied _____No Rating

4. If your answer is other than Satisfied, would you please explain:

5. How would you rate the management, staff and volunteers that you come in contact with?
_____Excellent _____Good _____Fair _____Poor
If 'Fair' or 'Poor'. Please explain_____

6. What would you like to change, if you could? Please explain.

7. What do you like best about our services? Please explain.

8. What part of Klamath County do you reside in? _____

9. What services are available in your area? _____

10. What services are needed in your area? _____

11. Name and phone are optional:

Name

Today's Date

Phone

Comments: Please feel free to make additional comments in this space.

For additional information on any of the programs and/or services listed under item 2. Call: 541-883-7171. or send your questions to KBSCC, PO Box JE, Klamath Falls, Or 97602. Address your call and/or letter to "Programs Manager". Be sure to include a Telephone number and/or address where you can be reached.

Revised 01/27/2010