Oregon State Plan On Aging

Oct. 1, 2026 – Sept. 30, 2030

Table of Contents

Oregon State Plan On Aging i

Verification of Intent iv

Executive Summary 1

Introduction and Context 3

Overview of the Oregon Aging Network 4

Services Provided by APD and the Aging Network and Populations Served 6

Priority Needs Identified through Area Plans on Aging and Public Input 8

Oregon's Priority Populations 9

Stewardship and Oversight 10

OAA Programs and Services Provided 10

Quality and Performance Measurement 14

2026 – 2030 Focus Areas, Goals and Objectives 17

Older Americans Act (OAA) Core Programs 18

Goal 1: Strengthen older adults in Oregon's access to the aging network by improving communication and collaboration among state and local agencies, AAAs, providers and community-based organizations 18

Greatest Economic Need and Greatest Social Need 28

Goal 2: Improve the health and well-being of older adults in Oregon in greatest social and economic need. 28

Expanding Access to Home and Community Based Services (HCBS) 39

Goal 3: Support older adults to age well in their community by accessing available home and community based services and resources available through the aging network. 39

Caregiving – Enhancing Services and Supports for Caregivers 42

Goal 4: Strengthen Oregon's caregiving system through increasing and improving partnerships, increasing awareness and outreach, and strengthening supports for family caregivers. 42

Legal Assistance and Elder Rights Protection Programs 49
Conclusion 51
Appendix A – Public Feedback 52
Appendix B – State Plan Advisory Workgroup 54
Appendix C – Organizational Charts 56
Appendix D – Oregon Tribal Navigator Program 60
Appendix E – Discretionary Programs 63
Appendix F – State Policy on Aging 66
Appendix G – Oregon Project Independence 73
Appendix H – Demographic and Utilization Data 74
Population Data 74
OAA Utilization Data 82
ADRC Utilization Data 89
Appendix I – Adult Protective Services 92
Appendix J – Oregon Long-Term Care Ombudsman 97
Appendix K – Disaster and Emergency Preparedness 99
Appendix L – Intrastate Funding Formula (IFF) 101
Appendix M – State Plan Assurances 113
Appendix N – Information Requirements 143

Verification of Intent



Office of Aging and People with Disabilities
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Verification of Intent

The State Plan on Aging for the State of Oregon (hereinafter referred to as the State Plan) is hereby submitted for the four-year period of Oct. 1, 2026, through Sept. 30, 2030.

The plan includes assurances and plans to be conducted by the Office of Aging and People with Disabilities (APD) of the Oregon Department of Human Services under the relevant provisions of the Older Americans Act, as amended in 2020.

APD, in its function as the State Unit on Aging, has been given the authority to develop and administer the State Plan in accordance with all of the requirements of the Older Americans Act and is primarily responsible for State activities related to the purpose of the Act, including the development of comprehensive and coordinated systems for delivery of supportive services, such as multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older adults and family caregivers in Oregon.

The Director of APD, as the effective head of the Oregon State Unit on Aging, has been delegated signature authority by the Governor for purposes such as submission of this document. This plan is hereby approved by the Director of APD, on behalf of the Governor, and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary on Aging.

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

Sincerely,



Nakeshia Knight-Coyle, Ph.D.

Director, Office of Aging and People with Disabilities

Oregon Department of Human Services

Executive Summary

The Oregon Department of Human Services' (ODHS') mission is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. It is the vision of ODHS' Office of Aging and People with Disabilities (APD) that Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

APD develops a State Plan on Aging, as required under the Older Americans Act of 1965, as amended. The Plan is a contract with the Administration on Aging (AoA), a part of the U.S. Department of Health and Human Services' Administration for Community Living (ACL) and allows Oregon to receive funds under the Act. This Plan provides a vision and direction for Oregon's aging network and provides the State an opportunity to share its goals, objectives, and strategies over the next three years to improve the lives of older adults, people with disabilities and caregivers.

APD is accountable for the implementation of programs for older adults and people with disabilities in Oregon including the Older Americans Act, Medicaid long term services and supports, adult protective services and licensing and regulatory oversight of licensed long term care settings. The Community Services and Supports Unit (CSSU), a part of APD, is responsible for administering Older Americans Act (OAA) programs and will do this by working collaboratively with older adults, family caregivers, Oregon's 16 Area Agencies on Aging (AAAs), the network of Aging and Disability Resource Connection (ADRC) agencies, the Nine Federally Recognized Tribes of Oregon and other Tribal entities, Centers for Independent Living, public-private partnerships and our federal and state government partners.

APD works closely with Oregon's AAAs to create a comprehensive array of services. AAAs provide information and a wide range of services to older adults and people with disabilities in all areas of Oregon, while APD coordinates distribution of federal funds, provides training and technical assistance and ensures statewide oversight and coordination for OAA programs.

This State Plan centers on the strengthening of programs, resources, and the overall current infrastructure of Oregon's Aging System. In surveying Oregon's Area Plans on Aging, conducting a survey, in engagement with several advisory groups, and in a public forum, several priorities emerged.

The most frequently identified needs – housing, transportation, and in-home care workforce – require collaborative efforts that stretch beyond the funding and programs under the Older Americans Act. These priorities and several others that have been commonly identified (nutrition, behavioral health needs, caregiver supports, social isolation and loneliness, for example) are encapsulated in goals associated with the key focus areas of core Older Americans Act services, Greatest Economic and Social Need, Home and Community Based Services, and Caregiving. This State Plan emphasizes several strategies involving collaboration and leveraging of other resources beyond the OAA to strengthen the state's Aging System to meet the needs of these priority areas. A common emphasis in the goals, objectives, and strategies in this Plan is strengthening communication and community outreach to increase public awareness and the awareness of older adults of resources and information available to them, with a specific focus on older adults who have experienced barriers to access resources historically.

This overall effort to strengthen and improve the programs, resources, and infrastructure of Oregon's Aging System will be necessary to meet the needs of older adults in the state over the next decade. The Older Americans Act serves people ages 60 and older. However, among the older adult population, Oregon will see its largest growth for individuals age 75 and older within the population eligible for these programs. Today, there are approximately 300,000 individuals ages 75-84, and approximately 90,000 individuals age 85 or older in Oregon. By

2035, there will be approximately 410,000 individuals ages 75-84, or over a one-third increase, and there will be 170,000 individuals age 85 or older, nearly twice as many individuals in that age cohort today. In May 2026, Oregon became officially designated as an Age-Friendly State and enrolled in the AARP Network of Age-Friendly States and Communities. At the same time, a community-driven multisector plan for aging was launched to address the issues of housing, overall health, workforce, economic vitality, and caregiving and long term care. The implementation of this State Plan will explore opportunities to collaborate and partner with the broader scope of the multisector plan for aging as it initiates its work.

Older adults in Oregon served by the Older Americans Act face enormous challenges over the next four years. The number of older adults needing assistance will grow, but there will be limited resources to meet the growing need. In this context, it is through collaboration, partnerships, and the leveraging of resources from several sources, including the resources provided by the Older Americans Act, that this State Plan provides a roadmap over the next four years to set a stronger foundation to address the needs of older adults – especially for those with the greatest social and economic needs – in the next decade to come.

Introduction and Context

The State Plan on Aging is Oregon's Office of Aging and People with Disabilities' (APD) structure and strategy addressing the needs and wellbeing, and goals of older adults over the next four years. The Plan leverages resources provided under the Older Americans Act (OAA) and other sources in collaboration with Oregon's Area Agencies on Aging (AAAs) and other community partners.

The Plan's foundation is in our vision that Oregon's older adults, people with disabilities, and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety and well-being, honor choice, respect cultural preferences and uphold dignity. The services provided help people access the supports they need

to live their best lives — in the communities they choose and at every stage of life.

This Plan provides a set of goals, objectives, and strategies to realize this vision over the next four years, including ongoing operational work to improve and strengthen services for older adults, ensure compliance that meets or exceeds federal and state compliance, and continued innovation that is responsive to the needs and the preferences of Oregon's older adults so they can thrive in their communities in every part of the state.

Overview of the Oregon Aging Network

The Oregon Department of Human Services' Office of Aging and People with Disabilities (ODHS/APD), as the designated State Unit on Aging, is responsible for the design, implementation, and delivery of programs, services, and supports for older adults and younger adults with physical disabilities. APD oversees many programs, including Medicaid long term services and supports (LTSS), older adult abuse prevention and adult protective services and investigations, the licensing and regulatory oversight of licensed long term care settings in Oregon, and disability determinations for the Social Security Administration and for presumptive Medicaid eligibility. Within APD, the Community Services and Supports Unit (CSSU) administers the programs and services of the State Unit on Aging, including Older Americans Act (OAA) programs.

Since the passage of Senate Bill 955 (SB 955) in 1981, Oregon statute mandates that APD and the policy of the state ensure that "the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence" (see Oregon Revised Statute Chapter 410 in Appendix F). Note that programs offered under OAA and several other programs are available to older adults residing in Oregon regardless of citizenship or residency status, and the goals, objectives and strategies of this Plan are intended to serve older adults residing in Oregon inclusively.

APD's CSSU unit is responsible for administering OAA programs, Oregon's Aging and Disability Resource Connection (ADRC) network, and the state-funded Oregon Project Independence (OPI) program (see Appendix G for more information about the OPI program), as well as Oregon's Senior Health Insurance Benefits Assistance (SHIBA), Medicare Improvements for Patients and Providers Act (MIPPA), and Senior Medicare Patrol (SMP) programs. APD distributes OAA federal funds, provides training and technical assistance, and ensures oversight and compliance with OAA and other programs. Oregon's 16 local Area Agencies on Aging (AAAs) either provide or contract for direct services and service delivery to older adults and people with disabilities in Oregon.

As established by SB 955 (1981), there are two models of AAAs in Oregon.

- Twelve AAAs primarily administer and deliver OAA and OPI programs for their planning and services areas (PSAs). Most of these AAAs are Type A AAAs, as classified by SB 955 (1981) and ORS Chapter 410. Within the Type A PSAs, local APD offices administer Medicaid, financial eligibility and financial assistance programs, adult protective services, and regulatory programs such as licensing of adult foster homes. Two AAAs are Type B-Contract AAAs, which have APD offices administer Medicaid, financial eligibility and financial assistance programs, adult protective services, and regulatory programs.
- Four AAAs administer OAA and OPI programs, but they also coordinate and deliver Medicaid eligibility and services plans, financial assistance programs, adult protective services programs, regulatory programs, and some licensing programs for their PSAs. These are Type B-Transfer AAAs, as stipulated in SB 955 (1981) and ORS 410.

APD also works in partnership with other agencies and organizations to address housing and transportation issues, as well as prevention services, abuse prevention, safety, and emergency preparedness and response. State funding provides training for paid and unpaid caregivers delivered by Oregon Care

Partners, which the ADRC and AAAs promote. APD also works in partnership with AAAs and community-based organizations and the Nine Federally Recognized Tribes and Tribal Organizations in Oregon to increase access to services for older adults and people with disabilities who may have experienced barriers to these services, and state legislation such as House Bill 2134 (2013) and House Bill 3159 (2021) provides tools for tracking efforts to increase access to services and supports.

Since 2015, the Oregon Health Authority (OHA) has received funding to develop a statewide network of older adult behavioral health specialists who work closely with APD offices, AAAs, community mental health programs, and others to develop mental health supports for older adults. OHA's Public Health Division and APD collaborate on initiatives to address chronic disease prevention and management, falls prevention, immunizations, oral health, and several other lessons learned in public health during the COVID-19 pandemic when older adults were disproportionately adversely affected. More recently, APD and the Public Health Division have collaborated on a multi-pronged effort with community partners on Alzheimer's disease, dementia, and preventive and early intervention efforts to promote brain health.

Services Provided by APD and the Aging Network and Populations Served

A wide range of services are provided by APD and Oregon's Aging Network, with a growing number of older adults and younger adults with disabilities being served each year. These broad categories of services include:

- Medicaid Long Term Services and Supports: Over 35,000 older adults and younger adults with physical disabilities receive assistance for activities of daily living in their own home, in adult foster homes, in community-based care facilities, or in nursing facilities across Oregon. Approximately two-thirds of the individuals served are older adults, and one-third are younger adults with physical disabilities.

- Adult Protective Services: Each year, APD investigates over 25,000 allegations of adult abuse, neglect, and financial exploitation.
- Aging and Disability Resource Connection (ADRC): Staff from Area Agencies on Aging (AAAs) and Centers for independent Living (CILs) providing ADRC information and referral (I&R) and options counseling (OC) services make approximately 70,000 I&R contacts and serve approximately 45,000 older adults, people with disabilities, family members and loved ones each year.
- Financial Eligibility Determination: Over 300,000 older adults and people with disabilities receive medical, food, financial, and Medicare premium and cost sharing assistance each year.
- Long Term Care Licensing: Oregon's APD program licenses and provides regulatory oversight to nearly 600 community based care facilities, over 125 nursing facilities, and, along with one AAA, over 1,400 adult foster homes.
- Older Americans Act: As discussed more specifically throughout this State Plan, Oregon residents age 60 and older receive services for meals, caregiving, employment, and so much more under the OAA. In State Fiscal Year 2024-2025 Oregon provided Title IIIB (supportive services) and IIIC (nutrition) services to 28,730 unduplicated consumers and IIIE (family caregiver support) services to 2,133 unduplicated consumers. Additional Older Americans Act services reached more than 50,000 Oregon residents through programs such as transportation, information and assistance, health promotion, outreach, and more. See Appendix H, OAA Utilization Data, for additional detail.
- Oregon Project Independence – Medicaid and Oregon Project Independence - Classic: Over 4,100 older adults and people with disabilities receive services in their own homes to help delay or prevent the need for a higher level of assistance through the Medicaid long term services and supports program.

- Social Security Disability Determination: Over 40,000 individuals per year receive assistance in applying for benefits through the Social Security Administration.

Priority Needs Identified through Area Plans on Aging and Public Input

A year prior to the final draft of this Plan, Oregon's AAAs submitted their Area Plans to APD for final approval. APD staff used Microsoft Co-Pilot's AI tool to review each Area Plan to glean the most frequently identified needs to be addressed. The most frequently identified needs were transportation, affordable housing and home repairs, and mental health and behavioral health services. The next most frequently mentioned needs included dementia and Alzheimer's support, food insecurity and nutrition, and in-home support services. Other frequently mentioned needs included caregiver supports, culturally and linguistically appropriate services, social isolation and loneliness, and legal assistance. Many other needs were mentioned in the Area Plans less frequently.

Using these identified needs as a basis, APD staff designed a questionnaire for community members and the broader public to complete. The survey asked respondents to identify their top three priority areas, and it was available from Oct. 2025 through Jan. 2026. Before and while the survey was available, there were several presentations on the priority areas identified by the Area Plans. These presentations included an Age-Friendly Summit at Portland State University, the quarterly meeting with advisory councils at the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), and the ADRC Advisory Council quarterly meeting.

The survey results indicated that affordable housing was the most frequently prioritized need, followed by in-home supports and transportation. In order of frequency, other priority areas of need included food insecurity and nutrition, mental health and behavioral health services, social isolation and loneliness, affordable home modifications and home repairs, caregiver respite and support,

Alzheimer's and dementia support, and health promotion and chronic disease management.

APD also hosted a public forum to solicit input on the findings of the Area Plan priority areas and to provide further input for priorities on which this Plan would focus. Input was also solicited from Oregon's Nine Federally Recognized Tribes via an invitation for formal Tribal Consultation and in smaller engagements with Tribal Title VI grantees. Public input identified unmet needs or priorities in areas of behavioral health, caregiving and workforce, the needs of rural and frontier communities for older adults, the unmet needs of LGTBQ older adults, nutrition programs, volunteerism and community engagement programs, intergenerational programs, and the impact of Medicare cuts and health care gaps.

The priorities identified in the Area Plans, the survey, and the public engagement session helped identify top unmet needs and priorities that APD's program could take to the advisory committee to create this State Plan. The State Plan advisory committee consisted of representatives from state commissions, local advisory councils, key advocacy groups, local Area Agencies on Aging and APD offices, representatives from some federally recognized Tribes in Oregon, and the Long Term Care Ombudsman. Over the course of six months, the advisory committee created and advised on the goals for the focus areas below, as well as several objectives, strategies and outcomes under each goal. Focus on top identified issues – including housing, transportation, in-home services, mental health and social isolation and loneliness, dementia care, and workforce and unpaid/family caregiving – are included in these objectives and strategies, along with federally required issues to be addressed in all State Plans.

Oregon's Priority Populations

In Oregon, "Greatest Economic Need" refers to the need stemming from an income level at or below 125 percent of the Federal poverty level. Oregon has adopted the federal definition of Greatest Social Need (42 CFR § 1321.3). In doing

so, this provides AAAs with the flexibility to prioritize and tailor services based on the greatest economic and social need of individuals located in their PSA based on local and individual factors. The "greatest social need" for older adults encompasses a range of broader, noneconomic factors that significantly impact a person's overall quality of life and well-being. These social needs include, but are not limited to, issues such as geographic and social isolation, limited access to services and supports, health challenges, housing instability and physical or mental disabilities. Additional factors include limited English proficiency, education attainment, cultural differences, aspects of identity, racial or ethnic status or other identified structural barriers that restrict an individual's ability to access services and supports, perform normal daily tasks, or that threaten a person's capacity to live independently.

Additionally, many other groups of older adults in Oregon require custom strategies and resources, including Tribal members, veterans, people living in rural and remote areas, minorities, people who are at risk of elder abuse and neglect, people with Alzheimer's disease or other dementia, immigrant and refugee communities, persons with disabilities, people with chronic conditions such as those living with HIV, and the LGTBQ communities.

Stewardship and Oversight

OAA Programs and Services Provided

APD, as Oregon's designated SUA, is committed to the responsible stewardship of OAA programs through monitoring, training, data collection and evaluation, program oversight, and fiscal activities. The following section provides information on core services provided by the Oregon aging network, the demographic groups who access these programs and services, the quality measures used to assess the services provided, and the SUA's efforts to develop and implement enhanced policies and procedures across the State and aging network.

The Older Americans Act (OAA) is the foundation of the aging network's work, serving both as the guidance and enabling infrastructure of a range of programs designed to support and enable older adults in Oregon to remain in their homes and communities to the extent possible. According to Oregon State Fiscal Year 2025 (SFY 25) Older Americans Act Performance System (OAAPS) reports, the State served an estimated 78,339 consumers, including 1,910 caregivers and 223 older relative caregivers, through OAA and related programs in the previous fiscal year. The most frequently provided service in SFY 25 was nutrition, followed by case management as the next most frequently provided. For Caregivers, the most common services were case management, respite, and supplemental services.

In partnership with the AAAs, APD oversees the following programs and services. Please refer to Appendix H, OAA Utilization Data, for more in-depth demographic and utilization data for these services.

Nutrition Programs and Services (IIIC)

Oregon's senior nutrition program, using Title III-C funds from the OAA, provides congregate and home-delivered meals (HDM) to any adult older than 60 and their spouse of any age and provides nutrition counseling and education activities throughout the state. In SFY 25, 14,122 older adults were served through the congregate meals program, and 13,512 older adults were served through the HDM program. In this same period, nutrition programs provided 1,930,738 Nutrition Services Incentive Program (NSIP) qualified home delivered meals and 584,531 NSIP-qualified congregate meals. Roughly 15 percent of older adults who participated in the congregate meals program and 24 percent in the HDM program were at or below 100 percent of the Federal Poverty Level (FPL), indicating service access for people in greatest economic need. Further, approximately 27 percent of HDM participants and 37 percent of congregate meals participants lived in rural areas. Eleven percent of HDM participants and 18 percent of congregate meals participants identified as racial minorities. Between 3 percent and 4 percent of those receiving either service identified as a racial

minority also at or below poverty level. Additionally, 38 percent of HDM consumers and 23 percent of congregate consumers report living alone. These statistics show that the demographic groups in greatest social and economic need access meals through Oregon's nutrition programs. Additionally, the network provided nutrition education services to 11,593 people. Fifty-five percent or 7,496 HDM consumers reported a nutrition risk score of 6 or higher on the nutrition risk survey, as did 1,740 (12 percent) of congregate meal consumers.

Health Promotion and Disease Prevention (IIID)

Through OAA Title III-D funding, the aging network provides a variety of evidence-based programs to support healthy lifestyles among older adults. These include, but are not limited to, Tai Ji Quan: Moving for Better Balance, Chronic Disease Self-Management Program, Powerful Tools for Caregivers, Better Bones and Balance, and Walk with Ease. The network provided evidence-based health promotion services to 1,731 consumers. AAAs have been adaptable by exploring different delivery models such as promoting virtual options for those who are not comfortable, or not physically able to attend in person events due to transportation or mobility issues and using online/virtual classes to expand the reach to consumers in rural, underserved areas where transportation access is limited. Also, in 2025 CSSU engaged the AAAs in a collaborative workgroup for the purpose of sharing resources and extending the reach of health promotion and disease prevention dollars in the state.

Family Caregiver Support Program (FCSP) (IIIE)

Title IIIE supports both caregivers of older adults and older relative caregivers. 1,910 caregivers of older adults and 223 older relative caregivers received at least one of the following services: counseling, training, respite, supplemental services, or case management. Additionally, AAAs offered support groups and information and assistance to caregivers while also promoting program growth through information services. Twenty percent of caregivers who are caring for an older adult live in a rural area and 17 percent of older relative caregivers are at or

below poverty level. More than 20 percent of Title IIIE recipients identify as a minority. This data shows that demographic groups in greatest social and economic need access caregiver supports through Oregon's FCSP programs.

Elder Abuse, Neglect, and Exploitation Prevention

The aging network partners with regional APD offices and the Central Office Adult Protective Services unit to provide prevention, education, and resources to consumers, families, and professionals across the state. Collaborative relationships developed with community organizations - some that serve people who speak languages other than English - and multidisciplinary teams raise awareness of elder abuse, neglect and exploitation. Across the state, aging network partners sponsor and/or coordinate events on or around June 15th of each year in recognition of World Elder Abuse Awareness Day. Across the aging network, there were 241,561 older adults reached with about 9,000 activities/contacts.

Legal Services

During SFY 2025, legal services were provided for 1,458 cases, 398 of which were for housing related needs. Approximately half of the consumers served through the Legal Services program were at or below poverty level, and 14 percent identified as a minority. Most AAAs have established, long term relationships with their legal services providers and many areas of the state also have providers that offer pro-bono work or continue to serve seniors beyond the scope of the IIIB funding they receive. Some AAAs offer legal clinics and other outreach efforts to reach individuals within their service area(s) and provide them with information about the legal services available to them.

Aging and Disability Resource Connection (ADRC)

The Oregon Aging and Disability Resource Connection serves as the entry point for long-term services and supports options. Staff from Area Agencies on Aging (AAAs) and Centers for independent Living (CILs) provide ADRC information and

referral (I&R) and options counseling (OC). During SFY 25, the ADRC served 44,276 individuals; of those 72 percent were over the age of 60. Approximately 12 percent of individuals reported being under the federal poverty level and 6,234 identified as a racial minority. The top needs people reported needing assistance with were housing, in-home support services, rent and utility assistance, and health insurance support.

Quality and Performance Measurement

State agencies (designated State units on aging) are required by the OAA to assure that OAA grantees (Area Agencies on Aging) administer federal awards in compliance with federal requirements and that resources are used to carry out the mission described for area agencies. APD performs monitoring of the performance of Area Agencies on Aging and OAA-funded programs. APD has collaborated with the AAAs to promulgate standards for AAAs in OAA core programs and developed monitoring tools along with both a risk-based and routine monitoring schedule.

The AAA monitoring plan serves several purposes:

- To evaluate quality and effectiveness of programs and provide a framework of quality assurance (continuous quality improvement) for both APD and the AAAs;
- To strengthen relationships and the sharing of best practices between APD and the AAAs, and among AAAs;
- To celebrate and share best practices in service delivery;
- To identify and collectively correct areas of weakness at specific AAAs or statewide; and
- To comply with federal and state regulations.

Through this collaborative monitoring program with APD and the AAAs, Oregon has created a self-reported monitoring system that produces insightful data on outcomes and honest self-reflection. This method allows the state to leverage its capacity to conduct onsite and desk reviews, and AAAs are empowered to use

their in-depth, expert knowledge of federal and state requirements for service delivery and fiscal control to perform regular, thorough monitoring of their programs and operations systems.

Additionally, APD conducts quality assurance/quality improvement reviews using data on utilization of services provided and demographic data on persons receiving services and works collectively and individually with AAAs to provide targeted technical assistance. These reviews also identify areas of need with respect to overall data collection efforts. APD has developed a set of data dashboards which allow the state and AAAs to review a broad range of data points at granular local and statewide levels. APD also contracted with Portland State University's Population Research Center to gather and compile overall population level data that can be used by APD and AAAs to identify and compare the percentage of people with greatest economic and social need against program utilization. APD will continue to obtain and analyze data from reliable sources to build a comprehensive picture of the distribution of greatest social and economic need.

Using the principles and practices of this monitoring program and ongoing QA/QI efforts, the objectives and strategies under each of the goals in each focus area propose measurable outcomes that will monitor progress of the work outlined in this Plan over the next four years.

Over the last two years, Oregon's SUA has worked to implement the updated OAA regulations, including efforts to develop and implement enhanced policies and procedures across the State and aging network. An updated policy manual was developed, integrating new required policies and unifying guidance from multiple sources into a single, accessible document. AAAs were involved in the development of the policies that were newly required, and the SUA then offered technical assistance to the AAAs on developing and implementing policies via live "office hours" sessions and by providing individual guidance as requested. We are committed to an ongoing periodic review of all policies, but particularly the

implementation of newly required policies, at least a year following full implementation across the network.

APD issues policies via official Policy Transmittals, which are distributed to AAAs through email and also posted to a central website. Items which require action on the part of AAAs, such as completion of required monitoring activities, are issued via formal Action Requests, distributed and posted in the same manner. This information, as well as any ancillary information or guidance, is also available on the CSSU website for reference. Technical assistance to AAAs is available from program leads and/or subject matter experts within CSSU.

This State Plan centers on the strengthening of programs, resources, and the overall current infrastructure of Oregon's Aging System. The most frequently identified needs – such as housing, transportation, and in-home supports – require collaborative efforts that stretch beyond the funding and programs under the Older Americans Act. These priorities and several others (nutrition, behavioral health needs, caregiver supports, social isolation and loneliness, for example) are encapsulated in goals associated with the key focus areas of core Older Americans Act services, Greatest Economic and Social Need, Home and Community Based Services, and Caregiving.

This State Plan emphasizes several strategies involving collaboration and leveraging of other resources to strengthen the state's Aging System foundations to address the needs of these priority areas. Collaboration includes the SUA's partnerships with Oregon's 16 AAAs, other programs within APD, Oregon's federally recognized Tribal Governments and Tribal Health Organizations, other state agencies, statewide advocacy groups, community based organizations, and local governments and organizations. With the launch of the community-driven multisector state plan for aging in May 2026, this State Plan's implementation will look for opportunities to partner and coordinate with the multisector state plan for aging's focus on housing, overall health, workforce, economic vitality, and caregiving and long term care as it initiates its work. This State Plan also leverages OAA resources along with the resources of partners to

strengthen communication and community outreach, improving upon public awareness and the awareness of older adults of resources and information available to them, with a specific focus on older adults who have experienced barriers to access resources historically.

This overall effort to strengthen and improve the programs, resources, and infrastructure of Oregon's Aging System will be necessary to address the needs of older adults in the state over the next decade. Among the older adult population, Oregon will see a large growth for individuals age 75 and older. Today, there are approximately 300,000 individuals ages 75-84, and approximately 90,000 individuals age 85 or older. By 2035, there will be approximately 410,000 individuals ages 75-84, or over a one-third increase, and there will be 170,000 individuals age 85 or older, nearly twice as many individuals in that age cohort today.

With limited resources to meet growing needs over the next four years, it is through collaboration and partnerships with resources from several sources, including the resources provided by the Older Americans Act, that this State Plan provides a roadmap to set a stronger foundation to address the needs of older adults– especially for those with the greatest social and economic needs – in the next decade to come.

2026 – 2030 Focus Areas, Goals and Objectives

The federal Administration for Community Living (ACL) requires that the following focus areas be incorporated into the State Plan. These focus areas reflect those areas identified at the federal level as critical to the continued delivery of OAA and related programs. Oregon's SUA has aligned State Plan goals, objectives and strategies within the specific areas required by ACL.

- Older Americans Act (OAA) Core Programs
- Greatest Economic Need and Greatest Social Need
- Expanding Access to Home- and Community-Based Services (HCBS)
- Caregiving

Older Americans Act (OAA) Core Programs

Goal 1: Strengthen older adults in Oregon's access to the aging network by improving communication and collaboration among state and local agencies, AAAs, providers and community-based organizations.

OAA core programs are identified in legislation as mandatory services delivered by all states and serve as the foundation of the national aging services network. Programs under Titles III and VII include: OAA supportive services; nutrition programs; disease prevention and health promotion services; family caregiver support services; services to prevent abuse, neglect, and exploitation of older persons and the long-term care ombudsman program. The OAA also supports grants to Tribal organizations under Title VI for services to Native American Elders, and coordination between Tribally run and state and local OAA programs is required. The AAAs administer delivery of Title III programs at the local level, and AAAs can also address other areas of need or develop other programs, based on local needs and priorities.

The objectives and strategies outlined below provide a roadmap to improve and strengthen OAA services for older adults and focus on issues identified as high priority. These strategies emphasize collaboration, leveraging of resources, and engagement with AAAs, Tribal and other partners, advocates and community members.

Objective 1.1: Increase collaboration to ensure the rights of older adults are protected; to prevent elder abuse, neglect, and exploitation; and to offer protective services to support victims of elder maltreatment.

Strategies/Action Steps

1.a. APD (APS, CSSU and Safety, Oversight and Quality (SOQ)) and AAAs, in collaboration with community partners, the Office of the Long Term Care Ombudsman and legal assistance providers, will work to develop informational outreach to vulnerable older adults in community and long

term care settings on elder abuse prevention and how to access available resources.

1.b. APD will strengthen relationships with partner organizations and other State agencies, including Oregon DOJ's Consumer Protection section, Oregon Medicaid Fraud Control Unit, Oregon Division of Financial Regulation, Senior Medicare Patrol, and the Oregon Home Care Commission to increase public awareness regarding scams targeting older adults.

1.c. Partner with the Oregon Medical Association and the Oregon Hospital Association to offer materials and training on abuse and financial exploitation.

1.d. In collaboration with the aging network, APD will promote awareness and understanding of legal assistance services (particularly for OAA priority issue areas) and elder abuse prevention activities, with a focus on reaching older adults with the greatest social and economic needs. AAAs will strengthen efforts to increase access to legal assistance through coordination with local legal assistance providers.

1.e. APD and AAA staff will collaborate with community partners, including Multidisciplinary Teams (county-based investigative and assessment team, including local law enforcement, that coordinates and collaborates for allegations of adult abuse and self-neglect) in each county, to improve awareness of financial abuse and related crimes, and to inform consumers about best practices for maintaining or achieving physical safety and financial security from abuse, theft, fraud, and other criminal practices.

1.f. APD and the AAAs will increase ADRC capacity to identify and make appropriate referrals for older adults at risk of financial exploitation through education, training and resource dissemination.

1.g. Reestablish the role of a Legal Assistance Developer (LAD) within the Community Services and Supports Unit in APD.

1.h. APD and the Office of the Long Term Care Ombudsman will monitor long term care congregate settings (nursing facilities, assisted living and residential care facilities, and adult foster homes) for compliance with the bill of rights and other requirements specified in Oregon Senate Bill 99 (2023).

1.i. Offer additional training and support to APS staff throughout the state to ensure they have the knowledge and tools to provide and document protective service provision and referrals to victims of elder abuse and maltreatment.

1.j. APD will develop partnerships and provide resources to raise awareness in the overall community of the risks of elder abuse and exploitation. APD and the aging network will conduct presentations to service organizations, neighborhood councils, senior living communities and to other groups who can help protect older adults, with an emphasis on reaching older adults in greatest social need.

Outcomes:

- Increase in information provided and outreach activities conducted with community members and residents of long term care settings.
- Annual increase in legal services access and utilization by older adults, particularly those in greatest social and economic need.
- Expand community resources and awareness of safety and justice issues older adults may encounter.
- Enhanced reporting, detection, responsiveness, and mitigation of elder abuse.
- Increase in the number of protective service referrals made each year.

Objective 1.2: Update Oregon's approach to providing legal services in line with OAA objectives to maintain the rights of older individuals, particularly for those in

need of decision-making supports, with emphasis on increasing access to less restrictive forms of decision-making supports.

Strategies/Action Steps

2.a. Conduct legal services outreach and education to stakeholders to promote less restrictive decision-making support (e.g., judicial system, attorneys general).

2.b. Educate Oregon's III-B legal service providers on the updated regulations and legal services available through Oregon's LAD and AAAs.

2.c. Train Medicaid case managers and long term services providers on alternatives to guardianships, such as supported decision making.

Outcomes:

- Increased awareness by III-B legal services providers on regulatory requirements for OAA-funded legal services, including that means testing is not allowed for services provided when utilizing OAA funds.
- Increased awareness of alternative options for decision-making supports before guardianship becomes necessary.
- Education provided to Oregon's legal services environment regarding alternatives to guardianship such as supportive decision making.
- Training provided to Medicaid case managers and LTSS providers on alternative options to guardianship.

Objective 1.3: APD will engage with AAAs, statewide partners and advocacy organizations, advocates and community members to develop strategies to address high priority issues of housing instability, in-home care workforce and transportation.

Strategies/Action Steps

3.a. Invite partners and community members to periodic in-person convenings and Symposia as participants and/or as presenters/facilitators to discuss these issues.

3.b. Coordinate with community-based organizations and other partners to help publicize events or share communications related to these issues.

3.c. In collaboration with the Oregon Home Care Commission, Workforce Investment Councils, community organizations and advocates, APD and AAAs will continue workforce recruitment efforts, particularly in rural and frontier areas of Oregon.

3.d. Leverage the reach of AAAs and community organizations to evaluate the rural transportation landscape, including gaps to meet the demand, and work to facilitate new partnerships to fund and expand transportation services in those areas.

3.e. In coordination with AAAs and other statewide organizations, APD will research effective models and explore feasibility of developing volunteer-based transportation programs. Share learning across the aging network.

3.f. APD will coordinate with housing authorities to explore the concept and implementation of a home sharing model.

3.g. APD will develop a survey to identify and build a statewide clearinghouse of effective strategies and programs that address housing insecurity in Oregon. Publicize the inventory and best practices and share across the state.

Outcomes:

- Increased awareness of and access to housing and transportation resources for consumers.
- Increased awareness of strategies and best practices that can be utilized by agencies to help address housing instability and transportation needs.

- Newly developed and strengthened partnerships that help to reduce barriers to access and identify unique opportunities to address housing and transportation needs.
- Increased awareness of workforce opportunities, resulting in workforce growth to help support consumers with in-home care needs.

Objective 1.4: Continue to build and strengthen strong, culturally responsive partnerships between Title VI Tribal programs, OAA core programs under Titles III and VII, and APD with a focus on better access and outcomes for Tribal Elders.

Strategies/Action Steps

4.a. Support and encourage efforts to coordinate culturally responsive needs assessment activities and data gathering across Tribal programs, AAAs and APD.

4.b. Develop informational and reference materials about the purpose, funding, and similarities and differences between Title III and Title VI programs, and Oregon specific examples of coordination.

4.c. Continue to support bringing together Tribes, APD and AAA staff in the annual Meet & Greets.

4.d. Expand Regional Tribal and AAA Gatherings to additional regions.

4.e. Improve efforts to always include and hear the voice of Native Americans in department initiatives and policies.

4.f. Continue to encourage and support AAAs and Title VI programs in working together and coordinating OAA services to ensure equal access for Tribal Elders to all OAA services.

4.g. Support system-wide APD and ADRC efforts to serve Native American Elders.

4.h. APD will implement recently developed Title VI and Title III Coordination policy and procedures.

4.i. Work to establish and maintain APD Tribal Navigator contracts with all Nine Federally Recognized Tribes of Oregon.

Outcomes:

- Local programs and statewide policies that are responsive to the needs and preferences of Native American Elders, as reported by Tribal and Title VI leadership.
- Annual statewide increase in coordination activities and/or meetings between AAAs, Title VI grantees and Tribal Navigators.
- Measurable increase in Tribal Elders accessing OAA, ADRC and APD services.
- Improved Title VI/Title III coordination as a result of policy implementation.

Objective 1.5: Report, analyze and use OAA and ADRC data to track utilization, implement or improve programs, and identify access barriers and service gaps.

Strategies/Action Steps

5.a. Continue and strengthen OAA and ADRC data collection, including that mandated by Oregon House Bill 2134 (2013), House Bill 3159 (2021) and Oregon OAR chapter 950, division 30.

5.b. Develop a system of regular reports, using data referenced above, to report on utilization of OAA/ADRC services by different demographic groups of people.

5.c. Using population and other available data (including data available across ODHS, other state agencies and academic institutions), compare information gathered in strategy 5.b. to the percentage of overall population and the percentage of people with the greatest economic and social need formed by each demographic group.

5.d. Analyze data noted in strategies above to inform on utilization of programs and services and populations served, for program evaluation and improvement, and to reduce barriers to OAA core services.

5.e. Develop ADRC report(s) using GetCare data to evaluate referral and goal outcomes and consumer satisfaction.

5.f. Develop a survey that ADRCs can use to collect consumer satisfaction information to gauge overall satisfaction and perception of adherence to standards and to guide continued successes and actions for improvement.

5.g. Develop and pilot a single, standard needs assessment survey that can be used by AAAs statewide for developing Area Plans on Aging.

Outcomes:

- Enhanced analytics to promote data driven decisions that support program improvement or development.
- Availability of data to inform and improve targeted marketing and outreach activities to increase awareness of and access to services for underserved populations.
- Use of service and other data to identify specific communities who are not adequately served by Oregon's aging system.
- Improve inclusivity of programs and services for all older adults.
- Statewide availability and adoption of a single, standard needs assessment survey, producing a comparable, equity-focused dataset across AAAs that can be used to develop Area Plan priorities and target services to older adults and caregivers with greatest economic and social need.

Objective 1.6: Improve the nutritional health status of older adults participating in the senior nutrition program.

Strategies/Action Steps:

6.a. Use a data-driven approach to focus nutrition services on populations at highest risk of malnutrition and those in greatest social and economic need.

6.b. Leverage existing partnerships and develop new community partnerships to provide access to programs and services to prevent and address malnutrition. Coordinate with nonprofit organizations to cross promote available food programs, including expanding availability and access to fresh and perishable food for older adults.

6.c. Home-delivered meals service providers offer meal participants the option to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability.

6.d. Plan activities for Malnutrition Awareness Week (held annually in September).

6.e. Expand outreach for SNAP benefits and eligibility to older adults through SNAP partner trainings, technical assistance, and expansion of SNAP resources.

6.f. Collaborate with AAAs and other state agencies to promote value added benefits for older adult nutritional needs, such as SNAP, food box distribution, and Senior Farmers Market vouchers.

6.g. APD will continue to partner with the SNAP policy team to implement the Elderly Simplified Application Process (ESAP).

Outcomes:

- Increase awareness of older adult nutrition programs across the aging network.
- Increase SNAP utilization among older adults.
- Reduction of barriers to access nutrition services for older adults.

- Increase collaboration between programs, participants, providers to build a stronger and sustainable older adult nutrition network.
- Reduce malnutrition of older adults across Oregon.

Objective 1.7: Support efforts to make Oregon a more dementia-capable state by strengthening current systems, improving access and outreach, and preparing for future needs.

Strategies/Action Steps:

7.a. Provide ongoing training and learning opportunities for ADRC, AAA, and Medicaid staff to strengthen dementia knowledge, address identified gaps, and ensure staff stay current on emerging research, best practices, and available resources.

7.b Raise awareness of and promote Options Counseling services to individuals with a new dementia diagnosis and to caregivers of someone with dementia.

7.c. Use outreach and evidence-informed strategies to improve reach among demographic groups with a higher prevalence of dementia and increase awareness of available supports and resources.

7.d. Support the Oregon Alzheimer's, Dementia, and Brain Health Initiative and coordinate efforts with OHA to align activities and leverage each entity's strengths for greater collective impact.

7.e. Provide ADRC staff with timely updates on new and emerging dementia-related resources for inclusion in the statewide resource database.

Outcomes:

- ADRC, AAA and Medicaid staff demonstrate increased knowledge, confidence, and use of current dementia best practices.
- Individuals with dementia and their caregivers have increased awareness of and engagement with Options Counseling and other available supports.

- Outreach efforts more effectively reach and engage populations disproportionately affected by dementia, improving awareness and access to services.
- State and community partners demonstrate improved coordination, communication, and alignment of dementia-related initiatives and resources.
- ADRC, AAA and Medicaid staff have access to a robust database of resources and tools to support the various needs of people living with dementia and their caregivers.

Greatest Economic Need and Greatest Social Need

Goal 2: Improve the health and well-being of older adults in Oregon in greatest social and economic need.

The OAA requires services to be targeted to older individuals and family caregivers with the greatest economic need and greatest social need. Older adults in Oregon are facing significant challenges, and this is especially true for older adults with the greatest economic and social needs. Oregon's older adult population is also more diverse than any other time in the state's history, and this trend will continue as older adults make up more of Oregon's population. Yet many communities or groups in greater need may not know that services exist or are available to them. This makes targeted outreach and communication in a culturally and linguistically responsive manner even more critical.

The objectives and strategies below are intended to strengthen aging network and ADRC capacity to reach older adults and reduce access barriers for those who are in greatest economic and social need. This work emphasizes collaboration, coordination of priorities, leveraging resources, and engagement to address critical areas of nutrition, social isolation, access to technology, and health promotion, among others.

Objective 2.1: Expand aging services network statewide emergency preparedness and response capacity.

Strategies/Action Steps:

1.a. Develop, share, and implement “mapping systems” to identify at-risk older adults in the community and share information with local emergency management in the event of a disaster, as appropriate. Expand mapping systems to those receiving OAA services.

1.b. Include emergency preparedness resources tailored to older adults and family caregivers in service delivery activities and public information efforts.

1.c. Coordinate with Tribal Title VI grantees and ensure opportunity for inclusion of Title VI service recipients in emergency preparedness efforts.

1.d. Coordinate information sessions and training on pre- and post-disaster preparedness with state emergency management partners to further encourage local planning among AAAs.

1.e. Provide technical assistance to AAAs to enhance development and implementation of local Emergency Preparedness Plans.

1.f. Improve ability to support individuals impacted by natural disasters and other events.

Outcomes:

- Implementation of “mapping system” of at-risk older adults to support real time emergency response needs.
- Enhanced local disaster preparedness and disaster relief plans across the aging network that are responsive to the needs of older adults and people with disabilities.
- Increase in communication and messaging for emergency preparedness to underserved rural populations, including culturally appropriate messaging to Tribal Elders.

- Increase in emergency preparedness, response and safety of at-risk and vulnerable older adults.

Objective 2.2: Build upon culturally and nutritionally responsive meals in congregate and home delivered meal programs.

Strategies/Action Steps:

2.a. AAAs will develop, or partner with meal providers to develop, meals that are culturally responsive and medically tailored (to the greatest extent practicable) to meet the diverse local needs and preferences of older adults in their areas.

2.b. Adapt evidence informed healthy eating habits, such as the Mediterranean and MIND diets, to meet the needs and traditions of different cultures, foods, and budgets so all older adults can access and benefit from brain and heart healthy nutrition.

2.c. APD and AAAs update and utilize marketing materials and educational resources to focus on those identified as in greatest economic and social need in their communities.

Outcomes:

- Increase in number of congregate sites and home delivered meal programs that are culturally responsive and/or medically tailored.
- Increase in number of older adults accessing meal programs that are culturally responsive and/or medically tailored.
- Inclusive and representative language and graphics displayed and used across the aging network.
- Expand program meal options that provide a direct focus on person-centered nutrition.

Objective 2.3: Strengthen aging network and ADRC capacity to reach older adults in rural areas and those who are in greatest economic and social need. Focus on increasing service capacity in rural/frontier areas.

Strategies/Action Steps:

3.a. Ensure the ADRC resource database has robust and appropriate resources that serve these specific populations across the state and ensure ADRC and AAA staff receive training on how to search the database to find specific resources and are knowledgeable of the resources available to support these populations.

3.b. Ensure ADRCs have local marketing and outreach plans with an emphasis on reaching priority populations, including older adults, individuals with disabilities, family caregivers, and people of all income levels, regardless of income and assets.

3.c. In collaboration with the aging network and existing community organizations, provide outreach and education to hospitals and clinics, focusing on those in rural communities, to facilitate effective referrals for older adults needing post-acute, nonmedical supports (e.g., evidence-based health programming, nutrition, home- and community-based services).

3.d. Incentivize and increase recruitment and development of providers in rural areas and from different demographic groups.

Outcomes:

- Increase in training of staff and resources added to address the needs and preferences of identified populations.
- Increase outreach to and communication with community leaders of key populations and with healthcare systems.

- Increase referrals and utilization of OAA services by older adults in rural areas, with particular attention to those in greatest social and economic need.
- Increase in providers and key contacts within populations and communities who are not currently adequately served by Oregon's aging system.

Objective 2.4: Foster social connection and reduce rates of social isolation and loneliness in the older adult population, with particular attention to high-risk and priority populations such as people in home-based settings, individuals with Alzheimer's or other dementia, family caregivers, and older adults with higher suicide risk.

Strategies/Action Steps:

4.a. Provide training to ADRC, AAA, and regional APD staff to strengthen knowledge of the factors contributing to social isolation, the harms of chronic isolation, and how to identify factors contributing to, or putting an older adult at risk for, social isolation.

4.b. Work with ADRCs to ensure that the resource database accurately records community organizations and resources that can address social isolation and loneliness, including statewide and nationwide resources. Specific attention should be paid to ensure that consumers with a variety of backgrounds and in all socio-economic groups can find a resource that aligns with their identity and interests.

4.c. Support and develop ways for older adults to easily learn about available resources, including encouraging utilizing the ADRC as a resource and by creating guides for APD regional offices to share with older adults facing or at risk for social isolation.

4.d. Encourage ADRC staff, OAA and Medicaid LTSS case managers to discuss Adult Day Services, congregate meal settings, health promotion programs,

and senior centers with older adults, particularly those who are at risk for, or are currently, socially isolated and/or homebound.

4.e. Identify ways to support community-based care settings in addressing social isolation and loneliness in their activity programs and facility events.

Outcomes:

- ADRC, AAA, and regional APD staff are well-versed in the factors contributing to social isolation, and the physical and mental health impacts of chronic isolation and loneliness.
- Older adults are provided with resources tailored to what community programs and groups are available in their area, along with information on how to access these community spaces.
- Community-based care setting activities and events foster social connection.

Objective 2.5: Utilize technology to support older adults to access resources and their community and improve health and independence.

Strategies/Action Steps:

5.a. Encourage the aging network to continue to explore opportunities and implement programs that provide older adults with access to technology and the internet to help facilitate human connection and access to resources.

5.b. In collaboration with Oregon's Statewide Assistive Technology Program and community partners, disseminate information about the state assistive technology entity and access to assistive technology options for serving older individuals.

5.c. Monitor implementation of the Broadband Equity, Access, and Deployment (BEAD) Program, and collaborate with AAAs and tribal organizations to identify any gaps in the availability and affordability of broadband needed to support older individuals. Encourage advocacy and providing

recommendations to the Oregon Broadband Office on program implementation.

5.d. Strengthen and encourage referrals between AAAs, ADRCs, APD and Oregon's Statewide Assistive Technology Program to provide assistive technology consultations that enable older adults and people with disabilities to improve health and wellbeing.

Outcomes:

- Reduction in social isolation and feelings of loneliness among older adults.
- Implementation or expansion of current effective programs using technology to reduce social isolation by AAAs statewide.
- Steady annual increase in referrals from ADRC and APD staff to ATI (Oregon's Statewide Assistive Technology Program) related to assistive technology and resources to combat social isolation and loneliness.
- Better awareness of and increased access to assistive technology and devices.

Objective 2.6: Assess and address access barriers to expand service needs of older adults from rural, underserved, and culturally diverse communities, including LGTBQ communities, and adults living with chronic conditions, such as HIV/AIDS.

Strategies/Action Steps:

6.a. Conduct listening sessions and community engagement with corresponding populations, including disability advocates, Tribes, and population specific community organizations and advocates to design and implement targeted outreach strategies.

6.b. Prioritize linguistically and culturally competent and accessible materials, including outreach materials for workforce recruitment, to improve awareness and access.

6.c. APD, AAAs and ADRCs will, in partnership with community networks, engage in targeted outreach to LGTBQ older adults and those living with HIV to improve awareness of and access to services.

6.d. Partner with other state agencies, community partners, Tribes, and local organizations to advocate, expand and enhance referral pathways.

6.e. Identify and conduct training for AAAs, ADRCs, APD and the Medicaid delivery system to increase awareness of aging with chronic conditions and HIV-related needs.

6.f. Expand use of mobile units, virtual service delivery, and community-based volunteers to reach rural and frontier areas.

6.g. Share the *Making the Aging Network HIV-Inclusive* toolkit and the *Enhancing HIV Inclusion in Multisector Plans on Aging* tool across the aging network and encourage AAAs and service providers to implement recommendations and best practices in serving older persons living with HIV.

6.h. Replicate and share successful rural access models across the state.

Outcomes:

- Increase the number of outreach events targeting populations reflected in underserved, rural, culturally diverse and historically marginalized communities.
- Increase awareness of available aging and HIV-related services and a measurable increase in ADRC referrals to culturally specific aging and HIV-support services.
- Increase aging network and Medicaid staff knowledge on aging with chronic conditions and HIV-specific needs.
- Replication of successful rural access models across the state.

Objective 2.7: Leverage, support and coordinate efforts (wherever possible) with other state agencies, public bodies and academic institutions in the implementation of their State Plans or statewide initiatives to facilitate a more comprehensive network of support for older adults in Oregon.

Strategies/Action Steps:

7.a. Partner with OHA to implement initiatives and strategies in the Adult Suicide Intervention and Prevention Plan to address the high level of suicidal ideation in older adults in certain demographic groups, including LGTBQ, veterans, and those with a new diagnosis of Alzheimer's or other dementia, including community education on the issues.

7.b. Support initiatives in the State Health Improvement Plan to manage chronic conditions; support age-friendly communities; reduce rates of dementia; and improve access to fall prevention programs.

7.c. Leverage and support efforts in the State Plan for Independent Living to advocate with transportation coalitions and partnerships to expand transportation options for people with disabilities and to advocate with housing coalitions and partnerships to expand access that meets the needs of people with disabilities. Encourage AAAs to collaborate with CILs in these efforts and to coordinate with their local transportation and housing resources.

7.d. Seek avenues to be involved with the Rural Health Transformation Program, including advocacy to ensure the needs of older adults and people with disabilities are known and prioritized when developing and funding programs for transportation, housing, caregiving and other needs.

7.e. Partner with and support activities in the State Plan for Oregon's Statewide Assistive Technology Program to increase access to assistive technology devices and services and to increase digital literacy that allows people to

remain independent, stay in their own homes, and be involved in their communities.

7.f. Collaborate with the Oregon Center of Excellence for Behavioral Health and Aging (OCEBHA) at Portland State University and Oregon Health & Science University to support the 'Promoting older adult behavioral health wellness in Oregon' program to provide chronic disease self-management education with older adults living with behavioral health needs. APD will support this program by promoting the educational trainings offered by this program with key partners, local offices and older adults.

Outcomes:

- Improved cross-agency coordination and aligned work on shared priorities.
- Increased advocacy for and integration of aging-related priorities in other state plans with joint actions or shared goals identified and tracked.
- Expanded suicide prevention support for high-risk older adults, reflected in increased community education and resource distribution targeting older LGTBQ persons, veterans, and people newly diagnosed with dementia.
- Strengthened chronic disease, dementia, and fall-prevention efforts, shown by increased participation in related evidence-based programs through coordinated outreach with OHA and local health partners.
- Improved access to transportation and housing for older adults and people with disabilities through coordinated planning and advocacy with transportation, housing, and disability partners.
- Expanded access to assistive technology and digital literacy, enabling more older adults, especially in rural and underserved areas, to remain independent at home.

Objective 2.8: Strengthen Title III-D Health Promotion and Disease Prevention programs to promote the benefits of chronic disease management, fall prevention, brain health and to reduce isolation.

Strategies/Action Steps:

8.a. Explore opportunities to promote the inclusion of or increased collaboration with aging services and evidence-based programs in Medicaid LTSS.

8.b. Leverage health systems network through collaboration, partnerships, and referrals, to develop and expand OAA Title III-D Health Promotion and Disease Prevention programs for older adults in Oregon, with a direct focus on rural communities.

8.c. Support the AAA network through collaboration, training and education in an effort to increase access and participation in OAA Title III-D Health Promotion and Disease Prevention programs across Oregon, with a direct focus on rural and underserved communities.

8.d. Encourage exploration of non-traditional settings for OAA Title III-D Health Promotion and Disease Prevention programs such as jails/prisons, health systems, adult foster homes, residential and memory care facilities, non-profit entities, religious institutions, rehabilitation settings, and adult day services.

Outcomes:

- Increased collaboration and communication between health and aging service entities and III-D Health Promotion and Disease Prevention programs.
- Increased awareness and participation of III-D Health Promotion and Disease Prevention programming in rural and underserved communities.

- Robust statewide III-D Health Promotion and Disease Prevention Programming coverage across the state with a focus on underserved and rural communities.

Expanding Access to Home and Community Based Services (HCBS)

Goal 3: Support older adults to age well in their community by accessing available home and community based services and resources available through the aging network.

Oregon is a national leader in home and community based services for older adults, both those who access services through Medicaid and for those who pay for their own services. Oregon does not have a Medicaid managed care model for long term services and supports, and long term services and supports are not integrated into Medicaid medical services. However, there is a long-standing commitment to coordination between the medical and long term services and supports systems under Medicaid, and to weaving those programs together with the Aging Network, OAA services and related state funded initiatives to ensure a comprehensive, coordinated, and sustainable system of long-term care services and support.

The objectives and strategies here implement recent Oregon legislative initiatives and enhanced person-centered practices across the Aging and Disability Resource Connection (ADRC) network so that older adults can have more access to home and community based services that help them remain independent and safe in their home or community-based setting.

Objective 3.1: Implement legislation and new service delivery models aimed at improving the quality of care and services to people living in HCBS settings.

Strategies/Action Steps:

1.a. Implement Oregon Senate Bill 739 (2025) to strengthen regulatory oversight of certain licensed settings and improve the quality of care in HCBS.

1.b. Implement Agency with Choice, a new option for older adults and people with disabilities to self-direct their care but get support from an agency to manage the workers who help them.

1.c. APD will monitor HCBS access supported by updated Adult Foster Home and Residential Care Facility Medicaid rates intended to more fairly compensate those who serve the most complex consumers. Evaluate the impact of the rate changes on access to these settings by Medicaid consumers and collect, compile and summarize wage data from these facilities in a report to the Legislature.

1.d. Distribute a Fall Prevention Guide to HCBS providers and in-home consumers to decrease falls and increase awareness of fall prevention and exercise programs provided by the aging network.

Outcomes:

- Increased safety and improved quality of care for consumers in HCBS.
- Increased choice and support available to consumers who utilize home care workers and self-direct their care.
- Increased access to adult foster homes and residential care facilities for consumers with complex care needs.
- Increased awareness of fall prevention and exercise programs, resulting in increased access to supports and a reduction in falls.

Objective 3.2: Support consumers, through person-centered practices, to make informed choices, apply for, and access private and publicly funded programs and services that help them remain independent and safe in their home or community-based setting.

Strategies/Action Steps:

2.a. Work with ADRC Advisory Council and ADRCs to develop minimum required training components for ADRC staff to ensure staff are able to provide a consistent level of information and assistance statewide.

2.b. Develop and implement training curriculum for ADRC staff, so they have the information they need to facilitate streamlined access to public programs for those who appear eligible for one or more public Long Term Services and Supports (LTSS) options such as Medicaid, Oregon Project Independence Classic (OPI-C), Oregon Project Independence Medicaid (OPI-M), and/or Veterans programs.

2.c. Ensure ADRC staff are trained and knowledgeable about available transportation options, appropriate housing resources, property tax deferral program, community health promotion programs, healthcare preventive services, mental health, social isolation and loneliness, and dementia resources so they can promote health and safety by referring to these resources when a need is identified.

2.d. The state will maintain ADRC infrastructure (public website, software, toll-free number, branded marketing materials, training, policy development, program monitoring and oversight) needed to maintain statewide consumer access to information, referrals, and options counseling for LTSS needs.

2.e. Conduct assessment of ADRC resource database to ensure that it includes balanced representation of public and private long-term services and support resources for all older adults, people with physical, intellectual and developmental disabilities of all ages, Veterans, and family caregivers and that listings adhere to ADRC Style Guide requirements and ADRC Inclusion/Exclusion Policy.

2.f. Develop a tool and process that can be used by ADRCs to conduct secret shopper activities to ensure ADRC services are being provided according to program standards.

2.g. Support a holistic and person centered approach to services and supports by enhancing ADRC staff's skills in person-centered planning using purposeful discovery (or interviewing) to identify consumer's unique needs and understand how economic and social factors impact those unique needs.

Outcomes:

- Improved consistency and quality of information and services provided statewide.
- Increased capacity and more streamlined access to public programs and LTSS services.
- Increased consumer satisfaction and positive outcomes statewide.
- Robust and accurate information for public and private LTSS resources available statewide.
- System and tools that can be used to collect information that can be used to improve service delivery.
- Increased capacity for staff to provide a person-centered approach to service delivery.
- Stable and accessible statewide ADRC infrastructure that ensures equitable access to LTSS information and ADRC core services.

Caregiving – Enhancing Services and Supports for Caregivers

Goal 4: Strengthen Oregon's caregiving system through increasing and improving partnerships, increasing awareness and outreach, and strengthening supports for family caregivers.

Family caregivers provide the majority of long-term care and support in our country. The OAA's Family Caregiver Support Program (FCSP) supports these unpaid caregivers by providing services to enhance quality of life for both caregivers and care recipients. The program's purpose is to help family

caregivers (and other unpaid caregivers in a person's life) sustain their vital roles and ease the emotional and physical stress they may experience in being a caregiver.

Services can include counseling, training, respite, supplemental services, case management, support groups, information and assistance to help connect caregivers to community resources, and information services. Program funds assist caregivers of older adults and older relative caregivers.

In Oregon, "family" is used in the broadest possible sense to include spouses, partners, chosen family, adult children, siblings, friends, neighbors, kin, nieces and nephews, grandparents, parents, godparents, and others. "Family caregivers" include people of all ages, from youth to grandparents; people providing care from a distance; and people meeting a wide variety of needs, such as supporting people with disabilities across the lifespan, caring for people with serious and/or progressive health conditions like dementia and cancer, and assisting with daily tasks that can be challenging for older people and people with disabilities. The term also recognizes that a single person may receive care from multiple unpaid caregivers. The term "family caregiver" does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.

The objectives and strategies outlined below align with actions in the *National Strategy to Support Family Caregiving* and are intended to initiate and increase partnerships, increase awareness of the role and value of caregivers, and strengthen access to high quality services and supports across the state.

Note: Oregon does not currently have a Lifespan Respite Care program.

Objective 4.1: Initiate and strengthen partnerships, connections and cross-agency collaboration across the aging network, statewide organizations, community partners, philanthropy, and caregivers.

Strategies/Action Steps:

1.a. Map the caregiving services available in different areas of the state. This map will help the SUA, AAAs, and related agencies understand regional disparities in caregiving services and inform decisions about where to add providers or introduce new services.

1.b. AAAs will engage across health care (primary care, home health, hospice, clinics, hospitals) and home and community-based services sectors to increase education and improve referrals to community-based resources, particularly in rural and remote areas.

1.c. APD and AAA Family Caregiver Support representatives hold twice-yearly meetings with partners such as AARP Oregon, the Alzheimer's Association, Oregon Kinship Navigator, OHA, and employer groups to understand what's working, make improvements to service models, reduce barriers and share best practices.

1.d. Promote the expansion and role of public/private partnerships at all levels that identify and engage, assist, include, support, and recognize family caregivers.

1.e. ODHS will continue its support for the annual Native Caring Conference.

1.f. Align with Title VI and National Technical Assistance Center on Grandfamilies to ensure culturally appropriate, trauma-informed engagement and warm handoffs between Title III and VI services.

Outcomes:

- Organizations better understand caregiver needs, issues and resources, collaborate more effectively and increase cross referrals.
- Caregivers, including those in rural and remote communities, experience improved referrals and access to appropriate services.
- Aging network and community partners engage in regular communication and shared learning to strengthen service delivery.

- Public and private partners expand their participation in initiatives that support, recognize, and assist family caregivers.
- Native caregivers continue to benefit from culturally centered caregiving supports and programming.
- Tribal caregivers receive coordinated, culturally responsive referrals and services across programs and services.

Objective 4.2: Increase awareness about the role and value of caregivers, the unique needs of caregivers and key resources by leveraging trusted community voices as messengers.

Strategies/Action Steps:

2.a. Work directly with family caregivers to identify, build and improve programs and services that are flexible, centered on their needs, and able to support both caregivers and the people they care for.

2.b. Develop and disseminate information to increase self-identification among caregivers and to promote a positive image of the caregiving role.

2.c. Prioritize linguistically and culturally competent and accessible materials to improve awareness and access.

2.d. Increase public awareness and acknowledgement of the diverse needs, issues, and challenges family caregivers encounter and of the importance of local recognition and support.

2.e. APD will provide tools and resources so that outreach and education come from inside communities, in partnership with trusted local leaders or peers.

Outcomes:

- Programs increasingly reflect the needs and priorities identified directly by caregivers.

- More individuals recognize their caregiving role and become aware of available supports.
- Information about caregiver resources becomes more accessible, culturally appropriate, and available in multiple languages.
- Communities deepen their understanding of caregiver challenges and the importance of providing meaningful support.
- Outreach efforts originate from trusted community voices, improving credibility and effectiveness.

Objective 4.3: Increase awareness of and access to high quality services, supports, and trainings for caregivers.

Strategies/Action Steps:

3.a. Increase statewide awareness of training and supports for those caring for someone with Alzheimer's or other dementia, including promoting awareness of training available through Oregon Care Partners and Carewell.

3.b. Identify ways to ensure that caregivers are not socially isolated, including by offering and supporting respite care and Adult Day Service options.

3.c. Provide information and assistance to inform family caregivers and their care recipients who are using the OAA Family Caregiver Support Program about potential caregiver services and supports available through the OPI-M 1115 demonstration waiver. Connect those who are interested in exploring OPI-M to appropriate resources.

3.d. Increase availability and access to meaningful and culturally relevant information, services, supports, and development for family caregivers, including evidence-informed interventions, caregiver-focused social programs, educational workshops and technology solutions.

Outcomes:

- Caregivers, especially those supporting individuals with dementia, have better awareness of training opportunities and support options.
- Caregivers experience reduced social isolation through increased awareness of and access to respite, adult day services, and supportive connections.
- Caregivers and care recipients gain clearer understanding of potential caregiver services and eligibility pathways for OPI-M.
- Caregivers have improved access to culturally relevant information, evidence-informed supports, and technology-based tools.

Objective 4.4: Strengthen and support Oregon's direct care workers and caregivers across the state.

Strategies/Action Steps:

4.a. Educate the community about workforce opportunities by using the community tool kit available through the Oregon Home Care Commission and directing individuals to the OHCC workforce development website.

4.b. Collaborate with the AAAs and the statewide Senior Community Service Employment Program (SCSEP) to target marketing and outreach to serve the number of individuals allocated by the U.S. Department of Labor (DOL) to improve access to employment opportunities for older persons who desire to work. Ensure that AAAs and their providers understand the SCSEP program and advocate for the use of SCSEP workers in available direct care and adult day service positions in Oregon, with the goal of these workers moving into unsubsidized employment in this field.

4.c. APD will follow up on lessons learned and collaboratively work to implement priority strategies identified during the 2026 Oregon Workforce Symposium hosted by APD.

Outcomes:

- More people in Oregon will understand what direct care jobs are, why they matter, and how to apply for them.
- Community members and organizations will consistently use the Home Care Commission's toolkit, making it easier for people to learn about training and job opportunities.
- Older adults who desire to work will have clearer, easier pathways to jobs in caregiving and adult day services.
- More SCSEP workers will find meaningful employment supporting older adults and people with disabilities.
- Successful ideas and strategies discussed at the Symposium will be put into practice to address workforce shortages, improve retention, and strengthen training.

Objective 4.5: Strengthen the collection, analysis, and dissemination of caregiver-related data to improve understanding of caregiver needs, enhance service planning, and support the sharing of evidence-based practices across the aging network.

Strategies/Action Steps:

5.a. Use family caregiver assessments and plans of care as aggregate data to compile regional inventories of caregiver services and develop an evaluation of family caregiving ecosystems.

5.b. Disseminate information, resources, and evidence-based practices across the aging network.

Outcomes:

- Agencies obtain a more comprehensive understanding of caregiver services across regions, enabling identification of service gaps.

- Data from caregiver assessments informs the development of improved programs and policies.
- Evidence-based practices and resources are disseminated broadly to strengthen caregiver support statewide.

Legal Assistance and Elder Rights Protection Programs

This section is not a federally required focus area. The information below is included for public information.

Funding for legal assistance for older adults in Oregon in greatest need and aged 60+ is authorized by Title III-B of the OAA; funding for adult protective services (APS) and long-term care ombudsman services (LTCO) comes from Title VII of the OAA. Federal funding passes through APD and is distributed to Oregon's 16 AAAs according to the Intrastate Funding Formula.

APD collaborates with and monitors its regional offices and the AAAs to create and maintain opportunities for elders and other vulnerable persons to be safe. Together, they promote access to legal assistance, protective services and ombudsman advocacy assistance when safety, independence, access to necessary services, and other rights are threatened or compromised. There is no income test to access these services.

Legal Assistance

Funding allocations for legal assistance remain inadequate to serve all eligible consumers in Oregon. Funding is typically directed to specific legal service topics identified in the OAA, and persons with the greatest social and economic need are prioritized to receive help from legal aid organizations.

For general information about legal issues for older adults, see this legal issues booklet available in five languages. Vulnerable older adults in Oregon should be able to have referrals and access to contact an attorney when needed, and such legal services can be secured with standard fee, reduced fee, or pro bono (no fee)

arrangements. There is no fee for III-B funded legal services. Additionally, advocacy and protection agencies and organizations such as Oregon's Department of Justice, Department of Consumer and Business Services, AARP, Disability Rights Oregon, public and private guardian and conservator organizations, and numerous law enforcement agencies engage in education and outreach efforts to promote equal access to legal services. Legal services should ideally be delivered in a culturally responsive and trauma-informed manner.

For more information on legal assistance for older adults, including priority legal assistance services, how to find a lawyer in your community, and additional resources, follow this link to the Legal Assistance website. Information is also available through the Oregon State Bar or by calling the Aging and Disability Resource Connection at 1-855-673-2372.

For specific objectives and strategies addressing the protection of rights of older adults; efforts to prevent elder abuse, neglect, and exploitation; and legal assistance see the Older Americans Act Core Programs focus area, objectives 1.1 and 1.2.

For more information regarding Oregon's Adult Protective Services see Appendix I.

For more information about the Oregon Long Term Care Ombudsman and services see Appendix J.

Reporting of Hate Crimes and Bias Incidents

Hate crimes and bias incidents are on the rise, both in Oregon and nationally. It is up to all Oregonians to make sure that everyone is safe in their community. In 2019, the Oregon legislature passed Senate Bill 577, which updated Oregon's bias crime laws (formerly called intimidation), defined the new legal term bias incidents, created a victim-centered response hotline for reporting bias, requires

law enforcement to refer all victims of bias incidents to support services, and streamlines data collection about bias occurring in Oregon.

For more information, see this Oregon Department of Justice webpage. To report using Oregon's non-emergency bias response hotline, call 1-844-924-BIAS (2427). Interpreters are available.

Conclusion

This State Plan, with its goals, objectives, strategies, and outcomes, represents a roadmap to strengthen the existing infrastructure of Oregon's System of Aging to meet the needs and the preferences of older adults for the next decade. The highest priorities identified in public input – such as housing, transportation, and in-home supports – will require collaboration, partnership, and the leveraging of resources both within the key partners under the OAA as well as partnerships statewide, and at the local and community level. Addressing these priority areas will be essential for Oregon as the state sees a substantial growth of individuals age 75 and older over the next ten years. With a vision of serving older adults, and especially older adults with the greatest economic and social needs, this Plan provides a framework to strengthen and improve our system to meet their needs into the future.

Appendix A – Public Feedback

APD consulted with the Governor's Commission on Senior Services (GCSS), the Oregon Disabilities Commission (ODC), and the LGBTQIA2S+ Subcommittee of GCSS regarding Area Plan development. Members of those advisory commissions also helped APD review the submitted Area Plans and continued to advise and assist in State Plan development. A broader State Plan Advisory Workgroup was also formed, consisting of representatives from the GCSS, ODC, LGBTQIA2S+ Subcommittee, AAAs, the Long Term Care Ombudsman, the ODHS Office of Tribal Affairs, Title VI grantees, statewide organizations, community members, and APD staff (See Appendix B). Smaller subgroups were also involved in the development and prioritization of specific program objectives. Input and recommendations from these groups, as well as broader recommendations from the full Advisory Workgroup, have been incorporated throughout the Plan, and additional input from the Advisory Workgroup was solicited on an early final draft of the Plan. Prior to development of the Plan, APD also disseminated a survey, made presentations and participated in various community engagement sessions, and hosted a public forum to solicit input (for additional detail see Introduction and Context section of this Plan).

This State Plan was available on the APD website for public input for 30 days from May 13 through June 12, 2026. Availability of the Plan and a request for comments was announced via news releases, social media, the Secretary of State's Bulletin, broad partner organization email blasts, and notices to other interested parties and the general public. In addition, partners were contacted specifically with a Request to Comment, including the members of APD's advisory commissions, the Advisory workgroup, all 16 AAAs, Advisory Councils and contracted partners, Centers for Independent Living and Oregon's State Independent Living Council (SILC), Tribal entities, and general APD partners.

A public hearing was held virtually on June 10, 2026.

Public feedback was considered and incorporated into the final Plan. Comments that were not specifically applicable to the Plan were forwarded or referred to other program or policy units in APD for consideration. Some recommendations were not incorporated into the Plan as the activities are outside the scope of the OAA.

Appendix B – State Plan Advisory Workgroup

Governor's Commission on Senior Services (GCSS),

Oregon Disabilities Commission (ODC) and

LGBTQIA2S+ Subcommittee of GCSS

- Dave Daley – GCSS
- Nellie Salvador – GCSS
- Jackie B. Peterson – GCSS
- Mark King – ODC
- Andrew Caruana – ODC
- Dr. Talina Corvus – LGBTQIA2S+ Subcommittee of GCSS
- Max Micozzi – LGBTQIA2S+ Subcommittee of GCSS

AAA representation

- Kim Hunt – NorthWest Senior and Disability Services
- Marisa Andrews – Lane Council of Governments
- Stephanie Heaton – Community Action Program of East Central Oregon
- Cassie Regimbal – Council on Aging of Central Oregon

Community Members/Partners

- Tracy Morgan – Alzheimer's Association
- Jenna App – Alzheimer's Association
- Scott Moore, JD – Oregon LGBTQ+ Aging Coalition
- Laurie Brooks – Access Technologies, Inc./ADRC
- Lacey Carter – Oregon Department of Veterans' Affairs/ADRC
- Kelly Breshears – Oregon Department of Veterans' Affairs, Aging Services
- Vani Kapur – AGE+
- Bandana Shrestha – AARP
- Deborah H. John, PhD, MS – Oregon State University

APD representation

- Kimberly Norton – District 13/14 (Eastern OR)
- Anna Kozubenko – District 15 (Clackamas)

Community Engagement, OEMS

- Princess Neely

Office of the Long-Term Care Ombudsman

- Fred Steele, MPH, JD – LTCO

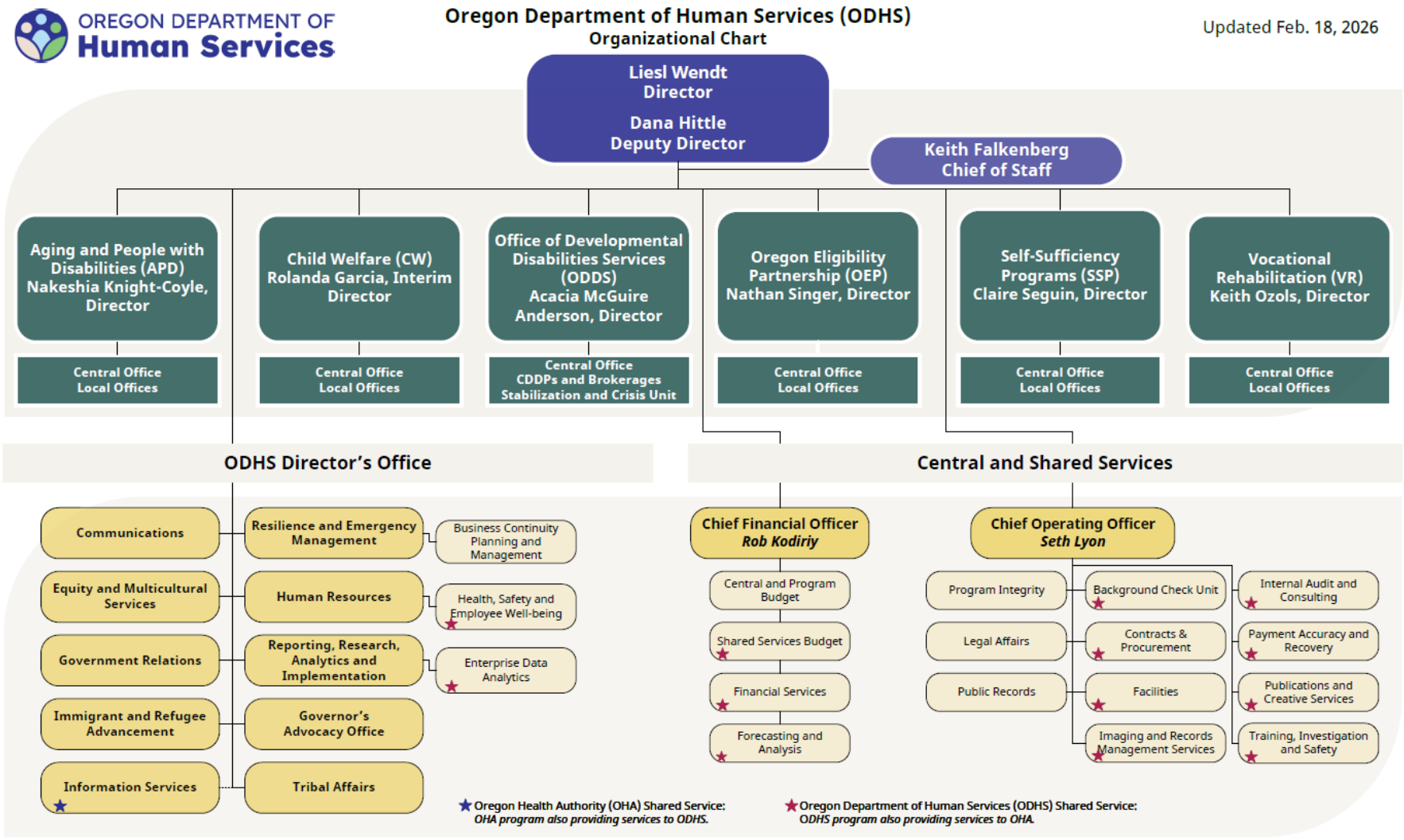
OAA Title VI Programs and Tribal Affairs

- Antonio Torres, ODHS Office of Tribal Affairs
- Dr. Eugena Stacona – Yellowhawk/Confederated Tribes of the Umatilla Indian Reservation
- Dr. Jaime Pineda – Confederated Tribes of Siletz Indians
- Doug Morrison – Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Barbara Black – Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Sophia Gosselin – Cow Creek Band of Umpqua Tribe of Indians
- Thomas Gardiner – Cow Creek Band of Umpqua Tribe of Indians
- Laura Hunker – APD Tribal Affairs Consultant

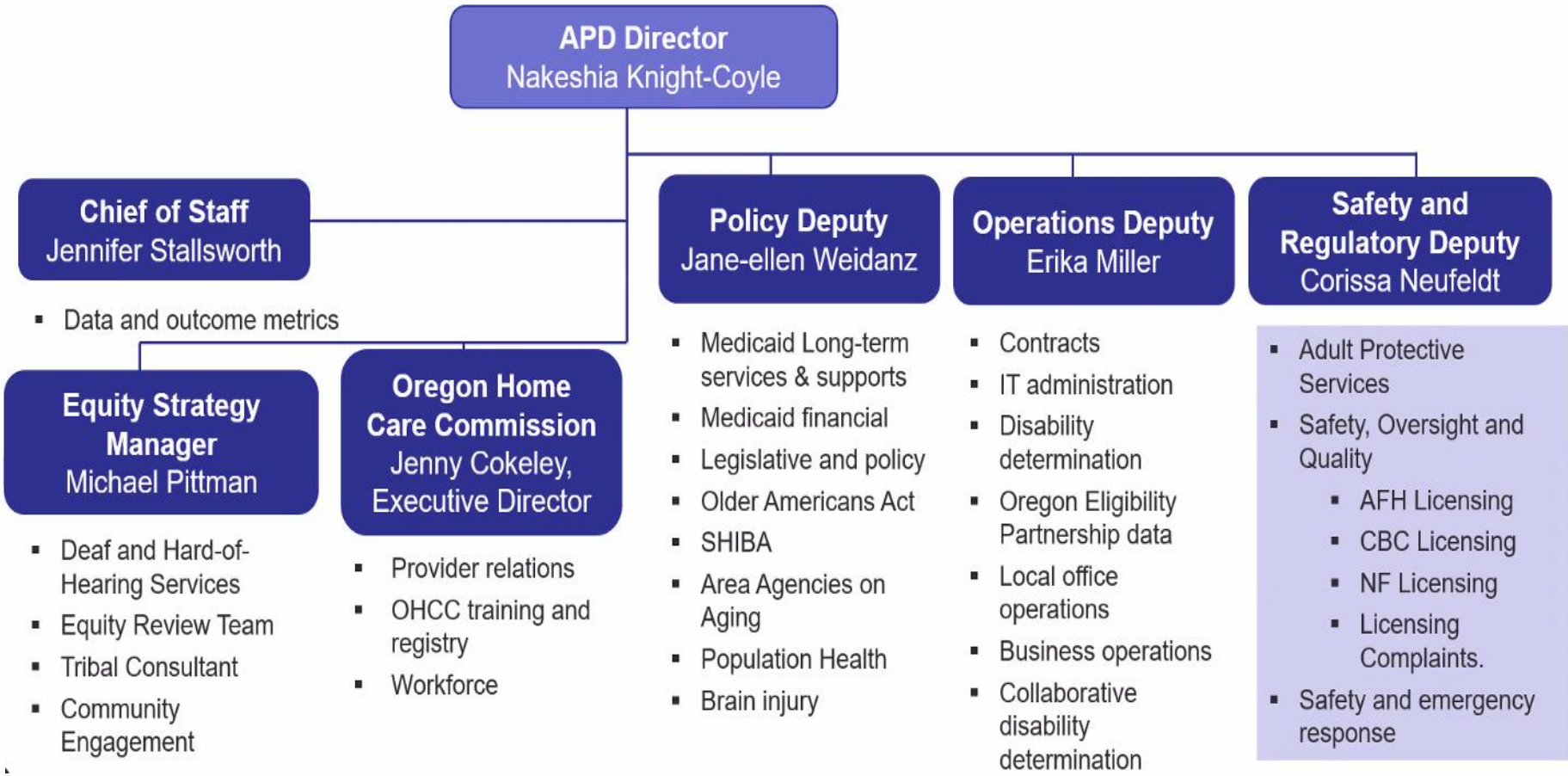
APD Staff

- Rodney Schroeder
- Deb McCuin
- Max Brown
- Dawn Rustrum
- Scott Spencer
- Cassandra Hutchinson
- Rose Miller

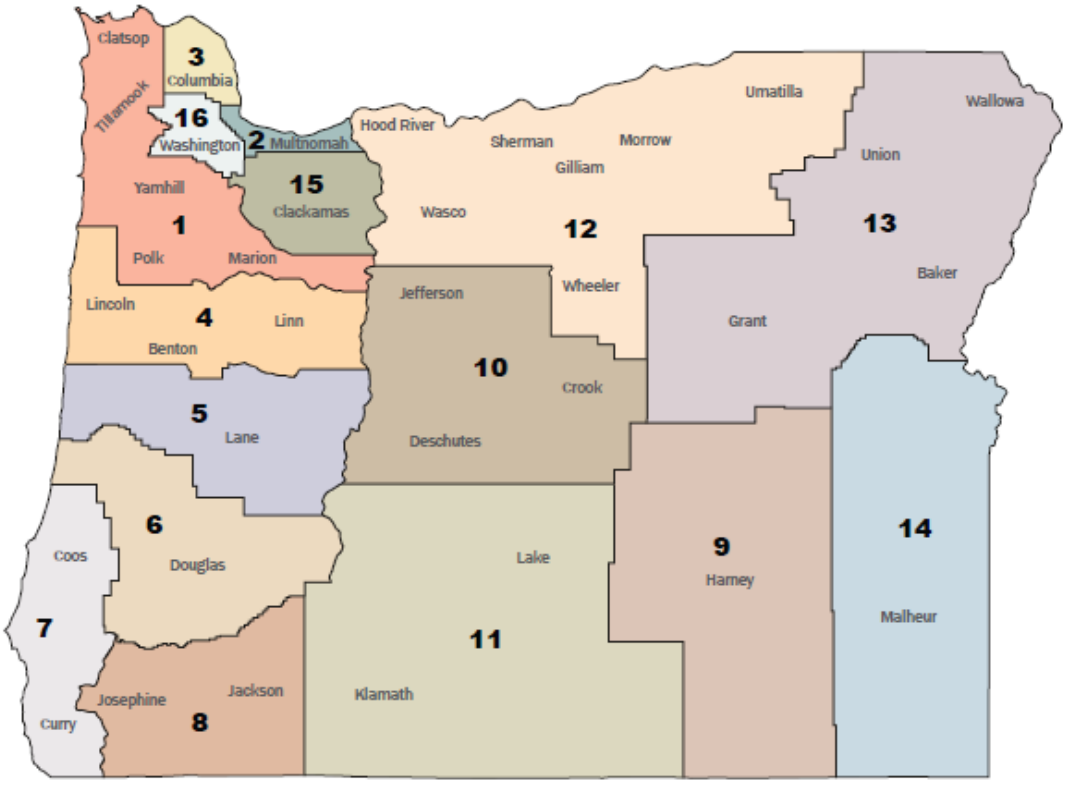
Appendix C – Organizational Charts



Org Chart: Aging and People with Disabilities

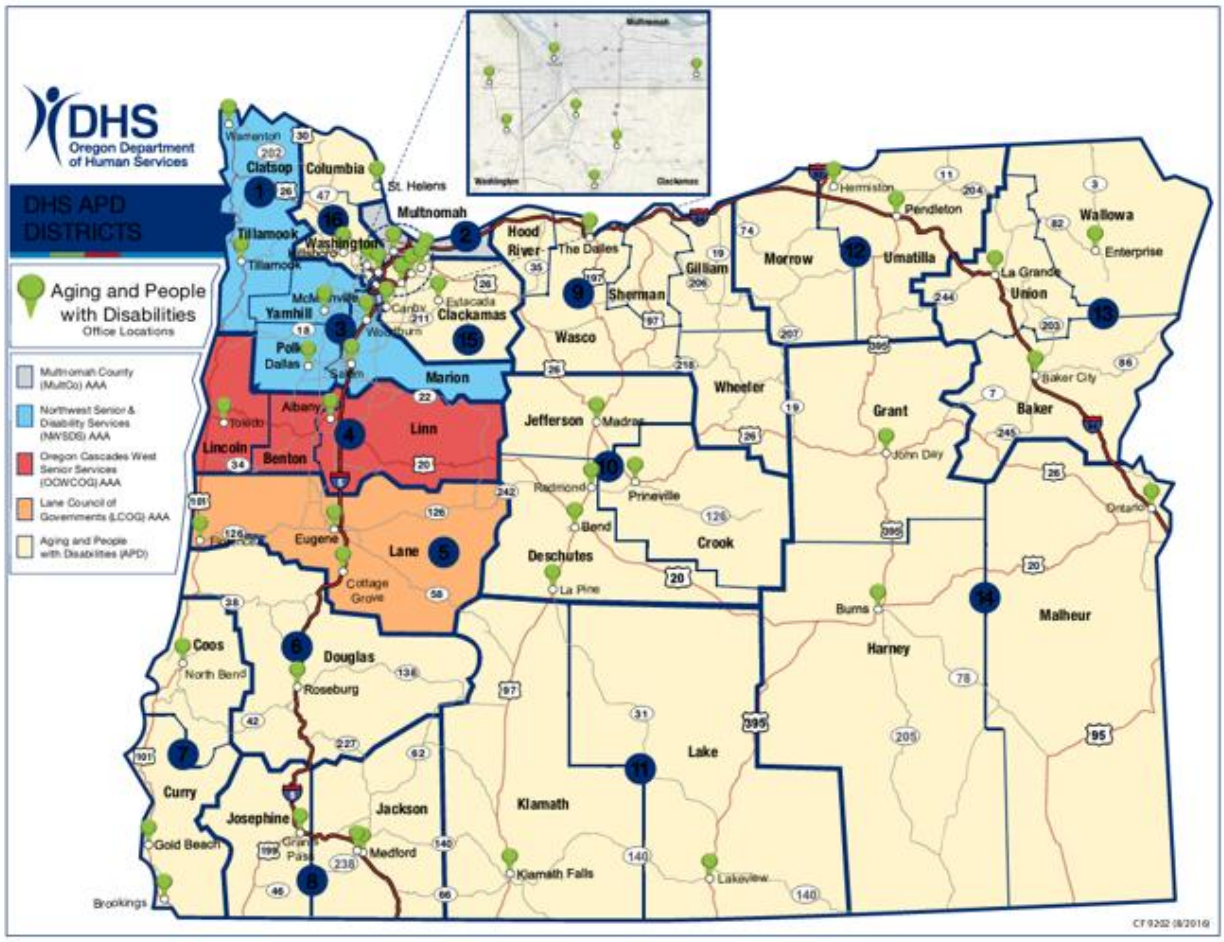


Oregon Area Agencies on Aging Planning and Service Areas



1. NorthWest Senior and Disability Services (**NWSDS**) *Type B Transfer*	**5.** Lane Council of Governments (**LCOG**) *Type B Transfer*	**9.** Harney County Senior and Community Services Center (**HCSCS**) *Type A*	**13.** Community Connection of Northeast Oregon (**CCNO**) *Type A*
2. Multnomah County Aging, Disability and Veterans Services (**MCADVS**) *Type B Transfer*	**6.** Douglas County Senior and Disabled Services (**DCSDS**) *Type B Contract*	**10.** Council on Aging of Central Oregon (**COACO**) *Type A*	**14.** Malheur Council on Aging and Community Services (**MCOACS**) *Type A*
3. Columbia Action Team (**CAT**) *Type A*	**7.** South Coast Business Employment Corporation (**SCBEC**) *Type A*	**11.** Klamath and Lake Counties Council on Aging (**KLCCOA**) *Type A*	**15.** Clackamas County Social Services (**CCSS**) *Type A*
4. Oregon Cascades West Council of Governments (**OCWCOG**) *Type B Transfer*	**8.** Rogue Valley Council of Governments (**RVCOG**) *Type B Contract*	**12.** Community Action Program of East Central Oregon (**CAPECO**) *Type A*	**16.** Washington County Disability, Aging and Veteran Services (**WCDAVS**) *Type A*

Aging and People with Disabilities Office Locations



Appendix D – Oregon Tribal Navigator Program

In Oregon, the Office of Aging and People with Disabilities (APD) has had an opportunity to build and strengthen relationships with the Nine Federally Recognized Tribes across the state and the Urban Indian Health Center (UIHC) in Portland. When Oregonians experiencing aging and disabilities were asked what they wanted in their long-term services and supports, there was an overwhelming response to invest time, resources, and staff into providing equitable services to all who reside in Oregon.

Once APD staff and leadership began to build relationships with the Tribes it became apparent that services were not accessible to Tribal members. In addition, Tribal staff felt that there was not a basis of trust for their members to even reach out to APD services. Through these conversations and the Tribes' openness to discuss what improvements needed to be made, the Tribal Navigator Program (TNP) was created.

The TNP was a new concept for both APD and maybe even the Nation. The goal of the program is to provide Tribal Elders and adults with disabilities access to Long Term Services and Supports from a trusted Tribal staff member. In this way, the Elder or adult with a disability has their care needs, concerns and Tribal practices and traditions centered throughout the process of engaging with APD.

By having a Tribal staff member present and acting as liaison on behalf of the Tribal member, there is a basis of trust and cultural understanding that helps build better services from the start. This was the model being used by the Cow Creek Band of Umpqua Tribe of Indians and a local APD office who had designated a single point of contact case manager to work directly with the Cow Creek members.

To implement the model across the state the Tribes and UIHC who were interested in adopting the program began to meet with APD staff and leadership monthly to discuss how to move forward. The role of the Navigator and the case

manager were agreed upon by the Tribal entities and APD staff, and each contract was individually negotiated based on Tribal law and the unique needs of each Tribe. There were eight Tribal entities involved in the creation of the program.

Through APD funding, the Tribal entity enters a five-year contract to hire and oversee the Navigator. The Navigators and APD TNP administrators meet on a monthly basis to ensure that work is not overlapping, and the Tribes are able to access the services and supports needed by their members. Trainings are also provided at each monthly meeting. Each APD office has a single point of contact who works directly with the Navigator to continue to break down barriers and identify training needs for APD staff.

The Navigator's role is to initiate contact with Tribal members and pre-screen them for the services they may be eligible for. Navigators are present for assessments and work alongside APD case managers to plan services and check in monthly on the status of members who are receiving services. Tribal Navigators are trained alongside APD case managers to understand state programs and processes inside and out.

In addition to building trust, assisting Tribal members, and funding a position for the Tribes, APD can improve all service streams for Tribal members including Adult Protective Services and background checks to increase the pool of homecare workers available to Tribal members.

To date, APD has contracts with eight of the nine Tribes of Oregon, one UIHC and one nonprofit agency. The following Tribes have Tribal Navigators:

- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Warm Springs
- Confederated Tribes of Grand Ronde
- Confederated Tribes of the Umatilla Indian Reservation

- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes
- Confederated Tribes of Siletz Indians

The Urban Indian Health Center is Native American Rehabilitation Association.

The nonprofit agency is Next Door, Inc. serving Celilo Village and the In Lieu Villages in the Columbia River Gorge.

Appendix E – Discretionary Programs

The following non-formula based grant programs are administered by the Community Services and Supports Unit (CSSU) within the Oregon Department of Human Services (ODHS) Office of Aging and People with Disabilities (APD). The CSSU also administers Older Americans Act (OAA) and Aging and Disability Resource Connection (ADRC) programs statewide.

In 2023, supervision of the programs below was consolidated under a single position within CSSU for efficiency and to improve coordination and collaboration across and between all programs under CSSU's programmatic structure. Administration of the programs noted below is interwoven with core OAA and ADRC programs under the CSSU to improve coordination and increase access to services and supports for older adults and people with disabilities.

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program that provides training for low-income, unemployed older adults. SCSEP participants must be at least 55, unemployed, and have a family income of no more than 125 percent of the federal poverty level. The dual goals of the program are to promote useful community service employment activities and to move SCSEP participants into unsubsidized employment so they can achieve economic self-sufficiency.

The Oregon SCSEP sub-grantee and national grantee, Easterseals Oregon, maintains relationships with Area Agencies on Aging (AAAs) to coordinate services and make appropriate referrals between programs. SCSEP participants have access to other OAA programs offered through the AAAs, including case management, nutrition, transportation, and housing services. AAAs refer individuals who may be eligible for SCSEP to the local projects for eligibility screening. This relationship supports the work of SCSEP and AAAs by helping Oregonians maintain their independence as long as possible.

State Health Insurance Assistance Program (SHIP)/Oregon Senior Health Insurance Benefits Assistance (SHIBA)

The Senior Health Insurance Benefits Assistance (SHIBA) program helps seniors and people with disabilities understand their Medicare insurance options. SHIBA contracts with local entities, more than half of which are AAAs, that recruit and train volunteer counselors. These certified counselors provide free, objective, comprehensive, and confidential help with Medicare coverage options, including assessing health care coverage needs and options, determining general eligibility for health care coverage programs, and evaluating and comparing health insurance plans and programs.

Senior Medicare Patrol (SMP)

The mission of the Senior Medicare Patrol (SMP) is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. The Oregon SMP promotes the ADRC of Oregon toll-free phone number and website to connect Oregonians with SMP services. This approach supports Oregon's broader efforts to streamline access to aging network services under the No Wrong Door philosophy.

The Oregon SMP works in partnership with the SHIBA program and the Office of the Long-Term Care Ombudsman (LTCO) to achieve its mission. Most SHIBA partner organizations are AAAs, and this connection supports the SMP objective of providing education and assistance to Medicare beneficiaries statewide with an emphasis on those with greatest need.

Medicare Improvements for Patients and Providers Act (MIPPA)

The Oregon Medicare Improvements for Patients and Providers Act (MIPPA) project aims to connect individuals who may be eligible for Medicare Savings Programs (MSP) and the Part D Low Income Subsidy (LIS). MIPPA allocates

federal funding for State Health Insurance Assistance Programs (SHIPs; known in Oregon as SHIBA), AAAs, and ADRC to achieve its mission.

ODHS works in partnership with the SHIBA network and Multnomah County Aging, Disability and Veterans Services (MCADVS) to provide outreach and application assistance to eligible individuals. The Oregon Medicare Savings Connect (OMSC) toll-free phone number is maintained by MCADVS and it is staffed by an outreach coordinator who specializes in MSP and LIS benefits.

Appendix F – State Policy on Aging

Services For Seniors And People With Disabilities

(Generally)

410.010 State policy for seniors and people with disabilities.

(1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

(2) The Legislative Assembly declares that the policy of this state is to provide and encourage programs necessary to fulfill the commitment stated in subsection (1) of this section and that the purpose of policies stated in this section and ORS 410.020 is to provide a guide for the establishment and implementation of programs for older citizens and citizens with disabilities in this state. It further declares that the programs shall be initiated, promoted and developed through:

(a) Volunteers and volunteer groups;

(b) Partnership with local governmental agencies;

(c) Coordinated efforts of state agencies;

(d) Coordination and cooperation with federal programs;

(e) Partnership with private health and social service agencies;

(f) A designated state agency that will encourage and work with older citizens and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for older Oregon citizens; and

(g) A designated state agency that will encourage and work with citizens with disabilities and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for Oregon citizens with disabilities.

(3) The Legislative Assembly declares that it shall be the policy of this state to give special attention to the special concerns of our most frail and vulnerable older citizens. Furthermore, it shall be the policy of this state to support strongly the full development and participation of citizens with disabilities in all aspects of social, political and community life.

(4) Recognizing the diversity in geography, economy and lifestyles in Oregon and the diversity of local senior citizen networks, the Legislative Assembly declares that it is the policy of this state to avoid complete uniformity in planning and administering programs for older citizens and to encourage and emphasize local control to achieve the most effective blend of state and local authority, not precluding the ability of the state to perform its mandated responsibilities for planning and administration. Multipurpose senior centers may be considered as focal points for the delivery of services to older citizens in each community where practicable. Disability services should also be consolidated where possible to provide efficient and convenient delivery of services to citizens with disabilities. [1981 c.191 §1; 1985 c.180 §1; 1989 c.224 §70; 2007 c.70 §163]

410.020 Implementation of state policy.

In carrying out the policies stated in ORS 410.010, the state shall:

(1) Coordinate the effective and efficient provision of community services to older citizens and citizens with disabilities so that the services will be readily available to the greatest number over the widest geographic area; assure that information on these services is available in each locality, utilizing whenever possible existing information services; and assure that each new service receives maximum publicity at the time it is initiated.

(2) Assure that older citizens and citizens with disabilities retain the right of free choice in planning and managing their lives; by increasing the number of options in lifestyles available to older citizens and citizens with disabilities; by aiding older citizens and citizens with disabilities to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; by assuring that older citizens and citizens with disabilities are able to make informed choices regarding the delivery of in-home care services by providing information about their responsibilities as employers of in-home care providers or, alternatively, about the responsibilities of an in-home care agency to provide services; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen and citizen with a disability to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization.

(b) Encourage, by expansion of existing programs for older citizens and citizens with disabilities, by school programs, by meals-on-wheels, by counseling or by other means, public and private development of nutrition programs for older citizens and citizens with disabilities that prevent or minimize illness or social isolation.

(c) Assure that if institutionalization is necessary, the institution should be of the highest quality where the older citizen and citizen with a disability may live in dignity.

(d) Protect the older citizen and citizen with a disability from physical and mental abuse and from fraudulent practices.

(4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens and citizens with disabilities active and contributing members of society; and encourage full restorative services for

those older citizens and citizens with disabilities who require institutional care to increase the possibility of their return to independent living.

(5) Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.

(6) In implementing subsections (1) to (5) of this section, develop and seek support for plans to assure access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income.

(7) Recognize the necessity for a variety of ways to help older citizens and citizens with disabilities maintain sufficient income to meet their needs.

(8) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and citizens with disabilities and to make accessible to them a broad range of services and programs, including social, health and religious services and programs.

(9) Encourage and develop meaningful employment opportunities for older citizens and citizens with disabilities in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens and citizens with disabilities in programs that affect citizens with disabilities.

(10) Involve older citizens and citizens with disabilities in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens and citizens with disabilities to be advisors to the Legislative Assembly, agencies and professional staff, the Legislative Assembly intends that whenever possible older citizens and citizens with disabilities should assist in the development of policies affecting their lives.

(11) Assure to older citizens and citizens with disabilities the right to pursue activities within the widest range of civic, cultural, entertainment and

recreational opportunities by opening such opportunities to participation by older citizens and citizens with disabilities, by encouraging older citizens and citizens with disabilities to utilize their capabilities by participating in government and by assuring them the right to serve.

(12) Make public educational facilities available to older citizens and citizens with disabilities and their organizations so older citizens and citizens with disabilities may pursue their educational interests; and encourage all institutions of learning and other appropriate agencies to develop and provide by outreach as well as by traditional means special education programs to meet the needs and interests of older citizens by addressing the problems and opportunities of aging and by responding to older citizens' interests in liberal arts as well as their interests in hobby and recreation courses.

(13) Encourage the development of barrier-free construction and the removal of architectural barriers so that more facilities are accessible to older citizens and citizens with disabilities.

(14) Promote development of programs to educate persons who work with older citizens in gerontology and geriatrics and encourage qualified persons to seek such education.

(15) Encourage immediate application by both public and private agencies of knowledge acquired from research that can sustain and improve the health and happiness of older citizens and citizens with disabilities.

(16) Recognize that older citizens who retire should be able to do so in honor and dignity.

(17) Encourage and support:

(a) Distribution of literature which accurately presents facts concerning aging and disabilities of citizens.

(b) Efforts of schools, churches and other institutions, in teaching children and youth about the process of aging and disabilities of citizens so as to correct fallacies handed down from one generation to another.

(c) Intergenerational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of individuals who are elderly or who have disabilities.

(d) Correction of stereotyping of individuals who are elderly or who have disabilities in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies.

(e) Efforts which show that many misconceptions and stereotypes have no basis in fact so older citizens and citizens with disabilities will be freed from the destructive tendency to socially conform by embracing these fallacies. [1981 c.191 §2; 1983 c.312 §2; 1985 c.180 §2; 1989 c.224 §71; 2007 c.70 §164; 2007 c.416 §1]

410.030 Legislative findings on long term care options. The Legislative Assembly of the State of Oregon finds the following regarding older citizens and citizens with disabilities:

(1) That there are many older Oregonians and Oregonians with disabilities who face difficulties in maintaining self-care and independent living within the mainstream of life, and who have not yet exhausted their financial resources. These persons are often dependent upon providers of care for advice regarding 24-hour care. These persons and providers are not always aware of options to, or within, such care;

(2) That inappropriate or premature institutionalization of persons who have not exhausted their financial resources often leads to exhaustion of those resources, and to the expectation by these persons and providers that continued

financing of inappropriate institutional care shall be available under Title XIX. However, under these circumstances, transfer of the person to appropriate, less costly noninstitutional or alternative institutional care, if available, is necessary in order that limited public funds can be utilized to provide appropriate care to as many persons in need as possible; and

(3) That to minimize the need for such disruptive transfers, it is in the interest of older Oregonians and Oregonians with disabilities and of providers of care that the Department of Human Services, or any designated state agency, develop plans for assuring access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income. [1983 c.312 §1; 1985 c.180 §3; 1989 c.224 §72; 2007 c.70 §165]

Appendix G – Oregon Project Independence

Oregon Project Independence - Classic (OPI-C) is a state-funded program that sustains the maintenance of effort (MOE) requirements for Oregon's Older Americans Act funding. The Oregon Legislature established OPI in 1975 "to develop and place in effect a program of supportive services for persons age 60 or older." The legislation required a fee for service based on ability to pay (see House Bill 2163, 1975). The goals were, and still are, to assist older persons in optimizing their personal resources and providing minimal in-home services to prevent or delay their entry into Medicaid long-term care. The primary focus of OPI-C is to promote quality of life, independent living, and reduce the risk of being institutionalized. The program serves over 300 individuals statewide who would otherwise go without assistance. Enrollment is limited and is based on available funding.

In addition, ODHS has implemented an 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services (CMS) to expand OPI services. The demonstration program is called Oregon Project Independence – Medicaid (OPI-M) and builds on the existing OPI-C program.

Key features of OPI-M are the increased income and resource limits which allow individuals whose assets exceed traditional Medicaid limits to access services. Another key feature is an expanded view of unpaid caregivers. OPI-M considers an individual's chosen family, including those who assist kinless elders. This flexibility was addressed in the previous State Plan on Aging and is fully incorporated into the OPI-M program.

Full implementation of OPI-M began in March 2025 and is successfully serving over 3,500 individuals. The program is expected to serve over 5,000 people by the end of the demonstration period in 2029.

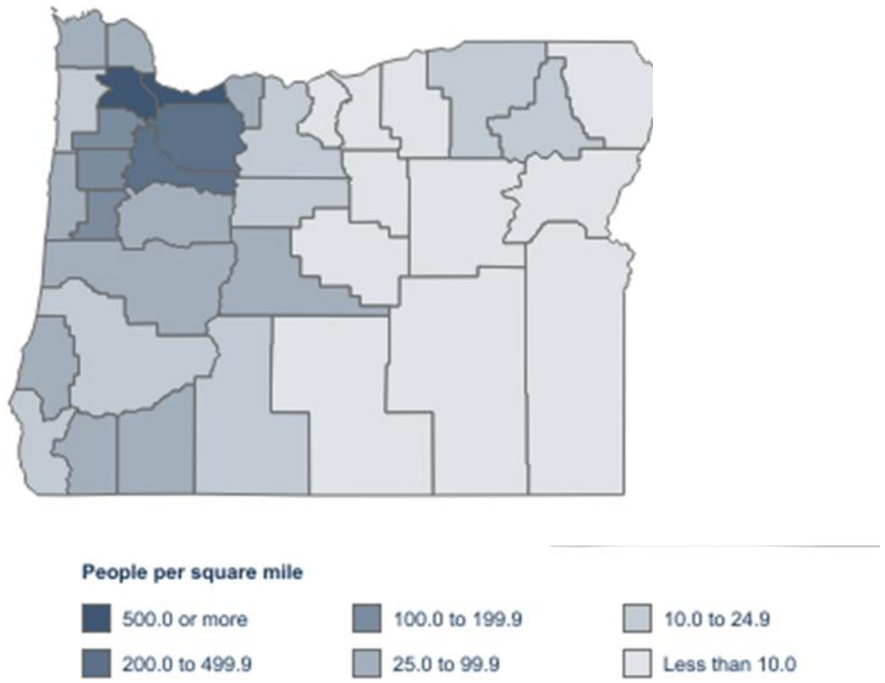
Appendix H – Demographic and Utilization Data

Population Data

Total Population (2025) 4,300,464	Housing Units (2024) 1,896,933
Numeric Change in Population (2020-2025) 57,481	Housing Unit Vacancy Rate (2024) 6.7 percent
Percent Change in Population (2020-2025) 1.3 percent	Percent Change in Housing Units (2020-2024) 4.4 percent

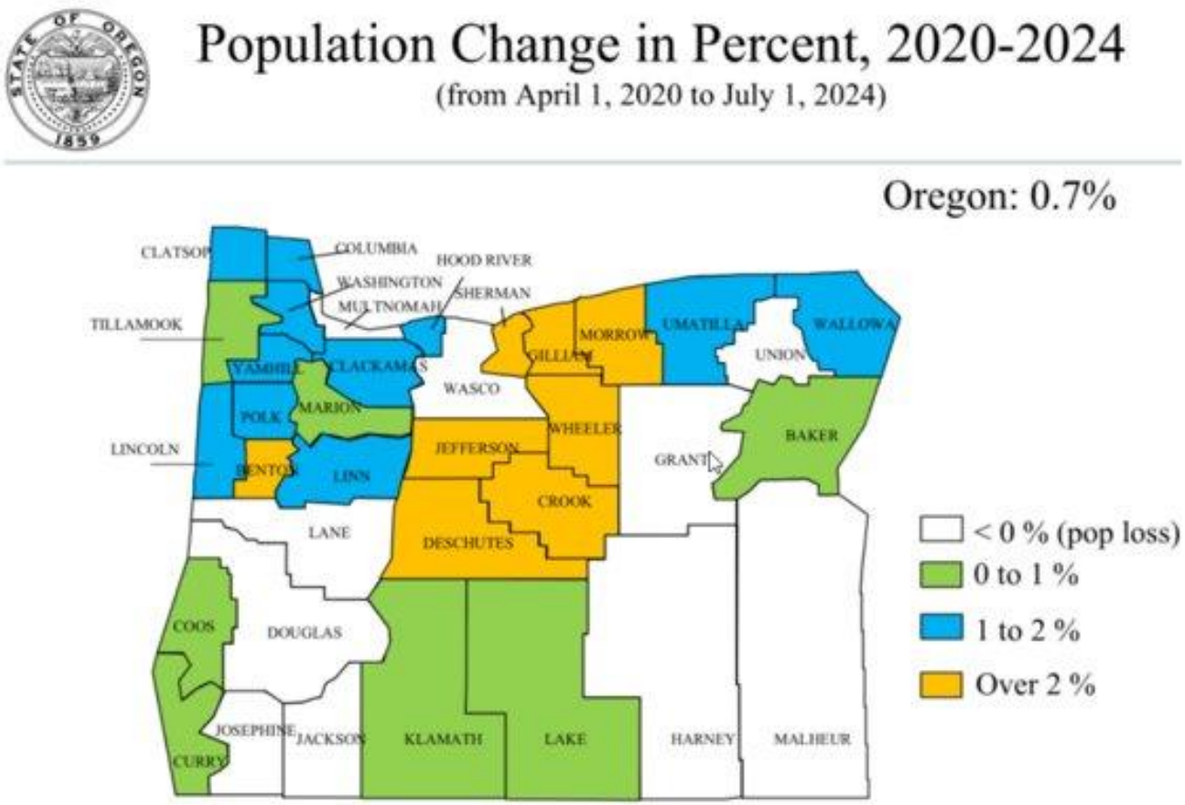
As of 2025, Oregon remains a moderately populated state experiencing a period of sluggish growth and low vacancy rates compared to other states in the U.S.

Source: Census.gov, Portland State University Population Research Center, Federal Reserve Bank of St. Louis



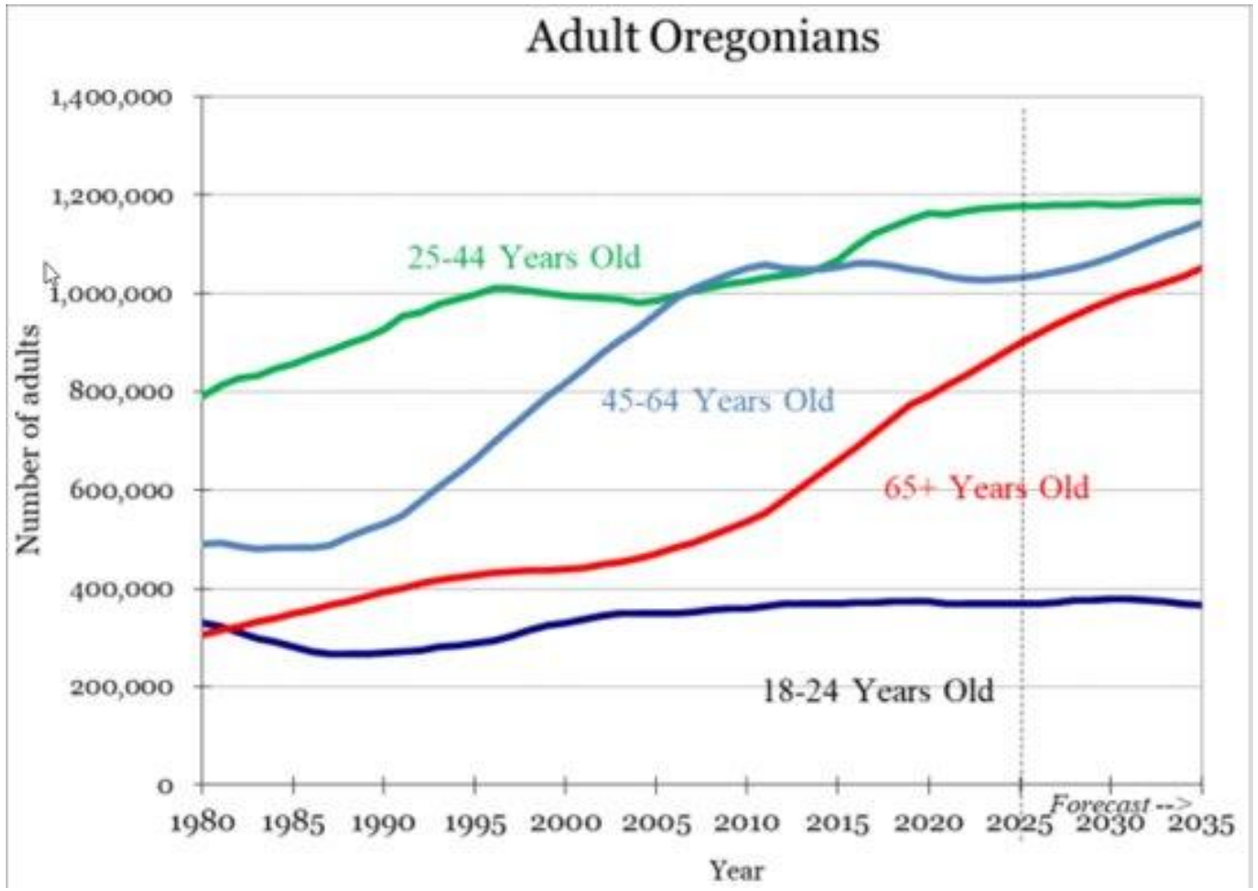
I-5 Corridor area contains the highest population density, centered around the Portland metropolitan area and Willamette Valley. Most counties east of the Cascade Range feature extremely low density, often fewer than 3 people per square mile.

Source: Census.gov



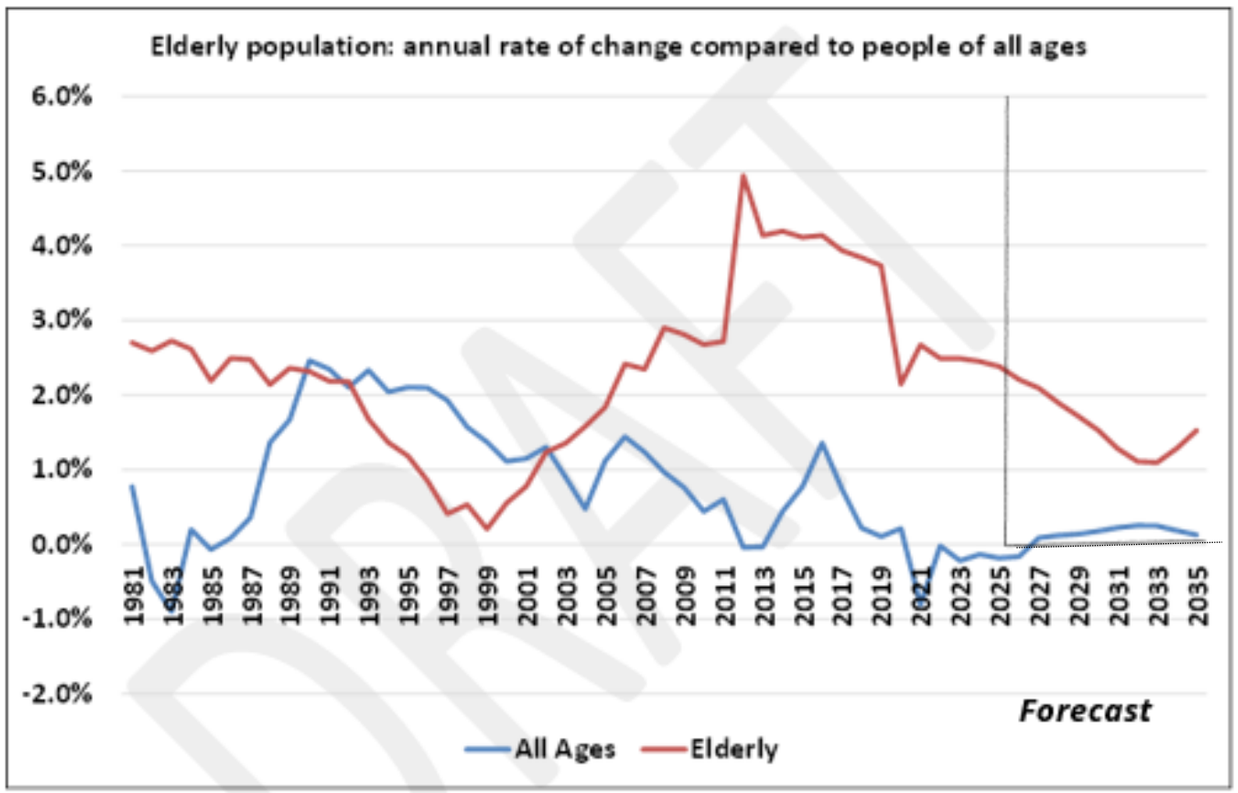
Population growth has shifted away from the urban center of Portland and toward the "high-desert" region of Central Oregon and surrounding suburban areas.

Source: U.S. Census Bureau; Portland State University Population Research Center



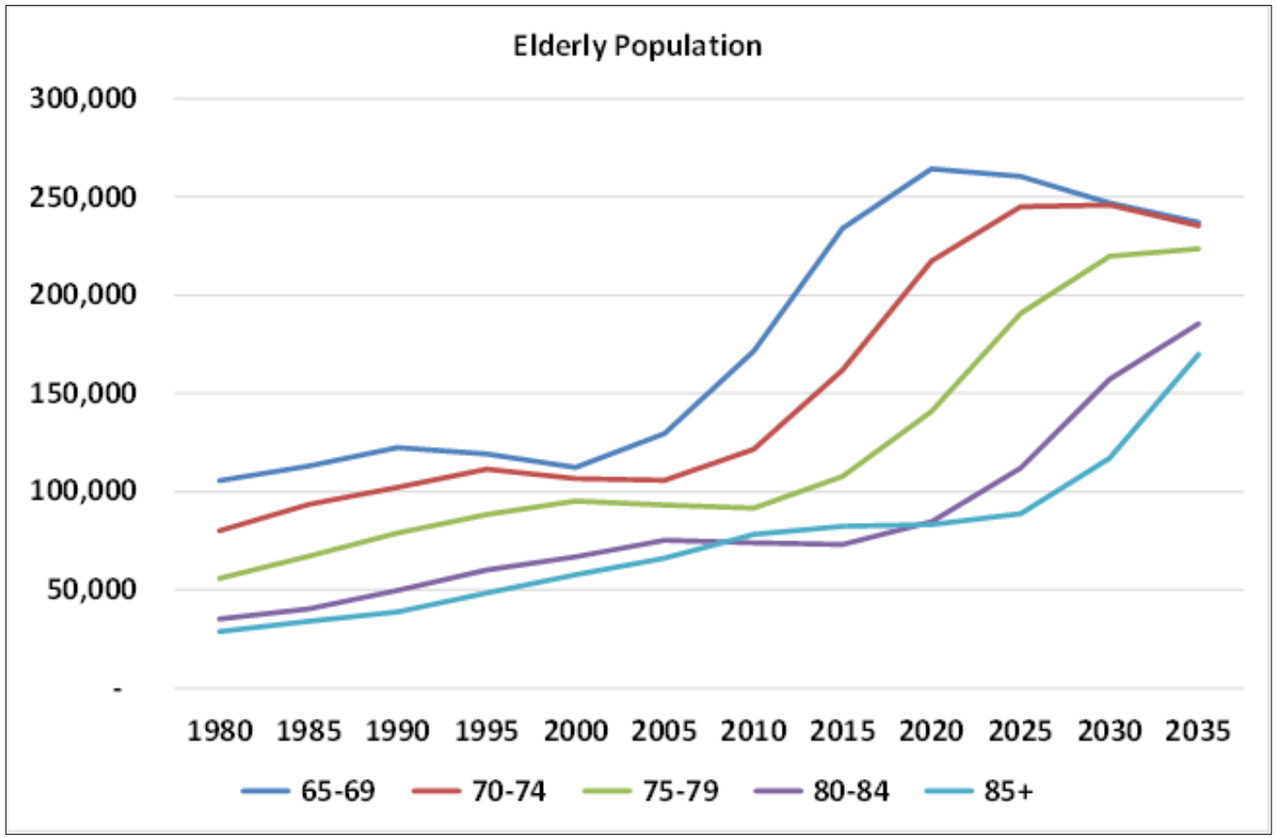
Oregon's median age has risen from 30.2 in 1980 to over 40 today, with the trend accelerating toward an older, more service-dependent population by 2035.

Source: U.S. Bureau of Census; and Oregon Office of Economic Analysis



Oregon’s total population growth is slowing down, but the elderly segment is still expanding rapidly, creating a demographic shift where the "oldest old" are the only rapidly growing group.

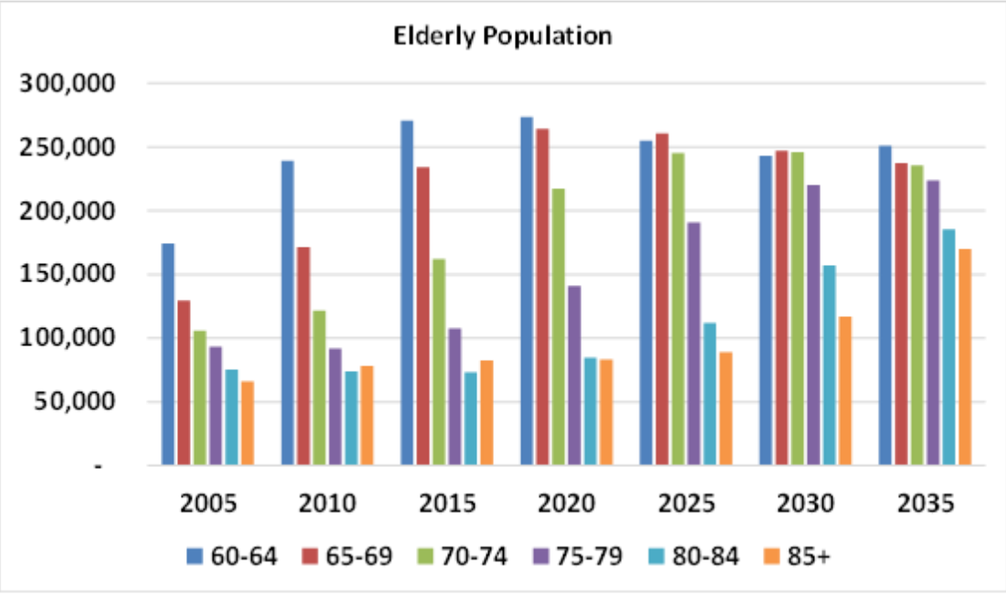
Source: U.S. Bureau of Census; and Oregon Office of Economic Analysis



Oregon's elderly population changes show the 'aging in place' of the Baby Boomer generation as they transition from young retirees into the oldest demographic.

Source: U.S. Bureau of Census; and Oregon Office of Economic Analysis

2025 Older Adult Population



Between 2005 and 2035, the distribution of Oregon's elderly population undergoes a "top-heavy" shift. The majority concentration moves from "younger" seniors (65–74) toward a much larger share of the "oldest-old" (80+).

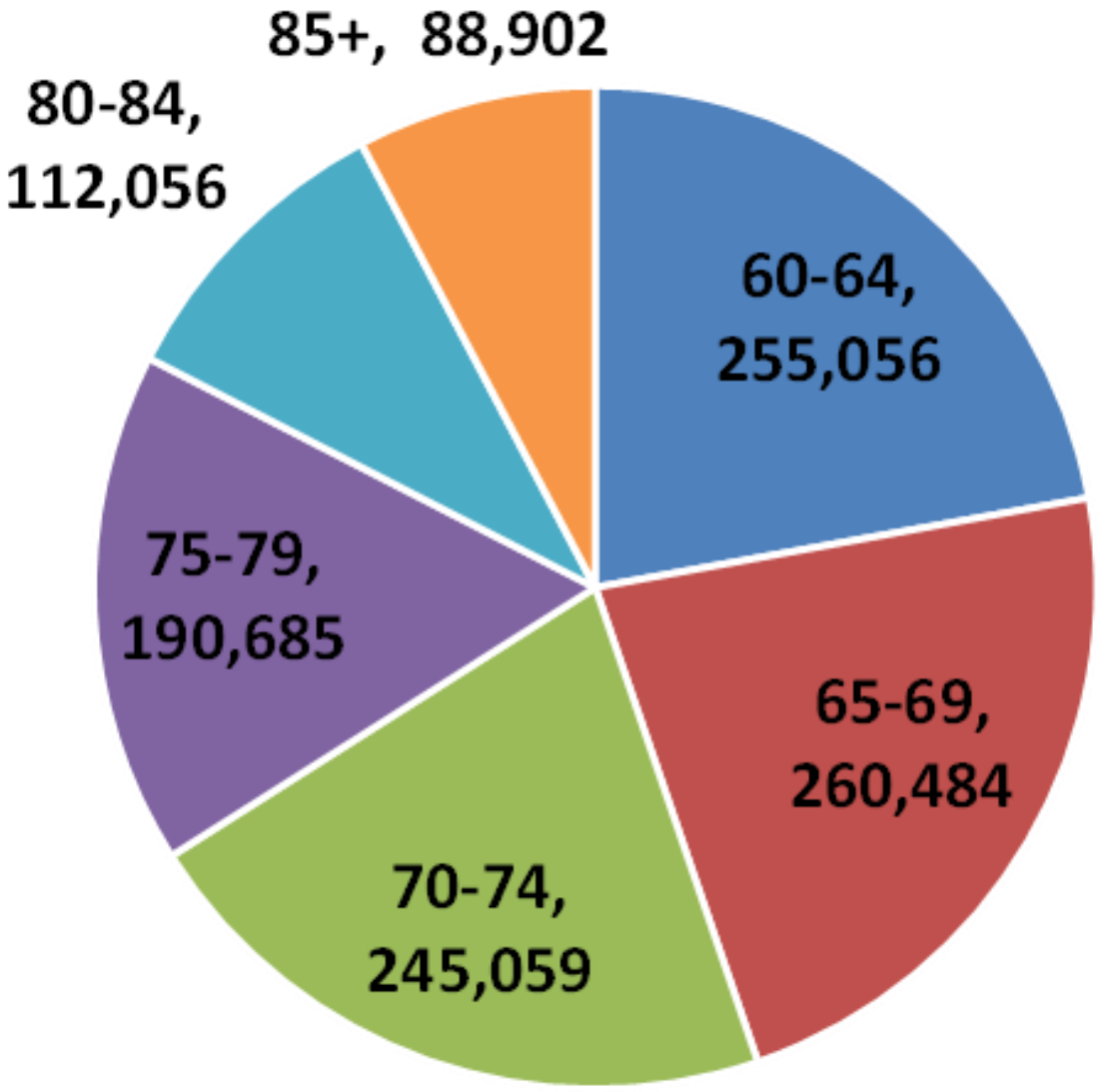
Source: U.S. Bureau of Census; and Oregon Office of Economic Analysis

Race and Hispanic Origin	Percentage
White alone, percent	86.20 percent
Black or African American alone	2.30 percent
American Indian and Alaska Native alone	1.90 percent
Asian alone	5.00 percent
Native Hawaiian and Other Pacific Island alone	0.50 percent
Two or More Races	4.20 percent

The race and ethnicity of Oregon's elderly population (65+) currently reflect a less diverse demographic than the state's general population, though this is beginning to shift as younger, more diverse cohorts age into retirement.

Source: U.S. Census Bureau, American Community Survey

2025 Makeup of Oregon's Older Adult Population



In 2025, Oregon's elderly population is distributed with a strong concentration in the "younger-senior" categories, though the older segments have grown into a significant portion of the total.

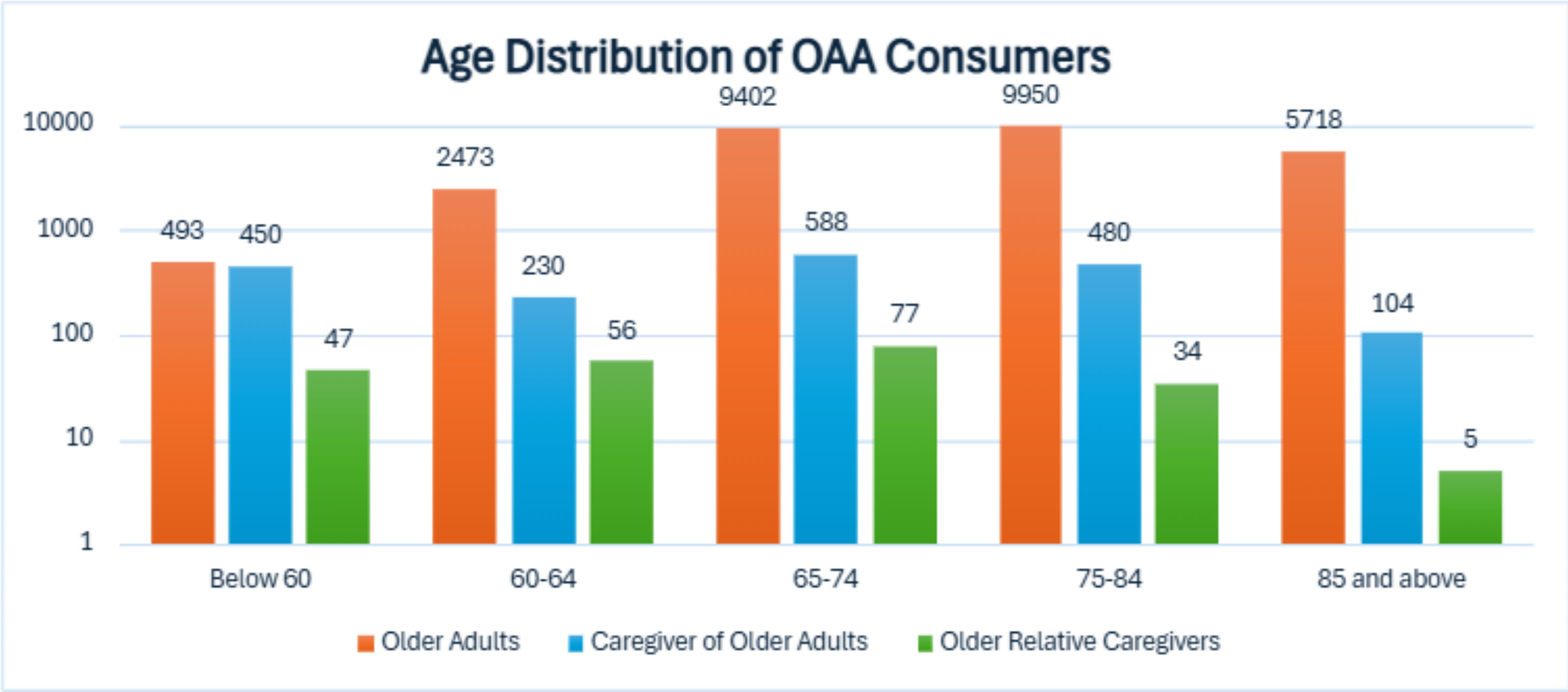
Source: U.S. Census Bureau and Oregon Office of Economic Analysis

Analysis:

- The older adult population (ages 65+) grew slowly in the late 1990s and early 2000s as the Depression-era cohort entered this age group.
- Growth accelerated when the Baby-Boom generation began aging into the 65+ population.
- Very high growth (over 4 percent annually) occurred between 2011 and 2018, marking a growth plateau.
- Older adult population growth will remain high but gradually slow in future years.
- From 2025–2035, the older adult population is projected to grow at an average annual rate of 1.6 percent, more than four times the growth rate of the overall population. Within the older adult population, the most significant increase is found among the cohorts age 80 to 84 and age 85 and older.
- Since 2023, the number of older adults in Oregon has exceeded the number of children under age 18.
- In 2000, the older adult population was only about half the size of the child population; today, older adults outnumber children.
- This demographic shift is driven by declining fertility, longer life expectancy, and the aging of the Baby-Boom generation.

OAA Utilization Data

All data in this section is from the State Fiscal Year 2024-2025 Older Americans Act Performance System (OAAPS)



Title IIIB and IIIC

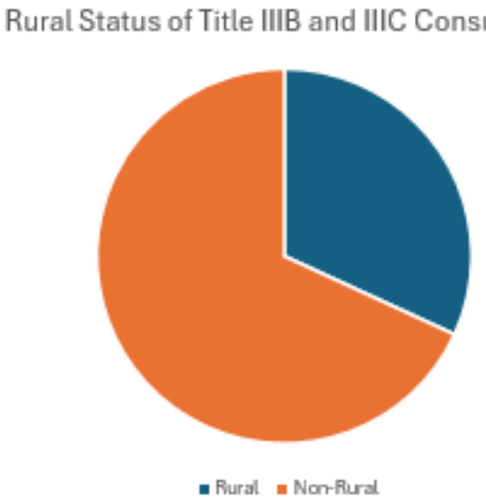
Age Range	Older Adults	Caregiver of Older Adults	Older Relative Caregivers
Below 60	493	450	47
60-64	2,473	230	56
65-74	9,402	588	77
75-84	9,950	480	34
85 and above	5,718	104	5

Title IIIE

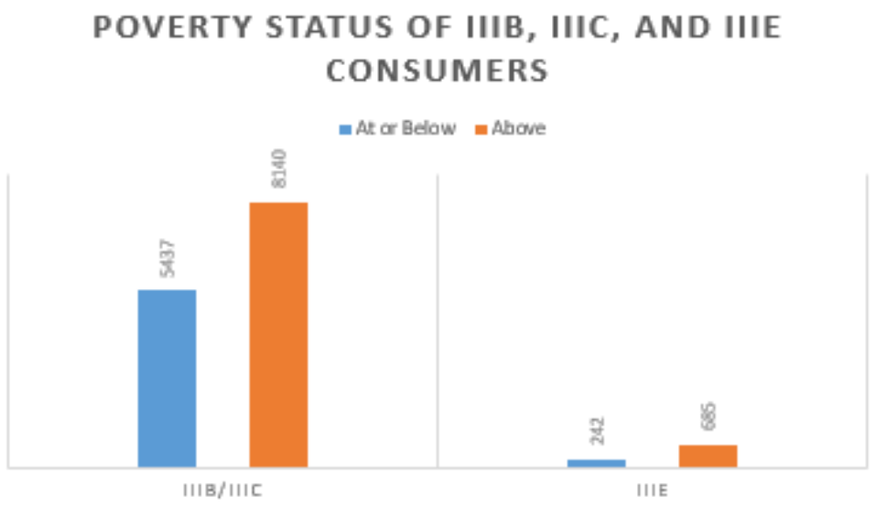
Age Range	Caregiver of Older Adults	Older Relative Caregivers
18-49	193	
50-59	257	47
60-64	230	56
65-74	588	77
75-84	480	34
85 and above	104	5

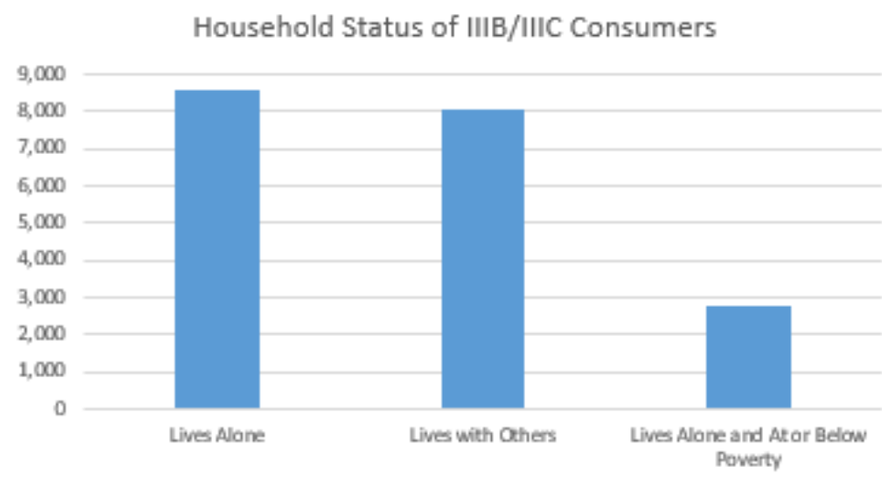
This table represents the age distribution of consumers who received registered Title IIIB Supportive Services, IIIC Nutrition Services, and IIIE Family Caregiver Services.

“Older Adults” represents Title IIIB and IIIC consumers. “Caregiver of Older Adults” represents caregivers who are caring for someone 60 and older or with dementia or a dementia-like diagnosis. “Older Relative Caregivers” represents older consumers who are primary caregivers for a child or an individual with a disability.


Rural Status of Title IIIB and IIIC Consumers
Rural
Non-Rural

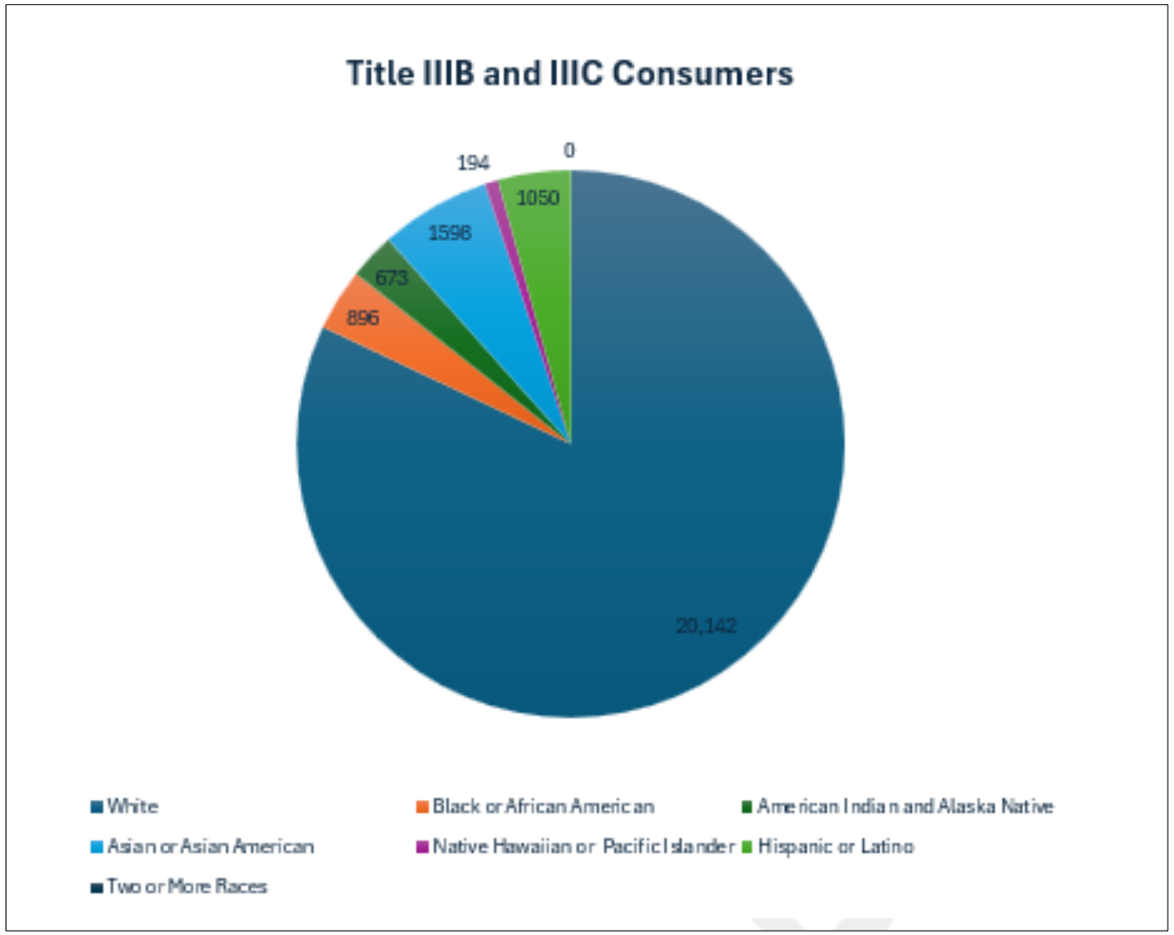

Rural Status of IIIE Consumers
Rural
Non-Rural

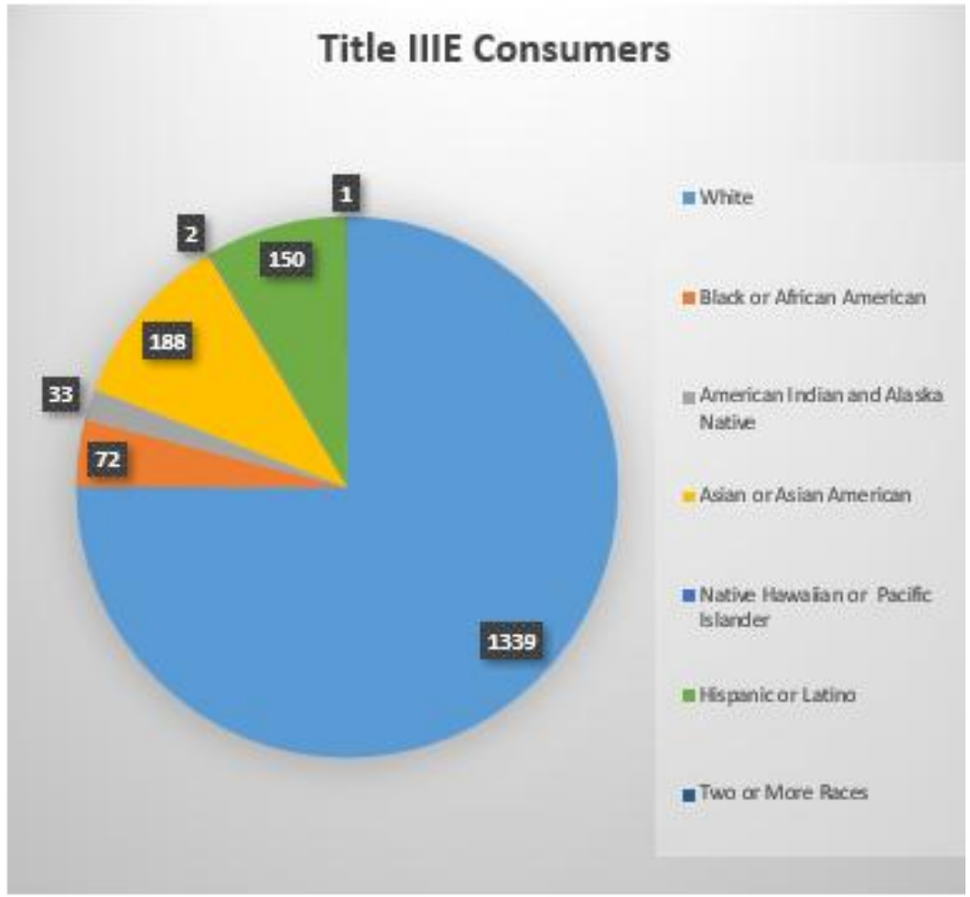

POVERTY STATUS OF IIIB, IIIC, AND IIIE CONSUMERS
At or Below
Above
5437
8140
242
685
IIIB/IIIC
IIIE


Household Status of IIIB/IIIC Consumers
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Lives Alone
Lives with Others
Lives Alone and At or Below Poverty

	Title IIIB and IIIC Served 28,730	**Title IIIE Served 2,133**
Rural Status	IIIB/IIIC	IIIE
Rural	8,840	391
Non-Rural	18,899	1,526
Poverty Status	IIIB/IIIC	IIIE
At or Below	5,437	242
Above	8,140	658
Missing	15,153	1,206
Household Status	IIIB/IIIC	IIIE
Lives Alone	8,554	Not Collected
Lives with Others	8,031	Not Collected
Lives Alone and At or Below Poverty	2,774	Not Collected

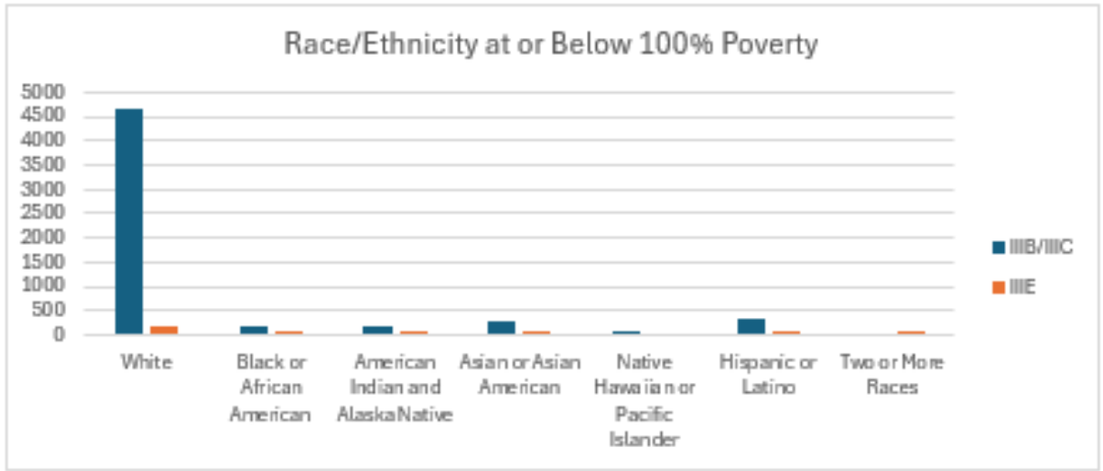
Oregon provided Title IIIB and IIIC services to 28,730 unduplicated consumers and IIIE services to 2,133 unduplicated consumers. These tables represent the rural and non-rural distribution of those consumers, the reported poverty status for IIIB, IIIC, and IIIE, as well as the household status of IIIB and IIIC consumers.


Title IIIB and IIIC Consumers
194
0
1050
1598
673
896
20,142
White
Black or African American
American Indian and Alaska Native
Asian or Asian American
Native Hawaiian or Pacific Islander
Hispanic or Latino
Two or More Races


Title IIIE Consumers
1
2
150
188
33
72
1339
White
Black or African American
American Indian and Alaska Native
Asian or Asian American
Native Hawaiian or Pacific Islander
Hispanic or Latino
Two or More Races

	Title IIIB/IIIC	Percentages	Title IIIE	Percentages
White	20,142	70 percent	1,339	63 percent
Black or African American	896	3 percent	72	3 percent
American Indian and Alaska Native	673	2 percent	33	2 percent
Asian or Asian American	1,598	6 percent	188	9 percent
Native Hawaiian or Pacific Islander	194	1 percent	2	0 percent
Hispanic or Latino	1,050	4 percent	150	7 percent
Two or More Races	0	0 percent	1	0 percent
Total Consumers	**28,730**		**2,133**	

These tables show reported race/ethnicity distribution for consumers who received registered services under IIIB, IIIC, and IIIE programs. Total consumer counts include consumers who choose not to disclose their race/ethnicity.

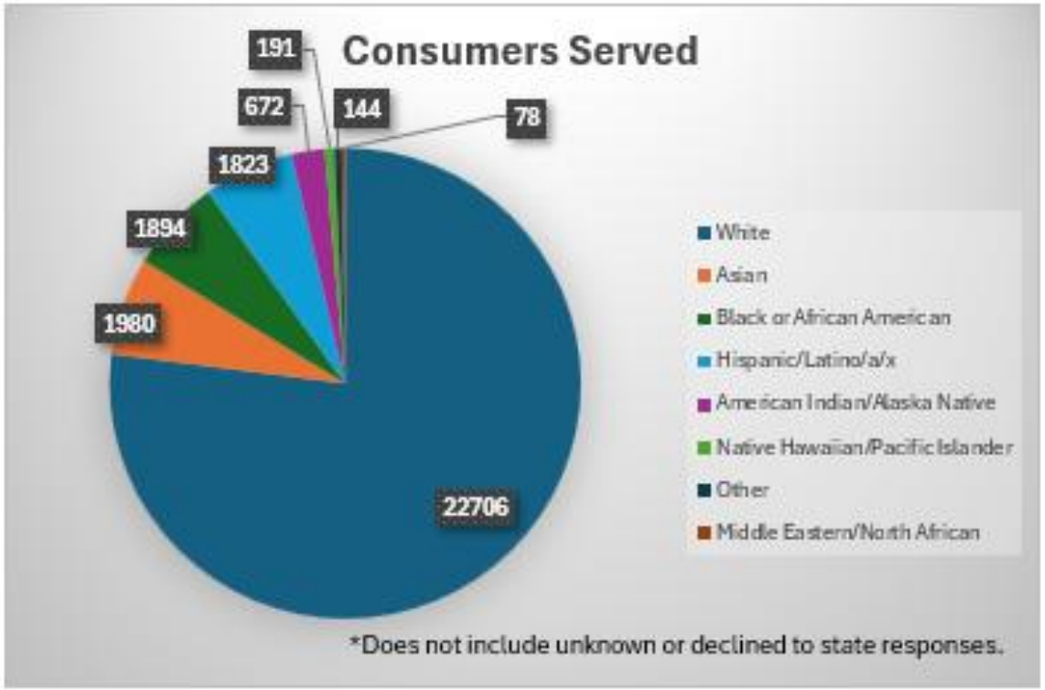


Race/Ethnicity At or Below Poverty	IIIB/IIIC	IIIE
White	4,647	173
Black or African American	190	17
American Indian and Alaska Native	187	7
Asian or Asian American	264	36
Native Hawaiian or Pacific Islander	42	0
Hispanic or Latino	346	55
Two or More Races	0	1

These tables provide data on poverty status by reported race/ethnicity of consumers who received IIIB, IIIC, and IIIE registered services. Approximately 20 percent of the 28,730 consumers served by IIIB/IIIC services are at or below 100 percent of federal poverty level and 13.5 percent of consumers who received IIIE services are at or below 100 percent of federal poverty level.

ADRC Utilization Data

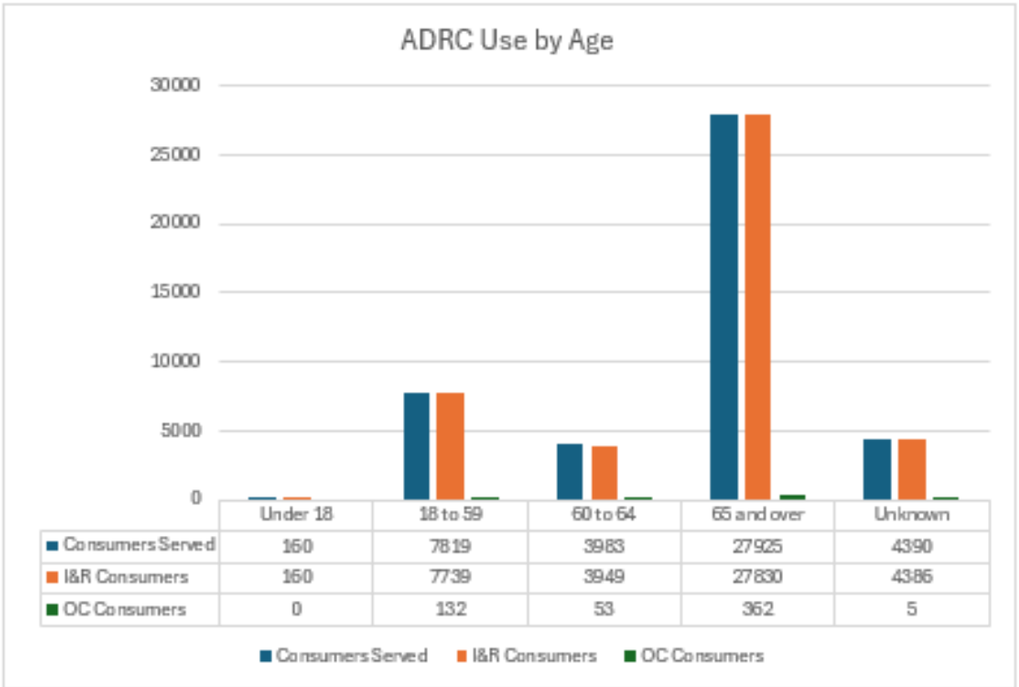
All data in this section is from State Fiscal Year 7/1/24 - 6/30/25



ADRC Consumers by Race and Ethnicity

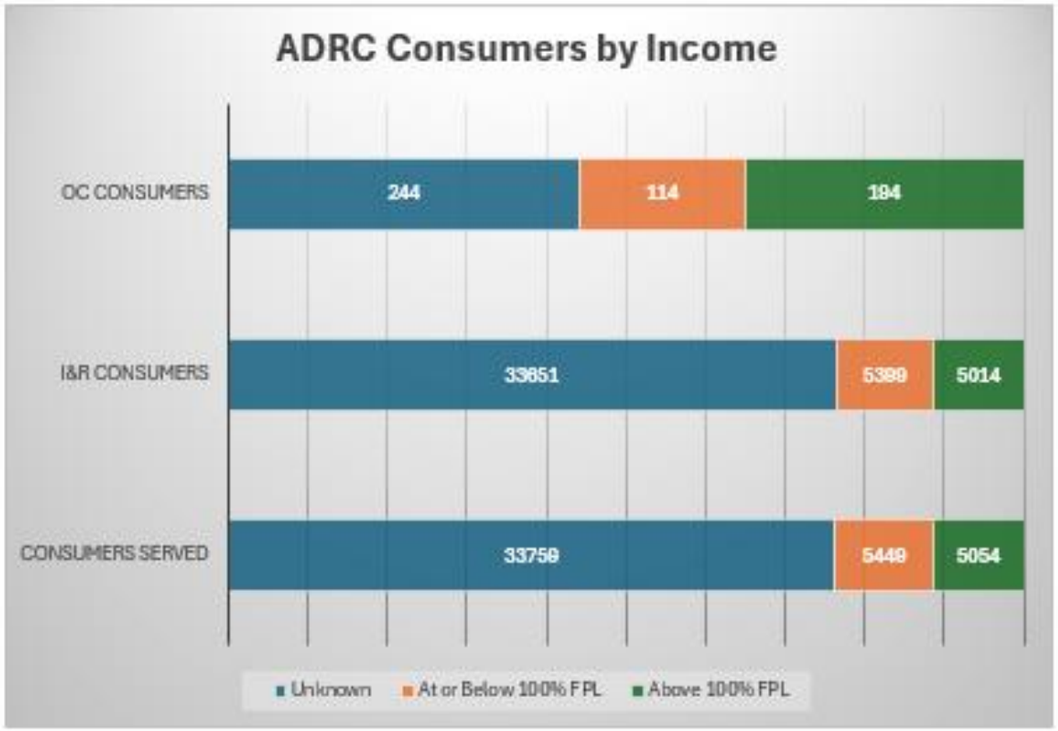
Race	Consumers Served
White	22,706
Asian	1,980
Black or African American	1,894
Hispanic/Latino/a/x	1,823
American Indian/Alaska Native	672
Native Hawaiian/Pacific Islander	191
Other	144
Middle Eastern/North African	78

Data shown represents the race/ethnicity distribution reported by consumers who received services through the Aging and Disability Resource Connection (ADRC).



ADRC Use by Age

Age Range	Consumers Served	I&R Consumers	OC Consumers
Under 18	160	160	0
18 to 59	7,819	7,739	132
60 to 64	3,983	3,949	53
65 and over	27,925	27,830	362
Unknown	4,390	4,386	5



ADRC Consumers by Income

Income Range	Consumers Served	I&R Consumers	OC Consumers
Unknown	33,759	33,651	244
At or Below 100 percent FPL	5,449	5,399	114
Above 100 percent FPL	5,054	5,014	194

Tables show ADRC usage by consumer's age and income levels. Graphics show a total count of all consumers served as well as consumers served by each unique service; Information and Referral (I&R) as well as Options Counseling (OC).

Appendix I – Adult Protective Services

Oregon's Adult Protective Services Program

Background

APD's Adult Protective Services (APS) staff, located in state offices and Area Agencies on Aging, provide protective services and investigate reports of abuse as defined in Oregon Administrative Rules (OAR) 411-020-0002. Abuse types include physical abuse, neglect, abandonment, verbal or emotional abuse, financial exploitation, sexual abuse, involuntary seclusion, and wrongful use of a physical or chemical restraint. APS also provides assessment and intervention when reports of self-neglect are received.

Adult Protective Services Investigation

APS investigation is the process of determining whether abuse as defined above occurred. The results of the investigation conclude whether the initial complaint is substantiated, unsubstantiated, inconclusive, or cannot be completed for jurisdictional or other reasons (Administrative Closure). After a complete and thorough investigation, the APS worker determines the facts of the case based on a fair and objective review of the available relevant evidence and concludes whether the preponderance (majority) of the evidence indicates whether the allegation of abuse occurred. If the investigation is conducted within a licensed long-term care facility, APD's licensing and regulatory unit, Safety, Oversight and Quality, will assess for needed corrective action based on severity of harm to resident(s), including issuing civil penalties.

Adult Protective Services Program Specifics – Financial Exploitation and Self-Neglect Complex Case Investigation

APD's Central Office APS Team has subject matter experts in both financial exploitation and self-neglect. They support collaborative efforts with community partners to educate the public and ensure APS consumers receive the services

and supports they need. Staff in these positions also provide training and education, technical assistance, case consultation, and policy administration to the Type B AAA and APD regional office staff who provide direct APS services.

Financial Exploitation

APD's APS Program has historically been a leader across the country in the detection of financial exploitation. APD APS has assisted the Oregon Banker's Association and partnered with AARP to develop and maintain AARP's Banksafe program, which continues to train frontline bankers as well as managers, compliance officers and fraud departments on how to detect and prevent financial exploitation and other forms of abuse of older adults. APS provides ongoing outreach and training to both professionals and older adults on how to protect themselves from fraud and scams. APS trains new APS investigators on key elements of exploitation such as undue influence, Power of Attorney abuse, drug diversion and scams.

Self-Neglect

The APD APS program also has a Complex Case Investigator who is a subject matter expert in self-neglect. This position works as a statewide resource for APS staff regarding self-neglect and navigating the least restrictive options for supporting consumers and serves as the statewide contact for guardianship/conservatorship program options in Oregon, including State Payment for a protective proceeding for qualifying cases. APD APS prioritizes an individual's right to self-determination when exploring options to safeguard a person from risk of harm.

To this end, our Complex Case Investigator provides specialized training and educational resources related to investigations and assessments involving consumers with diminished cognitive capacity who are experiencing self-neglect or allegations of abuse involving undue influence; researches and develops statewide tools that can be used for APS decision making capacity or risk assessment purposes; offers ongoing support related to the provision of APS

Risk Management Services, including consultations on cases in Risk Management status and development and monitoring of Risk Management Plans to assess effectiveness of interventions; oversees the process and requests or guardianship and conservator proceedings, including management of contracts; reviews documents and case-specific records related to complex self-neglect investigations; and provides direct local office support, including on-site/home visits with staff and alleged victims when additional support is needed due to complex capacity assessments, high levels of risk or high levels of community or media interest.

Data Collection – Ongoing Work:

The Office of Aging and People with Disabilities (APD) envisions Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect individual preferences and uphold dignity.

APD's APS staff have all participated in the development of plans that outline how we continue the critical work of identifying and removing the barriers to services that impact Oregonians living in their communities. Although these plans are specific to the needs of each community, they all use the following guiding principles to provide a broad lens by which our goals are achieved:

1. Engaging Communities.
2. Data and Evidence-Based Practice.
3. Developing Champions.
4. Directing Investments and Resources.
5. Customizing Services.
6. Creating Dialogue.

As of July 10, 2024, APS has the capability to capture expanded, whole-person data in its Centralized Abuse Management (CAM) system, which will support full and accurate information to be shared to the Administration for Community Living's (ACL) National Adult Maltreatment Reporting System (NAMRS). Funded by Oregon's American Rescue Plan Act (ARPA) Grant, this system enhancement has allowed us to support Oregonians in a more person-centered way by better understanding differences in how communities throughout Oregon are served by APS.

Adult Protective Services Program – Ongoing Enhancement to Services:

In recent years, APD APS has been awarded grant funds by the Administration for Community Living to enhance adult protective services. Elder Justice Act (EJA) Funds for 2024 and 2025 are being used in several areas, including:

1. Developing an online reporting system that can be accessed anytime to report complaints of suspected abuse and neglect in Oregon. This work will also help us to achieve compliance with new ACL Federal Regulations.

2. Continuing to invest in innovative training for APS workers throughout the State. APD APS is contracting with Pursuit of Discovery Training and Consultation for courses to be presented in our APS Fundamentals Training for new investigators, as well as regularly scheduled Power Hour sessions that focus on specific topics of interest to both new and seasoned investigators. Funds from these grants are also being used to support APS workers' attendance at external conferences and meetings, such as the annual National Adult Protective Services Association (NAPSA) Conference.

3. Providing ongoing enhancements to the Centralized Abuse management (CAM) system that will increase Oregon's ability to collect and report on APS data, as well as assist investigators in recording investigative data more efficiently.

Additionally, state-funded service enhancement efforts are ongoing, including:

1. A Tribal Sovereignty Training that was developed by APD's APS Administrator, who has expertise in working with Tribal Communities.
2. A new APS Core Competency Training being developed through a collaborative effort between Local APS and Central APS staff.
3. A new Facility Report Writing Training that focuses on specific aspects of reports of abuse in licensed long-term care settings.
4. An APS Supervisory Leadership Training that will ensure new APS Supervisors have the tools, resources, and knowledge needed to manage their programs effectively.
5. Rollout of safeTALK Training, a four-hour, evidence-based suicide intervention training by LivingWorks, that members of APD's APS Training Team will deliver to APS workers across the State.

Additional Information:

To learn more about the APS Program at ODHS, we suggest you review these publications:

- APS Brochure
- Brochure for those who are mandatory reporters
- APS 2024 Year in Review
- APS 2023 Year in Review

Appendix J – Oregon Long-Term Care Ombudsman

Oregon's Office of the Long-term Care Ombudsman (LTCO) is a separate and distinct state agency in Oregon, independent of the SUA and ODHS. As required by Title VII of the OAA, and as further described in Oregon Revised Statutes at ORS 441.402–441.419, the LTCO serves all licensed long-term care facility residents through complaint investigation, resolution, and advocacy for improvement in resident care. The LTCO serves residents in nursing homes, residential care facilities, assisted living facilities, memory care communities, and adult foster care homes, as well as independent living portions of continuing care retirement communities. As specified in ORS 441.417, the Residential Ombudsman and Public Guardianship Advisory Board monitors the program, with members appointed by the Governor and legislative leadership.

The Ombudsman program works to enhance the quality of life and improve the quality of care for residents of Oregon's licensed long-term care facilities. It is a free service available to residents, families, facility staff, and the general public. Certified ombudsman volunteers and LTCO staff investigate and resolve a wide variety of resident concerns, including problems with resident care, medications, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans.

Beyond complaint investigation and resolution, they also provide free consultations each year to individuals seeking assistance with the complexities of the long-term care system. The program also advocates for improvements in the quality of life and quality of care through educational presentations to residents, facilities and communities, as well as working collaboratively with the legislature, other agencies, and long-term care partners on systemic issues.

LTCO also works in partnership with Oregon's SMP project. Some Certified Ombudsman volunteers are cross-trained to provide education about Medicare-related fraud.

The LTCO program has more than 100 Certified Ombudsman volunteers across the state serving residents in approximately 45,000 beds in long-term care facilities.

Appendix K – Disaster and Emergency Preparedness

The Oregon Department of Emergency Management maintains a Comprehensive Emergency Operations Plan (CEMP). Each state department is responsible to develop and maintain policies and procedures (e.g., department emergency plans, standard operating procedures, Continuity of Operations Plans/Business Continuity Plans) in support of the State of Oregon Emergency Operations Plan.

The Oregon Department of Human Services (ODHS) serves as the lead agency for operations Emergency Support Function 6 (Mass Care). In this role the Office of Resilience and Emergency Management coordinates with county governments, supporting agencies, and non-governmental organizations during emergencies and disasters. ODHS assists in addressing non-medical Mass Care, emergency assistance, emergency sheltering, feeding, hydration, family reunification, evacuation support and human service needs for all aging and disabled Oregonians.

The Oregon Department of Human Services has developed a robust Mass Care Operations team which works directly with the Director of Aging and People with Disabilities and their Safety Manager. Together they provide coordination, support and communication to local APD offices and AAAs (either directly or through local offices) in all types of disasters. This support includes operational direction and facilitation between ODHS and other agency and local partners.

ODHS is also responsible for the development of recovery plans and/or procedures that allow for implementation of identified recovery roles and responsibilities. Information on ODHS' role (Recovery Support Function 4) is found on page 26 of Oregon's Emergency Management Plan, Volume IV.

More information and a detailed directory of all volumes of the CEMP can be found on this Oregon Department of Emergency Management website.

Oregon's AAAs have emergency preparedness plans to ensure continuation of service delivery during an emergency. The plans are revised when needed to ensure they will meet the needs of the individuals they serve. As required by APD instructions to the AAAs, Area Plans on Aging had to include, at a minimum, the following elements in their emergency preparedness plans:

- Assessment of potential hazards;
- Chain of command;
- Communications plan;
- Continuity of operations plan (program-by-program or site-by-site);
- Agreements that detail how the AAA will coordinate activities with local and state emergency response agencies, relief organizations and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases; and
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

The APD management would lead and coordinate APD's role in maintaining continuity of service delivery during an emergency. For example, should there be a declared disaster anywhere in Oregon, APD, led by its manager, would consider applying for available AoA/ACL emergency funds.

Appendix L – Intrastate Funding Formula (IFF)

Oregon State Unit on Aging Intrastate Funding Formula

Oregon's Older Americans Act (OAA) grant award, Oregon Project Independence, and Legislative special purpose appropriations are allocated to individual Area Agencies on Aging (AAAs) based on a combination of a Base Amount formula, a Land Area formula, and a Population formula on a biennial basis. OAA Sections 305(a)(2)(C) have been met, and criteria set forth in Sections 305(a)(2)(C)(i) and (ii) have been considered and factor weights in Oregon's funding formula are based upon the most current census data released.

Summary

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

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

- 5 percent of Older Americans Act award after subtracting base amount for applicable titles
- 5 percent of Oregon Project Independence appropriation

The method used to meet the needs for services in rural areas are percentages of the OAA allocation distribution based upon each AAA share of Oregon's total square mileage. The land area formula is used in allocating Title IIIB, IIIE, VII Ch. 3 funds and Oregon Project Independence.

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

The population factors overlap: For example, those who are 75+ are counted once in the 60+ factor and again in the 75+ factor. Those who are in poverty are counted once in the 60+ and again in this separate factor. Similarly, those who are a minority senior 65+ are counted twice (once in the 60+ and once in the factor for minority). The result is that those 75+, minority 65+, and poverty 65+ are weighted twice that of those 60+. If a senior were 75+, minority and in poverty, they would be counted in all four demographic factors.

The number of minority older Oregonians was used in calculating the allocations for Title IIIB, IIIC, IIIE and VII Ch. 3. Minority plus poverty was the primary factor used in allocating Title IIID Preventive Health funds. A base amount is used for IIID services as all counties in Oregon have a Medically Underserved Area/Population (MUA/P) shortage area. Each funding source has a separate allocation (supportive services, congregate meals, home delivered meals, family caregiver support, elder abuse prevention, preventive health, Oregon Project Independence and when applicable, Legislative special purpose appropriations). The chart below demonstrates how the three formulas are used to allocate the available funds for the seven programs.

While the OAA emphasizes providing services to all older individuals, it mandates prioritization for those with the greatest economic or social needs, with particular attention to low-income minority individuals. In Oregon, "greatest economic need" refers to the need stemming from an income level at or below 125 percent of the Federal poverty level. “Greatest social need” refers to the need caused by noneconomic factors, as outlined in the OAA, 45 CFR §1321.3, and as further defined by the State and area plans based on local and individual factors.

	Biennial Base Amount	Land Area	Population Formula 1	Population Formula 2	Population Formula 3
OAA Title IIIB: Supportive Services	**$55,000**	**5.0 percent**	**remaining 95 percent**	Not used	Not used
OAA Title IIIC-1: Congregate Meals	**$20,000**	Not Used	**remaining 100 percent**	Not used	Not used
OAA Title IIIC-2: Home Delivered Meals	**$5,000**	Not Used	**remaining 100 percent**	Not used	Not used
OAA Title IIID: Preventive Health	**$3,000**	Not Used	Not used	**remaining 100 percent**	Not used
Title IIIE: Family Caregiver Support	Not Used	**5.0 percent**	Not used	Not used	**remaining 95 percent**
Title VII Ch. 3: Elder Abuse Prevention	**$1,000**	**5.0 percent**	**remaining 95 percent**	Not used	Not used
Oregon Project Independence	Not Used	**5.0 percent**	**remaining 95 percent**	Not used	Not used
Legislative Special Purpose Appropriations Base not used. Land Area and Population Formulas vary depending upon purpose of funds: General use – 5 percent land, 95 percent population; health promotion use – $3K base and Population Formula 2; or as directed by legislative intent.					

Base Funding

If available OAA funding is not sufficient to fully fund each base amount, the SUA will, in consultation with the AAAs, proportionately reduce funding to spread available funding across all AAAs.

Data Sources

Oregon has chosen to use the following data sources:

American Community Survey (ACS) - The American Community Survey is completed at regular intervals by the United States Census Bureau.

U.S. Census Bureau Population Estimates – The Population Estimates Program (PEP) produces annual estimates (Vintages) of the population for the U.S. and Puerto Rico.

The U.S. Census Bureau's Annual Geographic Information Table centralizes yearly geographic data.

Census information is calculated for each AAA in the following categories. Oregon State Land Square Miles is also calculated for each PSA.

Factor	Source (Time period)	Rationale
Older adults aged 60+	U.S. Census Bureau Population Estimates Program (Vintage 2023)	This factor is the basis for the distribution of funds by PSA. It reflects the proportion of persons aged 60 and older throughout the State by county.
Older adults aged 75+	U.S. Census Bureau Population Estimates Program (Vintage 2023)	This factor addresses the unique economic and social needs of older persons, particularly with increased health conditions and/or needs.
Older adults aged 65+ from underrepresented race or ethnicity (minority)	ACS 5-year Estimates (2023)	This factor addresses the unique social and economic needs of older racial and ethnic minorities.
Older adults aged 65+ with income < 125 percent of federal poverty level (FPL)	ACS 5-year Estimates (2023)	This factor addresses the economic needs of older persons.
Older adults aged 70+	U.S. Census Bureau Population Estimates Program (Vintage 2023)	This factor addresses the unique health, caregiving and social needs of older persons.

Factor	Source (Time period)	Rationale
Oregon State Land Area	Annual Geographic Information Table (2023)	This factor addresses the unique social and economic needs of older persons in rural areas, specifically the geographical isolation faced by older rural persons, and the service costs associated with large square mileage PSAs.

Ongoing Updates to IFF

As a matter of policy, Oregon SUA will update the census data used in this allocation formula on a periodic basis, at least once every two years at the start of a state fiscal year biennial period, in order to limit the funding impact of future demographic shifts when it allocates federal dollars using the IFF. The data used will be based on the most recent tabulations available. If at any time a change in data results in a greater than 5 percent change in funding allocation to a specific AAA, the SUA will consider a phased in process to allocate funds, in consultation with the AAA network.

Any future changes to the IFF formula, beyond updates to census data used in the formula, must be done in accordance with the prescribed update procedures required by the OAA.

Population Formula 1: (IIIB, IIIC-1, IIIC-2, VII Ch. 3, and OPI)

a. population 60 years and older, plus

b. population 75 years and older, plus

c. minority population 65 years and older, plus

d. poverty population 65 years and older with incomes below 125 percent of federal poverty level.

IIIB

Fixed Biennial Region Base of $55,000 + Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95 {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

IIIC1

Fixed Biennial Region Base of $20,000 + population combined percentage of *100 percent {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

IIIC2

Fixed Biennial Region Base of $5,000 + population combined percentage of *100 percent {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

VII Chapter 3

Fixed Biennial Region Base of $1,000 + Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95 {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

Population Formula 2: (IIID)

a. population 75 years and older, plus

b. minority population 65 years and older, plus

c. poverty population 65 years and older with incomes below 125 percent of federal poverty level.

Fixed Biennial Region Base of $3,000 + population combined percentage of *100 percent, {region metric/state metric}, (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

Population Formula 3: (IIIE)

a. population 70 years and older, plus

b. minority population 65 years and older, plus

c. poverty population 65 years and older with incomes below 125 percent of federal poverty level.

Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95, (70 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125 percent federal poverty level), {region metric/state metric}=total award.

Base Congregate and Home Delivered Allocation

Because both nutrition titles determine allocation on population alone, Oregon's least populated regions can receive less than the cost to provide minimum services. For this reason, a base amount is used for the allocation AAAs receive for Congregate Meals (Title IIIC1) and Home Delivered Meals (Title IIIC2). There is a base of $20,000 for Congregate Meals and a base of $5,000 for Home Delivered

Meals. The remaining amount is distributed based on the population factors outlined above.

State deductions from Title III Funds

Prior to distribution to AAAs under the IFF, the State deducts 5 percent of the Title III allocation for State Plan Administration. The State also holds $56,914 per fiscal year from the Title IIIB allocation to distribute to the Long-Term Care Ombudsman program. The remainder is then distributed to AAAs via the IFF.

Nutrition Services Incentive Program (NSIP) fund distribution

Oregon disburses NSIP funds to AAA nutrition service programs, and the funding is a proportional share based upon the number of eligible meals served in the prior year. NSIP eligible meals are those meals served to an individual who is qualified to receive services as defined in the OAA. Oregon has chosen, based on technical assistance from the US Administration on Aging, to include all OAA and traditional Oregon Project Independence (OPI) congregate and home-delivered meals as NSIP eligible meals.

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18 percent
- Legal: 3 percent
- In-Home: 3 percent

The charts below break out the allocations of OAA funds by PSA. Figure 1 details the factors and population data on which the funding formula is based, including the impact on allocation for each PSA. Figure 2 details the funding allocation for each PSA, segmented by Part of Title III.

Figure 1: Factors and Population data for each PSA.

AAA	Population 60+	percent	Population 75+	percent	Minority Population 65+	percent	Poverty Population 65+	percent	Population 70+	percent	Land Area Sq. Mi.	percent
CAPECO	36,589	3.4 percent	11,214	3.3 percent	5,211	4.5 percent	3,919	3.8 percent	18,577	3.3 percent	11,898	12.4 percent
CAT	15,203	1.4 percent	4,492	1.3 percent	745	0.6 percent	1,217	1.2 percent	7,638	1.3 percent	659	0.7 percent
CCNO	19,185	1.8 percent	6,340	1.9 percent	1,261	1.1 percent	2,311	2.2 percent	10,535	1.9 percent	12,779	13.3 percent
CCSS	114,037	10.5 percent	36,294	10.7 percent	9,725	8.3 percent	8,795	8.4 percent	59,812	10.5 percent	1,871	1.9 percent
COACO	75,543	6.9 percent	22,643	6.7 percent	4,826	4.1 percent	5,135	4.9 percent	38,837	6.8 percent	7,779	8.1 percent
DCSSD	38,572	3.5 percent	13,013	3.8 percent	3,117	2.7 percent	4,493	4.3 percent	21,263	3.7 percent	5,036	5.2 percent
HCSCS	2,614	0.2 percent	873	0.3 percent	182	0.2 percent	310	0.3 percent	1,418	0.2 percent	10,135	10.6 percent
KLCCOA	23,491	2.2 percent	6,999	2.1 percent	2,570	2.2 percent	3,318	3.2 percent	12,364	2.2 percent	14,089	14.7 percent
LCOG	105,958	9.7 percent	33,577	9.9 percent	8,260	7.1 percent	10,420	10.0 percent	57,118	10.0 percent	4,555	4.7 percent
MCADVS	161,662	14.8 percent	46,726	13.8 percent	24,962	21.4 percent	18,544	17.8 percent	81,467	14.3 percent	432	0.4 percent
MCOACS	7,273	0.7 percent	2,337	0.7 percent	1,377	1.2 percent	995	1.0 percent	3,764	0.7 percent	9,888	10.3 percent
NWSDS	153,352	14.1 percent	47,777	14.1 percent	18,364	15.7 percent	14,459	13.9 percent	79,544	14.0 percent	4,571	4.8 percent
OCWCOG	79,451	7.3 percent	24,125	7.1 percent	5,701	4.9 percent	6,731	6.5 percent	41,497	7.3 percent	3,947	4.1 percent

AAA	Population 60+	percent	Population 75+	percent	Minority Population 65+	percent	Poverty Population 65+	percent	Population 70+	percent	Land Area Sq. Mi.	percent
RVCOG	98,408	9.0 percent	32,967	9.7 percent	8,673	7.4 percent	10,398	10.0 percent	54,248	9.5 percent	4,423	4.6 percent
SCBEC	34,738	3.2 percent	11,206	3.3 percent	3,055	2.6 percent	3,507	3.4 percent	18,873	3.3 percent	3,226	3.4 percent
WCDAVS	124,320	11.4 percent	37,749	11.2 percent	18,605	16.0 percent	9,668	9.3 percent	62,260	10.9 percent	725	0.8 percent
State Total	1,090,396	100.0 percent	338,332	100.0 percent	116,634	100.0 percent	104,220	100.0 percent	569,215	100.0 percent	96,013	100.0 percent

Summary of Allocation and Funding Sources

AAA 2025 - 2027

Figure 2: Funding allocation for each PSA, segmented by Part of Title III

AAA	IIIB Support Services	IIIC1 Congregate Meals	IIIC2 Home-Delivered Meals	IIID Evidence-Based Health Promotion Services	IIIE Caregiver Services	VII, Ch. 3 Elder Abuse, Neglect & Exploitation Prevention Activities	Subtotal of OAA Titles	% of OAA Funds	Unspent '23-'25 Biennia OAA Funds	Unspent '21-'23 Biennia ARP/SLFR /VAC5 Funds	Nutrition Services Incentive Program	% of NSIP Funds	**'23-'25 Unspent NSIP via IFF FYE 23 Meal Count	SUA admin funds provided to AAAs for IS/IT	Continued Seq. Mitig. SPA Funds	Total OPI (Classic) Allocation	Total OPIM Ongoing Case Management	Non-Waivered OPIM Eligibility Case Management XIX	Housing Support Services Medicaid Type B	Waivered XIX	Non-Waivered XIX SNAP Accuracy	Non-Waivered XIX	Non-Waivered XIX - OEP	XIX Local Match	25-27 Allocation Total
CFDA #	93.044	93.045	93.045	93.043	93.052	93.042			Various	Various	93.053			93.045	99.999	99.999	Medicaid-Adm 1115-FF/GF 93.778	Medicaid-Adm 1115-FF/GF 93.778	Medicaid FMAP FF/GF 93.778	GF/FF 93.778	GF/FF 93.778	GF/FF 93.778	GF/FF 93.778	GF/FF 93.778	
CAPECO	$412,867	$491,942	$325,704	$25,260	$197,301	$4,370	$1,457,445	3.8%	$268,331	$0	$109,421	4.5%	$12,127	$4,151	$71,670	$197,343	$1,091,746								$3,212,234
CAT	$170,970	$196,557	$124,978	$10,060	$61,169	$2,092	$565,826	1.5%	$44,356	$0	$62,632	2.5%	$345	$2,000	$26,812	$63,951	$356,168								$1,122,090
CCNO	$278,761	$275,613	$178,700	$14,627	$125,116	$3,107	$875,925	2.3%	$55,453	$0	$93,692	3.8%	$518	$2,169	$38,818	$123,392	$678,042								$1,868,009
CCSS	$966,743	$1,432,435	$964,808	$57,927	$471,330	$9,585	$3,902,828	10.1%	$888,985	$0	$269,524	11.0%	$1,488	$7,293	$214,495	$502,775	$2,762,763								$8,550,151
COCOA	$617,566	$842,564	$563,966	$39,202	$310,443	$6,297	$2,380,038	6.1%	$1,924	$0	$128,413	5.2%	$709	$4,084	$124,916	$310,224	$1,716,219								$4,666,526
DCSSD	$408,293	$535,454	$355,273	$28,116	$202,756	$4,327	$1,534,220	4.0%	$547,249	$0	$64,414	2.6%	$355	$3,572	$78,278	$194,821	$1,077,792						$242,140		$3,742,841
HCSCS	$123,095	$51,655	$26,511	$4,461	$37,844	$1,641	$245,208	0.6%	$2,873	$0	$13,636	0.6%	$76	$2,000	$4,807	$37,551	$207,738								$513,889
KLCCOA	$316,490	$325,025	$212,277	$17,922	$148,268	$3,462	$1,023,444	2.6%	$102,953	$0	$59,399	2.4%	$328	$2,383	$46,322	$144,197	$797,727								$2,176,753
LCOG	$911,740	$1,326,572	$892,869	$60,673	$475,742	$9,067	$3,676,663	9.5%	$219,677	$0	$205,975	8.4%	$1,137	$8,348	$198,418	$472,444	$2,613,654	$2,048,625	$107,361	$20,438,532	$972,348	$33,827,002	$14,189,380	$1,749,714	$80,729,279
MCADVDS	$1,350,765	$2,043,801	$1,380,255	$101,770	$717,816	$13,203	$5,607,610	14.5%	$735,014	$190,959	$450,446	18.3%	$2,487	$25,000	$307,338	$714,539	$3,926,429	$3,098,417	$56,266	$45,435,239	$2,161,548	$62,726,170	$31,601,407	$31,000,000	$188,038,869
MCOACS	$169,802	$126,534	$77,394	$8,703	$65,536	$2,081	$450,050	1.2%	$218,739	$0	$18,719	0.8%	$103	$2,000	$16,179	$63,307	$347,873								$1,116,970
NWSDS	$1,266,905	$1,882,033	$1,270,329	$92,623	$681,097	$12,412	$5,205,400	13.4%	$2,841,548	$0	$338,856	13.8%	$2,782	$12,666	$282,772	$668,298	$3,672,317	$2,897,892	$0	$27,553,653	$1,310,846	$44,973,712	$19,129,033	$2,899,415	$111,789,190
OCWCOG	$671,876	$955,836	$640,939	$45,883	$347,035	$6,809	$2,668,378	6.9%	$1,699,071	$0	$165,967	6.8%	$1,469	$6,112	$142,118	$340,173	$1,869,259	$1,475,066	$56,266	$12,879,224	$612,720	$18,770,088	$8,954,534	$900,000	$50,540,445
RVCOG	$898,330	$1,306,555	$879,267	$66,503	$482,921	$8,941	$3,642,518	9.4%	$701,558	$0	$182,595	7.4%	$1,008	$8,452	$195,379	$465,050	$2,590,033					$242,140			$8,028,733
SCBEC	$339,394	$441,065	$291,131	$23,674	$163,542	$3,678	$1,262,484	3.3%	$134,484	$0	$122,743	5.0%	$9,787	$3,550	$63,944	$156,828	$867,602								$2,621,422
WCDAVS	$1,043,508	$1,560,988	$1,052,165	$76,430	$540,766	$10,308	$4,284,165	11.0%	$1,435,046	$194,198	$171,658	7.0%	$1,444	$7,673	$234,017	$545,107	$3,015,640								$9,888,948
Total	$9,947,107	$13,794,629	$9,236,566	$673,834	$5,028,685	$101,380	$38,782,201	100%	$9,897,261	$385,157	$2,458,090	100%	$36,163	$101,453	$2,046,283	$5,000,000	$27,591,002	$9,520,000	219,893	$106,306,648	$5,057,462	$160,781,252	$73,874,354	$36,549,129	$478,606,348

Appendix M – State Plan Assurances

State Plan Assurances And Required Activities

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, Organization

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

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

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

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, Area Plans

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency,

and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964

(42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of

transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, State Plans

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

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

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

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

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

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

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State

and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-

speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-

(iii) income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with severe disabilities;

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

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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

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

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

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

(21) The plan shall—

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

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and

benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

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

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

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

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

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

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, Planning, Coordination, Evaluation, And Administration Of State Plans

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

Sec. 705, Additional State Plan Requirements

(a) Eligibility. —In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

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

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

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



May 11, 2026

Nakeshia Knight-Coyle, Ph.D. Date

Director, Office of Aging and People with Disabilities

Appendix N – Information Requirements

State Plan Guidance Attachment B

Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"Greatest economic need" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"Greatest social need" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) Identify and consider populations in greatest economic need and greatest social need;

(2) describe how they target the identified the populations for service provision;

(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;

(4) establish methods for serving the prioritized populations; and

(5) use data to evaluate whether and how the prioritized populations are being served.

State's Response:

(1) *Populations in greatest economic need and greatest social need.* In Oregon, "Greatest Economic Need" refers to the need stemming from an income level at or below 125 percent of the Federal poverty level. Oregon has adopted the federal definition of Greatest Social Need (42 CFR § 1321.3). In doing so, this provides AAAs with the flexibility to prioritize and tailor services based on the greatest economic and social need of individuals located in their PSA based on local and individual factors. The "greatest social need" for older adults encompasses a range of broader, noneconomic factors that significantly impact a person's overall quality of life and well-being. These social needs include, but are not limited to, issues such as geographic and social isolation, limited access to services and supports, health challenges, housing instability and physical or mental disabilities. Additional factors include limited English proficiency, education attainment, cultural differences, aspects of identity, racial or ethnic status or other identified structural barriers that restrict an individual's ability to access services and supports, perform normal daily tasks, or that threaten a person's capacity to live independently.

(2) *Activities to target identified populations for service provision.* Oregon's Intrastate Funding Formula (IFF) is the basis for prioritizing how we serve older Oregonians with the greatest economic or social need (see Appendix L). The intrastate funding formula includes methods to distribute funds to the following populations: individuals 60 years and older, individuals 70 years

and older, individuals 75 years and older, minority populations 65 years and older, populations 65 years and older with incomes below 125 percent of federal poverty level.

The State Plan also includes goals and planned activities to enhance the Oregon Aging Network's ability to reach older adults in greatest economic and social need. Objective 2.3 of the State Plan lays out strategies for ensuring that ADRCs and the broader Aging Network have the resources to identify, serve, and provide outreach to populations in greatest economic and social need throughout the state.

(3) *Priorities to serve target populations with available resources.* Oregon APD uses statewide data to identify priority needs and encourages AAAs to identify priority populations specific to their PSAs using demographic and service data. In the Area Plan guidance (Instructions) Oregon APD provided to the AAAs, AAAs were required to include a section describing the methods the AAA will use to carry out the OAA priority to identify and provide services to targeted populations, including those in greatest social need and greatest economic need. They were also asked to address how members of each target group would be identified, engaged and served. The guidance also stated, "Each planning and service area must assess their particular environment to determine those populations best targeted based on greatest social and economic need."

(4) *Methods for serving the prioritized populations.* AAAs use their needs assessment to identify in their Area Plan on Aging the populations of greatest economic need and greatest social need for each of their objectives. This approach directs OAA funding to those most in need at the local level.

(5) *Methods to evaluate whether and how the prioritized populations are being served.* Oregon APD and AAAs work collaboratively together to identify areas of need. Through its monitoring process, Oregon APD conducts quality assurance and quality improvement reviews using data on utilization of

services provided and demographic data on persons receiving services. APD also contracted with Portland State University's Population Research Center to gather and compile overall population level data that APD and the AAAs can use to identify and compare the percentage of people with greatest economic and social need against program utilization. This data was transmitted to the AAAs to use as they developed their most recent Area Plans on Aging. AAAs were directed to use this data, at a minimum, to describe and analyze the current demographics of their PSA and also to address in their plans how they are using this data to prioritize outreach and services to those at greatest risk and those with greatest social and economic need. APD will continue to obtain and analyze data from reliable sources to build a comprehensive picture of the distribution of greatest social and economic need and how these populations are being served.

Additionally, Objective 1.5 of the State Plan details actions that Oregon APD will take to track service utilization and identify access barriers and service gaps among priority populations.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

State's Response:

Oregon has Nine Federally Recognized Tribes and recognizes its responsibility to identify and address greatest economic and greatest social need among Native

American Elders throughout the state. In 2018, Oregon APD began its statewide “Meet & Greet” events for the State Agency, Tribes, Title VI grantees, and Area Agencies on Aging to convene and promote coordination between Title III and Title VI services. These “Meet & Greet” gatherings have resulted in the identification of greatest economic need and greatest social need specific to Native Americans through communication among Oregon APD, Area Agencies on Aging, Tribal representatives and Title VI Coordinators. Additionally, the Meet & Greet events prompted the creation of Oregon’s Tribal Navigators Program which establishes formal partnerships between APD and Tribal Entities to coordinate services for Tribal members. Each participating Tribal entity hires and oversees a staff member as the Tribal Navigator to assist Tribal Elders and people with disabilities access services and resources provided by APD and AAAs, including enrollment in Older Americans Act Services or Long-Term Services and Supports.

Further, as a result of the Older Americans Act regulations, Oregon APD has developed a formal Title III/VI Coordination policy. The policy was developed in collaboration with Oregon’s Title VI grantees and Area Agencies on Aging and memorializes current Tribal coordination activities and addresses specific coordination requirements from the regulation. In addition to detailing Title III/VI coordination responsibilities of the State and AAAs, the policy also requires that AAAs conduct outreach to older Native Americans in their planning and service areas, including those living outside of reservations and other Tribal lands. Finally, Oregon’s AAAs are required to identify and describe in their Area Plans on Aging how they will coordinate with each of the Tribe(s) within their service area to provide services for older American Indians and specifically how the AAA will provide outreach to Tribal Elders and family caregivers regarding services for which they may be eligible under Title III and/or VII.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21):

The plan shall —

. . .

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

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

State's Response:

Oregon APD assures that it will pursue activities to increase older Native Americans' access to all aging programs and benefits provided by the agency. As detailed in the previous response, the Oregon Tribal Navigator Program provides service navigation for Tribal Elders and people with disabilities seeking services through the Older Americans Act Services or Long-Term Services and Supports. Objective 1.4 of the State Plan also represents a commitment to continue to strengthen coordination with Title VI programs and increase service access and outcomes for Tribal Elders.

Additionally, also noted in the previous response, Oregon has established a Title III/VI Coordination Policy developed in consultation with Title VI grantees and Area Agencies on Aging. The Policy addresses the requirements in 45 CFR § 1321.53 including:

1. Outreach opportunities provided to Tribal Elders and family caregivers, including but not limited to:

    - Community outreach to identify, contact, and establish a positive relationship with communities and Elders with increased risk for specific health conditions in order to promote better health outcomes
    - Mailings, phone calls, meetings, newsletters, conferences (Golden Years, Native Caring Conference, etc.)
    - Social media
    - Information provided with meals and other services
    - Home visits
    - Case management

- Information provided by local APD Tribal Navigators

2. Communication opportunities provided to Title VI programs, including but not limited to:

- Meetings, email distribution lists, presentations, workgroups and public hearings.

- Information about Title III or other funding opportunities and technical assistance on how to apply for Title III or other funding opportunities as requested.

3. Method for collaboration on and sharing of program information and changes:

- Sharing of staff contact information and lists.

- Annual Title VI Statewide Meet and Greets, and consistent and more frequent Regional Meet and Greets.

- APD's ongoing support for the annual Native Caring Conference, at the direction of Title VI grantees.

4. Method for how Title VI programs may refer individuals who are eligible for Title III and/or Title VII services:

- Referral processes and protocols are established at the local level between Title VI programs, APD Tribal Navigators, AAAs and local APD offices across the state. All APD offices and AAAs should be routinely referring to the APD Tribal Navigator program when working with a known Tribal member. Referral processes include:

    - Identification of single points of contact to the greatest extent possible

    - Use of specific referral forms

    - Email

    - Personal contact

- Self-referral

5. How services will be provided in a culturally appropriate and trauma-informed manner:

- Meet & Greet activities promote meaningful cultural exchange and support the delivery of services grounded in cultural respect and trauma aware care

6. Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils include:

- The SUA will actively seek input on the State Plan on Aging from Title VI programs, Tribal Organizations and Urban Indian Health Centers. Members are periodically invited to serve and advise on plan development workgroups, and recommendations and feedback are solicited.
- AAAs are strongly encouraged to provide opportunities for Title VI programs to provide feedback, input and direction in the shaping and implementation of Area Plans on Aging.
- Opportunities to serve on advisory councils, workgroups, and boards, including AAA advisory councils, will be routinely communicated to Title VI grantees, APD Tribal Navigators and other Tribal representatives.

Low Income Minority Older Adults

OAA Section 307(a)(14):

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

State's Response:

Based on the most recent data available from the US Census Bureau American Community Survey (ACS) 5-Year Estimates Subject Table for 2020-2024, there are 1,080,688 individuals age 60+ in Oregon, 25.09 percent of the population. Oregon identifies:

- Total number of low-income minority older adults (age 60+): 20,506
- Number of older adults age 60+ with limited English proficiency (LEP): 45,389

Oregon has identified methods to identify and provide services to low-income minority individuals who represent those in greatest economic and social need. Beyond the population formula component of the Intrastate Funding Formula, Oregon emphasizes collaborative partnerships at the state, regional and local levels to continually identify individuals in need of services. Other methods to identify and provide services to low-income minority older adults and older adults with LEP include:

- Translation of outreach and educational materials into languages prevalent in each PSA.
- Use of telephonic interpretation services and bilingual staff for public inquiries.
- Partnering and contracting with culturally specific organizations to provide OAA services and increase outreach, particularly to minority populations and those with limited English proficiency.

Rural Areas – Hold Harmless

OAA Section 307(a)(3):

The plan shall—

. . .

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

State's Response:

The state assures that the Oregon Department of Human Services (ODHS) will spend, for each fiscal year, not less than the amount expended in fiscal year 2000 for services to older individuals residing in rural areas.

Oregon Office of Rural Health defines rural areas as any geographic area in Oregon ten or more miles from the centroid of a population center of 40,000 people or more. Frontier areas are defined as any county with six or fewer people per square mile. Of Oregon's 36 counties: 27 are completely rural or frontier; 5 counties have a single centroid of 40,000 or more people, but the rest of the county is rural; 1 county has two adjacent centroids of 40,000 or more people, but the rest of the county is rural; and 3 counties have large metropolitan areas although 2 of those 3 counties still have rural areas.

Using this data from the Oregon Office of Rural Health, Oregon APD has identified that, of its 16 AAAs: 2 PSAs are completely frontier; 6 PSAs are either completely rural, or a combination of rural and frontier; 3 AAAs cover PSAs in which there is a single centroid and the rest of the PSA is rural; 2 AAAs have a PSA which contains 2 centroids and the rest of the PSA is rural; and 3 AAAs are primarily urban with one or more centroids.

As a result, 13 of Oregon's 16 PSAs are predominately rural areas. In FY 2000, the AAAs across these PSAs were allocated $5,980,127, while in FY 24, the same areas received $12,294,021. Total expenditures in FY 2024 exceeded FY 2000 by over $6,313,894.

Included at the end of Appendix L, the Intrastate Funding Formula, is the most recent 2025 - 2027 “Summary of Allocation and Funding Sources” that covers the state fiscal years of 2026 - 2027 addressed by this State Plan. The summary incorporates the costs of providing rural services to the AAAs receiving such funds per the Intrastate Funding Formula.

Oregon awards Older Americans Act funds to Area Agencies on Aging using a combination of a Base Amount formula, a Land Area formula, and a Population formula on a biennial basis. The land area formula allocates 5 percent of Older Americans Act award after subtracting the base amount for applicable titles based on the agency’s share of Oregon’s total square mileage. This land area formula is used for Titles III-B (Supportive Services), III-E (Family Caregiver Support), and VII Ch. 3 (Elder Abuse Prevention) and allows Oregon APD to meet the needs for services in rural areas and address the service costs associated with large square mileage PSAs. Additionally, because both nutrition titles determine allocation using only the Population formula, a base amount of $20,000 for Congregate Meals and $5,000 for Home Delivered Meals is used to account for costs to provide services in Oregon’s least populated regions. See Appendix L for Oregon’s current Intrastate Funding Formula, which includes a description of the method used to provide services to older individuals in rural areas.

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

State’s Response:

Oregon assures that the special needs of older individuals residing in rural areas are taken into consideration, in part through the Intrastate Funding Formula’s distribution for rural needs and also through appropriate collaborations with AAAs and their networks for delivering services to those in rural locations. AAAs are also required to

provide assurance in their Area Plans that they will conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on older individuals residing in rural areas.

Oregon specifies that individuals with greatest social need include older adults in rural and frontier communities. This Plan proposes to prioritize strengthening partnerships to deliver core OAA services to these communities. For example, Objective 1.3 lays out strategies to develop partnerships that will continue workforce recruitment in rural and frontier communities, as well as increase access to transportation services in rural areas. Objective 2.3 also commits to strengthening outreach efforts and increasing service capacity in rural/frontier areas.

Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

State's Response:

The State assures that each Area Agency coordinates with Oregon APD to disseminate information related to our State's assistive technology entity, Access Technologies, Inc. (ATI). APD's Area Plan Instructions contain Area Plan Assurances, including that AAAs will "to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals." There is also an MOU in place between ATI and Oregon APD that includes collaboration, training, and cross-referral activities as well as outreach events across the state with collaboration between ATI and AAAs/ADRCs. Area Agencies use ATI to access assistive technology (AT) options in several ways. APD contracts with AAAs/ADRCs to provide information and referral services and

AAAs/ADRCs refer to ATI; ATI is included as a resource in the statewide ADRC database; and the President of ATI is a member of the Statewide ADRC Advisory Council.

Oregon APD partnered/contracted with ATI on a project to get technology (robotic pets, iPads, and laptops) in the hands of ADRC consumers experiencing social isolation and loneliness and to provide training to ensure consumers understand how to use the technology. Oregon APD also has an Assistive Technology guide available for options counselors to use when talking with consumers about AT options. Oregon APD is currently in the process of updating this guide. Additionally, copies of an AT poster were developed in collaboration with ATI which we distribute to partners in support of marketing and public awareness. Oregon APD also worked with ATI on an assistive technology training for ODHS and AAA staff that was delivered live in April 2026. The training will be recorded and posted for staff to access going forward. We have developed a strong partnership with ATI, and they were involved in developing the planned objectives in this state plan to support continued collaboration, support, and engagement with the AAAs/ADRCs.

See also Objective 2.5 and Objective 2.7, Strategy 7.e.

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —…

(B) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

State's Response:

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18 percent
- Legal: 3 percent
- In-Home: 3 percent

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State's Response

Oregon currently has just over 1.1 million people ages 60 and older, with almost half of those being 69 years or younger. All age groups of Oregon's older population are experiencing growth although age groups 65 - 74 are forecasted to experience a slowing growth rate going into 2030. Age groups 75 – 85+ are growing more quickly.

Specifically, Oregon will see a large growth for individuals age 75 and older. Today, there are approximately 300,000 individuals ages 75 - 84, and approximately 90,000 individuals age 85 or older. By 2035, there will be approximately 410,000 individuals ages 75 - 84, or over a one-third increase, and there will be 170,000 individuals age 85 or older, nearly twice as many individuals in that age cohort today.

Approximately 10.8 percent of older adults in Oregon live in poverty, a proportion that has grown from approximately 10 percent two years ago.

With these projected demographic changes, Oregon faces challenges in meeting the growing demand for services and supports. Overall, about 70 percent of older adults age 65 and older will need long term services and supports in their lifetime, and of those, nearly 20 percent will need these services for five or more years. Oregon's population of individuals with Alzheimer's Disease is estimated to be 10 percent of individuals age 65 and older, and it is estimated that approximately 25 percent of an increase in caregivers will be needed to meet demand by 2032. With the high incidence of dementia for individuals age 85 and older, and the anticipated growth of the 85+ age group after 2030 in Oregon, the need for services and supports will increase.

Oregon's Plan acknowledges the need to partner with local Area Agencies on Aging to serve older adults, especially communities with the greatest economic and social needs. This includes key OAA programs and other initiatives that help individuals live independently in their communities as long as possible with the person-centered and culturally and linguistically responsive services they need.

However, the changing demographics and the projected growing demand for services are coupled with the direct care workforce crisis in Oregon. Among the paid direct care workforce, an overwhelming majority are women, one in six are immigrants, one in three are people of color, and about one in four are age 55 or older. Workforce recruitment and retention are challenged by lower pay and benefits relative to other jobs in the economy, and nearly half of the direct care workforce rely on public assistance in Oregon. These trends call for strategies to strengthen and sustain the direct care workforce, while building upon the preventative and early intervention

services and supports described in the Plan to assist individuals before they need paid services and supports.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to *complement* the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

State's Response

How Title III C-1 funds will be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals.

Oregon and its AAAs are requesting flexibility to utilize part C-1 funds to provide "carry-out" meals to better meet the needs and provide more diverse food assistance for older adults who face barriers to attending in-person congregate sites, including transportation challenges, scheduling conflicts, health issues, caregiving or other household responsibilities, or safety concerns. This option also supports service continuity during disaster or emergency situations. AAAs will ensure this flexibility complements - rather than replaces - congregate meals by documenting how carry-out offerings expand access while preserving core program intent.

Participating AAAs will be responsible for maintaining the social connection component of the congregate meal program. This will be accomplished through a variety of methods, including conducting brief social visits, having social/recreational activities prior to the meal being provided or offering group pick up times to foster and

encourage social interaction prior to meal delivery, and having staff or volunteers make wellness calls. AAAs may also involve volunteers in meal distribution, and those interactions foster social engagement for both volunteers and recipients.

The State agency will allow for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i) within the FY 2027 – 2030 State Plan on Aging. Below is the information AAAs were asked to complete within the SFY 2025 – 2029 Area Plan template to request the use of part C-1 funds for "carry-out" flexibility. The Area Plan instructions clarified that final approval to provide carry-out meals is dependent on an approved State Plan and that this flexibility cannot be implemented until granted by the SUA at a future date:

If the area agency requests to allow Title III, part C-1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information (45 CFR 1321.65 (b)(10)):

- Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;
- Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
- Description of the eligibility criteria for service provision;
- Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and
- Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

To provide this assurance Oregon APD will implement the following: 1) monitor the impact on congregate nutrition program participation, and 2) ensure that the eligibility criteria laid out in the area plan meets the requirement to complement the congregate program (during disaster or emergencies, to those with an occasional need, or to those

with a regular need based on an individualized assessment and qualifying those in greatest economic need and greatest social need for services). Additionally, Oregon APD has implemented a new Title III C-1 Carryout Policy, developed in consultation with Oregon Area Agencies on Aging, to guide the provision of Carryout Meals and ensure that carryout meals enhance and do not diminish the congregate meals program. This policy details that, if an AAA chooses to provide carryout meals using Title III C-1 funding, it shall complete a general waiver request and submit to the State Unit on Aging. The AAA shall provide a written description of the following in the waiver request:

a. How the Carryout – Congregate program shall be provided. Including:

    i. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation.

    ii. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need.

    iii. Description of the eligibility criteria for service provision.

    iv. Evidence of consultation with nutrition and other direct services providers, other interested parties, and the public regarding the need for and provision of such meals; and

    v. Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

    vi. How the carryout meals will complement the congregate program.

    vii. In what situations the Carryout – Congregate program shall be offered.

    viii. How the funding shall be tracked to ensure that no more than 25 percent of Title III C-1 funding is used for the Carryout – Congregate program.

b. The locations where the Carryout – Congregate program shall be available.

c. How participants shall be prioritized if there is a waiting list.

The SUA shall review a sample of documentation for this service during annual monitoring of those AAAs providing carryout meals funded through Title III C-1. This monitoring will evaluate the impact of carryout on congregate nutrition program participation, analyze overall congregate participation trends, and will ensure that AAAs document that the Carryout – Congregate program complements rather than replaces congregate meals. Monitoring will also review whether older adults served meet the eligibility criteria laid out in the area plan and the program meets all specified requirements. The SUA will provide technical assistance if congregate participation declines or as needed or requested by AAAs.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

State's Response

Oregon APD coordinates with the State Long-Term Care Ombudsman to allocate and use Title III and Title VII funds in compliance with federal and state requirements. Prior to distribution of funds to AAAs under the Intrastate Funding Formula, the State holds $56,914 per fiscal year from the Title IIIB allocation to distribute to the Long-Term Care Ombudsman program. The State Long Term Care Ombudsman has full authority to direct the use of funds. Funds are used by the Program to support advocacy, complaint investigation, and protection of resident rights.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

State's Response

Oregon distributes funds for the prevention of elder abuse, neglect, and exploitation to Area Agencies on Aging via its Intrastate Funding Formula using a combined base amount, land area percentage, and population formula 1. For details on the distribution formulas used for funds for the prevention of elder abuse, neglect, and exploitation, see Appendix L – Intrastate Funding Formula (IFF). During the previous State Plan cycle, Oregon APD used a portion of these funds to help sponsor the 2025 Native Caring Conference, as its theme was focusing on vulnerable elder rights protection and elder abuse prevention.

For the upcoming State Plan cycle Oregon has identified specific objectives and strategies for activities to prevent elder abuse, neglect, and exploitation. Objective 1.1, Strategies 1.b, 1.c, and 1.e include collaborative efforts to improve awareness of financial abuse and related crimes, and to inform consumers about best practices for maintaining or achieving physical safety and financial security from abuse, theft, fraud, and other criminal practices. Strategies 1.f and 1.j also detail activities to increase ADRC capacity to identify and make referrals for older adults at risk of financial exploitation and develop outreach strategies and educational materials regarding elder abuse and reporting for older adults in greatest social need.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

State's Response

Oregon APD monitors compliance with the State Plan assurances through the following monitoring activities:

- Review of AAA Area Plans and implementation reports;
- Fiscal and programmatic monitoring;

- Data analysis and reporting; and
- Targeted technical assistance and training.

Annually, APD will conduct a review of all State Plan on Aging Assurances and document continued compliance. If any assurances are not in compliance at the time of self-monitoring, the document shall have an explanation of how Oregon will come into compliance.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

State's Response

Methodology for consultation with and feedback from AAAs to inform the State Plan.

As noted in the "Priority Needs Identified through Area Plans on Aging and Public Input" Section of the State Plan, one year prior to the development of the 2026-2030 State Plan, Oregon's AAAs submitted their Area Plans to APD, and these plans were analyzed to incorporate common themes into the 2026-2030 State Plan. APD staff utilized Microsoft Co-Pilot's AI tool to analyze the Area Plans for the most frequently identified needs and themes. From this analysis, the most frequently identified needs were transportation, affordable housing and home repairs, and mental health and behavioral health services. Other frequently mentioned needs included dementia and Alzheimer's support, food insecurity and nutrition, in-home supports, caregiver supports, culturally and linguistically appropriate services, social isolation and loneliness, and legal assistance.

These Area Plan priorities were used to inform communications and engagements with the general public when soliciting input on the development of the State Plan, including the development of a questionnaire for community members to identify their top three priority areas. This questionnaire was available from October 2025 through January

2026. Oregon APD also provided presentations at an Age-Friendly Summit at Portland State University, the quarterly meeting with advisory councils at the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), and the ADRC Advisory Council quarterly meeting on the priority areas identified in the Area Plans. APD also hosted a public forum to solicit input on the findings of the Area Plan priority areas and to provide further input for priorities on which this Plan would focus.

Additionally, Oregon convened a State Plan Advisory Workgroup to assist in the development of the State Plan. The State Plan advisory workgroup consisted of representatives from state commissions, local advisory councils, key advocacy groups, local Area Agencies on Aging and APD offices, representatives from some federally recognized Tribes in Oregon, and the Long Term Care Ombudsman. The priority areas identified in the Area Plans, as well as input from Oregon APD's engagements with the public, was brought to the State Plan Advisory Workgroup to inform the development of the 2026-2030 State Plan.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

State's Response

Methods for obtaining input on the State Plan on Aging. As noted in the previous response, Oregon APD used the needs identified in Area Plans to guide its engagements with relevant interest holders and develop a questionnaire to identify priority areas from the general public for the State Plan. The "Priority Needs Identified through Area Plans on Aging and Public Input" Section of the State Plan details the

specific actions Oregon APD took to solicit public input in developing the State Plan, and the priority areas that were identified from these engagements.

Engagements to gather public input for the development of the State Plan included:

- A survey to the public on their priorities for the State Plan.
- A public forum to solicit input on the findings of the Area Plan priority areas and to provide further input for priorities on which this Plan would focus.
- An invitation for formal tribal consultation and smaller engagements with Tribal Title VI grantees to obtain input from Oregon's Federally Recognized Tribes.

Public input identified unmet needs or priorities in areas of behavioral health, caregiving and workforce, the needs of rural and frontier communities for older adults, the unmet needs of LGTBQ older adults, nutrition programs, volunteerism and community engagement programs, intergenerational programs, and the impact of Medicare cuts and health care gaps.

As noted in the previous Information Requirements response and the "Priority Needs Identified through Area Plans on Aging and Public Input" Section of the State Plan, Oregon APD convened a State Plan Advisory Workgroup during the development of its State Plan to provide input and feedback throughout the State Plan drafting process. This State Plan Advisory Workgroup consisted of representatives from state commissions, local advisory councils, key advocacy groups, local Area Agencies on Aging and APD offices, representatives from some federally recognized Tribes in Oregon, and the Long Term Care Ombudsman.

Methods for incorporating views into the State Plan on Aging.

This State Plan was available on the APD website for public input for 30 days from May 13, 2026 through close of business June 12, 2026. Availability of the Plan and a request for comments was announced via news releases, the Secretary of State's Bulletin, broad partner organization email blasts, and notices to other interested parties, advocates and the general public. In addition, partners were contacted specifically with a Request to Comment, including the members of APD's advisory commissions and councils, the

Advisory workgroup, all 16 AAAs and Advisory Councils, Centers for Independent Living and Oregon's State Independent Living Council (SILC), Tribal Entities, AAA contracted partners, and general APD partners.

A public hearing was held virtually on June 10, 2026.

Public feedback was considered and incorporated into the final Plan as appropriate.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

State's Response

Oregon APD certifies that all program development and coordination activities meet the requirements in 45 CFR § 1321.27 (h). Policies, procedures, and funding request forms for utilizing Title III B funds for Program Development and Coordination Activities are available on Oregon APD's website.

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

State's Response

Oregon APD will adhere to the requirements of 45 CFR 1324.303 in designating a Legal Assistance Developer.

As a result of the Older Americans Act regulations, Oregon APD has developed and implemented a Legal Assistance Developer Policy which details the position requirements, responsibilities of the State Unit on Aging in overseeing the position, and responsibilities of the Area Agencies on Aging in coordinating with the Legal Assistance Developer (LAD) to promote access to legal assistance by older adults in Oregon. This policy will guide the work of Oregon's LAD and ensure compliance with 45 CFR 1324.303.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

State's Response

Oregon APD requires AAAs to develop and submit an Emergency Preparedness Plan within their Area Plan. AAA Area Plan on Aging instructions include the OAA and 45 CFR 1321.97 requirements for AAA emergency plan development and implementation. Oregon APD's new Title III/VI Coordination Policy also includes procedures for emergency coordination and disaster preparedness with Title VI grantees and Tribal organizations and requires that AAAs partner with Title VI grantees in their PSAs to coordinate emergency and disaster preparedness planning, response, and recovery. Within the State Plan, Objective 2.1 details strategies for expanding emergency preparedness within Oregon's Aging Services Network.

See Appendix K (Disaster) of this State Plan for a description of state and local emergency preparedness planning.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State's Response

See Appendix K of this State Plan for a description of state and local emergency preparedness planning. The Oregon Health Authority (OHA) is responsible for the state's public health emergency preparedness plan and programs. ODHS coordinates and collaborates with OHA.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact State Unit on Aging at sua.email@odhs.oregon.gov or 800-282-8096. We accept all relay calls.