

2005-2009

OREGON



OLDER AMERICANS ACT

State Plan on Aging



Seniors and People with Disabilities

STATE PLAN ON AGING
for
OLDER AMERICANS ACT
TITLES III AND VII

OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2009
FEDERAL FISCAL YEARS 06, 07, 08, 09



Published By Department Of Human Services
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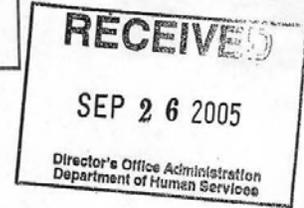
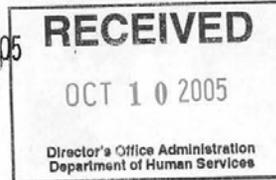


DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

SEP 23 2005



Bryan Johnston
Interim Director
Department of Human Services
500 Summer Street, N.E., E-15
Salem, OR 97301-1097

Dear Mr. Johnston

It is my pleasure to inform you that the four-year Oregon State Plan on Aging under the Older Americans Act beginning October 1, 2005, through September 30, 2009 is approved.

I am particularly pleased with the efforts made by the Department of Human Services and the Division of Seniors and People with Disabilities to obtain extensive public input in the development of this State Plan. As a result of these efforts, the State Plan reflects a proactive strategy to deliver high quality comprehensive services to meet the needs of older persons and their caregivers.

The Regional Office staff of the U.S. Administration on Aging in Seattle, Washington and I look forward to working with you in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older persons in Oregon.

Sincerely,

Josefina G. Carbonell
Assistant Secretary for Aging

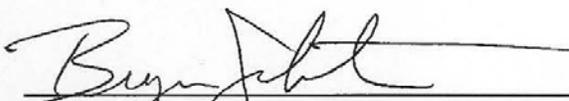
VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Oregon for the period October 1, 2005, through September 30, 2009. It includes all assurances and plans to be conducted by the Department of Human Services, State Unit on Aging, under provisions of the Older Americans Act, as amended in 2000, and amendments which may take place during this period identified.

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers, expansion and coordination of Aging & Disability Resource Centers (ADRCs), evidence-based health promotion, disease prevention, nutrition services and other opportunities to serve as the effective and visible advocate for older Oregonians.

This Plan is hereby approved and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Department of Health and Human Services, Assistant Secretary on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.



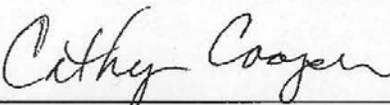
Bryan Johnston, Interim Director
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(authorized designee for Governor Kulongoski)

7/29/05
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SECTION ONE
ACKNOWLEDGEMENTS



SECTION ONE

ACKNOWLEDGMENTS

The Oregon State Plan on Aging for federal fiscal years 2005-2009 could not have been successfully developed without the efforts of the Older Americans Act State Plan Advisory Committee, Area Agencies on Aging & Disabilities, State Unit on Aging and other DHS departmental staff.

Oregon Department of Human Services Seniors and People with Disabilities wish to thank the many individuals and groups, which contributed information and ideas to this plan. In particular, a dedicated committee of advocates from across the state representing the Governor's Commission on Senior Services, senior employment programs, the Oregon Department of Transportation, minority service groups, legal services programs, the long-term care ombudsman, as well as other individuals representative of the aging network. They devoted generous hours of time over a six-month period conducting research, identifying trends, meeting and consulting with general public to discuss needs of Oregon's older population. Their efforts concluded with the development of a list of goals and measurable outcomes that reflect the changing needs of older Oregonians.

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Jackson & Josephine Counties

SOUTH COAST BUSINESS & EMPLOYMENT CORP
Coos & Curry Counties

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COMMUNITY CONNECTIONS OF NORTHEAST OREGON
Baker, Grant, Union, & Wallowa Counties

DOUGLAS COUNTY SENIOR & DISABILITIES SERVICES
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SECTION TWO

INTRODUCTION AND OVERVIEW OF PLAN



SECTION TWO

Introduction and overview of plan

Prologue

The State of Oregon administers funds under Titles III and VII of the Older Americans Act of 1965, as amended, and is required to develop and plan for implementation of, upon Administration on Aging approval, a State Plan under Sections 305, 306, 307, 308, 373 and 705 of the Older Americans Act.

The 2005 – 2009 State Plan is based, in part, on approved Area Agency on Aging (AAA) Area Plans as engineered by the 17 AAAs and developed using a standardized format provided by the Oregon State Unit on Aging; and in part by coordinated efforts of Seniors & People with Disabilities staff charged with assuring services to older Oregonians with the greatest economic and social need.

This document serves as the framework governing the future path of aging services within the State of Oregon and reflects the areas of need expressed by older Oregonians, their families, advocates, and representatives of agencies serving the elderly. In administering programs and services for older Oregonians, preference is given to individuals who are low-income, minority and/or rural older Oregonians.

The 2005 – 2009 State Plan on Aging is organized into twelve sections. Section One recognizes the commitment of many and their valuable contribution to this plan. Section Two provides this introduction and overview of the plan in terms of strengthening State Unit on Aging and Area Agency on Aging organizational structure, while Section Three demonstrates the rapid growth of aging populations in Oregon.

The State of Oregon, Department of Human Services, Seniors & People with Disabilities administrative and organizational structure is outlined at length in Section Four, with comprehensive information broadly ranging from departmental components to description of access to services and the Area Agencies on Aging and Disabilities is found in this section. Section Five, Oregon Revised Statutes and Oregon Administrative Rules outline the structure and responsibilities of DHS and AAAs and detail state agencies relationship to Native American tribes.

Section Six outlines Oregon's intrastate funding formula, while Section Seven details the public input, oral and written comments from the six public hearings. Section Eight clarifies the approach the State Unit on Aging (SUA) used for goal

setting, with the outcome of this approach culminating in Section Nine.

A brief summary of the 2002-2005 goal accomplishments is noted in Section Ten and the 2005 - 2009 goals, objectives, strategies and measurable outcomes are comprehensively detailed in Section Eleven.

Summary of Plan

To preserve and extend services during this period of economic decline and demographic growth, the State of Oregon must continue to develop leadership and sustained efficiency. This Plan has a strong focus on strengthening the organizational structure of the State Unit on Aging and Area Agencies on Aging and Disabilities (O4AD) and continued capacity of service to low income, frail, rural and ethnic older Oregonians. Through examination and endorsement of community outreach best practices, the State Unit on Aging will concentrate upon health promotion, disease prevention, support to families caring for their loved ones at home and in other community settings, increased transportation options in rural communities.

This four-year State Plan, effective October 1, 2005 through September 30, 2009 addresses and establishes measures related to:

- ✓ Allocations of Title III and Title VII funds for services to the elderly in the State of Oregon;
- ✓ Number of older people receiving access to an integrated array of health and social supports;
- ✓ Number of older people who stay active and healthy;
- ✓ Number of families who are supported in their efforts to care for their loved ones at home and in the community and;
- ✓ Number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation;
- ✓ Overview of Oregon's Administrative structure for coordination of Older Americans Act programs and organization of Area Agencies on Aging & Disabilities;
- ✓ Demographic profile of Oregon's aging population;

- ✓ Goals, objectives, strategies and measurable outcomes for the period of federal fiscal years 2006, 2007, 2008, and 2009 with special attention given to Oregon's ongoing efforts of development, expansion, and coordination of Aging and Disability Resource Centers (ADRC), Medicare Modernization Act (MMA) enrollment education and assistance, strengthened relationships with Native American tribes, implementation of evidence-based health promotion, and disease prevention programs, continued expansion of the family caregiver and lifespan respite programs, access to and coordination of transportation systems; and effective and responsive management of OAA funds, including competition in provision of services;
- ✓ Assurances, Required Activities, State Plan Provisions and Information Requirements.

Other Significant Matters

Competitive Contracting & Self-Provision of Services

The Department of Human Services (DHS) recognizes the importance of competitive contracting processes in provision of Older Americans Act (OAA) services. Each Area Agency on Aging (AAA) is required to utilize competitive procurement processes for all OAA funded services.

If an AAA is regulated under the authority of a government office (county, city, or council of governments) the AAA procures OAA services in compliance with local contracting and procurement rules, all of which are primarily based upon Oregon Department of Justice Model Contracting Rules.

AAAs not regulated by a government body obtain technical assistance and training from DHS in following Division 246, Oregon Administrative Rule – General Provisions Related to Public Contracting in procuring OAA services. Comprehensive training in conducting Request for Qualified (proposers) and Request for Proposals solicitation and review and evaluation of proposals is offered regularly

Services are contracted through a RFP process. The AAA must advertise each RFP and RFQ no fewer than fourteen (14) calendar days before the closing date of the RFP or RFQ and at least once in at least one newspaper of general circulation in the area where the project is located and in as many other issues and publications as may be necessary or desirable to achieve adequate competition. Other issues and publications may include, but are not

limited to local newspapers, trade journals, and publications targeted to reach the minority, women and emerging small business enterprise audiences.

Oregon Administrative Rule 246 provides RFP variations. In addition to the standard RFP, an AAA may use a multi-step negotiations process that begins with the standard solicitation procedures for an RFP and may include successive steps of proposals achieved through negotiations to gain the best and final proposal for an award of contract. These negotiations may concern the price, specifications, and final terms and conditions, separately or in any combination. The AAA must treat all proposers fairly and disclose the parameters of that step of negotiations. At that time, the AAA may revise the statement of work, terms and conditions, evaluation criteria and weight, and pricing structure in order to best meet the AAA's service goals. In the multi-step process, at each successive step, responding organizations will have the option of dropping out of the process or continuing.

Another RFP variable option is a cooperative purchasing agreement in which multiple agencies are involved in the procurement and purchase of services.

If an AAA is uncertain of the services available in their community or uncertain of interested potential responders, they may choose to solicit a Request for Qualified (RFQ). An RFQ is a document describing the service requirements of the AAA, and asking the responder to detail its particular capability to perform the required services; the number of experienced staff available to perform the required services, including specific qualifications and experience of personnel; a list of similar services the Contractor has completed, with references concerning past performance; significant evaluation factors and their relative importance, price; and any other information deemed necessary by the AAA to evaluate responders

Oregon law does not permit an RFQ to result in a contract, but is intended to establish an open, inclusive list of qualified Contractors from which to seek proposals. If an RFQ produces a singular responder, justification for omitting the RFP process and selecting the contractor may be submitted for DHS review and consideration.

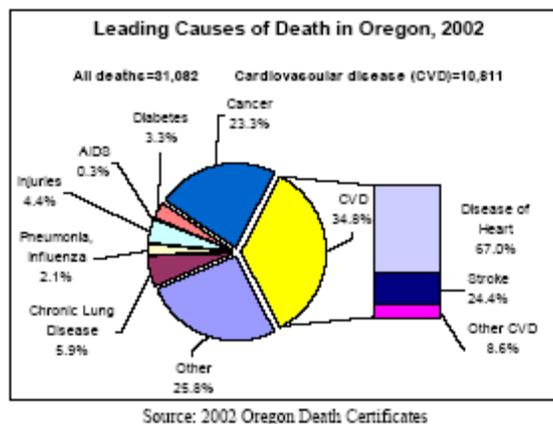
AAA's are permitted to self provide such services as administration, advocacy, outreach, information and assistance/referral. However, this State Plan provides that no supportive services, nutrition services, or in-home services will be directly provided by the AAA unless self-provision of these services is necessary to assure service delivery and such services

can be provided more economically, and with comparable quality by the AAA. To date, all seventeen (17) AAAs provide case management services, having met the qualifications listed above. Annual waivers to provide case management are received and authorization granted if the AAA has demonstrated provision of economic and quality service. The State considers the probable positive and negative consequences of approval of the waiver application. Probable benefits for older Oregonians are expected to outweigh any negative consequences. OAR 411-011-000 further states that the AAA's must document clearly in their submitted Area Plan, both justification for their Title III case management services, position duties specific to case management, and assurances that these duties will not duplicate services provided under other state and federal programs, such as Medicaid or Oregon Project Independence (OPI).

Evidence-Based Health

DHS, Seniors & People with Disabilities (SPD) Health Promotion/Disease Prevention Coordinators partner with public health departments and the medical community to provide evidence-based health promotion and disease prevention programs.

Cardiovascular disease (CVD) is the leading cause of death in Oregon, accounting for 34.8% of all deaths in 2002 (Figure 1). Death rates for heart



disease have been declining in the past decade. The decline in heart disease mortality is due, in part, due to advances in medical management of myocardial infarction and other acute heart disease-related events. Death rates for stroke, however, have increased.¹

The Health Promotion & Chronic Disease Prevention program has developed the Arthritis Action Plan. Strategies necessitate creative approaches to bridging long distances, scarce resources and diverse needs to health care for many low-income, rural, elderly, and racial and ethnic groups in Oregon.

Available publications address arthritis, obesity, nutrition, and physical activity. Additionally, a breast and cervical cancer screening program and guides to

diagnosis and treatment intended to help older Oregonians partner in making choices with their health care team can be access on-line or by request to DHS.

Several of the AAAs conduct influenza vaccination clinics or partner with area pharmacy and medical providers to sponsor such clinics.

The State Unit on Aging (SUA) is an active member of the Nutrition Council of Oregon, contributing to the development of “*A Healthy, Active Oregon: The Statewide Public Health Nutrition Plan*”, accessible at <http://www.oregon.gov/DHS/ph/pan/docs/nutrplan.pdf>

Medicare Modernization Act

The Department of Human Services conducts community-training sessions on the Medicare Modernization Act (MMA). The training reaches local and county staff, providers, and volunteers who work with seniors, people with physical disabilities, people with developmental disabilities and people with mental health illness. Training covers the following topics: Overview of MMA, effects of MMA on dually-eligible Medicare/Medicaid clients, breakout discussion sessions for local staff, providers, and training volunteers to discuss the effects of MMA on the clients they serve (seniors, physical disabilities, developmental disabilities, and mental health).

Oregonians covered by Medicare and Medicaid, Supplemental Security Income, or a Medicare Savings Program automatically qualify for extra help, which can be used to cover the new program's monthly premiums and deductibles. A Low-Income Subsidy assists low-income Medicare beneficiaries in meeting the out-of-pocket expenses for MMA prescription drug coverage and is directly tied to Medicare eligibility. The Social Security Administration using income standards and assets tests similar to its program is responsible for determining LIS eligibility.

DHS has developed a plan for LIS implementation, suggesting scripts for telephone and in person contact with individuals who may be eligible for LIS, and other information. Beginning July 1, 2005, DHS with staff in central office assist individuals with the LIS application process. Senior Health Insurance Benefits Assistance (SHIBA) staff also are trained to assist in the application process. SSA applications, worksheets, communication scripts, posters and brochures have been made available to all DHS and AAA offices.

Oregon State Plan on Aging

The State Unit on Aging will conduct trainings to local attorney's legal services providers and family caregivers on MMA issues pertinent to these populations.

SECTION THREE
DEMOGRAPHICS AND PROFILE OF OREGON



SECTION THREE

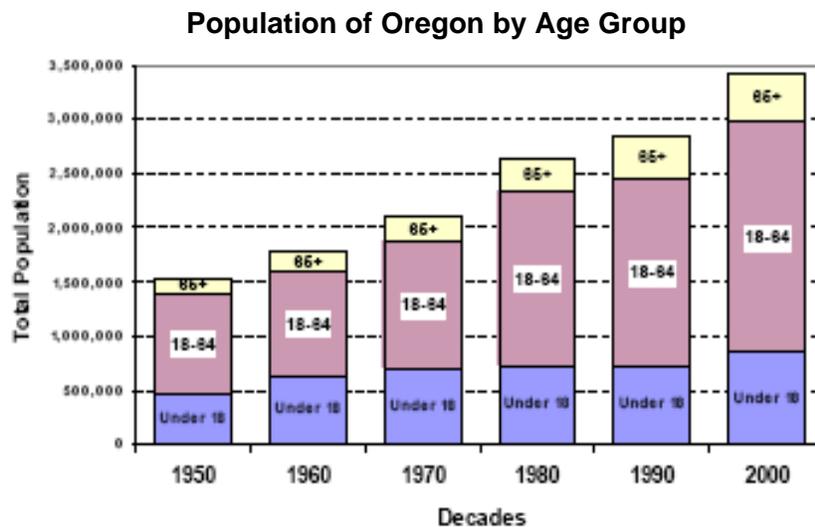
DEMOGRAPHICS AND PROFILE OF OREGON

Population

The 2000 U.S. Census enumerated 3,421,399 persons in Oregon. Using the 2000 U.S. Census figures the Center for Population Research and Census at Portland State University has estimated there are 617,424 Oregonians aged 60 and older in 2001. Older Oregonians (60+ years old) make up approximately 18% of the population. This population is projected to increase by 16% in the next six years, with 85+ years increasing by 31% in the same period.

Age Changes

Oregon ranks as the 11th fastest growing state in the country.² Oregon's population is aging and Oregon places 25 among all 50 states in percentage of population age 65 and over with³ the baby boom generation expected to be the major factor continually pushing up Oregon's median age. The baby boom generation refers to the surge in births occurring after World War II during the period of 1946 to 1964. Oregon's 45 to 54-year age group, which includes the oldest baby boomers, grew by 71 percent between the census years of 1990 and 2000 and was the fastest growing age group in Oregon during the 1990s.⁴



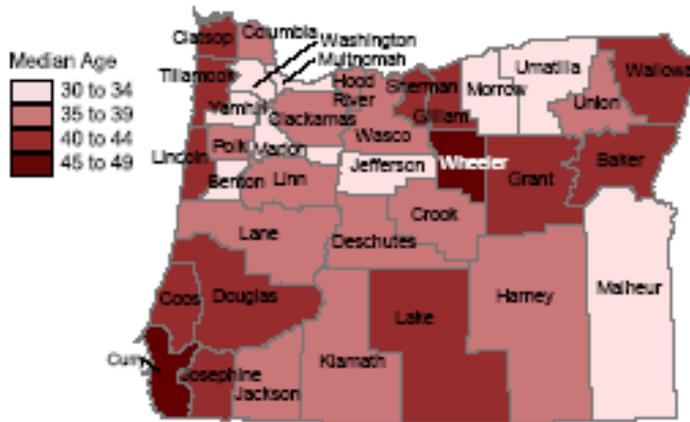
In relation to size in 1990, significant gains to Oregon's population aged 55-64 and 75 years and older was realized. Not all older groups increased. Relatively few births in Oregon during the 1930s caused one recent population decline: there were fewer

Oregonians aged 65-74 years in 2000 than in 1990. For example, although the 65+ age group grew 12 percent, this rate was lower than for the population of those under 65, which increased 22 percent.

Overall increases in the state's older population reflect relatively slow growth

among the younger elderly, aged 65 to 74 years, and more rapid growth for those over 75 years, and even more rapid growth for aged 85 years and older.⁵ Each year between 1990 and 2000, approximately 5,000 to 6,000 retirees moved to Oregon.⁶ As Oregon's population ages, the likelihood of people aged 65 years and older, especially women, will constitute a considerable proportion of single person households.

Median Age of the Total Population by County



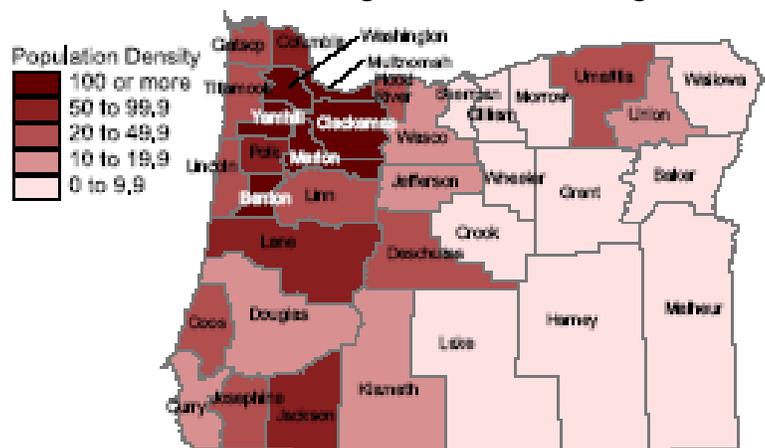
Curry County houses the highest population of older Oregonians - more than a quarter of the population

is 65 and above in this county, whereas Washington and Benton counties had the lowest percentage of population aged 65 and over – 8.84 and 10.27 percent respectively.⁷

Population Growth

Like the U.S. population, Oregon's population is slowly aging and will

continue to become older in coming decades. Population on the east side of the Cascade Mountains is sparse - averaging 10 persons per square mile. Lake, Wheeler, and Harney counties have less than 1 person per square mile. Growth patterns among Oregon's 36 counties varies considerably with growth rate of 0.8 percent in Sherman County to 53.9 percent in Deschutes County. During the ten-year period, Central Oregon became the fastest growing region in the state. Again, migration was the primary force driving the population increase. And while 13 Oregon counties grew faster than the state average, the remaining 23 experienced slower growth. Sherman, Grant, Lake, Union, and Coos were the bottom five in terms of growth rate.⁸



Comparing Oregon's age group population in the year 2000 to that in 1990, the group aged 15 to 64 rose from 64.68 percent to 66.75 percent. The expansion of older Oregonians aged 65 years and over increased 12 percent in all but one county. Multnomah County was the only county with fewer elderly in 2000 than in 1990. Some counties have been aging more and have relatively higher

proportions of 60 years and older, while some counties experiencing heavy in-migration of younger people, have fairly young populations and a relatively low proportion of older residents.⁹

The 20 Largest State-to-State Migration Flows: 1995 to 2000

(Data based on a sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/st3.pdf)

State of origin	State of destination	Migration flow	Reverse flow	Gross migration ¹	Net migration ²
New York	Florida	308,230	70,218	378,448	238,012
New York	New Jersey	206,979	97,584	304,563	109,395
California	Nevada	199,125	60,488	259,613	138,637
California	Arizona	198,151	92,452	278,603	93,699
California	Texas	182,789	115,929	298,718	66,860
Florida	Georgia	157,423	99,225	256,648	58,198
California	Washington	155,577	95,469	251,046	60,108
California	Oregon	131,836	67,642	199,478	64,194
New Jersey	Florida	118,905	34,896	153,801	84,009
Texas	California	115,929	182,789	298,718	-66,860
New York	Pennsylvania	112,214	67,213	179,427	45,001
California	Colorado	111,322	56,050	167,372	55,272
New Jersey	Pennsylvania	110,436	88,202	198,638	22,234
New York	North Carolina	100,727	20,262	120,989	80,465
Georgia	Florida	99,225	157,423	256,648	-58,198
New Jersey	New York	97,584	206,979	304,563	-109,395
Florida	North Carolina	96,255	57,564	153,819	38,691
New York	California	95,952	65,160	161,112	30,792
Washington	California	95,469	155,577	251,046	-60,108
California	Florida	94,265	65,211	159,476	29,054

Counties face different social and economic challenges because of differences in age composition. Counties with a large, increasing elderly population will likely face higher demand for special transportation by those who no longer have use of private automobiles. Continuing to be a pressing issue equaling the needs of an increasing number of 60 years of age and older, including the single and special needs households - is the need for social services to assist the growing number of older Oregonians who need health services and creative housing.

Rural Characteristics of Oregon

According to the Center for Population Research and Census, Oregon ranks 13th in the nation by percentage of elderly persons in the population. It also ranks as the 10th most rural state nationally. The average number of persons per square mile for Oregon is 32; this is less than one half the figure for the United States (74). Fourteen counties are considered “frontier” counties, having fewer than 5 persons per square mile. All of these counties are east of the Cascade Range.

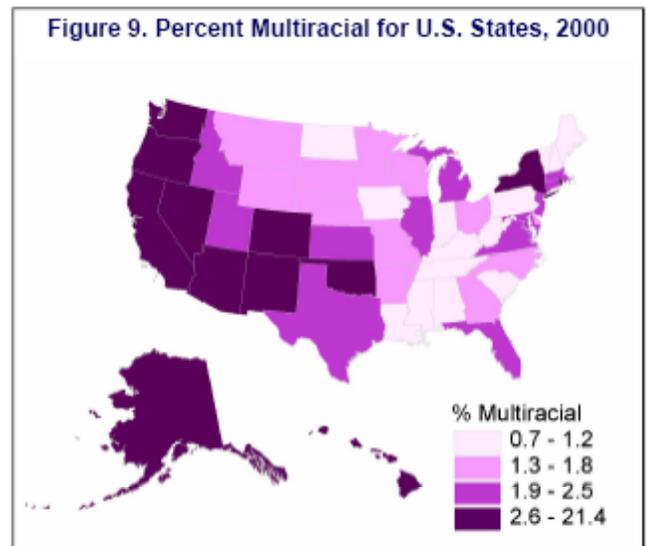
The ten counties with the highest percentage of elderly are all rural and located either east of the Cascade Range or along the Oregon coast. The high percentage of elderly in coastal communities is likely the result of in-migration. For communities in eastern Oregon, the high percentages are likely the result of the

elderly aging in place, while younger people move to areas with more economic opportunities.

Counties with the lowest area median incomes by family (including individuals living alone), ranging from \$25,100 to \$35,000, are also rural counties. These incomes are markedly lower than the area median income of \$53,700 for the three counties that make up what is referred to as the Portland metropolitan area.

Cultural Diversity

Oregon has not been a highly ethnically diverse state, and trends indicate little increase of ethnic in-migrating expected, with the exception of the arrival of elderly Latino immigrants joining family members. Far above the national average, 86.56% of Oregonians reported themselves as white. Oregon was historically a destination for Chinese and Japanese men in the early 19th century as Chinese men came to eastern Oregonian counties to become railroad workers and miners; and Japanese men came to fish along the Oregon coast. Subsequently, the largest ethnic minority group in Oregon is the Asian race. While Black or African American counts for 12.3 percent in the U.S. population, in Oregon it is 2.96 percent. Hispanic or Latino account for 8 percent of the total population, a number below the national level of 12.5 percent.



Likely because of proximity to the state, Oregon reports 1.32 percent as American Indian or Alaskan Native and .23 percent Native Hawaiian and Pacific Islander, both figures above the national average of .09 and .1 percent respectively. Nine federally recognized tribes call Oregon their home; seven of these receive Title VI grant funds.

Alaska experienced an out-migration of 126,000, with the net of 30,000 concentrated in the western states of Arizona, Oregon, and Washington.¹⁰

Racial composition varies considerably across Oregon's counties. Gilliam, Wallowa, Grant, and Baker all rural counties, and not considered predominantly agricultural regions, report 95 percent White, with only a fraction of non-white races. In contrast, metropolitan Multnomah County, is the most racially diverse county in the state. Geographical distribution of each race is uneven, with heavy concentration of multiple races in metropolitan counties such as Washington,

Multnomah, Clackamas, Benton and Lane counties. The highest total population percentage of American Indian and Alaska Natives reside in Jefferson County (15.8 percent), followed by Klamath County (4.19 percent) and Harney County (3.97 percent). Malheur County, however, reports the highest percentage of resident Hispanic origin in the state at 25.6 percent, followed by Hood River County at 25 percent.

Ethnic Minority Populations in Oregon

While the absolute number of ethnic minority persons in Oregon is relatively small, with white, non-Hispanic persons making up 84% of the population, the ethnic minority population in Oregon has increased at a significantly higher rate than previously projected. In 1990 white, non-Hispanic persons made up 91% of the population. The most significant increase has been in the Hispanic population, which has increased by over 141% since 1990 and now makes up 8% of the population. Census data on the age make-up of Oregon's Hispanic population are currently not available.

Oregon has nine federally recognized Tribes. Coquille Indian Tribe; Confederated Tribes of Coos, Lower Umpqua and Suislaw Indians; Cow Creek Band of Umpqua Tribes of Indians; Confederated Tribes of Grande Ronde; The Klamath Tribe; The Siletz Indian Tribe; Confederated Tribes of the Umatilla Indian Reservation; The Confederated Tribes of the Warm Springs Reservation of Oregon; and Burns Paiute Tribe are all federally recognized tribes in Oregon with seven of the tribes being OAA Title VI fund grantees. According to the 2000 Census, there were 40,130 non-Hispanic American Indian or Alaska natives living in Oregon.

Ethnic groups present in Oregon not adequately represented in the U.S. Census data are Eastern European and Latino immigrants. In the last decade there has been a significant increase in these ethnic populations. Frequently, both are often multi-generational families with grandparents and other family members following after the initial arrival. Social service providers working with older Eastern Europeans report that many individuals are suffering significant chronic health problems resulting from a lack of health care.

SECTION FOUR

ORGANIZATIONAL STRUCTURE

Assisting seniors and people with disabilities of all ages to achieve individual well-being through opportunities for community living, employment and services that promote choice, independence and dignity.



SECTION FOUR

ORGANIZATION STRUCTURE

Historical Structure of Seniors and People with Disabilities

The central office structure was formed October 1981 and consolidated the former Office of Elderly Affairs (OEA) and the Long Term Care Unit of Adult and Family Services Division (AFS). The OEA was the former State Unit on Aging, primarily responsible for administering the Older Americans Act programs and the state-funded Oregon Project Independence program, which serves persons in their homes who are considered to be at risk of institutionalization. The Long Term Care Unit of AFS was principally responsible for administration of Title XIX and Title XX programs in Long Term Care. This consolidation combined primary funding sources for service delivery to the elderly and for certain disabled persons; both community-based and long term care programs.

The structure of services for older Oregonians has evolved steadily since the mid-1970s, when Oregon implemented the nation's first state-funded supportive services program for elders—Oregon Project Independence (OPI). In 1981, the legislature created the Senior Services Division within the Department of Human Services. In 1989, the division enlarged its scope, becoming the Seniors and Disabled Services Division. In 2001 House Bill 2294, authorized the creation of multi-service teams to service clients and eliminating the Departments divisional structure with a name change to Seniors & People with Disabilities (SPD).

The State Unit on Aging

As noted in the historical structure above, the Department of Human Services (DHS), Seniors & People with Disabilities (SPD), as designated by the legislature and governor is accountable for the implementation of programs for elderly and disabled Oregonians. The State Unit on Aging (SUA), a part of SPD, is charged with purpose and responsibility of implementing Older Americans Act (OAA) programs. The SUA is responsible for each facet of administering the OAA. Examples include, but are not limited to, advocacy, outreach planning, budgeting, fund disbursement, management of information, training, monitoring of agency activities, and technical assistance.

Pursuant to the OAA, DHS must submit to the Administration on Aging a periodic state plan on aging that serves as the planning and compliance document for fulfilling its responsibilities under Title III and Title VII of the OAA

for the provision of services for older individuals in Oregon.

In its capacity as the State Unit on Aging, DHS will be the leader in aging issues on behalf of older Oregonians. In this capacity, DHS undertakes a broad range of functions, including advocacy, information and referral systems, monitoring and evaluation, planning and coordination, long-term care ombudsman, and community and interagency partnerships.

The goal of these functions is to establish, increase, and improve comprehensive and coordinated community-based systems serving elders throughout the state, in support of the efforts of older Oregonians to live safe, healthy, independent, and dignified lives.

DHS will designate Area Agencies on Aging (AAAs) to carry out programs designed to achieve this goal. DHS will ensure that the resources it makes available to the AAAs are used to carry out these crucial functions. The means used by the AAAs for these purposes will address not only remedial services but also preventive measures.

AAAs identify and prioritize activities aimed at ensuring that older Oregonians have access to, and assistance in securing and maintaining, benefits and rights. The SUA Legal Services Developer (LSD) provides technical assistance to all AAAs to ensure implementation of OAA programs. The LSD conducts *continuing education* workshops throughout the State for licensed attorneys and social service staff on multiple subjects all pertaining to older Oregonians rights. Examples are Nursing Home Rights, Housing Discrimination, Facets of Nursing Home Law and New Medicare Issues for older Oregonians.

Oregon Department of Human Services participates actively in the National Network on Aging. This network consists of all federal, state, intrastate regional, and local agencies/institutions with responsibility to implement the OAA. Within the state, it contracts with AAAs to carry out activities consistent with the state plan to effect the applicable provisions of the OAA.

Objective

The overall purpose of Seniors and People with Disabilities is to meet the individual needs of older Oregonians and those with disabilities served by the Department, through effective advocacy, planning, coordination and delivery of services. Local planning, decision-making, and implementation of a

coordinated service system are key components of this model.

Service Delivery System

Services across the Department were integrated at the local community level into Community Services providing leadership to ensure, in part, that Oregon elders receive necessary care and services at the least cost and in the best-coordinated manner, and providing appropriate services to persons with disabilities. Multi-service teams have succeeded the Department's former divisional structure. At the program administration level, there are now three program and policy units: health services; children, adult, and family services; and seniors and people with disabilities services.

DHS continues to develop resources for users and prospective users of its services. Many communities now have multiple-service offices where elders and persons with disabilities can obtain a broad range of information and access a multiplicity of services. In addition, the Department has unveiled a Network of Care website that is a statewide compendium of community services. Finally, the Department is collaborating with public and private partners to develop a statewide "211" system to quickly and easily by use of dialing a three digit number, connect the public with social service information and resources. Both of these innovations are expected to give rural and isolated elders significantly improved access to services.

In an effort to minimize and/or eliminate supplanting of pre-existing funds, DHS, through contractual requirement, asks that each AAA establish policies and procedures to accomplish program goals, including detailed annual budgets of projected revenue and expenses, a general ledger that sets forth accounting of all grant incomes, in-kind income, program income, other cash match income and related expenses by categorical grant.

Social Services Programs

The Department, or designated agency, contracts for the provision of services to Oregon's most impaired and disadvantaged elderly and physically disabled adults.

Services administered by the Department are detailed in the following categories:

Cash/Medical Assistance

The Department determines eligibility for the following programs for people who are aged and/or disabled:

- Medicaid (Title XIX), including enrollment in the Oregon Health Plan
- Food Stamps
- Oregon Supplemental Security Income Program (OSIP)

Oregonians receiving Supplemental Security Income (SSI) from the Social Security Administration are entitled to a small supplemental grant from the State and may qualify for some special needs.

General Assistance

General Assistance (GA) provides a small cash grant for disabled adults who have extremely limited resources and income, are unemployable because of disability, and are expected to qualify for Social Security Disability or Supplemental Security Income within one year.

Long Term Care Services

The Department purchases the following services on behalf of eligible persons who need Long Term Care services:

Nursing Facility Care

Nursing facility care is provided in licensed certified nursing facilities. Nursing facilities provide comprehensive care for persons who require assistance with activities of daily living and 24-hour nursing care.

Community-Based Care

Community-based care is provided in a person's own home or in a substitute home. Community-based care provides comprehensive care for persons who require assistance with activities of daily living and who may need nursing services.

In-Home Services can be provided on an hourly basis or by an attendant who lives with a client who needs 24-hour services.

Home Delivered Meals provide a nourishing meal 1-2 times a day for clients who are homebound.

Assisted Living is a licensed facility that provides home care services for persons living in individual apartments. The licensed facility has the capacity to meet unscheduled service needs, including

access to RN services, on a 24-hour basis.

Adult Foster Care provides room, board and personal assistance with activities of daily living for five or fewer unrelated persons in a licensed home.

Enhanced Residential Care provides room, board and personal assistance with activities of daily living for six or more persons in a licensed facility.

Specialized Living Facility services are provided for persons with spinal cord injuries, head injuries, or for persons with exceptional needs in independent living.

Oregon Project Independence (OPI) is a home-care program for persons 60 years of age or older or with Alzheimer's disease. The program provides home care, day care, or other approved support services that allow persons to remain in their own homes as long as possible before being admitted to a residential facility.

Personal Care is a home-care program for Medicaid eligible persons regardless of age who require relatively unskilled care.

Providence Elder Care is an inclusive program of care integrating long-term and acute care for persons at high risk of nursing facility care.

Adult Day Care/Health Services are social and health services provided in a day care setting for people at risk for nursing facility care. This service often supplements the care provided by families and informal caregivers.

Older Americans Act Programs

Older Americans Act Services are targeted to persons 60 years of age and over and are administered by the Area Agencies on Aging. A number of services are mandatory and local advisory committees determine others. Donations for services are encouraged, but not required and each AAA is required to clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary. Collected contributions are to be used exclusively to expand the service for which the contributions were given. To date, Oregon has chosen not to pursue the newly allowed option to collect fees for some Older Americans Act services. The State of Oregon authorizes AAAs to provide the following services:

- Social services including case management;
- Information and assistance;

- Transportation;
- Outreach;
- Legal Services Development;
- Congregate Meals which are nutritious and served at meal sites that target socially and economically disadvantaged seniors;
- Meals are supplemented with donated commodity foods or cash-in-lieu of donated foods;
- Home delivered meals for homebound seniors;
- In-home services;
 - Health promotion and disease prevention activities, including medication management services;
 - Family caregiver support services;
- The Senior Employment Program (AAAs may choose to offer Title V, but are not mandated);
- Vulnerable Elder Rights Protection Activities which include Legal Services for the Elderly, funding for the Long Term Care Ombudsman Program, insurance counseling for Seniors, and protective services activities;
- Support for coalitions that engage the business community in creating caring communities.

Area Agencies on Aging & Disability are required to outline within their Area Plans the methods used to meet service needs of low-income minority older Oregonians. Examples include ethnic mealsites, affirmative action employment plans, health promotion and disease prevention with focus upon diabetes which strikes a high number of Latinos.

Protective Services

The Department has the responsibility to protect vulnerable seniors and adults with physical disabilities. Protection activities include the following:

- Establishing standards and licensing of Long Term Care facilities including nursing facilities, residential care facilities, assisted living facilities, adult foster homes, and specialized living programs;
- Establishing standards and registration of board and room facilities, continuing care retirement communities, Alzheimer special care units, and adult day care;
- Investigating mandatory reports of nursing facility resident abuse;
- Investigating mandatory reports of elder abuse;
- Providing protective services for vulnerable adults who have been abused or who are at risk of abuse and who cannot protect themselves.

The Abuse Prevention Unit is instituted within DHS and each Type B AAA office serving older Oregonians and persons with disabilities has one or more designated and trained adult protective service staff. Type A AAA offices work closely with Adult Protective Service staff at local SPD offices and have coordinated a referral process for all possible abuse and/or neglect allegations. OAR 411-021 contains administrative rules concerning alleged elderly abuse, mandatory reporting, response, reporting systems and confidentiality. The State assures that individuals considered at-risk, for example, self-neglect has the right to refuse services if they are mentally capable of making an informed choice. Except in life-threatening instances or there is reason to believe a crime has been committed, all parties involved in the investigation process are under no authority or stipulations by the State of Oregon. Currently, DHS conducts approximately 17,000 criminal background checks per month, which includes checks for long-term care facilities, childcare providers, foster care facilities, potential adoptive parents and providers for individuals with mental health and developmental disability clients.

Abuse Prevention

Elder abuse is a multidimensional problem that impacts a large number of Oregonians each year – much of it undetected. Experts anticipate that between 1 in 5 to 1 in 14 cases of elder abuse, including physical abuse, sexual abuse, financial exploitation, neglect and abandonment go unreported each year. Governor Ted Kulongoski established the Elder Abuse Task Force in February 2004 as part of his comprehensive review of the public safety system in Oregon.

A report from the Elder Abuse Task Force¹¹ contains four key recommendations that will be pursued through administrative action in partnership with AAA's, state, local and private offices to strengthen protection for older Oregonians. These include development – by the Department of Human Services (DHS) – of a quick response process to expedite criminal background checks to reduce the current backlog of those waiting resolution of their background status. Additionally, the task force recommended that DHS strengthen guidelines to those caregivers who are hired before criminal background checks are completed so that they have closer supervision until their check is cleared. The creation of a criminal history registry by the state to immediately alert care-providers if an applicant has already been identified as someone who has a criminal record. This system would set up barriers for those that seek employment in other related care-providing fields. Renewed

training for front-line banking staff on the indicators and prevention measures regarding financial exploitation of the elderly. The development of a best practices curriculum and training video to teach proper care-giving techniques and to alert caregivers of the signs of elder abuse that might be perpetrated by others. The video will be developed in conjunction with the long-term care industry and the Home Health Care Commission.

Governor Kulongoski announced the “Oregon Elder Justice Act of 2005” which changes statutory language to better protect older Oregonians and strengthen the Elderly Persons and Persons with Disabilities Abuse Prevention Act (ORS 124.005 – 124.040) providing additional protection for older Oregonians who have been the victim of financial exploitation, theft, or physical abuse, assist in the prosecution of sexual abuse against older Oregonians including abuse as part of the statutory definition of elder abuse, and enhance the mandatory reporting law to better protect vulnerable elders.

The SUA Legal Service Developer has coordinated with the Oregon State Bar, State Attorney General’s office and the aging network to develop pro bono resources and support and published Elders’ Consumer Fraud Information.

Long Term Care Ombudsman Agency

The Oregon Long Term Care Ombudsman Office enhances the quality of life, improves the level of care, protect individual rights and promote the dignity of each Oregon resident of a nursing facility, adult foster care home, residential care facility or assisted living facility. The office investigates and resolves complaints made by or on behalf of long term care facility residents as authorized in ORS 441.100 — 441.153. Funding is provided by at least one percent of the Title III(B) of the Older Americans Act funding received by the state. A nine-member Long Term Care Advisory Committee appointed by the Governor and Legislative leaders monitors the program and advises the Governor and Legislative Assembly.

The Governor’s Office established the Long Term Care Ombudsman Office as independent from any other state agency. In 1995 the Legislative Assembly provided the Long Term Care Advisory Committee authority over Ombudsman actions. The Committee oversees the Ombudsman Program, advises the Governor and Legislative Assembly on the Ombudsman Program, and nominates Ombudsman candidates to the Governor. The Long Term Care Advisory Committee also receives complaints against an Ombudsman

designee (volunteer) and may overturn actions taken to resolve complaints in long-term care facilities.

The Long Term Care Ombudsman Office investigates and resolves complaints made by or for residents of long term care facilities regarding administrative actions that may adversely affect their health, safety, welfare or rights of older residents. Volunteer Ombudsmen are appointed to serve as local representatives of the Office in various districts in the state and monitor functions for compliance with federal, state and local agency policies and procedures that relate to long-term care facilities in the state. In addition, the Office publishes brochures and flyers, prints and posts posters, and distributes press releases to publicize the Long Term Care Ombudsman Office's services, purpose and mode of operation. The Office collaborates with agencies such as the Department of Human Services and the Board of Examiners of Nursing Home Administrators to establish a statewide system to collect, analyze and maintain for public access information on complaints and conditions in long term care facilities for the purpose of publicizing improvements and resolving significant problems.

The LTC Ombudsman Office was represented on the State Plan Advisory Committee and assurance that the special needs of older Oregonians residing in rural areas is considered and will be met. The Ombudsman Office provides advice, support and direct intervention services to friends and relatives of Oregon's long-term care residents including information and referral on long term care services as well as information to organizations and lawmakers about the problems of residents of long-term care facilities and furnishes information and consultation to other agencies on matters relating to long-term care. No less than the Title VII funding allocation for fiscal year 2000 shall be allocated for these services.

Access To and Components of Services

Department of Human Services (DHS) continues the "no wrong door" policy to enable every individual to access services and benefits through contact with any of the state's human services offices, regardless of the designated clientele the office may serve (i.e., children and families, disabled, aging).

The State of Oregon provides assurance that preference will be given to providing services to older Oregonians with greatest economic need and older individuals with greatest social need, with particular attention to low-income and minority older Oregonians residing in rural areas. To ensure service priority remains with low-income minority, and older Oregonians residing in rural areas, Area Agencies on

Aging & Disabilities (O4AD) offices, in coordination with the state human service offices, conduct outreach activities, initiate convenient public sites for intake purposes, and make home visits to enable older Oregonians to access benefits and services for which they may be eligible. Each AAA is required to identify the number of low-income minority older Oregonians and older Oregonians residing in rural areas within their district. Additionally, they must describe within their Area Plans, the methods used to satisfy the service needs of such low-income minority and rural dwelling older Oregonians in their district and provide information on the extent to which they met the objectives described in their *previous* Area Plan to address the needs of low-income minority older Oregonians and older Oregonians residing in rural areas within their district.

Intergovernmental Agreements and Professional Services Agreements with the AAA's have established program outcome measures which include performance standards related to service provision to low-income minority, rural and disabled older Oregonians.

In provision of case management services under Title III of the Older Americans Act, ORS 410.250 (see Section Five) recaps the responsibility of the Area Agencies on Aging (AAA) to fully comply with state and federal laws. Such case management services are assessing needs of the elderly for social and health services; determining resources available to meet those needs, assuring that such resources and services are provided; endeavoring to coordinate and expand existing resources; and serving as an advocate within the government and community at large for the interests of older Oregonians.

OAR 411-011-000 (see Section Five) further states that AAAs must document clearly in their Area Plan, both justification for their Title III case management services, duties specific to case management, and assurances that these duties will not duplicate services provided under other state and federal programs such as Medicaid or Oregon Project Independence. DHS has final authorization over terms of these case management services and provision of these services must indicate client choice in the documentation and ORS 410.250 reiterates the responsibility of the AAAs to fully comply with state and federal laws.

DHS regularly participates in a variety of task forces targeted at older Oregonians' needs and issues of high risk. Examples include the Nutritional Council of Oregon, Oregon Hunger Relief Task Force and Community Mental Health Task Force.

Supportive Service needs are evaluated by review and evaluation of area plan objectives on an annual basis. DHS State Unit on Aging also conducts periodic analysis of service and client assessment data to identify trends and needs as well

as conducts periodic community forums to meet with older Oregonians, their family members and the aging network to discuss demographics, and current and projected future key issues and needs. Each AAA details within their Area Plan outreach activities planned to ensure that older Oregonians, low income, minority and rural older Oregonians are aware of OAA programs offered by their AAA and have access to and assistance in obtaining and maintaining benefits and rights.

Declaration of Objectives of the Older Americans Act of 1965

The objectives that inspire DHS's efforts and those of the national aging network are found in Title I of the Older Americans Act and read as follows:

The Older Americans Act of 1965, as amended, finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to secure equal opportunity to the full and free enjoyment of the following objectives.

An adequate income in retirement in accordance with the American standard of living.

The best possible physical and mental health which science can make available and without regard to economic status.

Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and functional limitations and available at costs which older citizens can afford.

Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care.

Opportunity for employment with no discriminatory personnel practices because of age.

Retirement in health, honor, and dignity achieved after years of contribution to the economy.

Participating in and contributing to meaningful activity within the widest range of civic, cultural, education and training, and recreational opportunities.

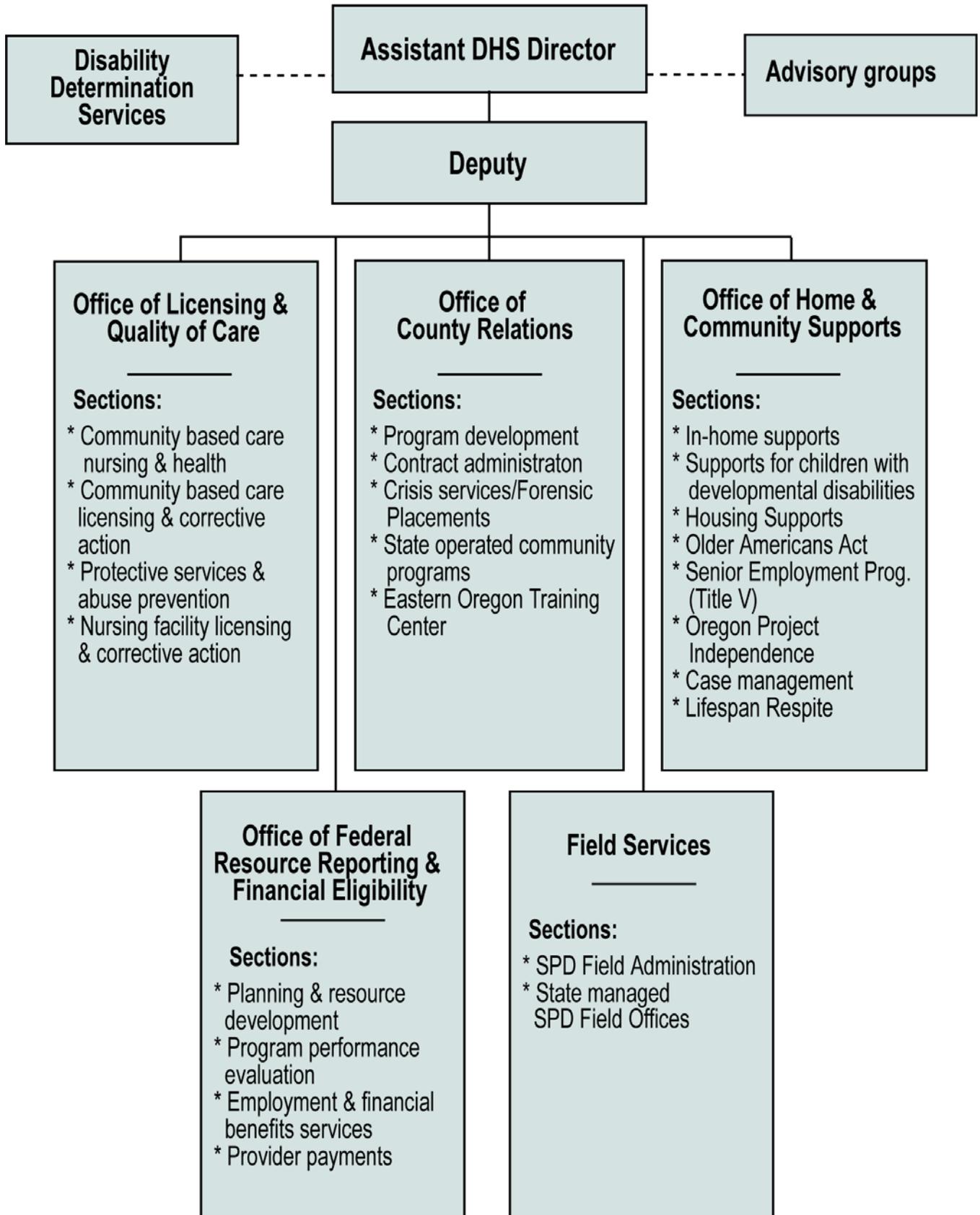
Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis

on maintaining a continuum of care for vulnerable older individuals.

Immediate benefit from proven research knowledge, which can sustain and improve health and happiness.

Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Seniors and People with Disabilities



Overview Of Area Agencies On Aging & Disabilities

As stated in Oregon Administrative Rules,¹² an Area Agency on Aging (AAA), known in Oregon as an Area Agency on Aging & Disabilities (O4AD) is the designated entity with which the Department of Human Services contracts to provide Older Americans Act services to the older and disabled population within designated planning and service areas.

A planning and service area is the geographical area, consisting of one or more counties, for which the AAA is responsible to provide services. Oregon has two types of AAAs, each listed on the preceding two pages.

Type A

A public or private non-profit agency or unit of local government that administers the Older Americans Act and Oregon Project Independence programs for a planning and service area. In a Type A agency, a Department of Human Services Seniors & People with Disabilities local office administers Medicaid, financial and adult protective services, and regulatory programs for the elderly and disabled.

Type B

A local government administering the Older Americans Act, Oregon Project Independence program, Medicaid, financial and adult protective services, and regulatory programs for the elderly and disabled. Type B agencies may contract with DHS for the services of state employees to administer Medicaid, regulatory and protective services or they may have state employees transferred to AAA employment through a transfer agreement. If the agency contracts for state employees they are referred to as a Type B Contract agency, an agency, which operates under an employee transfer agreement, is referred to as a Type B Transfer Agency.

Oregon contracts with seventeen AAAs, nine of which are Type A designees and the remaining eight are Type B. Three of the Type B agencies contract with DHS for state employees, the other five manage an employee transfer agreement.

Following is a directory of Area Agencies on Aging, their Director's and contact information, followed by two maps - the first, a map identifying the planning and service area by county or counties relevant to each Area Agency on Aging (AAA); the second, reveals, by city, the location of each AAA office and each DHS Seniors & People with Disabilities office.

Oregon's Area Agencies on Aging & Disabilities

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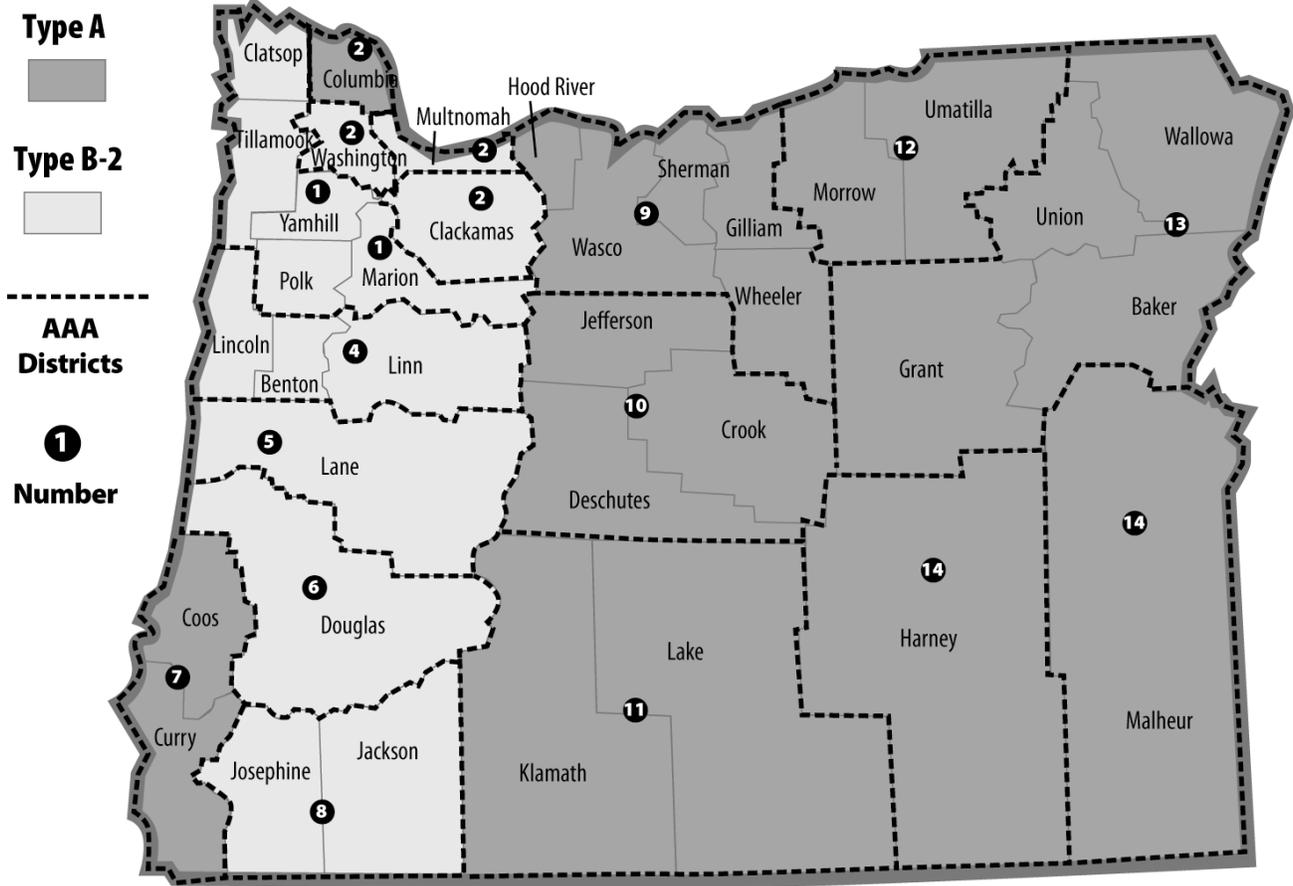
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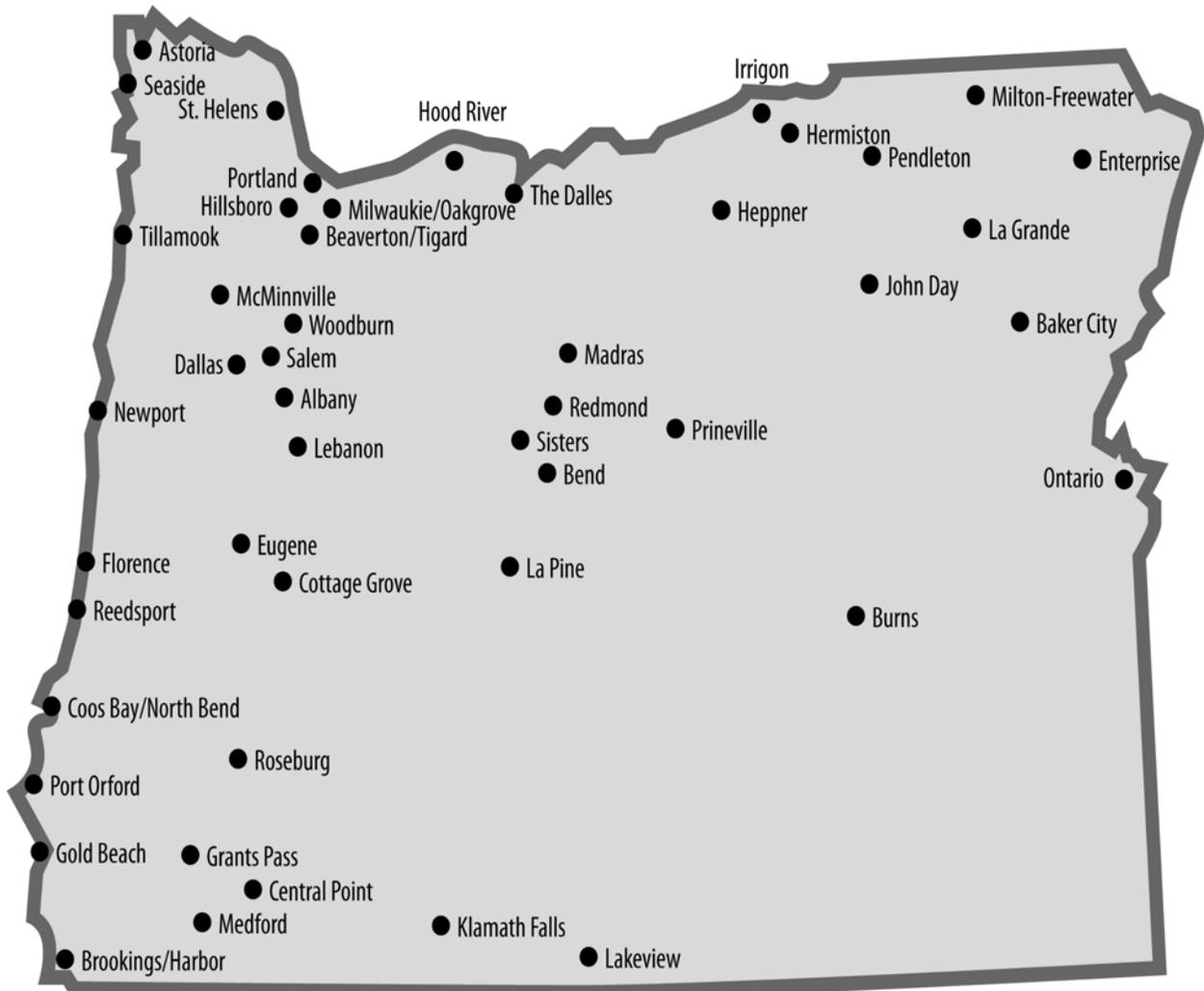
Sherri Massongill, Director
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& Community Services
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Ontario, OR 97914-3621
541/889-7651 FAX 541-889-4940
smassongill@srvinet.com

Location of AAA's



- | | | |
|--|---|--|
| <p>1 NWSDS
NorthWest Senior & Disability Service</p> <p>2 CAT
Columbia Action Team</p> <p>2 CCSS
Clackamas County Social Services</p> <p>2 MCADS
Multnomah County Aging & Disability Services</p> <p>2 WCDASV
Washington County Disability, Aging & Disability Services</p> <p>4 OCWCOG
Oregon Cascades West Council of Governments Senior & Disability Services</p> | <p>5 LCOG
Lance Council of Governments</p> <p>6 DCSDSD
Douglas County Senior & Disabilities Services Division</p> <p>7 SCBEC
South Coast Business Employment Corp.</p> <p>8 RVCOG
Rogue Valley Council of Governments</p> <p>9 MCCOG
Mid-Columbia Council of Governments</p> <p>10 COCOA
Central Oregon Council on Aging</p> <p>11 KBSCC
Klamath Basin Senior Citizens Council</p> | <p>12 CAPECO
Community Action Program of East Central Oregon</p> <p>13 CCNO
Community Connection of NE Oregon</p> <p>14 HCSCS
Harney County Senior & Community Services</p> <p>14 MCOACS
Malheur Council on Aging & Community Services</p> |
|--|---|--|

Area Agency on Aging/ Seniors and People with Disabilities Field Office System (AAA/SPD)



Governor's Commission on Senior Services (GCSS)

The Governor's Commission on Senior Services is an official state commission of volunteers appointed by the legislature. The Commission is dedicated to enhancing and protecting the quality of life for older Oregonians. Through cooperation with other organizations and advocacy, it works to ensure that seniors have access to services that give them choice, independence, and dignity.

The Commission performs its duties through four working committees under the leadership of the executive committee. The committees are:

- Health and long-term care
- Legislation
- Mental health and addictions issues
- General issues

The Commission issues reports on key issues to its partners and the public, and provides community education on issues of importance to older Oregonians.

In the 2005-2009 state plan development process, three members of the Commission served on the State Plan Advisory Committee, representing the special concerns of the Commission. A small delegation of Commission members reviewed the final draft of the proposed state plan goals, objectives and strategies, offering comments and suggestions.

GCSS Web Address:

<http://www.dhs.state.or.us/seniors/advocacy/gcss.htm>

The following page lists Oregon's current member roster for the Governor's Commission on Senior Services.

Governor's Commission On Senior Services Membership Roster

BARRETT, Elaine
Lane County
Term: 3/01/04-2/28/07

BUTSCH, Donald
Lincoln County
Term: 10/01/02-9/30/05

DEITZ, Estill
Multnomah County
Term: 10/01/02-9/30/05

DUTTON, Eunice
Douglas County
Term: 10/01/02-9/30/05

EWING, John
Lane County
Term: 7/15/03-7/14/06

FLAMMANG, Chris
Coos County
Term: 10/11/04-10/10/07

HELM, John
Columbia County
Term: 10/11/04-10/10/07

HINDS, Marilyn
Benton County
Term: 10/11/04-10/10/07

HUBERT, Dolores
Multnomah County
Term: 10/01/02-9/30/05

KIRKBRIDE, Kay
Washington County
Term: 10/11/04-10/10/07

KURTZ, Charles
Multnomah County
Term: 10/11/04-10/10/07

LAWRENCE, Robert
Clackamas County
Term: 3/01/04-2/28/07

MILLER, Linda
Benton County
Term: 7/15/03-7/14/06

NELSON, Barbara
Yamhill County
Term: 3/01/04-2/28/07

RAYMOND, Dolores
Washington County
Term: 7/15/03-7/14/06

ROBERTS, Jack
Malheur County
Term: 10/11/04-10/10/07

SIMPSON, Remona
Linn County
Term: 1/01/04-12/31/06

SMITH, Maria
Clackamas County
Term: 7/15/03-7/14/06

*Appointed by the
Speaker of the House:*
Rep. George GILMAN

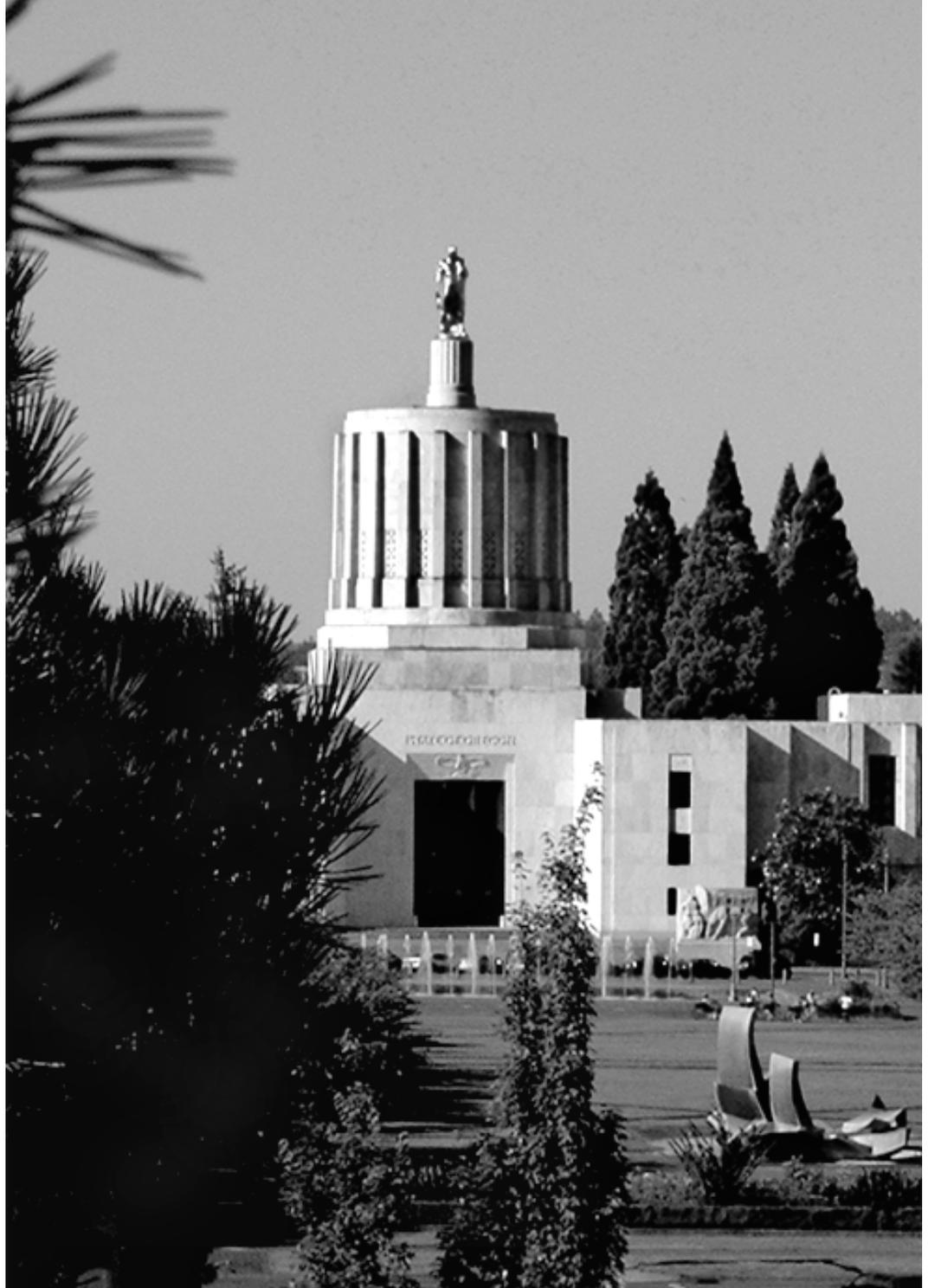
*Appointed by the
President of the Senate:*
Sen. Bill MORRISETTE

*Governor's Commission
on Senior Services staff:*

Morgen BRODIE
Legislative and advocacy
coordinator

Marc OVERBECK
Legislative and advocacy
specialist

SECTION FIVE
OREGON ADMINISTRATIVE RULE and
OREGON REVISED STATUTES



SECTION FIVE

OREGON REVISED STATUTE 410.070

Duties of Department of Human Services; elderly and disabled persons

- (1) The Department of Human Services shall:
 - (a) Serve as the central state agency with primary responsibility for the planning, coordination, development and evaluation of policy, programs and services for elderly persons and disabled persons in Oregon.
 - (b) Function as the designated state unit on aging, as defined in the Older Americans Act of 1965.
 - (c) With the advice of the Governor's Commission on Senior Services and the Oregon Disabilities Commission, develop long-range state plans for programs, services and activities for elderly persons and disabled persons. State plans should be revised biennially and should be based on area agency plans, statewide priorities and state and federal requirements.
 - (d) Have the authority to transfer state and federal funds, except Title III of the Older Americans Act funds, from one area agency to another area agency or from one program or service to another program or service after consultation with the area agencies involved in the transfer. However, no area agency shall suffer a reduction in state or federal funds due to increased local funds.
 - (e) Receive and disburse all federal and state funds allocated to the department and solicit, accept and administer grants, including federal grants or gifts made to the department or to the state and enter into contracts with private entities for the purpose of providing or contracting for case management services for long term care insurance for the benefit of elderly persons and disabled persons in this state.
 - (f) Provide technical, training and program assistance to area agencies

and assist them to provide such assistance to public and private agencies and organizations.

- (g) Assist area agencies to stimulate more effective use of existing resources and services for elderly persons and develop programs, opportunities and services which are not otherwise provided for elderly persons, with the aim of developing a comprehensive and coordinated system for the delivery of social services to elderly persons.
- (h) Assist local department offices and area agencies which have assumed responsibility for disabled services to stimulate more effective use of existing resources and to develop programs, opportunities and services which are not otherwise provided for disabled persons, with the aim of developing a comprehensive and coordinated system for the delivery of social services to disabled persons.
- (i) Serve within government and in the state at large as an advocate for elderly persons and disabled persons by holding hearings and conducting studies or investigations concerning matters affecting the health, safety and welfare of elderly persons and disabled persons and by assisting elderly persons and disabled persons to assure their rights to apply for and receive services and to be given fair hearings when such services are denied.
- (j) Process fiscal and client data for all area agencies.
- (k) Conduct regulatory functions with regard to program operation, by adopting rules for providing social services, including protective services, to elderly persons and disabled persons who need services that the department or area agencies are authorized to provide and rules for standard rate setting and quality assurance.
- (l) Provide information and technical assistance to the Governor's Commission on Senior Services, the Oregon Disabilities Commission and the Medicaid Long Term Care Quality and Reimbursement Advisory Council and keep the commissions and the council continually informed of the activities of the department.
- (m) Make recommendations for legislative action to the Governor and to

the Legislative Assembly, after consultation with the Governor's Commission on Senior Services, the Oregon Disabilities Commission and the Medicaid Long Term Care Quality and Reimbursement Advisory Council.

- (n) Conduct research and other appropriate activities to determine the needs of elderly persons and disabled persons in this state, including, but not limited to, their needs for social and health services, and to determine what existing services and facilities, private and public, are available to elderly persons and disabled persons to meet those needs.
 - (o) Maintain a clearinghouse for information related to the needs and interests of elderly persons and disabled persons.
 - (p) Provide area agencies with assistance in applying for federal, state and private grants and identifying new funding sources.
- (2) In addition to the requirements of subsection (1) of this section, the department shall:
- (a) Determine type A and type B area agencies annual budget levels for Oregon Project Independence and Title III of the Older Americans Act expenditures.
 - (b) For type B area agencies:
 - (A) Determine annual budget levels for planning Title XIX reimbursed services. In determining the budget levels, the department shall retain contingency reserves against overruns and transfers in use of Title XIX funds.
 - (B) Provide timely management information so the area agencies and the department's disability services units can manage Title XIX reimbursements within budgeted levels.
 - (C) Determine annual budget levels for planning and administering programs relating to social, health, independent living and protective services for disabled persons for the department's disability services units and type B area agencies which have assumed local responsibility for the programs and clients transferred under section 2 (2), chapter

787, Oregon Laws 1989.

(c) Make payments for services within a central processing system for:

(A) A type A area agency, at the request of the agency, for Oregon Project Independence or Title III of the Older Americans Act expenditures, or both.

(B) A type B area agency, for Title XIX and Oregon Project Independence expenditures, and at the request of the agency, for Title III of the Older Americans Act expenditures.

(d) Assume program responsibility for Title XIX programs in areas served by type A area agencies and in areas where no area agency is designated.

(e) Assume planning and program responsibilities for disabled persons in areas served by type A area agencies, in areas served by type B agencies that serve only elderly persons and in areas where no area agency exists.

(3) When developing programs affecting elderly persons, the department shall consult with the Governor's Commission on Senior Services.

(4) When developing programs affecting disabled persons, the department shall consult with the Oregon Disabilities Commission.

[1981 c.784 §3; 1989 c.224 §75; 1989 c.787 §1; 1991 c.122 §12; 1993 c.116 §4; 1995 c.667 §4; 2001 c.900 §77]

OREGON ADMINISTRATIVE RULE 411-002-0100

Designation Of Planning And Service Areas

(Effective 11/01/1999)

- (1) "Area Agency on Aging" means the designated entity with which the Division contracts to meet the requirements of the Older Americans Act and ORS Chapter 410 in planning and providing services to the elderly or elderly and disabled population for a designated Planning and Service Area.
- (2) "Division" means the Seniors and People with Disabilities Division of the Department of Human Services.
- (3) "Planning and Service Area" means the geographical area, consisting of one or more counties, for which one Area Agency on Aging is designated by the Division to plan for and provide services under the Older Americans Act and Oregon Revised Statute (ORS) Chapter 410.
- (4) (a) "Type A Area Agency on Aging" means a designated entity that administers the Older Americans Act and Oregon Project Independence programs for a Planning and Service Area. A Type A Area Agency on Aging may be:
 - (A) An office or agency of a unit of general purpose local government which is selected by the chief elected official of the unit to serve as an Area Agency on Aging; or
 - (B) Any office or agency designated by the appropriate chief elected officials of any combination of units of general or general and special purpose local government formed in accordance with ORS Chapter 190; or
 - (C) A private non-profit organization.
- (b) In Planning and Service Areas served by a Type A Area Agency on Aging, Medicaid, financial and adult protective services, and regulatory programs for the elderly and disabled are administered by a Multi-Service Office of the Division.
- (5) "Type B Area Agency on Aging" means a designated entity that meets the definition of an area agency on aging, and is administered by a unit or combination of units of general purpose local government, and administers the Medicaid, financial and adult protective services, and regulatory programs for elderly or the elderly and disabled.
 - (a) Type B Area Agency on Aging may contract with the Division for services of state employees; or

- (b) Type B Area Agency on Aging may have such employees transferred to employment by the Area Agency by transfer agreement.
- (6) Type B1 Area Agency on Aging" means a designated entity that meets the definition of a Type B area agency on aging, and administers the Medicaid, financial and adult protective services, and regulatory programs for the elderly. In a Planning and Service Area served by a Type B1 Area Agency on Aging, the Medicaid and financial assistance program for the Disabled is administered by a Disability Service Office of the Division.
- (7) "Type B2 Area Agency on Aging" means a designated entity that meets the definition of a Type B1 area agency on aging and administers the Medicaid, financial, adult protective services and regulatory programs for the elderly and disabled.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0105

Basis for Planning and Service Area Designation

(Effective 11/01/1999)

- (1) Boundaries for Planning and Service Areas will be designated by the Division Administrator and indicated in the current State Plan on Aging.
- (2) Designation of additional Planning and Service Areas shall be in compliance with the Older Americans Act, appropriate federal regulations, and Division administrative rules.
- (3) The official decision-making body for any unit of general-purpose local government, a region recognized for area-wide planning, metropolitan area or Indian reservation may make application to the Division to be designated as a Planning and Service Area. The Division will notify the applicant of its approval or disapproval within 60 days of either the date the application is received by the Division, or any closing date for applications, whichever is later.
- (4) An Indian reservation must have at least 250 residents age 60 or over to be designated as a Planning and Service Area. Services on Indian reservations so designated shall be available to all persons 60 years of age or older who reside on the reservation.
- (5) During its review of any application for Planning and Service Area designation, the Division will consider:
 - (a) The distribution in the state of persons age 60 and older, including those who have greatest economic and social need, particularly low-income minority elderly;
 - (b) The views of public officials of the units of general-purpose local governments;
 - (c) The incidence of need for services provided under the Older Americans Act and ORS Chapter 410 and the resources to meet these needs;
 - (d) The boundaries of existing areas within the State, which were drawn for the planning or administration of Older Americans Act programs;
 - (e) The location of units of general purpose local government within the State; and
 - (f) Any other relevant factors, including those listed in sections (8), (9) and (10) of this rule.
- (6) Prior to making a decision, the Division will conduct hearings in the county or counties requesting designation, the locality of the Area Agency on Aging currently designated for the existing Planning and Service Area and in one or more other sites designated by the Administrator of the Division.

The Governor's Commission on Senior Services, and where applicable, the Oregon Disabilities Commission, shall be notified and invited to participate in these hearings.

- (7) In the event the Administrator of the Division shall consider designating a new Planning and Service Area, the Governor's Commission on Senior Services, and where applicable, the Oregon Disabilities Commission, shall participate in one or more public hearings, normally separate from those described in section (6) of this rule, prior to a final decision and prior to submission to the Governor for signature as a change to the State Plan on Aging.
- (8) It is the responsibility of the applicant to submit sufficient information and supporting documentation, which will allow the Division to make a decision on designation. All information submitted by the applicant must specifically address section (5) of this rule and provide responses to the following questions:
 - (a) How has the distribution of persons age 60 and older in the current Planning and Service Area changed since its original designation?
 - (b) How has this change affected the delivery of services in the current Planning and Service Area(s)?
 - (c) How would the proposed designation improve the delivery of services?
 - (d) Why is this designation the best method to improve service delivery? Indicate which other alternatives have been considered
 - (e) Will this designation have any negative effects, directly or indirectly, on the current Planning and Service Area and programs being administered in that area? Indicate and describe;
 - (f) Will this designation have an impact on resources under the area plan within the existing Planning and Service Area? Describe for both the proposed Planning and Service Area and the areas not covered by the proposed designation which are in the current Planning and Service Area;
 - (g) What are the views of public officials of units of general-purpose local government within the current Planning and Service Area? Submit documentation.
- (9) The Division will request comments from the existing Area Agencies and consider the overall impact within the State of Oregon.

- (10) Upon receipt of a request for designation of a new Planning and Service Area, and prior to the Division conducting hearings as required by section (6) of this rule, the impact of creating a new Planning and Service Area will be calculated by the Division, distributed to Area Agencies on Aging and made available to interested parties upon request.
- (11) If an application is disapproved by the Division, the applicant may appeal for an Administrative Review to the Division. Such an appeal must be made in writing within 30 days of notice of disapproval. The Division will initiate an Administrative Review within 30 days of receipt of an appeal. A written decision will be issued within 30 days of completing the review.
- (12) An applicant, as specified in section (3) of this rule, may appeal to the Assistant Secretary on Aging if the Division denies designation. The applicant must appeal in writing within 30 days after receipt of the Division's Administrative Review decision, or 30 days following the initial decision, if the applicant does not request an Administrative Review.

Stat. Auth.: ORS 410 & 45 CFR 1321 Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0110

Designation of Area Agencies on Aging

(Effective 11/01/1999)

- (1) Each Planning and Service Area shall have only one designated Area Agency on Aging.
- (2) The Administrator of the Division shall designate Area Agencies on Aging.
- (3) The designation shall comply with the Older Americans Act by giving right of first refusal in designating new Area Agencies on Aging to a unit of general-purpose local government, of which the boundaries, and the boundaries of the proposed Planning and Service Area, are reasonably contiguous. If a unit of local government does not exercise this right, the Division shall give preference to an established office on aging.
- (4) A designated Area Agency on Aging shall be:
 - (a) An office or agency of a unit of general purpose local government, which is selected by the chief elected official of the unit to serve as an Area Agency; or
 - (b) Any office or agency designated by the appropriate chief elected officials of any combination of units of general or general and special purpose local government formed in accordance with ORS Chapter 190; or
 - (c) A private nonprofit organization.
- (5) Unless otherwise requested by the applicant and approved by the Division, designation of new Area Agencies on Aging become effective at the beginning of the state fiscal year, July 1.
- (6) Prior to making a decision on designation of a new Area Agency on Aging, the Division shall conduct an on-site review to determine the capacity of the applicant to perform the functions of an Area Agency on Aging.
- (7) Denial of an application for designation as an Area Agency on Aging may be appealed to the Division for an Administrative Review. Such an appeal must be made in writing and received by the Division within 30 days of the notice of denial. The Division will conduct an Administrative Review and a written decision will be issued by the Division within 30 days of the completion of the Administrative Review.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0120

Area Agency on Aging Applicant Requirements

(Effective 11/01/1999)

- (1) An applicant requesting to replace an existing Area Agency on Aging must clearly establish the need for such a change.
- (2) It is the responsibility of the applicant to submit sufficient information and supporting documentation which will allow the Division to make a decision on designation.
- (3) Mandatory Functions -- All information submitted by the applicant must specifically address mandatory functions required of an Area Agency on Aging. These functions are outlined as follows:
 - (a) Staffing Functions -- An Area Agency on Aging must have a qualified director and an adequate number of qualified staff (including full or part-time bookkeeper and clerical support) to operate the program. The applicant shall submit the following:
 - (A) Staff plan identifying number and types of positions, position descriptions with minimum qualifications and pay scales;
 - (B) Draft personnel policy establishing organizational rules, standards, and compliance actions with civil rights laws, affirmative action, and hiring preference policy, and fringe benefit package, if any; and
 - (C) Organizational chart depicting lines of authority and internal functions and responsibilities.
 - (b) Planning Functions -- An Area Agency is required to develop and administer an Area Plan on aging for a comprehensive and coordinated service delivery system in the Planning and Service area. The applicant shall submit the following documentation:
 - (A) Detailed statement covering the manner in which the new agency would prepare and administer the Area Plan, and maintain continuity of existing services;
 - (B) Description of anticipated services;
 - (C) Time table for preparing and submitting the Area Plan to the Division for review and approval, including one or more public hearings on the proposed plan, conducted within the service delivery area;
 - (D) A narrative describing how the new agency intends to:
 - (i) Assess the kinds and levels of services needed by older persons in the area, and how these findings will be integrated into the planning process;

- (ii) Develop and publish methods for establishing priorities for services;
 - (iii) Assure that older persons in the area have reasonably convenient access to information and referral services; and
 - (iv) Indicate how preference in the delivery of services will be provided to older persons with the greatest social and economic need; i.e., low income, minorities, socially isolated, and persons at risk of institutionalization; and
 - (E) Include any necessary interagency agreements that affect the operation of the Area Agency on Aging, including an agreement with any Division offices located within the local service delivery area.
- (c) Advocacy Functions -- An Area Agency on Aging must serve as the advocate and focal point for older persons in the area. The applicant shall explain how the following matters will be accomplished:
- (A) Monitoring, evaluating, and commenting on policies, program, hearings, levies, and community actions affecting older persons;
 - (B) Conduct public hearings on the needs of older persons;
 - (C) Represent the interests of older persons to public officials, public and private agencies or organizations;
 - (D) Carry out activities in support of the State-Administered Long-Term Care Ombudsman Program; and
 - (E) Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons. Type A Area Agencies on Aging will coordinate with the local Multi Service Office in the Planning and Service Area to insure there is coordination of programs administered by each entity.
- (d) Fiscal Functions -- As recipients of state and federal funds, Area Agencies on Aging must establish adequate financial management systems and comply with acceptable accounting practices and procedures. Specifically, the applicant shall provide the following evidence:
- (A) A plan for funding start-up costs;
 - (B) A detailed first-year budget of projected revenue and expenses;
 - (C) A general ledger that sets forth accounting of all grant income, in-kind income, program income, other cash income, and related expenses by categorical grant; and

- (D) Written financial policies that cover, as a minimum:
 - (i) Method for allocating direct and indirect expenses to grants; and
 - (ii) A check approval procedure to provide sufficient control over transactions.
- (e) Board Functions -- To carry out its overall responsibilities and conduct business, an Area Agency on Aging must have a board of directors (or equivalent policymaking body in a governmental entity). In documenting this action, the following shall be submitted for review:
 - (A) Articles of incorporation, if applicable;
 - (B) Bylaws, if applicable, which include a description of how members are selected, and terms of service;
 - (C) Policy statement for monitoring and supervising activities of staff;
 - (D) Method by which recommendations of the advisory council will be considered in policy and decision-making processes; and
 - (E) Method of providing opportunities for older persons representing the general public to express their views on matters of policy and program.
- (f) Advisory Council Functions -- An Advisory Council shall be established to provide a way of obtaining formal opinions and recommendations from the senior population in the area. Toward ensuring that this step will be taken, the applicant shall prepare preliminary materials on the following:
 - (A) Intended composition of the Advisory Council and timetable for making the initial appointments;
 - (B) Frequency of Advisory Council meetings;
 - (C) Expectations for staff support to the Advisory Council; and
 - (D) Copy of the bylaws of the Advisory Council as drafted by the applicant agency, specifying roles and functions of the Council.
- (g) Basic Service Delivery Requirements -- Area Agencies on Aging are required to meet basic service delivery requirements. The applicant must document capability to perform or provide for services, target specific populations, and provide assurances required by the Older Americans Act.
- (h) Management Control Functions -- An Area Agency on Aging must establish policies and procedures to accomplish program goals. Toward this end, the applicant shall submit a plan explaining the

following:

- (A) Methods by which the administration of the Area Plan will be coordinated with federal programs in the community that affect older persons;
- (B) Procedures for informing older persons of the availability of services under the Area Plan;
- (C) Tentative schedule seeking applicants to provide services under the Area Plan and entering into and monitoring contracts to provide these services. When it is necessary for the Area Agency to provide any of the services directly to assure an adequate level, it must be documented that no adequate contract provider is available;
- (D) Intention to contract with an independent auditor to conduct an annual financial and compliance audit;
- (E) The Area Agency on Aging must assure that any contractual providers also have an annual audit if required by federal law or rule; and
- (F) How local resources (cash and in-kind) will be developed to support program activities.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0130

Designation of a Type B1 Area Agency on Aging

(Effective 11/01/1999)

- (1) A designated Type B1 Area Agency on Aging shall meet the requirements of OAR 411-002-0110.
- (2) Notwithstanding OAR 411-002-0110(4), a designated Type B1 Area Agency on Aging shall be:
 - (a) An office or agency of a unit of general purpose local government which is designated by the Chief elected official of the unit to serve as an Area Agency; or
 - (b) Any office or agency designated by the appropriate chief elected officials of any combination of units of general or general and special purpose local government formed in accordance with ORS Chapter 190.
- (3) Designation as any category of Type B1 area agency on aging requires written notice to the Division at least six months prior to the proposed implementation of change of status. The Division will notify the Governor's Commission on Senior Services and the Oregon Disabilities Commission.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0140

Type B1 Area Agency on Aging Applicant Requirements

(Effective 11/01/1999)

- (1) It is the responsibility of the applicant to submit sufficient information and supporting documentation to allow the Division to make a decision on a type B1 designation.
- (2) Type B1 Area Agency on Aging applicant shall meet the requirements of OAR 411-002-0120 and the following additional requirements: Mandatory Functions-- An applicant must submit information that specifically addresses the mandatory functions required of a Type B1 Area Agency on Aging. These functions are outlined as follows:
 - (a) Staffing Functions -- A Type B1 area agency on aging must have an adequate number of qualified staff, including case management capability, to operate the Medicaid program for the elderly. Staffing patterns must be clearly identified for personnel who are assigned Medicaid program responsibility. Staffing must adhere to standards established by the Division.
 - (b) Planning Functions -- Type B1 Area Agencies on Aging are required to provide a plan describing how the agency intends to:
 - (A) Administer the Medicaid programs for the elderly in the PSA and how the Medicaid programs will be integrated into the overall service delivery system; and
 - (B) Assure that elderly Medicaid recipients in the area have reasonable access to information and services; and
 - (C) Include any necessary interagency agreements that affect the operation of the B1 Area Agency on Aging. The Type B1 Area Agency on Aging will coordinate with the local Disability Services Office(s) in its area to insure services that affect both the elderly and disabled occur in a timely and effective manner.
 - (D) Basic Service Delivery Requirements - B1 area agencies on aging are required to meet basic Medicaid service delivery requirements as required by the Division.
 - (E) Management Control Functions - B1 area agencies on aging must establish policies and procedures to accomplish Medicaid program goals as required by the Division.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0150

Designation and Requirements of Type B2

(Effective 11/01/1999)

A Type B2 Area Agency on Aging must meet the requirements of OAR 411-002-0110, 411-002-0120, 411-002-0130 and the following additional requirements: Mandatory Functions - All information submitted by the applicant must specifically address mandatory functions required of a B2 Area Agency on Aging. These functions are outlined as follows:

- (1) Staffing Functions -- B2 Area Agencies on Aging must have an adequate number of qualified staff, including case management, to operate the program for disabled Medicaid recipients.
- (2) Planning Functions -- B2 Area Agencies on Aging are required to develop and administer an Area Plan for a comprehensive and coordinated service delivery system in the Planning and Service Area. The applicant shall submit the following documentation:
 - (a) A plan describing how the new agency intends to:
 - (A) Assure the kinds and levels of services needed by disabled Medicaid recipients in the area, and how these findings will be integrated into the planning process; and
 - (B) Assure that disabled Medicaid recipients in the area have reasonable access to information and services; and
 - (b) Include any necessary interagency agreements that affect the operation of the Area Agency on Aging.
- (3) Disability Services Advisory Council Functions -- A disability Services Advisory Council will be established to provide a way of obtaining formal opinions and recommendations from the disabled population in the area. Toward ensuring that this step will be taken, the applicant shall prepare preliminary materials on the following:
 - (a) Intended composition of the Advisory Council and timetable for making the initial appointments;
 - (b) Frequency of Advisory Council meetings;
 - (c) Expectations for staff support to the Advisory Council;
 - (d) Copy of the bylaws of the Disability Services Advisory Council specifying roles and functions of the Council.
- (4) Basic Delivery Requirements -- B2 Area Agencies on Aging are required to meet basic service delivery requirements as required by the Division.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0155

State Employee Supervision in a Type B1 or Type B2 Contract

(Effective 06/06/2005)

GENERAL REQUIREMENTS

- (1) The Department of Human Services (the Department) and the AAA Contracted local government entities, in the best interest of the affected State employees, must collaborate and cooperate in the administration of state human resource policies. Communication regarding changes in the Department of Administrative Services (DAS) and the Department's human resource policies and procedures relating to State employee supervision as well as communication regarding the day-to-day supervision and management of State employees will be encouraged.
- (2) Both parties must comply with externally imposed Employment Relations Board (ERB) decisions, arbitration decisions, Equal Employment Opportunity Commission (EEOC), Workers' Compensation (WC), Americans with Disabilities Act (ADA), and other settlement decisions or agreements.
- (3) The Department will be the sole negotiator for employment related settlements for State employees.
 - (a) Type B1 or Type B2 Contract AAAs, which contract with the Department of Human Services for services of State employers, are required to manage employees in accordance with the Collective Bargaining Agreement between the SEIU, Local 503, Oregon Public Employees Union and Department of Administrative Services, and the Department.
 - (A) The Collective Bargaining Agreement, State and Federal laws, the Department of Administrative Services, and Department rules and policies relating to supervision of State employees must take precedent over Type B1 and Type B2 Contract AAA rules, policies or procedures.
 - (B) The Department must review any county or local government policies that will be applied to State employees to ensure compliances with State, Federal, DAS, and DHS policies for regulations.
 - (b) Type B1 or Type B2 Contract AAAs will be collaborative and must comply with the Department policies and decisions on matters of recruitment and retention of State employees. The Department is responsible for recruitment of all State employees, represented and management, and must jointly participate in the selection of all State

- supervisory and managerial employees. The Department maintains the final approval of the selection of State supervisory and managerial employees.
- (c) With the exception of the State Program Managers (see section f), all State employees must be managed, directed, supervised, and evaluated by State managers. The term supervision includes hiring, firing, disciplining, and setting performance expectations. State management employees must supervise only State employees.
 - (d) State employees working in a Type B1 or Type B2 Contract AAA are not considered employees of the AAA and are not entitled to any benefits from the AAA employee benefit packages. This includes vacation, holiday and sick leave, other leaves with pay, medical and dental coverage, life and disability insurance, overtime, Social Security, workers' compensation, unemployment compensation, and retirement funding. State employee benefit packages are determined by the Collective Bargaining Agreement, as referred to in (a) of this rule.
 - (e) State managers and State represented employees in a Type B1 or Type B2 Contract AAA are required to attend applicable Department program and management training and designated curriculum pertinent to the individual position. Such training is available to the local government Contract AAA Director.
 - (f) The State Program Manager in a Type B1 or Type B2 Contract AAA will report directly to both the AAA Director and the designated Field Services Manager in the Department as follows:
 - (A) The Department must sign as the reviewer for the performance appraisal of the Program Manager and direct subordinates. The Contract AAA Director must seek input from the designated Field Services Manager in the Department when preparing the State Program Manager's performance evaluation.
 - (B) The Contract AAA Director will prepare the State Program Manager's evaluation. Prior to discussion with the State Program Manager, the Contract AAA Director will have the Field Services Manager as reviewer. By signing as reviewer, the Field Services Manager concurs with the content of the performance appraisal. A performance appraisal will not be valid without both the Field Services Manager's signature and the Contract AAA Director's signature. If there is disagreement and consensus cannot be reached, the Assistant Director for Seniors and People with Disabilities at the Department will make a final determination on the content of the performance appraisal. The evaluation must

- reflect both the Contract AAA Director's and the Field Services Manager's assessment of the Program Manager's performance.
- (C) The State Program Manager must seek and incorporate input from both the Field Services Manager and the Contract AAA Director when preparing the performance evaluations of subordinate staff managers/supervisors. The Contract AAA Director and the Field Services Manager must both review the evaluation and both sign as reviewer.
- (g) The Department has final approval for all personnel actions taken related to State employees.
- (A) The Department is the appointing authority and has final approval for all personnel recommendations regarding State employees for the Type B1 or Type B2 Contract AAA. Approval will be granted when the Type B1 or Type B2 Contract AAA personnel recommendations are in compliance with all applicable statutes, rules, agency or department agreements and policies.
- (B) The Type B1 or B2 Contract AAA is to use only Department issued forms in conjunction with Department human resource policies for all administrative business with State employees.
- (h) All State employees working in a Type B1 or Type B2 Contract AAA are prohibited from participating professionally in a case involving a relative connected by blood relation, marriage, adoption, or part of an extended family. State employees are responsible for notifying the State Program Manager if a relative is receiving Medicaid, OAA, and/or OPI services from the Contract AAA. The State employee's Program Manager in such a situation will assure that the case is assigned to another employee, in another office if possible, who is not a relative and who will not be unduly influenced by the State employee who is a relative. The State Program Manager must provide the Department's Human Resource unit with a written statement that outlines the safeguards put in place to assure no undue influence will be asserted by the affected employee. The Department's Human Resource unit will be the final decision maker as to whether the safeguards are sufficient.
- (i) The Contract AAA Director and the Field Services Manager or designee must participate jointly in the selection of the State Program Manager.
- (A) The Department maintains the final approval of the selection of the State Program Manager.

- (B) The Contract AAA Director will be the State Program Manager's direct-report supervisor.
- (C) The State Program Manager is responsible for ensuring the Contract AAA complies with all state program and administrative policy rules and required procedures. It is the responsibility of the State Program Manager to first advise the Contract AAA Director and then the Field Services Manager if the State Program Manager believes he or she is being given work directions that are in violation of such policy or rules and required procedures. If the Field Services Manager and the Contract AAA Director cannot resolve the conflict, it will be referred to the Assistant Director for Seniors and People with Disabilities at the Department for a final determination as to which specific state policy interpretation will apply to the present situation.

Stat. Auth.: ORS 410

Stats. Implemented: ORS 410.210 – 410.300

OREGON ADMINISTRATIVE RULE 411-002-0160

Changing from a Type A or Type B1 AAA to a Type B2 AAA

(Effective 11/01/1999)

- (1) Type A or Type B1 Area Agencies on Aging may request to change their model of service delivery to a Type B2 Area Agency on Aging. The process for requesting the change is as follows:
 - (a) The AAA notifies the Division in writing of its interest in changing to a Type B2 AAA.
 - (b) The Division will inform the Governor's Commission on Senior Services, the Oregon Disabilities Commission and the local Disability Services Advisory Council and Senior Advisory Council and provide opportunity for local input.
 - (c) The AAA will provide notice to affected populations and constituencies at the local level of its intent to pursue a Type B2 model of service delivery.
 - (d) The AAA will involve affected stakeholders in the development of a process that includes identifying any issues of concern, a process to address these concerns, and the development of a service delivery plan.
 - (e) The AAA will hold public hearings within the local area during the planning process to receive comments and recommendations on the issues of concern and the service plan.
 - (f) The Senior Advisory Council and Disability Services Advisory Council will certify in writing that they have been involved in developing the plan.
 - (g) Once the plan has been approved by the Division, the operating level (office, division, or department of local jurisdiction) of the AAA will amend its name to reflect the inclusion of services to people with disabilities.
- (2) If the request for a change to an Area Agency on Aging designation is denied by the Division, the Area Agency on Aging may appeal the decision by following the procedures outlined in OAR 411-002-0110(7).

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0170

Withdrawal of Area Agency on Aging Designation

(Effective 11/01/1999)

- (1) In carrying out provisions of the Older Americans Act and ORS 410.100, the Division must withdraw the agency designation whenever it, after reasonable notice and opportunity for an Administrative Review and efforts at problem resolution have been exhausted, finds that:
 - (a) An area agency does not meet the requirements of 45 CFR 1321; or
 - (b) There is evidence of non-compliance with provisions of the Area Plan contract.
- (2) If the Division withdraws an Area Agency's designation under section (1) of this rule, it shall:
 - (a) Provide a plan for the continuity of services in the affected
 - (b) Planning and Service Area; and
 - (c) Designate a new Area Agency in the Planning and Service Area in a timely manner.
- (3) After its final decision to withdraw designation of an Area Agency and if necessary to ensure continuity of services in a Planning and Service Area, the Division may, for a period up to 180 days, and with approval of the Commissioner on Aging, an added 180 days:
 - (a) Perform the responsibilities of the Area Agency; or
 - (b) Assign the responsibilities of the Area Agency to another agency in the Planning and Service Area.

Stat. Auth.: ORS 410 & 45 CFR 1321

Stats. Implemented: ORS 410.210 - ORS 410.300

OREGON ADMINISTRATIVE RULE 411-002-0175

Methodology To Determine Budget Levels for Type B Area Agencies on Aging That Have Elected To Have Employment Transfer

(Effective 12/30/2004)

(1) Definitions:

- (a) A "Type B Transfer AAA" means a Type B Area Agency on Aging that has elected to have employees transferred to employment by the Area Agency by transfer agreement.
- (b) A "Title XIX funded position" means a position that is funded, in part, by Federal funds through Title XIX of the Social Security Act.
- (c) "SPD Allocated Positions" means the position categories allocated to SPD field offices. These are the categories of positions to be included for the Equity comparison.
- (d) "Annual OPE" means the benefit rate as calculated by DHS. The resulting rate is used to calculate the amount of OPE per type of position.
- (e) "Indirect Cost Rate" means the percentage rate used to calculate costs allocated to Type B Transfer AAA offices for indirect costs, including State Government Service Charges and Infrastructure Charges. An established indirect cost rate will not be amended in the middle of the biennium. The initial indirect cost rate is set at 17.78% of the sum of Salary and OPE expenses. The indirect cost rate will be re-based to be effective the first day of the first biennium after the Department of Administrative Services (DAS) changes rates that it publishes in its Price List.

(2) Each Type B Transfer AAA shall provide an updated staff report to DHS not later than January 31 each year. The Type B Transfer AAA shall provide the information that DHS requests in the form that DHS prescribes.

(3) The following steps will be used to calculate the annual budget for the Type B Transfer AAAs:

- (a) The updated staff report will be sorted to separate Title XIX funded positions from others. Positions that are not Title XIX funded are not included in the calculation.
- (b) SPD will publish a list of Title XIX funded job categories not later than January 15 each year.
- (c) The Title XIX funded positions are sorted by job category. Levels within a single job category are combined.
- (d) Average step in the salary range and average salary are calculated for

- each job category.
- (e) Management staffing will be added in the same ratio and at the same salary ranges that DHS would staff an SPD field office.
 - (f) Each Type B Transfer AAA will be afforded an opportunity to review the information derived in steps (a) through (d) above. Revisions may be made to the information as a result of that review.
 - (g) Reviewed information from steps (a) through (e) will be used to determine calculate average step in the salary range for each job category for each Type B Transfer AAA.
 - (h) An adjustment is made to equate the number of salary steps in the Type B Transfer AAA salary range for each job category to the DHS salary range for each job category.
 - (i) The adjusted average step in the salary range is used to determine the average DHS salary for each job category.
 - (j) The monthly salary is multiplied by 12 and converted to an average annual salary for each job category.
 - (k) The Annual OPE rate is multiplied by the average annual salary for each job category to produce the average annual OPE for each job category.
 - (l) The sum of the average annual salary and the average annual OPE for each job category is multiplied by the number of FTE determined in steps (a) through (e) above. The product is the Total Annual Salary Plus OPE to be used in determination of the budget level.
 - (m) The Total Annual Salary Plus OPE is multiplied by the Indirect Cost Rate to determine aggregate annual indirect costs.
 - (n) The DHS standard Services and Supplies costs for field office employees is multiplied by the number of FTE to determine aggregate Services and Supplies (S&S) costs.
 - (o) The total annual Type B Transfer AAA annual budget level is the sum of (Total Annual Salary Plus OPE) + (aggregate annual indirect costs) + (aggregate S&S costs).
- (4) The total annual Type B Transfer AAA annual budget level determined above will be reduced by 5%.
- (5) DHS will use the methodology outlined in Sections (3) and (4) above when determining funding levels to recommend to the Governor for the Type B Transfer AAAs.
- (6) Notwithstanding Section (5), in determining the funding levels of Type B Transfer AAAs to recommend to the Governor for the 2005-2007 biennium, DHS shall reduce the total annual Type B Transfer AAA annual budget level by 8%.

OREGON REVISED STATUTE 182.162 – 182.168

Relationship of State Agencies with Indian Tribes

Definitions

As used in ORS 182.162 to 182.168:

- (1) “State agency” has the meaning given that term in ORS 358.635.
- (2) “Tribe” means a federally recognized Indian tribe in Oregon. [2001 c.177 §1]

OREGON REVISED STATUTE 182.164

State agencies to develop and implement policy on relationship with tribes; cooperation with tribes

- (1) A state agency shall develop and implement a policy that:
 - (a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.
 - (b) Establishes a process to identify the programs of the state agency that affect tribes.
 - (c) Promotes communication between the state agency and tribes.
 - (d) Promotes positive government-to-government relations between the state and tribes.
 - (e) Establishes a method for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under this section.
- (2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.
- (3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110.

[2001 c.177 §2]

Note: See note under 182.162.

OREGON REVISED STATUTE 182.166

Training of state agency managers and employees who communicate with tribes; annual meetings of representatives of agencies and tribes; annual reports by state agencies

(1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.

(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.

(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under ORS 182.162 to 182.168. The report shall include:

(a) The policy the state agency adopted under ORS 182.164.

(b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(c) The process the state agency established to identify the programs of the state agency that affect tribes.

(d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.

(e) A description of the training required by subsection (1) of this section.

- (f) The method the state agency established for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under ORS 182.164.

[2001 c.177 §3]

Note: 182.162 to 182.168 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 182 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

OREGON ADMINISTRATIVE RULE 411-032-000

OREGON PROJECT INDEPENDENCE

Definitions

For purposes of these rules:

(1) "Activities of Daily Living" (ADL) means those personal functional activities required by an individual for continued well-being, health and safety. This includes eating, dressing/grooming, bathing/personal hygiene, mobility, bowel and bladder management, and cognition.

(2) "Administrative Costs" means those expenses associated with the overall operation of the Oregon Project Independence (OPI) Program that are not directly attributed to a service. These costs can include, but are not limited to, costs associated with accounting services, indirect program costs, facility expenses, etc.

(3) "Adult Day Care" means a structured comprehensive program designed to meet the needs of functionally and/or cognitively impaired adults. Adult day care provides individually planned care, supervision, social and related support services, and health monitoring in a protective setting during any part of a day, but less than 24-hour care.

(4) "Advisory Council" means an advisory council of the authorized agencies.

(5) "Alzheimer's Disease and Other Related Disorders" means a progressive and degenerative neurological disease that is characterized by dementia including the insidious onset of symptoms of short-term memory loss, confusion, behavior changes and personality changes. It includes dementia caused from any one of the following disorders:

(a) Multi-Infarct Dementia (MID);

(b) Normal Pressure Hydrocephalus (NPH);

(c) Inoperable Tumors of the Brain;

(d) Parkinson's Disease;

(e) Creutzfeldt-Jakob Disease;

(f) Huntington's Disease;

(g) Multiple Sclerosis;

(h) Uncommon Dementia such as Pick's Disease, Wilson's Disease, and Progressive Supranuclear Palsy; or

- (i) All other related disorders recognized by the National Alzheimer's Association.
- (6) "Area Agency" means the agency designated by the Department as an Area Agency on Aging that is charged with the responsibility to provide a comprehensive and coordinated system of services to the elderly and possibly the disabled in a planning and service area. For purposes of these rules, the term "Area Agency" (AAA) is inclusive of both Type A and B Area Agencies on Aging as defined in ORS 410.040 to 410.350.
- (7) "Area Plan" means the approved plan for providing authorized services under Oregon Project Independence.
- (8) "Assisted Transportation" means escort services that provide assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
- (9) "Authorized Service" means any service designated by the Department and these rules to be eligible for Oregon Project Independence funding.
- (10) "Case Management" means a service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: entry, assessment, service implementation, and evaluation. Case management services will be provided in accordance with OAR 411-030-0050.
- (11) "Case Management Costs" means those expenses associated with individualizing and integrating social and health care options for or with a person receiving a service. Cost elements should include time spent with the client, travel to and from a client's home, mandated training time, case recording, reporting, time spent arranging for and coordinating services for the client, supervision and staffing time related to a client, and time spent in the initial assessment of a person who does not become an OPI client.
- (12) "Case Manager" means a person who ensures client entry, assessment, authorization of service, service planning, service implementation, and evaluation of the effectiveness of the services.
- (13) "Chore Service" means assistance with heavy housework, yard work or sidewalk maintenance for persons who need assistance with these activities to assure safety.
- (14) "Client" means the individual eligible for Oregon Project Independence services.

(15) "Client-Employed Provider Program" (CEP) refers to the program wherein the provider is directly employed by the client and provides hourly services. In some aspects of the employer/employee relationship, the Department of Human Services acts as an agent for the client-employer. These functions are clearly described in OAR chapter 411, division 031.

(16) "Client's Adjusted Income" means the income for all household members after deductions for household medical expenses as defined in OAR 411-032-0020(5).

(17) "Contracted In-Home Care" means a service provided through a contractor, that consists of minimal or substantial assistance with activities of daily living and self-management tasks. Clients that require full assistance with eating may also utilize contracted in-home care.

(18) "Contracted In-Home Care Agency" means an incorporated entity or equivalent, licensed in accordance with OAR 333-536-0000 through 333-536-0095 that provides hourly contracted in-home care to clients of the Department or Area Agency on Aging.

(19) "Contracted In-Home Care Specialist" means an employee of the contract agency who has recognized capability to provide the in-home care service tasks authorized for clients they serve.

(20) "Department of Administrative Services" means the Department of Administrative Services for the State of Oregon.

(21) "Department" means the Oregon Department of Human Services, Seniors and People with Disabilities, unless otherwise specifically defined.

(22) "Department of Revenue" means the Oregon Department of Revenue.

(23) "Diagnosed" means, for purposes of these rules, that the client's physician has reason to believe and indicates that the client has Alzheimer's Disease or a Related Disorder.

(24) "Direct Service Costs" means those expenses for direct labor that are attributable to a client-related service. For example, the direct service cost of home care is the cost of time actually spent providing home care services in the home. Other direct service costs are those that are directly attributable to a client-related function.

(25) "Eligibility Determination" means the process of deciding if a prospective client meets the requirements necessary to receive authorized services under Oregon Project Independence.

(26) "Exception or Variances" means that an agency or individual contractor or subcontractor is not required to meet one or more specific requirements of these rules.

(27) "Fiscal Records and Data" means all information pertaining to the financial operation of an agency or program.

(28) "Gross Income" means household income from salaries, interest and dividends, pensions, Social Security, railroad retirement benefits, and any other income prior to any deductions.

(29) "Health Services" means the Department of Human Services, Health Services.

(30) "Home Care or Homemaker Services" means all those ADL or IADL in-home services, requiring minimal to substantial assistance, necessary to help clients achieve the greatest degree of independent functioning.

(31) "Homecare Worker" means a provider, as described in OAR 411-030-0020 and OAR 411-031-0040, who is directly employed by the client via the Client Employed Provider Program, and who provides hourly services to eligible clients.

(32) "Home Delivered Meal" means a meal paid from OPI funds and delivered to a client who is receiving at least one additional OPI service, excluding Case Management.

(33) "Home Health Agency" means a licensed (in accordance with OAR 333-027-0000 through 0170), public or private agency providing coordinated home health services on a home visiting basis. Home health agencies provide skilled nursing services in at least one of the following therapeutic services: Physical therapy; Occupational therapy; Speech Therapy; or Home health aid services.

(34) "Home Health Service" means items and services furnished to an individual by a home health agency, or by others under arrangement with such agency, on a visiting basis in a place of temporary or permanent residence used as the individual's home for the purpose of maintaining that individual at home.

(35) "Household" means the client, spouse and any dependents as defined by the Internal Revenue Service.

(36) "Hourly Services" means the in-home services, including activities of daily living and self-management tasks, that are provided at regularly scheduled times. None of these hours are exempt from federal or state minimum wage or overtime laws.

(37) "In-Direct Cost" means

(a) Incurred for a common or joint purpose benefiting more than one cost objective, and

(b) Not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. The term "indirect cost," as used herein, applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services, and facilities. To facilitate equitable distribution of indirect expenses, to the cost objectives served, it may be necessary to establish a number of pools of indirect costs. Indirect cost pools should be distributed to benefited cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

(38) "In-Home Services" means those services that assist a client to stay in his/her own home.

(39) "Institutions" means any state, community or private hospital and any nursing facility.

(40) "Instrumental Activities of Daily Living (IADL)" means those self-management activities, other than activities of daily living, required by an individual to continue independent living; i.e., medication and oxygen assistance (except for administering medications, making judgments regarding dosage of prescription medications, and adjusting oxygen levels), providing transportation, preparing meals, shopping, housekeeping, paying bills and performing banking functions.

(41) "Personal Care Service" means in-home services provided to maintain, strengthen, or restore an elderly individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires substantial assistance, and one or more of the following conditions exist:

(a) Medical instability;

(b) Potential for skin breakdown or pressure ulcers;

(c) Multiple health problems or frailty with a strong possibility of deterioration; or

(d) Potential for increased self-care, but client instruction and support are needed to reach goals.

(42) "Program Records and Data" means any information of a non-fiscal nature.

(43) "Program Support Costs" means those expenses associated with managing the services provided either through contract or directly by the Area Agency on Aging, that are attributable to a specific service.

- (44) "Provider" means the individual who actually renders the service.
- (45) "Provider Enrollment" means a Homecare Worker's authorization to work as a provider employed by the client, for the purposes of receiving payment for authorized services provided to the Department clients. Provider enrollment includes issuance of a provider number.
- (46) "Provider Number" means an identifying number, issued to each Homecare Worker or Contract In-Home Service Agency, who is enrolled as a provider through the Department.
- (47) "Provider Payments Unit" means the Seniors and People with Disabilities unit responsible for processing provider number requests.
- (48) "Registered Nurse Services" mean services provided by a registered nurse on a short-term or intermittent basis that include but are not limited to: interviewing the client and, when appropriate, other relevant parties; assessing the client's ability to perform tasks; preparing a care plan that includes treatment needed by the client; monitoring medication; training and educating care providers; and setting realistic goals and outcomes for the client.
- (49) "Respite" means paid temporary services to provide relief for families or other caregivers. In-home and out-of-home respite care may be provided on an hourly or daily basis, including 24-hour care for several consecutive days. Range of tasks to be provided may include: supervision, companionship and personal care services usually provided by the primary caregiver of the disabled adult. Services appropriate to the needs of individuals with dementing illnesses are also provided.
- (50) "Self Management" means those activities, other than activities of daily living, as described under Instrumental Activities of Daily Living in 411-032-0000(40).
- (51) "Seniors and People with Disabilities" means Seniors and People with Disabilities of the Department of Human Services.
- (52) "Service Provider" means any agency or program that provides one or more authorized services under Oregon Project Independence.
- (53) "Service Determination" means the process of determining the proper authorized service for each client.
- (54) "Service Need" means those functions or activities with which the client requires the Department or Area Agency on Aging support.
- (55) "Service Priority" means the order in which the Department clients are found eligible for the Oregon Project Independence program.
- (56) "Substitute Care" means services provided by adult foster homes, residential

care facilities and specialized living facilities.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.410

Hist.: SSD 11-1984, f. 11-30-84, ef. 12-1-84; SSD 6-1987, f. & ef. 7-1-87; SSD 12-1988, f. & cert. ef. 12-2-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD 11-1993, f. 12-30-93, cert. ef. 1-1-94; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSD 7-1999, f. 6-30-99, cert. ef. 7-1-99; SDSD 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0001

Goals

The goals of Oregon Project Independence are to:

- (1) Promote quality of life and independent living among older persons;
- (2) Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
- (3) Provide services to frail and vulnerable older adults who are lacking or have limited access to other long-term care services; and
- (4) Optimize older individuals' personal and community support resources.

Stat. Auth.: ORS 410

Stats. Implemented: ORS 410.420

Hist.: SSD 12-1988, f. & cert. ef. 12-2-89; SDSD 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0005

Administration

- (1) Advisory Council: Each area agency will show evidence that the advisory council of the area agency, and the community were involved in the identification of need, selection of services to be offered, and the development of the Area Plan.
- (2) Area Plan:
 - (a) Each area agency will submit an Area Plan by a date specified and on forms provided by the Department.
 - (b) The Area Plan must, at a minimum, contain:
 - (A) The types and amounts of authorized services to be offered;

- (B) The costs of these services;
- (C) How the agency will ensure timely response to inquiries for service;
- (D) How clients will receive initial and ongoing periodic screening for other community services, including Medicaid;
- (E) How eligibility will be determined;
- (F) How the services will be provided;
- (G) The agency policy for prioritizing OPI service delivery;
- (H) The agency policy for denial, reduction or termination of services;
- (I) The agency policy for informing clients of their right to grieve adverse eligibility, service determination decisions, and consumer complaints;
- (J) How fees for services will be developed, billed, collected and utilized;
- (K) The agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived; and
- (L) How service providers will be monitored and evaluated.

(3) Contracts:

(a) Contracts between the Department and Area Agencies on Aging for Oregon Project Independence will be effective each year on July 1, unless otherwise agreed to by the Department. These contracts will be based on the Area Plan and must, at a minimum, contain:

- (A) A budget showing the amounts of Oregon Project Independence funds;
- (B) The types of authorized services to be offered;
- (C) The stipulation that contracted authorized services will be in accordance with the standards and requirements provided in these rules, and in accordance with the In-Home Services Rules (OAR chapter 411, divisions 030 and 031 and OAR 411 division 015), and, if applicable, in accordance with the In-Home Care Agencies Rules (OAR chapter 333, division 027);
- (D) The stipulation that required data will be gathered, reported and monitored in accordance with these rules and the Department;
- (E) A section pertaining to general provisions as required by the Department of Administrative Services;
- (F) A provision that area agencies will submit service provider contracts and amendments to the department upon request from the Department; and

(G) Fee for service schedules developed in accordance with these rules.

(b) Contracts between Area Agencies on Aging and service providers will be signed and kept on file by the area agencies for not less than three years for all services funded through Oregon Project Independence. The contracts must, at a minimum, contain:

(A) A budget or a maximum amount of Oregon Project Independence funds, as well as all other resources devoted to Oregon Project Independence under the contract;

(B) The types and amounts of authorized services to be offered and the rate per unit for each authorized service;

(C) The stipulation that authorized services will be offered in accordance with the standards and requirements provided in these rules, and in accordance with the In-Home Services Rules, OAR chapter 411, divisions-030 and 31 and OAR chapter 411 division 015, and, if applicable, in accordance with the In-Home Care Agencies Rules, OAR chapter 333, division 027;

(D) The stipulation that required data will be gathered and reported in accordance with these rules and the Department; and

(E) A section pertaining to general provisions as required by the Department of Administrative Services.

(c) All contracts as described in this rule can be amended with the consent of both parties.

(d) All contracts as described in this rule will contain provisions for cancellation of the contract for non-performance and violation of the terms of the contract.

(4) Personnel Practices and Procedures:

(a) Each area agency and service provider will maintain written personnel policies.

(b) The personnel policies will contain all items required by state and federal laws and regulations, including such items as:

(A) An affirmative action plan; and

(B) Evidence that the area agency and service provider are equal opportunity employers.

(C) Each area agency and service provider will maintain a personnel record on each employee.

(5) Non-Compliance:

- (a) Non-compliance to these rules, except in those cases where an exception or variance has been granted by the Department may result in a reduction or termination of Oregon Project Independence funding;
- (b) The determination of the amount of reduced funding will be made by the administrator of the Department;
- (c) Any funds that are either reduced or terminated from a funding grant will be reserved by the Department for redistribution at its discretion. At the end of the biennium, unexpended funds will be returned to the State General Fund.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.420, ORS 410.450 & ORS 410.460

Hist.: SSD 11-1984, f. 11-30-84, ef. 12-1-84; SSD 12-1988, f. & cert. ef. 12-2-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD 11-1993, f. 12-30-93, cert. ef. 1-1-94; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSD 7-1999, f. 6-30-99, cert. ef. 7-1-99; SDSD 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0010

Authorized Services and Allowable Costs

(1) Authorized Services:

(a) Oregon Project Independence funds will only be expended for administration and direct service for the following authorized services:

(A) Homemaker (Home Care);

(B) Chore;

(C) Assisted Transportation (Escort);

(D) Home Health;

(E) Personal Care;

(F) Adult Day Care;

(G) Respite;

(H) Case Management;

(I) Registered Nurses;

(J) Home Delivered Meals, only when an individual also receives other OPI funded services, excluding case management; and

(K) Other services authorized by the administrator of the Department or his/her designee.

(b) Home health services will meet the standards and requirements of the Home Health Agencies Rules (OAR chapter 333, division 027) and can only be offered through a home health agency licensed by the Department of Human Services, Health Services.

(c) Services provided by an In-Home care agency will meet the standards and requirements of In-Home Care Agencies under ORS 443.305 to 443.350 and OAR chapter 333 division 536, and can only be offered through a home care agency licensed by the Department of Human Services, Health Services.

(d) Services provided by a Homecare Worker will meet the standards and requirements of the Home Care Commission under ORS 410.600 to 410.614 and OAR chapter 411, division 031.

(e) Services provided using the Client Employed Provider Program should meet the standards and requirements of chapter 411, division 030.

(f) Area Agencies on Aging will not directly provide authorized services to clients, unless they are providing such services on the effective date of these rules, or unless direct provision is required to assure an adequate supply of service. Those area agencies already providing direct services will not be required to seek a variance or exception as defined in these rules. Those providers who are direct providers of services are required to meet any regulatory and licensing requirements in accordance with applicable law and rules. The provision of authorized services will be contracted to service providers by area agencies.

(2) Computation of Allowable Costs -- Allowable costs by area agencies are those associated with the direct provision of services to clients and such administrative costs as may be required to assure adequate services and to provide information to the Department.

(3) Administrative Costs -- Administrative costs will not exceed ten percent of Oregon Project Independence funds.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.420 & 410.460

Hist.: SSD 11-1984, f. 11-30-84, ef. 12-1-84; SSD 6-1987, f. & ef. 7-1-87; SSD 12-1988, f. & cert. ef. 12-2-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD 11-1993, f. 12-30-93, cert. ef. 1-1-94; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSD 9-2002(Temp), f. & cert. ef. SPD 11-2003, f. & cert. ef. 5-2-03 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0015

Data Collection, Records, and Reporting

(1) Data Collection:

(a) The collection of required program and fiscal data associated with Oregon Project Independence will be on forms and data systems as approved by the Department.

(b) Each area agency and service provider will collect data as required by the Department on eligible clients receiving authorized service.

(c) All authorized service data collected on individual clients, supported by Oregon Project Independence, will contain the client's Social Security Number and date of birth.

(d) For clients under the age of 60, documentation will be placed in the client's file that the client has been diagnosed as having Alzheimer's Disease or other related disorder. Documentation must come verbally or in writing from the client's physician. The type of "other related disorder" will also be specified in this documentation.

(2) Records:

(a) Each area agency and service provider will maintain all books, records, documents and accounting procedures that reflect all administrative costs, program support costs, direct service costs, and case management costs expended on Oregon Project Independence. These records will be retained for not less than three years.

(b) These records will be made available upon request to representatives from the Department, or to those duly authorized by them.

(3) Fiscal and Program Reporting:

(a) Fiscal and program reports will be completed on forms provided by the Department.

(b) Fiscal and program reports will be submitted to the Department by the specified due dates.

(c) Fiscal/Program reports must, at a minimum, include:

(A) Current cumulative expenditures;

(B) Cost per unit of authorized service;

(C) Administrative costs;

- (D) Program support costs;
 - (E) Case management costs;
 - (F) Direct service costs;
 - (G) The amount of fee for service assessed, billed, expended and collected and other funds received;
 - (H) Number of unduplicated clients year to date served for each authorized service year to date, and unduplicated case count year to date;
 - (I) Number of units of service for each authorized service; and
 - (J) Demographic, social, medical, physical, functional, and financial data, including a breakdown of the income levels of OPI clients, on individual clients as required by the Department on the SPD Client Assessment/Planning System (CA/PS) and in Oregon ACCESS database.
- (4) Confidentiality The use or disclosure by any party of any information concerning a recipient or client of authorized services described in these rules, for any purpose not directly connected with the administration of the responsibilities of the Department, area agency or service provider is prohibited except with written consent of the recipient, or their legal representative. Disclosure of client or recipient information will meet Department requirements.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.470 & ORS 410.480

Hist.: SSD 11-1984, f. 11-30-84, ef. 12-1-84; SSD 6-1987, f. & ef. 7-1-87; SSD 12-1988, f. & cert. ef. 12-2-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSA 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0020

Eligibility and Determination of Services

(1) Eligibility:

(a) In order to qualify for services from an area agency or service provider, each client or recipient must:

(A) Be 60 years old or older; or be under 60 years of age and be diagnosed as having Alzheimer's Disease or a related disorder;

(B) Not be receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare

Beneficiary Programs; and

(C) Meet the requirements of the Long-Term Care Services Priority Rule, OAR 411, division 015.

(b) Eligibility determination will be required before any client may receive services from an area agency or service provider. The documentation required by OAR 411-032-0015(1)(d) must be obtained before a client under the age of 60 may be determined to be eligible.

(c) Eligibility determination will be the responsibility of the area agency. In those instances when eligibility determination is performed by an agency other than the area agency, the area agency will have in place a system for evaluating the eligibility determination process, including an independent review by the area agency of a representative sample of cases.

(d) Any person residing in a nursing facility, assisted living facility, residential care facility, or adult foster care setting will not be eligible for authorized services. This will not restrict the ability to move a client from such institutions to their home to receive care, when judged more appropriate, based on medical, financial, physical, functional, and social considerations.

(e) The Department will determine the factors that constitute a client being at risk of institutionalization. These factors are currently defined in the Long-Term Care Services Priority Rules, OAR Chapter 411, division 015. These factors will be utilized by each area agency and service provider.

(f) Applicants will receive written notification of eligibility determination.

(2) Determination of Services:

(a) Determination of services will rest with the area agency. In those instances when determination of services is performed by an agency other than the area agency, the area agency will have in place a system for evaluating the determination of service process, including an independent review by the area agency of a representative sample of cases.

(b) The determination of services will be based on each client's financial, physical, functional, medical, and social need for such services and in accordance with OAR chapter 411 division 015.

(c) Determination of services provided under Oregon Project Independence will be limited to the authorized services allowed by these rules.

(d) The determination of services will be made:

(A) After eligibility determination; and

(B) At regular intervals but not less than once every twelve months.

(e) Clients will receive written notification of determination of services:

(A) Notice will include the maximum monthly hours of service authorized, the hourly and maximum monthly client fee, the service rate, and provider contact information.

(B) Written service notification will be provided to the client upon initial determination of services, at annual reassessment and when there are changes to the determination of services.

(3) Priority of Services:

(a) Eligible clients will receive authorized services on a priority basis, with highest priorities receiving services first.

(b) Area Agencies on Aging may establish local priorities for service authorization. This rule will take precedence over local priorities. Local priorities will not conflict with this rule.

(c) Priority for authorized services will be:

(A) Maintaining clients already receiving authorized service as long as their condition indicates the service is needed.

(B) Clients who will immediately be placed in an institution if needed authorized services are not provided and meet the Long-Term Care Services Priority Rules, OAR chapter 411, division 015.

(C) Clients who are probably to be placed in an institution if needed authorized services are not provided.

(4) Appeals: Persons for whom services are denied, disallowed, or reduced through eligibility determination or service determination will be entitled to request review of the decision through the Area Agency on Aging grievance review procedure, set forth in agency policy.

(a) Clients will continue to receive services until the disposition of the local agency grievance review.

(b) The Area Agency will provide the applicant with written notification of the grievance review determination decision.

(c) Applicants that disagree with the results of the Area Agency grievance review have a right to an Administrative Review with the Department of Human Services, Seniors and People with Disabilities, pursuant to ORS Chapter 183. This information will be provided to the applicant in a written notification at the time of

the grievance review decision.

(d) Applicants requesting an Administrative Review from the Department will not be eligible for continued services through Oregon Project Independence.

(e) All persons, including those who may have previously been terminated from Oregon Project Independence, have the right to apply for OPI services at any time.

(5) Fee for Services:

(a) The Department will establish a fee for service schedule. The schedule will be applied to each client for all OPI services except Home Delivered Meals and Case Management.

(b) A recommended donation will be established for OPI-funded Home Delivered Meals and implemented in the same manner as for the Older Americans Act meal programs.

(c) A minimum income level and fee for service schedule will be established and reviewed annually by the Department after consulting with the Governor's Commission on Senior Services.

(d) Fees for service will be charged based on a sliding fee schedule to all clients whose annual income exceeds the minimum, as established by the Department.

(e) Area agencies will develop procedures for assessing, billing, collecting, and expending fees.

(f) The fee for service schedule will be applied to the local rate specific to the service and the type of provider for the client.

(g) For purposes of these rules, a client's gross annual income will include:

(A) Salaries from the household;

(B) Interest and dividends from the household;

(C) Pensions, annuities, Social Security, and railroad retirement benefits from the household; and

(D) Any other income from the household.

(h) All medical costs including prescription drugs that are the responsibility of the household, may be deducted from the client's gross annual income.

(i) Fees for service will be used to expand services under Oregon Project Independence. Expansion of services will be limited to services authorized in OAR 411-032-0010(1)(a) as identified in the agency's area plan.

(j) A record of all fees for service will be kept by each area agency and reported monthly to the Department.

(A) Fee for service determination forms will be a part of each client case record.

(B) Fee for service determination forms will meet minimum requirements for documentation, as defined by the Department.

(C) The maximum monthly authorized fee will be recorded on each client's Oregon ACCESS record upon initial service determination and at least annually thereafter, at time of reassessment.

(D) Clients will receive written notification of the hourly and maximum monthly authorized fee upon initial service determination and whenever there is a change.

(k) Nothing in these rules will prevent any client of Oregon Project Independence, or client's family, from making a donation or contribution. Such donations will also be used to expand services under Oregon Project Independence. Expansion of services will be limited to services authorized in OAR 411-032-0010(1)(a) as identified in the agency's area plan.

(1) The decision to terminate Oregon Project Independence services for non-payment of assessed fees for service will be the responsibility of the local area agency.

(A) The Area Agency will establish a written policy addressing client non-payment of fees to be reviewed and approved in the agency area plan.

(B) Clients will be given a copy of the agency policy pertaining to client non-payment of fees upon initial eligibility determination.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.430 & ORS 410.450

Hist.: SSD 11-1984, f. 11-30-84, ef. 12-1-84; SSD 12-1988, f. & cert. ef. 12-2-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD 11-1993, f. 12-30-93, cert. ef. 1-1-94; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSD 7-1999, f. 6-30-99, cert. ef. 7-1-99; SDSD 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

411-032-0044

Fee for Service Schedule

(1) Fees start at the federal poverty level net monthly income and increase by approximately \$25 income increments up to 200% of the federal poverty level. Families with net monthly incomes over 200% of the federal poverty level will pay

the full hourly rate of services provided. The Department, after consultation with the Governor's Commission on Senior Services, will develop and publish a fee schedule for services based on the federal poverty level and distribute the schedule to the area agencies once a year.

(2) Maximum monthly fees will not be greater than 30% of net monthly income for a family of one, and 40% of net monthly income for families of two or more.

(3) Area agencies and providers will not be required to make a second attempt to collect Oregon Project Independence fees for service of less than \$5.00 per month.

Stat. Auth.: ORS 410.470

Stats. Implemented: ORS 410.470

Hist.: SSD 15-1985, f. 12-31-85, ef. 1-1-86; SSD 9-1988, f. & cert. ef. 8-1-88; SSD 13-1989, f. & cert. ef. 9-1-89; SSD 19-1989(Temp), f. 12-29-89, cert. ef. 1-1-90; SSD 5-1990, f. & cert. ef. 2-1-90; SSD-11-1990(Temp), f. & cert. ef. 4-27-90; SSD 17-1990, f. & cert. ef. 8-20-90; SSD 11-1991, f. & cert. ef. 6-14-91; SSD 11-1993, f. 12-30-93, cert. ef. 1-1-94; SSD 3-1997, f. 11-28-97, cert. ef. 12-1-97; SDSD 9-2002(Temp), f. & cert. ef. 11-1-02 thru 4-29-03; SPD 11-2003, f. & cert. ef. 5-2-03; SPD 18-2004, f. & cert. ef. 5-28-04

SECTION SIX
RESOURCE ALLOCATION PLAN



SECTION SIX

OREGON'S RESOURCE ALLOCATION PLAN

Background

The Older Americans Act, at 42 USC 3025, and implementing regulations, at 45 CFR 1321.37, require the State Unit on Aging, after consultation with all area agencies in the state, to develop and use an intrastate funding formula for allocating funds to area agencies. The State Unit on Aging is obliged to review this funding formula each time it develops a new State Plan on Aging.

Purpose

The purpose of the intrastate funding formula is to provide equitable funding to ensure quality services to older Oregonians; preference given to providing services to low-income minority individuals with the greatest economic and social needs, and older Oregonians residing in rural areas.

Goals

In satisfying the requirements of the OAA and the regulations, the intrastate funding formula is intended to meet these goals:

- Ensure equal access to the system by eligible persons
- Apply all requirements objectively
- Correlate services to need
- Address both prevention and intervention in allocating resources

Targeting populations

The OAA defines *greatest economic need* as that resulting from an income level at or below the poverty level established by the federal Office of Management and Budget. It defines *greatest social need* as that caused by non-economic factors that include physical and mental disabilities, language barriers, cultural or social isolation, geographic isolation—including that caused by racial or ethnic status—that restricts an individual's ability to perform normal daily tasks or that threatens the individual's capacity to live independently. From these two definitions can be extrapolated a definition of *low-income minorities*.

Rural is defined as any area that is not urban. *Urban* areas are a central place and adjacent densely settled territories with a combined minimum population of 50,000, or an incorporated place or census-designated place with 20,000 or more inhabitants.

Oregon's intrastate funding formula takes into account all of these factors. Its methodology entails:

- Weighing factors for poverty, minority, and rural older Oregonians in distributing state and federal funds to the districts. Poverty and minority factors are collected from US Census demographics. Funding targeted to rural populations is attained by providing additional funding based on land area formula
- Considering in each service area the number of older elders (75 years and older), who as a group are likely to be frailer, and to have greater socialization, medical needs and cognitive impairments than Oregonians in the 60-74 age group
- Acknowledging that a minimum level of funding is needed to support a viable service system in each area, regardless of the presence of other factors
- Assuring that area agencies pursue contracts for social services and congregate nutrition programs at sites nearest high concentrations of older Oregonians with the greatest economic and social need
- Assuring that area agencies target services to persons with physical impairments and mental disabilities by providing state funds for in-home services for frail older Oregonians
- Assuring that area agencies will spend each fiscal year for their Older Americans Act services to older persons in rural areas not less than the amount expended for those services in fiscal year 2000. In fiscal year 2000, 20.5% of OAA funds were expended on older individuals in rural Oregon. Annual planning allocations to rural communities for each year of this plan will be approximately \$2,350,000
- Assuring that area agencies, whether through direct or contracted-for service, will serve the estimated 6,600 low-income, low-income minority, and rural older Oregonians in proportion to their populations.

Intrastate funding formula

Oregon's Older Americans Act grant award and Oregon Project Independence appropriation are allocated to individual area agencies on aging based on a combination of a Base Amount formula, a Land Area formula, and a Population formula. OAA Sections 305(a)(2)(C) have been met, and criteria set forth in Sections 305(a)(2)(C)(i) and (ii) have been considered and factors weights in Oregon's funding formula are based upon the most current census data released.

The base amount formula allocates a predetermined amount to each area agency.

The land area formula allocates a percentage based on the agency's share of Oregon's total square mileage:

- 2.5 or 5% of Older Americans Act award after subtracting base amount
- 5% of Oregon Project Independence appropriation

The population formula bases an agency's percentage of the grant and allocation on the agency's share of four population factors of Oregon's total for each factor. The amount allocated based on population is the total amount less allocations for base amount and/or land area. The population factors are:

- population 60 years and older
- population 75 years and older
- minority population 65 years and older
- poverty population 65 years and older with incomes below 125% of federal poverty level
- population 70 years and older
- preventive health populations—75 years and older plus minority plus poverty —This is no longer in the law.

The method used to meet the needs for services in rural areas are percentages of the OAA allocation distribution is based upon each AAA share of Oregon's total square mileage. The land area formula is used in allocating Title III B, III E and VII funds. Each of Oregon's Type A AAA's are located in area defined as rural. OAA Administration funds are provided to each Type A as additional support for training opportunities. Funds are generally used for travel, lodging, meal per diem and training registration expenses. AAAs are expected to provide a match contribution for training expenses. Additionally Type A AAA's receive \$5,000 in Title XIX funds each biennium for outreach, information and assistance to older Oregonians who are likely eligible for Medicaid services.

Methods to meet the service needs of low-income minority older Oregonians begins with a calculation of minority and minority plus poverty for each AAA allocation. The number of minority older Oregonians was used in calculating the allocations for Title IIIB, IIIC, IIIE and VII. Minority plus poverty was the primary factor used in allocating Title IIID Preventive Health funds. Separate allocations are made for each of the seven Older Americans Act programs—supportive services, congregate meals, home delivered meals, family caregiver support, elder abuse prevention, preventive health, and Oregon Project Independence. The chart below demonstrates how the three formulas are used to allocate the available funds for the seven programs.

	Base Amount	Land Area	Population
Supportive Services	\$25,000	2.50%	a.-d.
Congregate Meals	Not Used	Not Used	a.-d.
Home Delivered Meals	Not Used	Not Used	a.-d.
Preventive Health *	\$1,500	Not Used	f.
Family Caregiver Support	Not Used	2.50%	c.-e.
Elder Abuse Prevention	\$500	2.50%	a.-d.
Oregon Project Independence	Not Used	5.00%	a.-d.

* Allocated only to AAAs which have at least one county identified as Medically Underserved.

Minimum Funding for Priority Services:

- Access.....18%
- Legal..... 3%
- In-Home.... 3%

2005 - 2007 PLANNING ALLOCATIONS FOR OAA AND OPI FUNDS

AAA	III B	III C-1	III C-2	III D	III E	VII B.	Total OAA	OPI
NWSDS	1,052,942	1,196,728	633,704	80,044	781,850	14,449	3,759,717	548,330
CCSS	636,032	700,974	371,188	43,150	431,243	8,857	2,191,444	319,486
CAT	131,724	94,298	49,934	8,268	58,504	2,067	344,795	43,847
MCADS	1,236,653	1,429,378	756,897	102,332	986,231	16,941	4,528,432	644,744
WCDAVS	665,907	739,485	391,581	43,527	456,766	9,259	2,306,525	334,530
OCWCOG	538,563	578,746	306,464	34,383	373,205	7,545	1,838,906	268,607
LCOG	718,058	794,014	420,455	51,588	519,908	9,960	2,513,983	366,871
DCSDSD	333,415	326,995	173,154	19,262	216,354	4,766	1,073,946	157,419
SCBEC	328,036	324,096	171,619	22,687	216,493	4,691	1,067,622	152,528
RVCOG	727,653	804,322	425,913	52,035	525,206	10,071	2,545,200	371,158
MCCOG	182,337	140,618	74,462	11,723	100,879	2,728	512,747	76,719
COCOA	381,736	379,303	200,852	20,176	238,547	5,416	1,226,030	186,507
KBSCC	191,352	155,831	82,517	11,438	114,718	2,789	558,645	92,783
KBSCC-Lake	53,971	43,952	23,274	3,226	32,356	787	157,566	26,170
CAPECO	216,976	185,950	98,467	14,212	126,786	3,200	645,591	94,308
CCNO-Grant	29,389	25,139	13,312	4,516	22,093	389	94,838	20,373
CCNO	195,672	153,326	81,191	12,586	111,342	2,908	557,025	85,608
HCSCS	92,938	32,000	13,552	2,006	33,238	1,532	175,266	31,968
MCOACS	141,994	83,811	44,381	8,765	72,029	2,173	353,153	57,588
TOTALS	7,855,348	8,188,966	4,332,917	545,924	5,417,748	110,528	26,451,431	3,879,544

SECTION SEVEN

PUBLIC HEARINGS AND COMMENTS

Summary and Locations

DHS, Seniors and People with Disabilities, State Unit on Aging sought public comment on the draft goals, objectives, and strategies and intrastate funding formula for the program years October 1, 2005 – September 30, 2009 during a 30 day public examination and comment period and six concurrent public hearings held as follows:

April 11, 2005
Douglas County Library
1409 NE Diamond Lake Blvd
Roseburg 97470

April 12, 2005
Klamath County Courthouse
316 Main Street
Klamath Falls 97603

April 15, 2005
Tillamook County Courthouse
201 Laurel Ave
Tillamook 97141

April 20, 2005
Multnomah County Commissioners Chambers
501 SE Hawthorne Blvd, Ste 600
Portland 97231

May 3, 2005
Department of Human Services Building
186 E Lane Ste 4
Ontario 97914

May 4, 2005
Union County Commissioners Chambers
1001 4th Street
La Grande 97850

Oral and Written Comment

The State Unit on Aging is encouraged by the comments and concern of over 100 attendees representing the aging population. In addition to older Oregonians and their friends and family members, the hearings were attended by legal service representatives, tribal members, coalitions for the elderly, area advisory committees, and businessmen and women serving older individuals, and representing programs intended to meet the needs of older Oregonians and assist in maintaining independence within their own homes.

Comments vary in content but most frequently heard is the need for additional funding to sustain Older Americans Act programs. It is apparent that some who commented had not read the draft goals, objectives, strategies and measurable outcomes and instead fell into using the forum to voice opinion of dissatisfaction and how government policy should be structured.

Below are one-sentence summaries of oral and written comments received in response to public hearings and published draft 2005-2009 Goals, Objectives, Strategies and Measurable Outcomes.

Goal Number One

Increase Health Promotion, Disease Prevention, and Access to Health Care

- The plan should address the problem of hunger and make people aware of food assistance programs
- The importance of nutritious meals, health and social services cannot be stressed enough
- Goals for nutrition services are not very specific
- Other organizations already emphasize education and information on healthful living—don't reinvent the wheel
- Better funding for meal sites is needed; home delivered meals are crucial for people
- Expand the health component in conjunction with senior meals
- Rural seniors have no access to doctors in their communities
- Emphasize prostate cancer detection and treatment
- Nutrition and health care are basic needs

Goal Number Two

Strengthen Supports for Older Oregonians with Mental Health Issues

- This issue needs to be looked at

Goal Number Three

Support Family Caregivers

- Frustrated families send their elders to hospitals; frustrated hospitals look for foster homes; support for family caregivers represents great progress
- Grandparents rearing grandchildren need our support
- Some grandparents are too young to benefit from support under the Older Americans Act

Goal Number Four

Affordable and Accessible Housing Options

- Senior housing is needed in rural communities (two comments total)
- Housing is a basic need
- Rents are so high that many seniors cannot pay their rent and pay for needed medicines
- Consumer guides for those choosing facilities already exist. Don't reinvent the wheel

Goal Number Five

Improve Access to Transportation for Older Oregonians

- Support of transportation collaboration is important to seniors in rural communities
- Rural seniors have no access to doctors locally, and no transportation to doctors who are not local
- Transportation is needed to allow seniors to continue to live in the community

Goal Number Six

Strengthen and Increase Long-Term Care Service Resources

- There needs to be state-funded effort to provide in-home support and services for people who do not qualify for Medicaid
- Paid caregiver wages need to be increased

Goal Number Seven

Strengthen Services and Access for Low-Income, Culturally Diverse, Frail, and Rural Older Oregonians

- We need more creative ways to attract non-English speaking populations to services
- Bringing people together, such as for congregate meals, reduces isolation
- The Oregon 211 Coalition is an important objective
- More development of outreach about basic services and programs is need; people may be unaccustomed to accessing basic support programs
- Relying on organizations like AARP, with low actual member participation, may not be effective
- Better communication with urban Native Americans is needed
- Outreach is lacking; many seniors don't know where to turn
- Rural seniors do not have the same level of access to services that people in more urban areas have because of the funding formula for area agencies and senior centers
- The definition of "older American" should be lower than 60 for Native Americans and other populations with statistically shorter life spans

Goal Number Eight

Promote Employment Opportunities for Older Oregonians

(No comments received regarding employment)

Goal Number Nine

Increase Awareness of Abuse and Reduce Victimization of Older Oregonians

- Advocacy services, particularly to the institutionalized, the homebound, the isolated, the non-English speakers, demand more resources than those for an individual who can travel to a legal aid office or senior center. Funding is inadequate
- There is a great need for education of elders about abuse, neglect, and financial exploitation
- Protection from abuse and neglect are important (three comments total)
- The justice system is unresponsive and unhelpful

Goal Number Ten

Promote and Improve Access to Legal Assistance For Older Oregonians

- Legal assistance for elderly is a crucial area and much more needs to be done; funding has not been adequate
- Increase the percentage of Title III-B funds for legal assistance; the need for civil legal services is not adequately met by the existing services network
- Free legal assistance to help people with housing, accessibility, etc, is very important
- Legal assistance is needed for persons with low incomes whose civil rights are violated

Goal Number Eleven

Effective and Responsive Management

- Paperwork for staff in the field needs to be reduced and consolidated
- Nurture the people in the field who are providing direct service; people need to know they are supported in their work
- Better funding is needed for all programs (six comments total)

Basic funding for area agencies needs to be increased. Agencies spend too much time fund-raising, which interferes with their ability to serve clients. (two comments total)

Periodic State Plan Evaluation

The State shall conduct periodic evaluations of, and public hearings on, goals, objectives, strategies and timelines of activities and projects supported by Title III and VII funds and/or noted within this Plan, including evaluations of the effectiveness of services provided to older Oregonians with greatest economic need, greatest social need, or disabilities, with particular attention to low-income and low-income minority older Oregonians residing in rural areas.

Periodic community forums will be conducted in ADA accessible locations with older Oregonians, their families, the aging network, Tribes and Title VI grantees to bring forth input regarding quality and availability of services. AAA's are required to conduct public hearings for all Area Plan goals and objectives and each time their Area Plan is updated. The State Unit on Aging regularly monitors and provides necessary technical assistance as well as conducts Outreach Workshops and discussions on effective fundraising to increase services.

SECTION EIGHT
APPROACH TO GOAL SETTING



SECTION EIGHT

Approach to Goal Setting

Strategy Exercises

As the State Unit on Aging (SUA) began the development of the 2005-2009 Oregon State Plan on Aging, the voice of older Oregonians, their families, caregivers, advocates and providers was sought to assist in identification and discussion of key issues and obstacles older Oregonians currently face or may face in future years.

The aging of the baby boomers over the course of the next two decades will directly impact every city and county in Oregon. The increase in Oregon's 60 years of age and older population will affect social, physical and economic structures of our state and impact local workforce development, recreation, education, aging, health and human services, community volunteer programs, land use, housing, transportation, and public safety programs.

Referenced earlier in this document, the State Unit on Aging developed a State Plan Advisory Committee comprised of advocates from across the state representing the Governor's Commission on Senior Services, senior employment programs, the Oregon Department of Transportation, minority service groups, legal services programs, the long-term care ombudsman and other aging network representatives.

With the goal to improve and promote programs that will safeguard the health, safety, independence, and dignity of older Oregonians, the Advisory Committee developed a wide-ranging list of goals focusing on current and future aging needs and trends, some of which are health, housing, transportation, safety, and caregiving. The State Unit on Aging presented this list of goals to approximately 80 - 100 members of senior advisory councils for evaluation and input of their own. The following two pages illustrate the outcome of this exercise in an aggregate form.

These meetings resulted in the development of eleven (11) priority areas, which demonstrate the Department's commitment to improvement of services and response to the expressed changing needs of older Oregonians.

Aggregate Goal Setting Votes

Highlighted cells signify the top four goals voted upon in each county. In several cases, more than one goal received the same number of votes.

G O A L S	Deschutes/Jefferson/Crook	Coos/Curry	Clackamas	Jackson/Josephine	State Plan Advisory Committee	TOTAL VOTES
Access to services for low-income, rural, ethnic & disabled	10	10	11	5	9	45
Family caregivers	11	7	9	11	6	44
Long term care (LTC) resources	5	13	10	11	4	43
Reduced abuse, fraud and victimization	2	8	7	14	6	37
Disease prevention and health promotion	0	7	10	12	7	36
Affordable and accessible housing	4	5	18	1	3	31
Transportation	8	7	2	5	9	31
Mental health and substance abuse issues	2	2	9	7	6	26
Legal Assistance	4	3	1	5	4	11
Employment opportunities	4	2	1	5	2	14
Effective and responsive management	0	4	6	1	3	13

Deschutes/Jefferson/Crook additional issues voiced:

1	Affordable supported living (ALF, AFH) (vote added to LTC)
2	Resources for visually impaired (votes added to Access)
10	Property tax relief for seniors - not deferral (outside of our scope of influence)

4	Healthcare for un-insured and under-insured (votes added to Access)
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Coos/Curry additional issues voiced:

2	Negotiated pricing for Medicare holders (votes added to LTC)
1	Guaranteed quality of prescription meds(vote added to LTC)
1	Access for all rural patients (vote added to Access)
1	Comparable drug prices (vote added to LTC)
1	Eliminate fraud (vote added to Reduced abuse, fraud, victimization)

Clackamas additional issues voiced:

3	Increase outreach to provide information on resources and options (votes added to Access)
3	Promotion of co-housing options (votes added to Housing)
6	Assist seniors to remain eligible for OHP and OPI (votes added to Access)
1	Read and adapt Ohio survey instead of re-inventing another one (no voting action taken)

Other proposals which received no votes: Work with partners regarding building codes and plans for accessible housing, develop plans to keep and increase volunteer coordination programs, focus on needs of Baby Boomers, promote in-town development of transportation systems instead of statewide networks, focus on low-income housing - not affordable, be realistic, develop Needs Assessment with different alternatives than normally presented, look at middle aged populations for views/approaches to their own aging, emphasize education about the lifelong aging process and future needs, more funding for health education and ways to improve old age, expand partnerships with corporations and community to achieve what we need.

Josephine/Jackson additional issues voiced:

5	Chronic care management (working w/physicians) (votes added to disease prevention.)
1	Improved APS measurement/mechanism to determine improvement (vote added to Abuse)

Other proposals which received no votes: Focus on communication means for rural outreach, tailor communication to the needs of each population group, reach them through food, focus on younger folks to prevent disease later in age, provide outreach/awareness of aging issues at school, encourage schools to take on preventative health care issues, increase distribution of literature/pamphlets, greater focus on medication management and chronic care management, provide community education to place greater focus on preparing for getting old.

SECTION NINE
EMERGING PRIORITY AREAS



SECTION NINE

Emerging Priority Areas

Preface

Although the aging of Oregon's population is apparent, policies often overlook the implications of continued expansion in the elderly population. Public institutions and private companies sometimes ignore the fact that their residents or customers are rapidly aging. Oregon has seen small increases in the number of companies beginning to market and advertise to an older population and to design products and services that meet the changing needs of an older population. But few institutions and companies have rethought thoroughly the ways in which they will deal with the aging population.¹³

The proportion of Oregonians 65 years of age and older is expected to rise steadily as we see baby boomers reaching retirement age. The State Plan Advisory Committee identified eleven (11) key issue areas to focus on, all of which demonstrate commitment to expansion of services and response to the expressed needs of older Oregonians during this rise in the aging population.

Listed below is a summation of each priority area in which goals, objectives and strategies were developed. The order in which these appear does not represent relative priority or significance over others.

Health Promotion, Disease Prevention and Health Care

Advanced age and poverty, separately and in combination, result in older Oregonians at greater risk for chronic illness. Twenty-four percent (24%) of adult Oregonians have a disability, and 70% have at least one chronic condition such as heart disease, diabetes, arthritis, cancer, or asthma. Obtaining needed health care and medications are often challenges to older adults due to the cost of care and access to services. Rural residents are more likely to be uninsured for longer periods, and reduced access to health care cause medical expenditures to be higher for the rural population. Medicare is a primary source of health insurance coverage and covers mostly acute care services. With beneficiaries required to pay part of the cost, it leaves about half of health spending to be covered by other sources.¹⁴ Transportation to needed health care is a challenge in both rural and urban areas, and the shortage of health care providers is an issue in rural areas. While many recently retired Oregonians start off financially secure, supported by a combination of savings, pensions, and social security, as their health deteriorates and assets erode, health care costs become an increasing burden and poverty rates increase.

Research continues to prove that health promotion and disease prevention contribute

significantly to quality of life, even at older ages. Currently, 60% of adult Oregonians are overweight & obese, and this percent is growing. While older adults do slightly better than the general public in eating fruits and vegetables, the majority of seniors are far from meeting national guidelines for good nutrition and daily physical activity. Community factors such as lack of safe walking areas, availability of healthy foods, and inadequate transportation services also impact the health of older adults.

Older Americans Act nutrition programs are being challenged to meet the changing needs and tastes of diverse ethnic populations and aging baby-boomers. While current older Oregonians may prefer traditional 'beef and potato' meals, the upcoming baby-boomers demonstrate diversified palates and interest in a greater variety of options for meal programs. There is also a continuing need to find ways to meet the basic food needs of the lowest-income elderly, including increasing enrollment of seniors in food stamp programs, and increasing support for the Senior Farmer's Market program which is currently only able to serve approximately 53% of eligible seniors.

While public health programs have traditionally focused on younger populations, there is growing awareness that public health and aging services need to collaborate to address preventive health and chronic disease management among older populations. Health promotion efforts are also increasingly recognizing the need to move beyond simple information distribution by engaging individuals in self-management and active participation in addressing their own health conditions.

Access to health services and medication continues to be a concern as healthcare costs rise and the state continues to face limited funding. Aging advocates and agencies will have an important role to play in assisting seniors in obtaining drug coverage under Medicare's new prescription program.

Transportation Services

Mobility and self-sufficiency are essential to physical and mental well being of older and disabled Oregonians. Transportation is a priority service under Title III of the Older Americans Act and provides necessary access to medical care, employment, shopping for daily essentials and the ability to participate in cultural, religious and recreational activities.

As the population of Oregon ages, the number of older drivers is expected to increase. Many older drivers are safe drivers. However, many will experience physical impairment such as delayed responsiveness, hearing loss, vision loss, and other cognitive factors which effect driving abilities. Action will be needed to provide safe, reliable and convenient alternative means of transportation for those for whom driving is no longer an option.

Responsiveness to transportation service needs, hours of transportation availability, geographical service areas, and costs of service are essential to maintaining independence, especially in rural areas. Seniors & People with Disabilities has partnered effectively with the Oregon Department of Transportation (ODOT) for many years to improve transportation options to older and disabled residents in rural and urban areas of Oregon. Grants are available through ODOT to assist communities in providing transportation via purchase and maintenance of vehicles.

Obstacles, Strategies, and Trade-offs Associated with Meeting Transportation-Disadvantaged Seniors' Mobility Needs, as Identified by Experts and Stakeholders

Obstacles	Strategies	Trade-offs
Seniors are not sufficiently encouraged to plan for driving alternatives	Facilitate a gradual transition from driver to nondriver	Can increase demand for services and, therefore, increase costs
Government policies do not always address seniors' varied needs	Improve alternatives and include seniors in transportation-planning process	Can be expensive and time-consuming
Funding constraints limit local agencies' ability to address needs	Increase funding and funding flexibility and improve coordination	Takes funds away from other uses, flexibility can decrease accountability, and coordination requires sustained effort

Source: GAO.

The number of older people who need transportation provided by others can also be expected to increase as the population ages. Driving may not be an option for the frail elderly and individuals unable to drive may need alternatives to private automobile transportation. For older people with low incomes, the cost of owning and operating a car may not be feasible. The need for more affordable, reliable transportation options, including services to accommodate people with disabilities, will increase.

Planning for transportation and housing must be closely related, because the availability of transportation can have a major impact on whether certain living arrangements are practical. Another important consideration is the need to transport caregivers. With a shortage of providers, it is particularly important that caregivers be able to reach the people who need them.

Long Term Care and Community Based Housing

Affordable, accessible and safe housing will remain a priority. AAA's report a frequent comment made by older Oregonians during assessment is the personal security of living within your own home rather than entering an assisted living facility or nursing home .

Concern over affordable housing increases as the reports of elderly households paying more

than half of their monthly income for shelter, some choosing a lower-cost alternative of living in sub-standard housing in need of modification or repair. During past years, a considerable amount of new housing has included homes with three or more bedrooms. In 2000, an Oregon survey revealed 40 percent of single-person households were elderly persons (about 30 percent were elderly women and 10 percent were elderly men).¹⁵ In many areas of Oregon, particularly small towns and rural areas, the elderly will be the predominant age group living alone.

Oregon continues to be a leader in developing community-based care and alternative housing. As reflected in the goals, objectives and strategies of this state plan, development of home repair and modification programs for older Oregonians continues to be a focus.

Mental Health Issues

Mental illness knows no boundaries, it affects all segments of our older population, regardless of race, socio-economic status, or geographical location. Many afflicted do not seek medical treatment. Older adults are often under-diagnosed and under-treated for mental illnesses. Factors contributing to non-treatment include feelings of shame connected with being identified as having a mental illness, the lack of mental health providers versed in the unique needs of older adults, and inadequate transportation.

The State Unit on Aging, working in partnership with aging networks and State Health and Human Service programs continues to promote development and implementation of mental health, alcohol and drug dependency treatment and suicide prevention counseling.

Support of Family Caregivers

The National Family Caregiver Support Program (NFCSP), established in 2000, provides necessary support services such as counseling, skills training, information and referral and respite to provide relief to thousands of Oregonians who serve as the primary caregiver for aging friends or relatives and grandparents raising grandchildren.

The National Family Caregivers Association (NFCA) report on Family Caregiving reports Oregon had 336,491 caregivers in 2003. It is expected that the 2004 figures, that have not yet been released, will increase by two percent. NFCA also reports the majority of caregivers provide unpaid assistance for one to four years and 20 percent provide care for five years or longer. Nearly 23 percent of caregivers are wives, 13 percent are husbands, 29 percent are adult daughters and nine percent are adult sons. The remaining 26 percent are siblings, grandchildren, other relatives and friends or neighbors.

Providing support that strengthens the families' caregiver role, the Native American Caregiver Support Program (NACSP), established under Title VI, Part C, assists American Indian, Alaska Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. In FY 2003, formula grants were made available to 177 Indian Tribal Organizations to develop and operate family caregiver support programs.¹⁶ Six Oregon Tribes currently receive these funds.

In February 2005, the State Unit on Aging partnered with the Oregon Indian Tribes to present *Native Caring . . . A Conference to Learn, Connect and Share*, targeted at Native America Caregivers and those caring for Native Americans. Between 250 and 300 attended with participants representing all nine tribes of Oregon, the Nez Perce of Idaho, three tribes from Washington State and the Urban Indian tribes of the Portland Metro area.

Tribal Relations

Over the past 30 years, a significant shift in governmental relations has occurred with a marked reduction in Federal government and Tribal interaction and a much greater connection between state government and Indian communities. One important factor in the accelerated shift was the advent of the Oregon Health Plan (OHP) in 1994. The Tribes are looking to the SUA to assist in the development of Family Caregiver Support Program standards and sharing of caregiver information.

The Department of Human Services (DHS) is committed to a positive working relationship with the nine Indian Tribes in Oregon: Coquille Indian Tribe; Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Cow Creek Band of Umpqua Tribes of Indians; Confederated Tribes of Grand Ronde; The Klamath Tribe; The Siletz Indian Tribe; Confederated Tribes of the Umatilla Indian Reservation; The Confederated Tribes of the Warm Springs Reservation of Oregon; and Burns Paiute Tribe.

In May of 1996, Governor Kitzhaber signed Executive Order 96-30 State/Tribal Government-to-Government Relations which ensured Tribes could access OHP benefits and coverage.¹⁷

Strengthened Services and Access in Rural Areas

OAA allocations are based on each area agency's share of Oregon's total square mileage. The land area formula is used in allocating Title III B, Title III E, and Title VII funds. All Type A Area Agencies on Aging & Disabilities are located in rural counties of the state. DHS provides access to State Unit on Aging administrative funds to the Type A AAAs for the purpose of enhanced training opportunities.

Employment Opportunities

For many older Oregonians, employment is an important way to stay engaged in their communities; for others, it is an economic necessity for income and pension and health insurance.

Equal Employment Opportunity Commission reports that age bias holds the highest level of complaints received. Complaints typically concern hiring, firing, repeated verbal abuse, and demotion.¹⁸ Discrimination is also evident in terms of opportunities for training. A national survey of employers in the US found that companies were less likely to spend funds on skills and other enhancement trainings for employees age 50 and over.¹⁹

Through seven Older Americans Act Title V contractors, Oregon offers opportunities for older Oregonians 55 years of age and older to fulfill needs for vocational training, and support part-time employment opportunities.

Fraud, Abuse, Neglect and Exploitation

Abuse, neglect and exploitation are common occurrences in the lives of many of today's older adults. This problem may intensify as the baby boomer generation ages. No Oregon law comprehensively addresses elder abuse and neglect from prevention to intervention through prosecution. All seventeen Oregon Area Agency on Aging & Disabilities offices have committed to protecting older adults against abuse, exploitation and neglect.

Oregon continues to promote education and response training to reinforce and broaden capacities of aging networks to respond to self-neglect, as well as detect and respond to financial, physical, and mental abuse. Strategies include promotion of educational training in gerontology and geriatrics in the health and social service professions.

Improved Access to Legal Services

In 2003 AARP reported that eighty-four percent of all elder abuse goes unreported. Additionally, AARP Elderwatch consumer law hotline in Colorado reported 1,017 substantiated cases of elder fraud in 2003. The Oregon Attorney General's office in 2004 reported that perpetrators of financial fraud target seniors nine times in ten. A study conducted in 2004 by Utah Division of Aging and Adult Services revealed that 86 percent of Utah seniors had at least one legal problem in the last three years. In the late 1990s, legal aid programs reported decreases in the number of cases private attorneys were willing to accept pro bono.²⁰ Approximately 11 percent of Legal Services Corporation funded legal aid program clients are

aged 60 or older.

The highest needs for legal assistance for low- and moderate-income Oregonians concern housing, public services, family, employment, and consumer cases. Another area of high need is elder abuse. Yet, lower-income Oregonians of all ages obtain legal assistance for problems less than 20 percent of the time.²¹

Oregon's Senior Health Insurance Benefits Assistance program reports that with their assistance approval for payment in more than 50 percent of Medicare claims initially denied is reversed.²²

Oregon's 17 area agencies range dramatically in size. Most of them offer a minimum 3 percent of their budgets to legal assistance. For the smallest AAAs, the amount allocated may be less than \$500 annually. The Center for Social Gerontology reports that the low level of funding set aside for legal assistance nationally has resulted over time in less of the "impact" work that would most effectively benefit elders.²³

Aging & Disability Resource Centers (ADRC)

The Department of Human Services (DHS), Seniors and People with Disabilities has been a leader in this area, competitively contracting with many progressive Oregon Area Agencies on Aging & Disabilities offices who have served older Oregonians in the capacity of an ADRC. DHS continues to promote among the Area Agency on Aging & Disabilities "one-stop shopping" offices which minimize confusion and support older Oregonians' choices and informed decision-making. These single-point of entry offices provide long-term support services, information and assistance, counseling and access on all long term care matters, assuring services rendered by the agency are accessible and seamless for the service recipient. Integration of services is a key mechanism by which this overarching goal is accomplished. DHS understands that stakeholders, both service recipients and service providers, benefit from integration and goals and development of goals, objectives, and strategies for Oregon's Older Americans Act State Plan continue around this philosophy.

In addition to one-stop field offices, DHS has contracted with Trilogy Integrated Resources to develop an Oregon "Network of Care" website containing statewide social service information, referral information to social service agencies, disease prevention, health promotion and medical information in seven (7) languages – English, Spanish, Japanese, Mandarin, Cantonese, Korean, and Russian. The one-stop information/communication/advocacy site appeals to four categories of users – consumer, caregiver, community-based agencies providing care, and governmental organizations. The website will be accessible beginning 2006.

Management Responsiveness

Notwithstanding baby boomer demographic forecasts, few Oregon communities have embarked on the task of preparing to address the increasingly higher numbers of older Oregonians.

The AAA's will achieve increased opportunities for community services and the growing number of older Oregonians with the State Unit on Agings' development of program standards, measurable performance objectives related to program visibility, efficiency of operation, and responsiveness to the aging populations' community needs. Oversight tools and continued training in competitive contracting, and increased fundraising efforts will aid in the expansion of number of older Oregonians served, particularly in rural areas.

SECTION TEN
2002-2005 PLAN ACCOMPLISHMENTS



SECTION TEN

Accomplishments

The State Unit on Aging accomplished over 90% of the 2002-2005 State Plan Goals and Objectives, a fraction of which include:

- ◇ Continued education in disease prevention and health promotion such as implementation of *medication management programs* in each AAA
- ◇ Production and statewide distribution of “*Alzheimer’s*” video
- ◇ 11 state-wide community events on *suicide prevention*
- ◇ Expansion of *Powerful Tools for Caregivers into multiple languages*
- ◇ Establishment of *state-wide Caregiver Support Advisory Council*
- ◇ *Health/safety home repair and modification* program
- ◇ Published book and training video for LTC facilities entitled *Best Friends*
- ◇ *Enhanced outreach through resource guides*
- ◇ *Public awareness campaigns on elder abuse*
- ◇ Development of *nutrition standards* for OAA nutrition programs
- ◇ Continued Legal Education courses in
 - *Housing discrimination*
 - *Medicare Appeals*
 - *Nursing Home Resident rights*
 - *Civil/Criminal remedies for abused elders*

SECTION ELEVEN

GOALS, OBJECTIVES, STRATEGIES, OUTCOME MEASURES



SECTION ELEVEN

GOAL NUMBER ONE

INCREASE HEALTH PROMOTION, DISEASE PREVENTION, AND ACCESS TO HEALTH CARE

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

OBJECTIVE #1

Support Expansion Of Physical Activity And Nutrition Programs Targeting Older Oregonians

Strategies

- a) Support the implementation of physical activity and healthful nutrition educational programs through Area Agencies on Aging or their community partners. Programs and collaborations include You Can! Program, walking buddies and walking clubs, use of pedometers to encourage walking, use of Friendly Visitor programs to do simple exercises or convey simple nutrition information to clients, and local physical activity and nutrition coalitions.
- b) Collaborate with Office of Health Services, Oregon Recreation & Parks Association (Section for Older Adult Resources now representing senior centers), OSU Extension Service, and other statewide physical activity and nutrition programs to ensure consideration of older Oregonians' physical and nutritional needs, and information is disseminated through Area Agencies on Aging and Seniors & People with Disabilities networks.

Outcome Measures

Collaboration with increased number of partners to offer physical activity and nutrition programs.

Number of older Oregonians participating in physical activity and nutrition programs offered by AAAs and their community partners, as measured by the annual NAPIS State Program Report.

Timelines

a-b) Ongoing, throughout plan period

OBJECTIVE #2

Promote And Improve Access To Nutrition Programs And Services

Strategies

- a) Coordinate with local Area Agencies on Aging and advocates for older Oregonians to increase outreach efforts and promote nutrition service programs through new approaches including fund raising and corporate sponsorship, use of restaurant vouchers, innovative strategies from other state nutrition programs, and other ideas.
- b) Continue to educate the public and legislators about the benefits of Older Americans Act meal programs and the funding needs of the program.
- c) Partner with Area Agencies on Aging, the Oregon Nutrition Program Directors Association and the Oregon Association of Senior Centers to provide technical assistance, training and information resources on nutrition.
- d) Continue to encourage meal programs to increase use of healthful foods (e.g., salad and soup bars) and accessible meal sites.
- e) Implement statewide use of nutritional risk screening tools and special needs assessments at senior centers and meal sites.
- f) Advocate for continued funding of Farmers Market Vouchers for low-income older Oregonians.

Outcome Measures

Increase in meal participation levels and improvement in access to nutrition services, as measured by the annual NAPIS State Program Report.

Increase in the number of meal programs offering salad bars or other healthful alternatives.

Timelines

a-f) Ongoing, through plan period

OBJECTIVE #3

Assist Older Oregonians In Identifying And Accessing Appropriate Health And Long-Term Care Resources

Strategies

- a) Work with Area Agencies on Aging, AARP and local resources to disseminate accurate information about health care options; assist baby boomers and young seniors in decision-making regarding long-term care planning and options.
- b) Work with Department of Human Services to improve information available through Department of Human Services Seniors & People with Disabilities website relating to aging health care and long-term care options.
- c) Coordinate with the aging and public health networks in disseminating information about the new Medicare D prescription drug benefit including information on subsidies for low-income older Oregonians.
- d) Collaborate with Long Term Care Ombudsman, Insurance Division SHIP, legal assistance providers, Oregon State Bar, and state MMA unit in training community volunteers statewide to assist elders in optimizing their coverage under the MMA.
- e) Prepare in collaboration with the state MMA unit materials to be used by area agencies on aging in advising and referring clients for MMA services.
- f) Development, completion and continued maintenance of the all-inclusive Oregon “Network

of Care” website containing statewide social service information, referral information to social service agencies, disease prevention, health promotion and medical information.

Outcome Measures

Increase in the availability of accurate information for health and long term care resources for older Oregonians on the DHS website and available through AAAs.

Number of older Oregonians who qualify for and obtain low-income subsidies.

Website providing statewide social service, disease prevention, health promotion and medical information.

Number of older Oregonians who register for appropriate prescription drug program.

Number of advocates trained. Number of Tel-Law contacts made.

Distribution of materials to area agencies. Initial training of area agency staff.

Timelines

a-b) Ongoing, throughout plan period.

c-d) June 2006

e) June 2006

f) December 2005

OBJECTIVE #4

Strengthen Partnerships And Increase Public Health Outreach To Older Oregonians

Strategies

a) Work with Office of Health Services and Area Agencies on Aging to identify ways local Area Agency on Aging offices can work with local health departments to increase flu and pneumonia immunization rates among older Oregonians.

b) Work with Area Agencies on Aging, Office of Health Services, and local health systems to increase outreach, education, and support for older Oregonians on chronic disease

issues, (diabetes, arthritis, heart disease, stroke, respiratory diseases, etc.)

- c) Work with Oregon Health Services Injury Prevention division, AARP, local Area Agencies on Aging, area hospitals and colleges and to increase awareness and education relating to injury prevention and home safety issues. Coordinate with local community health centers, and AARP for injury prevention education and home safety inspections.
- d) Work with Office of Health Services, Employment Department, Area Agency on Aging and Seniors & People with Disabilities offices to enhance opportunities for business and industry staff and volunteers to participate in efforts to focus on healthful and safe worksites, physical activity, and beneficial nutrition efforts.
- e) Coordinate with the Office of Health Services, Area Agencies on Aging and and private and public health networks in developing education campaigns for successful aging, wellness and disease prevention.

Outcome Measures

Number of older Oregonians receiving annual immunizations.

Number of partnership efforts between local Area Agencies on Aging and local health departments.

Number of reported collaborative AAA programs and worksite policies/environments that support healthy lifestyles.

Increase in number of Area Agencies on Aging offering, or collaborating with partners to offer, physical activity and nutrition programs.

Timelines

a-c) Ongoing, through plan period.

d) December 2007

e) Ongoing, throughout plan period.

GOAL NUMBER TWO

STRENGTHEN SUPPORTS FOR OLDER OREGONIANS WITH MENTAL HEALTH ISSUES

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

OBJECTIVE #1

Increase And Expand Access To Mental Health Services

Strategies

- a) Strengthen partnerships with Community Mental Health programs and the aging networks to promote awareness of mental health issues for older Oregonians, identify and eliminate barriers to service.
- b) Partner with the private and public mental health agencies to develop a pro-bono clinical panel for supplementary emergency assessment and intervention programs.
- c) Collaborate with Oregon Gerontology Association and other gerontologic professional associations, OHSU, PSU Institute on Aging and Marylhurst University to provide training for continued education credits conferences about older Oregonians with mental health impairments.
- d) Advocate for increased resources to expand outreach, medication management and crisis intervention services for older Oregonians experiencing mental health problems.
- e) Train lawyers and mental health workers to respond to discrimination against older Oregonians with disabilities and mental health impairments.

Outcome Measures

Inclusion of collaborative partnership outreach methods in OAA programs.

Improve mental health treatment interventions for older Oregonians.

Increase in diversity of mental health services available.

Increase in # of Oregonians seeking mental health services.

Improve choice of resources for older Oregonians with mental health and substance abuse issues.

Number of lawyers and social services professionals trained.

Timelines

a) December 2006

b-e) Ongoing, throughout plan period.

OBJECTIVE #2
Suicide And Substance Abuse Prevention

a) Continued partnership with the Office of Health Services to conduct a public education campaign addressing depression and suicide in the older Oregonian population.

b) Strengthen partnerships with Community Alcohol and Drug Abuse programs to address the stereotypes and stigma regarding substance abuse among older Oregonians and access to services.

Outcome Measures

Increase number of older Oregonians receiving suicide intervention services.

Increase awareness of treatment options for depression and suicidal behavior.

Improve older Oregonians' access to alcohol and drug services.

One statewide public awareness media campaign per biennium.

Timelines

a-b) Ongoing, throughout plan period

GOAL NUMBER THREE
SUPPORT OF FAMILY CAREGIVERS

Supporting the following Administration on Aging goals:

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Improve Caregiver Understanding Of Caregiver Rights

Strategies

- a) Provide information to older Oregonians about the rights of older Oregonians caring for minor children, including access to public benefits and fair housing rights and custody arrangements.
- b) Train lawyers and social service workers to recognize and combat housing discrimination against older Oregonians rearing children.
- c) Meeting with the Family Caregiver Support Program coordinators for increased collaboration, e.g., Douglas County with RSVP; MCCOG with Big Brother/Big Sister; AAAs working with the Service Delivery Area Managers for Grandparents Raising Grandchildren program.

Outcome Measures

Number of Oregon's Legal Guide for Grandparents and Other Relatives Raising Children distributed.

Number of lawyers and social services professionals trained.

Timelines

- a) Ongoing, throughout plan period
 - b) December 2005
 - c) Ongoing, throughout plan period
-

OBJECTIVE #2

Support The Expansion Of Family Caregiver Programs

Strategies

- a) Improve and expand the www.Oregoncares.org caregiver Internet web site by assisting with the transition of the website to Oregon State University.
- b) Provide on-going support by providing information on Family Caregiver Support Program trainings, conferences, and caregiver resources for the website to Oregon State University.
- c) Facilitate the Family Caregiver Support Program Advisory Committee and share information. Update the Family Caregiver Support Program brochure for Family Caregiver Support Program and Lifespan Respite staff.
- d) Participate in site visits of the local Area Agencies on Aging and offer technical support and resource information.
- e) Coordinate with Area Agencies on Aging to develop, purchase and distribute caregiver resources.
- f) Partner with Area Agencies on Aging, faith-based organizations, Oregon Lifespan Respite Program, Native American tribes and other minority cultures of Oregon to coordinate and expand local caregiving services.

- g) Participate and assist with the following caregiver conferences: the Native Caring conference for Native Americans and the Gift of Time conference for caregivers.
- h) Coordinate with the Family Caregiver Support Program Advisory Committee to provide a yearly Spring staff training for Family Caregiver Support Program and Lifespan Respite staff.
- i) Participate in local projects, e.g., Boomer and Senior Expo, Deschutes Health Fair.
- j) Continue to train with the *Communicating Effectively with Healthcare Professional* curriculum e.g., Native Caring conference, Gift of Time conference.
- k) Encourage and assist local communities to develop innovative caregiver support programs and networks.
- l) Collaborate with the elder coordinators from the Oregon tribes to share caregiver information.

Outcome Measures

Number of recorded visits to website.

Increase Oregon caregivers' access to quality information and training resources.

Number of caregiver training events conducted.

Numbers of technical assistance site visits to the Area Agencies on Aging.

Number of caregiver resources distributed.

Number of caregivers utilizing respite care.

Number of local events attended.

Number of trainings and attendees completing trainings

Number of technical assistance visits performed.

Number of new participants in the National Family Caregiver Support Program.

Number of Tribes that develop caregiver programs.

Number of technical assistance contacts with Tribes.

Timelines

a) June 2006

b-l) Ongoing, throughout plan period.

GOAL NUMBER FOUR

**AFFORDABLE AND ACCESSIBLE
HOUSING OPTIONS**

Supporting the following Administration on Aging goals:

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Decreased Housing Discrimination

- a) Train lawyers, social service workers and older Oregonians to recognize and challenge discrimination against disabled older Oregonians, older Oregonians with caregivers and older Oregonians caring for minor children.

Outcome Measure

Number of persons trained.

Number of training packets distributed.

Timeline

- a) Ongoing, throughout plan period.
-

OBJECTIVE #2

Increase Awareness Of Accessibility Aids

- a) Partner with Oregon Housing and Community Services Department (the state housing finance agency) to provide information and technical assistance to the Oregon Remodeler's Association, builders, developers, and others to support awareness of universal design, housing "visitability", and other accessibility issues.
- b) Coordinate with Oregon Housing and Community Services Department and local communities to target Community Services Block Grant (CSBG) housing rehabilitation funding to home accessibility for older Oregonians.
- c) Work with Area Agencies on Aging, community service programs, publishers of newsletters, and Senior and People with Disabilities offices to provide resource information to assist low-income older Oregonians and people with disabilities to convert inaccessible housing into accessible housing.
- d) Development of Oregon "Network of Care" website containing accessibility aid information and resources, statewide social service information, referral information to social service agencies, disease prevention, health promotion and medical information in seven (7) languages – English, Spanish, Japanese, Mandarin, Cantonese, Korean, and Russian.

Outcome Measures

Number of contacts with housing development community.

Statewide accessibility aids information and resources on Oregon "Network of Care" website in seven (7) languages – English, Spanish, Japanese, Mandarin, Cantonese, Korean, and Russian.

Number of older Oregonians who obtained home modification, accessibility resources and housing rehabilitation services.

Number of technical assistance components provided.

Number of resource guides distributed.

Timelines

a-c) Ongoing, throughout plan period.

OBJECTIVE #3
Improve Housing Options

- a) Explore creative and affordable housing options.
- b) Promote development of an affordable, accessible housing database through Area Agencies on Aging cooperation with Housing Authority, Housing and Urban Development, community development corporations, legal service programs, Rural Housing, and State of Oregon Housing and Community service departments.

Outcome Measures

Written materials distributed to housing authorities, low-income housing developers, community action programs, community development corporations and municipalities.

Timelines

- a) Ongoing, throughout plan period.
- b) By end of 2007.

GOAL NUMBER FIVE

IMPROVE ACCESS TO TRANSPORTATION FOR OLDER OREGONIANS

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

OBJECTIVE #1

Improve Transportation Systems And Promote Alternative Transportation Choices

Strategies

- a) Work with the Oregon Department of Transportation, cities and counties and aging networks to develop and advocate for transportation opportunities for older Oregonians, with a special focus on rural communities.
- b) Participate in the Governor's initiative to improve coordination of state-funded transportation services.
- c) Continue participation in the At Risk Driver Public Education Consortium and work with the Oregon Department of Transportation Motor Vehicles Division to expand knowledge of Oregon's Safe Mobility Initiative.

- d) Partner with aging networks to educate medical professionals and family members of a driver with medical impairments about community resources and assistance from professionals with intervention and transportation planning.

Outcome Measures

Number of grants awarded to Area Agencies on Aging & Disabilities.

Number of persons who receive Safe Mobility Toolkit resource information.

Timelines

a-d) Ongoing, throughout the plan period.

OBJECTIVE #2.

Create community-wide awareness of transportation issues

Strategies

- a) Conduct comprehensive assessment of transportation needs of older adults and the importance of developing strategies to address them.
- b) Promote transportation opportunities through collaborative and cooperative arrangements.

Outcome Measures

Baseline data regarding transportation services

Number of transportation arrangements made through collaborative and cooperative arrangements.

Timelines

- a) December 2007
- b) Ongoing, throughout the plan period.

GOAL NUMBER SIX

**STRENGTHEN AND INCREASE LONG-TERM
CARE SERVICE RESOURCES**

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Increase Reporting Of Neglect And Abuse And Decrease Incidents Of Neglect And Abuse

Strategies

- a) Work with the Office of the Long-Term Care Ombudsman to provide effective monitoring of programs and services in long-term care facilities to continue reduction of incidence of abuse in long-term care facilities.

Outcome Measures

Number of substantiated complaints received about long term care facilities.

Timelines

Launch in plan years of 2006-2007.

OBJECTIVE 2

Increase Consumer Knowledge And Self-Direction In Long Term Care Choices And Management

Strategies

- a) Continue to expand consumer and family education of long-term care choices, including publishing consumer guides for choosing assisted living and residential care facilities.

- b) Conduct training for older Oregonians and their families, attorneys and social service providers about long term care options, resident rights and remedies.

- c) Promote local efforts to educate older Oregonians about property tax relief programs, home equity conversion programs, retirement planning, long-term care insurance.

- d) Train lawyers, social service workers, and elders to know and enforce the rights of those residing in facilities.

Outcome Measures

Number of *Oregon's Legal Guide for Grandparents and Other Relatives Raising Children* distributed.

Number of attendees.

Number of lawyers, and social services professionals trained.

Timelines

- a-c) Ongoing, throughout the plan period.
- d) December 2005

GOAL NUMBER SEVEN

STRENGTHEN SERVICES AND ACCESS FOR LOW-INCOME, CULTURALLY DIVERSE, FRAIL AND RURAL OLDER OREGONIANS

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Improve Outreach Methods To Increase Number Of People Participating In Older Americans Act Programs

Strategies

- a) Introduce educational and outreach efforts and increase the participation of low income, culturally diverse and rural individuals in Older American Act programs.

- b) Work with Area Agencies on Aging to affirm diversity in agency staffing and service delivery.
- c) Promote and provide education to heighten sensitivity and ensure culturally appropriate services that meet individual needs.

Outcome Measures

Increase in access to services as measured by the NAPIS State Program Report.

Number of field staff attending education workshops.

Increase in staff ethnicity as reported annually by the Area Agencies on Aging & Disabilities.

Timelines

a-c) Ongoing, throughout the plan period.

OBJECTIVE #2

Improve Tribes & Area Agencies On Aging Collaborations

Strategies

a) Continued coordination with Title VI tribal grantees to improve access to caregiver supports for Native caregivers.

b) Improve coordination between Area Agencies on Aging and Title VI Tribal grantees to improve tribal members' access to federal and state-funded programs for older Oregonians.

b) Develop Powerful Tools for Caregiver workshops and other programs for Native Caregivers.

Outcome Measures

Number of substantive contacts between State Unit on Aging and Oregon tribes.

Number of attendees to Native Caregiver conferences.

Number of contracts between the Area Agencies on Aging and the tribes.

Number of individuals completing the Powerful Tools for Caregiver workshops.

Timelines

a-b) Ongoing, throughout the plan period.

OBJECTIVE #3

Promote Independence of Neuro-Sensory Impaired

Strategies

- a) Coordinate with the Oregon Commission for the Blind to promote the ability of older blind Oregonians to live independently. Increase coordination efforts between Area Agencies on Aging and the Oregon Commission for the Blind.
- b) Increase the number of Oregonians with limited vision accessing Older Americans Act and Commission for the Blind services.
- c) Train lawyers and social service staff to recognize and respond to unlawful discrimination against older Oregonian's with disabilities.

Outcome Measures

Number of older disabled Oregonians receiving services, as measured by the annual NAPIS State Program Report.

Number of lawyers and social services professionals trained.

Timelines

a-b) December 2008.

OBJECTIVE 4

Improve Information & Referral For Health And Human Services

Strategies

- a) Assist Oregon 211 Coalition with advocacy efforts for implementation of statewide 211 systems.
- b) Development, completion and continued maintenance of the all-inclusive Oregon “Network of Care” website containing statewide social service information, referral information to social service agencies, disease prevention, health promotion and medical information.
- c) Partner with Area Agencies on Aging and disabled advocacy groups to assess physical access to all OAA programs statewide and to identify and eliminate barriers.
- d) Work with Area Agencies on Aging and identified minority community groups to focus training of staff and community members on areas of common concern.
- e) Assist Area Agencies on Aging to improve communication to homebound and rural elders through use of community media, State Unit on Aging and locally produced newsletters on topics of caregiving, disease prevention and nutrition, and legal rights of elders.
- e) Train rural lawyers to recognize and respond to Older Americans Act prioritized legal issues of nursing home resident rights, Medicare denials and appeals, long-term care financial planning, guardianship, conservatorship and alternative programs, guardianship defense consumer defenses, public and subsidized housing tenant rights, health care decision-making, physical and financial abuse of older Oregonians.

Outcome Measures

211 one-dial access statewide.

Number of older disabled Oregonians receiving information and referral to services, as measured by the annual NAPIS State Program Report.

Number of minorities utilizing services, as measured in the annual NAPIS State Program Report.

Expanded circulation of senior center newsletter inserts and increase contact with local media that reach to isolated and rural older Oregonians, as measured in the annual NAPIS State Program Report.

Increase in number of isolated and rural older Oregonians seeking and receiving services, as measured in the annual NAPIS State Program Report.

Increase referrals of Older Americans Act prioritized cases between legal services and private attorneys, per provider records.

Timelines

- a) Implement coordination efforts by spring of 2006.
- b) December 2005
- c) Assessment completed by October 2006; statewide facility improvements by October 2009.
- d) Ongoing, throughout plan period.
- e) Media plan - October 2006; implementation of local media models - October 2007.
- f) Ongoing, throughout plan period.

GOAL NUMBER EIGHT

PROMOTE EMPLOYMENT OPPORTUNITIES FOR OLDER OREGONIANS

Supporting the following Administration on Aging goals:

AoA #2) Increase the number of older people who stay active and healthy.

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Create Collaborative And Coordinated Relationships With Other Employment Service Providers At The Local And State Levels

Strategies

- a) Strengthen the partnerships between the Senior Community Service Employment Program grantees and the local Workforce Investment Boards and One-Stop systems.
- b) Provide information to the Oregon Workforce Investment system about the training and employment needs of older persons who need and want to continue working.
- c) Participate in the Oregon Employment Initiative, an effort by the Department of Human Services to promote employment opportunities for people with disabilities.

Outcome Measures

Increase in number of clients gaining access to Senior Community Service Employment Program and One-Stop employment services.

Increase in number of Senior Community Service Employment Programs partnerships with disability-related employment programs in the state.

Timelines

a-c) Ongoing, throughout the plan period

OBJECTIVE #2

Raise The Visibility Of The Senior Community Service Employment Program In Oregon

Strategies

- a) Encourage the collaboration of Senior Community Service Employment Program sub-grantees with local Chambers of Commerce and SCORE programs.
- b) Begin working with Department of Human Services Communications Department to create marketing documents, including press releases and guest opinions that can be shared with local newspapers.
- c) Participate in the Workforce Investment Board meetings on a regular basis.

Outcome Measures

Number of contacts to local Senior Community Service Employment Programs.

Timelines

a-c) Ongoing, throughout the plan period

OBJECTIVE #3

Meet Negotiated Performance Measures For The Title Five Senior Employment Program For The Department Of Labor

Strategies

- a) Conduct quarterly review of grantees performance. Provide individualized technical assistance as needed.
- b) Establish annual training plan for grantees that target performance measures.

Outcome Measures

Meet Federal performance measures

Timeline

Ongoing, throughout the plan period

OBJECTIVE #4

Increase employment opportunities for older Oregonians

Strategies

- a) Educate employers about the benefits of hiring and retaining older workers.
- b) Encourage use of informational interviews and State HIRE system to support employment efforts of older Oregonians by providing training to sub-grantees on using this system.
- c) Work with sub-grantees to develop 502(e) projects.
- d) Assist sub-grantees with seeking and applying for additional grant opportunities that will supplement training opportunities and employment for participants of the Senior Community Service Employment Program.
- e) Increase administrative capacity of Title V programs to allow for more opportunities for older Oregonians to participate in other grant funded programs during or after enrollment in Senior Community Service Employment Program.
- f) Train lawyers, social service workers, and older Oregonians to recognize and challenge employment discrimination based on age and disability.
- g) Advocate change to federal regulations regarding income eligibility criteria for Title V participants.

Outcome Measures

Outreach and information provided to 100 employers, with at least 30 employers in rural communities.

Annual grantee training plan completed.

Number of older Oregonians participating in training and employment in the Title V program.

Number of grants awarded.

Number of lawyers, social services professionals and general public trained.

Timelines

- a) Annually
- b) Ongoing, throughout the plan period
- c) June 2006
- d) June 2008
- e) Ongoing, throughout plan period
- f) December 2007
- g) Ongoing, throughout the plan period

GOAL NUMBER NINE

**INCREASE AWARENESS OF ABUSE AND
REDUCE VICTIMIZATION OF OLDER
OREGONIANS**

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Continue To Reduce The Incidence Of Elder Abuse

Strategies

- a) Coordinate with the Area Agencies on Aging Task Force on Elder Abuse, the Long-Term Care Ombudsman and the aging network to increase public awareness of the signs and symptoms of abuse.
- b) Continue to support multi-disciplinary teams to address neglect and abuse of older Oregonians in local communities
- c) Coordinate with Area Agencies on Aging and the aging network to increase public awareness of domestic violence among older adults and to increase coordination with local domestic violence shelters and intervention services.
- d) Encourage the Oregon Judicial Department to provide training to court visitors on recognition of elder abuse.
- e) Collaborate with Adult Protective Services, the Long Term Ombudsman, the Attorney

General's elder abuse task force, legal services and the elder law section of the state bar to determine and eliminate legislative barriers to elder safety.

Outcome Measures

Number of informational contacts, resources, and presentations to consumers and their families, long-term care providers, community groups and organizations

Number of law enforcement professionals trained.

Increase in number of local reports of elder abuse by law enforcement.

Increase in number of older Oregonians receiving domestic violence intervention services.

On-going prosecution of those who victimize older Oregonians.

Timelines

a-e) Ongoing, throughout the plan period

OBJECTIVE #2

Educate Oregonians To Identify Abuse And Neglect

- a) Coordinate with professional communities (medical, legal, law enforcement, financial) to increase awareness of signs and symptoms of elder abuse, appropriate response, and proper reporting protocols.
- b) Coordinate with the medical community, Area Agencies on Aging and the aging network to educate health care professionals about the causes and symptoms of abuse.
- c) Provide training to the Oregon State Bar, the banking community and other professionals providing estate planning, notary public services, financial and guardianship services to older Oregonians regarding recognizing, reporting and preventing financial exploitation.

Outcome Measures

Education will focus on recognizing, reporting and preventing financial exploitation of

older Oregonians.

Increase number of trainings and coordination opportunities with professional communities on elder abuse issues.

Increase number of elder abuse reports by professionals.

Number of incident reports of financial exploitation of older Oregonians.

Timelines

a-b) Ongoing, throughout plan period

OBJECTIVE #3

Maintain Public Awareness Of Abuse Of Older Oregonians

Strategies

a) Continue to coordinate annual elder abuse awareness events, such as Vulnerable Oregonians Day and an elder abuse prevention conference.

b) Continue outreach projects to raise awareness among Native American tribes and minorities about the signs, symptoms and prevention of elder abuse.

c) Include information on elder abuse in caregiver support packets and other educational materials distributed to minorities and Native American tribes.

Outcome Measures

Number of events and conferences held.

Number of reports of older Oregonians neglected or abused.

Number of informational packets distributed.

Number of caregivers training.

Number of trainings and attendees completing trainings.

Timelines

- a) Annually
 - b-c) Ongoing, throughout plan period.
-

OBJECTIVE #4

Decrease Vulnerability To Financial Abuse And Exploitation

Strategies

- a) Continue to coordinate with Area Agencies on Aging and the aging network on prevention of Medicare and Medicaid fraud and abuse.
- b) Promote responsible and responsive money management, conservatorship, and guardianship programs availability statewide.
- c) Support partnerships with AARP to provide money management and bill paying services to older adults.
- d) Develop and support continued partnerships among protective service staff, district attorneys, law enforcement and pro bono financial experts to assist in the analysis of evidence in financial exploitation cases.
- e) Support efforts of the Oregon Judicial Department to monitor and intervene effectively as needed in guardianships and conservatorships for older adults.
- f) Revitalize the Retiree Response Technical Team to respond to law enforcement requests for emergency intervention in assisting with aging Oregonians with financial exploitation.
- g) Support the expansion of infrastructure to centralize background check repository and ability for a unique “flag” process to alert long term care employers, Seniors with Disabilities office and Area Agencies on Aging of criminal activity after last date of criminal history background check.

Outcome Measures

Increase older Oregonians awareness of Medicare and Medicaid fraud issues as measured by number of inquiries.

Decrease number of cases of self-neglect or exploitation based on reduction of substantiated abuse cases.

Reduce number of older Oregonians abused by guardians or conservators, per Adult Protective Service reports.

Establish a central background check repository.

Timelines

a-f) Ongoing, throughout the plan period

g) December 2008

GOAL NUMBER TEN

PROMOTE AND IMPROVE ACCESS TO LEGAL ASSISTANCE

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Continue To Improve Access To Legal Information & Services

Strategies

- a) Provide training and information to Area Agencies on Aging and the Oregon State Bar on current legal issues that affect older Oregonians.
- b) Continue to educate judges about legal issues pertaining to older adults.
- c) Continue to provide technical assistance to individuals and organizations regarding legal issues for older Oregonians.
- d) Continue to participate in development and distribution of basic legal and financial resource information to older Oregonians
- e) Increase awareness about free legal services and access to legal assistance for older Oregonians who have no other legal resources
- f) Promote collaboration and innovation by Area Agencies on Aging for legal services in rural areas.

- g) Engage policy-level Area Agencies on Aging and legal services staff in development and enhancement of coordinated services.
- h) In partnership with Area Agencies on Aging and legal services create and conduct a statewide legal needs assessment for use in planning effective and efficient services.
- i) Work with the elder law section of the Oregon State Bar, the Area Agencies on Aging, and legal service programs to expand and enhance their private bar pro bono components throughout rural Oregon.
- j) Conduct lawyer training on Older Americans Act prioritized legal issues of nursing home resident rights, Medicare denials and appeals, long-term care financial planning, guardianship, conservatorship and alternative programs, guardianship defense consumer defenses, public and subsidized housing tenant rights, health care decision-making, physical and financial abuse of older Oregonians issues.

Outcome Measures

Number of substantive technical assistance contacts.

Number of professionals trained.

Increase in number of older Oregonians receiving legal assistance, as evidenced in provider reports.

Number of older Oregonians receiving priority legal services as evidenced in provider reports.

Number of trained lawyers providing services to older Oregonians.

Statewide legal needs assessment conducted.

Number of programs established or expanded.

Timelines

a-b) Annually

c-f) Ongoing, throughout plan period

g) October 2007

h) December 2007

i - j) Ongoing, throughout plan period.

OBJECTIVE #2

Improve Awareness of Rights And Remedies

Strategies

- a) Encourage development of resources that provide information to older Oregonians and their families about basic legal issues.
- c) Support and promote efforts of Area Agencies on Aging and legal service providers to improve and increase community legal education for older Oregonians.

Outcome Measures

Oregon State Tel-Law entries on elder law issues, Oregon State Bar, AARP and other sponsored community legal education providers.

Increase in demand for services to remedy legal problems, as evidenced in provider reports.

Number and types of material provided to legal service providers for community legal education Continuing Legal Education credits.

Number of entries on legal issues in quarterly newsletter inserts.

Timelines

Ongoing, throughout plan period.

GOAL NUMBER ELEVEN
EFFECTIVE AND
RESPONSIVE MANAGEMENT

Supporting the following Administration on Aging goals:

AoA #1) Increase the number of older people who have access to an integrated array of health and social supports.

AoA #2) Increase the number of older people who stay active and healthy.

AoA #3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA #4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

OBJECTIVE #1

Identify Needs Of Older Oregonians And Baby Boomers

Strategy

- a) Conduct a statewide needs assessment to determine changing needs of upcoming generation of older Oregonians, including transportation needs.

Outcome Measure

Comprehensive objective data collected on which future goals and strategies can be based to meet service needs, including transportation services.

Timeline

- a) December 2007
-

OBJECTIVE #2

Improve Quality Of Service Received By Older Oregonians

Strategies

- a) Continued partnership with Area Agencies on Aging to develop Older Americans Act program standards and monitoring tools.
- b) Increase level of involvement and interaction between State Unit of Aging and the Area Agencies on Aging.
- c) Incorporate performance measures in contracts with Area Agencies on Aging that address service goals and levels, outreach efforts, coordination activities and quality assurance.
- d) Monitor Senior Community Service Employment Program sub-grantees quarterly to ensure compliance with negotiated performance measures for participant enrollment and enrollee unsubsidized employment placement rates.

Outcome Measures

Program parameters and standards of service developed for all OAA programs.

Annual performance goals and standards of the Older Americans Act documented.

Schedule of Area Agencies on Aging site visits, technical assistance visits and program reviews.

Standards and monitoring protocol implemented for all mandated program areas.

Number of sub grantees reaching annual performance goals and standards.

Timelines

- a) Ongoing, throughout plan period.
 - b) June 2006
 - c) December 2007
 - d) Ongoing, throughout plan period
-

OBJECTIVE #3

Improve Safety For Older Oregonians Receiving Services

Strategies

- a) Implementation and inclusion in the contracts between the State of Oregon and the Area Agencies on Aging of standards for background checks and fitness determinations of all staff serving older Oregonians.
- b) Work with the Area Agencies on Aging to coordinate disaster preparedness plans statewide and initiatives to expand disaster preparedness resources for older Oregonians and people with disabilities.
- c) Improved overall safety and security of vulnerable older Oregonians, as measured by local disaster preparedness plans in place.

Outcome Measures

All staff and volunteers passing the fitness determination on their criminal background check.

Timeline

- a) October 2006
- b) December 2008
- c) Ongoing, upon completion of disaster plan timeline (timeline b).

SECTION TWELVE
AoA REQUIRED ATTACHMENTS



SECTION TWELVE

ATTACHMENT A

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000

ASSURANCES

Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall-

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (III) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English-speaking ability; and

(VI) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal

Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of

such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C),

on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE

DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's

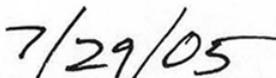
administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.



Signature and Title of Authorized Official



Date

Endnotes

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- ¹ Oregon Heart Disease And Stroke Report, 2003
 - ² Population Research Center, Oregon Outlook, December 2003 “Oregon’s Population Change: 1990-2000
 - ³ Older Americans 2004 Key Indicators of Well-Being
 - ⁴ Population Research Center, Oregon Outlook, April 2003 “Oregon’s Major Population Trends”
 - ⁵ Population Research Center, Oregon Outlook, April 2003 “Oregon’s Major Population Trends”
 - ⁶ Population Research Center, Oregon Outlook, April 2003 “Oregon’s Major Population Trends”
 - ⁷ Population Research Center, Oregon Outlook, December 2003 “Oregon’s Population Change: 1990-2000”
 - ⁸ Population Research Center, Oregon Outlook, December 2003 “Oregon’s Population Change: 1990-2000”
 - ⁹ Population Research Center, Oregon Outlook, December 2003 “Oregon’s Population Change: 1990-2000”
 - ¹⁰ State to State Migration flows, Census 2000 Special Reports, August 2003
 - ¹¹ http://governor.oregon.gov/Gov/pdf/Elder_Abuse_Report.pdf
 - ¹² Oregon Administrative Rules, Chapter 411, Division 002
 - ¹³ Population Research Center, Oregon Outlook, April 2003 “Oregon’s Major Population Trends
 - ¹⁴ Older Americans 2004 Key Indicators of Well-Being
 - ¹⁵ Population Research Center, Oregon Outlook, April 2003 “Oregon’s Major Population Trends
 - ¹⁶ U.S. Department of Health and Human Services Administration on Aging)
 - ¹⁷ http://www.dhs.state.or.us/about_dhs/govrelations/tribes.history.html
 - ¹⁸ CD Publications 2002
 - ¹⁹ Barth 1993
 - ²⁰ Legal Services Corporation, www.lsc.gov
 - ²¹ “State of Access to Justice in Oregon” 2000, sponsored by Oregon State Bar, Oregon Judicial Department, Office of Governor
 - ²² Oregon Department of Insurance
 - ²³ 1998 National Survey of Legal Needs of Elders