2017-2020 AREA PLAN
- 2019 Update -

District 11: Klamath & Lake Counties

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Special Acknowledgements:

KLCCOA Advisory Council

KLCCOA Governing Board

Klamath & Lake Counties Council on Aging

advocacy | action | answers on aging

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SECTION A -- AREA AGENCY PLANNING AND PRIORITIES

A – 1 INTRODUCTION

Klamath & Lake Counties Council on Aging Services

Klamath and Lake Counties Council on Aging (KLCCOA) is a state designated type A Area on Aging (AAA) with a planning service area (PSA) that covers Klamath and Lake Counties in the southern central area of Oregon. The AAA functions as an entity responsible for system planning and advocacy and was established in 1969 under the Older American's Act.

KLCCOA is a private non-profit community based organization as defined by the 501(c) (3) of the Internal Revenue Code. The agency was established in 1969 as the Klamath Basin Senior Citizen's Council and was re-organized and re-named Klamath and Lake Counties Council on Aging in 2013. The agency office is located in Klamath Falls, Oregon with 4 staff. One part-time staff is located in Lakeview, Oregon.

KLCCOA is governed by a volunteer Board of Directors. This Governing Board receives recommendations from an Advisory Council regarding policy and program implementation and advocates on the behalf of the needs of seniors and people with disabilities. The Governing Board and Advisory Council are made up of volunteer representatives from service providers, general public, consumers of service, and elected officials. The membership of both Board of Directors and the Advisory Council reflects proportionate representation of the number of seniors residing in each county. Emphasis is placed on having 50% or more members 60 years or older and have a balance of rural, urban, minorities and people with disabilities.

The Advisory Council have many critical functions: providing guidance to KLCCOA on planning forums, service and programs implementation, monitoring, and the Request for Proposal process. They also help identify the needs, barriers and gaps in services to be able to create the 4 year area plan for the development of comprehensive community based long-term care services.

KLCCOA administers and supports community-based care services, advocates for older adults, and adults with disabilities, develops community-based long-term care services and administers funds from sources from the State of Oregon for the Older American's Act programs.

KLCCOA has developed a plan for a comprehensive and coordinated service system to meet the needs of older adults, family caregivers and adults with physical disabilities in the two counties. The Area Plan identifies the coordination and delivery of services which are available to individuals 60 years and older, regardless of income. It also shows the coordinated services provided through Oregon Project Independence (OPI).

KLCCOA is an active member of many local coalitions that promote coordinated planning and service provisions. As part of the Healthy Klamath Initiative, we are able to strategize with the medical community on the best way to serve our shared clients. The Blue Zones is a new Initiative in Klamath County that is educating the community how to live healthy productive lives longer. The Living Well Coalition has brought the medical community, service providers, insurance providers, Coordinated Care Organizations, clinics, media, Public Health, OSU Extension, and Disabled Services (SPOKES) and DHS/APD together to provide services to our community in collective and collaborative ways. By being a part of these exciting community initiatives, KLCCOA is providing services to our communities that ensure that more seniors are getting their needs met.

KLCCOA Services include: Meals on Wheels (MOW), Family Caregiver Support Program, Case Management, Congregate meal sites, Oregon Project Independence, Living Well programs, Gatekeeper, Aging and Disability Resource Connection (ADRC), and numerous other Health Promotion programs.

KLCCOA TARGET POPULATIONS

KLCCOA tries to develop and provide services to meet the needs of older citizen's that are 60 and older and adults with physical disabilities age 18 and older in Klamath and Lake Counties. Priorities are on serving people in economic and social need, frail, socially isolated, and underserved.

AREA PLAN DEVELOPMENT

KLCCOA has created a coordinated service delivery system to meet the needs of older adults and adults with disabilities for Klamath and Lake Counties. This Area Plan's purpose is to plan services and service delivery based on community needs and it also serves as a compliance document which provides the basis for the contract with the State of Oregon.

KLCCOA CONTACT INFORMATION

Information and/or assistance for both Klamath and Lake Counties:

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A – 2 Mission, Vision, Values

The mission of the Klamath and Lake Counties Council on aging is

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

To accomplish this mission, KLCCOA believes in the following principles:

Targeting services to seniors with the greatest social and economic need: We continue to monitor and assess programs and services for the most efficient and effective means of providing assistance to eligible clients, especially those whose independence is most at risk.

Client Advocacy and Involvement: Client should act as their own advocate whenever possible. Clients, community members and organizations help shape the system and services that best address client needs.

Promote local community awareness of long term issues, services and supports: Community awareness is crucial to promote effective network of care for older adults.

Leading community planning efforts: Meeting current and future service needs of older adults by inspiring the development of partnerships to work collaboratively and collectively to best address their needs.

Promote a respect of social and cultural diversity and equity: We recognize the importance of inclusion to our programs and services, regardless of race, ethnicity, gender, or sexual preferences.

Engage older adults and family caregivers in identifying service needs and priorities: Caregivers should be supported and paid appropriately. All caregivers should have access to support, respite, and available trainings.

Access for all clients: Clients who are aging or living with a disability should have a reliable, singe access point to services and information. Information and facilities should be physical, culturally and financially accessible, with appropriate design and sensitivity to clients of all abilities, languages, cultures and financial situations.

Healthy Aging: We promote community programs which provide activities and exercise, educational programs, health-related workshops and access to free or low-cost prevention services.

Age and disability friendly communities: We support communities that are committed to helping citizens to age in place and that is accessible and welcoming to individuals with disabilities.

KLCCOA continues to adopt the following ***values*** important to older adults:

- Quality of life
- Quality of care
- Access and affordability
- Choice and person – centered services
- Equity within programs and service delivery

Altogether, this information provides the frame work within which the KLCCOA carries out its duties and responsibilities.

A – 3 Planning and Review Process

KLCCOA NEEDS ASSESSMENT

KLCCOA used 2 methods to identify needs of the targeted populations.

The first method was by surveying people in all the outlying areas that have meal sites and the two senior centers in the larger cities including MOW clients in both counties. The needs assessment covered adults over 60, adults with disabilities age 18 and over, and caregivers. The survey ask for views about housing, in-home assistance, outreach, legal assistance, options counseling, in-home care (OPI), chore and friendly

visitor, home delivered meals, congregate meals, transportation, health and nutrition, financial and care giver support.

Over 257 surveys were collected with ages covering under 60 with a disability, 60 years and older, and all ethnic backgrounds.

The Community Needs Assessment process included hardcopy paper survey, email and informal community hearings. Surveys were hand delivered to all the rural nutrition sites in Lake and Klamath Counties and presented to the consumers that were attending on that date. Additional surveys were left for other consumers throughout the month. Both senior centers distributed the survey over a 3 month time period including sending them out with the meals on wheels.

Places surveys were distributed through November, 2015 through March, 2016:

Lake County

- Lakeview Senior Center
- Klamath/Lake DHS/APD
- Paisley – Homestead Café
- Summer Lake – The Lodge at Summer Lake
- Christmas Valley – Lakeside Terrace

Klamath County

- Beatty Community Center
- Bly School
- Bonanza – the Taqueria EL Sombrero Loco
- Chiloquin – The Tribes Community Center
- Malin – Papa Tanys'
- Keno – Max's Café
- Klamath Basin Senior Center

The Advisory Council was involved in getting out the surveys to all our urban and rural areas and getting the results interpreted for the area plan.

The second method was surveying professionals in aging and disability related fields. In June, 2016, a town hall meeting was conducted in Lake County called "Lake County, A Community Conversation". Professionals met and shared information on their services and programs and explored how we could work together more collectedly in the future.

Klamath held a similar town hall meeting in August called "Klamath County, A Community Conversation." More than 26 participants from 12 different agencies attended to share their program information and to strategize on how to continue to collectively work together and strengthen our current coalitions.

PLANNING GOALS AND OBJECTIVES

After the community surveys were analyzed, the KLCCOA Advisory Council met to review the previous 2013-16 Area Plan goals and objectives. They went through each goal and decided if the goals were still pertinent, needed to be up-dated or if the goal was completed and could be deleted. New goals and objectives were added to reflect the current needs and the draft was presented to the full Governing Board for approval.

Other Community Plans: The 2015 Klamath County Health Assessment closely aligns with the KLCCOA area plan. This plan came from a regional partnership called "Healthy Klamath" which KLCCOA is an active member. This collaborative is a group of organizations and individuals committed to improving all aspects of health (physical, mental, economic and social) in our community.

A strong partnership between health, senior, and human services agencies is needed to meet the needs of individuals living with chronic conditions. Chronic condition programs are one of the top priorities in the Klamath County Health Assessment.

For link to Healthy Klamath Assessment:
http://www.healthyklamath.org/content/sites/klamath/2015_Community_Health_Assessment_Watermarked_Draft1.pdf

Another initiative is the Blue Zones Project that KLCCOA is also an active member. The Blue Zone Project assessment team conducted 16 focus groups with more than 220 people and met with more than 25 key leaders and community groups to learn about Klamath County, its history, economy, and people. Most of the statistics gathered doesn't include Lake County which also uses our services.

The Blue Zones Project in Klamath County major goal is to create healthier, happier, and more productive residents. They use a community-wide approach by helping schools, restaurants, grocery stores, community policies and individuals to help make healthier choices easier. The project encourages changes to our communities that lead to healthier options. The small changes contribute to huge benefits for all of us: lower healthcare costs, improved productivity, and ultimately, a higher quality of life.

For more information on the Blue Zones Project Assessment: FAQ: Blue Zones Project Assessment in Klamath Falls, OR.
http://oregonstate.edu/dept/kbrec/sites/default/files/faq_klamath_falls_bzp_assessment.pdf

A – 4 Prioritization of Discretionary Funding

OLDER AMERICAN ACT
There are currently no wait lists for these services unless stated. If, in the future a wait list is necessary, priority will be given to length of time on the wait list, geographic area, volunteer availability, and to those in greatest economic/social need.

Title III-B: *Support Services and Area Plan Administration*

1. Federal Priority Services: There are no wait lists for any of these programs.
    a. Access Services: transportation, including assisted transportation; outreach, information and assistance, option counseling, gatekeeper and case management.
    b. In-home Services: personal care, friendly visiting, telephone and in-person reassurance; chore, coordination of in-home volunteers for reassurance/friendly visiting; and in-home support services such as caregiver respite.
    c. Legal Services.
    d. Other Services: advocacy

Title III-C-1: group/congregate meals and Area Plan Administration.

Title III-C-2: Meals on Wheels and Area Plan Administration. The Meals on Wheels program experiences wait lists periodically in Klamath County. Currently there is only 6 on the list. The wait list is prioritized using a MOW risk assessment tool. Lake County does not have a wait list. Outlying areas are a priority for MOWs; barriers include getting the meals to very rural areas using volunteers.

Title III-D: Health Promotion and disease prevention services: Both Senior Centers in Klamath and Lake County promote health prevention through evidence-based workshops, including Tai Chi, Strong Women, and SAIL.

Title III-E: Family caregiver support services and Area Plan Administration. Services include: respite, assistance finding services, supplemental services (counseling, minor home repair or modifications to support livability), home delivered meals, caregiver training, and caregiver support groups. There are no waiting lists for these programs.

Title VII: Elder Abuse prevention services. Use of these funds are for education to the community and trainings for professionals.

STATE GENERAL FUNDS

A. **Oregon Project Independence (OPI):** OPI is used for home care, personal care, chore, meals on wheels, case management and Area Plan Administration. The wait list is currently at seven. The waitlist is prioritized using the State of Oregon Risk Assessment. High Risk: No. 11-18 receive home and personal

care and option counseling; Medium Risk: No. 8-10 are put on the waiting list for home and personal care; Low Risk: No. 7 and below receive no services.

Risk Factor	Numbers	Services
High	11-18	Home and Personal Care Options Counseling
Medium	8-10	Put on waiting list for Home and Personal Care
Low	7 and below	No services available

Priority is based on Activities of Daily Living (ADL's). Persons who need assistance in the following ADL's will have higher priority,

1. Mobility
2. Eating
3. Bowel/Bladder
4. Bathing/ Personal Hygiene
5. Dressing/Grooming
6. Cognition

Health Promotion: These State funds are used to support Stanford University's Chronic Disease Self-Management and Diabetes Self-Management Programs --"Living Well" programs. KLCCOA has a Memorandum of Understanding (MOU) with Sky-Lakes Medical Center to share the licensing expenses for both programs that covers both Klamath and Lake Counties through August, 2019.

Aging and Disability Resource Network (ADRC): Grants through the ADRC Region #6 are used for Options Counseling, Gatekeeper, and Dementia Capable promotion. Although Gatekeeper is not currently funded, presentations are still being promoted to educate the community with the help of Title III-B Information and Assistance funding.

WAIT LISTS PRIORITIZATION PROCESS

OPI program: Case mangers prioritize their wait list based on in-home assessments and length of time on the list.

Family Caregiver: Case managers prioritize their wait list based on in-home assessments and length of time on the list.

Older American Act programs: Case managers prioritize by risk that is based on a combination of physical, mental, daily function, economic need, isolation, health condition, and geographic locations.

FUTURE FUNDING CHANGES

In the event of future funding reductions in any program area, waitlists would be maintained as appropriate and alternatives to service reductions would be reviewed. KLCCOA will look at other programs to continue services delivery where possible.

In the event of increase in funding, the KLCCOA Advisory Council would look at the funding stream to see what wait lists would be impacted and/or increase in number of clients identified as high risk or areas of high need or underserved rural areas.

Collective funding opportunities are continually being sought with partner agencies to help with funding changes. For example KLCCOA collaboratively worked with Lakeview District Hospital in October 2016 in obtaining an $11,000 grant to enhance the gatekeeper program in Lake County.

Grants for the new Village Model will be explored to be able to expand funds for expenses not covered with OAA funds. For example: paying for local businesses to repair or replace items for eligible consumers , constructing ramps, transportation (if OAA funds are depleted), cost of staff and data systems, and any other expenses not covered.

SECTION B – PLANNING AND SERVICE AREA PROFILE

B – 1 POPULATION PROFILE:

Brief History – Klamath County
Klamath County is named for the Klamath Native American Tribes, who have inhabited the Upper Klamath River Basin region for thousands of years[1]. In the late 1800's conflict began to rise between white settlers and the Native American. With the Arrival of the Southern Pacific Railroad in 1909, the population of white settlers began to grow significantly. By 1930, with the introduction of the railroad and booming lumber industry, Klamath Falls became the fastest growing city in Oregon. In the 1990s, reduced timber supplies and environmental restrictions significantly impacted the timber industry, causing an economic downturn, leaving many in poverty. Since that time the economy has diversified and is focusing on renewable energy source such as solar power and geothermal heating. However, Klamath is still working on economic recovery to achieve economic wellbeing in the community.

Brief History – Lake County
Lake County was established on October 24, 1874. It was created from the southern part of Wasco County and the eastern part of Jackson County. It was named because of the numerous large lakes that are entirely or partly within its borders. The traditional county economy rests on lumber, agriculture, and government. In spite of the low rainfall and a short growing season a combination of homesteading and irrigation has permitted agriculture based upon the raising of livestock and the growing of hay and grain to thrive. Lumber and wood products are taken from the Fremont National Forest. Government employees from the national forest and the regional BLM headquarters create a more stable economic base for the county that otherwise would have to rely only on seasonal agricultural and lumber jobs. The nearby Warner Creek Correctional Facility opened in 2005. The prison, one of several built in Oregon to house an expanding inmate population, was opposed by many Lake County voters. The minimum-security prison, 4 miles northwest of the city, employs a staff of 100 and holds about 400 inmates.

Tourism is an important part of Lakeview's economy. Lakeview markets itself as the "Tallest Town in Oregon" because of its 4,800-foot elevation. It is part of the "Oregon Outback" and workings to attract tourist, sportsmen, and outdoors enthusiasts. Since 1999, Lake County and the City of Lakeview has offered tax incentives to encourage renewable energy companies to locate in the area.

Geography: Klamath County

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[1] Klamath County Museum. (2010). A brief history of Klamath County, Oregon. Accessed from: http://museum.klamathcounty.org/images/stroies/KlamathHistoryOvrerviw.pdf

Klamath County is a rural community set in the high desert of southern central Oregon. Geographically, Klamath County is the fourth largest county in Oregon spanning 5,941 square miles, but is home to only 65,455 people—approximately 11 people per square mile. Estimated numbers of people who are 60 years and older is 19.8 %. Klamath Falls is the largest city within Klamath County in which approximately 21,000 people live, with an equally large population residing within the city's urban growth boundary.[2] [3]

Geography: Lake County

Lake County is bounded on the north by Deschutes County, on the east by Harney County, on the south by the State of California, and on the west by Klamath County. As reported by the Census Bureau, the county has a total area of 8,358 square miles, of which 8,139 square miles is land and 219 square miles (2.6%) is water. An estimate of 7,829 people live in Lake County according to the US Census Bureau with 23.6 % over the age of 60. It is the third-largest county in Oregon.

Demographics – Klamath

Knowing the characteristics of Klamath County and the context in which its residents live is essential to fully understanding the needs of the community. Klamath County is predominantly White and non-Hispanic at 89.1%, however the population of people identifying as Hispanic or Latino is steadily rising and is approximately 12%. The region is also unique in that it has a strong Native American presence that makes up nearly five percent of the population. Nearly 4% of the population identifies as multi-racial, one percent as Asian, nearly one percent Black or African American, and less than half of a percent as Native Hawaiian or Pacific Islander.

The research is clear that health inequities are present among racial minorities and it is imperative to recognize these disparities and take action to eliminate them.

Age plays a significant role on the health of a community, as different life stages tend to experience health outcomes unique to their age. In Klamath County, the life expectancy for females is 79.2 years and 74 years for males. [4] The aging population has been a pressing concern nationwide, and Klamath has a large population of older adults as nearly 1 in 4 residents are 60 years or older. Sex distribution is nearly equal with 99 males for every 100 females.[5]

Table 1 - AAA PSA Project map

OF THOSE 60 AND OLDER	Number	Percentage of Population
Live in Poverty	1563	2.4 %
Female	8566	13.2 %
Male	8067	12.4 %
Grandparent raising grandchildren	314	.4 %
Any minority	1406	2.2 %

[2] US Census Quick facts. (2014)

[3] Klamath County Chamber of Commerce (2015)

[4] Healthy Klamath.org

[5] US Census Quick facts (2013)

Any minority living in poverty	250	.3 %
Hispanic/Latino	587	.9 %
Native American	320	.5 %
Native American living in poverty	69	.1 %
2 or more races	342	.5 %
Limited English proficiency age 65+	238	.3 %
Adults with disabilities	12, 038	18.5 %

Demographics – Lake County

Lake County is also predominantly White and non-Hispanic – 92.3%, however the population of people identifying as Hispanic or Latino is steadily rising and is approximately 8.1%. The region has a small Native American presence that makes up 2.4% of the population. Multi-racial is 3.5%, 1% as Asian, nearly 1 % Black or African American, and only .1% percent as Native Hawaiian or Pacific Islander.

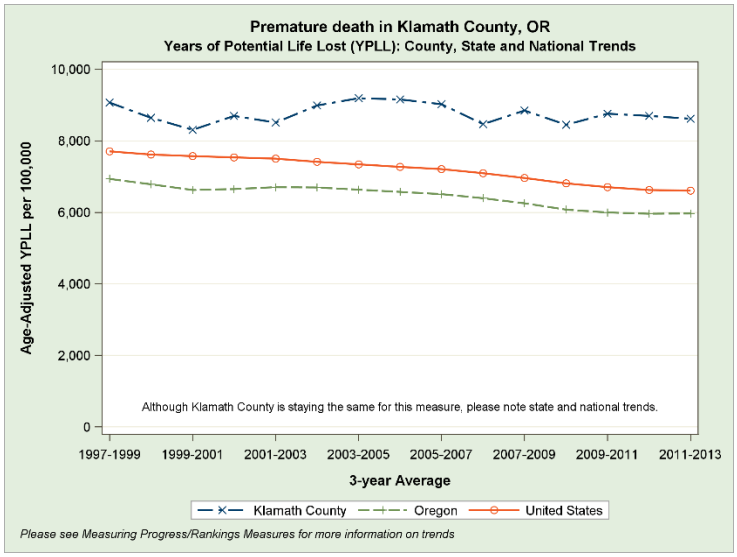
Table 2- AAA PSA Project Map

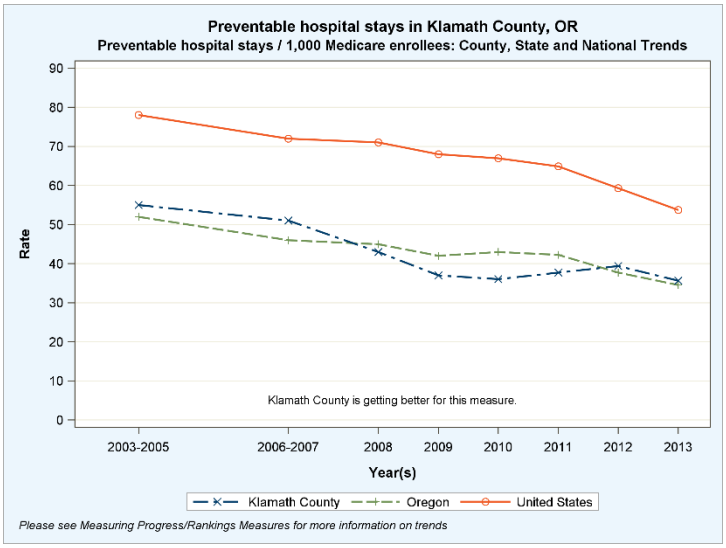
OF THOSE 60 AND OLDER	Number	Percentage of Population
Live in Poverty	273	3.6 %
Female	1,095	14.8 %
Male	1,152	15.6 %
Grandparent raising grandchildren	5	.06 %
Any minority	93	1.2 %
Any minority living in poverty	11	.14 %
Hispanic/Latino	49	.66 %
Native American	15	.20 %
Native American living in poverty	0	0 %
2 or more races	33	.45 %
Limited English proficiency age 65+	17	.22 %
Adults with disabilities	1,448	19.6 %

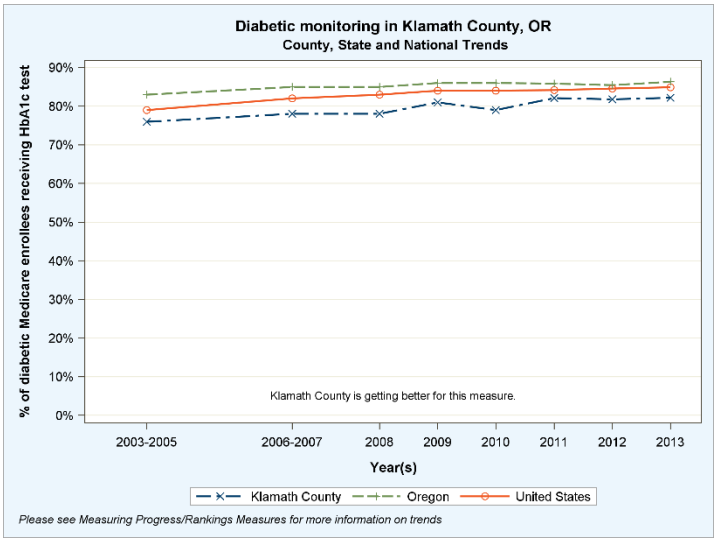
Trends

Following tables show the trends for premature deaths, preventable hospital visits, and diabetes monitoring. Klamath County is ranked 35th of 36 Counties for overall health. Lake County is ranked 19th of 36 Counties for overall health.

More Information:
http://www.countyhealthrankings.org/app/oregon/2016/rankings/lake/county/outcomes/overall/snapshot





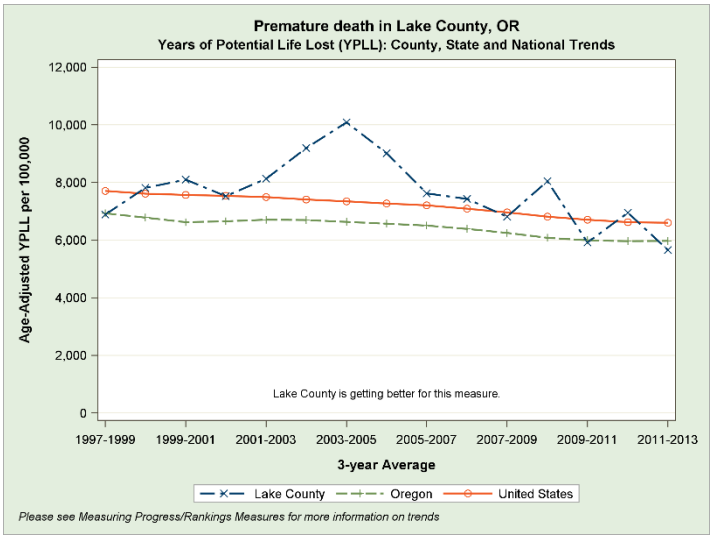


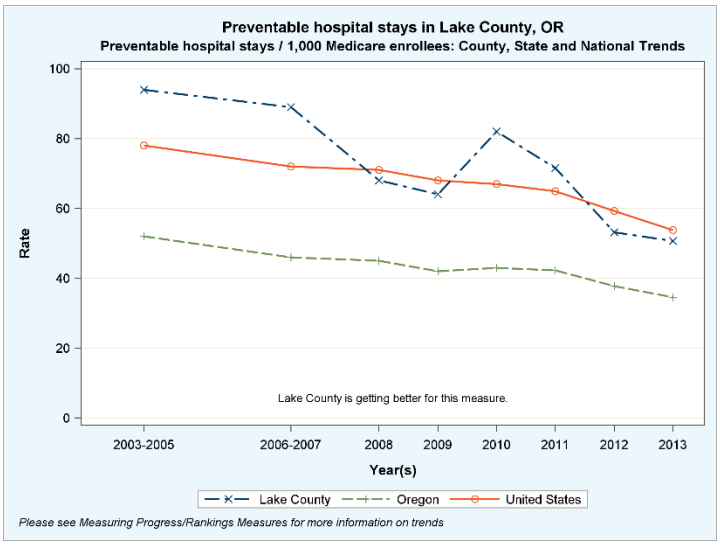
KLAMATH COUNTY TRENDS

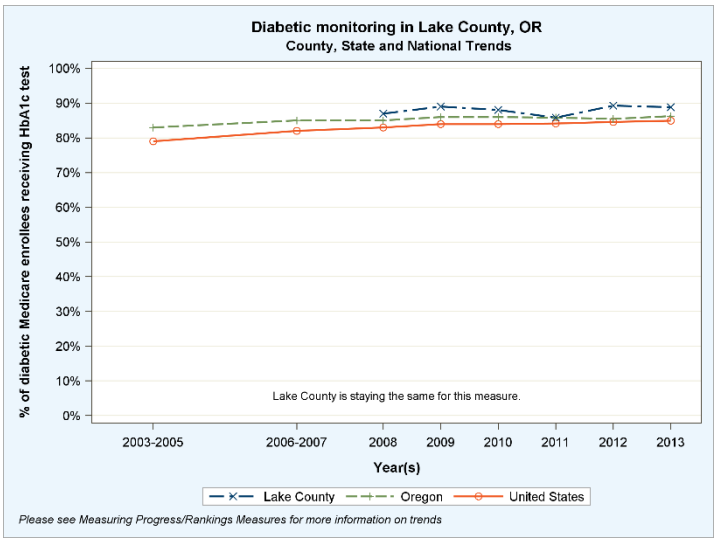
Staying about the same for premature death

Getting worse for preventable hospital stays

Getting better for diabetic monitoring







LAKE COUNTY TRENDS

Getting better for premature death

Getting better for preventable hospital stays

Staying about the same for diabetic monitoring

B – 2 Target Populations

The OAA requires AAAs to prioritize services to individuals with the greatest economic and social needs, low income minority individuals, and those living in rural areas. KLCCOA provides services of these targeted populations:

- older individuals residing in rural areas,
- low-income older individuals, including low-income minority older individuals,
- older individuals with limited English proficiency, and
- older individuals who are Native American.
- social need includes issues related to older lesbian, gay, Bisexual and Transgender (LGBT) individuals.

We accomplish this through outreach, community education, collaborations with agencies/programs that serve these populations, media articles, posters, printed materials, presentations/trainings at outlying rural sites and cultural congregate meal sites. We also attend the annual Native Elder Fair, Community Health Fairs, Veteran activities, community partner forums and local community centers events. We are newly engaged with the Klamath Regional Health Equity Coalition to work on service equity through public forums. Case managers also interface with community partners. (discharge planners, home health and hospice, and physician offices)

B – 3 AAA Services and Area Plan Administration

KLCCOA provides many programs and services that help promote independence, dignity and choices for older adults and adults with disabilities. Please see Attachment A (Service Matrix and Delivery Method) for funding source and service delivery method per service.

Services include:

1. Personal Care (by agency) #1: OPI funding provides funding for limited in-home services. KLCCOA contracts with an in-home care agency to provide personal and homemaker care. This agency is only in Klamath County. They provide services on a sliding scale fee and are dependent on available funding and include: personal care, housekeeping, in-home care, help with durable medical equipment, and Meals on Wheels. A RFP will be developed for the 2019-21

biennial period for personal and homemaker care as more agencies are now available for services in Klamath County only.

2. Personal Care (by Home Care Worker) #1a: KLCCOA provides case management for home care workers to provide personal and homemaker care with OPI funds. Services include personal care and housekeeping in-home care, help with durable medical equipment, and Meals on Wheels. This program is available in both counties.

3. Homemaker (by agency) #2: KLCCOA contracts with Assured Quality, an in-home care agency, for homemaker care. This agency is only in Klamath County. They provide services on a sliding scale fee and are dependent on available funding and include: personal care, housekeeping, in-home care, help with durable medical equipment, and Meals on Wheels. A RFP will be developed for the 2019-21 biennial period for personal and homemaker care as more agencies are now available for services in Klamath County only.

4. Homemaker (by HCW) #2a: KLCCOA provides case management for home care workers to provide personal and homemaker care with OPI funds. Services include light housekeeping. This program is available in both counties.

5. Chore and Reassurance #3: United Christian Ministries provides coordination for volunteers to provide friendly visiting, assistance and chores to vulnerable older adults. There are no wait lists for this program. Volunteers are paid mileage for services. United Christian Ministries does not provide these services as of July 1, 2018. Starting March, 2019, KLCCOA will provide these services.

6. Meals on Wheels #4: The senior meals program delivers meals and regular safety checks to home bound seniors in both Klamath (Klamath Basin Senior Center) and Lake Counties (Lakeview Senior Center). Volunteers deliver hot meals 5 days a week and 2 frozen (maximum) in Klamath County and 3 hot meals with 5 frozen maximum) in Lake County. There is a wait list in Klamath County (currently at 5) and none in Lake County. Both senior centers pay their volunteers mileage. KLCCOA is in the early process of securing volunteers in the Keno area for future MOWs. KLCCOA has also started a new MOWs in North Lake area. COCOA has agreed to supply the meals for transfer via the town of LaPine in North Klamath County.

7. Case Management #6: Information, assistance, and referrals for care coordination are provided to seniors. This includes assisting older adults in activities such as assessing needs, developing care plans, arranging and coordinating services with providers. Follow up and reassessment is provided and services are renewed and assessed annually.

8. Congregate Meal #7: This program provides nutritious meals and also serves as a social outlet, helping to reduce isolation. Other funding comes from Senior Center's fund raising and other community grants. Location of the meals is the Klamath Basin Senior Center (5 days a week) and the Lakeview Senior Center (3 days a week). Other congregate meals are in 9 different restaurants located in the rural areas of each county.

9. Nutrition Counseling #8: Counseling is provided to home delivered meals clients at beginning of services and at re-assessment. Materials are provided through the RD at COCOA.

10. Assisted Transportation #9: KLCCOA through the Village model will provide assisted transportation using volunteers.

11. Transportation #10: Transportation is provided by the Klamath Basin Senior Center and the Lakeview Senior Center to support clients to and from the congregate meals sites, medical transport, and volunteers for MOWs.

12. Legal Assistance #11: Clients age 60 and older with non-criminal legal issues may receive no-cost legal consultation with pro-bono or legal aid attorneys. KLCCOA does not have a contract at this time. An RFP is being developed to open in late September, 2016. *No one responded to the KLCCOA RFP issued in March, 2016 for legal services.Legal services are now provided through a local attorney.

13. Nutrition Education #12: Both Counties Senior Centers do nutrition education quarterly at the congregate meal sites. KLCCOA has coordinated with COCOA's Registered Dietitian (RD) to share their nutrition materials for both MOW clients and at the congregate meals. The menus are submitted for a RD to review at COCOA for nutritional evaluations. KLCCOA will be providing nutrition education materials for restaurants to put out on display on senior meal days. KLCCOA staff will also visit restaurants to do nutrition education on-site two (2) times a year. * Currently KLCCOA is a member of a DHS/SUA committee to work on the restaurant nutrition policies and procedures.

14. Information & Assistance #13: The ADRC serves as the first stop for clients, family members and friends, as they seek to find resources for those who are aging or are experiencing a disability. It helps streamline access to information about available services. Referrals are made to programs and organizations that may meet the individual's specific need. Assistance is provided in accessing or connecting to services when needed or requested.

15. Outreach #14: The development of a webpage and social media has helped to reach the outlying areas. The ADRC has also helped with calls regarding services in these areas. ADRC ads in the local newspaper, newsletters, and in the Active Seniors magazine published monthly in the local newspaper also helps seniors access our services.

16. Information for Caregivers #15: KLCCOA provides presentations to the public and to individuals with information on resources and services available in both counties.

17. Caregiver Access Information #16: KLCCOA provides services that assist caregivers in obtaining access to local available services and resources. We also ensure that the individuals receive the services needed by establishing adequate follow up procedures.

18. Advocacy # 20-2: KLCCOA monitors and evaluates and where appropriate comments on policies and procedures for programs that represent the interests of older persons. KLCCOA actively promotes new and/or expanded programs and opportunities for older persons in Klamath and Lake Counties. Presentations are annually made to the County Commissioners, articles are written to the local newspaper, Facebook, and website. KLCCOA is an active member of O4AD which advocates to Oregon Legislature.

19. Home Repair/Modification #30-1: United Christian Ministries is the contracted provider for minor home repair and modifications. Volunteers assist with minor repairs and modifications that allow individuals to remain living independently in their homes safety. There are no wait lists for this program. United Christian Ministries does not provide these services as of July 1, 2018. Starting March, 2019, KLCCOA will provide these services.

20. Caregiver Respite #30-5 & #30-5a: Staff provides respite care for anyone caring for a family member or friend age 60 and older and grandparents caring for children in both counties. There are no wait lists for this program.

21. Caregiver Support Groups #30-6 & #30-6a: Staff provides support groups for peer groups that provide the opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems. This is in Klamath County only.

22. Caregiver Supplemental Services # 30-7 and #30-7a: Services provided that complement the care provider include: referral to legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies in both counties.

23. Physical Activity and Fall Prevention # 40-2: Klamath Basin Senior Center provides SAIL (Staying Active fit Independent Living) which is a physical activity and Tai Chi classes. Both classes are evidenced based and are done on a weekly basis. Lakeview Senior Center has Strong Women which is also evidenced based in Lakeview and Christmas Valley.

24. Elder Abuse Awareness and Prevention# 50-3: KLCCOA Staff attends mental health MDT meetings at Klamath Basin Behavioral Health; conducts Gatekeeper

presentation to community staff meetings and to local area clubs and organizations. Currently partnering in a Gatekeeper grant in Lake County to enhance program. National days are presented to Board of County Commissioners annually that is televised and articles are printed in monthly "Active Seniors" supplement in Herald and News with a 17,000+ distribution. The newspaper is the premier source of information in Klamath, Lake, Siskiyou and Modoc Counties.

25. Reassurance #60-3: United Christian Ministries is contracted to provide reassurance in Klamath County. There is no program in Lake County. Many attempts to recruit has failed. Feedback from Lake County Board members include: Town is too small and we already take care of our elderly through our church groups. In Klamath County, volunteers are paired with clients to do friendly visits and telephone calls. United Christian Ministries does not provide these services as of July 1, 2018. Starting March, 2019, KLCCOA will provide these services through the Village Model.

26. Option Counseling #70-2: Trained Options Counselors provide one-on-one assistance to assess the consumer's situation and needs, to tailor options for services. Options Counselors also facilitate decision making on long-term care options, including supported living in the community. Home visit assessments are completed to help navigate local, state and federal programs and services. Focus has been placed on training staff to provide dementia related services. OPI Clients are also provided Option Counseling when they are assessed for the program.

27. Caregiver Counseling #70-2/70-2a: Staff provides counseling to assist them in making decisions and solving problems relating to their caregiver roles.

28. Newsletter #70-5: Articles are submitted monthly to the "Active Seniors" section of Herald and News. In developing the KLCCOA Website, articles will be updated monthly for senior issues.

29. Caregiver Training #70-9/70-9a: Powerful Tools trainings, an evidence-based program, is provided by staff to caregivers and their families.

30. Public Outreach #70-10: KLCCOA attends community Health Fairs and The Klamath Tribes Annual Elder Fair. Staff does presentations at both Klamath and Lake Senior Centers on current and new programs periodically.

31. Chronic Disease Prevention, Management/Education #71: KLCCOA is part of the Living Well Coalition that has 20 members from the following agencies: Klamath County Public Health, Sky Lakes Outpatient Care Management, SPOKES, Unlimited (CIL), CCO – Cascade Health Alliance, Klamath Tribal Health Family Services, Klamath Basin Senior Center, DHS Aging & People with Disabilities, Acumentra Health, OSU Extension, Klamath Regional Health Equity

Coalition, and Klamath Open Door Clinic. Twelve people were initially trained to be leaders for Chronic Diseases Self-Management and Diabetes Self-Management workshops. Each agency signed a Letter of Understanding that commits staff time, resources and coordination of the workshops. In August of 2016, Sky Lakes Outpatient Care Management secured a grant from SRCH Institute to hire a full time coordinator for the Living Well program. KLCCOA sponsors 4 of the 10 annual workshops in both Klamath and Lake Counties per year.

32. Volunteer Services #90-1: KLCCOA Advisory and Governing Board members are all unpaid volunteers. They both meet monthly. The Advisory Council meet more often when needed for help with surveys, meal site assessments, RFP process, and the recruitment of additional nutrition services and sites. A new volunteer program is being developed for both Klamath and Lake Counties. The new program is being modeled after the National "Villages" model. A community coalition was formed in July, 2018 to research and develop this model. The KLCCOA Governing Board approved a new .5FTE position to help coordinate and develop the program. Coalition members include a representative from KLCCOA, Sky Lakes Medical Center, Older Adult Mental Health Program, DHS/APD, High Desert Hospice, Klamath Basin Senior Center, VA Office, Klamath County Public Health, Blue Zones and 4 older adult community members. Services will include all the volunteer services previously contracted through United Christian Ministries.

B – 4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

KLCCOA is committed to integrating systems and supporting services provided by other community agencies. Being both small in population and rural, it is easy to work together to identify and help each other fill the gaps in services. There are many existing coalitions that are very committed to collaboration. It is a new and exciting time to see the development of service integration between social and medical programs. KLCCOA staff attends many community meetings including Healthy Klamath, Blue Zones, Living Well Coalition, ADRC Operations Council, Klamath Behavioral Health MDT, and the Klamath and Lake ADA Committee.

From the community and partner conversations it was clear that one of the gaps in our communities is not knowing all services provided by each agency. It was proposed to meet quarterly to educate each agency on their services and how we can work together better. Other gaps were rural transportation, lack of public guardianships, low cost housing and high medical costs.

The following is a list of complimentary community resources and services that are provided in Klamath and Lake Counties that are not being administered by KLCCOA.

Adult and Community Centers:

- Klamath Basin Senior Center
- Lakeview Senior Center

Alzheimer's disease and support

- Alzheimer's Association – office out of Bend serves Klamath and Lake Counties Case Management (Fee for Service)
- Assured Quality – Klamath only
- Home Instead – North Klamath only

Basic Resources: clothing, furniture, shelter

Klamath County

- Hospice Thrift Store
- Klamath Falls Gospel Mission
- Salvation Army
- Sprague River Bridges Connection
- Pumpkin Patch

Lake County

- Lakeview Senior Center

Crisis

Klamath County

- American Red Cross
- Crisis Help Line
- Klamath Basin Behavioral Health – mental health related
- Klamath Tribes – Healing Winds
- Veterans Crisis Center

Lake County

- Lake County Crisis Center

Disability Services and Programs

Klamath County

- Goodwill
- Spokes, Unlimited (ADRC Partner and a Living Well Coalition member)
- Klamath County Development Disabilities (Director is an Advisory Council member and a RFP Committee member)
- Klamath Basin Behavioral Health (ADRC Partner – Operations Council)

Klamath/Lake Counties

- DHS Aging and People with Disabilities (APD provides in-home care workers for the OPI program, provides trainings to KLCCOA staff for elder abuse, District Manager is an Advisory Committee member, and provides information on residential and assisted living facilities. We provide annual presentations to

update staff on AAA programs and criteria. We provide referral to APD and they also provide referral to AAA programs)
- Klamath and Lake Community Action Services

Education and Counseling Services

Klamath/Lake Counties
- Alzheimer's Association
- Klamath Community College- continuing education
- The Forgotten Americans continuing education- Klamath only

Employment

Klamath County
- Goodwill
- The Klamath Tribes Education and Employment

Klamath/Lake Counties
- Central Oregon Intergovernmental Council in Klamath and Lake

Family Caregiver Supports

Klamath/Lake Counties
- Respite providers

Financial & Energy Assistance

Klamath/Lake Counties
- Klamath & Lake Veteran Services (ADRC partner)
- LIHEAP – Klamath Lake Community Action Services
- Tax aide – Klamath Basin Senior Center
- Oregon Human Development Corp

Health & Wellness

Klamath County
- Diabetes CareLink of Sky Lakes Medical Center
- Klamath County Public Health (Living Well Coalition partner)
- Oregon Institute of Technology Nursing Program
- Oregon Institute of Technology Dental Program
- Klamath Basin Behavioral Health (ADRC Partner)
- National Alliance on Mental Illness of Klamath County (Caregiver resource)
- Sky Lakes Outpatient Care Management (Living Well Coalition partner, referral agency for OPI, transportation and home delivered meals)
- Cascade Health Alliance (CCO) (Living Well Coalition partner)

Lake County
- Lake County Health District (Living Well Partner, CCO is KLCCOA Governing Board Member, and RFP Committee member; Gatekeeper grant through GOBI partner)
- Lake County Public Health

- North Lake Health Clinic (Home Delivered meals)
- Inter Court Family Center

Housing

- Adult Foster Homes (20 in Klamath Falls) (2 in Lakeview)
- Assisted Living Facilities (3 in Klamath Falls) (0 in Lakeview)
- Nursing Facilities (1 in Klamath Falls and 1 in Lakeview)
- Residential Care Facilities (4 in Klamath Falls)
- Klamath/Lake Housing Authority - HUD – Section 8 housing

Information and Assistance

- ADRC - KLCCOA
- Klamath Lake Community Action Services – Printed Resource Guide
- 411

Nutrition

- Klamath and Lake Community Food Banks
- Klamath Basin Senior Center
- Lakeview Senior Center
- Klamath Gospel Mission
- Klamath Tribes (commodities)
- Oregon Family Nutrition – free if eligible for Food Stamps

Transportation

<u>Klamath County</u>

- Basin Transit services
- DAV Transports (White City- both counties)
- Dial-A-Ride
- Klamath Basin Senior Center
- Klamath Tribes
- United Christian Ministries
- Translink – Medical transports

<u>Lake County</u>

- Lakeview Senior Center
- Translink – medical Transports
- Inner Court Family Center - Lakeview

Vulnerable Adults, Limited English Speaking and Title VI Populations

- Klamath Public Health - Klamath Regional Health Equity Coalition
- Title VI – The Klamath Tribes

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

C-1 Local Focus Areas, Older Americans Act and Statewide Issue Areas

KLCCOA operates programs using a person-centered methodology by providing consumers with accurate, unbiased information and an array of service options both within KLCCOA and in the community so the consumer may make their own service and care plan decisions. KLCCOA also seeks to improve and support service equity within its programs and service delivery. KLCCOA promotes this value through engagement with community partners and members of diverse communities, collaboration with stake holders, providing services in a culturally and linguistically responsive manner.

The following focus areas have been identified as statewide issues for Area Agencies on Aging to address and develop goals and objectives for 2017-2020. KLCCOA currently collects data and assigns program units, but does not measure outcomes. Outcome measurement will need to be developed to truly see if goals are being met and objectives are making a difference.

1. INFORMATION AND ASSISTANCE SERVICES AND AGING & DISABILITY RESOURCE CONNECTION (ADRC)

The ADRC in Klamath and Lake Counties is in the final planning stage of become a fully operational ADRC by October, 2016. The regional ADRC is comprised of ten counties in central Oregon from the Washington border to California border. Most of the counties, including Klamath and Lake, are rural areas with few resources. The ADRC will play a vital part getting information and assistance to these vulnerable seniors.

Presentations, newspaper articles, advertisements and flyers posted in local agencies are some of the ways we have been informing our citizens how this vital community link will provide information, assistance, and referrals.

INFORMATION AND ASSISTANCE

KLCCOA staff has been trained to provide high quality and accurate information and assistance. All calls for Klamath and Lake Counties comes directly to the KLCCOA office Monday through Friday, 8:00 – 5:00 p.m. After hours calls goes to a voice mail system that is returned the next business day.

Staff is not currently fully trained in the principles of service equity and are not reaching all populations at this time. Trainings in the person-centered approach and service equity will be made available to staff. Training will be provided through on-line resources and community-

based events provided by the Klamath County Public Health. One staff member is currently bi-lingual for reaching and helping our Hispanic community.

OPTION COUNSELING

The Option Counseling program is provided by both KLCCOA and Spokes Unlimited. This program provides decision-making regarding long-term care options for adults aged 60 and older, adults with disabilities, caregivers, and family. Current staff have been fully trained by the State Unit on Aging in the six core competencies. These include: conducting an assessment, education regarding community resources and options, facilitating consumer self-direction, assist with future planning, and conducting individual follow-up.

PARTNERSHIP DEVELOPMENT

KLCCOA continues to expand partnerships with ADRC partners and community coalitions. The ADRC Operations Council currently consists of partners from the Klamath County Veterans Office, Klamath County Developmental Disabilities, a Hispanic representative, and Klamath Basin Behavioral Health. Continued recruitment for additional partners is on-going for representation of older adults with disabilities or their family members.

SUSTAINABILITY

Continued sustainability will be a challenge going forward as a fully operational ADRC with no continued or increased funding. KLCCOA is a small non-profit agency with only 4.15 FTE to cover two large geographic counties. The staff has to do multiple jobs and share the ADRC calls not only in our two counties but also the overflow of calls from the metro counties. We have put in a request to the Work Source Agency to try and get help with the phones without incurring any additional costs. We are currently on a waiting list.

As the ADRC becomes better known in our two counties, the value of the service could be supported by more partners, agencies and government officials. We continually educate and request funds from our governmental offices, but have not been successful in being granted any additional funds. We will continue to search for grants to help sustain this program.

Also Federal matching funds under Medicaid may become available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. To the extent that ADRC employees perform administrative activities that are in support of the state Medicaid plan, federal reimbursement may be available.

CHALLENGES

Our regional ADRC is currently trying to become fully operational. It’s very difficult to ask local partners and agencies to commit to another partnership when they are already stretched to their limits. Time and travel is almost impossible for them. KLCCOA staff time is another challenge as stated previously. Staff has multiple tasks and the ADRC calls can be time

consuming. The issue of key words connecting to local resources has not worked as well as anticipated. Most of the time, Googling the information requested is faster and more efficient. Also time is a factor, the ADRC database is slow and we don't want to keep people on the line to get their information when all they need is phone number. We have developed a form to use while getting information and go back later to input the data.

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations.

Focus Area - Information and Assistance Services and Aging & Disability Resource Connection (ADRC):
Goal 1: Resource accuracy for ADRC consumers

Measureable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. 100% of staff will be trained on Information and Assistance skills	A	Each staff member will be trained through the SUA on Information and Assistance protocols	All Staff	1/2017	12/2019	2 new staff will attend A&I and I&R trainings when Community Support and Services offers the next opportunity.
	B	Provide ADRC overview	KLCCOA Director	1/2017	12/2020	On-going
2. The ADRC data base will be updated with 100% of current resources	A	Klamath/Lake agencies will be contacted to update listings	Lead ADRC staff	7/2017	12/2019	New Staff will be trained to update resources in ADRC data base. (*If training is available)*
	B	Schedule for annual updates will be created	Lead ADRC staff	1/2017	1/2020	CSS is currently doing our updates.

Goal 2: Maximize consumer access

Measureable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. 90% of calls will be answered live. 100% of emails and voicemails will be responded to within 1 business day	A	Create a call log with times and dates	Lead ADRC Staff	1/2017	2/2017	Log was created for ADRC calls; staff strives to input data while on the calls.
	B	Monitor average wait and call back timeframe	Lead ADRC Staff	1/2017	12/2019	All calls have been responded to in 1 day; unless staff is out of office.
2. 75% of outlying areas and underserved will be visited	a	Schedule time to visit 75% of outreach areas	KLCCOA Director	1/2017	12/2020	Support to apply for grants to Christmas Valley in Lake County to complete and sustain a senior center to be able to have KLCCOA services on-site. Three

for outreach activities						grants were awarded to finish and open the center. Services are schedules to start January, 2018. ADRC database will be updated to reflect new services as added. New Community Center in Christmas Valley is open. Health Prevention workshops are being completed there. The kitchen is the next part of the center to be opened.
	b	Contact 100% of our partner agencies for their outreach activities to include ADRC.	KLCCOA Director and ADRC Partners	1/2017	12/2020	Partner agencies are included in ADRC, website and Facebook.
3. 100% of staff will be trained in person centered approach and service equity.	a.	Training in person-centered approach and service equity will be provide to each ADRC staff member.	All KLCCOA staff and Director; ADRC Partners	2/2017	12/2019	ADRC webinars are attended by all staff as presented by the CSS..

Goal 3: Expand and strengthen ADRC partnerships

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Increase number of partnerships for Operations Council by a minimum of 3.	A	Build partnerships with other community agencies to include Veterans, mental health and Hispanic and/or Tribal members	KLCCOA Director and current ADRC Partners	1/2017	12/2018	The focus on increasing the operations council has been on hold due to discussions at the ADRC regional meetings regarding the need for 2 councils.
	B	Build a referral system between partners	KLCCOA Director and	1/2017	12/2020	Referrals are made via phone, email and fax. Partners include DHS/APD; Spokes, DD services, and Veteran Services

			current ADRC Partners			
Goal 4: Increase consumer capacity to live independently		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Measureable Objectives 1. Expand Options Counseling (OC) quality and availability by adding a minimum of 7 community partners with 3 servicing underserved populations.	A	Identify at a minimum 5 other community partners to provide or promote OC	KLCCOA Director and ADRC Partners	1/2017	12/2020	Partners include (2) Hospice agencies; Sky Lake Home Health; Spokes, Veterans; Pro Quality In-home care, Cascade Health Alliance DHS/APD, Klamath Basin Senior Center and SPOKES..
	B	Identify 3 other community partners serving diverse and underserved populations in which to provide or promote OC	KLCCOA Director and ADRC Partners	1/2017	12/2019	KRHEC; DD Services; Veteran Services; VD-HCBS for 5 vets in Klamath County and 2 vets in Lake are being developed for Spring 2019.

2. NUTRITION SERVICES

Senior meals in Klamath and Lake Counties makes a big impact on hunger for our senior populations. Our meals on wheels (MOW) and congregate meals provide nutritious meals at senior centers, community centers, and rural restaurants and at home for our home bound seniors and people with disabilities. Congregate meals improve the health of participants and prevent more costly interventions. The congregate sites also provide socialization with opportunities to join other activities offered for health promotion.

While these programs have been successful, the cost of providing meals has increased, while the funding has stayed stagnant. The older population continues to increase as does the need for more services. This limits the number of seniors we can serve leaving our vulnerable seniors on a waiting list.

The Lakeview Senior Center is only able to serve congregate meals 3 days a week and Meals on Wheels 7 meals per week. The Klamath Basin Senior Center provides congregate meals 5 days a week and Meals on Wheels 7 days a week with an on-going wait list for meals on wheels.

The outlying areas provide congregate meals in local restaurants. Most of the restaurants are small and are the only available place to have a meal in their area. KLCCOA will be asking for approval for these reduced number of days as it is not feasible in these rural areas.

SERVICE LOCATIONS AND SCHEDULES for Congregate and MOW services

Town/Facility	Address	Schedule	Service	Facility donated
KLAMATH COUNTY				
Beatty (Klamath Tribes) Community Center	PO Box 436 Chiloquin 97624	Tuesdays & Thursdays	Congregate	Yes
Bly Gearhart School	PO Box 478 Bly 97622	Wednesdays	Congregate	Yes (School District)
Bonanza Taqueria El Sombrero Loco Restaurant	PO Box 416 Bonanza 97623	Tuesdays	Congregate	Yes
Chiloquin Tribal Community Center	P O Box 436 Chiloquin 97624	Mondays, Wednesday, Fridays	Congregate	Yes (Klamath Tribes)
Keno café Whoa Tavern	15555 Hwy 66 Keno	Wednesdays Fridays	Congregate	Yes
Klamath Basin Senior Center	2045 Arthur St Klamath Falls 97603	5 days a week 7 days a week	Congregate MOW	No
LAKE COUNTY				
Lakeview Senior Center	11 No G St Lakeview	Mondays, Wednesday, Fridays 7 days week	Congregate MOW	No
Summer Lake The Lodge at Summer Lake	53460 Hwy 31 Summer Lake 97640	2nd & 4th Tuesdays	Congregate	Yes
Paisley no longer serving meals	restaurant burned down			
Christmas Valley The Lakeside Terrace	PO Box 767 Christmas Valley 97641	3rd Thursday	Congregate	Yes
Volunteers in Christmas Valley	Meals come from COCOA in Bend – delivered to senior in Christmas Valley	7 days New Senior Community Center will open this spring for congregate and home delivered meals.	MOW: No home delivered meals at this time. .	

FOOD PRODUCTION AND DELIVERY

KLCCOA contracts with Klamath Basin Senior Center in Klamath County and Lakeview Senior Center in Lake County for congregate meals in the city of Klamath Falls and the town in Lakeview. Both the senior centers prepare and provide congregate meals and meals for the Meals on Wheels (MOW) program for their areas.

Other congregate meals are provided through restaurants in the rural areas of Klamath and Lake Counties. KLCCOA contracts with The Klamath Tribes for the Chiloquin and Beatty areas and with the restaurants listed in the previous table.

When there is not a center to provide meals in our most rural areas, we have contracted with local restaurants (there is usually only one restaurant per area) to provide a meal at least once per week for the senior population. The restaurants are more than happy to be able to give back to their community this way. In Lake County, the Lakeview Senior center provides transportation to bus the seniors from one area one day to another area for the next day so they can get two meals a week. KLCCOA monitors the menus through a RD and pay an extra rural stipend to the restaurants to help with the cost. Donations are collected just like at the senior center sites. At the Tribal lunch, the women always stay after and do native crafts and then Tribal Health buses them back home. KLCCOA started a new site last year in Keno for a breakfast day; it has just added a dinner night and there is a line out the door each night.

Through a MOU, Central Oregon Counties on Aging (COCOA) provides MOW for our clients in North Klamath and North Lake areas.

FUNDRAISING

Each year the KLCCOA Advisory Council has a fundraising silent auction at the Klamath County Library. Average amount donated each year is $2,000.

KLCCOA's brochure for MOW has a form that encourages donation for the program. Donations from the MOW programs average $2,500 each year. Presentations are done to civic organizations, community business staff meetings, and partner agencies to help encourage donations.

Presentations to governmental agencies are done annually. No funds have been allocated in the last 2 years.

TheKLCCOA website has donation opportunities built into the web page along with volunteer opportunities.
Fundraising for volunteer services will start spring 2019 to be able to pay for staff and other expenses for eligible clients to receive services through the Village Model.

NUTRITION EDUCATION and COORDINATION

The senior meal programs provide nutrition education to all participants that receive congregate meals quarterly.

The MOW participants receive nutrition education at the initial assessment and at the annual re-assessment.

KLCCOA is partnering with the Registered Dietitian (RD) at COCOA to find ways to get nutrition education to the restaurant sites. At this time, the RD reviews the menus from the outlying restaurants and gives input and recommendations on how to be in compliance with the nutrition standards. KLCCOA is also working with the State Unit on Aging (SUA) to strategize on policies and procedures for these rural congregate sites.

PARTNERSHIPS

The Blue Zones Project has brought nutrition to the forefront of the whole community. It helps create great opportunities to promote nutrition for seniors along with healthier lifestyles. This major public health initiative is working on turning Klamath's County from being the unhealthiest county in Oregon to being the healthiest. KLCCOA is an active partner with the Living Well Coalition which is participating in this new and exciting initiative in both Klamath and Lake Counties.

CONSUMER CHOICE

Meal participants have a choice of a hot entrée and salad bar. Menu substitutions are made if notified in advance for special diets. At some the outlying restaurants, a buffet is provided with different choices including a salad bar and choices of vegetables. Where buffets are not possible, a single choice is available. All restaurants make sure that special diets are accommodated.

CHALLENGES AND BARRIERS

Meals at the larger congregate sites and the MOW meals have some complaints of not being fresh, over or under cooked and not tasty. The menus are bland and do not satisfy older adults who want fresher healthy foods. With the higher costs for volunteer mileage and cost of foods, it is hard to feed the same amount of consumers with the same amount of funds.

To get more information from the home-delivered meals and congregate clients, a satisfaction survey is completed at the annual re-assessment and with a drop box at the congregate meal sites.

We are hoping with the Blue Zones media campaign on making healthy food choices, seniors will choose and demand better nutritional choices at all sites.

For our outlying areas it is unreasonable to expect restaurant owners who are donating their space and time for senior meals to comply with all the strict Oregon nutritional requirements with limited resources

Transportation is also a challenge for our large rural counties. It costs more to transport our clients to congregate sites than the urban areas that have multiple sites to choose from. MOW drivers also drive longer distances to get to our clients. In Lake county one volunteer drives 45 miles to serve one client. Volunteers have been dropping off and recruitment is always on-going.

OPPORTUNITIES

A new partnership between Lakeview Senior Center and ODOT has enabled seniors in North Lake County rural areas bus transport to both available congregate sites.

Again, the Blue Zones campaign is gaining ground on promoting healthy food choices for our citizens.

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations. KLCCOA has a new Governing Board member who is a Klamath Tribal member. A Klamath Native Case Manager was also hired. We are hoping the communication will increase between KLCCOA and The Klamath Tribe to better serve our Native population. Trainings are being developed through The Klamath Tribes on cultural awareness.

Focus Area - Nutrition Services

Goal 1: Maintain services and expand services to outlying areas

Measureable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Increase revenues through fund raising by 10%	a	A donation box will be added to KLCCOA website	KLCCOA Staff	1/2017	6/20209	Donation envelopes are left with new HDM clients at home visits and at reassessments; donations have increased by 35% in one year. Donation box is on web page
	b	A donor box will be added to current Facebook page	KLCCOA Staff	1/2017	6/2017	Completed.
	c	Strategize on adding one new fundraiser	KLCCOA Staff/Advisory Council	1/2017	2/2020	Planning on new fund raising through new website and phone apps. Received first paypal donation from website this year
2. Satisfaction surveys will be distributed annually for home delivered meal clients and a box at the congregate meal sites	a	An annual satisfaction survey will be completed annually for home delivered meals clients and picked up quarterly at congregate meal sites.	KLCCOA Staff	1/2017	12/2020	Satisfaction Surveys were completed at the nutrition on-site reviews in December 2017 and January 2018.

Goal 2: Improve communication with Hispanic community

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Develop line of communication to Hispanic Community	a	Attend 2 Hispanic Advisory Council per year	KLCCOA Director	1/2017	12/2020	Met with Hispanic Advisory Chair for input on how to reach elders. Nutrition brochures in Spanish at Malin Library
	b	Have all Brochures and other materials translated to Spanish	KLCCOA Staff	1/2017	12/2019	Bi Lingual Staff member translated general brochure in Jan., 2018.
2. Provide 2 cultural competency and equity trainings to staff per year	a	Conduct 2 staff equity activities per year	KLCCOA Staff/Klamath Public Health	1/2017	12/2020	2017-Director joined the Cultural Awareness Committee at APD. Fundraising is in progress to fund a cultural conference. Nutrition information will be available at conference.

3. HEALTH PROMOTION AND PREVENTION

KLCCOA currently uses Title IIID funds for preventative health programs at the Klamath and Lake County Senior Centers.

At the Klamath site there is Tai Chi every Tuesday; SAIL Exercise every Monday, Wednesday and Friday.

At the Lakeview site they have the Strong Women program every Tuesday and Thursday.

In North Lake County the Strong Women program meets Tuesdays and Thursday.

Health Promotion funds are used to support the Stanford University's Chronic Disease Self-Management Program and the Diabetes Self-Management program. KLCCOA is a member of the Living Well Coalition which has 13 different agencies participating. We have 12 members from these agencies trained to teach 6 week workshops in both Klamath and Lake Counties. It has been an exciting time in our area to see the medical, social, and native communities come together and make this happen.

- The Living Well Coalition has decided to step back and work on a new strategic plan for health prevention programs. The Living Well Workshops will still be offered, but the Coalition wants to look at other health prevention opportunities that would be better attended and have better outcomes.

Outreach is promoted through each of the partner agencies:

NAME OF AGENCY	Targeted at-risk populations * not limited to
Klamath & Lake Public Health	Low income, elderly, diverse cultures, limited English, People with Disabilities (PWD)
SPOKES, Unlimited	People with disabilities
Cascade Health Alliance	Low income, elderly, PWD, people with chronic conditions, including diabetes
Klamath Tribal Health	Tribal elders who have chronic conditions, including diabetes
Sky Lakes Outpatient Care Management	Low income, PWD, elderly, diverse cultures, limited English people with chronic conditions, including diabetes
DHS Aging & People with Disabilities	Low income, PWD, elderly, diverse cultures, limited English people with chronic conditions, including diabetes

Klamath Basin Senior Center	Low income, PWD, elderly, diverse cultures, limited English people with chronic conditions, including diabetes
Klamath County OSU Extension	Low income, PWD, elderly and people with chronic conditions, including diabetes
Klamath Regional Health Equity Coalition	Hispanic/Latino, people with disabilities (including mental illness), low-income, LGBT, and Tribal communities
Klamath Open Door Clinic	Low income, elderly, diverse cultures, limited English, PWD
Lakeview District Hospital	Low income, elderly, diverse cultures, limited English, People with Disabilities (PWD)
Lakeview Senior Center	Low income, PWD, elderly, diverse cultures, limited English people with chronic conditions, including diabetes
Lake County OSU Extension (includes North Lake County sites)	Low income, PWD, elderly, chronic conditions, including diabetes

PROGRAM SUSTAINABILITY

Funding levels are critical to keeping these health promotion programs available for our communities. Other funding opportunities are researched as they become available. The Living Well Coalition just received a SRCH grant to hire a full time coordinator housed at Sky Lakes Outreach Program. This will enable better coordination and outreach to the outlying areas.

COMMUNITY ENGAGEMENT

KLCCOA is an active member of the Healthy Klamath Initiative. This collaborative group of organizations and individuals are committed to improving all aspects of health (physical, mental, economic and social) in our communities. With representation from nearly every sector, Healthy Klamath is a platform to coordinate health improvement efforts and has the strength and determination to make significant and lasting changes to Klamath's health status. As an example, it was the main driver in getting Klamath County designated as the first Blue Zones site in the State of Oregon.

Blue Zones is another collaborative that KLCCOA is an active member. It is still just getting off the ground, but the momentum has taken off in Klamath County. The goal is to create healthier, happier, and more productive residents. For more information on the Blue Zones updates in Klamath County: http://bluezonesproject.hs-sites.com/oregon/3-great-things-happening-in-our-community

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations.

Focus Area - **Health Promotion**
Goal 1: Support improved health outcomes for Klamath and Lake Counties

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Provide 8 Chronic Self-Management and Diabetes Self-Management Workshops per year	a	Dedicate 1 staff as a trainer	KLCCOA Staff	1/2017	12/2020	1 Klccoa staff member is a certified trainer for CDSMP and DSMP
	b	Provide 6 workshops in Klamath and 2 workshops Lake Counties annually	Living Well Coordinator KLCCOA Director	1/2017	12/2020	Living Well Coalition has 12 workshops schedules through June 2018; Lake Dist Hospital has 2 staff now trained for CPSMP with our fiscal support. DSMP: 1- Klamath CSMP: 1 – Klamath CPSMP: 2- Lake 2019 – CDSMP Klamath for Feb 2019 DSMP Klamath for March, 2019
2. Increase evidence-based health promotion funds by 10%	c	Achieve workshop completion of 60% per workshop	Living Well Coordinator	1/2017	12/2020	Klamath - 75% completion rate; Lake - 95% completion rate.
	a	Increase funds/inkind by 10 % from collective partners in the Living Well Coalition.	KLCCOA Director	1/2017	12/2019	Proposal to Sky Lakes Medical Center to hire a full time LW Coordinator - successful; partnered with Multnomah County for an ACL grant; was not successful. Sky Lakes was granted another SRCH grant through Dec 2019 to continue and expand Living Well programs that will include Tomando and Diabetes Prevention Program. Another 1.2 FTE to coordinate programs will be added at Sky Lakes Medical Center.

3. Collaborate and attend 6 state and local meetings on health promotion, disease and prevention efforts per year.	a	Attend 4 Healthy Klamath Initiative per year. The Blue Zone initiative merged with the Healthy Klamath Initiative.	KLCCOA Director	1/2017	12/2020	Attended four meetings each year 2017-20. Focus remains the same; to promote healthy environments for all Klamath County citizens.
	b	Participate and attend 4 in the Blue Zone Efforts	KLCCOA Director	1/2017	12/2020	Attended four meetings each year 2017-20. Focus remains the same; to promote healthy environments for Klamath County citizens
	c	Provide education and information on available programs in Spanish for 8 Living Well Workshops.	KLCCOA Director	1/2017	12/2018	Tomando Control de su Salud (Spanish CDSMP) will be developed through the new enhanced SRCH grant. This did not happen. It was decided not to do the Spanish version as we are struggling to get anyone to complete the workshops. New opportunities through OWN is being explored as a way to fund leader trainings.

4. FAMILY CAREGIVERS

THE KLCCOA FAMILY CARE GIVER PROGMRAM

The Family Caregiver Program (FCG) provides services for unpaid caregivers in Klamath and Lake Counties. Services are available to caregivers supporting older adults, adults with dementia and older adult caregiver caring for related children or adult children with developmental or intellectual disabilities. Core elements of the FCG program include: Respite care; information services; specialized family caregiver information; counseling; training; support groups; and supplemental services. The local FCG program currently provides these core elements through:

- Paid respite services: These services may be provided in-home or in a licensed facility.
- Respite stipends: Stipends allow caregivers to choose their respite provider, which may be an agency, registered home care worker, family member, or friend. The selected provider follows a care plan developed by the caregiver, care recipient, and the KLCCOA Case Manager. This allows for consumer choice, flexibility in our rural areas, culturally appropriate options and the ability to cluster services into a chosen time-frame.
- Caregiver Supplemental Services, which provide direct payments for caregivers to provide a safe and nurturing environment. Payments can support the purchase of adaptive equipment, medical equipment, incontinence products, minor home modification, and similar improvements.
- Caregiving/Option Counseling for caregivers: KLCCOA works with community-based or facility-based care to facilitate decisions making regarding long-term options. Support is provided through natural supports, private pay or subsidy dependent on what is important to and for the care recipient and caregiver.
- Caregiver training: KLCCOA's Powerful Tools is a six week class. Caregivers develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate their needs to family members and healthcare or service providers; communicate more effectively in challenging situations; recognize the messages in their emotions, deal with difficult feelings; and make tough caregiving decisions. One bi-lingual staff member is certified to provide this class.
- Caregiver Support Groups: Peer groups that provide opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems related to their caregiving roles.

SERVICE AND RISK ASSESSMENT

KLCCOA conducts outreach, assessments and case management for caregivers from DHS/APD offices, Hospice, and senior centers. A caregiver support group is provided by the case manager and meets once a month at a natural and private location. State provided materials are provided in both English and Spanish. Outreach to the Klamath Tribes is provided at the annual Tribal Elder Health Fair. Outreach for the LGBT community will be conducted through the Klamath Regional Health Equity Coalition in Klamath County and the Lakeview Senior Center' Senior Navigator in Lake County.

The FCG program assessment for services includes a risk assessment for both the caregiver and care recipient. The risk assessment considers physical, cognitive, developmental/intellectual and mental disabilities; isolation; economic need; complexity of care for care recipients at risk of institutionalization; and multigenerational care amongst its measures. KLCCOA partners with DHS/Adult Protective Services, resulting in significant participation from caregivers and care recipients who are at risk for abuse or self-neglect.

Eligibility for the program is purposefully inclusive of an array of family systems, including related family, domestic partnerships, those not related by blood or marriage and similarly supportive unpaid caregivers.

When a Case manager receives a referral from the client, family, friend or another agency, they have 24 hours to make a telephone contact. This is the beginning of the screening, assessment and planning procedure. Intake screening for eligibility for the program is completed by a Case Manager using a Family Caregiver Respite Program Risk Assessment. When needs are determined, the case manager then looks at needed services. A family Intake is then filled out to be able to create a Care Plan, to meet the Caregiver's preferences and needs. Case Manager researches all information requested and provides and enters data into NAPIS, does any paperwork that is needed.

Paid respite services: (both in home and out of home) some caregivers have a trusted home care worker but needs help to pay extra for respite; a voucher for such funds is made available. Or helping access local assisted living facilities, hospice care or adult foster care can be made for overnight/weekend respite care as well as in home providers.

CHALLENGES

Many challenges impact the ability of the FCG program to meet growing demand for these services. Identified gaps in the FCG program service include:

- Funding restraints resulting in waiting lists;
- Lack of diversity of respite care options;
- Need for support, training and respite for caregivers of care recipients with complex care needs outside of dementia; mental health, traumatic brain injury, developmental and intellectual disability and self-neglect;
- Need for support for caregivers who themselves experience complex care needs;
- Need for outreach to ethnic minority caregivers, especially caregivers for whom legal documentation is difficult to obtain.

KLCCOA will continue to improve and provide opportunities for improved partnerships and resources for caregiving. Staff will be trained in principles of service equity to better serve all populations.

OPPORTUNITIES

The Blue Zones Project and the Klamath Health Initiative both are community-based opportunities to bring in as partners for education and trainings for caregiver outreach in Klamath County. In Lake County, the Lakeview Senior Center's Navigator is a partner with the Lake County's Community Health Initiative Project (CHIP). This community-based opportunity would also be a great resource for education and trainings for caregiver outreach.

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations.

Focus Area - **Family Caregivers**:

Goal: Increase resource capacity for unpaid FCG programs

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Increase collaborative partnerships with three (3) supporting FCG agencies to include Blue Zones, Klamath Health Initiative, and Lake County CHIP 2. Pursue three (3) new grant opportunities	a	Contact community based partners	KLCCOA Director	1/2017	12/2020	Added Klamath Behavior Health and SPOKES to LW Coalition. Lake District Health, Sky Lakes Medical Center and Klamath Blue Zones Project to contact list for Family Caregiver services.
	b	Define method for collaboration with partners	KLCCOA Director	1/2017	20120	Older Adult Collaborative was developed in Lake County to better collaborate with partners in both Klamath and Lake Counties. A Spring senior fair is scheduled for Spring 2018 to promote Caregiver program along with all other OAA programs. A veteran's caregiver fair was done in November 2018. White City partnered with local agencies that have services for veteran seniors. KLCCOA did a presentation of the Caregiver Programs. Plans to have this fair annually.
	a	Work with three (3) new partners to collaborate on grant opportunities	KLCCOA Director	1/2017	12/20120	The Lake District Hospital received a grant to promote programs for Lake County that incudes seniors and people with disabilities. In collaboration with KLCCOA the Gatekeeper program along with other family caregiver support programs are being promoted through media, partner sharing and at local health related events. Partners include KLCCOA, DHS/APD, Lakeview Senior Center, Lake District Hospital, Hospice, Gobhi,and Lakeview Gardens. Leftover funds from this grant are going to be used to purchase swag and media costs for the new Lake County Village program.

Goal: Increase community awareness of FCG needs, options and resources

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Supply newspaper, social media, and web page for community awareness and resources articles monthly	a	Create template for op- eds, newspaper, Active Seniors insert monthly	KLCCOA Director	1/2017	12/2020	Articles are published quarterly in Senior Section in Klamath newspaper and periodically in Lakeview newspaper. KLCCOA website has been updated to include Caregiving information and resources.
	b	Publish and air one (1) outreach message monthly	KLCCOA Director	1/2017	12/2020	On-going on website and newspaper.

5. ELDER RIGHTS AND LEGAL ASSISTANCE

Financial abuse and neglect of care are the most prevalent in Klamath and Lake Counties. Financial scams and fraud affect an estimated one-fifth of older adults nationally. In the Office of Adult Abuse Prevention and Investigations' 2015 Annual Report, in Klamath and Lake Counties there were 59 allegations of abuse investigated in facilities with 26 cases substantiated; and 281 allegations of abuse investigated in the community with 116 cases substantiated.

PREVENTION EFFORTS

GATEKEEPER PROGRAM: Presentations by KLCCOA staff to agencies and company's all staff meetings through the Gatekeeper program is one of the prevention efforts to educate the community on financial exploitation. The program seeks to remedy the problem by enlisting the help of people who, in the normal course of their jobs, may have contact with the elderly or those with disabilities. A gatekeeper needs to learn to recognize certain danger signals, a change in appearance or behavior, signs of confusion or disability. Lakeview District Hospital just received an $11,000 grant to enhance the Gatekeeper program in partnership with KLCCOA in Lake County.

ADULT PROTECTIVE SERVICES (APS): KLCCOA has a close relationship with APS. Calls are immediately reported to APS for screening and investigation of abuse. Staff at APS also conducts an annual training for KLCCOA staff on abuse types and how to report suspected abuse. A KLCCOA Governing member attends the monthly community multi-disciplinary team and reports to Executive Director.

Articles and informational sections are submitted periodically to the local newspapers, social network and community outlets to help educate the community and increases the awareness of elder rights.

LEGAL AID

KLCCOA contracts with a local attorney for free legal consultation on non-criminal legal issues to older adults. Additional assistance is targeted to those in the most economic and social need. These types of cases are focused on by the attorneys: public benefit income maintenance, health care issues; long-term care issues, and basic needs such as nutrition, housing and utilities. The law office is contracted to do annual presentations on abuse, neglect and exploitation to the senior centers in both Klamath and Lake Counties.

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations.

Focus Area - Elder Rights and Legal Assistance

Goal 1: Provide public education on abuse prevention and detection

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Conduct three (3) targeted media sources for public education	a	Determine three (3) target audiences for public education	KLCCOA Director	1/2017	12/ On-going	Veterans – held a veterans conference Sept 2017 that was attended by representatives from KLCCOA, DHS/APD, SPOKES, Klamath County Public Health, Klamath Veterans Office, Sky Lakes Medical Center, The Klamath Tribes, Klamath Hospice and general public. Gatekeeper program funded in Lake County with Lake District Hospital partnership. A new network has been established for financial exploitation. Klamath and Lake APS brought together local agencies and banks to strategize on how we can work together on protocols in report financial abuse issues. A SOFFAST (Southern Oregon Financial Fraud and Security Team) has been established to set goals for community education, local and regional protocols, case review and resolutions, and professional cross trainings.
	b	Determine two (2) topics for each	KLCCOA Director	4/2017	12/2019	Elder Abuse Awareness with APD activities and notice of new legal assistance availabilities. Continue to partner with APD and other agencies to have Elder Abuse Awareness day each June. Activities

		media target				include a community event that has presentations and information bags filled with information on how to recognize and report abuse.
	e	Develop and/or get materials for target audiences	KLCCOA Staff	7/2017	12/2019	New contracted Attorney started April 2017 and has office space at each senior center. Regular days are scheduled at each center.
	f	Deliver messages through chosen media	KLCCOA Director	9/2017	12/2018	Facebook, posters, H& News and updated Website.

Goal 2: Education to partners and other community businesses

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Conduct Gatekeeper presentations to six (6) local partners and local businesses Including LGBT and Tribal populations.	a	Determine three (3) target partners and businesses	KLCCOA Staff	1/2017	12/2017-ongoing	Partnerships with Older Adult & Collaborative in Lake County and Southern Oregon Good Will in Klamath County
	b	Develop a calendar of dates for monthly presentations	KLCCOA Staff	2/2017	12/2017-ongoing	Being developed with Lake County District Hospital and with the Older Adult Collaborative and new calendar has been developed for KLCCOA's website.

	c	Conduct 6 presentations to local partners and businesses in both Klamath and Lake Counties.	KLCCOA Staff	4/2017	12/2017-ongoing	Conducted Gatekeeper presentations to Good Will staff, Lake County Mental Health; presented presentation of all KLCCOA programs to APD staff.

Goal 3: Support local coordinated system for abuse intervention and prevention

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Legal service provider will conduct abuse presentation in Klamath and Lake County twice a year. 2. Legal service provider will conduct one (1) presentation per year per county with Spanish interpreter and materials.	a	Contract with legal provider after RFP process is completed	KLCCOA Director	1/2017	6/30/2018	Legal services contracted to local attorney at law in April 2017
	b	Review contract bi-annually for updated service objectives	KLCCOA Director	5/2017	6/2018	Christian Hale conducted a site review of services in Nov 2017. He also met with contracted attorney.
	c	Meet annually to discuss collaboration opportunities	KLCCOA Advisory Council & Director	6/2017	6/30/2018-ongoing	Legal contractor has partnered with senior centers in Klamath and Lake Counties for presentations and on call for legal issues.
	a	Provide Abuse prevention and intervention to legal provider for presentations to Hispanic populations.	KLCCOA Director	6/2017	6/30/2019	General information brochures in Spanish are available at the rural and high Hispanic populated Malin Library.

6. OLDER NATIVE AMERICANS

KLCCOA has a good working relationship with our local Native American population. The Klamath Tribes are made up of Yahooskin, Modoc and Klamath tribal members.

The Klamath Tribes partners with KLCCOA to provide congregate meals at the Tribal Community center in Chiloquin and the community center in Beatty.

Klamath Tribal Health is also an active partner in the Living Well Coalition and has two members trained as leaders. They attend all the meetings and often host the meetings at the Tribal Health offices.

We are also invited every year to attend the Elder Fair to share our resources and program information with their elders.

We have extended an invitation to join our Advisory Council and Governing Board, but have not been successful in the recruitment. We will continue to reach out for new members.

As of June, 2018, KLCCOA has a Klamath Tribal member on the Governing Board. KLCCOA also has a Klamath Tribal member on staff as a case manager.

KLCCOA has met with The Klamath Tribes General Manager, the Community Services Director and their Elder Outreach person to work on strategies to strengthen our communications with the Klamath Tribes.

The following goals are being discussed:

- Improve KLCCOA communications with the tribal members regarding our services and supports for elders. Staff trainings for both agencies on available programs and services for tribal members
- Create opportunities for foster collaboration and trust between KLCCOA, The Klamath Tribes and the Klamath Basin Senior Center
- To schedule regular meetings to create a joint outreach plan to better serve elder tribal members
- Develop a MOU that would be signed by all entities

EQUITY AND UNDERSERVED POPULATIONS: KLCCOA recognizes that not all staff and volunteers are trained in principles of service equity, and we are not reaching all of the populations. Please refer to the added focus area on equity and underserved populations.

Focus Area - Older Native Americans
Goal: Improve Communication with the Klamath Tribes

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Invite one (1) or more local tribal member(s) to attend KLCCOA Advisory/Governing Board meetings	a	Identify 1-2 key Tribal members for recommendations to board membership	KLCCOA Board	1/2017	12/2018 - ongoing	Tribal member asked to join Advisory Council Summer 2017; has not be able to get permission from current job to join. Continuing to recruit. Recruited and accepted an application from a tribal member for the Governing Board.
	b	Invite recommended Tribal member to monthly Governing board meeting	KLCCOA Board	2/2017	12/2018	
2. Invite 1-2 Tribal members to KLCCOA related trainings and events Attend quarterly southern Oregon tribal meetings	a	Provide 1-2 Tribal contacts information on public events	KLCCOA Director	1/2017	12/2018	Tribal members are always invited to KLCCOA events. KLCCOA recently hired a Klamath Tribal member as a case manager.

	b	Collaborate with Tribal contacts to ensure KLCCOA events and trainings are culturally appropriate Promote cultural trainings for staff and other agencies that serve tribal elders	KLCCOA Director	1/2017	12/2020	KLCCOA is always invited to the annual Tribal Health Fair. Attended the 2018 Tribal Health fair. Currently the Executive Director attends quarterly meeting with Southern Oregon Tribes. Met with tribal management to promote cultural trainings for staff and contracted agencies
3. Attend 2 tribal congregate meals per year.	a	Attend 2 congregate meals at the Tribal Center in Chiloquin per year.	KLCCOA Director and/or Advisory Council members	1/2017	12/2019	Attended 2 – January 2018 for site visit: Beatty and Chiloquin sites. Nutrition education was provided at both sites in October, 2018

7. OTHER FOCUS AREAS

SUCCESSFULLY BUILDING AGING FRIENDLY COMMUNITIES

Klamath and Lake Counties are unique places that, as with every community, has both assets and challenges. The greatest asset of late is a revitalized hope and dedication to improve the health of the community and its residents. A holistic and united approach to community health improvement is the only sustainable way to be successful.

With the start of the 2015 Healthy Klamath Initiative, community partners committed to improving all aspects of heath (physical, mental, economic and social) in our communities. Healthy Klamath Partners included 30 agencies including KLCCOA that conducted focus groups and used surveys to complete the Community Health Assessment.

An opportunity presented itself to Klamath Falls in 2015 called the Blue Zones Project. The Blue Zones Project is a community well-being improvement Initiative designed to make healthy choices easier through permanent changes to environment, policy, and social networks. Klamath Falls was consequently selected to become Oregon's first Blue Zone Project demonstration community.

In this past year the Blue Zones and Healthy Klamath Initiative combined the two initiatives into one group called Healthy Klamath.

Volunteer Services: Klamath and Lake Counties has initiated a new volunteer services program. The previous volunteer services were provided through a contracted agency. In July, 2018, they ended the contract and KLCCOA no longer had a volunteer services program.

The new program is called the Village. This is a national model program that is available for purchase. After researching the program to see if would work in our counties, the KLCCOA Governing Board agreed to fund a .5fte for a volunteer coordinator to develop the program in both counties. At this time a coordinator has been hired and KLCCOA is ready to start recruitment for the program. Grants will be researched to help with the cost of membership so our older adults will not have to pay any membership fees. This is very important in our area as we have one of the highest rates of poverty of people over the age of 65.

Focus Area - SUCCESSFULLY BUILDING AGING FRIENDLY COMMUNTIES

Goal: Healthy aging friendly communities that are prepared to meet the needs and aspirations of older adults and individual living with a disability.

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Continue to be a driving force in the Healthy Klamath and Blue Zones Coalitions by attending monthly community meetings.	a	Attend 4 coalitions meetings to educate and inform on senior issues	KLCCOA Director	1/2017	12/2018	Healthy Klamath Meeting – Oct 2017; Blue Zones meetings; Diversity Committee monthly meetings
	b	Attend 2 local governmental meetings to educate officials on senior issues	KLCCOA Director and Advisory Council members	1/2017	12/2018	Attended Board of County Commissioners; and City Council; and Lakeview City Council to education on elder issues and abuse issues; June 2017
2. Reduce isolation and trauma for older adults and strengthen connections to the community	a.	Provide services for information and referral, home health care, transportation, assistance with household tasks, handiwork and friendly visits.	KLCCOA Director and staff; Community Volunteer Coalition	1/2019	12/2020	Purchased the Village program; hired a.5 fte volunteer coordinator.

UNDERSERVED POPULATIONS

KLCCOA is committed to providing a safe and welcoming environment for any consumer, regardless of race, ethnicity, sexual orientation and gender identity. KLCCOA recognizes that minority and LGBTQ community members experience inequities and disparities throughout service delivery systems, including the aging and disability service systems. During the next Area Plan timeframe, KLCCOA plans to increase partnership development with the Latino community and public education on LGBTQ aging issues.

LATINO OUTREACH

There are 572 Hispanic older adults age 60 and older in Klamath and Lake Counties and 127 who are 60 and older living in poverty. Many speak limited or no English. Health disparities and inequities continue to exist for minority populations, such as access barrier to medical care, social programs and a lack of culturally responsive services. KLCCOA employs a Spanish speaking Case Manager that helps us serve this population in a culturally appropriate way. Brochures of KLCCOA services are routinely left in Malin at the congregate meal site and in Merrill at the Migrant Head Start agency.

LGBT OUTREACH AND OPPORTUNITIES

LGBT support groups are in the Klamath Falls area are sparse, but acceptancy is slowly growing according to a Herald and News article recently published. The newspaper also did a public survey and it revealed that about 64 percent of people said they accept and support the LGBT community in Klamath Falls, while over 28 percent said they either did not support them or did not care. Additionally, about 50 percent of respondents said they have noticed a growing acceptance of LGBT people in Klamath County while 33 percent said they have not noticed increased acceptance.

The Klamath County Public Health recently added the Klamath Regional Health Equity Coalition to their department. This new resource holds monthly meetings on Health equity issues and is available to do trainings for service providers.

Focus Area – EQUITY AND UNDERSERVED POPULATIONS

Goal 1: Increase Community Awareness on LGBT needs

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Conduct one (1) educational trainings with partner agencies per year	a	Partner with Klamath Regional Health Equity Coalition for trainings opportunities	KLCCOA Director	1/2017	12/2018	Completed cultural awareness in dementia care 1/17/17; Staff attended LBGT training 4-12-17; Gen Silent film 4-13-17; Director joined the Klamath Regional Health Equity Coalition
	b	Conduct at least one (1) training annually	KLCCOA Director	1/2017	12/20189	Presented veterans conference with LGBT information Sept 2017
2. Improve internal processes and cultural awareness by providing two (2) appropriate trainings annually	a	Develop and incorporate a cultural awareness training for current and new employees	KLCCOA Director	1/2017	6/2020	On-going; training are attended as presented
	b	Review KLCCOA forms for inclusive language improvements	KLCCOA Director	1/2017	6/2020	On-going

Goal 2: Increase communication and collaborations with the Latino Community

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Develop regular lines of communication with at least one (1) partner agencies who have large Latino client base.	a	Contact Hispanic Advisory Council for appropriate contacts	KLCCOA Director	1/2017	2/2018	Next meeting in May 2018
	b	Update KLCCOA brochures in Spanish	KLCCOA Director	1/2017	6/2017	General KLCCOA Brochure has been translated into Spanish
2. Participate in two (2) Latino community opportunities and events	a	Identify two (2) Latino events	KLCCOA Director	1/2017	6/2020	Cinco de Mayo

SECTION D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D - 1 ADMINISTRATION OF OREGON PROJECT INDEPENDENCE (OPI):

TIMELY RESPONSE: The following Priorities for OPI Case Manager have been established for KLCCOA. Staff schedules work to be completed as soon as possible based on these priorities. The Senior Case Manager periodically monitors for compliance:

Priority 1:

- Maintain a wait list, completing a Risk Assessment form, narrating outcome on OAccess narration.
- Intake/Assessment – scheduled within 5-7 days of client's name coming up on the wait list as appropriate.
- Reviews current and completed
- Reviews current and completed annually or as needed.
- Phone Calls - Voice mail messages retrieved and prioritized daily. Urgent calls returned within the same business day.
- See walk-in clients, assess needs, handle issues and/or make appointments and referrals.
- Care plans - current and valid.

Priority 2:

- Intake and review paperwork completed within 3 working days. Paperwork to include OPI Service Agreement 287I, (with client and Service Coordinator signature present), OPI fee determination (287K) completed and updated as needed, at least yearly, HCW Worker's comp agreement (354) present and completed as needed. 546N for HCW/In-home agency voucher completed and up to date. Task list 598 completed. Information Use and Disclosure (MSC 2099) completed as needed. 4105 completed and given to the Homecare Worker (HCW) when the program is started and with any changes made in the care plan.
- Client narration completed within three days of activity.
- Non-urgent client phone calls returned within 24 hours.

Priority 3:

- Professional development training through SUA.

INITIAL AND ONGOING PERIODIC SCREENING:

When a possible client calls the ADRC, IA/IR staff request OPI services, they are directed to the appropriate OPI Case Manager. When an ADRC screener believes a

client might qualify for OPI, the screener transfers the call to the OPI worker. The OPI worker completes a screening and a risk assessment.

Because OPI is not intended to replace the resources available to an individual from their own financial assets and natural support systems the OPI Case Manager makes every effort to assist applicants in utilizing other resources before bringing them onto OPI. Persons appearing to be eligible for Medicaid are so counseled and encouraged to apply. However, OPI Case Managers may approve OPI for persons eligible for Medicaid who do not wish to go on to Medicaid. People who are eligible for the Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI.

During the annual review visit or when there is need to go out more often, the OPI Service Coordinator reassesses client needs and resources and makes referrals as appropriate including to Medicaid.

The OPI Case Manager narrates in the eligible individual's file their exploration /discussion regarding other resources including Medicaid.

ELIGIBILITY:
In order to qualify for OPI services, each eligible individual must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-000. People who qualify for federal Supplemental Security Income (SSI) are not eligible for OPI.

A. The OPI Case Manager meets with the applicant to complete an assessment for service eligibility including assessing the individual's needs, resources and eligibility for the program. OPI staff use the Oregon Access Client Assessment (CA/PS) assessment tool to determine client's SPL level. Clients who are at or below a level 18 are eligible for OPI as long as they meet other requirements, i.e., resources and income guidelines.

B. The OPI Case Manager, the client and the client's family, if available, work together to develop a care plan to meet the needs of the client and determine the best option for service provision. Depending on availability of OPI services and within KLCCOA's budget allocations, an eligible individual may be authorized a mix of services that best meets the eligible individual's needs. The eligible individual has the primary responsibility (with Case Manager guidance) for choosing and whenever possible developing the most cost-effective service options including Home Care, Personal Care, and Home-Delivered Meals.

C. Maximum In-home Units of Service

The maximum units of in-home service per eligible individual per month will be up to twenty-five (25) hours per month of contract service, both Home Care and Personal Care, within KLCCOA budget limitations. This does not mean that every eligible individual will be authorized the maximum units of service.

PRIORITIZING SERVICE DELIVERY

Priorities: The OARs state that eligible individuals shall receive authorized services based on the following priorities:

1. Maintain eligible individuals already receiving authorized services as long as their condition indicates the services are needed.

2. Individuals, 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.

3. Individuals who are probably to be placed in an institution if needed authorized services are not provided.

DENIAL, REDUCTION OR TERMINATION OF SERVICES / APPEALS / GRIEVANCE PROCESS

This procedure is designed to address and resolve eligible individual appeals related to the provision of OPI services by KLCCOA. Its use is most appropriate for eligible individuals who wish to appeal KLCCOA decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between an eligible individual and KLCCOA.

- Representation: The eligible individual may be represented at any stage in the appeal process by a representative of the client's choosing, including legal counsel. All costs shall be the client's costs.
    - Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason and mailed promptly to the appealing client or representative.
- Time Limits: Appeal shall be processed within 10 days of receipt of complaint.
- All notices to Deny, reduce or Terminate OPI Service shall be sent 10 working days prior to denial, reductions, or termination.
- Upon the receipt of a written notice of appeal, KLCCOA shall schedule an appeal review meeting within 10 days of the receipt of the approval.
- Within 5 days of receipt of the decision, the client or representative may contact the KLCCOA Executive Director to request a review of the decision. The client or representative who wishes to request and wishes to request an administrative review hearing with DHS may do so following the conclusion of KLCCOA's appeal review process.
- Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:

Denial of Service: When a KLCCOA OPI Case Manager determines that an applicant for OPI service will not be provided a requested service, the Case Manager shall

provide to the applicant, by mail, a written notice within 10 days of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant's appeal rights, including the deadline for submitting an appeal.

Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and KLCCOA should be resolved at the lowest level possible. If the eligible individual or his/her representative wishes to avail himself/herself of this step in the KLCCOA OPI Appeal Procedure, the eligible individual or representative should contact the KLCCOA Case Manager involved in the eligible individual's case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, KLCCOA OPI Case Manager shall schedule a meeting with the eligible individual and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The worker and his/her supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the worker shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.

Formal Appeal Process: An eligible individual or representative may file a formal appeal with KLCCOA without taking advantage of the informal process described in paragraph above. If the informal process is omitted, the eligible individual or his/her representative must file a written notice of appeal with KLCCOA within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal.

If the eligible individual or representative participated in the informal appeal process described in paragraph above, he / she or representative must file a written notice of appeal with KLCCOA within ten (10) days of the mailing of the notice of the outcome of the informal process.

Upon the receipt of a written notice of appeal, KLCCOA shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The eligible individual and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting.

Within five (5) days of receipt of the decision, the eligible individual or his/her representative may contact the KLCCOA Executive Director to request a review of the decision. The Executive Director will complete his / her review and make a final decision within five (5) days of the request. The Executive Director will review the written documentation and may contact/meet with the eligible individual or his/her representative with additional clarification. The Executive Director decision shall be binding unless the aggrieved client or his/her representative wishes to pursue this matter with the Oregon Department of Human Services.

FEES FOR SERVICES

At the time of intake or review, the OPI Case Manager completes an OPI Fee Determination Form (0287k) The OPI Case Manager asks the applicant how much their monthly income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the (0287k)form. The Case Manager then asks the eligible individual what their monthly medical expenses are. This information is categorized under medicines, medical supplies, medical equipment, doctor and / or hospital bills, monthly cost of supplemental health insurance and other medical expenses. This is also documented on the (0287k). The total amount of monthly medical expenses are subtracted from the monthly income amount and entered on the form. The balance or "Net Monthly Income: is used to determine the client's OPI fee for services. The Case Manager determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the client is living in a single-person up to a four-person household. The fee amount including "0" is recorded on the (287k) which the client signs and on the SDS 546. A copy of the SDS 546 is sent to the KLCCOA Senior Services Office Specialist who sets the services up in Oregon Access and posts units of service from the monthly In-home Service Provider billing, Homecare Worker report, and Case management report.

MINIMUM ONE-TIME FEE

A $25.00 one-time minimum fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a fee for service). The fee is due at the time eligibility for OPI service is determined.

KLCCOA is opting to apply the $25.00 fee to Service Coordination services.

At the time of initial assessment, the OPI Case Manager informs the client, as appropriate, that they will be assessed a $25.00 fee and that a statement will be sent along with an envelope within the next 30 days. When the Case Manager gives the client the OPI SERVICE Agreement (0287I), it explains the $25.00 and documents that services have been authorized.

The Case Manager writes on the monthly case management report form that a $25.00 one-time fee needs to be billed. The OPI Case Manager sends the form to the KLCCOA Data Specialist. The Data Specialist prepares and mails a letter / invoice out to the client along with a return envelope requesting a check. A follow-up letter / invoice is not mailed if the client does not pay. A client does not lose service if they do not pay the minimum one-time fee.

The Data Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the KLCCOA Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence Cumulative Financial and Services Report.

NON-PAYMENT OF FEES

Each month the Data Specialist sends OPI Case Managers copies of the billing letters that have been sent to the clients. The Case Managers review the letters to check on each client's payment status. In addition, the Data Specialist contacts the Case Manager when they notice that a client is 60 days past due. The Case Managers are responsible for contacting clients who are more than sixty days in arrears in payment of fees or owe more than $25 in fees. If payment is not received within thirty days, the Case Manager will review the case with the Executive Director to determine what action may be needed. When it is determined that fees are to be written off, the Case Manager notifies the Data Specialist in writing and the balance due is zeroed out.

WAITING LIST

Eligible individuals for which there is no funding available are placed on a waiting list. To determine each individual's priority on the waiting list, the OPI Case Manager determines a score using the OPI Risk Assessment Form (287j) (RTZ system). The minimum information needed for the wait list is the client's full name, address, phone number and at least the last 4 digits of the person's SSN (when individuals are willing). Individuals are placed on the list with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis.

D – 2 SERVICES PROVIDED TO OAA AND/OR OPI CONSUMERS

Since the matrix in the area plan was done by scanning and inserting as pictures, here is the list of changes for your reference.

#1 – Personal Care (by agency)
#3 – Chore
#40-2 – Physical Activity and Falls Prevention
#60-3 – Reassurance
#60-4 – Volunteer Recrutiment

Attachment C

SERVICE MATRIX and DELIVERY METHOD

Instruction: Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

☒ **#1 Personal Care** (by agency)

Funding Source: ☒OAA ☒OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Pro Quality - for profit
905 Main St
Klamath Falls, Or 97601
Note if contractor is a "for profit agency"

☒ **#1a Personal Care** (by HCW) Funding Source: ☒OAA ☒OPI ☐Other Cash Funds

☒ **#2 Homemaker** (by agency)

Funding Source: ☒OAA ☒OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Pro Quality - for profit
905 Main St
Klamath Falls, Or 97601
Note if contractor is a "for profit agency"

☒ **#2a Homemaker** (by HCW) Funding Source: ☒OAA ☒OPI ☐Other Cash Funds

☒ **#3 Chore** (by agency)

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#3a Chore** (by HCW) Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#4 Home-Delivered Meal**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Klamath Basin Senior Center
2045 Arthur St, Klamath Falls 97601
LakeCounty Senior Center
11 No G St., Lakeview, OR 97630
Note if contractor is a "for profit agency"

☐ **#5 Adult Day Care/Adult Day Health**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#6 Case Management**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#7 Congregate Meal**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Klamath Basin Senior Center 2045 Arthur St, Klamath Falls 97601
LakeCounty Senior Center 11 No G St., Lakeview, OR 97630
The Klamath Tribes PO Bpx 436 - Chiloquin, 97624 and Beatty sites; For profit: Papa Tanyas, Bonanza, Taqeria El Sombrero, Malin; Summer Lake Lodge, Summer Lake; TheWhoa Tavern, Keno, the Lakeside Terrace - Christmas Valley
Note if contractor is a "for profit agency"

☐ **#8 Nutrition Counseling**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#9 Assisted Transportation**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#10 Transportation**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):
Klamath Basin Senior Center and Lake County Senior Center
Note if contractor is a "for profit agency"

☐ **#11 Legal Assistance**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Michael Spencer, Attorney at Law - for profit agency
Note if contractor is a "for profit agency"

☒ **#12 Nutrition Education**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#13 Information & Assistance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):
Lakeview Senior Center
Note if contractor is a "for profit agency"

☒ **#14 Outreach**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#15/15a Information for Caregivers**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#16/16a Caregiver Access Assistance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#20-2 Advocacy**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#20-3 Program Coordination & Development**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#30-1 Home Repair/Modification**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#30-4 Respite Care (IIIB/OPI)**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#30-6/30-6a Caregiver Support Groups**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#30-7/30-7a Caregiver Supplemental Services**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#40-2 Physical Activity and Falls Prevention**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Klamath Basin Senior Center - Lake County Senior Center; Outback Retirement, Inc. PO Box 538
Christmas Valley, OR 97641
Note if contractor is a "for profit agency"

☐ **#40-3 Preventive Screening, Counseling and Referral**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#40-4 Mental Health Screening and Referral**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#50-1 Guardianship/Conservatorship**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#50-3 Elder Abuse Awareness and Prevention**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#50-4 Crime Prevention/Home Safety**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#50-5 Long Term Care Ombudsman**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#60-1 Recreation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#50-4 Crime Prevention/Home Safety**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#50-5 Long Term Care Ombudsman**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#60-1 Recreation**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#60-3 Reassurance**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#60-4 Volunteer Recruitment**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#70-5 Newsletter**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#70-8 Fee-based Case Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#70-9/70-9a Caregiver Training**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#70-10 Public Outreach/Education**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒ **#71 Chronic Disease Prevention, Management/Education**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#72 Cash and Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#73/73a Caregiver Cash and Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#80-1 Senior Center Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#80-4 Financial Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#80-5 Money Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☐ **#90-1 Volunteer Services**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):

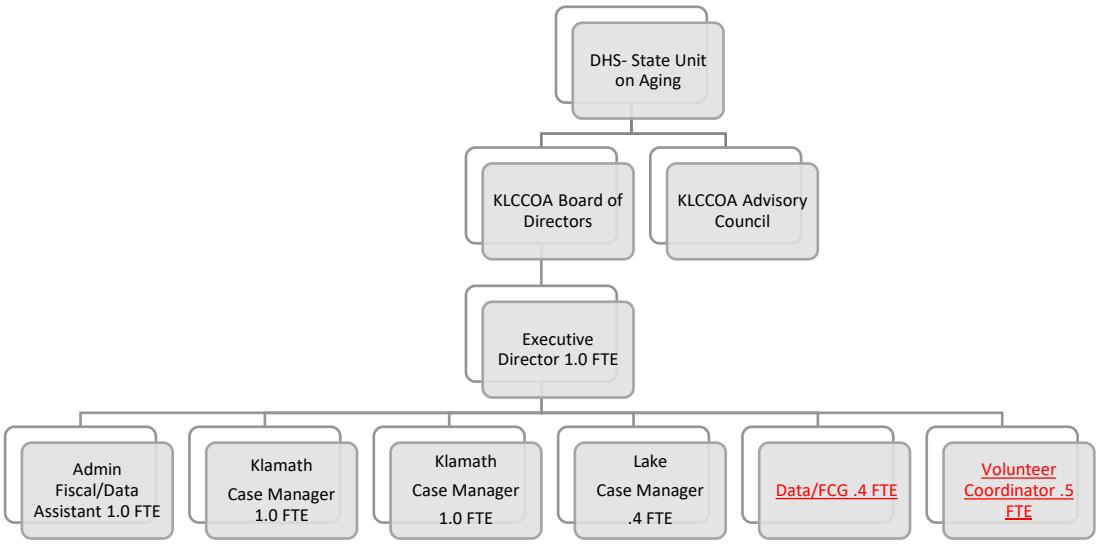
Note if contractor is a "for profit agency"

SECTION E – AREA PLAN BUDGET

Attached in an Excel Workbook

Appendix A – Organizational Chart

KLAMATH AND LAKE COUNTIES AREA ON AGING
DISTRICT 11: Organizational Chart



Appendix B – Advisory Council and Governing Board

KLCCOA Advisory Council Members	Term Expiration
• Sandra Brown – President	06/30/2020
• Cami Nielson Vice President	06/30/2020
•	
• Kathleen Rutherford	06/30/2020
• Daphne Greer	06/30/2021
• Gloria Pena	06/30/2021
•	
• Wendy Howard	06/30/2021
• Kay Shanahan	06/30/2022

KLCCOA GOVERNING BOARD	Term Expiration
• Pat Hurst – President: Klamath Falls	06/30/2021
• Janet Buckalew – Treasurer: Klamath Falls	06/30/2021
• John Bunch: Lakeview	06/30/2020
• John Effingham: Christmas Valley- Vice Pres	06/30/2019
• Alycia Kersey: Klamath Falls	06/30/2019
• Ron Moe Klamath Falls	06/30/2019
• Ernie Palmer: Klamath Falls	06/30/2021
• Charlie Tveit: Lakeview	06/30/2021
• Diana Bettles	06/30/2021

Appendix C – Public Process

The Community Needs Assessment process included hardcopy paper survey, email and informal community hearings. Surveys were hand delivered to all the rural nutrition sites in Lake and Klamath Counties and presented to the consumers that were attending on that date. Additional surveys were left for other consumers throughout the month. Both senior centers distributed the survey over a 3 month time period including sending them out with the meals on wheels.

Places surveys were distributed through November, 2015 through March, 2016:

Lake County

- Lakeview Senior Center
- Klamath/Lake DHS/APD
- Paisley – Homestead Café
- Summer Lake – The Lodge at Summer Lake
- Christmas Valley – Lakeside Terrace

Klamath County

- Beatty Community Center
- Bly School
- Bonanza – the Taqueria EL Sombrero Loco
- Chiloquin – The Tribes Community Center
- Malin – Papa Tanys'
- Keno – Max's Café
- Klamath Basin Senior Center

The Advisory Council was involved in getting out the surveys to all our urban and rural areas and getting the results interpreted for the area plan.

Two Public Hearings were held in Klamath and Lake County to get input from the providers and public. Each group was extremely well attended by all the agencies and program that serve the senior and disabled populations.

The first hearing (A Lakeview Conversation) was held in Lakeview on June 14, 2016 at the Lakeview Senior Center with 15 attending. The second hearing (A Klamath Conversation) was held at the Klamath Basin Senior Center on 5, 2016 with over 25 attending.

Notices were published in the Herald and News and posted at the senior centers for the hearings and for the public to give input on the Area Plan.

Appendix D – Final Updates on Accomplishments from 2013-16 Area Plan

The following is a brief summary of accomplishments related to Focal Areas in the 2013-16 Area Plan.

SUCCESSFULLY BUILDING AGING FRIENDLY COMMUNITIES

In order to successfully build aging friendly communities, focus efforts on creating vibrant communities that are prepared to meet the needs and aspirations of older adults and individuals living with a disability.

KLCCOA Advisory members participated in the Klamath County Emergency Preparedness Plan. The Klamath County Emergency Department did not continue the committee that worked on this project.

KLCCOA has completed many Informational presentations for the public via newspaper articles, community forums, flyers, posters, attendance at local health fairs and elder forums.

FAMILY CAREGIVERS

The primary goal for Family Caregivers Programs was to expand to targeted groups of Limited English and ethnic caregivers including Native Americans.

Information and assistance was provided in group settings for both counties by a KLCCOA Case Manager. KLCCOA attended The Klamath Tribes Elder Fair and distributed brochures and informational cards.

INFORMATION AND ASSISTANCE: ADRC

The main goal of the ADRC was to get up and operational for outreach to underserved populations. Staff have been trained and the calls are now coming into the KLCCOA office. Marketing and outreach using the SUA materials and have been used and distributed county wide.

The next steps is to expand the Operations Council to include more community partners and become fully operational by October, 2016.

ELDER RIGHTS AND LEGAL ASSISTANCE

Public education articles printed in the Active Seniors section of newspaper. Presentation were held at both senior centers in Klamath and Lake Counties on elder rights and legal assistance issues.

HEALTH PROMOTION

Health promotion workshops and classes are held monthly at the senior centers in Klamath and Lake County.

Living Well Coalition was promoted and workshops are being conducted monthly in Klamath County and bi-annually in Lake County.

Articles continually being published in the Active Senior Section in the Herald and News.

KLCCOA worked closely with the Klamath County Public Health Dept and the Klamath and Lake Senior Centers in promoting oral health and the awareness of older and high risk adults regarding influenza and pneumococcal vaccines.

NUTRITION SERVICES

Nutrition goals revolved around expanding the rural opportunities for congregate sites. One site has been added in Klamath County (Keno) and another site in North Klamath was explored, but no one was interested in suppling a meal(s) for seniors. Home delivered meals were also expanded at the Klamath Basin Senior Center to include 10 more clients. Meals on Wheels is currently being expanded to the Keno area for another possible 10 clients.

OLDER NATIVE AMERICANS

Collaboration with The Klamath Tribes has always been a challenge. KLCCOA continues to work closely through the congregate meal sites but have not been successful getting a Tribal member on the Advisory Council or Governing Board. KLCCOA is invited to the Elder Health Fair annually and are able to share resources at that time.

Appendix E – Emergency Preparedness Plan

KLCCOA employees, consumers, and visitors are at risk from various emergencies and/or hazards. The following list identifies situations that would pose the greatest need for response:

- Medical emergencies
- Fire
- Natural Disasters
- Violent or criminal behavior
- Pandemics
- Chemical spills from railroads

Chain of Command

KLCCOA offices are located downtown Klamath Falls in a two story building. The building has sprinklers and two exits for employee evacuation. The following is the chain of command that has the authority to activate the plan, with those lower on the chain of command taking authority when those higher are not available, and then transferring control once those higher become available.

1- KLCCOA Executive Director
2- KLCCOA Senior Case Manager (1)
3- KLCCOA Case Manager (1) in Klamath County (1) in Lake County
4- KLCCOA Administrative Fiscal/Data Assistant (1)

The KLCCOA Executive Director has been designated as the Incident Commander on-site at the 404 Main St office space. Part of the duties down the list of command shall be:

- Assess and triage the incident
- Ensure an accurate accounting of KLCCOA on the scene
- Activate a Response Team
- Determine the activities of the Response Team
- Assign duties
- Ensure constant communication with the Response Team
- Plan for next phase of the response
- Serve as the Public Relations Officer while at the scene

Communication Plan

The incident Commander will implement a Communications Plan, which will include the following:

- Identify key audiences. Determine who needs to be informed of the situation, and in what order (both on and off site)
- Communicate with staff as needed
- Send out information to the staff as needed for inclement weather plan

Continuity of Operations Plan and Local Partner Coordinator

KLCCOA is aware of the Klamath County Emergency Operations Plan 2011 that is available at the site:
http://klamathcounty.org/depts/ems/EOP/KLAMATH%20EOP_FULL%20PLAN_OCT%202011.pdf
and of the Lake County Emergency Services (not available on line) The plans contains thorough information and assessment of potential local hazards, including natural disasters such as earthquakes, flooding, and forest fires and other non-natural events such as has hazardous materials incidents. All of these incidents could impact KLCCOA clients.

KLCCOA has and will maintain a list of names and addresses of the most high risk and vulnerable clients that receive in-home long term care services based on their care plan. The list will be updated twice a year for provision to local emergency management agencies in the event of an emergency. The Klamath County Emergency Management Department is aware that we keep a list of our vulnerable consumers both in print and electronically. The Klamath and Lake County Senior Centers would be available as a food site only if there is power. Otherwise the Fairgrounds would be a central point for people in need of food or shelter. The American Red Cross coordinates food and shelter needs.

KLCCOA congregate meals will most probably close if unsafe for participants to attend. Meals on Wheels will be maintained for clients if at all possible. Extra frozen meals are delivered to clients that will be hard to reach in bad weather. KLCCOA clients will receive disaster assistance provided by local entities as coordinated by state, local and volunteer services.

Follow-up with Emergency Services:
KLCCOA remains committed to review county disaster preparedness plans and will meet with the Counties Emergency Coordinators annually for updates.

Appendix F – List of Designated Focal Point/Service Locations

Many KLCCOA services can be accessed at the following locations:

KLAMATH COUNTY

Klamath Basin Senior Center - Limited services
2045 Arthur St
Klamath Falls OR 97603
541-883-7171

LAKE COUNTY

Lakeview Senior Center – Limited services
11 No G St
Lakeview, OR 97630
541-947-6035

Appendix G – OPI Policies and Procedures

Klamath and Lake Counties Area on Aging

Oregon Project Independence (OPI) Policies and Procedures

I. GOALS

The goals of the Klamath and Lake Counties Area on Aging's (KLCCOA) Oregon Project Independence (OPI) program are to:

- Promote quality of life and independent living among older adults and people with physical disabilities;
- Provide preventive and long-term care services to eligible individuals to reduce the risk of institutionalization and promote self-determination;
- Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- Optimize eligible individuals' personal resources and natural supports.

II. TIMELY RESPONSE

The following Priorities for OPI Case Managers have been established for KLCCOA. Staff schedules work to be completed as soon as possible based on these priorities. The Senior Case Manager monitors for compliance:

Priority 1

- Maintain a wait list, completing a Risk Assessment form 287j on RTZ, narrating outcome on OAccess narration.
- Intake/Assessment - scheduled within 5 - 7 days of client's name coming up on the wait list as appropriate.
- Reviews current and completed annually or as needed.
- Phone Calls - Voice mail messages retrieved and prioritized daily. Urgent calls returned within the same business day. Back-up workers from either county can handle an emergency call for any other worker as needed. Breaks and lunches as scheduled.
- See walk-in clients, assess needs, handle issues and/or make appointments and referrals.
- Care plans - current and valid.

Priority 2

Intake and review paperwork completed in three (3) days. Paperwork to include OPI Service Agreement 287I, (with client and Service Coordinator signature present), OPI fee determination (287K) completed and updated as needed, at least yearly, HCW Worker's comp agreement (354) present and completed as needed. 546N for HCW/In-home agency voucher completed and up to date. Task list 598 completed. Information Use and Disclosure (MSC 2099) completed as needed. 4105 completed and given to the Homecare Worker (HCW) when the program is started and with any changes made in the care plan.

- Client narration completed within three days of activity.
- Non-urgent client phone calls returned within 24 hours.

Priority 3

- Professional development training through SUA.

III. INITIAL AND ONGOING PERIODIC SCREENING

When a possible client calls the ADRC, IA/IR staff and request OPI services, they are directed to the appropriate OPI Case Manager. When an ADRC screener believes a client might qualify for OPI, the screener transfers the call to the OPI worker. The OPI worker completes a screening and a risk assessment.

Because OPI is not intended to replace the resources available to an individual from their own financial assets and natural support systems the OPI Case Manager makes every effort to assist applicants in utilizing other resources before bringing them onto OPI. Persons appearing to be eligible for Medicaid are so counseled and encouraged to apply. However, OPI Case Managers may approve OPI for persons eligible for Medicaid who do not wish to go on to Medicaid. People who are eligible for the Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI.

During the annual review visit or when there is need to go out more often, the OPI Service Coordinator reassesses client needs and resources and makes referrals as appropriate including to Medicaid.

The OPI Case Manager narrates in the eligible individual's file their exploration /discussion regarding other resources including Medicaid.

IV. ELIGIBILITY

In order to qualify for OPI services, each eligible individual must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-000. People who qualify for federal Supplemental Security Income (SSI) are not eligible for OPI.

- The OPI Case Manager meets with the applicant to complete an assessment for service eligibility including assessing the individual's needs, resources and eligibility for the program. OPI staff use the Oregon Access Client Assessment (CA/PS) assessment tool to determine client's SPL level. Clients who are at or below a level 18 are eligible for OPI as long as they meet other requirements, i.e., resources and income guidelines.

- The OPI Case Manager, the client and the client's family, if available, work together to develop a care plan to meet the needs of the client and determine the best option for service provision. Depending on availability of OPI services and within KLCCOA's budget allocations, an eligible individual may be authorized a mix of services that best meets the eligible individual's needs. The eligible individual has the primary responsibility (with Case Manager guidance) for choosing and whenever possible developing the most cost-effective service options including Home Care, Personal Care, and Home-Delivered Meals.
- Maximum In-home Units of Service
    - The maximum units of in-home service per eligible individual per month will be twenty- five (25) hours per month of contract service, both Home Care and Personal Care, within KLCCOA budget limitations. This does not mean that every eligible individual will be authorized the maximum units of service.

- CHANGES
    - In the event OPI is no longer a suitable program for meeting an eligible individual's needs, the eligible individual must be given every opportunity to understand why services are no longer suitable, to fully explore other family, friends, neighbors and community resources, and to understand the ramifications of the decisions she/he is making. If the eligible individual cannot understand the ramifications of her/his decisions, conservator / guardian informed consent must be explored by the OPI Case Manager. If the eligible individual wishes to stay on OPI services, services may continue within maximum hour limitations. The Service Coordinator must clearly document in the client's file all discussions and decisions made.

      Examples of situations where OPI eligible individuals should be counseled that the program may not be suitable for meeting their needs:

- Care needs increase. The eligible individual's care needs increase beyond the scope of the OPI program.

- Care plan unsafe. There is an increase in care need or a decrease in other sources of support (such as family, friends, and neighbors) and the care plan is not adequate to fill the gap.

When an eligible individual who is already receiving OPI services changes their living situation, they will be reassessed for OPI eligibility.

Eligible individuals who have not used service within a continuous 15-day time period will be reassessed for OPI eligibility and if appropriate sent a termination notice letter ten working days prior to termination telling them that they are being terminated from service along with information on how to appeal the decision.

- TURNOVER AND / OR REJECTION OF CAREGIVERS

Eligible individuals will be notified when they are determined eligible that their turnover and / or rejection of five providers within a three-month period may be grounds for termination of service. Eligible individuals who turnover and/or reject five providers within a three-month period, without an apparent valid reason, will be staffed with the Senior Services Manager. The Senior Case Manager will meet with the eligible individual to let them know that they may be terminated from service if they continue to turnover and / or reject providers. Eligible individuals who continue to turnover and / or reject providers after the Senior Case Manager visit will be notified in writing that their service may terminate (and that their case is being referred to the KLCCOA Executive Director for final review). If the KLCCOA Executive Director determines services should end, the eligible individual will be sent a notice ten working days prior to termination that their service is terminated.

V. **SERVICE PROVISION**

Depending on OPI allocations, a mix of services may be available to meet the eligible individual's needs. The OPI Case Manager determines and authorizes services based on each individual's financial, physical, functional, medical and social need.

A. Prioritizing Service Delivery

Priorities

The OARs state that eligible individuals shall receive authorized services based on the following priorities:

- Maintain eligible individuals already receiving authorized services as long as their condition indicates the services are needed.
- Individuals, 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.
- Individuals who are probably to be placed in an institution if needed authorized services are not provided.

B. Living Within the Budget

The budget will be managed based on the above Priorities.

In times of short funding, KLCCOA may choose to limit the range of services available.

When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Client Waiting List. OPI Case Managers will continue to accept applicants for OPI service and will make sure that a Risk Assessment is completed on each person screened. They will inform all individuals of the lack of OPI funds at this time and inform them that they will be notified by the OPI Case Manager when their name has come up on the wait list and there is money to provide services to them. The OPI Case Manager will offer service coordination and will attempt to recruit local support systems for or build on existing ones.

In those cases where the maximum hours allowed result in an unsafe care plan, the eligible individual will be counseled by the OPI Case Manager about his / her concerns and strongly encouraged to utilize other services in the community. The OPI Case Manager will thoroughly narrate in the eligible individual's file their discussion regarding the unsafe care plan.

OPI Case Managers will continue to stress need to pay service providers privately where income and / or resources indicate the client is financially able to do so or apply for other public funded programs.

C. Waiting List

Eligible individuals for which there is no funding available are placed on a waiting list. To determine each individual's priority on the waiting list, the OPI Case Manager determines a score using the OPI Risk Assessment Form (287j) (RTZ system). The minimum information needed for the wait list is the client's full name, address, phone number and at least the last 4 digits of the person's SSN (when individuals are willing). Individuals are placed on the list with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis.

D. DENIAL, REDUCTION OR TERMINATION OF SERVICES / APPEALS / GRIEVANCE PROCESS

This procedure is designed to address and resolve eligible individual appeals related to the provision of OPI services by KLCCOA. Its use is most appropriate for eligible individuals who wish to appeal KLCCOA decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between an eligible individual and KLCCOA.

GUIDELINES AND DEFINITIONS:

A. Representation: The eligible individual may be represented at any stage in the appeal process by a representative of the client's choosing, including legal counsel. All costs related to representation shall be at the client's expense. (Free legal counsel <u>may</u> be available from: Klamath and Lake Legal Aid office, 541-273-0533.

   i. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing client or representative.
   ii. Time Limits: It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and KLCCOA. If an appeal is not submitted by the eligible individual or his / her representative within the time limit established by this procedure, the appeal shall become void. If KLCCOA fails to respond to a procedural step within the established time line, the eligible individual or his / her representative may proceed to the next step of the process within the specified time line for it.
   iii. Definition of the term "day": A "day" shall mean a business day. If a due date falls on a weekend or a KLCCOA holiday (list follows), the due date shall be the next business day.

New Year's Day	Veterans' Day
Martin Luther King, Jr. Day	Thanksgiving Day
Presidents Day	Memorial Day
Day following Thanksgiving	Christmas Day
Independence Day	Labor Day

When a KLCCOA holiday falls on a Saturday, it will be observed on the preceding Friday. When a KLCCOA holiday falls on a Sunday, it will be observed on the following Monday.

iv. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to KLCCOA at the following address:

KLCCOA Senior Case Manager
404 Main St., Suite 6
Klamath Falls, OR 97601

v. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of KLCCOA. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision. If an eligible individual requests a contested case review from Department of Human Services (DHS), their benefits will not be reinstated. In the event DHS decides against KLCCOA as a result of their review, the eligible individual will be eligible for reinstatement of service at the time of DHS's decision.

vi. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the client. The notice will state something to the effect of "You may qualify for alternative services if you are denied Oregon Project independence Program services. You may contact your OPI Case Manager to determine if you might qualify for other services, and obtain information about applying for those services." A copy of this page will placed in the eligible individual's file

B. Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:

i. Denial of Service: When a KLCCOA OPI Case Manager determines that an applicant for OPI service will not be provided a requested service, the Case Manager shall provide to the applicant, by mail, a written notice within 10 days of this decision.

This notice shall state the specific reason(s) for this decision and shall describe the applicant's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

ii. Reduction or Termination of Service:

- Involuntary Reduction or Termination: When a KLCCOA OPI Case Manager determines that service to an eligible individual is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a written notice of this decision at least 10 working days prior to any service reduction or termination. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

- Voluntary Reduction or Termination: When an eligible individual and an OPI Case Manager mutually agree that service for the eligible individual is to be reduced or terminated, this agreement shall be confirmed in the following manner: The worker shall provide to the eligible individual, by mail, a written notice of agreement at least 10 working days prior to any service level changes. This notice shall list the reason(s) for this decision and, in the event that the eligible individual has second thoughts about this action, shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

iii. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and KLCCOA should be resolved at the lowest level possible. If the eligible individual or his/her representative wishes to avail himself/herself of this step in the KLCCOA OPI Appeal Procedure, the eligible individual or representative should contact the KLCCOA Case Manager involved in the eligible individual's case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, KLCCOA OPI Case Manager shall schedule a meeting with the eligible individual and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The worker and his/her supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the worker shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.

iv. Formal Appeal Process:

1. Filing an Appeal:

   a. An eligible individual or representative may file a formal appeal with KLCCOA without taking advantage of the informal process described in Paragraph 3

above. If the informal process is omitted, the eligible individual or his/her representative must file a written notice of appeal with KLCCOA at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal (see attached OPI Appeal Review Request form).

b. If the eligible individual or representative participated in the informal appeal process described in Paragraph 3 above, he / she or representative must file a written notice of appeal with KLCCOA at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of the outcome of the informal process (see attached OPI Appeal Review Request form).

c. Assistance in filing a written notice of appeal may be obtained from KLCCOA. Contact KLCCOA's Senior Case Program Manager (541-205-5400) for assistance. See attached Consumer Comments/Complaints form.

2. Upon the receipt of a written notice of appeal, KLCCOA shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The eligible individual and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:

   a. The name and phone number of the KLCCOA staff member to contact for additional information about the contents of the notification letter.

   b. Notification of the eligible individual's right to continue receiving OPI service while he/she is awaiting the outcome of KLCCOA appeal review.

   c. Information on the eligible individual's rights at the appeal review, including the right to representation and the right to have witnesses testify on his/her behalf.

   d. Information on the eligible individual's right to seek an administrative review by DHS of the outcome of the KLCCOA appeal review.

3. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To encourage impartiality, the review shall be conducted by the KLCCOA Senior Case Program Manager.

4. Within five (5) days of the conclusion of this meeting, the KLCCOA Senior Case Program Manager shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.

5. Within five (5) days of receipt of the decision, the eligible individual or his/her representative may contact the KLCCOA Executive Director to request a review of the decision. The Executive Director will complete his / her review and make a final decision within five (5) days of the request. The Executive Director will review the written documentation and may contact/meet with the eligible individual or his/her representative with additional clarification. The Executive Director decision shall be binding unless the aggrieved client or his/her representative wishes to pursue this matter with the Oregon Department of Human. Regardless of whether a hearing with the Department of Human Services is pursued, if the decision of the appeal review meeting upholds KLCCOA's plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately).

6. The eligible individual or his/her representative who wishes to request an administrative review hearing with DHS may do so following the conclusion of KLCCOA's appeal review process (see AFS 443). The hearing request should be sent to the Hearing Officer Panel, P.O. Box 14020, Salem, Oregon, 97309-4020. A copy of the hearing request should also be sent to the Department's Aging and People with Disabilities (SPD) Administrator at 500 Summer Street, N. E., Salem, OR 97310-1015.

FEES FOR SERVICES

At the time of intake or review, the OPI Case Manager completes an OPI Fee Determination Form (0287k) The OPI Case Manager asks the applicant how much their monthly income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the (0287k)form. The Case Manager then asks the eligible individual what their monthly medical expenses are. This information is categorized under medicines, medical supplies, medical equipment, doctor and / or hospital bills, monthly cost of supplemental health insurance and other medical expenses. This is also documented on the (0287k). The total amount of monthly medical expenses are subtracted from the monthly income amount and entered on the form. The balance or "Net Monthly Income: is used to determine the client's OPI fee for services. The Case Manager determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the client is living in a single-person up to a four-person household. The fee amount including "0" is recorded on the (287k) which the client signs and on the SDS 546. A copy of the SDS 546 is sent to the KLCCOA Senior Services Data Specialist who sets the services up in Oregon Access and posts units of service from the monthly In-home Service Provider billing, Homecare Worker report, and Case management report.

A. Minimum One-time Fee

A $25.00 one-time minimum fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a fee for service). The fee is due at the time eligibility for OPI service is determined.

KLCCOA is opting to apply the $25.00 fee to Service Coordination services.

At the time of initial assessment, the OPI Case Manager informs the client, as appropriate, that they will be assessed a $25.00 fee and that a statement will be sent along with an envelope within the next 30 days. When the Case Manager gives the client the OPI SERVICE Agreement (0287I), it explains the $25.00 and documents that services have been authorized.

The Case Manager writes on the monthly case management report form that a $25.00 one-time fee needs to be billed. The OPI Case Manager sends the form to the Senior Services Program Office Specialist. The Office Specialist prepares and mails a letter / invoice out to the client along with a return envelope requesting a check. A follow-up letter / invoice is not mailed if the client does not pay. A client does not lose service if they do not pay the minimum one-time fee.

The Office Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the KLCCOA Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence & and Services Report.

B. Non-Payment of Fees

Each month the Office Specialist sends OPI Case Managers copies of the billing letters that have been sent to the clients. The Case Managers review the letters to check on each client's payment status. In addition, the Office Specialist contacts the Case Manager when they notice that a client is 60 days past due. The Case Managers are responsible for contacting clients who are more than sixty days in arrears in payment of fees or owe more than $25 in fees. If payment is not received within thirty days, the Case Manager will review the case with the Senior Case Program Manager to determine what action may be needed. When it is determined that fees are to be written off, the Case Manager notifies the Office Specialist in writing and the balance due is zeroed out.

VI. MONITORING AND EVALUATION

The Senior Services Case Manager at least annually reviews a sample of cases to review service eligibility, determination of services and fees for services are being determined appropriately. A monthly report of service expenditures is provided to OPI Case Managers for their use in staying within budget. At least once during the current in-home contract solicitation cycle, the provider is monitored to assure they are meeting contractual requirements. The Senior Case Program Manager and OPI Case Managers meet at least quarterly to review budgets, service delivery and staff issues. The Senior Case Manager maintains daily contact with OPI Case Managers.

Sample Notice Letter to Applicant Denied OPI Service:

Date

Applicant's Name and Address

On __(insert date)___ you applied to the Klamath and Lake Counties Area on Aging (KLCCOA) Senior Services Program for ____(insert name of service)____. I have determined that your request for service is denied for the following reasons: _____(insert reasons for denial, including reference to KLCCOA policy, state or federal rule)_____.

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

1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)
2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: KLCCOA Senior Services Case Manager, 404 Main St., Suite 6, Klamath Falls, OR 97601. If you use this approach, KLCCOA will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

____(Worker Name)_____ ___(Phone #)_____

Sample Notice Letter to Client whose Service is to be Reduced or Terminated:

Date

Client's Name and Address

You are currently receiving ____(insert name of service)____ from Klamath and Lake Counties Area on Aging (KLCCOA). I have determined that your service will be: (check appropriate line)
____ Reduced from _(current level of service)__ to _(new level of service)__ on __(date)___.
____ Terminated on __(date)___.

The reason for this decision is as follows: _____(insert reason(s) for service reduction or termination, including reference to KLCCOA policy, state or federal rule)_____.

If you feel that this decision has been made in error, you may appeal this decision in one of the following ways:
1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)
2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: KLCCOA Senior Services Case Manager, 404 Main St., Suite 6, Klamath Falls, OR 97601. If you use this approach, KLCCOA will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.
If you appeal the decision to reduce or terminate your service, you will continue to receive this service until the outcome of your formal appeal is known.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

____(Worker Name)_____ ___(Phone #)_____

Sample Notice Letter to Client who Agrees with the Decision to Reduce or Terminate Service:

Date

Client's Name and Address

This is to confirm that you and I recently agreed that the __(insert name of service)____ service which you are currently receiving Klamath and Lake Counties Area on Aging's Senior Services Program (KLCCOA), will be reduced or terminated, as follows: (check appropriate line)
____ Reduced from _(current level of service)__ to _(new level of service)__ on __(date)___.
____ Terminated on __(date)___.
The reason for this agreement is as follows: _____(insert reason(s) for service reduction or termination, including reference to KLCCOA policy, state or federal rule)_____.

If you feel that this agreement was made in error, you may appeal this decision in one of the following ways:
1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)
2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: KLCCOA Senior Services Case Manager, 404 Main St., Suite 6, Klamath Falls, OR 97601. If you use this approach, KLCCOA will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you appeal the agreement to reduce or terminate your service, you will continue to receive this service until the outcome of your formal appeal is known.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

____(Worker Name)_____ ___(Phone #)_____

OPI APPEAL REVIEW REQUEST
Klamath and Lake Counties Area on Aging's OPI Program

Requestor's Name:	
Address/City/State/Zip:	Phone:
Social Security Number:	Date:
The Name of My Lawyer or Representative:	
Representative's Address/City/State/Zip:	Representative's Phone:

I am asking for an appeal review because I do not agree with the decision to:
[ ] Deny [ ] Reduce [ ] Terminate my benefits

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

Requestor's Signature:

Return this form to: KLCCOA Senior Services Case Manager, 404 Main St. Suite 6, Klamath Falls, OR 97601

Appendix H – Partner Memorandum of Understanding

Memorandum of Understanding
Between
Oregon Department of Human Service
Aging & People with Disabilities, and
Klamath & Lake Counties Council on Aging

Purpose

Klamath and Lake Counties Council on Aging, Hereinafter KLCCOA and the Oregon Department of Human Service, Division /Aging and People with Disabilities in Southern Oregon, Hereinafter APD, agree that adults with chronic illnesses, who may be served by Oregon Medicaid program should:

- Have access to an unbiased assessment of their meals.
- Be informed of available services options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to methods(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

Scope of Agreement

APD agrees to:

- Provide training to KLCCOA personnel regarding services and eligibility criteria establish and/for administered by APD on an on-going basis.
- Refer individuals to KLCCOA for assessment, case management and/or service delivery as deemed mutually appropriate by APD and KLCCOA personnel, with the consent of the client.
- To provide a knowledgeable representative who will attend the KLCCOA monthly Advisory Council to provide an update of the current APD operations and policies.
- Work with KLCCOA Case Manager and Aging and Disability Resource Center to process in a timely manner medical and financial eligibility determinations for Medicaid waiver services for adults.
- Consults with KLCCOA personnel and administration to address system(s) quality and effectiveness.
- Provide KLCCOA with appropriate application forms for Medically Needy, Waiver, Long Term Care and Medicare Supplement programs.
- Receive applications from KLCCOA by fax and resister them in appropriate Medicaid category. The register number will be entered on the application form and faxed back to KLCCOA within three 3) working days.

- Conduct eligibility financial assessment in days of receiving information necessary for state services application.

KLCCOA agrees to:

- Provide training to APD personnel regarding services and eligibility criteria established and/or administered by KLCCOA on an ongoing basis.
- Accept referrals of adult individuals made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with the KLCCOA capacity to do so.
- To work with the APD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by APD.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.

This memorandum of understanding may be modified at any time upon the written agreement of the principals. The memorandum of understanding shall be considered in force unless terminated by either of the principals giving duty (30) days written notice and specifying the date thereof.

In witness whereof, the principals hereto have caused this memorandum of understanding to be signed by their duty authorized representatives.

Kim Estes
KLCCOA Executive Director

Gloria Peña
DHS/APD District Manager

9/21/16
Date

9/21/16
Date

Appendix I Statement of Assurances and Verification of Intent

For the period of January 1, 2017 through December 31, 2020, the Klamath and Lake Counties Council on Aging (KLCCOA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, KLCCOA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The KLCCOA assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the KLCCOA for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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 significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are 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 the Area Plan;

B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; an

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.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The KLCCOA shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

9-15-16
Date

Kim Estes
Executive Director, KLCCOA

9-15-16
Date

Carol J. Doty
Advisory Council Chair

9-15-16
Date

Kim Estes
Legal Contractor Authority

Executive Director
Title

Appendix J – Request to Provide Reduced Meals County: Klamath

DHS/APD STATE UNIT ON AGING
500 Summer St NE, MS E-12 •Salem OR 97301

REQUEST to PROVIDE REDUCED MEALS

SUA use only	Approved ☐ Y ☐ N Date:	SUA Initials:

Date: 09/13/2016	AAA: Klamath & Lake Counties Council on Aging
Contact Name: Kim Estes	Tel: 541-205-5400
Email: kim.estes@klcaaa.org	Contract # 148987

Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the SUA at sua.email@state.or.us and reference Nutrition Approval in subject line)

Request for approval for a AAA nutrition program to offer meals less than five days/week in a county must be submitted for approval by the SUA with each new Area Plan, or prior to a reduction in meals that occurs during an existing approved Area Plan.

Congregate Nutrition Services OAA Section 331(1): "Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide."

Home-Delivered Nutrition Services OAA Section 336(1): "Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide;"

Please complete the following for each county where OAA meals are offered less than 5 days/week:

Average number of older adults currently being served:
Congregate: 85 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Beatty – 2 days per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Klamath
Average number of older adults currently being served:
Congregate: 41 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Bly- 1 day per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Klamath
Average number of older adults currently being served:
Congregate: 27 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Bonanza – 1 day per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Klamath
Average number of older adults currently being served:
Congregate: 14 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Chiloquin – 3 days per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Klamath
Average number of older adults currently being served:
Congregate: 24 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Malin- 1 day per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Klamath
Average number of older adults currently being served:
Congregate: 23 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Keno – 1 day per week (trying to do 2 days per week in the next year)
Please provide rationale for request: Small population and unable to sustain more days.

County: Lake

Average number of older adults currently being served:
Congregate: 90 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Lakeview Senior Center – 3 days per week
Please provide rationale for request: Small population and unable to sustain more days.

County: Lake
Average number of older adults currently being served:
Congregate: 49 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Summer Lake – 2 times per month
Please provide rationale for request: Small population and unable to sustain more days.

County: Lake
Average number of older adults currently being served:
Congregate: 23 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Paisley – 2 times per month
Please provide rationale for request: Small population and unable to sustain more days.

County: Lake
Average number of older adults currently being served:
Congregate: 19 per month Home-delivered: n/a
Proposed days and location(s) for meals to be provided: Christmas Valley – 1 time per month
Please provide rationale for request: Small population and unable to sustain more days.