

**SOUTH COAST BUSINESS EMPLOYMENT
CORPORATION**

DISTRICT 7 COOS & CURRY COUNTIES

OLDER AMERICANS ACT

AREA PLAN

for period of

JANUARY 1, 2008

to

DECEMBER 31, 2012

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VERIFICATION OF INTENT

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

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

SOUTH COAST BUSINESS EMPLOYMENT CORPORATION
as the AREA AGENCY ON AGING
93781 Newport Lane
PO Box 1118
Coos Bay OR 97420

J.J Mcleod, Chief Executive Office
Lori M. Austin, AAA Director

541-269-2013

My signature below endorses this Area Plan and affirms the Plan has been reviewed and approved by the AAA Advisory Council and if applicable, the AAA Governing Body.

Signature

Printed Name

Title

Date

OVERVIEW OF AREA PLAN

SECTION A **OVERVIEW OF AREA PLAN**

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

- a) thorough description of the service system, including meeting the needs of rural and low-income minority;
- b) list of designated focal points;
- c) profile of the population to be served by the AAA, including rural and low-income and ethnic minority;
- d) the types of services to be funded and any identified unmet needs;
- e) description of any major changes to the service system planned during the next area plan period, with annual updates; and
- f) description of the area agency planning process used to determine service priorities.

The overview continues on the next page. The Overview will be used at the Public Hearing and the Board of Directors.

The Agency will continue to monitor and revise service delivery to the elderly of the region. Staff will continue to discuss with the Advisory Council and the Board of Directors methods for improving the services of this Agency.

DESCRIPTION OF SERVICE SYSTEM:

The Agency portion of the Area Plan funds the overall planning, monitoring, and evaluation of the Area Agency on Aging programs within Coos and Curry Counties. Included in this portion is the development of subcontracts, with various multi-purpose senior centers, non-profit and for profit community organizations, and management of the field services component of the Area Agency on Aging.

Senior Nutrition Program

The Senior Nutrition Program will continue self providing in Bandon, Coquille, Lakeside, Myrtle Point and the Coos Bay/North Bend Areas . Also contracted services will continue in the Brookings and Gold Beach with the exception of Nutrition Screenings. **The Bay Area will go to a four day delivery Monday thru Thursday with the option of frozen meals for Friday as well as weekends and holidays. This change will be effective December 1st , 2011. The implementation process included informing the contractor, the drivers and the consumers. Letters were sent to all Bay Area consumers regarding the change in delivery. Aproximately 70% of our consumers already use frozen meals for the weekend and or the holidays. The impact will be the reduced social contact. Due to budget concerns the four day week was discussed at our August Advisory Council with all members present understanding that this is not the best option but we will continue to provide services the best we can with the funding available.**

Coos - Curry In-Home Service/Family Caregiver Programs

This segment of the Agency Field Services will continue as a direct service through January of 2012 under the limited Oregon Project Independence and Older American Acts funding. Due to licensing restrictions we are transitioning to using State Registered Home Care Workers. There will be no management changes with the program. All services will remain at the current service levels.

Coos Area Public Transit, & Curry Public Transit

The Area Agency on Aging provides passes to seniors to use on the transit programs of Coos and Curry Counties. Other funding sources are; Small Cities/Rural Operations Assistance (Section 18), Special Transportation Funds, Fares and Donations, and Fuel Tax Rebate.

The Agency plans to continue working with the Curry County Public Transit Program. Services are provided in two of the three cities in Curry County; Gold Beach, and the Brookings/Harbor area.

Coos County services are provided in the following areas; Coos Bay/North Bend including the Charleston area, Bandon, Myrtle Point, Coquille and limited services in Lakeside and Powers. The program is managed in a similar fashion as Curry Public Transit.

PRIORITY OF SERVICES AND SERVICES TO BE PROVIDED

Program Year 2010-2011

The priorities for the coming years have been reviewed and set by the Advisory Council and some of our community partners. These partners are the Senior & People With Disabilities and other Department of Human Service Managers, Home Health Agencies, Coquille Tribe, Confederated Tribes of Coos-Lower Umpqua-Siuslaw Indians, Senior Centers, State Legislators, County Commissioners, and other community partners.

Priority of Services Ratings:

Very High: Average points of 4.5 or above were:

Protective Service	Home Delivered Meals
Personal Care - CEP/other	Respite - a & b
Telephone Reassurance	Elder Abuse Awareness
Utility Assistance	Housing Assistance
Financial Assistance/Material Aid	

High: Average points of 4 to 4.4 were:

Homemaker - CEP/other	Congregate Meals
Transportation-2 Intercity	Medical Alert
Transportation-3 Bay Area Route	Senior Center Assistance
Home Repair/Modification	Friendly Visiting
Health Equipment Loans	Assisted Transportation (Escort)
Information for Caregivers	In-Home Volunteers

Case Management (Older Americans Act &/or Oregon Project Independence only).

Moderate: Average points of 3.5 to 3.9 were:

Information & Assistance Support Groups - a & b
Geriatric Assessment Volunteer Opportunities
Mental Health Service Registered Nurse(RN) Services
Crime Prevent./Home Safety Medical Equipment (purchase)
Screening Recreation
Health/Nutrition Screening Guardianship/Conservatorship
Medication Management Transportation-1-one way trips
Assist Caregiver to Receive Services

Moderately Low: Average points of 3 to 3.4 were:

Chore Adult Day Care/Adult Day Health
Nutrition Education Outreach
Wellness Education Exercise/Physical Fitness
Case Monitoring Counseling - a & b
Employment Assistance Money Management
Supplemental Caregiver Services
Senior Center Renovation/Acquisition

Low: Average points of 2.5 to 2.9 were:

Nutritional Counseling Interpreting/Translation
Employment Assistance Recreation

UN-MET NEEDS

The same group that worked with service priorities also discussed the un-met needs of the region. Services mentioned were: a volunteer senior companion program, senior center leadership training, long term care monitoring (Ombudsman), monitoring and assessment of senior drivers, chore service to assist elders to stay in their homes, education on how to hire a caregiver, and more respite opportunities for family caregivers and grandparents.

POPULATION AND DEMOGRAPHICS
Comparison of Census Population

Counties	1990 Census Population	2000 Census Population	60+ 1990 Census	60+ 2000 Census	75+ 1990 Census	75+ 2000 Census	85+ 1990 Census	85+ 2000 Census
Coos	60,273	62,779	13,733	15,584	4,215	5,720	843	1,498
Curry	19327	21,137	6,266	7,126	1,690	2,623	265	556
Totals	79,600	83,916	19,999	22,710	5,905	7,781	1,108	2,054

COOS COUNTY

Demographics: It was named after a tribe of Native American who dwelt in the area of the future county. As of 2010 the population is 63,043. In the county, the population over 60 years of age is 15,584 which is 25% of the total population. Those over the age of 75 are 5,720 for a 9% of total population.

Of those who are over the age of sixty, 3,564 (5.7) are aged 60 through 65, 6,300 (10%) are aged 65 through 74, 4,222 (6.7%) are 75 through 84, and 1,498 (2.4%) are 85 or older. The number of males 65 years and older are 5,469 (8.7%) and the females 6,551 (10.4%).

Household 65 years and older are 3,220 and households with individuals 60 years and over are 8,385.

The people 65 years and older under the poverty level is 9.4%.

Race/Ethnicity: The county is 92% white (non Hispanic). There are other small percentages of ethnic populations.

Economy: Currently, forest products, tourism, fishing and agriculture dominate the Coos County economy. Boating, dairy farming, myrtlewood manufacturing, shipbuilding and repair and agriculture specialty products including cranberries, also play an important role. Untapped rich deposits of iron ore, and lead await development.

There are several port districts in the county: Port of Coos Bay, Port of Bandon, Port of Coquille River. Coos Bay is considered the best natural harbor between San Francisco Bay and the Puget Sound.

Cities and Towns: The main areas of Coos County are Bandon, Barview, Bunker Hill, Coos Bay, Coquille, Lakeside, Myrtle Point, North Bend, and Powers.

CURRY COUNTY

Demographics: The county was named for George Law Curry, territorial governor of Oregon for much of the time between 1853 and 1859. As of 2010 the population is 22,364. In the county, the population over 60 years of age is 7,126 which is 34% of the total population. Those over the age of 75 are 2,623 for a 12% of total population.

Of those who are over the age of sixty, 1,498 (7.1%) are aged 60 through 65, 3,005 (14.2%) are aged 65 through 74, 2,067 (9.8%) are 75 through 84, and 556 (2.6%) are 85 or older. The number of males 65 years and older are 2,741 (13%) the females 2,887 (13.7%).

Household 65 years and older living alone are 2,834 and households with individuals 60 years and over are 3,889.

The people 65 years and older under the poverty level is 10.6%.

Race/Ethnicity: The county is 95% white (non Hispanic). The other ethnic populations are small percentages of Black, Native American, Asian, Native Hawaiian and Hispanic.

Economy: In 1852 explorers discovered gold and other precious metals in the rivers and along the beaches of this area. As a result, settlement in the county was concentrated along the coast, depending primarily on water transportation. The slow development of inland transportation routes kept the county relatively isolated well into the twentieth century. While there is still some mining of cobalt, nickel, and chromium in the Gasaquet Mountain area, the economy has reoriented to agriculture over time. Port Orford cedar (also known as Lawson Cypress) and myrtlewood are important

export products.

The county has excellent grazing areas for raising cattle and sheep. The county also produces blueberries, horticultural nursery stock, and 90% of all Easter lilies raised in the United States. Tourism is also important. The Forest Service owns 59% of the land within the county boundaries. The Port of Brookings is considered one of the safest harbors on the coast.

Cities and Towns: The main areas of Curry County are Brookings, Harbor, Gold Beach, Agnes, Langlois, and Port Orford.

AREA PLAN BUDGET FOR 2011--2013

The budget described in this document focuses exclusively on the funds that the Agency receives from the State of Oregon Senior and Peoples with Disabilities (SPD) via the Area Plan Contract. Two primary sources of revenue are the federal Older Americans Act (OAA), and a state in-home services program known as "Oregon Project Independence" (OPI). The anticipated revenue appears first, followed by the budget pages.

2011-2013 Planning Allocations (before any transfers).

Revenues	PY JULY 1, 2011	PY OCT 1, 2011- JUNE 30, 2013	
OAA-Title III B	40,919	286,436	
OAA-Title III C-1	46,608	326,259	
OAA- Title III C-2	23,447	164,127	
OAA-Title III D	1,860	18,295	
OAAA-Title III E	16,665	116,654	

OAA-Title VII B	559	3,913	
NSIP	17,010	119,069	
OPI	46,995	328,966	
TOTAL	194,063	1,363,719	
ARRA III C-1			
ARRA III C-2			
TOTAL FUNDS			

ADMINISTRATION

Governing Body
Advisory Council
Organizational Chart
Administrative Goals and Objectives
Other Programs & Activities

SECTION B-1
AGENCY'S GOVERNING BODY

List all members of the Governing Body (Board of Directors, COG Board, County Commissioners) indicating officers by title and the date each member's term of office expires.

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Oscar Johnson 63299 Idaho Drive Coos Bay, OR 97420	7/01/15	Treasurer
Bev Owen 56567 Levi Bunch Road Coquille, OR 97423	7/01/11	
Gordon Ross 95369 Stock Slough Lane Coos Bay, OR 97420	7/01/12	
Marilyn Schafer Curry County Courthouse P.O. Box 746 Gold Beach, OR 97444	7/1/11	Chair
T. V. Skinner 30412 Hillside Terrace Gold Beach, OR 97444	7/1/11	
		Coos County Commissioner To Be Determined
Mary Taylor Freeman Marine 28336 Hunter Creek Road Gold Beach OR 97444	7/1/11	
Connie Croy 954 Michigan Avenue Coos Bay OR 97420	7/1/11	

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
David Itzen Curry County Courthouse PO Box 746 Gold Beach OR 97444		Curry County Commissioner
Terry Hanscom 00243 Winchuck River Road Brookings OR 97415	7/1/11	

Additional Comment:

SECTION B-2
AREA AGENCY ADVISORY COUNCIL

List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D)

Name & Contact Information	Date Term Expires	Category of Representation
Ann O'Sullivan Bandon Senior Activity Center PO Box 763, Bandon 97411 541-347-4131	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Paul Forsman Bay Area Senior Activity Center 886 South 4 TH , Coos Bay 97420 541-269-2626	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>
Alyce Dubisar Bay Area Senior Activity Center 886 South 4TH, Coos Bay 97420 541-269-2626	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>
Shirley Craig Chetco Senior Activity Center and Meal Site PO Box 1444, Brookings 97415 541-469-6263	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Norma Lippert Gold Beach Senior Center and Meal Site PO Box 1277, Gold Beach 97444 541-247-7506	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
	June 30, 2010	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>
Lakeside Senior Activity Center and Meal Site PO Box 303, Lakeside 97449 541-759-3819	June 30, 2010	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>

Name & Contact Information	Date Term Expires	Category of Representation
George Hudson Myrtle Point Senior Activity Center and Meal Site 1441 Doborout, Myrtle Point 97458 541-572-3151	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Marge Hudson Myrtle Point Senior Activity Center and Meal Site 1441 Doborout, Myrtle Point 97458 541-572-3151	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Bessie M. Laursen Port Orford Senior Activity Center PO Box 726, Port Orford 97465 541-332-5771	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Linda Smith Port Orford Senior Activity Center PO Box 726, Port Orford 97465 541-332-5771	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Mike McGuinness Curry County Commission PO Box 746, Gold Beach 97444 541-247-3280	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Vicky McGuiness Curry County Commission PO Box 746, Gold Beach 97444 541-247-3280	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Chris Flammang Coos County Commission 1755 Village Pines Lane Coos Bay 97420 541-888-9657	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Judy Falkowski Bay Area Home Health Agency 3950 Sherman Avenue, North Bend 97459 541-269-5454	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Tomi Francisco Bay Area Home Health Agency 3950 Sherman Avenue, North Bend 97459 541-269-5454 x 228	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Lori Kent, R.N. Curry Home Health and Hospice PO Box 746, Gold Beach 97444 541-247-7084	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Amanda Cooke Coastal Home Health and Hospice PO Box 746, Gold Beach 97444 541-2477084	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Michael Marchant Disabled Services Advisory Council Senior & People with Disabilities 3030 Broadway, North Bend 97459 541-756-2017	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Representative of older persons</u>
Cindy Hoffman Disabled Services Advisory Council Senior & People with Disabilities 3030 Broadway, North Bend 97459 541-756-2017	June 30, 2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Representative of older persons</u>
		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>
Joanne Wasbauer PO Box 1771 Brookings OR 97415 541-412-8806	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>New</u>

Name & Contact Information	Date Term Expires	Category of Representation
	June 30, 2010	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Jane Baumgarten PO Box 492 North Bend 97459 541-756-5635	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Pat Widmer PO Box 964 Brookings OR 97415	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
William Lucas 17269 Mountian Drive Brookings OR 97415 541-469-4009	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Florene Burns 95691 Saunders Creek Road, #20 Gold Beach OR 97444 541-247-2462	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Dave Swindell PO Box 341 Gold Beach OR 97444 541-247-2462	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Lynne Meininger PO Box 142 Port Orford Or 97465 541-332-2059	June 30, 2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

SECTION B-3
ORGANIZATIONAL CHART(S)

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

The South Coast Business Employment Corporation organizational chart (A) and the Area Agency on Aging organization chart (B) are included in the appendix.

SECTION B-4 **ADMINISTRATIVE GOALS AND OBJECTIVES**

Listed goals and objectives must be measurable in terms of results and have a target date or time duration for accomplishment. Goals and objectives must be reviewed and updated annually with accomplishments noted for the previous year's goals.

As required by the Older Americans Act you must have goals and objectives in the five areas explained below. Please indicate the type(s) of each goal in the table. Some goals may cover more than one area.

Administration: Administrative functions required to implement planned services, maintain records, and fulfill the requirements of Federal regulation, State rules, and Community Independence & Advocacy/State Unit on Aging policies and procedures. Support advisory committees. Includes such functions as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.

Advocacy: Monitor, evaluate and comment on issues related to community actions affecting older persons; conduct or attend public hearings; represent older persons' interests at the local, state and national levels; and support Long Term Care Ombudsman program.

Coordination: The coordination of programs funded through the Older Americans Act with other supportive federal, state, local or private programs. Coordination is a continuing activity linking, in support of common service objectives, existing planning and service resources on a cyclical and ongoing basis.

Development: Functions directed toward the development of specific service(s), goals or objectives. Includes such functions as needs assessment, plan development, budgeting/resource analysis, inventory, standards development, policy analysis, resource development and research.

Outreach: Efforts used to identify individuals eligible for assistance under the Older Americans Act, with special emphasis on:

- older individuals residing in rural areas;

Outreach, continued

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

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To make sure that clients are receiving the best possible service and that contractor are provided quality services.	Quality Assurance – To monitor services and make sure that the clients are eligible and receiving the appropriate services at good quality level.	Monitor via client satisfaction and on-site monitoring of services.	Done annually for OPI and contracted services.	

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<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To comply with Public Bid process.	To find the most cost effective way to use the AAA's funds.	To follow our procurement policy and work within that procedure	As needed	

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>To strengthen the Role of the Advisory Council and increase their efforts to educate the community</p>	<p>To have a more informed council with a good understanding of OAA/ OPI and LTC system.</p>	<p>Provide training on the role of AAA-AC.</p> <p>Provide training on the OAA and OPI programs.</p> <p>Recruit speakers from other social service agencies.</p> <p>Upgrade Handouts</p>	<p>Ongoing with meetings and with informational mailings.</p> <p>At the end of each program year when doing planning for next year will be proof of increased knowledge.</p>	

	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E To have the AAA-AC assist staff to develop and implement methods to increase awareness of services for minorities and low income individuals.	To make sure that the AAA is reaching the minorities and low income individuals with services and increase participation	Review what services are available with AAA-AC. Partner with Low-Income Energy Assistance to inform their clients of AAA programs	On-going	
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To advocate at the local, State, and National level for the needs of older adults.	To educate local, state, and US Congress and Senate elected officials on the needs of older adults. To advocate for continued and increased funding to help cover the increase needs for services.	To have on-going communications with the elected officials by e-mail, letters and telephone. Continue the support of O4AD and their advocacy efforts.	On-going	

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To keep informed and act when appropriate, on issues related to senior citizens.	MEASURABLE OBJECTIVES To be an active partner in the community on the issues affecting seniors.	ACTIVITIES Have monthly meeting with the Senior and People with Disabilities Manager. Participate in: -Senior Needs Task Force. -Disabilities Services Advisory Council -Transit Advisory Council -RSVP Advisory Council -Lifespan Respite Program	DURATION On-going	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E To support local Ombudsman in their efforts to keep older adults safe.	Assist the local Ombudsman with the cost of mileage to make their visits to NH's, ALF's, RCF's, and AFH's	Budget dollars to help pay for ombudsman mileage	On-going	

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>To strengthen the Family Caregivers Support Programs.</p>	<p>The AAA needs to expand the amount of information available about the Family Caregivers Support Programs.</p>	<p>Encourage the contractors to get information out about their programs.</p> <p>The AAA develop an ongoing media and community awareness program</p>	<p>Ongoing Annually</p>	
<p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>To keep the community service providers updated on services available in our district.</p>	<p>For the AAA to play an active role as an information source.</p>	<p>Develop an AAA Resource Directory for our offices since Helpline (non-profit 24 hours I & A program) closed.</p> <p>Continue to update and provide the AAA-AC quick informational sheets</p>	<p>Ongoing Annually</p>	

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E To assure coordination and outreach efforts to tribal organizations.	To provide information and encouragement to tribal members to access available services	Invite tribal representation on the AAA-AC AAA staff to do presentation at the tribal locations.	Ongoing Annually	

SECTION B-5

OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA

Explain all other coordinated services/activities of the area agency whether funded by public or private funds and NOT funded by the State provided OAA, OPI, and Medicaid allocation, nor indicated in Section D-1. (OAA 306(a)(12))

Describe each type of activity and source of funding of each activity. (e.g., Low-Income Home Energy Assistance Act, Community Services Block Grant Act, Titles XVI, XVIII, XIX and XX of the Social Security Act, Housing & Community Development Act, Workforce Investment Act, etc.)

The AAA has no other activities at this time. The AAA program is a partner with many other local community services and/or programs. Some of them are the RSVP programs, Transit programs, local SPD staff, Low Income Housing and Energy assistance program. Also, the AAA works closely with all the independent senior centers in the district.

PLAN & SERVICE DEVELOPMENT

**Public Hearings
Contracted Services**

SECTION C-1
PUBLIC HEARING COMMENTS

The Area Agency on Aging is required to conduct at a minimum, one public hearing on the Area Plan content, planned services, goals, objectives, etc., prior to submittal of the plan for State review and acceptance (OAA 306(a)(6). Consistent with CFR 1321.17(14)(ii) the Area Agency will submit proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment. The AAA shall maintain documentation of public hearing notifications/discussion for the duration of the Plan. During the duration of the plan, public hearings are required if the area agency seeks to fund Title III B access, in-home or legal services below the minimum percentage. OAA 306, (a)(2)(A-C) and 306(c)

1. Please provide the following information:

City and Hearing Location: Coos Bay at the South Coast Business Employment Corporation office.

Date: October 1, 2007

Number in Attendance: 17

Number of 60+:16

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

2. Briefly describe the information presented at the public hearing(s), and a summary of any objections related to the material presented, from those in attendance at the hearing.

The information presented was on current services being provided and would continue such as Congregate and Home Delivered meals. There were no objections to the material presented.

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

If yes, briefly describe: There was a recommendation to find more current statistics and demographics. The only actual changes were spelling and punctuation errors.

SECTION C-2
CONTRACTS OF THE AREA AGENCY

Except where a waiver is granted by the State, AAA's shall award funds by grant or contracted to community services provider agencies and organizations. OAA Sec 306(a)(13)(B) and (CFR 1321.63(b)

List all contracts and funding agreements that provide services to the elderly with Older Americans Act, NSIP and OPI funds. Do not include contracts to provide services to Medicaid clients in this section.

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
<input type="checkbox"/> For profit agency	
Chetco Senior Center PO Box 1444 / 550 Chetco Lane Brookings OR 97415 President 541-469-6263 <input type="checkbox"/> For profit agency	Homebound Meals--#4 Congregate Meals - #7
Gold Beach Senior Center PO Box 1277 Gold Beach OR 97444 President 541-257-7506 <input type="checkbox"/> For profit agency	Homebound Meals--#4 Congregate Meals - #7

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
North Bend School District #13 1913 Meade Street North Bend OR 97459 Rhonda Hoffine 541-756-8305 <input type="checkbox"/> For profit agency	Homebound Meals--#4
Chetco Senior Center / Time Out PO Box 1444 / 550 Chetco Lane Brookings OR 97415 <input type="checkbox"/> For profit agency	Support Groups for Caregivers #30-6 Respite #30-5
<input type="checkbox"/> For profit agency	
"ORGANIZE IT!" PO Box 264 Coos Bay OR 97420 Char Luther 541-266-0806 <input type="checkbox"/> For profit agency	Grandparents Support Powerful Tools Classes
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

Disease prevention and Health Promotion Services: In the past we have contracted with each senior center in Coos and Curry County with our III D dollars for health and nutrition screenings and exercise and physical fitness. The allocation amounts have been based on County and population with Powers receiving less than \$200 and Coos Bay over \$2,000. Sites were being reimbursed 1.50 for each health screening which was mainly blood pressure checks and \$1.00 for each person participating in exercise or physical fitness. Because center volunteers and management change so often the staff was spending a lot of time getting the proper documentation to process and get payment out to each center. The Advisory Council has been discussing how these dollars could be used more efficiently. The council is in favor of using the III D dollars for the Living Well program in each community.

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

**SECTION D-1
SERVICE MATRIX**

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

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
1	Personal Care OAA OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 1a	Personal Care – HCW OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2	Homemaker OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
x <input type="checkbox"/> 2a	Homemaker – HCW x <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3	Chore OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3a	Chore – HCW OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input type="checkbox"/> 5	Adult Day Care/ Adult Day Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 6	Case Management <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 8	Nutrition Counseling <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 9	Assisted Transportation <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
CLUSTER 3 NON-REGISTERED SERVICES			
<input checked="" type="checkbox"/> 10	Transportation <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 One-Way Trip	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 11	Legal Assistance <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 12	Nutrition Education <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 15	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input type="checkbox"/> cost efficient

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 30-6	Organization & Maintenance of Support Groups for Caregivers <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Maintain Health			
40-1	Health/Nutrition Screening <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Screening per participant	Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
40-2	Exercise/Physical Fitness <input checked="" type="checkbox"/> OAA	1 Session per participant	Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-3	Wellness Education <input type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Payment for Service per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-7	Medical Equipment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Client Served	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Protect Elder Rights			
<input type="checkbox"/> 50-1	Guardianship Conservatorship <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-2	Protective Service <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-3	Elder Abuse Awareness <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-5	LTC Ombudsman <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-2	Friendly Visiting <input checked="" type="checkbox"/> OAA	1 Visit	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-3	Telephone Reassurance <input checked="" type="checkbox"/> OAA	1 Contact	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 60-4	Volunteer Recruitment <input type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

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

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

SECTION D-2

OREGON PROJECT INDEPENDENCE

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

a. Describe how the agency will ensure timely response to inquiries for service. The program's policy states that referrals are responded to within 24 hours, and that a home visit is made within 5 working days. The policy is enforced by the Senior Services Manager.

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

. Entry into OPI service is through an assessment by the Case Manager using the Senior and People with Disabilities CA/PS ACCESS tool. Monthly narrative reports are made by the Home Care Provider and reviewed by the Case Manager which may indicate a need for a case monitoring visit. Also, the providers call and discuss clients' current situations with the Case Manager which may indicate a need for a case monitoring visit. If a case monitoring visit is made, it will be documented on a narrative report by the Case Manager. Also, in compliance with the new Oregon Administrative Rules and as a licensed agency, there will be quarterly monitoring visits made on all clients were needs are assessed and appropriate community service options are discussed.

The Case Manager is knowledgeable of the basic Medicaid eligibility. The Case Manager reviews client's basic financial income at initial eligibility determination and at least annually thereafter to determine if client would benefit from referral to SPD for Medicaid services.

e. Describe how eligibility will be determined.

An initial intake (screening) will be conducted by the Case Manager to evaluate a prospective client's requests and needs prior to accepting the individual for service. The extent of the screening (using Senior and People with Disabilities CA/PS ACCESS tool) will not be sufficient to determine the ability of the program. The experience and knowledge of the Case Manager will also be used to determine eligibility. The intake will be documented, and dated and signed by the Case Manager. The current survival levels are also observed.

f. Describe how the services will be provided.

Services will continue to current clients that have been determined eligible by priority levels as long as there is funding to provide these services. If additional funding should become available, then the program would be open to new clients that are determined eligible by priority level. If the funding level is reduced or eliminated, then the following procedures would be followed. The reduction of services to clients would be based upon the instructed priority levels. If given enough notice that funding is ending, then the program staff would notify clients in written form that their services would end. The notice would also include instructions about contacting the program staff if they had questions. All clients would receive a copy of the complaint and grievance procedure with their notice if applicable. The Case Manager contacts the provider to see about scheduling a new client. The number of service hours are determined by the Case Manager and the client at the time of intake. The client is then notified of who their provider will be and when they will come as agreed upon by the client. The Coos-Curry In-Home Service Program has been in existence since 1982 and has always been a direct service of the AAA. We are in transition to going from a direct service provider to using State Registered Home Care Workers. Request for Proposals have not produced other providers. In the past it has been an administrative decision not to use registered home care workers, .

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

The program uses the CA/PS ACCESS intake tool and provides service based upon the priority levels. OPI rules in 411-032 are used and we do prioritize. Currently we are serving through level fifteen (15). This is subject to change to meet the SPD requirements. The amount of services needed is a mutual agreement between client and/or family and the case manager. The services provided are also influenced by the risk factors such as lack of family support, limited financial assets, dementia, etc.

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

The denial of service is based upon age, priority level and types of service needed but not available through the program. Notification is given verbally at time of intake and in writing.

The reduction of service is based on a change of priority level or the change in the program funding availability and at least two weeks notice is given in writing.

The termination of services is sometimes initiated by the client either because they have improved conditions (survival level change) or due to

increased health problems that require moving into a different facility to meet their needs. If the program has to terminate services, it can be done by the following methods. The case manager may visit with the client to explain and document why a service is being terminated. If the termination is due to program funding, that is usually done by a letter explaining the reason for termination, including or together with a copy of the complaint and grievance procedure with their notice. At least two weeks notice is given.

□ If the client's income increased past the OPI level then their service can be terminated or they become private clients.

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

The program has a disclosure statement that includes the "Client Bill of Rights" that is provided to the client at the time of intake. Clients are given a new copy annually during the reassessment visit.

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

The client who has an adjusted net income exceeds the limits whereby service can be subsidized by program funds, may receive service through the initiation of private contracts. Private contract clients shall be expected to pay full fees for service.

The client bills are based on hours of service from documented service reports that have been initialed and signed by the clients. (See attached copy of the bill that goes to the client.) The bill has a method of documenting payments as credits. The past due amount is also reflected on the bill. Copies of the Invoice and statement are enclosed. All OPI income is reported on the SPD 148. The amount is subtracted from total expense and the balance is billed to OPI.

The Case Manager(s) will assess the OPI fee for service using our income worksheet at the time of intake. The Case Manager decides if the client's income exceeds the established limits. See attached Fee Schedules and the work sheet for the method used to assess the fee. This information is updated when the client's annual review for the CA/PS ACCESS is completed.

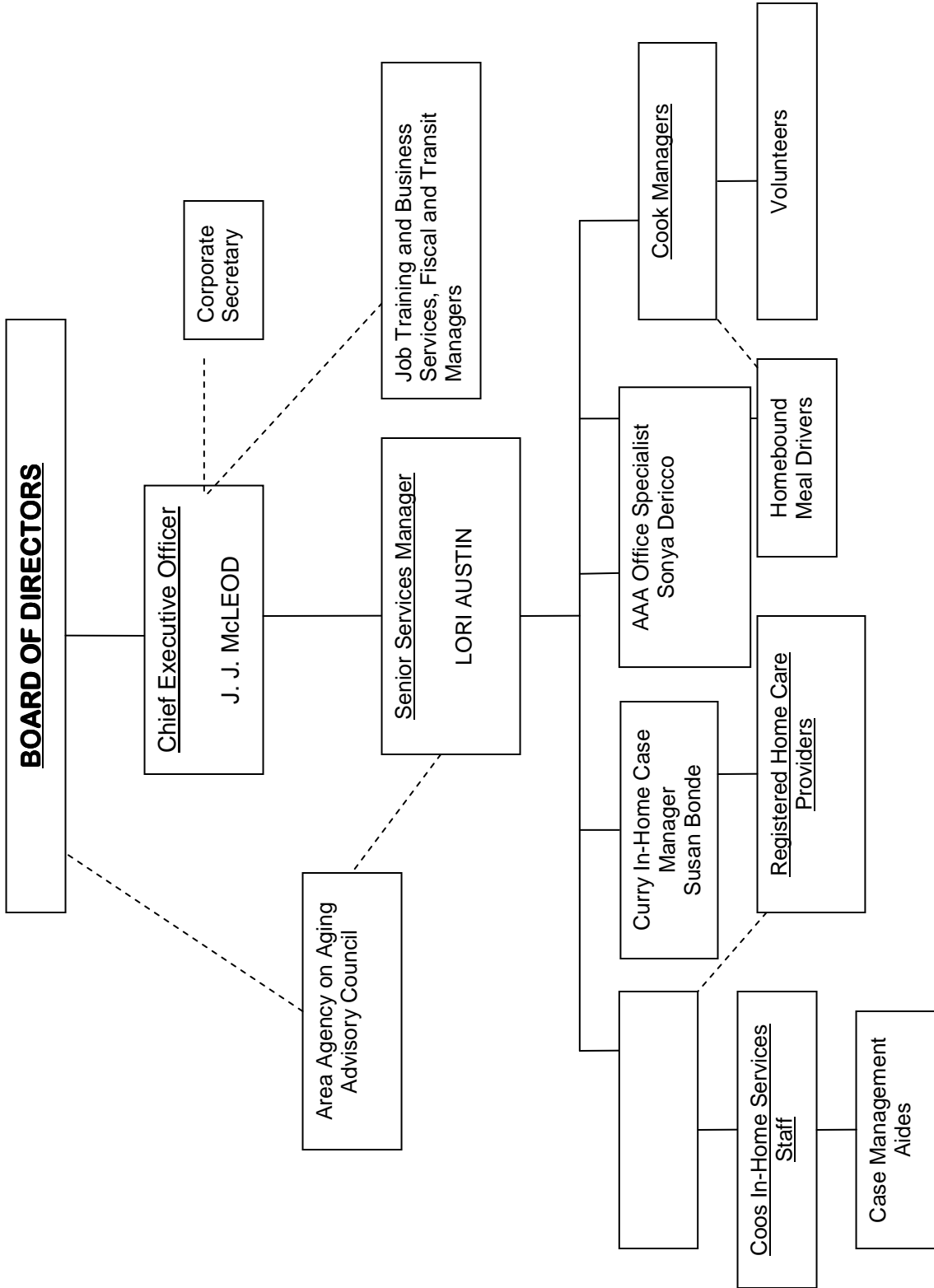
k. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

The new accounting program automatically adds a friendly reminder of any past

due amounts. The Case Manager or Senior Services Manager contacts the client when an account is three months overdue, usually by a notice with the current billing which is followed up with a phone call. Each individual receiving program services shall be given an opportunity to contribute towards the provision of those services. However, client ability to pay shall in no way be utilized as a factor to determine service eligibility. Clients or interested persons may make donations to the program which shall be utilized to assist with program costs.

I. Explain how service providers will be monitored and evaluated. Monitoring evaluations are conducted at least every 90 days for Homemaker (Home care) providers. . However, other monitoring of their service may be done by program telephone checks, client home checks of services provided and annual evaluations sent to clients.

**AREA AGENCY ON AGING
ORGANIZATION CHART
SEPTEMBER 2011**



**SOUTH COAST BUSINESS EMPLOYMENT CORPORATION
ORGANIZATION CHART SEPTEMBER 2011**

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