

SECTION TWO

INTRODUCTION AND OVERVIEW OF PLAN



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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.

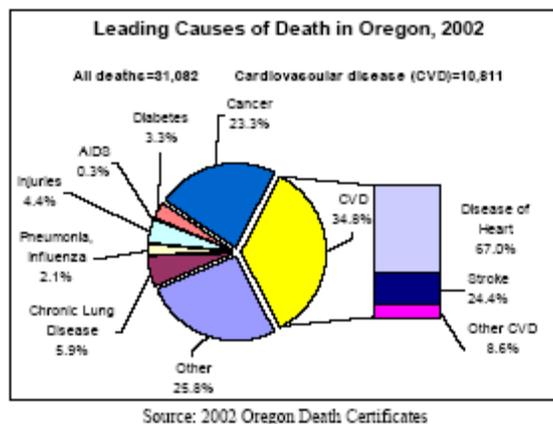
AAA's are permitted to self provide such services as administration, advocacy, outreach, information and assistance/referral. However, this State Plan provides that no supportive services, nutrition services, or in-home services will be directly provided by the AAA unless self-provision of these services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