

**Oregon Cascades West Council of
Governments
DISTRICT 4 SERVING LINN, BENTON AND
LINCOLN COUNTIES
OLDER AMERICANS ACT
AREA PLAN
For period of
JANUARY 1, 2008
to
DECEMBER 31, 2012**

Updated October 2011

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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.

Oregon Cascades West Council of Governments
1400 Queen Avenue S.E., Suite 206
Albany OR 97322

Cynthia Solie
(541) 924-8465

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

Cynthia Solie

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.

SERVICE AREA AND OVERVIEW

Oregon Cascades West Council of Governments Senior and Disability Services is the designated Area Agency on Aging (AAA) for Linn, Benton and Lincoln Counties. As the AAA, the agency is required to prepare an Area Plan on Aging Services for our region. This Area Plan covers four years beginning January 1, 2008 through December 31, 2011. This plan is also serving as an update through 2012 as instructed by DHS. The Area Plan is a planning document that identifies services, programs and activities to meet the needs of older adults within Linn, Benton and Lincoln counties. The Area Plan also serves as the basis for contracting with the State of Oregon Senior and People with Disabilities (SPD) and as a plan to receive Federal funds under the Older Americans Act that are used to provide services locally for older adults.

An Area Plan Overview is required as part of the plan document. This overview contains information on aging services and summarizes how State and Federal funds will be spent during the plan years. The region encompasses Linn, Benton, and Lincoln Counties. The Council of Governments has branch offices in Albany, Toledo, and Corvallis to better serve the residents throughout our region. These offices provide services based on income and resource criteria, to older adults aged 60 and older, and people with disabilities under the age of 65. The office structure and procedures are consistent throughout the region. Copies of the Area Plan in its entirety may be found at all City libraries

throughout the three county region.

As partners in our communities, we provide leadership and services for older adults and persons with disabilities that enhance independence, dignity, choice and individual well-being.

Senior and Disability Services has three offices within Linn, Benton and Lincoln counties. All offices provide full access for persons with disabilities.

Albany Senior and Disability Services

1400 Queen Avenue S.E., Suite 206
Albany, OR 97322
(541) 967-8630 Voice
(888) 533-2233 Toll free
(541) 928-3670 TTY

Toledo Senior and Disability Services

203 N. Main St.
Toledo, OR 97391
(541) 336-2289 Voice
(800) 354-1095 Toll free
(541) 336-8103 TTY

Corvallis Disability and Veterans Services

301 SW 4th
Corvallis, Oregon 97333
(541) 758-1595 Voice
(800) 508-1698 Toll free
(541) 758-3126 TTY

FOCAL POINTS

Multi-purpose Senior Centers operate independently from Oregon Cascades West Council of Governments (OCWCOG) Senior and Disability Services. Focal Points play an important role in helping seniors access services.

Sweet Home Senior Center
880 18th Avenue
Sweet Home, OR 97386
(541) 367-4775

Lebanon Senior Center
65 Academy Street #B
Lebanon, OR 97355
(541) 258-4919

Albany Senior Center
489 Water Avenue N.W.
Albany, OR 97321

Chintimini Senior Center
2601 Tyler Street N.W.
Corvallis, OR 97330

(541) 917-7760

Waldport Community Center
265 Alsea Hwy
Waldport, OR 97394
(541) 563-8796

Lincoln City Senior Center
2150 NE Oar Pl.
Lincoln City, OR 97367
(541) 994-2722

(541) 766-6959

Newport Senior Center
20 SE 2nd St.
Newport, OR 97365
(541) 265-9617

Confederated Tribes of Siletz
PO Box 549 Government Hill
Siletz, OR 97380
(541) 444-9169

CLIENT POPULATION AND PROFILE

According to the latest updated census data through 2010 and population projections available the number of seniors 65 and older in Linn, Benton and Lincoln counties has grown from 35,183 in 2008 to 38,243 in 2010. This represents an increase of 3,060 people or almost 8%.

During FY 2009-2010 our agency served 7,400 older adult clients through State and Federally funded Medicaid programs. In our Oregon Project Independence Program, which is State funded, we served a total of 78 older adults. In our Older American Act Programs including the Senior Meals Programs we served a total of 16,774 older adults. In FY 2010-2011, we served 173,666 meals: 34,461 were congregate and 139,205 were home delivered meals.

The typical older adult served through our program is female, over age 80, living alone or with someone other than a spouse, and low income. Special efforts are made to provide services for elderly persons who have the greatest social and economic need, do not have adequate family support and require assistance to remain in a community oriented, least restrictive living situation.

SERVICE SYSTEM

Core functions of Senior and Disability Services:

Planning, developing an Area Plan, service coordination and development, advocacy, resources management, information, ADRC and access to services.

Special functions of Senior and Disability Services:

Licensing and monitoring of Adult Foster Homes, abuse investigation, protective services, pre-nursing home admission assessment, case management for persons receiving long term care services, financial assistance, food benefits, and Oregon Health Plan enrollment.

Special responsibilities of Senior Services:

Operation of the Senior Nutrition Program.

Recipient of a three year ADRC development grant, including Options

Counseling functions and implementation of a Care Transitions pilot project

Older Americans Act Services:

1. Information and Assistance - Helps individuals, families, and community members make contact with needed services as well as disseminating information on community resources. This service has been modified over the last year to incorporate ARDC implementation changes and standards. In the future this service will be tracked under the ADRC model/ structure.
2. Outreach & Public Awareness - Contacts seniors who need social, health or financial assistance, and helps them obtain services. Provides follow up services for at risk older adults through regular contact. This service has been modified over the last year to incorporate ADRC implementation and will be listed under the ADRC services.
3. Legal Assistance - Provides legal advice and assistance. Donations are requested.
4. Congregate Meals - Provides a hot midday meal along with social and educational activities; helps prevent isolation and malnutrition in older adults. Donations are requested.
5. Home-Delivered Meals - Delivers a hot midday meal to homebound older adults and homebound people with medical disabilities. Frozen meals are provided for weekends and holidays. Emergency meal boxes are provided each Fall for emergencies.

6. Case Management - Provides a professional assessment of the needs of an older adult and works with them as well as their families to identify the most appropriate level of care; follows through to assure that care plans are maintained.
7. Mental Health Assessments -This service is performed through referral to the county. No longer contracted with the agency.
8. Elder Abuse Prevention - Senior and Disability Services continues its campaign to prevent abuse before it begins. Brochures, flyers, and educational events are organized to inform the public and potential abusers that elder abuse must not be tolerated.
9. The Family Caregiver Program assists family caregivers in their expanding roles by providing program components that will ease family caregiver stress and increase coping. Goals of the program are to assist family caregivers to successfully meet the challenges of their care-giving role and stabilize care giving within the home through continued support while forestalling placement in a higher level of community care.

Title XIX and State Funded Services

The following services are provided to individuals age 65 and older and persons with disabilities under the age of 65 who qualify based on income and resource criteria and impairment.

1. In-Home Care - Provides assistance with recruiting, hiring, and paying an in-home provider who is employed by the person receiving assistance. In-home providers help with light housekeeping, meal preparation, bathing, and other personal needs to enable people to remain in their own homes.
2. Live-In Companion - Provides assistance with recruiting, hiring, and paying a companion who is employed 24 hours a day by the person receiving assistance.
3. Adult Foster Care – This care setting provides 24 hour care in a private home that is licensed for up to five residents.

4. Residential Care Facilities – This care setting provides room and board with 24-hour supervision and is licensed for six or more residents. Assistance with physical care needs, medication monitoring, and some planned activities.
5. Assisted Living Facilities – This care setting provides private apartments with meals, housekeeping, and physical care as needed. Licensed for six or more residents.
6. Adult Foster Home Licensing - Inspects adult foster care facilities to make sure they meet State standards and approve them for licensing.
7. Adult Protective Services - Investigate complaints of abuse, neglect, or exploitation of older adults and people with disabilities. Takes appropriate action to protect those living in the community.
8. Pre-admission Screening & Diversion/Transition - A team of trained professionals assesses the needs of older adults and people with disabilities to determine whether or not there is a need for nursing facility care. Active role in identifying alternate placements and resources needed to successfully divert and transition older adults and people with disabilities from nursing facility placement. Persons and their families are assisted in obtaining care that is most appropriate for their needs.
9. Nursing Facilities - People who are highly impaired functionally may qualify for nursing facility care. Nursing facilities provide skilled care, rehabilitation, and end-of-life care. Licensed nursing staff are required on site 24-hours per day.
10. Case Management - Provides a professional assessment of persons needs. Works with clients and their families to identify the most appropriate level of care; follows through to assure that care plans are maintained.
11. Risk Intervention - Case management for those 65 and older, who are not eligible for other services, using volunteers and informal support systems.
12. Food Benefits - Determines eligibility for food stamps and when eligible issues monthly benefits.

13. Medicaid - Medicaid eligible clients (receiving waived or long-term care, or if they are receiving SSI) receive a Medical ID Card that pays for all medically necessary expenses. For clients not receiving waived or long-term care, or SSI, Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicaid Beneficiary (SMB) eligibility is determined. Under the QMB program, a client is eligible for the payment of their Medicare Part B premium, the annual Medicare deductibles and the 20% Medicare co-pay. Under the SMB program, a client is eligible for the payment of their Medicare Part B premium.
14. Oregon Health Plan - Eligibility determination and administration of the Oregon Health Plan for qualifying older adults and people with disabilities.
15. Special Needs Equipment - Provides medical or other devices or modifications to promote independence, access, and safety in the home and community for people with disabilities and older adults.

Major Changes in the System:

At this time, our best estimate is that the current funding cycle through DHS and OAA/OPI funds (2011-2013) will keep our programs stable for the next two years. There will be added criteria for eligibility to OPI program as well as adjustments to the total capacity of the program due to legislative reductions to OPI. These changes will create a program that serves the most physically and financially needy. We don't expect to see major program reductions or loss of service capacity, but increased standardization Statewide in eligibility determination and waiting list process'.

Threats to OAA funding related to the Federal deficit actions are an issue in this biennium along with Medicaid provider cuts that have the potential to destabilize our provider resources.

We will continue to create new activities through the ADRC development, grant opportunities and healthcare partnerships in this next year.

Our program planning will be able to take some small steps forward; our management team will be able to work on several issues.

1. Continued development of evidence based chronic disease management programs.
2. Planning for emergency and disaster preparedness with our three counties.

3. Working to improve our Senior Meals Program and prepare for the age wave.
4. Continue working to develop a robust ADRC model including expansion of live calls, Options Counseling functions, Care Transitions, Outreach services, Public awareness, and follow-up.
- 5.. Continuing to improve our Family Caregiver Support Program.
- 6.. In addition we hope to seek opportunities to work with community partners and community discussions related to the issues of livable communities.
7. Development and implementation of a Healthy Aging Coalition in Linn and Benton Counties.
- 8.. Continued sponsorship of the RSVP Program of Lincoln County .
9. Strengthen partnership with local healthcare system to secure funding for Care Transition activities in all three counties.

PLANNING PROCESS

Senior and Disability Services staff spent time planning ways to improve services, develop new projects, and better coordinate programs. Each manager has discussions with staff at their monthly meetings. The management team continually brings information from work teams to monthly management meetings. New programs and services are considered as ideas arise. Once a need has been identified, resources are pursued to meet the need if possible.

The Area Plan is discussed with partners to review new ideas, current services and suggestions for improvements. These discussions throughout the year provide a great deal of information. Regional providers give ideas in informal ways when staff discusses services with them.

Senior Services Advisory Council (SSAC) members plan year round as service needs are identified. Senior Services Advisory Council meetings are posted and advertised in local newspapers and local calendars. The general public is invited to these meetings and encouraged to share information and give input on existing services or unmet needs in the community.

The Care Planning Committee of the SSAC reviews services funded by the Older Americans Act and Oregon Project Independence and then prioritizes them. Members also look at Medicaid programs and make suggestions for service improvement. They identify important unmet needs and recommend

solutions.

The Monitoring and Review Committee of the SSAC visits and reviews the quality of services that are contracted. Recommended changes are made to the SSAC, which in turn recommends changes to the OCWCOG Board. This committee reviews proposals for funding and recommends contractors for services in areas such as legal services, in-home services, respite care and special projects.

The Issues and Advocacy Committee of the SSAC sets priorities for advocacy. The committee itself carries through on these goals. They are very active at the legislative level. Members also work with local agencies to affect such things as affordable and accessible housing in local communities. This year during the legislative session, both of the Senior and Disability Advisory Councils joined together to hold meetings as a unified group to create advocacy plans that were coordinated with each other as well as coordinated with advocacy efforts statewide.

The Senior Meals Advisory Committee meets monthly and sets goals for the next year during the winter months. Together the committee and staff work towards the goals and objectives throughout the year. Many of the committee members also volunteer at meal sites.

As a special effort in the area of Senior Meals, we have been supporting a Senior Meals Ad Hoc Committee for the last year and will continue to do so into the future. The committee is a joint effort of the Senior Meals Advisory Committee, the SSAC and the OCWCOG Board of Directors. The role of this committee is to work with communities across our three counties to improve the planning, coordination and delivery of meals in a community. Holding public forums to discuss the future of a meal program, new funding sources, and new partners to support a growing need for meals are all part of the charge of this group.

The ADRC Advisory Committee has been developed to assist in the regional implementation and development of our ADRC program in the region. We continue to recruit members to this new committee.

The OCWCOG Board of Directors relies on the Advisory Councils and their committees to study issues and services that affect seniors living in our

communities and make recommendations as issues arise. The Board receives recommendations and reports from the Advisory Councils at every bi-monthly meeting. They review plans as they are made and then the entire Area Plan is approved after the public hearings.

Data Tables for the Area Plan Representing Linn, Benton and Lincoln Counties

As a part of the area plan we have included several data tables representing a variety of issues related to our counties. The tables were developed to provide a snapshot of the aging population ranging from household type to income levels and those with a housing cost burden in our service area.

In many of the tables we have constructed the information to show each individual county and compared them to the region as a whole. In other tables we have added a comparison to the entire state to give an additional perspective on the information. The information in the tables is based on the 2000 Census data and is the most reliable data given some of the questions that we wanted to address in the tables.

*Tables are at the end of the document as Attachments.

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)
Jay Dixon PO Box 3020 Corvallis OR 97339 541-757-6800	12-31-12	Benton County Commissioner
Bill Currier 8259 NE Hyacinth Adair OR 97330	12-31-12	Adair City Councilor
Julie Manning P O Box 1083 Corvallis OR 97339 541-757-6497	12-31-12	Corvallis City Mayor
David Ballard PO Box 486 Monroe OR 97456 541-847-5175	12-31-12	Monroe City Councilor
Ken Schaudt PO Box 956 Philomath OR 97370 541-485-8383	12-31-12	Mayor, Philomath
John Lindsey P O Box 100 Albany OR 97321 541-967-3825	12-31-14	Linn County Commissioner
Sharon Konopa P O Box 490 Albany OR 97322 541-917-7502	12-31-12	Albany City Mayor

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Rob Boyanvosky 1157 Filbert Street Brownsville OR 97327 541-466-5913	01-01-14	Brownsville City Councilor
Wade Doerfler PO Box 94 Halsery OR 97348 541-369-2522	12-31-12	Halsey City Councilor
Robert Duncan PO Box 224 Harrisburg OR 97446 541-954-1804	1-1-12	Mayor, Harrisburg
Ken Toombs 1299 Franklin Street Lebanon OR 97355 541-451-1477	12-31-12	Mayor, Lebanon
Lisa Metz-Dettmer PO Box 3390 Albany OR 97321 541-926-4211 x6282	12-31-12	Millersburg City Councilor
John Nuber P O Box 46 Scio OR 97374 503-394-2805	01-01-15	Scio City Mayor
Craig Fentiman 605 3 rd Avenue Sweet Home OR 97386 541-367-5121	12-31-14	Mayor, Sweet Home

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Seaton McLennan 3227 Tangent Drive Tangent OR 97389 541-926-9740	12-31-12	Mayor, Tangent
Bill Hall 225 w. Olive, Room 110 Newport OR 97365 541-265-4176	1-1-13	Lincoln County Commissioner
Pam Barlow-Lind PO Box 549 Siletz OR 97380 541-444-8210	2-01-13	Confederated Tribe of the Siletz Tribal Planner
Carol Conners PO Box 8 Depoe Bay OR 97341	12-31-12	Depoe Bay City Councilor
Chester Noreikis 1421 NW 19 th Lincoln City OR 97367 541-996-3755	12-31-12	Lincoln City City Councilor
Dean Sawyer P O Box 1272 Newport OR 97365 541-265-8720	12-31-12	Newport City Councilor
Marueen Keeler 600 SE Bay Boulevard Newport OR 97365 541-265-7758		Port of Newport Special Projects Manager
Bud Shoemaker 385 NW 1 st Street, Unit 1 Toledo OR 97391 541-336-5207		Manager, Port of Toledo

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Leslie Button PO Box 318 Siletz OR 97380 541-444-2521	12-31-12	Mayor, Siletz
Monica Lyons City of Toledo Toledo OR 97391 541-336-2877	12-31-14	Toledo City Councilor

Additional Comment:

MEMBERS CONTINUED: Dan Cutter 01-01-14 Mayor,
Waldport
2226 N Coast Hwy #272
Newport OR 97365
541-270-6996

Ron Brean 12-31-12 Yachats Mayor
P O Box 345
Yachats OR 97498
541-547-3565

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
Mary Bolton 1336 NW 15th Corvallis OR 97330	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 <input type="checkbox"/> General Public <input type="checkbox"/> _____
Suzette Boydston 1046 6th Avenue SW Albany OR 97321	2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> Senior Companion Program
Patricia Marion 2002 Antelope Circle SW Albany OR 97321	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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
John Dilworth 3610 NW Harrison Blvd. Corvallis OR 97330	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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Larry Earhart 2910 NW Greeley Avenue Corvallis OR 97330	2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Mark McNabb 1625 W Thornton Lake Drive Albany OR 97321	2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Remona Simpson 433 Hillview Lebanon OR 97355	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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Bill Hall 222 W. Olive St., Room 110 Newport, OR 97365		<input 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 checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> Lincoln County Commissioner

Name & Contact Information	Date Term Expires	Category of Representation
Bill Turner 354 SW Wadonda Beach Road Waldport OR 97394	2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Mike Volpe 3314 Lancaster Street NE #1 Corvallis OR 97330	Designated	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Disabled
Tamara Rosser PO Box 1276 Newport, OR 97365-0098	Designated	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> RSVP
Tim McQueary 570 West Holley Road Sweet Home OR 97386	2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Mary Lou Boice 8Coronado Shores Lincoln City OR 97367	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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Jerry Sheridan 5203 Deer Run Drive SW Albany OR 97321	2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Catherine Skiens 33916 Northwood Drive NE Albany OR 97322	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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Lolly Gibbs 2832 South Shore Drive SE Albany OR 97322	2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

SECTION B-3
ORGANIZATIONAL CHART(S)

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

See Attachment

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.

<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 Continue to explore various ways of increasing the availability of evidence based programs in our region.</p>	<p>MEASURABLE OBJECTIVES Increase the number of training events in our region.</p>	<p>ACTIVITIES Work with the Public Health Departments who have staff trained in evidence based programs to examine barriers to providing more community trainings. Work with Samaritan Health Services who is managing evidence based project in our region to include participants from our OPI and FCG Programs. Held Healthy Aging Forums: Corvallis, February 22, 2011; Albany, March 8, 2011; Lebanon, March 29, 2011.</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 We have been able to offer evidence based Tai Chi in the region through training an existing teacher. We are offering the first ALED class to COG employees as a test of this evidence based curriculum. We put 10 mini grants in place in the counties to support and encourage evidence based programs. We received a regional coordination grant for CDSMP in the region. Offer Powerful Tools for Caregivers as resources allow.</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 checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E Develop Emergency and Disaster Planning activities with each of the three counties in our region.</p>	<p>MEASURABLE OBJECTIVES Regular contact/meetings with county staff to collaborate on the development of plans specific to the senior and disabled populations in each county.</p>	<p>ACTIVITIES Sharing of data concerning the most at risk people within our programs. Working with SPD staff to regularly update client Information Attend meetings with county staff to help provide input on planning process and coordination of efforts in an emergency. Continue to work with SDS staff and managers on a plan in the event of an emergency.</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 Externally we continue to participate with local planning efforts. We also have worked internally with the COG to develop a business continuity plan, reviewed our lists of most vulnerable clients and continue to offer ongoing training on issues to staff.</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 checked="" type="checkbox"/>D <input type="checkbox"/>E Work to modernize Senior Nutrition Services throughout our region. Update – This goal has been discontinued.</p>	<p>MEASURABLE OBJECTIVES</p> <p>Stabilize the funding of the program through work with each community we serve. Meet with communities to gather information about how the program could be more effective. Test new models or new ideas for site based meals.</p>	<p>ACTIVITIES</p> <p>Support a Senior Meals Ad Hoc Committee representing the board, advisory councils and staff. Work with several communities each year to assess their program and ways that it could improve. Test new ideas and evaluate results on a regular basis.</p>	<p>DURATION</p> <p>On Going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>We have had meetings in most of our key communities and found that the ideas and motivation for improvements vary considerably. We have not had any major initiatives based on this activity but we will continue to talk to community leaders on this topic and see where we go with this issue.</p>
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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 checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Improve the ADRC visibility and function in the Linn, Benton, Lincoln areas.	Continue monitoring call/contact volume. Increase and track public presentations and education activities.	Expand staff training in all programs and resources, focusing on the younger disabled population. Increase coordination with partners through formal MOU's ADRC Open House held February 1, 2011 in Linn/Benton County; Lincoln County, March 30, 2011.	On Going	The I&A component of our program is undergoing significant changes due to the activities of the ADRC. The restructuring of the work and responsibilities continues to be evaluated and developed.

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<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Improve the Outreach Program in our region.	Work with programs in Albany and Toledo to improve consistency and clarify expectations from staff. Identify the underserved seniors and people with disabilities in our three counties	On-going meetings with staff and managers to review work process, expectations and community involvement. Network with community partners to identify need	On Going	Improvements in the Outreach service is also tied to the ADRC development. They are linked with the work of implementation and refinement of our capacity to modify our work.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</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>Improve the Family Care Giver Program</p>	<p>MEASURABLE OBJECTIVES</p> <p>Work with the program staff in Albany and Toledo to improve services to the community.</p>	<p>ACTIVITIES</p> <p>On going meetings with staff and managers to review work process, expectations and community involvement.</p>	<p>DURATION</p> <p>On Going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>With the designation of a single key coordinator in each office to work with this program, we have been able to offer a more coordinated set of community activities, improve the visibility of the program and expand the number if people served. Powerful Tools trainings and both coordinators are trainers. Expansion of program through increase community networking & public awareness. Held FCSP Recognition and Resource Fair in 11/10. Will expand to Lincoln County in 2011.</p>

<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 Evaluate the feasibility of working with one or more communities in our region on development of a liveable community strategic plan.</p>	<p>MEASURABLE OBJECTIVES Work with Cascades West Council of Governments (COG) Administration and Community Development to look at feasibility of moving forward with this idea.</p>	<p>ACTIVITIES Talk to local government entities to discuss interest in the project. Coordinate a search for grant funds to help underwrite this activity. Establish pilot areas and begin community planning efforts through COG Community Development and SDS as partners.</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 The Livable Communities project is on hold due to the economic issues in our region. We plan to begin to link these issues to the development of the ADRC and potentially additional grant funding. The Healthy Aging Coalition may also present a potential for us to develop additional interest in this effort.</p>
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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p> <p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Continue to expand on going public information to increase community awareness of Senior Services.</p>	<p>MEASURABLE OBJECTIVES</p> <p>Strong public awareness of service provided by Senior and Disability Services in the communities we serve.</p>	<p>ACTIVITIES</p> <p>Publish quarterly tabloid, <u>Generations</u> and distribute to 33,000 homes in the tri county area.</p> <p>Provide news and information to local Senior centers to use in local newsletters.</p> <p>Update and publish Information and Referral Senior guide for Linn, Lincoln and Benton counties.</p> <p>Serve on State sponsored workgroup to develop standards for the ADRC resource data base.</p> <p>Be a part of Statewide Marketing efforts to promote the ADRC concept & website.</p>	<p>DURATION</p> <p>On Going</p> <p>On Going</p> <p>On Going</p> <p>On Going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>We have reestablished the Lincoln County edition of the Generations Publication in 2010.</p> <p>Staff have served on the SUA/ADRC grant sponsored IT committee to roll-out ADRCoF Oregon website. Have updated resources and developed standards and protocols for ongoing updates with local resources.</p> <p>Have participated in Statewide marketing effort to promote ADRC and Options Counseling with local ads, open houses, increased presentations to partners, non-profits, and civic organizations.</p> <p>Older Americans Act Area Plan 2008-2012</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</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>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>Maintain up to date Procedure Manuals. Convert all to intranet based documents.</p>	<p>To insure staff understands and follow procedures and insure quality.</p>	<p>Review Contract Management, Protective Services, Meal Site, Outreach, Entry and Clerical manuals; update as needed.</p>	<p>On Going</p>	<p>Reinventing agency website to be more contemporary and graphical with ADRC hot link.</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>Maintain a well-trained staff to ensure quality services for growing client population.</p>	<p>Staff retention and maintaining quality services.</p>	<p>Identify training needs for staff and develop a training plan appropriate for each person.</p>	<p>On Going</p>	<p>Training is ongoing and we have had staff turnover due to retirements.</p>

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<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Continue long and short term planning for Senior and Disability Services to meet the needs of these populations now and into the future.	Based on projected information.	Review Area Plan objectives at management staff meetings, and SSAC meetings on a quarterly basis. Coordinate meetings of various interest groups including Senior Center Directors, RSVP Directors and Care Facility Directors to identify problems and research solutions for coordination and funding of services for seniors in Linn, Benton and Lincoln Counties.	On Going	Meetings and discussions are ongoing.

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		Implement a needs assessment across the three county area to insure that needs of the communities in the region are being served.	2007-2008	Needs Assessment activities in 2010: surveyed staff, SSAC/DSAC, and community partners. Held community forums to solicit information about the needs of seniors and people with disabilities in each community.

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<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Increase funding for Senior Programs to help meet the demand for services.	Additional funding to be used to maintain and expand services.	Continue to apply for additional funding through agencies like United Way. Partner with Oregon Cascades West Senior Services Foundation to raise community funds for services. Seek grant funds through Foundation to enhance and expand services to seniors.	On Going	All funding resources are being explored with success. Local funding levels have remained stable and we will see what impact the recession will have on fundraising this year. The Expo will occur in 2011 again as a PR and fundraising event. We were successful in the ADRC grant, Lincoln County RSVP grant sponsorship and anticipate that we will receive the Living Well ARRA grant in 2010. Senior Meals programs continued to secure grants in 2009-2010 along with community donations to the program.

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<p>Continue to maintain and develop new contract relationships to assist in offering more services to seniors by utilizing community partners.</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>Increase in more contracts with community partners to help deliver services</p>	<p>Continue to meet and discuss opportunities to enhance or expand services by partnering with community partners.</p>	<p>On Going</p>	<p>Continued contract with Grace Adult Day Care Center to provide respite for OPI and Family Caregiver consumers.</p>
<p>Continue to partner with Lane COG and Northwest Senior and People with Disabilities in contracting for In Home Services and Senior Meals</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>Increased savings by all agencies in having one contract for all areas.</p>	<p>Jointly utilize kitchen facilities and joint food provider for food services contract</p> <p>Joint In Home services contract to provide care to all clients in region.</p>	<p>On Going</p>	<p>This partnership continues to function as a positive method for managing the services in our region.</p>

<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 Advocate for maintaining and improving upon a comprehensive system for seniors and people with disabilities.</p>	<p>MEASURABLE OBJECTIVES</p> <p>Improve public awareness about the needs for services to these individuals.</p>	<p>ACTIVITIES</p> <p>Advocate locally by writing articles in the local newspapers, presentations to local civic organizations, presentations at local events.</p> <p>Advocate at the State level by talking directly with local legislators, inviting them to staff meetings and advisory council meetings.</p> <p>Advocate through staff meetings with DHS for services needed in the AAA communities.</p> <p>Advocate nationally through the N4A, MOWAA and other national organizations.</p>	<p>DURATION</p> <p>On Going</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>These activities are ongoing.</p>
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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

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 checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Maintain ongoing interagency coordination and communication between Senior Services and other groups and agencies that serve seniors.	Insure seniors have access to all assistance available in their communities.	ADRC Resource Specialists will have frequent telephone and at least one face to face contact with organizations that give or receive referrals. Review. Revise as necessary interagency agreements with hospitals and mental health agencies, RSVP, Disability Services Offices, Senior Companion, Alzheimer's Association and the Ombudsman program to achieve maximum coordination	On Going	As needed these agreements are revised or updated. Our staff are in contact with partner organizations on a regular basis in updating ADRC resource data base and in community resource fairs, public speaking and presentations.

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>Review and revise as necessary all assignments for staff to represent Senior Services with various community groups to improve coordination.</p> <p>Distribute Area Plan Summaries to all aging related organizations throughout the Linn, Benton and Lincoln county area.</p> <p>Staff will continue frequent contact with Community Services Consortium Weatherization and Energy Assistance staff.</p>	<p>On Going</p> <p>As Needed</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
		<p>Hold annual meetings with individual hospital discharge planners for information exchange.</p> <p>Continue to work with the Oregon Legal Services Attorney to assure those clients' needs for power of attorney, conservatorship and/or guardianship are met in the least restrictive manner.</p> <p>Continue to provide lists of licensed adult foster homes, residential care facilities and nursing facilities to the general public and senior centers.</p>	<p>As Needed</p> <p>As Needed</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
		<p>Through SSAC sponsor community forums to provide input on issues for planning long-term care, housing, mental health, and Social Security.</p> <p>Sponsoring Living Well Aging Well Health Fair annually in partnership with Samaritan Health Services and Cascades West Senior Services Foundation.</p>	<p>As Needed</p> <p>Annually</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
		<p>from agencies throughout the county in one area on one day.</p> <p>ADRC Resource Specialists make calls on individuals as requested/needed.</p> <p>ADRC I&A staff share information on services available to seniors who inquire.</p> <p>Staff from Senior Services meet regularly with community partner agencies and share information on a regular bases about</p>	<p>As Needed</p> <p>On Going</p> <p>On Going</p>	

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES services as well as changes in services as needed	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
		Quarterly publication of Generations offers information to senior activities, services and general information available.	Quarterly	
		Monthly newspaper columns as public education. Promote ADRC of Oregon website to help seniors access local and State wide information on services for seniors.	Monthly	
			Quarterly	

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.)

Oregon Cascades West Senior Services does not provide any of the above listed services/activities outside of those approved by OAA, OPI or Medicaid. We are fortunate however, to live in a community where many of the services listed above are provided by other agencies. Cascades West Senior Services works closely with these agencies to provide access to services for the clients we serve. Through the ADRC function, we are working to develop formal Memo's of Understanding with partner agency's and healthcare systems.

Oregon Cascades West Senior and Disability Services does partner with Special Transportation Committees in the three counties to provide transportation to the clients we serve. Each year Senior and Disability Services applies for Special Transportation funds from the three county committees. These committees provide funds to our agency that in turn purchases bus tickets and gasoline vouchers to clients who have no other transportation alternative. This service strengthens local transportation providers as well as meets the needs of this very special population.

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: Newport Oregon Newport City Hall

Date: January 26, 2011

Number in Attendance: 16

Number of 60 y/o+:13

City and Hearing Location: Albany Oregon, Albany Senior Center Senior Services

Date: January 25, 2011

Number in Attendance: 18

Number of 60 y/o+:13

City and Hearing Location: Salbasgeon Suites, Corvallis OR

Date: January 27, 2011

Number in Attendance: 14

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+:

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.

The entire Area Plan document was presented and discussed. There were not objections to any of the services being provided.

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

If yes, briefly describe:

Information was added about the partnerships that Cascades West Senior and Disability Services shares with the Special Transportation Committees in the three counties. These partnerships have been very beneficial to the organization and the public felt, and it was agreed, that it should be noted.

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
Northwest Seniors and People with Disabilities 3410 Cherry Ave NE Salem OR 97310 Contact: Roger Friedman <input type="checkbox"/> For profit agency	#7 Congregate Meals
Oregon Legal Service Corporation Albany Regional Office 433 4 th Ave Albany OR 97321 Contact: Lynda Clark <input type="checkbox"/> For profit agency	#11 Legal Assistance
Addus Health Care 8383 NE Sandy Boulevard, Suite259 Portland OR 97501 <input checked="" type="checkbox"/> For profit agency	#2 Homecare #1 Personal Care
Grace Center for Adult Day Care Services 435 21 st Street NW Corvallis OR 97330 Contact: Cheryl Babb <input type="checkbox"/> For profit agency	#30-4 Respite Care

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Mary Mamer, RN PO Box 2066 Waldport OR 97394 <input type="checkbox"/> For profit agency	#70-9 Caregiver Training #40-8 Registered Nurse Services

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 checked="" type="checkbox"/> 1a	Personal Care – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 2	Homemaker <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"/> 2a	Homemaker – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3	Chore <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3a	Chore – HCW <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

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

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input 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 checked="" type="checkbox"/> 30-7	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
Services Which Maintain Health			
<input type="checkbox"/> 40-1	Health/Nutrition Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-2	Exercise/Physical Fitness <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"/> 40-3	Wellness Education <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 checked="" type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> 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
<input type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<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"/> 40-6a	Medical Alert Installation <input checked="" 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 checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" 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 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 checked="" type="checkbox"/> 50-2	Protective Service <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-3	Elder Abuse Awareness <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-5	LTC Ombudsman <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 60-2	Friendly Visiting <input checked="" type="checkbox"/> OAA	1 Visit	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 60-3	Telephone Reassurance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-4	Volunteer Recruitment <input checked="" type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

<input type="checkbox"/> 60-5	Interpreting/Translation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Assure Access and Coordination			
<input checked="" type="checkbox"/> 70-1	Case Monitoring <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-2	Counseling <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 checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-2a	Individual Counseling for Caregivers <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 checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-3	Screening <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Screening	<input type="checkbox"/> Contracted X <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-4	Geriatric Assessment <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Assessment	<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"/> 70-5	Newsletter <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Newsletter Distributed	<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"/> 70-6	Gatekeeper Training <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-7	Placement Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Referral	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-8	Private Case Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-9	Caregiver Training <input checked="" type="checkbox"/> OAA	1 Session per Participant	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

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

SECTION D-2

OREGON PROJECT INDEPENDENCE

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

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

The initial inquiry is handled by the ADRC Resource Specialist/Call Center. The worker collects consumer information and provides information about relevant programs. The information is entered into the call module and screening is created for Case Manager in Oregon ACCESS.

The Case Manager will make phone contact with the potential consumer and/or family member in a timely manner. An appointment will be made to do a home visit and complete a full assessment within 5-10 days, depending on urgent need of consumer.

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

The Case Manager is responsible for providing ongoing monitoring, which includes screening, for other community services. The Case Manager conducts an annual assessment, but monitors more frequently with phone calls and home visits (if warranted based on client circumstances).

- e. Describe how eligibility will be determined.

The CAPS assessment is used to determine initial eligibility. The assessment is based on observation and information gathered from the client. The CAPS assessment is used to determine initial eligibility. The assessment is based on observation and information gathered from the client and/or family member. The Case Manager inputs all required information related to the client's ability to perform activities of daily living and instrumental activities of daily living. The assessment tool then generates a "survival priority" which is the basis of program eligibility. Clients with priority levels 1-15 are currently served under OPI.

Effective in 2011, new OPI criteria will be implemented: Risk assessment

completed, survey of resources and supports in order to determine eligibility.

f. Describe how the services will be provided.

The Case Manager assesses the client to determine eligibility. When the client is determined eligible, the Case Manager works with the client to develop a service plan that meets their specific needs. The Case Manager refers to the In Home Assistant to help the client find a suitable provider from our pool of qualified providers. Through monitoring, the Case Manager is able to adjust the service plan to meet client needs.

The Homecare Worker Registry is used to refer clients for in-home caregivers.

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

New criteria will be implemented in this fiscal year for OPI service delivery based on: Risk assessment, financial and physical need.

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

For new clients or clients that are determined ineligible upon review, the Case Manager will have a conversation to inform the client of the reduction, denial, or closure prior to sending out any paperwork. The Case Manager will send a 546SF to the client, indicating a change in hours, reduction or closure and the reason. The Case Manager completes the SDS4105, notice of reduction, and sends to the home care worker. The Case Manager will provide the client with information on other community resources that may be available to help.

For OPI clients, the agency uses it's formal complaint process if OPI services are denied or reduced.

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

The Case Manager informs clients of reduction or closure of services. The Case Manager will have a conversation with the client and follow up with a written notice. If the client disagrees with the decision, the Case Manager will inform the client of their right to file a grievance.

OPI clients are directed to the Program Manager in the grievance process.

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

Service providers are monitored by the client and the Case Manager. The client

advised at initial intake of the supportive role of the Case Manager. Advising the client of their rights and provider responsibilities. The Case Manger will be directly involved in assessing the providers abilities to provide adequate care to the specific client.

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.

Through ACCESS/NAPIS (RAIN) system clients are billed on a sliding scale fee basis. If non-payment occurs, case manager discusses the reasons for non payment and evaluates the hardship and/or reason.

Payments might be waived in a situation of undue financial hardship that would be evaluated on a case to case basis.

Payments might also be waived in an adult protective services situation where OPI services were implemented as an intervention for the safety and well-being of an eligible senior or person with a disability.

The \$5 annual fee for OPI clients will be adjusted in 2011 to meet new standards developed based on income/resources.

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

Clients must be able to direct their own care and supervise service providers or have a designated representative to assist in this effort.

The agency/case manager evaluates through review and monitoring of provider by discussing satisfaction with client or representative.

The contract agency and case manager communicate about service delivery and outcomes on a monthly basis.

Adult day care services develop a care plan and document visits that are evaluated by case manager on a monthly basis.

ATTACHMENTS