Malheur Council on Aging & Community Services

2017-2020

District 14

Malheur County: Older Americans Act Area Plan

MCOA&CS
May 2019 Revised

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Section A – Area Agency Planning and Priorities

A-1 Introduction:

Malheur Council on Aging & Community Services (Council) is a private non-profit, 501 (c) (3) organization which has served the seniors of Malheur County since 1975. July 1, 1980 the council was formally designated the Area Agency on Aging in Malheur County. MCOA&CS is governed by a nine member Board of Directors who provide monitoring and oversight to ensure the agency is in compliance with Federal and State regulations as well as setting priorities for agency activities. This board is made up of a county legal representative, individuals who represent the disabled community, private and public sector, and a retired Malheur County resident representing Ontario, Nyssa, and Vale, Oregon seniors. As part of the executive governing process the board meets to review and update the Strategic Business Plan for the Council.

MCOA&CS has a Senior Advisory Council in accordance with the Older Americans Act. The council established the system for a member of the senior advisory council is also a member on the executive board acting in the role of liaison. There is an annual meeting for the senior advisory liaison recruitment and seating. The purpose of the senior advisory council is advocacy for seniors. It also plays a key role in identifying issues of success and concern and communication with the senior management staff.

MCOA&CS is able to provide services in all core elements. Senior staff core training includes ADRC I&R and Options Counseling. Currently there is one staff AIR's certified, and as other staff become eligible, they will become certified as well. The council is involved in community partnerships and events which inform about senior services.

The goal of this service plan is to advocate, plan, develop and support a comprehensive system for seniors; to convey a plan that includes quality of care and services designed to achieve the optimum level of health, well-being, and independence as seniors' age in place. The nature of the programs we provide are through the Federal Older Americans Act funding and State Oregon Project Independence (OPI) funding. In-home services are provided through a contract with Addus Health Care.

The priority consumer populations we serve are seniors who are 60 years of age and older and who have the greatest economic and social need that threatens the capacity of the individual to live independently. We also serve family caregivers of individuals who are either 60 years or older or grandparents/relatives 55 years or older who provide for a child 18 years or younger, and/or a disabled adult child.

The core principals of the senior program objectives are to sustain current services including evidenced-based programs and expand training for senior staff for continued quality improvement. We are a member of a number of local groups that focus on preserving programs to enhance the health of older adults and persons with disabilities. Staff attend the following local groups as representation of the senior community regularly as follow: Malheur Community Services meeting (First Thursday of the month), MDT –Multi Disciplinary Team meeting (Third Thursday of the month), Caregivers Luncheon (Second Tuesday of each month). This partnership builds on expertise and best practices to better serve our local community including senior consumers.

A-2 Mission, Vision, and Values:

Mission:

- Malheur Council on Aging & Community Services is a private, non-profit organization providing services for the general public including seniors, low-income, and persons with disabilities in Malheur County and the surrounding areas to live healthy, meaningful, self-sufficient and independent lives.

Vision:

- Maximizing our community involvement and support to provide enhanced services for our customers.

Values:

- We believe in providing direct services and opportunities for self-sufficiency for seniors, low-income person, and person with disabilities throughout our region.
- We believe it is important to continue to maintain the community's trust and build relationships.
- We expect fiscal accountability, both internally and externally.
- We believe in providing the resources to support, empower, and retain high quality staff and volunteers.
- We believe in and expect outstanding customer service at all levels of the organization.
- We embrace diversity: We honor and accommodate language and cultural difference amount individuals.
- We are committed to enhancing service equity for individuals that promote health, safety and independence in all individuals to eliminate discrimination and disparities.
- We are committed to providing respectful and supportive services that are person directed and takes into account the individual's preferences, needs, values, cultures, and diversity.

A-3 Planning and Review Process:

MCOA&CS used fundamental processes to develop the plan. We created a senior needs assessment, held public hearings, and analyzed data collected from other assessments, met with the Senior Advisory Council and the MCOA&CS governing board. See Appendix C.

Senior Needs Assessment - 2016 Survey Findings: 16% of seniors are raising grandchildren; 45% of seniors live alone; 53% of seniors in Malheur County live with a spouse or partner; 3% of seniors stated they would need assistance evacuating their home during an emergency or natural disaster; 23% of senior need assistance to do household chores (i.e. cleaning, laundry, etc.); 80% of seniors felt that their critical needs were being adequately met; 39% stated that they were unable to secure services due to lack of knowledge of service; 50% of seniors identified transportation as an unmet critical need; 43% of seniors identified help with minor home repairs and improvements as an unmet critical need; 75% of responding seniors walk, hike or un; 21% of responding seniors dance; 15% of responding seniors hunt. Health diagnosis rates as follows: 54% hypertension/heart disease; 35% have vision problems; 21% diabetes; 54% arthritis/osteoporosis; 16% cancer; and 16% incontinence; 62% of seniors experience social isolation; 58%seniors have experienced depression; 64% of the Ontario congregate seniors are transported to the meal site; 2% of seniors stated that they did not have enough to eat; 7% of seniors stated they sometimes have enough to eat. The reasons stated for food shortage is: (67%) food is too expensive, (33%) unable to prepare meals, and (17%) dietary restrictions.

The majority of seniors who testified at the Ontario, Nyssa, and Vale community meetings stated that, “they would not be able to attend meal site, exercise classed, medical appointments, shopping, or social events without transportation assistance.” Based on these findings, senior testimonies, and other community input, it is clear that MCOA&CS future strategic plan to meet those needs is by sustaining current services as follows:

- Access to service: Access to transportation is essential to the well-being for seniors and the ability to have their basic needs met. MCOA&CS is committed to continue to support SRT – Malheur Express transportation.
- Enhancing the Health of Older Adults: The availability of affordable health care services is a major need. MCOA&CS provides case management and options counseling to address those concerns through our program specialists.
- Senior Nutrition and Education: MCOA&CS provides a monthly newsletter that includes recipes and other nutritional information. In addition information about our programs, upcoming events, volunteer opportunities, transportation options, and meal site schedules.

The 2017-2020 Area Plan will emphasize steps to encourage and strengthen the current local service delivery designed to meet local senior needs as follows:

Goal #1 – Provide access to services and health promotion.
Step 1: Allocate resources to support transportation.
Step 2: MCOA&CS will continue to market and provide outreach for evidenced-based exercise options for seniors and include information on disease prevention programs endorsed by the state area office on aging.
Step 3: MCOA&CS will continue to provide health promotion with local evidenced based classes (i.e. Tai Chi Movement for Better Balance, Walk with Ease). MCOA&CS provides ongoing education related to how nutrition impacts health.

Goal #2 – Develop a delivery plan focused on preserving programs to enhance the health of older adults and persons with disabilities.
Step 1: MCOA&CS will continue to participate as the Malheur County ADRC with the purpose of active participation in the development of strategic relationships through the ADRC GetCare referral system.
Step 2: MCOA&CS will continue to allocate resources toward professional staffing to support the ability to provide referrals. MCOA&CS senior staff participate in multiple trainings to certify in ADRC I&R / Options Counseling, OPI and CAPS training.

Goal #3 – Market and expand outreach to increase consumer awareness of the OAA programs, OPI and MCOA&CS' services.
Step 1: MCOA&CS will continue allocate resources to market available services and expand outreach to the local community.
Step 2: MCOA&CS will train 20 consumers annually about the local services available for seniors. Documentation of training and I&A is through the ADRC GetCare call summary and congregate meal site sign in sheets.
Step 3: MCOA&CS will conduct presentations annually at the meal site locations to connect more with one on one consumers.

A-4 Prioritization of Discretionary Funding:

The 2015-2017 biennium resulted in some increases and some cuts in funding and programs. With Federal, state, and local budget fluctuations in recent years MCOA&CS has an expectation of financial management throughout all levels. The executive director provides monthly financial reports to the executive board. The Council is able to monitor revenues and expenditures monthly, and plan for changes if needed. Service priorities are determined by greatest need in a rural setting.

Services to be considered for funding in 2017-2020 are priorities for individuals with "greatest economic need that restricts the ability of an individual to perform normal daily tasks or threatens the capacity to live independently." (Level-One being highest priority) keeping in mind: Does the program reach the priority/target populations with greatest economic and social need that restricts the ability of an individual to perform normal daily tasks or threatens the capacity to live independently. See Prioritization of Discretionary Funding Procedure.

The Council has leadership and an organizational structure that is ready to adapt service priorities that focus on sustainability as a result in budget fluctuations. Improving efficiencies within our current programs and service delivery system is paramount with this potentially uncertain service net and funding changes experienced in the past.

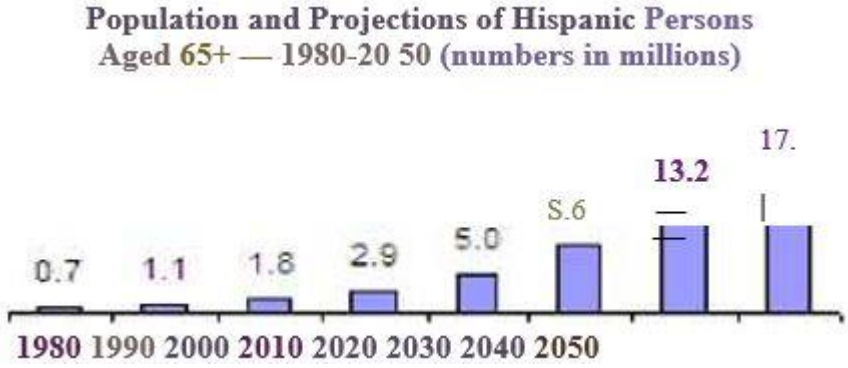
MCOA&CS factors prioritizes service to those in greatest economic and social need. According to Oregon Public Broadcasting, in the past decade Malheur County has had some of the highest rates of both poverty and unemployment in Oregon. The senior staff complete a risk assessment followed by a referral process. If there is a waitlist we serve individuals with the greatest economic (based on the 195% Federal poverty level) and greatest social need.

a. Currently there are individuals on the waitlist for in home services. The OPI Senior Specialist contacts the senior interested in starting services to complete the risk assessments; all individuals are prioritized on the waitlist by the risk assessment. The waitlist is weighed depending on the risk assessment score, prioritizing for highest need. The waitlist is revised on each completed intake. In addition, those on the waitlist are reassessed annually, or as requested. Individuals on the waitlist are offered I&R and Options Counseling, and screened for other senior services including nutrition.
b. MCOA&CS has recently hired new staff to fill senior department positions. Newly hired staff participate in training. Senior staff positions include Senior Manager, Senior Specialist in Nutrition and OPI Senior Specialist and Senior Administrative Support
c. The MCOA&CS Senior Specialist allocates resources to match the needs of the client. Those clients who have lower needs and their own resources receive fewer services than those clients who have greater need and no other means of caregiver support. The MCOA&CS Senior Specialist staff takes all this information into account when determining the client's service plan. These decisions are not made lightly. The focus for senior services delivery is to ensure that the allocation of limited resources goes to those most in need.

Section B – Planning and Service Area Profile

B-1 Population Profile

The older population - persons 65 years or older - numbered 46.2 million in 2014 (the latest year for which data is available). They represented 14.5% of the U.S. population, about one in every seven Americans. By 2060, there will be about 98 million older persons, more than twice their number in 2014. People 65+ represented 14.5% of the population in the year 2014 but are expected to grow to be 21.7% of the populations by 2040.
The ethnicity for the majority of Malheur County seniors living in poverty is White Non-Hispanic, followed by the Hispanic/Latino population. The total percentage is 12.7% for persons 65 or older living below the poverty level in Malheur County in comparison to 16.2% for persons in the state 65 or older living below poverty level.
Introduction: In 2014, 46.2 million Americans are aged 65 and over. Three in five people in this age group are women. Over the next forty years, the number of people aged 65 and older is expected to double, while the number of people aged 85 and older is expected to triple. All Americans are living longer and the same is true for the Hispanic population.



The Older Hispanic Population: Past, Present, and Future: A Statistical Profile of Hispanic Older Americans Aged 65+
The Hispanic older population was 3.6 million in 2014 and is projected to grow to 21.5 million by 2060. In 2014 Hispanic persons made up 8 percent of the older populations. By 2060, the percentage of the older population that is Hispanic is projected to account for 22 percent of the population.
Statewide Issue Area: Total Population. In general, Blacks, Asians and Native Hawaiians are underrepresented in Southeast Oregon. The area also has fewer multiracial persons. That said, growth in Malheur County's Hispanic population is consistent with what is currently taking place across the state and throughout the nation. Roughly 1 in 3 residents in Malheur County is of Hispanic origin.
Malheur County Poverty Population 2013-2017 Characteristics documents that the poverty rates show that 27422.2% of the total population in the county live in poverty. The DATAUSA:Malheur County, OR states, the population is 62% White, 32.9% Hispanic, and 1.81% plus .27% of the people in Malheur County speak a non-English language. 16.4% of the population are persons 65 years and older.
https://datausa.io/profile/geo/malheur-county-or/

B-2 Target Population:

The Older American's Act requires Area Agencies on Aging to prioritize services to individuals with the greatest economic and social needs, low-income minority individuals, and those living in rural areas.

MCOA&CS priorities include targets outreach for older individuals who have greatest economic and greatest social need, with particular attention as follows:

- Low-income older individuals, including low-income minority older individuals, and;
- Low-income older individuals that are isolated spending much of their time and/or living alone, and;
- Low-income individuals who have financial issues that prevent them from maintaining their basic needs, and;
- Older individuals with Limited English proficiency, and;
- Older individuals residing in rural areas, and;
- Older individuals at risk of institutional placement, and;
- Older individuals that are in poor health or suffer from depression, cognitive or emotional problems, and;
- Older individuals who require protection from abuse and fraud, and;
- Older individuals in minorities, and;
- Social needs include issues related to older Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

Malheur Council on Aging and Community Services' strives to ensure availability of the things that contribute to a healthy body and a positive outlook. This is done through outreach, community education, coordination, collaboration, and implementation of programs and services.

MCOA&CS provide services tailored to individual needs. We currently provide person centered options counseling, and have two staff members who have certification. We also have a significant number of staff that can translate Spanish.

B-3 Administration and Services:

MCOA&CS' programs assist seniors to enable older adults to remain independent and in their own home and community as follows:

- Nutritional meals in a group setting; and
- Support services to informal caregivers and older adults caring for children 18 and younger; and
- Referrals for monitoring and screening services for early detection of health issues, and also provides health education through evidence based programs, referral and follow-up; and
- Provides homebound individuals who are unable to prepare an adequate meal with a nutritious meal; and
- Contracts with Oregon Law to provide legal advice and representation by an attorney to older individuals with economic or social needs; and
- Provides outreach, services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly; and
- Provides a method of travel from one specific location to another specific location to access essential community services; and
- Contracts with a homecare agency to provide the Oregon Project Independence program, in home help to assist with person care, housekeeping.
- MCOA&CS has referral relationships with hospital case managers, as well as the emergency room staff, to assist with transitions. Our case worker provides follow-up and referrals for resources as needed on an individualized basis.

Home Delivered Meals (Meals on Wheels) are provided to seniors through our collaborative relationship with the local churches. A yearly schedule is created for each church, then the church coordinator schedules the volunteers for meal delivery. Meals are provided through a subcontract with Snake River Correctional Institute (SRCI). Senior meal site staff pick up and deliver meals with SRCI twice a week to the meal sites. Volunteers pick them up at the meal sites and deliver them to each client at their home. The volunteers write anecdotal notes in the meal delivery log in addition to recording who received the meal. Special diet meals are provided through the local hospital, Saint Alphonsus in Ontario.

Congregate Meals - We have three congregate meals each week at Vale senior center, Nyssa senior center, and Malheur Council on Aging dining room in Ontario. Each of the meals sits has a staff person who coordinates special meal events, fun activities, and recreational opportunities.

MCOA&CS provides Evidenced Based Physical Activity/Fall Prevention Classes to Malheur County seniors. In addition the senior exercise program provide by a member of the Senior Advisory Council. Tai Chi Movement for Better Balance is an evidenced based fall prevention program, delivered in two one hour sessions each week for 12 weeks. The program is designed to improve functional balance and physical performance and to decrease the risk of falls. Each session consists of warm up exercises, eight (8) variations of forms, and a cool down sessions. Classes are facilitated by a trained volunteer at the local senior centers (Vale & Nyssa) and the MCOA&CS' Ontario dining area.

Malheur Council on Aging & Community Services is working with local partners to provide

a wellness plan to support the Walk with Ease program by completion incentives for participants. GOBHI, Greater Oregon Behavioral Health, Inc. awarded the grant funding for these incentives to support the Walk with Ease program.

MCOA&CS assists clients in obtaining/installing and monthly rental of a medical alert device (medical alert button) for frail seniors; the client can activate the monitoring system if help is needed.

Oregon Project Independence – OPI Service Units: MCOA&CS receives referrals and intervention requests from a number of sources, including self-referral, local community referrals, also family and community caregivers. The case worker contacts the senior to establish eligibility and service level need. For more information refer to Section D2.

Family Caregiver Support & Relief: When a referral is made the staff meets to complete a questionnaire and provide a home visit. MCOA&CS provides services directly or through referrals to other agencies.

B-4 Community Services Not Provided by the AAA:

The largest unmet needs in Malheur County continue to be transportation, affordable medical and mental health care, and drug and alcohol treatment services. Isolation is a concern; Malheur County residents are detached from news and information specific to Oregon. One of the major issues facing older adults is the need for education and opportunities to maintain good health as they age. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not widely broadcast in our region, as local broadcast stations and print media are based in and focus on Boise, Idaho and the surrounding areas. Addressing these concerns in our community is an ongoing community partnership effort. MCOA&CS' senior staff attend a monthly social service meeting, other attendees represent agencies that provide services not provided by our agency and staff learn of additional local resources for consumers.

Listed below are agencies that provide senior service in Malheur County that are not provided by our agency.
1 EOCIL (Eastern Oregon Center for Independent Living;1 EOCCO (Eastern Oregon Coordinated Care Organization; 1 WITCO, Inc.; 35 Medical Facilities; 11 Low-Income Senior Disabled Housing Units; 6 Assisted Living Centers; 2 Nursing Homes; 1 Senior Employment Agency; 2 Senior Centers located in Vale, Nyssa, and Ontario, Oregon; 1 Veteran's Advocates; 1 Treasure Valley Community College; 1 Community in Action Center; and 1 APD (Adults &
People with Disabilities).

The local APD office is a referral source and a partner for potential consumers. MCOA&CS senior staff refers individuals who may be eligible for APD programs.
They are the point of contact for adult abuse reporting. One of the APD staff workers participates as a member of the MCOA&CS Senior Advisory Council, MCOA&CS' senior staff attend a monthly social service meeting, other attendees representing the agencies from mental health, housing, energy assistance, and medical facilities attend.

Section C - Issue Area, Goals and Objectives

C-1 Local Issue Areas, Older Americans Act (OAA) and Statewide Issue Areas:

Person-Directed Services and Supports

MCOA&CS' philosophy is rooted in understanding and acknowledging what is important to a person, taking into account all factors that affect his or her life. The MCOA&CS case worker assists people to find and use their own voice to express what is important to and for them. They listen intently to the individual's needs, preferences and choices, putting them at the center of the planning process. During information gathering the case worker seeks information on support systems of the individual, specifically family, friends, and professional supports chosen that will ensure needs, preferences and choices are realized. The MCOA&CS' case worker's approach is based on keeping all decision making to the individual and supporting their choices. The person centered approach is based on insuring the individual has accurate, objective information to make informed decisions.

Service Equity

Malheur Council on Aging & Community Services promotes health, safety and independence for all people. We employ people who understand the importance of diversity, many who have experienced inequity themselves. Staff attend diversity training when available. Brochures and handouts are available in both English and Spanish; English and Spanish outreach is available through our webpage that translates through a link. Materials are distributed at our office, though the Department of Human Services, hospital, health department and through the monthly Malheur County Community Services meeting. We have staff that attend other community groups that focus on diverse populations and we have diverse representation on the executive board

C-2 Information and Assistance and Aging & Disability Resource Connections (ADRC)

Information and Assistance (I&A) Services have been critical to consumers and are an integral part of the Aging and Disabilities Network.

ADRC: Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone, individuals, concerned families or friends, or professionals working with issues related to aging or disabilities, can go for information specifically tailored to their situation. The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. These services can be provided at the ADRC, via Telephone, or through a home visit, whichever is more convenient to the individual seeking help.

MCOA&CS staff currently provides key ADRC service components as follows: MCOA&CS senior staff are in process to reach Fifty (50%) percent of AIRS certification. One of the senior staff has AIRS certification and other senior staff who meet eligibility are in process to complete AIRS certification. All of the senior staff participate in ongoing continuous quality improvement training to provide a range of system delivery methods. The senior services staff are trained to provide Information and Referral, and Options Counseling assistance. Each of the staff who answer the phone are skilled at routing callers to the resources in our agency.

Staff are skilled in providing referrals to local agencies for resources that we do not provide ourselves. Evidenced Based Tai Chi, Movement for Better Balance courses are offered by MCOA&CS on a regular schedule, at 3 different locations. We assist with person-centered care transition supports in collaboration with the local hospital, Eastern Oregon Center for Independent Living, APD, various home health agencies, and the council directly provides transportation assistance.

MCOA&CS has partnered with local agencies to coordinate services for the aging and disabled community. Much of our rural services are challenging for individuals to access in Malheur County. ADRC elements at MCOA&CS are as follows: Respectful senior service staff. An established 1-800 number (local 800 number and regional ADRC number), and a resource directory that is updated frequently. MCOA&CS has staff in process to complete Alliance of Information & Referral Systems (AIRS) certification, and staff that are Options Counseling certified. We continue to participate in ongoing training as it is provided in our area or by webinar. The ADRC resource database for Malheur County is updated by the State Unit on Aging and APD.

Staff at the local level review the directory for accuracy during the Information & Assistance process. If inaccurate, staff contact the agency and direct them to the link where they can make corrections and update the information.

Telephone calls are initially answered by a live person during our business hours. The receptionist transfers to appropriate staff extensions. If staff is unavailable the call goes to voicemail. Consumer calls and email messages are responded to within 24 hours (or within the next business day of a normal work week). We currently provide information and

assistance for all sectors of the population. We provide options counseling for seniors and their caregivers and we refer to APD and EOCIL as part of intake. We have Memorandum of Understanding with APD, and EOCIL.

C-1.2 Nutrition Services (OAA Title IIC)

The National Council on Aging: Shares about Senior Hunger: Seniors were more likely to be at risk of hunger if they were:

- **Seniors living with a disabilit**y-One third of seniors' facing the threat of hunger are disabled.
- **A younger senior under the age of 69 –** seniors under the age of 69 a more likely to face the threat of hunger than seniors over the age of 70.
- **Living in a rural area –** Seniors in non-metro areas faced the threat of hunger that is significantly high than seniors in metro areas.
- **Living with a grandchild –** Almost 1 in 5 seniors who share housing with a grandchild face the threat of hunger
- **Living in a rural area. -** Seniors in non-metro areas faced the threat of hunger that is significantly higher than seniors in metro areas.
- **Living with a grandchild. -** Almost 1 in 5 seniors who share housing with a grandchild face the threat of hunger.

According to the National Survey of Older Americans Act Program Participants conducted for the U.S. Administration on Aging:

- **85%** of clients say Meals on Wheels helps them eat healthier
- **87%** say Meals on Wheels helps improve their health
- **91%** say Meals on Wheels helps them feel more secure
- **93%** say Meals on Wheels means they can continue to live in their own home
- **91%** rate Meals on Wheels service as good to excellent

Congregate and Home-Delivered Meals - Malheur Council on Aging & Community Services contracts with Snake River Correctional Institution culinary division for a negotiated cost per meal rate to provide Malheur County senior citizens congregate meals at the senior meal sites and the home delivered meals for the county. The menus are approved by the certified resident dietitian. The seniors who participate in the congregate meal comment that they enjoy the healthy meals prepared by Snake River Correctional Institute. They look forward to participating in the Christmas luncheon.

Malheur Council on Aging & Community Services senior program and Snake River Correctional Institution, both benefit from this partnership. As a result of this partnership with Snake River Correctional Institution, MCOA&CS has the ability to stabilize the cost to provide senior meals. This partnership enables our agency to continue to provide the same number of meals and also expand the number of senior meals provided. Snake River Correctional Institution negotiated cost per meal rate primarily consists of the raw food costs for the meal.

Congregate Meals - Low cost, nutritious meals are provided to eligible participants' age 60+ at congregate meal sites. Each of the meal sites has a staff person who coordinates special meal events, fun activities, and recreational opportunities to encourage attendance and to give participant's an opportunity to build new and sustain existing peer support groups that reduce isolation and depression.

Congregate meals are provided in Ontario two days per week at our new dining hall, Tuesday and Thursday, (except holidays). Meals are provided in Nyssa two days per week, Tuesday and Thursday, (except holidays) at the Nyssa Senior Center. Meals are provided in Vale two days per week, Monday and Wednesday, (except holidays) at the Vale Senior Center. The suggested donation is $3.50 per meal for individuals age 60+. Individuals under 60 years of age are welcome to come eat for a charge of $5.00 per meal.

Home Delivered Meals (Meals on Wheels) are provided through our collaborative relationship with the local churches. The senior specialist schedules the church coordinator to set up the volunteer delivery on a rotating basis. A church coordinator schedules the volunteers for meal delivery. Meals are provided through a subcontract with Snake River Correctional Institution (SRCI). Senior meal site staff pick up and deliver meals from SRCI four days a week to the meal sites. Volunteers pick them up at the meal sites and deliver them to each client at their home. The volunteers write anecdotal notes in the meal delivery log in addition to recording who received the meal. Special diet meals are provided through the local hospital, Saint Alphonsus in Ontario. In addition to hot meals, frozen meals are provided for MOW's clients.

MCOA&CS Nutrition Site Council representatives from each meal site meet and provide recommendations to assist MCOA&CS staff with improvements. The nutrition councils meet during the MCOA&CS Advisory Council Meeting which is held monthly.

Special diet meals are provided through a contract with Saint Alphonsus Medical Center. These meals are for persons with special dietary needs (i.e. diabetic, renal diet, low-sodium, allergy (gluten free, lactose free, and legume diet).

Senior service staff use the nutrition risk assessment to determine and coordinate a service plan that links nutrition services, health promotion, family caregiver and other services that support senior well-being as part of the process. Consumers are encouraged to attend the congregate meal site and are offered transportation options. Seniors receive nutrition education in the following venues: congregate meal site education through presentations, home delivered meal recipients receive informational handouts; also seniors have an opportunity for access to registered dietician though scheduled appointment, for no cost to themselves.

For fundraising, we reach out to all of our local partners, business owners, and the community at large to participate in our Festival of Trees annual event. Other fundraising activities include the annual letter writing campaign. A regular senior volunteer provides assistance at the Ontario dining center and the Vale and Nyssa senior centers. Additional volunteers are regularly scheduled to assist with meal sites through assistance of a member of the senior advisory council. We also receive bulk and boxed produce from the Eastern Oregon Regional Food Bank that is given to seniors at our meal sites and with home delivery. MCOA&CS receives annual donations from the local Festival of Trees, which support the senior nutrition program. In addition, senior staff participate in the annual "Spring into Wellness" Fairs scheduled in Jordan Valley, Nyssa, Willowcreek, Ontario, Harper, and Vale. In addition staff provide information and outreach in the unincorporated towns in Malheur County. Senor Program Brochures are available in the SRT Malheur Express vehicles for riders.

Newsletters are distributed at all dining centers and to Meals-on-Wheels clients. These newsletters provide information on special and regular activities, information on educational presentations, our menu for the month and other information. Family Caregiver and other applicable services are highlighted in these newsletters.

C-1.3 Health Promotion (OAA Title IIID)

MCOA&CS provides Evidenced Based Health Promotion Tai Chi, Movement for Better Balance classes for seniors within Malheur County. Classes are supported using IIID Health Promotion and state general funds. MCOA&CS currently has 1 active trained volunteer. Classes are held at the Nyssa and Vale senior centers and in Ontario at the dining room located at our office. Senior staff continue to provide outreach through the community to offer and encourage participation of senior activities and for volunteer recruitment.

We deliver health information about disease prevention and healthy life styles at meal sites, in newsletter's, and presentations at community events and local meetings. We believe health promotion programs have great potential to help people live healthier and more independent lives.

C-1.4 Family Caregivers (OAA Title IIIE)

Focus Area, Goals & Objectives:
MCOA&CS receives referrals for family caregiving services from in-house and other agency referrals, outreach events, and local inquiries from self-referrals. The senior service staff present information about caregiver services in formal and informal (one-on-one or group) settings. The first contact is with the information and assistance staff person who either refers them for options counseling or family caregiver support depending on the individual need of the inquirer. The next stage of this process is the case worker completes an assessment (questionnaire and interview). The case worker follows up with needed information, referrals, or direct services. As part of all screening all senior staff refer for family caregiver services and support as part of I&A and any other intake process for seniors.

MCOA&CS staff provides ongoing case management, and facilitate two (2) separate support groups (Family Caregiver Support Group and the Alzheimer's Support Group) where both Oregon and Idaho caregivers attend. The Support Group is held at Edgewood Living Facility in Fruitland, Idaho. The Caregiver Support Group is scheduled on the 1st and 3rd Wednesday of the month. The meetings on the 1st Wednesday are designed for the Caregiver, and builds upon discussion of issues that might occur in the course of the day, week, etc. and types of support available. The meeting hold on the 2nd Wednesday of the month is for the Alzheimer's and Dementia support group and focuses more on training and information on the aspects of those conditions. Respite is available for the caregiver.

MCOA&CS provides vouchers for respite (in home and out of home) and supplemental services when needed. They types of supplemental support services provided are Meals on Wheels, medical alert buttons, assistive devices and supplies, caregiver access to services, and education.

MCOA&CS provided: Evidenced Based Training workshops: biannually, for the local community.

MCOA&CS staff members conduct outreach and public awareness at a number of agency committee meetings and at service group meetings. These groups are listed in our public outreach section.

All members of the senior services staff take into consideration special or unique needs of all our clients. This includes geographical, social, cultural, and language needs. Translators can be used to accommodate caregivers if needed. Personal preferences of all clients are taken into

consideration and fulfilled if possible. This includes both traditional and non-traditional caregivers.

One concern that is often faced is the geographical isolation of some clients due to the size and limited population of Malheur County. In a situation such as this all options are discussed to determine the best way to assist these caregivers and recipients. There are special caregiving circumstances that are also included in the Family Caregiver Program. Grandparents/relatives raising children (18 & under) and parents/persons (55 or older) caring for children 18 & older with a disability.

Staff also interacts and shares information with community partners to increase awareness of available programs and opportunities for caregivers. This improves referral procedures and decreases wasted time and frustration for the client. Members of the staff are often speakers in public events which also serve to enhance knowledge of the program. Caregivers are informed and encouraged to attend local events and trainings to help them in their caregiving situations. Respite is offered for these trainings as well as financial assistance with fees when needed.

The senior specialist meets one on one or in whichever setting is found to be most appropriate for the client. This way they are better able to understand the circumstances and work towards fulfilling those needs in the best manner available. The senior specialist is then available if questions arise and for future follow ups. If the senior specialist feels that the caregiver and/or care recipient needs professional counseling a referral is offered. Support groups for caregivers is also available.

The annual Caregiver Conference is available in the community. Respite and financial assistance scholarships are accessible to help caregivers to attend the conference. Respite is also provided to assistance for local caregivers. It is important for caregivers to have a break and time for themselves. Accommodations for respite are made to make both the caregiver and the care recipient comfortable. In home respite and out of home respite is available which includes overnight and hourly respite. MCOA&CS partners with local assisted living facilities to fill this need. If there is a willing person who can step in for the usual caregiver but the caregiver needs financial assistance, funds can also be used to pay them instead of going through an agency or facility.

C-1.5 Elder Rights and Legal Assistance (OAA Titles VII & IIIB):

Malheur Council on Aging & Community Services will ensure the rights of older individual in their service area through public outreach and information sharing as follows:

- MCOA&CS provides handouts to promote awareness of elder abuse including signs, symptoms, and the reporting process.
- MCOA&CS also utilizes brochures available from the SUA website. This information is available to the community.
- MCOA&CS has a moving billboard in the form of a vehicle with a vinyl wrap on that highlights signs, symptoms, and point of contact including a 1-800 number, local contact number as well as a web address for reporting suspected abuse and/or neglect.
- Meals on Wheels (HDM) volunteers are trained on indicators of adult abuse and reporting.

MCOA&CS has a contract with Oregon Law Center to serve seniors in our (PSA) Plan Service Area. Legal services are funded from IIIB funds. The senior services staff share information about the availability of services through the Oregon Law Center. Senior services staff provide referrals to the Oregon Law Center as requested or recommended to consumer. Quarterly presentations are provided by the Oregon Law Center at the local meal sites on topics such as Elder Abuse & Prevention and other topics as requested by consumers.

Public education is achieved at multiple levels. MCOA&CS is a mandatory reporter. In addition, information sharing efforts include advertising and outreach in the communities located in Malheur County. In addition, we participate annually in the local Caregiver Conference. The caregiver conference handouts include information on elder abuse prevention.

For more information on Elder Rights and Legal Assistance refer to AoA's website:
http://www.aoa.acl.gov/AoA Programs/Elder Rights/index.aspx and;
APD Elder Rights and Abuse Prevention site: http://www.oregon.gov/dhs/spwpd/pages/sua/elder-rights.aspx

C-1.6 Older Native Americans (OAA Titles VI & IIB)

There is not a federal recognized tribe in Malheur County, Oregon. The nearest Federal recognized tribe is Burns Paiute Tribe, located in Harney County, which is near Malheur County, Oregon. Below is percentages according to the US Census Quickfacts 2017 Native American data.

	United States	Oregon	Malheur County	Ontario
% of Population: Native Americans	1.2%	1.8%	2.4-0%	0%

Malheur Council on Aging & Community Services the senior manager provides annual outreach to the Burns Paiute Tribe. The tribes have notified us that since we do not have a federal recognized tribe in our area, and that we are not in the service area. MCOA&S plans to participate in the Tribal Meet and Greet events. MCOA&CS participates on a number of community meetings.

C-1.7 Other Focus Area - Volunteer Program

Malheur Council on Aging& Community Services plan to expand the volunteer program with a person dedicated to oversee the volunteer program and sustain current levels as current volunteers become unable to continue to volunteer. We continue to search for additional funding opportunities and market volunteer opportunities for community members to enhance current services and increase service levels and quality.

- Currently our volunteer program includes:
- Volunteers delivering home delivered meals.
- Professionals conducting or contributing to our two support groups.
- Professionals contributing services and/or presenting education information at senior meal sites.
- Volunteer site assistants.
- Volunteer groups for chore services (participation in Serve Day) annually.
- Volunteers to facility evidence based health activities.
- Volunteers for administrative (executive board) and fundraising (Festival of Trees fundraiser) activities.
- In addition, MCOA&CS' Senior Advisory Council volunteer responsibilities include specific functions of advocacy, planning, and coordination, information sharing, and monitoring performance.

The goal is to develop and enhance the community based systems for servicing elders by strengthening the volunteer program.
Family, friends and neighbors are the main providers of care for most of the elderly residing in Malheur County. The local service delivery system for seniors includes, but is not limited to, Malheur Council on Aging & Community Services, the Eastern Oregon Center for Independent Living (EOCIL), volunteers, Senior Citizen Centers, local churches, the Housing Authority of Malheur County, Oregon Law Center, the Training and Employment Consortium, Oregon Human Development Corporation, Lifeway's Behavioral Health, Community in Action Center, Veteran's programs, assisted living facilities, the Southwest Oregon Regional Food Bank, law enforcement agencies, and private organizations.

Older individuals who are at risk of losing their independence, and their informal network of caregivers, often need help in transitioning from one level to another (i.e., independence to home care; hospitalization to home health and/or home care services, etc.). Frequently more than one agency provides services to meet the seniors' and the caregivers' needs.

As the number of older people with a wide range of medical and social needs continues to grow, our local community faces major challenges to maintain and strengthen this local service delivery system. MCOA&CS participates and provides community support for activities that strengthen the aging network.

Section D – OAA/OPI Services and Method of Service Delivery

D-1 Administration of Oregon Project Independence (OPI):

In accordance with OAR 411-032-0005(2) MCOA&CS' Area Plan the agency's policy and procedures attached in Appendix G. The council contracts with a home health agency for OPI in Malheur County. Those clients who are not Medicaid-eligible, but meet qualifications for OPI (i.e., are 60 years or older or under 60 and diagnosed as having Alzheimer' Disease) can receive Oregon Project Independence services through MCOA&CS. These services are authorized.
The Guiding Principles Are:

- To serve the greatest number of seniors residing in Malheur County in the most comprehensive manner.
- Paying particular attention to the needs of the most vulnerable—those with low incomes and those who are frail, disabled, homebound, with limited English-speaking capacity, and or isolated.
- Enhance and improve the quality of life for our older residents as defined in the Older Americans Act Reauthorization Act of 2016: Key Indicators of Well-Being.
- Promote opportunities for individuals to make healthy lifestyle choices.
- Provide services, tailored to individual needs, in a timely manner.
- Treat every individual with respect, compassion and dignity.
- To meet the ever-changing needs of the older population and to listen with full attention as seniors inform us about these needs and desires so they can live meaningful lives with dignity.

Malheur Council on Aging & Community Services ensures timely response to inquiries for service as follows:

- The Information & Assistance (I&A) trained staff answer the telephone. Initial information is collected in the ADRC GetCare system during the first contact with the consumer (via telephone or in person) if that consumer is willing to release their personal information. If needed, a follow up call is assigned to a senior specialist who is also I&A trained to provide assistance in the referral area the consumer is needing.
- Referrals will also be provided to local resources that fit the need on an individualized basis. The senior specialist follows up within 24 hours (or the next business day) and schedules a home visit within a week if the client wants to proceed or if it is needed.
- At follow up the staff person collects information and documents it on the NAPIS form. See Intake Procedure Appendix G.

Malheur Council on Aging & Community Services ensures consumers receive initial and ongoing periodic screening for other community services including APD's Medicaid programs as follows: All potential clients are screened for other community resources including the programs that are available through MCOA&CS during the intake process, at recertification, as needed. Since there is a wide variety of assistance available through APD's Medicaid programs, the case worker offers (all consumers) to provide a general referral to APD. In addition, the case worker offers a referral to EOCIL, provides options counseling, or immediate referrals.

How MCOA&CS determines eligibility as follows:

- Client assessment determination is initiated by the senior specialist (with OPI case worker duties) and based age 60 (or older or under 60 with a medically documented diagnosis of Alzheimer's or related disorder) or a functional assessment that indicates services are needed, medical and social need for services, with consumers with highest priorities receiving services first. The client must not be receiving Medicaid (Note: they can be eligible for Food Stamps, qualified Medicare Beneficiary and Supplemental Income Beneficiary programs and still get OPI, and meet the requirements of Long Term Service Priority Rule - OAR Chapter 411, Division 015).
- The case worker interviews each client and complete a CA/PS assessment to determine Service Priority Level (SPL). MCOA&CS serves those who have SPL's of 1-18. The amount of assistance provided is based on the Service Priority Level. The assessment is renewed on an annual basis or sooner if warranted or requested.

Services are provided as follows:

- Client services are based upon the needs assessment, home visit, physical, medical, functional, and social needs for services as determined by the CA/PS eligibility. The information is entered into Oregon Access and a fee is established according to the sliding fee schedule as established by Oregon Department of Human Services Seniors and People with Disabilities. Upon determination of eligibility, a care plan is written that includes natural supports whenever there are natural supports possible. Every effort is made to utilize other supports such as transportation, congregate meals, home delivered meals, etc. MCOA&CS currently contracts with Addus Health Care. At this time MCOA&CS does not provide the option of a private homecare worker.

When prioritizing clients on the OPI waiting list, the staff who is the OPI lead will utilize OAR's prioritization rules as well as:

1. Select clients from the OPI waiting list based on highest risk level.
2. If two or more clients have the same Risk Level, the person with the most Need will be selected first. This is based on:
    a. The client is a person with Alzheimer's or related disorder, such as Dementia;
    b. The client has a Chronic Medical Condition;
    c. Client's Income; and/or
    d. Availability or lack of a Support Network.
3. If two or more clients have the same Risk Level, but do not have any distinguishing Needs listed on the Risk Assessment, the client who was put on the waiting list first is to be selected.

Once a client is selected from the OPI waiting list an in-home CA/PS assessment is scheduled and completed within two-weeks of being selected. The CA/PS assessment must be completed and entered within 3 working days. The senior specialist will place a client on OPI if his/her service priority level (SPL) is 1-18. MCOA&CS senior manager can recommend an exception for additional hours or paid support because they are rural and have no local supports. This exception must be approved by the executive director and the exception noted in the narration.

Existing OPI clients will have a priority for services over clients on the OPI waiting list. When determining how many hours a client is eligible the OPI case worker will utilize the following chart. Example: If a client has a SPL of 11 he/she would be eligible for 16 hours per month. If funding

allows, the OPI case worker will provide the client with the maximum number for which he/she is eligible. Clients are notified of their rights and can choose to file a grievance, OAR 411.

Describe the agency policy for denial, reduction or termination services, and, if the AAA is terminating services, illustrate how the goals of OAR 411-032-001 are being accomplished.

A client is denied OPI services when his/her CA/PS assessment determines he/she does have a service priority level of 99. Upon completion of the annual assessment, a reduction in benefits may be warranted or the client may be deemed not eligible for benefits because of duplicate Medicaid services or decreased need. Services will be terminated when they no longer need OPI services, move to an alternative care setting, pass away, or there are no funds available.

Notification is sent through the United State Postal Service informing the client of ineligibility, reduction in services, or the termination of services, in accordance with OAR 411. The client is given a immediate notice of the grievance procedure. The client has 30 days to send in a written grievance under the MCOA&CS Grievance Policy &Procedure and follows the OAR.

When faced with OPI budgetary shortfalls, a reduction or termination of services may be put into place. If this occurs, MCOA&CS notifies clients by phone and in writing to explain the reasoning for the reduction. MCOA&CS strives to keep as many clients on OPI services by first reducing each client to the lowest eligible hours based on their service priority level. If termination of OPI services must occur, clients with the highest SPL's will have their services terminated first. When any reduction or termination of hours occurring due to budget cuts, the OPI staff work with each client and refer them to other organizations and services which may be able to assist them until funding is restored.

Specify how the agency informs consumers of their right to grieve adverse eligibility and/or service determination decisions and how the agency handles consumer complaints.
At the time of initial intake clients are notified of their rights to grieve adverse eligibility and/or service determination decisions or other consumer complaints. They are given a copy of the grievance procedure and asked to sign that they received one. They are told that they can request that the senior manager review with them their documents showing dates and times of services within 10 working days of an adverse notification. If the client is not satisfied and wishes to file a grievance, forms are made available to them and assistance is given if requested. The grievance is presented in writing by the client and/or person representing the client as Power of Attorney or Guardianship within (30) calendar days from the date of receipt of the denial and/or termination of a service to the MCOA&CS Executive Director. The MCOA&CS' Executive Director makes a determination, within five (5) working days, that a hearing is appropriate or denial of a request for hearing. Such denial is considered the final agency decision. If the client is not satisfied with the executive director's response, he/she has the right to appeal to the MCOA&CS Board of Directors. See MCOA&CS Grievance Policy and Procedure.

State the cost of authorized services per unit and explain how fees for services will be implemented, billed, collected and utilized.

MCOA&CS' cost for authorized services per unit is $22.34 for personal care and $21.24 for homemaker though a contract with Addus Health Care. Fees for services are implemented, billed, collected and utilized as follows:

The OPI case worker uses the OPI Fee Determination Form (SDS 0287K) in conjunction with the current year's OPI fee schedule to determine the amount of the fee for service. The OPI case

worker uses the fee determination form to fill out the OPI Service Agreement (SDS 0287L) during the OPI intake and at the time of each annual reassessment. The client will sign the service agreement and be given a copy for their records. The clients is notified that they are able to complete a new fee determination form when there is a change in income or expenses. See OPI Billing Procedure, Appendix G.

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

The case worker notifies the participant by mail if payment is not received thirty (30) days after payment is due. If payment is still not received within ten (10) days of first notice, an additional request for payment is mailed citing that there is a possibility of suspension of payment is not made. If payment is not received within ten (10) days of the second notice, a third letter is sent notifying them that services are suspended beginning ten (10) days from the date of the letter. A copy of the grievance policy is included with each notice. The client is notified at all stages of notification that they have the ability to have their fee determination worksheet recalculate. They are also notified that if there is a hardship preventing them from paying the fee they can request to have MCOA&CS waive the fee. The participant is notified by the senior specialist within seven (7) business days of the request (if the request is approved or denied). See OPI Non-Payment Procedure, Appendix G.-FT'. Delineate how service providers are monitored and evaluated.

Malheur Council on Aging & Community Services contracts with Home Health Care Agencies to provide OPI. Addus must comply with all applicable contract and governmental licensure requirements. MCOA&CS meets with Addus staff at a minimum quarterly to review staff matched with OPI clients, and monitoring authorized services and progress notes. MCOA&CS performs an annual monitoring of files and reviews staff trainings provided. MCOA&CS will use the OPI self-monitoring tool to monitor service providers. The purpose of the monitoring tool is to collect and record information related to the administration of the OPI (personal care and home care program). The monitoring procedures are intended to help determine whether or not a program is operating in adherence to specific program standards for OPI services to adults that need assistance with home management and personal care.

D-2 Services provided to OAA and/or OPI Consumers

The MCOA&CS provides comprehensive and coordinated community based services, in a manner which facilitates accessibility and utilization, designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities.

#4 Home Delivered Meals	
A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. Note: 45 CFR 1321.69(b) states: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older	
Providers – Self Provides	Plan Service Area – Ontario, Nyssa, Vale, Jordon Valley
#5 Adult Day Care/Adult Day Health	
Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.	
Providers – 1	Plan Service Area – Ontario, Nyssa, Vale
#6 Case Management	
A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#7 Congregate Meal	
A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#8 Nutrition Counseling	
Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#10 Transportation	
Transportation from one location to another. Does not include any other activity.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#11 Legal Assistance	

Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. Assistance with will preparation is not a priority service except when a will is part of a strategy to address an OAA-prioritized legal issue. Priority Legal assistance issues include income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to

Attachment C indicates all OPI and OAA that is provided by MCOA&CS, the funding sources(s), and the contracted service provider or whether the services is self-provided by the AAA.

Services Provided Through MCOA&CS

#1 Personal Care	
In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare worker paid in accordance with the collectively bargained rate. (OAR 411-0032)	
Providers - 1	Plan Service Area – Malheur County
#2 Homemaker	
Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework	
Providers - 1	Plan Service Area – Ontario, Nyssa, Vale
#3 Chore	
Assistance such as heavy housework, yard work or sidewalk maintenance.	
Providers – Self Provides	Plan Service Area – Ontario, Nyssa, Vale

older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children.	
Providers – 1	Plan Service Area – Ontario, Nyssa, Vale
#12 Nutrition Education	
A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#13 Information & Assistance	
A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures	
Providers – Self Provided	Plan Service Area – Malheur County
#14 Outreach	

Intervention with individuals initiated by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits.	
Providers – Self Provided	Plan Service Area – Malheur County
#15 Information for Caregivers	
A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.	
Providers – Self Provided	Plan Service Area – Malheur County
#16 Information & Assistance	
A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures	
Providers – Self Provided	Plan Service Area – Malheur County
#20-2 Advocacy	
Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions, which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons.	
Providers – Self Provided	Plan Service Area – Malheur County
#20-3 Coordination & Development	
Activities include AAA liaison with other agencies and organizations serving the elderly; services development; and mobilization of non-OAA funds to enhance delivery of services to the elderly.	
Providers – Self Provided	Plan Service Area – Malheur County
#30 Home Repair/Modification	
Minor health and safety modification including screening of high-risk home environments and provision of educational programs on home modifications to prevent falls, and home modifications to promote access and safety of older adults in their home. These services are designed to facilitate	

the ability of older individuals to remain at home.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#30-5/30a Caregiver Respite	
Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite at a senior center or other nonresidential program; (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time; (4) and for grandparents/relatives caring for children – day or overnight summer camps. Priority shall be given to caregivers providing services to individuals whom meet the definition of 'frail'. (See General Terms and Definitions).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#30-6/6a 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.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#30-7/7a Caregiver Supplemental Services	
Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, home delivered meals, assistive technologies, emergency response systems and incontinence supplies.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#40-2 Physical Activity and Falls Prevention	
Programs for older adults that provide physical fitness, group exercise, and dance-movement therapy, including programs for multi-generational participation that are provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls; that are based on best practices; and that have been shown to be safe and effective with older populations are highly recommended.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#40-3 Preventive Screening, Counseling and Referral	
Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#40-5 Health and Medical Equipment	
Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's independence in performing any activity of daily living. (OAR 411-027-0005)	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#40-9 Medication Management	
Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford's Chronic Disease Self-Management program (Living Well)).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#50-3 Elder Abuse Awareness and Prevention	

Public Education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals. Training for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy.	
Providers – Self Provided	Plan Service Area – Malheur County
#50-4 Crime Prevention and Home Safety	
Activities that educate elders regarding crime prevention or that provide home safety such as smoke alarms, etc.	
Providers – Self Provided	Plan Service Area – Malheur County

#50-5 Long term Care Ombudsman	
Financial support for activities that assist in the functions of the Ombudsman program. Activities could include; local volunteer recruitment and outreach activities, such as ads, posters, flyers, and outreach events; local volunteer support and recognition such as training expenses, mileage reimbursements, recognition events and local volunteer administrative expenses such as postage, copies, and office supplies.	
Providers – Self Provided	Plan Service Area – Malheur County
#60-1 Recreation	
Activities that promote socialization, such as sports, performing arts, games, and crafts, either as a spectator or as a participant.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
60-3 Reassurance	
Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance.	
Providers – Self Provided	Plan Service Area – Malheur County
#60-4 Volunteer Recruitment	
One placement means one volunteer identified, trained and assigned to a volunteer position.	
Providers – Self Provided	Plan Service Area – Malheur County

#60-5 Interpreting/Translation	
Providing assistance to clients with limited English speaking ability to access needed services.	
Providers – Self Provided	Plan Service Area – Malheur County
#70-12 Options Counseling	
Counseling that supports informed long term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community.	
Providers – Self Provided	Plan Service Area – Malheur County
#70-5 Newsletter	
Preparation and regular distribution of publications that inform seniors and the community of available services and activities.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#70-9/70-9a Caregiver Training	
Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc.	
Providers – Self Provided	Plan Service Area – Malheur County
#70-10 Public Outreach	
Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at local senior centers where information on Senior services is shared, etc.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
#71 Chronic Disease Prevention, Management/Education	
Programs such as the evidence-based Living Well (Stanford's Chronic Disease Self-management) program, weight management, and tobacco cessation programs that prevent and help manage the effects of chronic disease, including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease.	
Providers – Self Provided	Plan Service Area – Malheur County
#72 Cash and Counseling	
Services provided or paid for through allowance, vouchers, or cash which is provided to the client so that the client can obtain the supportive services which are needed.	
Providers – Self Provided	Plan Service Area – Malheur County
#73/73a Caregiver Cash and Counseling	
Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).	
Providers – Self Provided	Plan Service Area – Malheur County

#80-1 Senior Center Assistance	
Financial support for use in the general operation costs of a senior center.	
Providers – Self Provided	Plan Service Area – Nyssa, Vale
#80-4 Financial Assistance	
Limited financial assistance for low-income clients to aid in maintaining health and/or housing. Services may include prescription, medical, dental, vision care or other health care needs not covered under other programs; and, the cost of utilities such as heat, electricity, water/sewer service or basic telephone service.	
Providers – Self Provided	Plan Service Area – Malheur County
#90-1 Volunteer Services	
Uncompensated supportive services to AAAs, nutrition sites, etc., Examples of volunteer activities may be, but are not limited to meal site	
Providers – Self Provided	Plan Service Area – Malheur County

Appendices of Attachments

Appendix A – Organizational Chart

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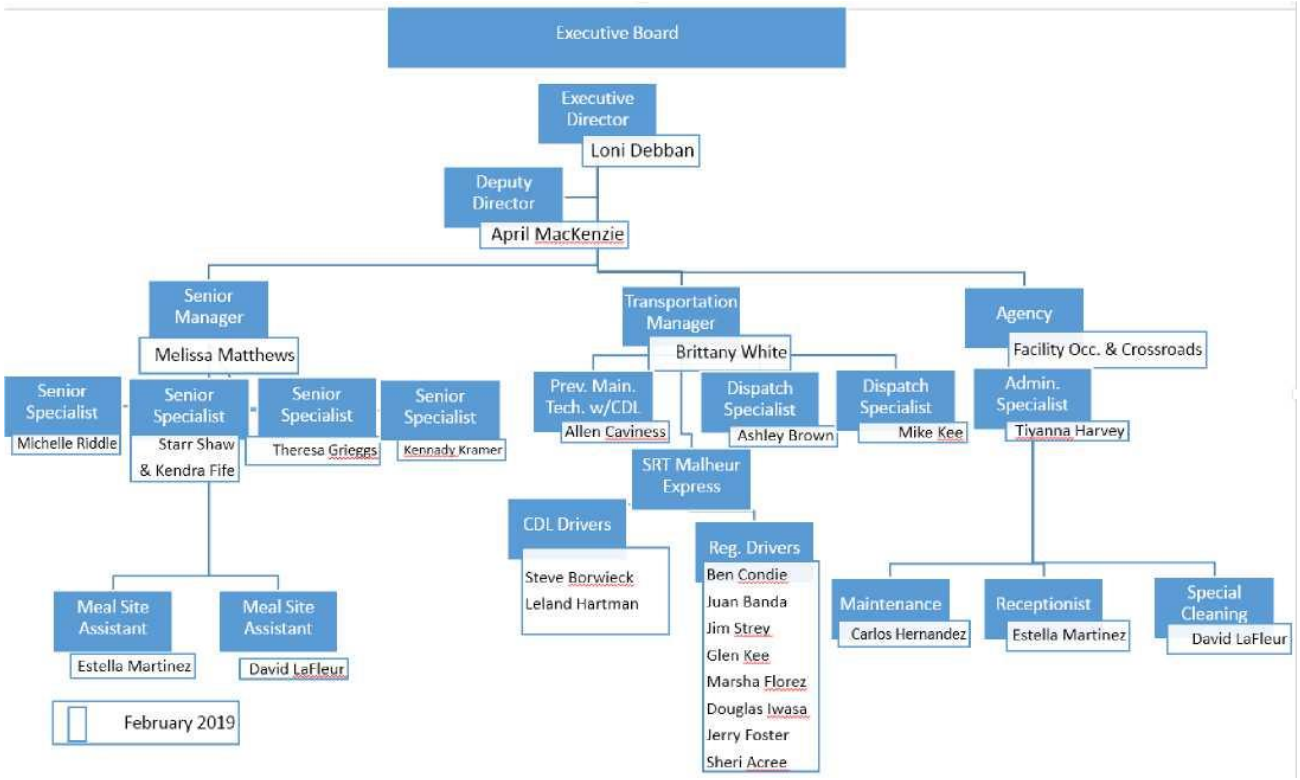
Appendix G – Older Americans Act and OPI Policies & Procedures

Appendix H – Partner Memorandums of Understanding

Appendix I – State of Assurance and Verification of Intend

Appendix A MCOA&CS Organizational Chart 2017



Malheur Council on Aging & Community Services Advisory Council Roster – FY 2016-18

John Tucke—Chair (541) 889 4251	Ontario Senior Citizen & Executive Board Liaison	6/20/2018
Sandy Mayo (541) 473 3507, (541) 473 3185	Vale Senior Citizen	Indefinite
Daryl Weston (530) 961 2507	Nyssa Senior Citizen	Indefinite
Paula Weston (530) 961 2507	Nyssa Senior Citizen	Indefinite
Alice Carbajal (541) 889 7553 Ext. 657	Adults & People with Disabilities	Indefinite
Clyde McClung (541) 523 1160	Vale Senior Citizen	3/20/2017
Gail Reynolds (541) 473 3049	Ontario Senior Citizen	9/20/2018
Jane Clark Luther (541) 889 5743, 208 739 8516	Ontario Senior Citizen	1/20/2017
Steve Atkinson 208 39 4040	Ontario Senior Citizen	5/20/2018

Malheur Council on Aging & Community Services Advisory Council Roster – FY 2017-18

Alice Carbajal 541-889-7553 ext. 657	Adults & People with Disabilities	Alice.barbajal@state.or.us 186 E Lane Suite 4 Ontario, OR 97914
Sandy Mayo (541) 473 3507, (541) 473 3185	Vale Senior Citizen	100 Longfellow Street Vale, OR 97918
Gail Reynolds (541) 216-5256, (503) 602-9697	Ontario Senior Citizen	ceceliagail@yahoo.com 2117 NW 4th Avenue Ontario, OR 97914
Jane Clark Luther (541) 889-5743, (208) 739-8516	Ontario Senior Citizen	Dniluther248@gamil.com 1001 Foothill Drive Ontario, OR 97914
Steve Atkinson (208) 739-4040	Ontario Senior Citizen	Quebecsteve@2mail.com 1095 Tucker Ridge Drive Ontario, OR
Judy Stubbert (541) 216-3335	Nyssa Senior Citizen	judystubbert@gmail.com 902 Locust Avenue #35 Nyssa, OR 97913
Judy Zacharias (541) 709-8612	Nyssa Senior Citizen	1700 North 3rd Street Nyssa, OR 97913

Appendix B – Advisory Council(s) and Governing Body

Name & Address	Position	Contact Info.	Group Represented	Expires
Heidi Ragsdale 1021 SW 5th Avenue Ontario, OR 97914	Chairperson	541-889-3119 Ext. 109 541-889-7229 heidiragsdale@eocil.org	EOCIL Community Representative	Jul-19
Alan Daniels 4451 Community Road Ontario, OR 97914		541-212-4808 Alan.daniel.ono@gmail.com	Retired: Economic Development	Jul-20
Stephanie Williams 251 B. Street West Vale, OR 97918	Fiscal Subcommittee Chair Co-Chair	541-473-5501 swilliams@malheurco.org	Legal Representative	Jul-19
John Dillon 1160 SW 4th Street Ontario, OR 97914	Co-Chair Fiscal Committee Personnel Committee	208-740-0683 johnd@4starrealestatewtv.com	Community Member	Jul-19
Stephanie Burrows 186 E. Lane #2 Ontario, OR 97914	Personnel Committee	541-889-9141 Ext. 233 STEPHANIE.L.BURROWS@dhsoha.state.or.us	DHS Branch Operations Manager	Jul-21
Jane Luther 1001 Foothill Drive, Ontario, OR 97914	Senior Advisory Chairperson	541-889-5743 dnjluther248@gmail.com	Liaison Profit Sector	Jul-21

Appendix C - Public Process

Malheur Council on Aging & Community Services assessed the needs of the Malheur County senior population through a number of resources including input from clients of MCOA&CS' funded services, and persons of the target populations who are not users of MCOA&S senior services

The MCOA&CS Senior Advisory Board and the MCOA&CS executive board played a critical role in representing the interests of the public on committees as the area plan was developed.

All of these committees reviewed and provided oversight of the development of MCOA&CS' 2017-2020 Area Plan.

MCOA&CS' constituents were asked to rank services in order to establish priorities for the core programs based on feedback from the senior survey, community input and staff recommendations. These priorities include those programs funded by the Older Americans Act and the State of Oregon and are the programs that meet the needs of the most vulnerable.

The senior advisory council participated in each phase of the planning process and was directly involved with the overall development of services provided in the plan. The senior advisory board reviewed current services, priority criteria and ranking of service needs. No changes to the current senior service delivery was suggested. The common theme and central finding of the assessment was that MCOA&CS' service delivery of our Older American Act and the Oregon Project Independence senior programs has been beneficial and successful in serving Malheur County's elderly citizens.

During this process the senior advisory council helped establish priority issue areas and had input on goals and objectives. They approved the following MCOA&CS recommendations for delivery of core programs:

- ADRC model for Information & Assistance/Information & Referral and Options Counseling
- Home delivered meals (Meals on Wheels) (expand if funding allows)
- Congregate meals (expand if funding allows)
- Transportation - pass through funding to SRT Malheur Express (for demand response, social outings, access to and from exercise class, meal sites, Paratransit, and commuter service).
- In home services- (including contracted respite care, home repair, and counseling).
- Case management for OPI and in-home services.
- Support for caregivers.
- Education for seniors and the community at large around issues related to aging well.
- Expand volunteer opportunities.
- Investigate money management options for seniors

In addition, we included data from our subcontracted service providers, i.e., Snake River Transit routed service and other direct services MCOA&CS provides for general public, including seniors and disabled individuals with SRT Malheur Express door to door transportation services.

MCOA&CS created a survey. The survey questions were on a variety of topics that can impact a senior's quality of life.

They included:

- Demographic information
- In home assistance

- Access to services/transportation needs
- Physical health and activity
- Health insurance and prescriptions
- Nutrition/food security
- Medical health
- Mental health
- Financial security
- Housing
- Safety and security
- Volunteerism/civic engagement
- Social network/social support
- Family caregiver questionnaire

Based on the findings of the community needs assessments (including the senior assessment), we concluded that the services MCOA&CS currently provides are appropriately focused on the most pressing needs of seniors. In addition to sustaining the current senior programs we operate, we plan to provide additional opportunities for access to services for socially isolated seniors in Malheur County and opportunities for social outings with regularly scheduled senior program events.

Include home delivered meals, homemaker services through Oregon Project Independence, and the family caregiver support program. All seniors are encouraged to participate in the congregate meal sites and join in with senior social activities. All of these programs support seniors remaining socially and physically healthy.

Malheur County is a very rural community, according to the 2010 census the average number of persons per square mile is 3.2 in contrast with the
39.9 average numbers of persons per square mile in the State of Oregon.
MCOA&CS is going to engage and target those seniors with economic need through referrals from local community agencies and Information and Assistance, including outreach forums at meal sites, community senior centers, and outreach training with local agencies. The assessment is completed with a case manager, using the NAPIS form.

As part of the assessment the case manager gathers additional information (natural supports) economic need, and resources available for the senior to remain healthy. A senior may have a higher income, however once all information is taken in, they may have high medical expenses or other high expenses that are required for them to meet basic needs.
Our core services are focused to promote the health, security, safety and well-being of our older senior population to aid them with services designed to maximize independence and options with dignity. Special consideration is made for the caregiver support system through education, respite, and fellowship in support groups. Core services provided meet basic needs based on individual assessment.

They may Case workers or volunteer drivers hand delivered surveys to Meals on Wheels clients who had the cognitive ability to complete the survey. Surveys were also distributed to OPI and Family Caregiver clients, via postal service or hand delivery. In addition, surveys were distributed to the local community services network of agencies at the August and September 2016 local Malheur Community Services meetings.

We also posted the current Area Plan and the survey monkey link on our website www.mcoacs.org and on the Malheur Council on Aging & Community Services Facebook page for comment.
Finally we looked for consistent patterns of need through a number of local and national assessments as follows:

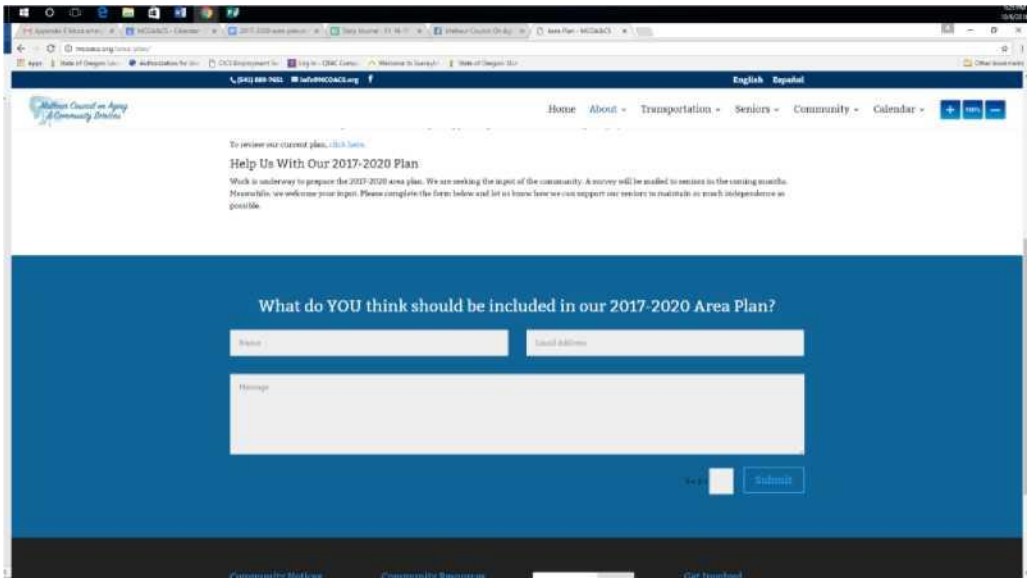
Annual Plan Saint Alphonsus Medical Center: Ontario 2013-2014 Community Health Needs Assessment, and the Oregon Housing & Community Services 2015 Report on Poverty, and the
Oregon Child Development Coalition Malheur County Community Assessment, National Survey of Older Americans Act Program, and the US Census Bureau 2015, and the AOA United We Ride: Seniors Benefit From Transportation Coordination Partnerships - A Toolbox, Case Studies of Successful Coordinated Transportation Services for Older Adults, and the Saint Alphonsus Medical Center Assessment.
In reviewing secondary and community input obtained via an online survey tool. A number of areas of concern are identified, as displayed below.

Socioeconomic Factors:

- Large Hispanic and non-English speaking population
- Low high school and college graduation rates
- High poverty rate
- Unemployment
- Juvenile crime
- Domestic violence and child abuse

Health Outcomes - High percent of adults reporting poor or fair health as follows:

- Alzheimer's disease
- Infant mortality
- Teen birth rate
- Late or no prenatal care
- Colorectal and prostate cancer mobility
- Diabetes
- Stroke
- Mortality
- Sexually transmitted diseases
- Suicide rate Health Factors



- Lack of Access to primary care and oral health
- Lack of health insurance
- Low Physical inactivity
- Inadequate fruit & vegetable consumption
- Obesity
- Tobacco use
- Lack of Access to healthy food outlets and recreational facilities (Malheur)
- Lack of cholesterol screening
- Low Mammography rate
- Low Colonoscopy rate
- Low Chronic disease management

- Mental health & substance abuse services
- Lack of Prescription drug affordability

Public Hearings:

Web Page Posting -

- Link to Current Area Plan
- Email template to allow for public commentary & suggestions.

Facebook Postings - Link to Community Needs Survey

Community Flyers:

Malheur County Residents

You're Invited!

Malheur Council on Aging & Community Services (MCOA&CS) is the local Area Office on Aging.

Our agency is responsible for developing and coordinating a comprehensive service system to meet the need of Malheur County's older residents.

MCOA&CS invites you to attend a community meeting to participate and share your comments on aging services for Malheur County.

Date: September 6, 2016

Time 12:30PM

Where: Malheur Council on Aging

842 SE 1st Ave

Ontario OR, 97914

Summary of Community Outreach Efforts for 2017-2020 Area Plan

Event	Date	Time	Location	No. of Attendees
Surveys Shared on Facebook	August 23,2016 September 2, 2016	NA	NA	NA
Web Page Request for Comment				
Malheur County Community Resources Meeting	August 4, 2016	9:00 AM	Dept. of Human Services	14
Survey Distribution	August 12, 2016	12:00 PM	Ontario Senior Center	
Senior Advisory Council Meeting	August 17, 2016	9:00 AM	Malheur Council on Aging	8
Community Health Fair - Survey Distribution	August 20, 2016	10:00 AM	Pioneer Place Assisted Living	12
Community Meeting - Nyssa	September 1, 2016	12:30 PM	Nyssa Senior Center	18
Survey Distribution via Email (CAC & Community Resource Committee)	September 2, 2016	NA	NA	NA
Community Meeting - Ontario	September 6, 2016	12:30 PM	Malheur Council on Aging	12
Senior Advisory Council Meeting	September 7, 2016	9:00 AM	Malheur Council on Aging	6
Senior Advisory Council Meeting	September 21, 2016	9:00 AM	Malheur Council on Aging	8
Community Meeting - Vale	September 26, 2016	12:30 PM	Vale Senior Center	13
Senior Advisory Council Meeting	September 29, 2016	9:00 AM	Malheur Council on Aging	6
MCOA&CS Executive Board Meeting	October 11, 2016	9:30 am	Malheur Council on Aging	9

Appendix D - Final Update on Accomplishments from 2013-2016 Area Plan

Final Updates on Accomplishments from MCOA&CS 2013-2016 Area Plan.

2013 Goal 1- Provide both access to services and health promotion.
MCOA&CS marketed the Older American Act and Oregon Project Independence programs through a number of venues as follows:
New, easy to use, well designed web site, an active Facebook page. We contracted with Silver Signet a local marketing and design firm to develop and update the website and Facebook page. Silver Signet is also producing our newsletters and creates all our marketing material.
The senior services project manager continues to work with the senior advisory council has completed and is in process of developing a new outreach schedule promoting civic engagement in rural areas as a tool to cultivate local networks and partnerships that support financial resources for rural elders.

2013 Goal 2 - Develop a year plan of focused and relevant programs to enhance the health of older adults and persons with disabilities.
We are a member of the Eastern Oregon Aging & Disability Resource Connection Consortium. Through our membership on the consortium we established relationships with our regional Aging and Disability Resource Center partners. In addition, we have had both staff and volunteers trained to provide several evidence based services and workshops that address and enhance the health of older adults and persons with disabilities. We are providing several Tai Chi exercise classes a year, and Powerful Tools for Caregiver workshops. To address mental health concerns we have a staff member trained to provide the Pearls program for older adults and our partner Eastern Oregon Center for Independent Living conduct a workshop for persons with disabilities of all ages called Healing Pathways.
Staff participate in the Malheur County Community Services monthly meeting: Attendees include Lifeway's Behavioral Health- Mental Health; SRT Malheur Express Transportation; Malheur County Housing Authority; APD; Training & Employment Consortium Employment Services; Community in Action - Energy Assistance & Housing Programs; EOCIL; Malheur County Voc. Intellectual/Developmental Disabilities services); Saint Alphonsus Medical Center; Malheur County Health Department; Hospice, and home care agencies; Nyssa, Vale & Ontario Senior Centers Euvalcree provides services that target minority; limited English proficiency (LEP) or other persons with unique needs; Valley Family Health; Saint Alphonsus Resource Center provides Alzheimer's disease and/or dementia training for Malheur County Edgewood Senior Living that provides Alzheimer support groups providing on-site respect care.

Appendix E - Emergency Preparedness Plan

AAA/MCOA&CS Local Office

Presented by Malheur Council on Aging & Community Service's' Management Team:

- Loni Debban, Executive Director
- Brittany White, Transportation Project Manager
- David LaFleur Meal Site Assistant

Adopted by Malheur Council on Aging & Community Service's' Executive Board:

- Ron Bickmore, Chairperson
- John Tucke
- Stephanie Williams
- Barbra Olson
- Dr. Dorin Daniels
- John Dillon
- Gail Reynolds
- Carlos Soriano
- Heidi Ragsdale

A special thanks to all the offices that shared their current plans which either informed this work or were incorporated in part or whole.

Appendix F - List of Designated Focal Points

The senior centers in Ontario, Vale, and Nysa serve as community focal points in Malheur County. The Ontario meal site located at the MCOA&CS office building is also a community focal point.

Administrative Office & MCOA&CS Meal Site
842 S.E. 1st Avenue, Ontario, Oregon 97914 (541) 889-7651.
Ontario Senior Center
698 Northwest 9th Avenue, Ontario, Oregon 97914 (541) 889-5450
Nyssa Senior Center
316 Good Avenue, Nyssa, Oregon 97913 (541) 372-5660.
Vale Senior Center
100 Longfellow Street, Vale, Oregon 97918 (541) 473-2129.

Appendix G - Older America's Act & OPI Policies and Procedures
Policies and Procedures Older American's Act & OPI
Malheur Council on Aging & Community Services 2016

Protocol for Adult Protective Service Referral

All ADRC staff are responsible for reporting situations where seniors or people with disabilities are identified to be at-risk or are potential victims of abuse (abandonment, financial exploitation, neglect, physical abuse, verbal/mental abuse, wrongful restraint, involuntary seclusion, self-neglect, sexual abuse). Referrals should be made to the Adult Protective Services (APS) screening staff (either through the SAFE line (statewide abuse reporting line), or directly to local APS offices). If the call is from a gatekeeper, staff shall enter the call and specify it as such under caller type in the RTZ call module (see gatekeeper procedure for recording a gatekeeper call under the HELP link in RTZ).

When an APS Call is received via the ADRC (type A or type B):

1. Callers that identify themselves should be assured that their identity will be kept confidential to the extent that the law allows. When a caller asks to be anonymous, the staff taking the information will need to get information necessary to refer to APS via APS Referral Form.
2. In situations involving “imminent danger,” and/or threat of harm, in which there is reasonable cause to believe a person’s life or physical well-being is in danger if no intervention is initiated immediately, then contact appropriate law enforcement and Adult Protective Services. If imminent, staff do not delay, they obtain immediate assistance.
3. Callers should be informed that they will be contacted by the Adult Protective Services screening staff for a more in-depth follow-up. Any special arrangements that need to be made can be noted in the details section of the APS referral form.
4. Once the APS Referral Form is completed, referrals must immediately be transferred by phone, email or hand delivery to the Adult Protective Service screening staff. This process will be followed by all Information and Assistance and Options Counseling staff.
5. If after reviewing the information, the APS screener does not believe the referral rises to the level of an APS investigation, a process shall be in place for redirecting those referrals back to I&A/OC staff who will ensure that the consumers is contacted for other services.

MAHLEUR COUNCIL ON AGING & COMMUNITY SERVICES
OPI INTAKE PROCEDURES

1. Referrals are made via self-referral or through the local community (Department of Human Services: Seniors & People with Disabilities, local agencies, hospitals, nursing homes, heath care providers, community partners, seniors, family members, etc) to Malheur Council on Aging &Community Services.
2. Applicant Assessment and Determination is initiated by the OPI Specialist.
    a. The OPI Specialist will complete the OPI Risk Assessment Tool and NAPIS form with the client. The Assessment tool provides the program specialist with an individual score based on the client’s response to each question. When the assessment is completed the OPI Specialist will then total the applicant’s score.
    b. If there is a current opening in the OPI program for services and the client scored 1 or more on the risk assessment, the OPI Specialist will then schedule a home visit with the client to complete the CAPS assessment and all required paper work. Completion of the caps assessment will determine client eligibility. Determination is based on:
        i. Based on social and economic need as well as natural supports;
        ii. Applicant is not receiving financial assistance or Medicaid (with the exception of food stamps), Qualified Medicare Beneficiary, or Supplemental Low Income Medicare Beneficiary Programs and meets the requirements of the Long-Term Care Priority rule, OAR 411, Division 015;

iii. Applicant scores a Service Priority Level (SPL) of 1-18 as determined by the state assessment tool and has been determined eligible by MCOA&CS.
iv. Placement on the waitlist is determined by the use of the OPI Risk Assessment Tool. The Assessment tool provides the OPI Specialist with an individual score based off the client's response to each question. When the assessment is completed the OPI Specialist will then total the applicant's score. An applicant's place on the waiting list is determined by their risk level, the higher the score the greater the risk (low, med, or high). Risk assessments are completed on an annual basis or as requested by the applicant. The applicant receives written MCOA&CS Grievance Procedure information. If applicant wishes to file a grievance, forms will be made available.

3. The OPI Specialist will enroll new eligible applicants in the program when openings occur.
4. Once the eligible applicant is enrolled in the program, the OPI Specialist will develop a written individualized case plan for homecare services provided through MCOA&CS, and provide referrals and arrange services to local community agencies that provide support services in coordination.
    a. The maximum hours approved for homecare services are determined by need (through the assessment) and will not exceed OPI Program budget allocations.
    b. Malheur Council on Aging OPI Services will be administered through sub-contracted services with a local provider.
5. OPI Specialist will monitor and evaluate the services provided through contact with the client by telephone monthly.
6. The OPI Specialist and the client will complete an annual assessment.
    a. If the annual assessment determines that a reduction in benefits is warranted or the applicant is deemed no longer eligible for benefits, or there is a reduction in hours due to budgetary constraints, notification along with a grievance procedure is mailed through the United States Postal Service.
    b. The OPI Specialist will set up a short-term case plan to facilitate the grieving process for loss of services.

OPI Billing Procedure

1. MCOA&CS will complete an Income/Fee Determination Record during all OPI assessments to determine if a fee for OPI services is required
2. This record will then be reviewed with the OPI participant and signed before OPI services are started.
3. The contracted agency provides copies of all client progress notes to MCOA, all progress notes are then reviewed by the OPI Specialist and compared to the monthly bill for accuracy and any discrepancies are sent back for correction.
4. After all billing is reconciled the bill is coded and entered in accounting software as a receivable.

MCOA&CS' Procedure for Evaluation of OPI Service Contractors

1. The agency coordinator supports performance-based contacting practices and monitors contractor's performance.
    a. During the contract year, the agency coordinator will complete an on-site monitoring review at the business location. The agency coordinator will review documentation that the subcontractor is in compliance with services billed for.
        i. MCOA&CS will select files for review and provide advance notification of the client records to be reviewed.
        ii. MCOA&CS will review the training log for employees providing in home care.
        iii. MCOA&CS will review the policies and procedures by the home health agency that address each of the following:
2. Client Assessment
3. Process/procedure for assigning staff to client
4. Process/procedure to assure aide competency levels.
5. Process/procedure for back up service to client when usual assigned staff it out.
6. Process/procedure to assure communication between the client, the provider agency and the contractor.
7. Policy to assure compliance with local, state, and federal requirements for in home care.
8. The Home Care Agency must have a current state license and will provide a copy of the current in home agency certification for personal and homemaker care.
9. MCOA&CS is responsible for ensuring that contract invoices are properly reviewed and analyzed, prior to approving payment for services.
    a. Staff work closely with the contracted agency to monitor caregiver's documentation and scheduling and compares to approve care plan.
    b. The contracted agency provides copies of all client progress notes to be reviewed by the OPI Specialist and compared to the monthly bill for accuracy and any discrepancies are sent back for correction.
10. The OPI Specialist reviews the progress notes to see if clients may require a new assessment or other information to follow up on.
11. At a minimum, monthly reassurance calls are made by senior staff and as needed calls are made during the conversation participants are asked about the quality of the service they receive.

OPI Non- Payment Procedure

The participant will be notified by mail of non-payment and be notified that they may update the Fee determination worksheet. In ten days the first notice will be followed by two more request for payment, with a notification of the possibility of suspension until payment has been made. If payment is not made after the third notice, a letter will be sent informing the client that due to

non-payment, services will be suspended 10 days from the date of letter, until balance is paid in full. A copy of the grievance policy is included with each notice.
If the client is facing hardships that which prevent the ability to pay, a written request to waive fees may be submitted to MCOA&CS. The request to waive fees will be reviewed and the participant will be notified within 7 business days of the receipt of the request.

OPI Monthly Call Procedure
Purpose: To monitor OPI recipient's health and welfare. To provide needed reassurance and additional contact.

1. The receptionist is given an updated call list each month by the OPI Specialist. The list has notes that the staff member may use to ask questions start a conversation.
2. The calls are to be made and documented on a separate spread sheet.
3. Any new information should be documented and the OPI specialist must be notified.
4. After all the calls have been completed each month a copy of the call list including any notes is given to the OPI specialist.

OPI Waitlist Procedure

Client assessment and determination of services shall be initiated by the OPI case worker and based on each client's age (60+), functional assessment, medical and social need for services, with highest priorities receiving services first. The client cannot be receiving Medicaid assistance except SNAP benefits, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program. If the client is eligible and must be placed on a waiting list refer to the procedure bellow.

Waitlist: Placement on the waitlist is determined by the use of the OPI Risk Assessment Tool. The Assessment tool provides the OPI Specialist with an individual score based off the client's response to each question. When the assessment is completed the OPI Specialist will then total the applicant's score. An applicant's position on the waiting list is determined by their risk level, the higher the score the greater the risk (low, med, or high). This means a person with a risk level of 5 today will always be placed higher on the wait list than a person with a risk level of 1 who has been on the list for six months.

Risk assessments are completed on an annual basis or as requested by the applicant.

OPI Program Documents

Oregon Project Independence
File Content Check List

- OPI Risk Assessment (287J)
- OA NAPIS Registration Record (NAPIS)
- Authorization for Use and Disclosure of Information (2099)
- Notice of Privacy Practices Acknowledgment of Receipt (2092)
    - Signed during In-home Assessment, after giving Client the “Notice of Privacy Practices”
- CAPS Assessment completed in last 12 months - Enter into Computer. Signature of Client and CM on back
- Service Priority Level (SPL) calculated and consistent with AAA eligibility policy O At least one diagnosis on diagnosis list
- MCOA&CS Grievance policy & Procedure

CAPS Narration verifies completed face-to-face or in-home reviews. Client record supports assessment decision

- CAPS 2 In-Home Service Plan (546N)
- Strength and Preferences
- At least on Medical Diagnosis
- CAPS 2 Assessment Summary Form (002N)

Client and Caregiver “Facility Provider” must sign. Once signed, Client and Caregiver gets a copy of the original

- CAPS 2 Task List (598N)
- Client and Caregiver will sign
- Once signed, Client and Caregiver gets a copy of the original
- Oregon Project Independence (OPI) Income/Free Determination Record (287 K)
- Oregon Project Independence (OPI) Service Agreement (287 L)

Do NOT use bank statements. This will show Net income. Exceptions would be VA Pensions and Social Security Disability, because these do not have taxes removed.

- Authorized Medical Deductions - Out of Pocket Costs, for client only.
- Over the counter and Prescription Medications
- Current/Ongoing Payments on Durable Medical Equipment
- If ending before the year, divide total amount owed by 12 for monthly average.
- Current/Ongoing Hospital or Doctor Bills
- If ending before the year, divide total amount owed by 12 for monthly average.
- Medical Insurance Premiums
- Narrative - Must have hard copy in file.
- Appointment Reminder — OPI - MUST be sent out for every appointment with client.
- Verbal Notice of Acceptance – visit is scheduled to complete the forms needed after acceptance.
- Letter of Denial - MUST be sent when client is denied services.
- Documents Needing Signature - MUST be sent any time you send a client documents which needs to be signed.
- OPI Termination Notification - MUST be sent anytime you are terminating services with a client.
- Co-Payment Letters
- OPI — One Time Surcharge Letter - This is used when a client does not have a co-payment and only pays $25.00 surcharge.
- OPI — Co-Payment Letter - This letter MUST be sent out monthly to inform client of how much they owe for his/her co-payment.

- OPI — Co-Payment Reminder Letter - This MUST be sent out if the client does not pay his/her co-payment on time.
- File Completed By:
- Signature
- Date

** Include check list in all OPI files * *

Appendix H - Partner Memorandums of Understanding

Eastern Oregon Aging & Disability Resource Connection Consortium
Memorandum of Understanding
This Memorandum of Understanding is between the following parties:

- Community Action Program of East Central Oregon (CAPECO)
- Community Connection of Northeast Oregon, Inc. (CCNO)
- Eastern Oregon Center for Independent Living (EOCIL)
- Harney County Senior and Community Services Center (HCSC)
- Malheur Council on Aging (MCOA)
- Oregon Dept. of Human Services, Aging and People with Disabilities, Malheur, Harney, Grant, Baker, Union, Wallowa, Umatilla and Morrow counties (Districts 12, 13, and 14)

Vision:
Each Oregonian, through an integrated approach, has easy access to long-term support resources through comprehensive information, awareness, education and guided assistance.

Mission:
To honor and support the desire of individuals with disabilities or who are aging to remain independent, healthy, safe and active in their home communities. To provide services that promote dignity, choice, personal responsibility and quality of life.

Values:

- Maximum freedom and independence
- Informed choice
- Inherent dignity of the individual
- Personal responsibility and engagement
- Culturally responsive
- Based on collaboration
- Commitment to quality

Background:
The Oregon Aging and Disability Resource Connection (ADRC) consists of highly visible and trusted Resource Centers in communities where individuals can turn for information on the full-range of long-term care options and entry to public long-term support programs and benefits. Individuals may access ADRC services by phone, in person or on-line. ADRC core services include Information & Assistance (I&A), Options Counseling (benefits counseling & long-term services & supports counseling), ('are Transitions and Evidence-based Chronic Disease Management/Health Promotion.

The Oregon ADRC system is led at the state level by the Department of Human Services, Aging & People with Disabilities (APD), State Unit on Aging. APD has responsibility for establishing standards for Oregon's ADRCs and providing monitoring and oversight of ADRC activities.
The organizations identified in this memorandum recognize that communities in the eight-county region (Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union and Wallowa) have developed a continuum of services that are responsive to unique local needs and leverage local resources. This memorandum of understanding seeks to utilize the strengths of this network of services to offer long-term resources and supports to individuals, families and community/hcalth professionals. Members understand that the consortium will implement ADRC services in a sustainable manner, as funding and resources allow.

Terms of Agreement:

Eastern Oregon ADRC Consortium Administration:

1. The Consortium will be governed by a Leadership Team consisting of the Executive Directors of the Area Agencies on Aging (AAAs) and Eastern Oregon Center for Independent Living, and the APD District Managers in the region. Leadership Team members include:
    a. Marci McMurphy, CAPECO
    b. Margaret Davidson, CCNO
    c. Kirt Toombs, EOCIL
    d. Angela Lambom, HCSC
    e. Loni Thomas, MCOA
    f. David Brehaut, APD
    g. Sandy Hata, APD
2. Tire Leadership Team will assign an ADRC Operations Committee to advise operations of the ADRC. The ADRC Operations Committee will report to the Leadership Team, providing regular reports on operational activities and seeking direction and approval for any significant changes to ADRC operations.
    a. Regional ADRC Operations Committee will meet at least quarterly.
    b. Each agency will provide 1-2 staff representative to sit on the committee
    c. Each agency will recruit 1 -2 consumers/community members. At least 51 % of advisory committee members will be consumers. Consumers may be older adults, people with disabilities (physical, mental/behavioral health, and intellectual/developmental), veterans, family caregivers or professionals representing the aging/disability network or healthcare.
    d. The Operations Committee will conduct Consumer Satisfaction Surveys. Partners providing core ADRC services agree to conduct standardized consumer satisfaction surveys and share summary results with the Operations Committee and Leadership Team.
    e. The Operations Committee will annually develop additional opportunities for consumer feedback, such as focus groups, etc.
3. The Consortium agrees to assign lead fiscal responsibility for the ADRC to Community Connection. Community Connection will conduct fiscal lead responsibilities under the direction and oversight of the Leadership Team.

All ADRC Consortium partners agree to:

1. Participate in Leadership Team meetings, conference calls, etc.
2. Develop an operational plan for regional ADRC programs,
3. Provide streamlined access to public benefits and services
    a. Partners will establish a process for facilitated transfer of individuals across counties, organizations and services
    b. Provide basic information, referral and assistance functions
    c. Utilize the ADRC of Oregon resource data base and call module to capture call contact information
    d. Partners will participate in regional and state-wide coordination of data resource management to ensure that resource data in the ADRC of Oregon is accurate, up-to-date, and presented in a consistent format.
4. Assist older adults and people with disabilities to avoid institutional care and unnecessary utilization of health care resources by implementing such services as:
    a. Options counseling
    b. Care coordination/management

   c. Care transitions
   d. Nursing facility transition/diversion
   e. Partnering with regional Coordinated Care Organizations
5. Evidence-based health promotion and chronic disease self-management
6. Protection for vulnerable adults through education and referral/reporting to Adult Protective Services
7. Participate in continuous quality improvement
   a. Partners will participate in developing and implementing regional quality improvement plan to implement State quality/performance protocols
8. Coordinate and share training resources, including:
   a. Coordinate AIRS training, testing, and recertification for I&A staff
9. Establish an annual plan for ADRC core training topics, such as:
   a. Medicaid Eligibility Basics
   b. Medicare Basics
   c. Options Counseling 101
   d. Serving Veterans
   e. Consumer Self-Direction
   f. Motivational Interviewing
   g. Inclusive programs that address the needs/preferences of people with disabilities
   h. ADRC of Oregon — web-site search, resource database, call module & care tool
   i. Sharing of I&A best practices
   j. Partner with Coordinated Care Organizations in the region to ensure collaboration across health, long-term care and social service systems for older adults and individuals with disabilities.

Area Agencies on Aging agree to:

1. Refer consumers with disabilities to peer supports and training
2. Provide training and technical assistance to ADRC partners and other related partners on issues pertaining to seniors, families and caregivers.
3. Provide streamlined access to public benefits and services
4. Screening for public benefits will be conducted by ADRC Information & Assistance staff and cross-referral protocols established to ensure seamless and timely access to public benefit eligibility. Each partner agrees to ensure that staff conducting screening activities are familiar with public benefits eligibility and protocols for cross-referral. ADRC partners will establish coordination and oversight processes to ensure streamlined access for consumers and effective coordination across programs/agencies.
5. Provide comprehensive information, referral and assistance functions
   a. Staff providing ADRC Information & Assistance will meet State standards for certification and training
   b. Follow Slate standards for the provision of Information and Assistance services
   c. Develop protocols for partners to provide back-up coverage for each other for I&A and other key ADRC functions
   d. Provide Options Counseling to qualified consumers
   e. Staff providing ADRC Options Counseling and their supervisors will meet State standards for certification and training
   f. Follow State standards for the provision of Options Counseling services
   g. Develop protocols for partners to provide back-up coverage for each other
6. Promote Services that Support Health Promotion
   a. Consistent with State standards, ADRC staff will provide support to consumers managing health conditions
   b. ADRC staff will develop working relationships with agencies providing health

promotion programs and will advocate for services of such programs.

EOCIL agrees to:

1. Connect consumers with disabilities to peer supports and training
2. Refer elderly consumers to AAA and APD
3. Provide training and technical assistance to ADRC partners and other related partners on issues pertaining to people with disabilities
4. Provide streamlined access to public benefits and services
    a. Screening for public benefits will be conducted by ADRC Information & Assistance staff and cross-referral protocols established to ensure seamless and timely access to public benefit eligibility. Each partner agrees to ensure that staff conducting screening activities are familiar with public benefits eligibility and protocols for cross-referral. ADRC partners will establish coordination and oversight processes to ensure streamlined access for consumers and effective coordination across programs/agencies.
    b. Provide comprehensive information, referral and assistance functions
5. Staff providing ADRC Information & Assistance will meet State standards for certification and training
6. Follow State standards for the provision of Information and Assistance services
7. Develop protocols for partners to provide back-up-coverage for each other for I&A and other key ADRC functions
8. Provide Options Counseling to qualified consumers
9. Staff providing ADRC Options Counseling and their supervisors will meet State standards for certification and training
10. Follow State standards for the provision of Options Counseling services
11. Develop protocols for partners to provide back-up coverage for each other

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APD offices agree to:

1. Refer consumers with disabilities to peer supports and training
2. Provide training and technical assistance to ADRC partners and other related partners on issues pertaining to people with disabilities, seniors, families and caregivers.
3. Provide training and technical assistance to AAAs and EOCIL re: screening and eligibility for services and cross-referrals
4. Conduct eligibility for a variety of public benefits, including:
    a. Supplemental Nutrition Assistance Program (SNAP)
    b. Oregon Health Plan
    c. Medicaid Long-Term Care & Case Management
5. Provide care coordination for individuals enrolled in Medicaid Long-Term Care programs
6. Provide care transition services
7. Provide Adult Protective Services and Multi-Disciplinary Team supports for individuals experiencing self-neglect or abuse and with complex needs.
8. Provide Long Term Care Community based care development and licensing of Adult Foster Homes.

Effective Date and Termination:

1. The effective date of this agreement shall be March 1, 2014, or the date on which each party has signed the agreement, whichever is later. Unless earlier terminated as proved below, the termination shall be June 30, 2019.
2. This agreement will be reviewed annually by all parties and updated based on mutual agreement of all members.
3. This agreement may be terminated by mutual consent of all members at any time.
4. Any member may terminate participation in this agreement effective upon delivery of written notice to the other members of the agreement or at such later date as

established by the members.

Authorized Signatures:

Donna Kinnaman — Date: 8/29/14
Donna Kinnaman, Community Action Program of East Central Oregon

Margaret Davidson — Date: 8.26.14
Margaret Davidson, Community Connection of Northeast Oregon, Inc.

Kirt Toombs — Date: 09-25, 2014
Kirt Toombs, Eastern Oregon Center for Independent Living

Angela Lambert — Date: 9/16/14
Angela Lambert, Harney County Senior and Community Services Center

Loni Debban — Date: 9-8-14
Loni Debban, Malheur Council on Aging

David Brehaut — Date: 10-1-14
David Brehaut, DHS Aging and People with Disabilities

Sandy Hata — Date: 10-9-14
Sandy Hata, DHS Aging and People with Disabilities

Appendix I - MCOA&CS Statement of Assurances and Verification of Intent

For the period of January 1, 2017 through December 31, 2020 Malheur Council on Aging & Community Services (MCOA&CS) 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, MCOA&CS 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. Malheur Council on Aging & Community Services (MCOA&CS) 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 Malheur Council on Aging & Community Services 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; and
C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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 AM 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. Malheur Council on Aging & Community Services 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.

10-11-16
Date

Loni Debban, MCOA&CS
Executive Director,

10-11-16
Date

John Tucke, Senior Advisory Council Chair

Ron Bickmore, Executive Board Chairperson
Legal Contractor Authority