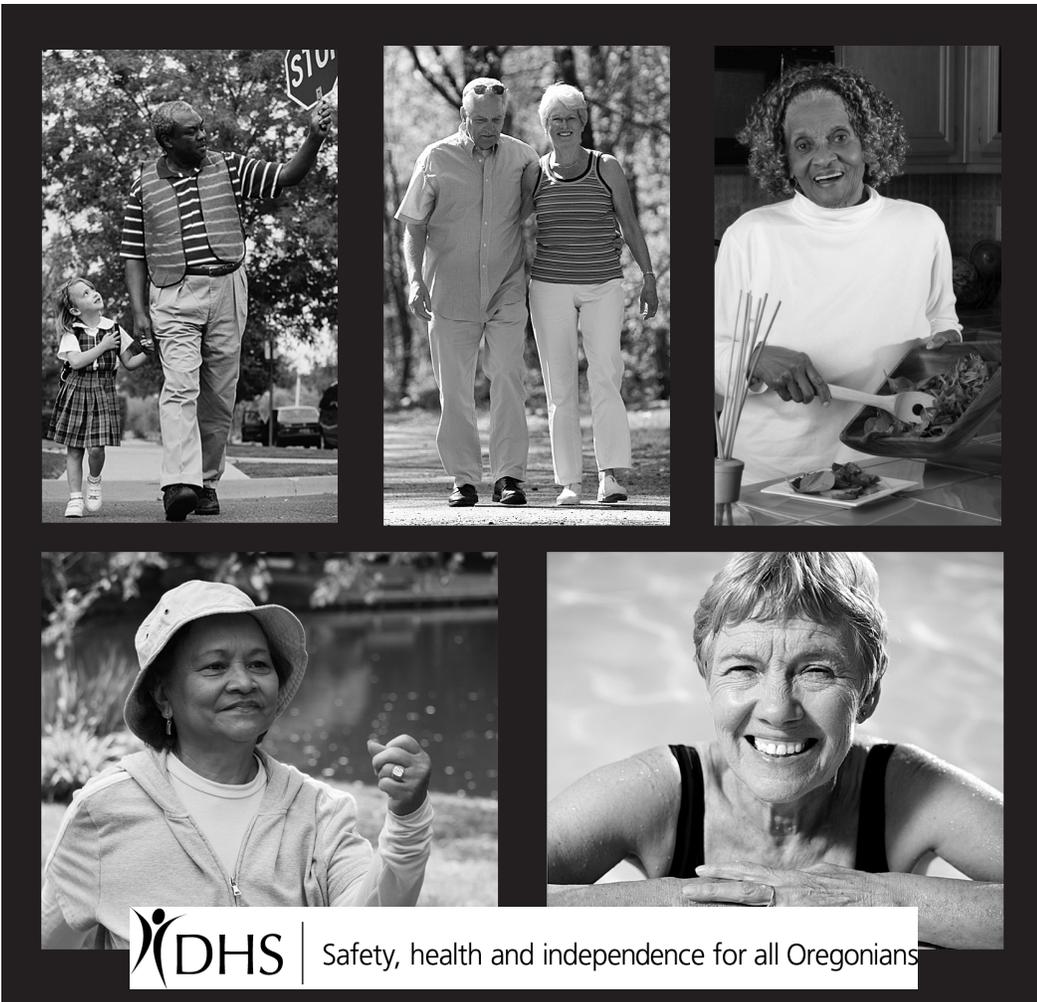




Handbook for Employees of
Oregon Area Agencies on Aging
Oregon Department of Human Services (DHS)



 | Safety, health and independence for all Oregonians

Handbook for Oregon Area Agencies on Aging Employees

Prepared for
Oregon Department of Human Services (DHS)
Aging and People with Disabilities/State Unit on Aging
and
Oregon's Area Agencies on Aging

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Revision summary

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October 2012	Multiple pages	Update service names, carry-forward policy, web link references and general text modifications to improve clarity.
Feb. 3, 2011	Page 27, Section J(2.)(a)(2)	Revised OAA minimum match amounts for IIIB, IIIC1 and IIIC2 from 10 percent to 15 percent.
June 5, 2010	Page 44, Section G	Revised language regarding acquisition and maintenance of capital assets.

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Introduction

The purpose of this handbook is to serve as a general resource guide for employees of Oregon's Area Agencies on Aging, especially those new to their positions. It focuses on the roles, responsibilities and programs common to all Oregon AAAs — those associated with the Older Americans Act and Oregon Project Independence.

This handbook endeavors to give AAA employees a sense of the history of the development of Oregon's system of care for its older citizens and adult citizens with disabilities. In addition, it gives general background on the creation and evolution of the Older Americans Act and describes in some detail the roles and responsibilities of AAAs under the act. Further, it describes the elements of Oregon Project Independence, with special attention to AAAs' responsibilities under this state legislation. Following these descriptions, the handbook provides a brief summary of AAAs' administrative responsibilities associated with their implementation of both OAA and OPI programs. It also identifies state and federal resources available to AAAs to help them fulfill their duties. Finally, appendices attached to this handbook contain lists of acronyms and definitions frequently used in this work, references to Aging and People with Disabilities (APD)-promulgated program standards and directions on how to access them, descriptions of advisory bodies that play unique roles in this state's services system for seniors and people with disabilities, and tips for carrying out the work of Area Agencies on Aging.

This is an overview document rather than a procedures manual; the handbook is intended to help make these technical and legalistic documents more understandable.

Fortunately, for AAA employees with continuing questions about these matters, resource people are close at hand. First and foremost, APD/State Unit on Aging employs program specialists with responsibility for implementation of both the Older Americans Act and Oregon Project Independence. They should be consulted. Second, the State Unit on Aging encourages AAA peer groups and AAA staff members to reach out to their counterparts in other AAAs, especially those with years of experience implementing these programs.

Disclaimer — The information and Web links contained in this handbook are current as of October 2012. Oregon's AAAs and APD desire to keep the handbook's contents accurate and up-to-date. Any reader who discovers errors or out-of-date information or links is encouraged to contact APD's State Unit on Aging. Email sua.email@state.or.us or telephone 1-866-535-8493.

History of federal and state legislation

A chronology of federal and state legislation relating to older persons and persons with disabilities follows:

1920 The Civil Service Retirement Act provided a retirement system for many government employees.

1935 The Social Security Act (HB 7260) was passed by the House of Representatives and President Franklin D. Roosevelt signed it into law. It was enacted as part of the New Deal. As President Roosevelt stated when he signed it, “This law represents a cornerstone in a structure which is being built but is by no means complete.”

1937 Railroad Retirement Act provided pensions for retired railroad employees and spouses.

1950 President Harry Truman initiated the first National Conference on Aging, sponsored by the Federal Security Administration. President Truman was quoted as saying, “Millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. And the time has now arrived for action to help them attain that opportunity and that protection.”

1956 Special Staff on Aging was established within the Office of the Secretary of Health, Education, and Welfare, to coordinate responsibilities for aging.

1958 Legislation was introduced in Congress calling for a White House Conference on Aging.

1959 Housing Act authorized a direct loan program for nonprofit rental projects for the elderly at a low interest rate, and lowered the eligibility ages for public low-rent housing for women to age 62.

1960 The Social Security Administration eliminated age 50 as minimum for qualifying for disability benefits and liberalized the retirement test and the requirement for fully insured status.

1961 The first White House Conference on Aging was held in Washington, D.C.

1961 Social Security Act amendments lowered the retirement age for men from 65 to 62, liberalized the retirement test and increased their minimum benefits. The amendments also increased benefits to aged widows.

1962 Legislation was introduced in Congress to establish an independent and permanent Commission on Aging. Statistics showed that there were more than 18 million Americans over age 65. Most of them had low incomes and were threatened by illness and medical expenses they could not afford.

1965 Three very significant laws were signed into law.

1. The Older Americans Act was signed into law July 14, 1965. This act established the Administration on Aging within the Department of Health, Education, and Welfare, and called for the creation of State Units on Aging. This act was considered one of the most important contributions to aging legislation enacted by Congress. At the signing of the Older Americans Act, President Lyndon Johnson stated: “No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and to their aunts. And no longer will this nation refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to the progress of this progressive country.”
2. Medicare, a health insurance program for the elderly and people with disabilities, was established as Title XVIII of the Social Security Act.
3. Medicaid, a medical assistance program for low-income persons, was established as Title XIX of the Social Security Act.

1967 The Older Americans Act was extended for two years. Among its provisions, the Administration on Aging was directed to study the aging field’s personnel needs. In addition, the Age Discrimination in Employment Act was signed into law. Oregon Governor Tom McCall appointed the first State Committee on Aging.

1969 OAA reauthorization provided grants for model demonstration projects, Foster Grandparents, and Retired Senior Volunteer Programs. Oregon’s Program on Aging was moved to Salem from Portland with \$110,000 for 30 pilot projects.

1971 Second White House Conference on Aging was held. Oregon was one of six states to receive federal demonstration grants under the Flexible Intergovernmental Grant (FIG) Waiver Project.

1972 A new Title VII was created under the Older Americans Act. It authorized funds for a national nutrition program for the elderly.

1973 The Reauthorized 1973 Older Americans Act amendments for comprehensive services were enacted. They established Area Agencies on Aging (AAAs), added a new Title V that created grants to local community agencies for multi-purpose senior centers, and added Title IX that created the Senior Community Service Employment Program for low-income persons age 55 and older. The Comprehensive Employment and Training Act was also enacted. It included programs for older persons.

1974 Title XX of the Social Security amendments was enacted. It authorized grants to

states for social services, including protective services, homemaker services, transportation services, adult day care services, training for employment, information and referral, nutrition assistance, and health support. OAA amendments added transportation under Title III model projects. The newly established Housing and Community Development Act provided low-income housing for elderly and disabled persons pursuant to the Housing Act of 1937. Also, the Farm and Rural Housing Act was expanded to include the rural elderly as a target group.

1975 Additional OAA amendments were passed. These amendments authorized grants under Title III to Indian tribal organizations. They also identified transportation, home care, legal services and home renovation/repair as priority services under Title III of the act.

In Oregon, the Legislature enacted Oregon Project Independence (OPI) and Area Agencies on Aging were first designated.

1978 Congress reorganized the Older Americans Act, including the consolidation of three programs — Title III AAA Administration and Social Services, Title VII Nutrition Services, and Title V Multi-purpose Senior Centers — into a new Title III. Indian tribal organization grants moved into a new Title VI, and the Community Service Employment Program moved from Title IX to Title V.

1978 The OAA amendments also required each state to establish a long-term care ombudsman program to cover nursing homes.

1981 The Third White House Conference on Aging was held. The Older Americans Act was reauthorized and emphasis was placed on supportive services to help older persons remain independent in the community. In Oregon, the Legislature enacted Senate Bill 955. In accordance with this legislation, the Senior Services Division (SSD) was formed within the Department of Human Resources (DHR), combining the Office of Elderly Affairs and the Long Term Care Unit of DHR's Adult and Family Services Division. This law also allowed publicly sponsored Area Agencies on Aging the option of providing long-term care services in their respective service areas. Oregon's laws dealing with the senior and disability services administered by DHR are codified in statute in Chapter 410 [ORS 410]. The link to ORS 410 is www.leg.state.or.us/ors/410.html. The administrative rules to implement ORS 410 can be found in Oregon's Administrative Rules, Chapter 411 [OAR 411]. The link to OAR 411 is www.leg.state.or.us/ors/411.html.

1987 The Omnibus Budgeting Reconciliation Act, also called the Nursing Home Reform Act, provided for reform in nurses' aides' training, survey and certification procedures, pre-admission screening (PAS), and pre-admission screening and annual resident reviews (PASARR). This act mandated that nursing facility residents have direct and immediate

access to long-term care ombudsmen when protection and advocacy services become necessary.

Simultaneously, when the OAA was reauthorized, states were charged with guaranteeing ombudsmen access to facilities and patient records, providing ombudsmen legal protections, designating local ombudsmen, and providing adequate legal counsel for ombudsmen programs.

1989 In Oregon, legislation passed to reorganize the delivery of services for persons with disabilities within the Department of Human Resources. Pursuant to this law, the Senior Services Division became the Senior and Disabled Services Division (SDSD) and AAAs were given the option to take on responsibility for providing financial assistance and long-term care services to persons with disabilities in their respective service areas.

1990 The Americans with Disabilities Act (ADA) was signed into law providing wide-ranging legislation intended to make American society more accessible to persons with disabilities. This act focused on the following: employment; accessibility to public services; and accessibility to public accommodations, including transportation, telecommunications services and anti-discriminatory measures.

1992 The reauthorization of the Older Americans Act increased the focus on caregivers and inter-generational programs and added Title VII Vulnerable Elder Rights Activities.

1995 The fourth White House Conference on Aging was held. During the conference, the 30th anniversaries of the Older Americans Act, Medicare and Medicaid, and the 60th anniversary of the Social Security Act were celebrated.

1996 The Older Americans Act expired Sept. 30.

2000 The Older Americans Act was finally re-authorized after four years without legislation. (During this lapse, OAA programs and services were kept alive by annual appropriations enacted by Congress and signed by the President.) Key updates were provision to transfer Title IIIB and IIIC funds to accommodate variable regional support and nutritional need, and the establishment of the National Family Caregiver Support Program.

In July 2000, pursuant to the provisions of Oregon Senate Bill 303 (1999 Regular Legislative Session), the name of the Department of Human Resources (DHR) changed to the Department of Human Services (DHS).

2001 In Oregon, DHS completed a comprehensive reorganization. As part of this effort, SDSD was abolished and Seniors and People with Disabilities (SPD) was created. In

addition to the functions of the former SDSD, SPD assumed responsibility for services of people with developmental disabilities.

2005 In Oregon, the Legislature enacted a modernization of Oregon Project Independence (SB 870). This legislation added new services (public education on long-term care planning and resources, including the establishment and maintenance of a website), allowed AAAs to provide long-term care planning for a fee to persons not eligible for OPI, and added persons with disabilities who are 19 years of age or older to the eligibility population for OPI services. However, SB 870 stipulated that this expansion of eligibility to adults with disabilities not occur until the Legislature appropriated extra funds for that purpose.

2006 The reauthorization of the Older Americans Act included a definition of the Aging and Disability Resource Center, and broadened definitions of “child” to include disabled over 18 years of age, lowering of “grandparent/relative caregiver” eligibility age from 60 to 55 and expansion of the caregiver definition to include those caring for individuals with Alzheimer’s and other neurological and organic brain dysfunctions.

2009 The Legislature created the Oregon Health Authority and the Oregon Health Policy Board. The clear direction for both was to innovate, improve and rework the state health care system by addressing the issues of cost, quality and access to health care.

2012 DHS’s Seniors and People with Disabilities Division changed its name to the Aging and People with Disabilities Program.

Today, because of the numerous efforts described above, 43 million Americans live to see their 60th birthday. There are now 3 million Americans who are 85 years of age or older. Most adults can plan to enjoy approximately 14 years of retirement with a degree of economic security and quality of life that few of their predecessors could experience.

However, the needs are growing as the aging and disability populations increase. Of the 9 million Americans over age 65 who live alone, nearly a quarter of them have no one to turn to if they need help. Caregiving issues are becoming a national concern for both populations. The response and focus of federal and state programs for seniors and adults with disabilities continues to evolve as creative solutions are pursued.

Older Americans Act

A summary of the Older Americans Act's objectives, also stated in Title I:

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to ... equal opportunity to the full and free enjoyment of the following objectives:

1. An adequate retirement income;
2. The best possible physical and mental health without regard to economic status;
3. Suitable housing at costs that older citizens can afford;
4. Full restorative services for those who require institutional care, and a comprehensive array of community-based long-term care services to sustain older people in their communities and in their homes, including support to persons providing voluntary care to older individuals needing long-term services;
5. Employment opportunities with no discriminatory personnel practices because of age;
6. Retirement in health, honor, dignity after years of contribution to the economy;
7. Participation and contribution to meaningful activities within the widest range of opportunities;
8. Efficient and coordinated community services, including access to low-cost transportation, that provide a choice in supported living arrangements and social assistance and are readily available when needed (these services emphasize maintaining a continuum of care for vulnerable older individuals);
9. Evidence-based benefits that can sustain and improve health and happiness;
10. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives, full participation in community-based services and programs, and protection against abuse, neglect and exploitation.

Older Americans Act titles

The act is divided into titles. The following lists all titles, highlighting those that most directly affect the day-to-day business of AAAs in Oregon. To review the entire OAA of 1965 as amended in 2006, go to

www.aoa.gov/AoARoot/AoA_Programs/OAA/oaafull.asp.

1. **Title I — Declaration of Objectives; Definitions**
2. **Title II — Administration on Aging**
3. **Title III — Grants for State and Community Programs on Aging**

Part A — General Provisions

Purpose, administration — Describes Title III's purpose of encouraging and assisting State Units on Aging (SUAs) and AAAs to develop and implement a comprehensive and coordinated system to serve older individuals.

1. Definitions — Defines terms used in the act, as amended.
2. Authorization of appropriations; uses of funds — Describes fiscal years for which federal funding is to be allocated for titles IIIB, C1 and 2 and E. Allows grants made under IIIB, C1 and C2 to be used to pay for part of the area plan's administration and the development of comprehensive, coordinated systems for supportive services, congregate and home-delivered service, as well as to develop and operate multipurpose senior centers and legal assistance delivery.
3. Allotment: Federal share — Mandates that funds be allotted based on population of older individuals. Discusses reallocation of carry-over to other states. Determines maximum percent of allotment that may be used for administration of area plans. Defines non-federal match.
4. Organization — Mandates that funded states develop and administer a state plan, divide the state into distinct planning and service areas (PSAs), designate Area Agencies on Aging in consultation with local elected officials, develop a formula for distribution of funds, and promote the development and implementation of a state system of long-term care.
5. Area plans — Title III, Section 306, describes the AAA's core responsibilities. It may be worth your time to keep this section readily available. Briefly, it mandates that each funded area agency prepare and develop an area plan for a planning and service area, describes the content of the area plan and required assurances, and requires establishment of an advisory council.
6. State plans — Requires states to develop state plans and describes the content of these plans. Addresses direct provision of service by the State Unit on Aging (SUA) or AAA.
7. Planning, coordination, evaluation and administration of state plans — Addresses

transfers among titles IIIB and C1 and C2, and between C1 and C2.

8. Payments — Requires contributions of non-federal sources (i.e., match) as a percentage of total expenditures.
9. Disaster relief reimbursements.
10. Nutrition Services Incentive Program (NSIP) — Funding provided based on number of meals served in the prior fiscal year by all states and Title VI grantees.
11. Multipurpose senior centers — Recapture of payments.
12. Audit.
13. Rights relating to in-home services for frail older individuals.
14. Consumer contributions (Title III, Section 315)
 - a. Cost sharing — Permits a state to implement cost sharing except for certain core services.
 - b. Voluntary contribution — Requires non-coercive solicitation of contributions for individuals whose self-declared income is at or above 185 percent of the poverty line; prohibits means testing. Requires protection of privacy and confidentiality with respect to contributions, and all collected contributions will be used to expand the service for which they were given. Contributions may not be used to supplant funds received under the OAA.
15. Waivers

Part B (Title IIIB) — Supportive Services

1. Required services.
 - a. Area plan administration — Up to 10 percent of IIIB expenditures may be used for administration.
 - b. Program coordination and development — Title IIIB funds may not be expended for program development and coordinated activities until the maximum 10 percent allowable administration has been reached and the state has reviewed and approved proposals to pay for program development and coordination.

- c. Advocacy services — These are required efforts to promote new or expanded benefits and opportunities that represent the interests and needs of older persons.
 - d. Access services — At least 18 percent of IIIB expenditures must be spent on these services. Not all must be funded, but the funds must be spent on at least one of these services unless the SUA grants a waiver. See OAA 306(a)(2)(A) for list of services meeting definition of access services.
 - e. Legal services — At least 3 percent of IIIB allocation must be spent on legal services unless the SUA grants a waiver.
 - f. In-home services — At least 3 percent of IIIB allocation must be spent on these services: See OAA 102(a)(20)(A-F) and OAA 306(a)(2)(A) for a list.
2. Optional services – OAA IIIB funds may be spent on a range of services. With the exception of AAA administration, funds over and above the minimums may be expended on the required services described above. In addition, IIIB funds may be used to fund any of the following services: options counseling, elder abuse awareness and prevention, and registered nurse services, volunteer services/opportunities, senior center assistance and center renovation/acquisition, money management, and other services as approved by the SUA.

Part C (Title IIIC) — Nutrition Services

- 1. Required services
 - a. Title IIIC, Subpart 1 — Congregate Nutrition Services.
 - b. Title IIIC, Subpart 2 — Home-delivered Nutrition Services.
- 2. General provisions – Requires expertise of dietitian and compliance with Dietary Guidelines for Americans.

Part D (Title IIID) — Disease Prevention and Health Promotion Services

Funds may only be expended for activities that meet the minimal criteria for Title IIID evidence-based services.

Part E (Title IIIE) — National Family Caregiver Support Program

Provides for a multi-faceted system of support services for family caregivers.

4. Title IV — Activities for Health, Independence and Longevity

Moneys authorized under this title fund research in the field of aging, promote education professionals' work in the field of aging, and underwrite the cost of education opportunities for individuals already employed in the aging field.

5. Title V — Community Service Senior Opportunities Act

Services include job training, subsidized employment opportunities, and the placement of enrollees in unsubsidized jobs in the open labor market. The U.S. Department of Labor administers OAA Title V.

6. Title VI — Grants for Native Americans

Program promotes delivery of supportive services, including nutrition services, to Native Americans, Alaskan Natives and Native Hawaiians that are comparable to services under OAA Title III. Title VI resources are distributed directly by the U.S. Administration on Aging to the governmental authorities of these native peoples.

7. Title VII — Allotments for Vulnerable Elder Rights Protection Activities

Activities develop, strengthen and carry out programs for the prevention and treatment of elder abuse, neglect and exploitation.

People served with the OAA

1. **Title III** — This title provides grants for State and Community Programs on Aging, except as listed in the subsequent paragraphs concerning titles IIIC1 and IIIC2 as well as IIIE below. OAA-funded services are available to individuals 60 years of age and older. Exceptions to this rule include those listed here:

A. Title IIIC1 — Congregate Nutrition Services

1. Congregate meals are available to persons 60 years of age or older and their spouses, regardless of age. Meals are also available to individuals with disabilities who reside at home with and accompany older individuals who are eligible under the OAA.
2. Congregate meals may also be made available to disabled persons under 60 years of age who reside in housing facilities where congregate meals are served and that are primarily occupied by persons age 60 and older.
3. AAAs may establish procedures that allow the option to offer meals to volunteers on the same basis as meals provided to participating older individuals regardless of age, if these volunteers provide services during meal hours (OAA Section 339(2)(H)).

B. Title IIIC2 — Home-Delivered Meals

In 1994, the Oregon Nutrition Project Directors Association (ONPDA) assisted SDDS in developing eligibility criteria for Home-Delivered Meals funded totally or partially by OAA. To be eligible for Home-Delivered Meals, a person must meet the following criteria:

1. Be 60 years of age or older and homebound by reason of injury, illness or an incapacitating disability or be otherwise isolated; or
2. Be the spouse or disabled dependent child of any age who resides with a senior who is eligible under this criteria, if it is in the best interest of the client; or
3. Be a disabled person under 60 years of age who resides in a housing facility where a senior meal site is located; or
4. Be 60 or older and physically or mentally unable to shop for or safely prepare meals to meet minimal nutrition requirements; or
5. Be 60 or older and have an inadequate support system for food shopping or meal preparation; or
6. Be 60 or older and unable to tolerate a group situation due to physical or mental disability or substance abuse; and
7. Be willing to eat the meal within a reasonable time;
8. Be approved for eligibility by the AAA or the service provider; and
9. Live within the service area boundaries designated by the AAA or service provider; or
10. Live outside the service area boundaries and be able to arrange meal pick-ups and deliveries to the eligible client's home. (Note: Efforts should be made to serve those eligible participants with the greatest economic and social need, including those with low incomes and eligible minorities (OAA Sect. 206 & 307).

C. Title III E — National Family Caregiver Support Program (NFCSP)

The NFCSP's service populations were expanded during the Reauthorized 2006 OAA. The following is a list of unpaid caregivers that can be served after this change:

1. Caregivers of individuals with Alzheimer's disease (and related disorders with neurological and organic brain dysfunction). The care receiver and caregiver can

- be of any age.
2. Grandparents or older relative caregivers (55 years of age or older) caring for a child related by blood, marriage or adoption. Child is an individual 18 years or younger or of any age if the individual has a disability (adult child with disability). This includes grandparents or older relative caregivers who receive financial support payments such as Temporary Assistance to Needy Families (TANF), foster parent payments, child support, Social Security for children, etc.
 3. Adult family member or another individual who is a provider of in-home and community care to older individuals (age 60 years or older).

2. Title V — Community Service Senior Opportunities Act

Services are offered to unemployed, low-income persons who are age 55 or older, particularly persons who have poor employment prospects.

3. Title VI — Grants for Native Americans

Services are available to American Indians, Alaskan Natives and Native Hawaiians who are 60 years of age or older.

4. Title VII — Vulnerable Elder Rights Protection Activities Services are available to persons 60 years of age or older.

Administrative structure of OAA programs

1. Administration on Aging (AoA) — The Administration on Aging is established within the Office of the Secretary of the U.S. Department of Health and Human Services (HHS). An assistant secretary for aging appointed by the President heads it. AoA administers the OAA throughout the United States and its trust territories.
2. State Unit on Aging (SUA) — In order to participate in older Americans' programs, each state must designate an agency as the sole SUA. In Oregon, DHS Aging and People with Disabilities (APD) houses the designated SUA.
3. Planning and services areas (PSAs) — In the Older Americans Act (Section 305(a)(1)(E) [2006 OAA Amendments]), the SUA is required to divide the state into distinct planning and service areas (PSAs). This action was taken in Oregon in the late 1970s when the State Office of Elderly Affairs (the SUA at the time) used the Oregon Department of Administrative Services' district boundaries as the basis for the OAA PSAs. The boundaries of the PSAs have changed somewhat over the years. Oregon's rules concerning the designation of PSAs are set forth in OAR 411-002-0105. There are currently 17 PSAs in Oregon. (See map of AAA planning and service districts in

Appendix 5.)

4. AAA designation — The Older Americans Act specifies that there shall be only one Area Agency on Aging within a planning and service area. The administrator of APD has the authority to designate and withdraw the designation of an Area Agency on Aging. In accordance with the provisions of the OAA, when designating a new AAA, APD must give the right of first refusal to a unit of general purpose local government with reasonably similar boundaries to those of the PSA. If the unit of local government does not exercise this right, APD must give AAA designation preference to an established office on aging situated within the PSA. The steps involved in designating a new AAA can be found in Oregon's Administrative Rules, specifically in OAR 411-002-0110. An AAA's designation can be withdrawn if — after notice, administrative review and efforts at problem resolution — the SUA finds that the AAA does not meet the requirements of the federal regulations to implement the Older Americans Act (45 CFR 1321), or it has not complied with the provisions of its area plan contract. Oregon's rules governing the withdrawal of an AAA's designation are in OAR 411-002-0170.
5. Area Agencies on Aging — AAAs are designated by the SUA for each of the state's PSAs.

Role of AAAs

1. Background — In 1965, Congress enacted the OAA in response to the challenges that a burgeoning older population was imposing on the country's systems of health care, retirement, financing, housing, employment, and social and community services. The OAA, as amended over time, creates federal-, state- and local-level structures to administer and plan the service programs that help the nation's elderly maintain their health and independence in their homes and communities. Federal funds appropriated under Title III of the act are allocated among the state and territorial units based on the age 60-plus population in each entity. Each state or trust territory then makes grants to its AAAs to administer and support community-based care and limited services to individuals in long-term care institutions.
2. Responsibilities — An Area Agency on Aging is a public or private nonprofit agency authorized by the Older Americans Act to (1) advocate for all older Americans within its service area; (2) identify the needs of the elderly in its area and create a multi-year plan (i.e., area plan on aging) for the development of comprehensive community-based long-term care services that meet those needs; and (3) administer Older Americans Act funds and other funds available for the implementation of the area plan.

3. Service provision — Area Agencies on Aging, in accordance with OAR 411-011-0005, will competitively award Older Americans Act funds by grant or contract to community service providers, agencies and organizations unless, in the judgment of the state, direct provision by the AAA is necessary to assure an adequate supply of services or that services can be provided more economically and with comparable quality.

Types of AAAs in Oregon

Two models of AAAs exist, both of which are described briefly here. A chart summarizing the key features of each type follows these descriptions.

1. Type A AAA — A public or private nonprofit agency or unit of local government that administers the OAA and Oregon Project Independence (OPI) programs for a PSA. A Type A AAA does not administer Medicaid, financial services, adult protective services or regulatory programs for the elderly and disabled. A DHS/APD local office within the AAA’s PSA administers these programs.
2. Type B AAA — A local government that administers all of the following programs for seniors and people with disabilities within its PSA: OAA, OPI, Medicaid, financial services, adult protective services and regulatory programs. A Type B AAA may choose to have DHS employees transferred to its employment through an agreement, or it can contract with DHS for the services of state employees to administer the following programs: Medicaid, financial services, adult protective services and regulatory programs. Accordingly, there are Type B Contract AAAs and Type B Transfer AAAs.

Currently, there are two Type B Contract AAAs and four Type B Transfer AAAs.
Types of AAAs in Oregon:

	SERVICES PROVIDED		
	OAA	OPI	Medicaid, etc. (see note #1)
Type A	Yes	Yes	No
Type B contract	Yes	Yes	Yes (see note #2)
Type B transfer	Yes	Yes	Yes

Notes:

#1 — Type B services include Medicaid, financial services, adult protective services and regulatory programs.

#2 — The AAA administers Type B services, but DHS employees provide them.

Role in the delivery of Medicaid and SNAP (formerly food stamps) to low-income seniors and persons with disabilities

1. In a PSA served by Type A AAA — As stated in 3.D.5.a, in a PSA served by a Type A AAA, Medicaid, financial and adult protective services and regulatory programs for elders and adults with disabilities are administered by an APD run multi-service office (MSO). To ensure that the services administered by the AAA and MSO are coordinated for the mutual benefit of consumers and the community, these entities are advised to enter into a memo of understanding setting forth the steps each agrees to take to facilitate the following:
 - a. Sharing information about each entity’s programs and services, including eligibility criteria and program limitations;
 - b. Methods for referring clients between the agencies; and
 - c. Methods for resolving misunderstandings and problems when they arise.
2. In a PSA served by a Type B Transfer AAA, all OAA, OPI, Medicaid, financial and adult protective services, and regulatory services are provided by the AAA.

Advocacy partners

1. National Association of State Units on Aging (NASUA) — NASUA is the SUA’s voluntary membership organization in the states and U.S. trust territories. It was founded in 1964 and is headquartered in Washington, D.C. Its mission is “... to advance social, health and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its members to promote the rights, dignity and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities and their families.” NASUA states that it “... is the articulating force at the national level through which the state agencies on aging join together to promote social policy in the public and private sectors responsive to the challenges and opportunities of an aging America.” The Oregon SUA is a member of NASUA.
2. National Association of Area Agencies on Aging (N4A) — N4A is a voluntary membership organization of the AAAs in the states and U.S. trust territories that is also headquartered in Washington, D.C. It identifies itself as “... the leading voice on aging issues (at the national level) for Area Agencies on Aging and a champion for (OAA) Title VI Native American aging programs. Through advocacy, training and technical assistance, (N4A) supports the national network of 650 Area Agencies on Aging and 240 Title VI programs.” The majority of Oregon AAAs are members of N4A.

3. Oregon Association of Area Agencies on Aging and Disabilities (O4AD) — O4AD is a voluntary membership organization of the AAAs in this state. Co-housed with NorthWest Senior and Disability Services in Salem, its mission is to advocate at the state and national levels “... for the independence, dignity and choice of Oregon’s seniors and persons with disabilities.” The Association “... advocates for programs, services, funding and strategies in Oregon that will create a state where long-term living is a priority.” All Oregon AAAs are members of O4AD.

OAA services

The SUA publishes, via policy transmittal, definitions for OAA and OPI services and units of service. See the State Unit on Aging AAA business webpage at www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml for the most up-to-date service units and definitions.

Area plan

Each designated AAA is required to develop and maintain an area plan for a comprehensive and coordinated service delivery system. Oregon requires a four-year area plan from its AAAs that starts in January of the first year of the plan and ends in December of the last year of the plan. The State Unit on Aging will provide instruction concerning content. See the State Unit on Aging AAA business webpage, www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml, for instructions and developmental resources. Minimal typical content includes:

1. An assessment of the extent of older adults’ needs in the area. Steps for completing a needs assessment include the following:
 - a. Data collection — A variety of data should be collected during a needs assessment process. These data should address the needs of older persons residing in the AAA’s PSA, with particular attention to individuals with the greatest social and economic needs and low-income minorities. Through the use of various assessment tools (see more below), the AAA will gather data to assist in evaluating the effectiveness of currently available services; identify the need for services not currently available; and collect demographic and health data on older persons living in the service area. Analysis of these data provides the AAA with information to help identify unmet needs, establish priorities and develop objectives and budgets.
 - b. Data sources — Data sources include the following:
 - i. Primary sources — These sources include data collected from clients through

client records and other means, service providers, community leaders, and specifically targeted groups within the general population of the PSA. An AAA should involve a wide range and large number of respondents in the process to assure the information collected is truly representative of older persons' needs in the area.

- ii. Secondary sources — Already existing data collected by others can provide additional information. Good sources include the United Way; local government agencies, including councils of governments, counties and cities; state agencies; and federal agencies, including the U.S. Census Bureau. Contact the SUA for a list of recommended resources and Web links.
 - c. Data collection tools — Possibilities include mail surveys, face-to-face and telephone interviews, focus groups, community forums and public hearings.
 - d. Timeline — Conducting a needs assessment takes time. Plan to spend at least six months from process design to final analysis and report.
2. A methodology for prioritizing services.
 3. Assurances that older people have reasonably convenient access to information and referral services.
 4. A description of how the AAA will show preference in service delivery to those with the greatest social and economic need, especially low-income minority individuals and residents of rural areas.
 5. Coordination with other federal and state programs in the community.
 6. A process for soliciting and incorporating public input into the planning process.
 - a. The AAA is required to conduct at least one public hearing on the proposals in the four-year area plan prior to its submission to APD. Annual public hearings are required thereafter only if the area agency is using IIIB funds for program development and coordination or requesting a waiver pursuant to OAA Sec. 307(a)(22). All public hearing(s) must give the general public, officials of local governments and other interested parties a chance to comment on the area plan.
 - b. The public hearing must include any plans to use IIIB funds for program development and coordination as a IIIB service (45 CFR 1321.17(14), and any requested waiver of the required minimum percentage of IIIB funds for the mandated service categories of access services, legal services and in-home services.

- c. Notice of public hearings must be publicized through widely circulated newspapers. Public hearings should be conducted at convenient locations with adequate access. A complete copy of the area plan must be available for review and be provided in alternate formats if requested. The AAA must maintain comment summaries and records of all public hearings for the duration of the area plan.
- 7. Processes for involving the Senior Advisory Council in assessing needs and prioritizing services.
 - a. Because the advisory council is required to advise the AAA on all matters related to developing and administering the area plan, as well as operations conducted under the area plan, it must be involved in the review of the needs assessment results and the setting of service priorities.
 - b. The advisory council is also required to advise the AAA in the area plan public hearing process. Council members could assume responsibility for conducting the public hearing(s) and ensure that suggestions made during the hearing(s) are considered in the final version of the area plan.
 - 8. Review and approval of the area plan by the AAA's governing board.
 - 9. Services to be provided and funded through the OAA and Oregon Project Independence.

AAA advisory council(s)

Each AAA is required to have a Senior Advisory Council (SAC). In Oregon, Type B AAAs must have both an SAC and a Disability Services Advisory Council (DSAC).

1. The duties of the advisory councils are as follows:
 - a. Recommend basic policy guidelines for administering the area agency's activities on behalf of elderly persons or adults with physical disabilities, and advise the area agency on questions of policy;
 - b. Advise the area agency on developing an area plan and budget, and review and comment on the completed area plan and budget before its transmittal to the state; and
 - c. Review and evaluate the area agency's effectiveness in meeting the needs of elderly persons or adults with physical disabilities in the planning and service area.
2. Advisory councils must meet at least quarterly.
3. Advisory councils must represent the geographic and ethnic diversity serviced by the AAA, including the following characteristics:
 - a. A majority of SAC members will be over age 60.
 - b. A majority of DSAC members will be people with disabilities.
4. Advisory council support — The AAA will provide adequate staff support to the advisory council. Support staff should do the following:
 - a. Have a detailed understanding of the program and service delivery system.
 - b. Be able to provide detailed information so that advisory councils can accomplish their mandates.
 - c. Be consistent.
 - d. Schedule adequate time to support the advisory councils.
5. The AAA shall do the following:

- a. Ensure the advisory council has an adequate number of representatives by:
 - i. Assisting the advisory council in ongoing recruitment;
 - ii. Recruiting diverse representatives; and
 - iii. Advertising vacancies on the advisory councils.
 - b. Provide the state with an updated list of council members and assigned staff.
 - c. Facilitate training for staff and advisory council members, including attendance at a DHS APD-coordinated training specific to the roles and duties of advisory councils.
 - d. Provide adequate reimbursement for travel when possible and appropriate.
6. Advisory council performance requirements — The AAA will ensure that advisory councils have productive, focused meetings by doing the following:
- a. Help the advisory council create, adopt and follow bylaws.
 - b. Help develop work plans that focus on program and service-related issues as well as advocacy.
 - c. Assist in agenda development.
 - d. Make reasonable accommodations.
 - e. Help mail information, minutes and agendas.
 - f. Reserve appropriate meeting space.
 - g. Share Department of Human Services (DHS) APD information.
 - h. Provide members with timely information about potential policy changes, new programs and problems affecting clients.
 - i. Seek input on policy issues and help advisory councils communicate their feedback to DHS/APD.
 - j. Provide legislative updates as appropriate.
 - k. Facilitate the decision-making process.
7. The AAA will ensure compliance with the following:

- a. Oregon's public meeting laws (ORS 192.620; www.leg.state.or.us/ors/192.html — the Oregon Department of Justice sells copies of the Attorney General's Public Records and Meeting Manual);
- b. DHS alternate format policy (www.dhs.state.or.us/policy/admin/exec/010_005.htm); and
- c. The ban on electoral politics (ORS 260.432; www.leg.state.or.us/ors/260.html).

OAA funds

1. Intrastate Funding Formula

- a. Federal requirements
 - i. General provisions — Under OAA Section 305(a)(2)(C), the state, after consultation with area agencies in the state, is required to develop and use an intrastate formula for distributing OAA funds within the state. The funding formula must be published for review and take into account 1) the geographical distribution of older individuals in the state, and 2) the distribution among PSAs of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.
 - ii. Requirement for periodic formula updates — In accordance with the Code of Federal Regulations (CFR), 45 CFR 1321.37, the SUA is required to review and update the formula as often as a new state plan is submitted for approval.
 - iii. Special requirement for OAA Title III-D funds — The regulations (45 CFR 1321.37(b)) also set forth special requirements for the allocation of funds received under section OAA 303(f) for preventive health services. This part requires that the SUA, in awarding these funds to specific PSAs, gives priority to the areas:
 1. That are medically underserved; and
 2. In which there are large numbers of individuals who have the greatest economic and social need for such services.
- b. Oregon's Intrastate Funding Formula

Oregon's OAA funds are allocated to individual AAAs based on the combination of a base amount formula, a land area formula, and a population formula. Separate allocations are made for each of the OAA programs: Supportive Services,

Congregate Meals, Home-Delivered Meals, Family Caregiver Support, Elder Abuse Prevention, and Preventive Health. A separate allocation formula is also used for the distribution of OPI funds (see OPI section of this handbook for details).

- i. The base amount formula allocates a predetermined amount to each area agency.
- ii. The land area formula allocates a percentage of funds based on the agency’s share of Oregon’s total square mileage. Depending on the program, either 2.5 percent or 5 percent of an OAA award, minus the base amount, is allocated by this formula.
- iii. The population formula bases an AAA’s percentage of remaining funds within a given program on the AAA’s share of several population factors in relation to Oregon’s total for each factor. These population factors include:
 - 1. Population 60 years and over;
 - 2. Population 75 years and over;
 - 3. Minority population 65 years and over;
 - 4. Poverty population 65 years and over with income below 125 percent of the poverty level;
 - 5. Population 70 years and older;
 - 6. Special preventive health population formula (75 years and over, plus minority, plus poverty). The below chart displays how the three formulas are used to allocate the available funds for OAA and OPI programs.

Program	Base	Land area	Population
Supportive Services	\$25,000	2.5%	(a) - (d)
Congregate Meals	Not used	Not used	(a) - (d)
Home-Delivered Meals	Not used	Not used	(a) - (d)
Preventive Health*	\$1,500	Not used	(f)
Family Caregiver Support	Not used	2.5%	(c) - (e)
Elder Abuse Prevention	\$500	2.5%	(a) - (d)
Oregon Project Independence In	Not used	5.00%	(a) - (d)

*Allocated only to AAAs with at least one county identified as medically underserved.

- c. Oregon’s compliance with federal requirements
 - i. Geographic distribution requirement — The land area formula is used to satisfy this requirement. This formula is used to allocate titles IIIB, IIIE and VII funds. As an additional boost to Type A AAAs serving rural areas, the SUA provides extra OAA administration funds from its budget to cover staff costs (e.g., travel, lodging, meal per diem and training tuition/fees) associated with attending

training opportunities. Additionally, Type A AAAs receive \$5,000 in Title XIX funds each biennium for outreach and to provide information and assistance to older Oregonians who are likely eligible for Medicaid services.

- ii. Low-income minority older persons' requirement — Two methods are used to satisfy this requirement. First, the number of minority older Oregonians is used to calculate the allocations for titles IIIB, IIIC, IIIE and VII. Second, minority plus poverty data are used to allocate Title IIID Preventive Health funds.

Allocation cycles for OAA funds

1. Federal — The Administration on Aging does not sign a contract/agreement with the SUA. Generally, AoA issues quarterly notices of award to the SUA throughout the federal fiscal year (Sept. 1 through Oct. 30). AoA issues separate notices of award for OAA Title III — Grants for State and Community Programs on Aging; OAA Section 311 — Nutrition Services Incentive Program; OAA Title V — Community Service Senior Opportunities Act; Title VI — Grants for Native Americans; and OAA Title VII — Allotments for Vulnerable Elder Rights Protection Activities.

In years where Congress does not pass the budget, it passes a continuing resolution to maintain government operations. Generally, a continuing resolution authorizes funding at the levels of the previously approved appropriations act. Most continuing resolutions are time-limited, e.g., for six weeks, and are designed to give Congress additional time to pass an appropriations bill. On occasion, however, a continuing resolution may be for a full federal fiscal year. In the event of a continuing resolution, AoA issues notices of award to the SUAs based on the duration of each continuing resolution.

2. State — In general, the SUA allocates biennial OAA funds to the AAAs. A planning allocation is released in the spring before the new biennium begins. These allocations are based on the SUA's best estimates of Congress's appropriations for OAA programs. The estimates are used to establish maximum budget authority in grant agreements between the SUA and AAAs. As OAA appropriations are enacted and AoA issues new notices of awards during the biennium, the SUA modifies the biennium planning allocation and reissues it via an AR. As a result, AAAs must plan their budgets based on OAA funding estimates and must operate under them for the first seven or eight months of the fiscal year, until the AoA provides firm allocations via the SUA.

Budgeting

1. Administrative funding requirements for OAA services

- a. On an annual basis, an AAA cannot spend more than 10 percent of its total OAA funds on administration (see service definitions for OAA administration).
- b. AAA administration expenditures may only be assigned to OAA titles IIIB, IIIC1, IIIC2 and IIIE.
- c. An AAA must first expend the allowable 10 percent administrative funds before budgeting funds for program coordination and development activities.

2. Matching funds requirements for OAA services

- a. In order to earn federal OAA funds, the AAA must provide local or state matching resources not already matching other federal funds. Matching resources may be either cash or in-kind. The Older Americans Act states that federal funds may be used to fund up to 75 percent of the costs of AAA administration and all OAA IIIE (Family Caregiver Support) services, and up to 90 percent of other OAA services' costs. Details on minimum match requirements follow:

- i. Minimum match of 25 percent of the total administration expenditures for titles IIIB, IIIC1 and IIIC2;
- ii. Minimum match of 15 percent of program expenditures for titles IIIB, IIIC1 and IIIC2;
- iii. Minimum match of 25 percent for OAA administration and other program expenditures for Title IIIE.

b. Method for calculating match:

- i. Divide the federal expenditure by the required match percentage (either 75 percent or 90 percent) to get the total funding requirement.
- ii. Subtract the federal expenditure amount from the resulting total derived from Step 1) to calculate the required match amount.

Example: \$10,000 — OAA administration expenditure
 /.75 — Required match percentage
 \$13,333 — Total budgeted expenditure
 \$10,000 — OAA administrative expenditure
 \$3,333 — Local match requirement

- iii. Pooling of match — Non-federal match for titles IIIB, IIIC1 and IIIC2 services

may be pooled per OAA Section 305(d)(2). However, match for titles IIIB, IIIC1 and IIIC2 services may not be pooled with match for Title IIIE or area plan administration.

- iv. Excess match — AAAs with excess match in titles IIIB, IIIC1 and IIIC2 may transfer the excess to match for related Title IIIE services.
3. Inter-fund transfers — Inter-fund transfers among selected parts of OAA Title III are permissible, as follows:
 - a. Up to 40 percent may be transferred between titles IIIC1 and IIIC2.
 - b. Up to 30 percent may be transferred between titles IIIB and IIIC. Further, an AAA may request a waiver from the SUA to exceed these maximum limits.
 4. Other cash — After fully expending allocated OAA, client fees, program income (see below) and cash match, additional funds may be required to cover the full expense of a service. For example, nutrition services have not been fully funded for years. The AAA may make up the difference through a variety of sources including fundraising, grants or other local support. These funds are considered other cash.
 5. Other in-kind — Once a service has met its minimum OAA match requirement either through cash match or in-kind match, any remaining in-kind is reported as other in-kind.

Nutrition Services Incentive Program (NSIP)

1. Overview — The NSIP is authorized under the Older Americans Act to provide additional funds to the AAAs to operate the senior meals programs. NSIP funds shall only be used for the purchase of agricultural and other food products. Use of NSIP funds for any other purpose — such as paying for utilities, kitchen equipment, transportation or facility maintenance — is unlawful.
2. Beginning with the 2007–09 biennium, all AAAs will be reimbursed for NSIP services based on U.S.-produced food costs rather than a meal unit rate.
3. NSIP-eligible meals are those meals served to an individual who is qualified to receive services as defined in the OAA. Oregon has chosen, per directive from AoA, to include all OAA and Oregon Project Independence (OPI) congregate and Home-Delivered Meals as NSIP-eligible meals. Additional guidance for eligible NSIP meals includes those served as follows:
 - a. An individual who is not means-tested for participation (includes OPI meals but not HDMs served to a Medicaid client as Title XIX Medicaid-waivered programs

require means-testing to determine eligibility);

- b. An individual who is given an opportunity to contribute to the cost of a meal that meets OAA nutrition requirements;
- c. A disabled adult under age 60 who resides at home with an older adult who receives a home-delivered meal or resides in a housing facility in which OAA congregate meals are served;
- d. To volunteers, regardless of age, who assist in meal service during meal hours;
- e. To Title IIIE:
 - Care recipients, who are age 60 or older;
 - Caregivers, who are age 60 or older;
 - Caregivers, who are the spouse of the care recipient, regardless of age.

Note: If the caregiver is an adult under age 60 who is not the spouse of the care recipient, the meal served to the caregiver may be funded by IIIIE, but is not eligible to be reported as an NSIP-eligible meal.

4. NSIP funds are distributed by the SUA to the AAAs on a proportional basis, based on prior year meal counts. For example, if an AAA served 3.5 percent of NSIP-eligible meals in the prior year, it will receive 3.5 percent of the available funding in the current fiscal year.
5. AoA distributes approximately 75 percent of the current-year appropriation to Oregon during the first quarter of the federal fiscal year, followed by a second release of funds in the third quarter. The final release of funds for the federal fiscal year occurs in the fourth quarter of the year.
6. To assist AAAs in preparing a biennial budget, the SUA will forecast any expected, but not yet received, NSIP funding amounts based on the prior federal fiscal year's meal counts. The SUA will include this amount in the planning allocation. As actual dollars are received, the allocation amount in the workbook will be revised accordingly.

Client fees — Program income

1. No fees may be assessed or charges made to clients by the AAA or its subcontractor(s) for services provided under the OAA, except under schedules approved by the SUA.
2. All program income, fees and charges for services are to be used for the sole purpose of expanding services in the program area in which they were collected. (See Title III,

Section 315 for information regarding cost sharing and voluntary contributions.)
 Program income must be reported in the fiscal year in which it is earned.

Carry-forward policy concerning OAA and NSIP funds

1. Up to 10 percent of Older Americans Act titles IIIB, IIIC1, IIIC2, IID, IIIE and VIIB funds allocated to an AAA but not fully expended during the state biennium may be carried forward into the immediate upcoming biennium. Such funds shall be expended prior to spending newly allocated biennial funds and shall only be expended for program services within the title.
2. Unspent amounts in excess of 10 percent of the previously allocated biennial budget will be reallocated among all AAAs using the Intrastate Funding Formula (IFF).
3. NSIP funds must be fully expended during the biennium. NSIP funds cannot be carried forward and must be fully expended during the biennium.

Reporting requirements

1. Financial reporting

- a. Monthly financial reports — Form 148/150 cumulative financial reports are to be submitted electronically to the designated APD/State Unit on Aging and DHS Accounting and Financial Services staff identified in the AAA's Grant Agreement with DHS. (See section Fiscal/Contract at <http://cms.oregon.gov/dhs/spwpd/pages/sua/info-aaa.aspx> for Monthly Reporting Form templates and instruction.) Form 148/150, page 1 contains year-to-date appropriations, unspent prior biennial funds and Title IIIB, IIIC1 and IIIC2 fund transfers. In addition, many of the fields on this page are auto-filled from Form 150, page 2 (OAA and NSIP expenses) and Form 148 (OPI expenses).
- b. Year-end fiscal reports — AAAs must also comply with the following year-end reporting requirements:
 - i. No later than 90 days from the end of the fiscal year (Sept. 30), the AAA must electronically submit its final fiscal year Form 148/150.
 - ii. No later than 180 days from the end of the fiscal year (Dec. 31), the AAA must submit one electronic and one hard copy of its final audited Form 148/150.
 - iii. No later than 180 days from the end of the fiscal year (Dec. 31), the AAA must also submit one hard copy of its fiscal year financial audit.

- c. Working capital — DHS pays OAA and OPI only after the delivery of services. This fact poses a significant cash flow burden on each AAA. Most AAAs have neither large financial reserves nor access to local public treasuries to fund their operations during the time needed to complete, submit and receive payments following the delivery of services. As a result, DHS has created a working capital mechanism that enables an AAA to request and collect from DHS a portion of its estimated monthly outlays, by funding source, before the close of the month in question. Requests for working capital are submitted to DHS Accounting and Financial Services on the APD 150-WC form available on State Unit on Aging AAA business webpage at www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml. This form is to be submitted electronically at least seven days prior to the date the funds are needed. An accounting and reconciliation of the working capital received during a given month must be done when preparing the monthly financial report. Working capital funds received should be input as negative amounts on page 1 of the DHS 150 Expenditure Report to deduct them from the current month's reimbursement request. See the State Unit on Aging AAA business webpage, www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml for additional guidance.

2. Program reporting — National Aging Program Information System (NAPIS)

- a. Client socio-demographic information — All OAA clients who receive NAPIS registered services funded entirely or partially with OAA dollars must be registered in the Oregon ACCESS (OACCESS) system. Registered services include home care, personal care, chore, adult day care, home-delivered meals, case management, congregate meals, nutrition counseling and assisted transportation (escort). (**Note:** If the AAA establishes and maintains a client case file in OACCESS with the socio-demographic fields complete, all required information is collected automatically.)
- b. Units of service — Normally, an AAA uses Oregon ACCESS to track units of service provided to OAA clients. However, it may ask APD for authorization to use a different method for tracking service utilization. If permission is granted, it must have another system in place to accurately track units delivered so that they can be reported monthly on the Form 150 and annually in the State Program Report (SPR). The definition of a service unit varies from one program to another. See the SUA website (www.oregon.gov/dhs/spwpd/sua/index.shtml) for both service and unit of service definitions. (**Note:** If an AAA tracks units of service by clients in Oregon ACCESS, it can use OACCESS's optional client billing program to send donation requests to OAA clients for the services they have received.)

Oregon Project Independence (OPI)

History and purpose

1. The 1975 Oregon Legislature passed HB 2163 that directed the Department of Human Resources (predecessor to DHS) “to develop and place in effect a program of supportive services for persons age 60 or older” and required a fee for service based on ability to pay. This general language established OPI in response to two very specific concerns expressed by Oregon’s senior advocates.
2. Older persons who were not Medicaid-eligible but needed some kind of in-home service were falling through the cracks. There were no other services available for these people at the time.
3. Sometimes, minimal in-home services could prevent older people from going into long-term care institutions such as nursing homes. There were neither adult foster homes nor assisted living facilities in Oregon in the 1970s.

The Oregon Project Independence (OPI) program started in 1976 after initial consultation with the Governor’s Committee on Aging (predecessor to the Governor’s Commission on Senior Services). Eleven specific services were initially authorized. They have been modified slightly over the ensuing years. The funds for the new OPI program were distributed to the Area Agencies on Aging throughout Oregon in a manner similar to that used for distributing Older Americans Act funds. This practice continues today.

In addition to changes in allowable services, there have been other minor changes to OPI over the years. The most significant include:

- In the early 1980s, provisions were added to provide for better accountability for both program and financial data.
- Funding has grown over the years from the initial appropriation of \$1 million.
- The source of funds has gradually shifted from state General Fund to dedicated fund sources.
- In 1987, the Oregon Legislature added funds to the OPI program specifically for persons with Alzheimer’s or related disorders. However, the money for this specific population was not used and, as a consequence, in 1991 the Legislature allowed these dedicated funds to be used for any OPI-eligible person.
- In 2005, the Legislature amended OPI in two significant ways:
 1. It expanded eligibility to include adults with disabilities 19 to 59 years of age, but conditioned this expansion on the infusion of new funds. To date, the additional funds have not been appropriated and, as a result, the expansion has not occurred.
 2. It added new services — public education on long-term care planning and resources, including establishing and maintaining a website for this purpose — and authorizing

long-term care case management and care planning for a fee to persons not otherwise eligible for OPI services.

Key features of OPI

1. Administration of OPI; inclusion in area plans
 - a. Responsibility for OPI's administration at the state level rests with the DHS Aging and People with Disabilities Program. Within APD, day-to-day responsibility is assigned to the State Unit on Aging. As noted in the historical information above, responsibility for local planning and program administration is delegated to Oregon's 17 Area Agencies on Aging.
 - b. An AAA is required to fully integrate OPI services into its area plan. To this end, it should evaluate the needs for OPI services as part of its needs assessment; prioritize the need for these services during the priority-setting phase of its planning process; and plan and budget for the delivery of OPI services during the preparation of its area plan.
2. OPI services — An AAA may provide any of the following services to individuals eligible for OPI services (for service definitions, see SUA website (www.oregon.gov/dhs/spwpd/sua/index.shtml): case management (at no cost for OPI-eligible individuals), homemaker (home care), personal care, chore, home-delivered meals, assisted transportation (escort), adult day care, respite, registered nurse services, public education on long-term care planning and resources, establishment and maintenance of a website on long-term care planning and resources, long-term care case management and care planning for a fee to persons not eligible for OPI, AAA administration, and other services authorized by the APD administrator or designee if the need has been justified.

People served by OPI

General provisions — An employee of an AAA or contract provider must perform an eligibility determination for each prospective client to determine whether he/she meets the requirements of the program. This eligibility determination is required before the individual may receive services from an AAA or service provider. In those instances when eligibility determination is performed by an agency other than the AAA, the AAA must have a system in place for evaluating the accuracy of this process, including an independent review by the AAA of a representative sample of cases.

Eligibility criteria for OPI services

1. For older persons — In order to qualify for services from an AAA or service provider, each OPI client or recipient must meet the following criteria:
 - a. Be a person 60 years old or older who requires assistance to maintain independence in his or her own home;
 - b. Be an individual or member of a family who is not receiving financial assistance or Medicaid — except SNAP (formerly food stamps), qualified Medicare beneficiary (QMB) or supplemental low-income, Medicare beneficiary (SLMB); and
 - c. Be a person who meets the requirements of the Long-Term Care Services Priority Rule, OAR 411, Division 015 and the AAA’s service management/restriction policy. (See Paragraph C.3.)

2. For persons with Alzheimer’s disease or related disorders — In order to qualify for services from an AAA or service provider, each OPI client or recipient must meet the following criteria:
 - a. Be a person under the age of 60 who has been diagnosed as having Alzheimer’s disease or a related disorder, as documented by a licensed physician in accordance with the requirements of OAR 411-032-0015(1)(d);
 - b. Be an individual or member of a family who is not receiving financial assistance or Medicaid — except SNAP, qualified Medicare beneficiary (QMB) or supplemental low-income Medicare beneficiary (SLMB); and
 - c. Be a person who meets the requirements of the Long-Term Care Services Priority Rule, OAR 411, Division 015, and the AAA’s service management/restriction policy. (See Paragraph C.3 below for details.)
 - d. Be an adult with disabilities aged 19 to 59 years.

Note: The administrative rules implementing the expansion of services to adults with disabilities without Alzheimer’s disease or related disorders have been developed but are on hold pending the Legislature appropriating sufficient funds to cover all eligible populations. If and when these rules are filed, this section of the handbook will be amended.

Client Assessment and Care Planning

An applicant for OPI service is assessed by an AAA case manager or contract nurse to evaluate the person’s level of functioning and determine whether he or she is able to

survive in the current living situation with reasonable supports. (Note: APD, in cooperation with an advisory committee comprised of line staff from AAAs, has developed a reference manual for OPI case managers.) Assuming that eligibility is confirmed, the next step involves the identification of the care needs that should be addressed to enable the person to remain safely in his or her own home or apartment. Once these needs are known, a care plan is developed. Given the reality of limited resources, the care plan must be cost-effective and affordable, recognizing that the AAA may have limited funds and, at the same time, is striving to serve the greatest number of individuals with high-priority service needs. Therefore, it is crucial that the case manager assess and use, as appropriate, available friends and family members, cost-effective assistive devices, durable medical equipment and/or housing accommodations to reduce the client's reliance on paid OPI service.

Details of the assessment and care planning process follow:

1. OACCESS Client Assessment and Planning System (CAPS) — The case manager or contract nurse uses the CAPS tool to complete the assessment and care planning process. CAPS is a computerized tool that provides a comprehensive, holistic evaluation of an individual's mental, social and physical health and needs. At the conclusion of the assessment, it computes a survivability score from 1 to 18, with 1 being most impaired and 18 being least impaired. (See Paragraph 4.C.3.b for eligibility criteria.) If the individual's score verifies his or her eligibility for services, a care plan is developed. (**Note:** The CAPS has various functions according to the program for which the client is being assessed. The programs included in the CAPS include Title XIX Community-based Care (CBC), PAS — Pre-admission Screening for nursing home payment levels, OPI, Risk Intervention, and Adult Protective Services.)
2. Care planning — As noted above, a care plan is developed for an applicant who meets OPI's eligibility criteria. The elements of the plan of care include the following:
 - a. Living situation — The care plan includes modifications to the current living situation or plans for relocation. Risk factors, barriers and other considerations are noted.
 - b. Referrals — All necessary referrals are charted by type, service provider to whom client is referred, timelines for services, and outcome.
 - c. Service providers — If a client/applicant is currently in a community-based care setting or plans to be relocated to one, the service providers are listed accordingly.
 - d. Equipment — Any necessary equipment (durable medical equipment or other) is listed for authorization.

- e. Service summary — From the summary printed out for the client’s personal file and case files, the overview of service and care needs to be provided are listed, along with the recommended number of hours for each service. All specific notes and comments made in every section of the assessment will be printed simultaneously on the service summary for the case file.
- f. Annual review — The AAA or service provider must review a client’s continuing eligibility for OPI services as circumstances change and no less frequently than every 12 months.

Service authorization

Once the CAPS assessment and plan of care are complete, information is transferred to the Client Maintenance System to authorize payment for the services set forth in the care plan.

1. Authorization for in-home services — The SDS 546 (in Oregon ACCESS) is the in-home services authorization form. It is used to determine the number of hours authorized in the care plan. Instructions for completing the SDS 546 are available from APD. These instructions list monthly time allotments for the completion of tasks designed to meet a client’s care needs in two areas: activities of daily living (ADLs) and self-management tasks (also known as instrumental activities of daily living or IADLs). The time allotments (measured in hours/month) are the maximum allowed for Medicaid clients. While these allotments should be used as a guide for OPI clients, actual hours will need to be based on the availability of OPI funds and local AAA policy. (If an AAA decides to limit the delivery of OPI-funded in-home services, it must develop and publish policies concerning any limits.)
2. Authorization for other allowed services — While no specific form is required for the authorization of other allowable OPI services, it is good practice for the individual making an authorization to document its specifics (e.g., number of units, duration of authorization, client’s share of cost, etc.) in a referral form for the service provider.

Service delivery options

In-home services — Three options are possible. It is the responsibility of the AAA to determine which option(s) are available to OPI clients in its service area.

1. Contracted in-home services — Under this option, the AAA contracts with another agency or organization to provide authorized services to eligible OPI clients. This option may be used if it is the most cost-efficient in meeting the needs of the client, is necessary to meet interim or emergency service needs while more cost-effective

solutions are sought, or is required to meet the needs of a client who is difficult to serve.

2. Self-provider of in-home services — An AAA-licensed to provide home care can be a self-provider of in-home services if it issued an RFQ/RFP and there were no proposals submitted for the service, or if the AAA submitted a proposal and was selected as the provider. (**Note:** If the AAA submits a proposal for a service it has put out for bid, care must be taken to ensure that other potential bidders know that the AAA is also going to submit a proposal for the service.) See http://licenseinfo.oregon.gov/index.cfm?fuseaction=license_wlcm&pfa=welcome_keyword&link_item_id=14206 for licensing criteria.
3. Home Care Worker Program — Under this option, the OPI client employs an in-home worker registered on the Home Care Commission's In-home Registry. See https://or-hcc.org/OHCC_PROD to view registry. It can be used for the employment of both hourly and live-in providers. For additional information on this option, see www.oregon.gov/DHS/spd/adv/hcc/.
4. Other services
 - a. Case management — Case management may be contracted or provided directly by the AAA.
 - b. Other OPI services — Generally, the AAA contracts with other agencies and organizations to provide authorized OPI services. However, the AAA may directly provide a service if it satisfies the requirement for direct provision set forth in the administrative issues section of this document (section 5 below).

Client fees For OPI services

1. General provisions regarding OPI-eligible individuals — As noted in the introduction to this section of the handbook devoted to Oregon Project Independence, the Oregon Legislature directed clients to pay fees for OPI services based on their ability to pay. It also determined that individuals with adjusted income levels at or below the federal poverty level must pay a minimum fee of \$5 per year. This fee is due once initial OPI eligibility has been confirmed, and annually thereafter at the time of reassessment. The fee schedule for individuals with incomes above the federal poverty level is based upon the hourly homecare worker negotiated wage and is developed by the State Unit on Aging. (See www.oregon.gov/DHS/spwprd/sua/in-home-ss.shtml for the most current fee schedule.)

2. Its responsibilities include establishing the schedule, annually updating it and disseminating it to AAAs. Not all OPI services are subject to this fee schedule. Exceptions include case management and home-delivered meals. In accordance with the fee schedule, individuals with adjusted monthly incomes between 100 percent and 200 percent of the federal poverty level pay for a portion of the full cost of authorized services, based on a sliding scale. Eligible individuals with adjusted monthly incomes over 200 percent of the federal poverty level pay the full cost of a given service.
 - a. Provisions for persons wanting long-term care case management and care planning — In accordance with a law enacted in 2005, for a fee, AAAs may provide long-term care case management and/or care planning services to persons not otherwise eligible for OPI services.
 - b. Options for fee collection — An AAA can use one of two systems for collecting and accounting for clients' fees. In either approach, based on the person's adjusted monthly income, the AAA case manager determines during the initial assessment and care planning process whether an applicant is required to pay some or all of the cost of service. Once this determination is made, the case manager notifies the individual of this fact and authorizes the provision of service. The AAA assumes responsibility for billing, collecting and accounting for fees from the client, usually on a monthly basis or, in the other approach, the AAA delegates responsibility for fee collection to the contracted service provider.
 - c. Bad debt — The AAA should develop and publish procedures to deal with clients who do not pay their billed OPI fees. Ultimately, the AAA may waive the debt, or may terminate an individual from OPI service for failure to pay, provided the necessary steps in the procedures are followed.

Allocation of OPI funds

1. Intrastate Funding Formula — APD allocates OPI funds to individual AAAs using the following formulas:
 - a. Land area formula — 5 percent of the OPI allocation is distributed based upon the AAA's share of Oregon's total square mileage.
 - b. Population formula — 95 percent of the OPI allocation is based on an agency's share of the following factors.

- i. Population 60 years and over;
 - ii. Population 75 years and over;
 - iii. Minority population 65 years and over; and
 - iv. Poverty population 65 years and over with income below 125 percent.
2. Allocation cycles — Recognizing that the Oregon Legislature budgets on a two-year cycle, APD allocates OPI funds to the AAAs on a biennial basis, and each AAA is responsible for managing its allotment during the course of the biennium. (See paragraph 3 below for requirements on managing biennial funds.) Generally, the SUA releases two allocations to the AAAs during the biennial funding cycle. The first (planning) allocation is made several months prior to the beginning of the first year of the biennium and is based on an estimate of what the Oregon Legislature will appropriate. Once the Oregon Legislature completes the appropriation process and a final award is made to APD by the Department of Administrative Services, APD issues its final allocation to each AAA.
 3. Requirements on AAAs for managing biennial OPI budgets
 - a. Each AAA is required to develop a written policy on how it will manage/restrict services in order to keep expenditures within its OPI allocation.
 - b. Each AAA is required to have a written complaint process for potential clients who are refused service under its service management/restriction policy. Per this policy, if a person is refused service, he or she must be given copies of the complaint process and the written policy on the management/restriction of service.
 4. Reallocation for OPI funds — Approximately 18 months into a biennium, the AAAs and APD do a projection of OPI funds that will be spent through the end of the biennium. If individual AAAs determine they will not be able to fully use their allotments, their surplus funds may be re-allocated to AAAs that request additional funds.

Budgeting

1. Administrative funding limitation — The OPI law limits AAA administration expenses to no more than 10 percent of the AAA's total annual OPI expenditures. As a result, no more than 10 percent of available OPI funds can be budgeted for AAA administration in the area plan budget.

2. Local match issues — No local match is required to earn OPI funds. However, since OPI funds are state funds, an AAA may use them as local cash match for federal funds, including Older Americans Act funds, subject to the limitations set forth here.
 - a. OPI can only be used as match for similar OAA services that are authorized under OPI, such as case management, home care, personal care, home-delivered meals, and AAA administration (see B.2 above for the list of authorized services).
 - b. The AAA must identify the amount of OPI funds it is using as match for OAA funds by placing a comment in the appropriate field on Form 150, page 2. APD uses OPI funds as match for the OAA funds it uses; since a local dollar cannot be used as match for federal funds more than once, this step is necessary to ensure that double matching does not occur.
3. Inter-fund transfers — The Legislature appropriates OPI funds to provide OPI services. As a result, no inter-fund transfers are permitted.

Carry-forward issues

1. Within a biennium — As noted in C.2 above, AAAs receive OPI funds on a biennial basis. As a result, funds not expended during the first year of the biennium are available to the AAA for its expenses during the second year of the biennium. To ensure that adequate funds are available for service during the second year of a biennium, no more than 49 percent of an AAA's biennial allotment should be budgeted for services during the first year of the biennium.
2. Between biennia — AAAs are not permitted to carry forward OPI funds between biennia. Any funds not spent at the local level by the end of the biennium revert to the OPI Fund.
3. Budgeting and use of OPI fees for service and other program income
 - a. Budgeting of fees — Anticipated fees for service and non-fee program income (e.g., donations for Home-Delivered Meals) are to be spent in the year collected. Collected and expended funds are displayed on Form 148.
 - b. Use of collected fees and program income — Fees and non-fee program income are to be used to expand within the related program(s).

Reporting requirements

1. Financial reporting requirements

- a. Monthly financial reports — OPI expenditures are reported monthly on the DHS 148 form. This form captures year-to-date amounts for each service, including OPI funds spent, fees invoiced to OPI clients, fees spent, and other non-state funds used in service provision. For more information on financial reporting requirements, refer to the OAA financial reporting section (Part 3, Paragraph O, Sub-paragraph 1.a.).
 - b. Year-end fiscal reports — The year-end reporting requirements for OPI are identical to those for OAA funds. Please refer to these requirements in the OAA section of this handbook (Part 3, Paragraph O, Sub-paragraph 1.b).
 - c. Working capital — The requirements concerning working capital for OAA and OPI funds are similar. Therefore, please refer to these requirements in the OAA section of this handbook (Part 3, Paragraph O, Sub-paragraph 1.c).
2. Program reporting requirements — National Aging Program Information System (NAPIS)
 - a. Client socio-demographic information — All OPI clients who receive NAPIS registered services funded entirely or partially with OPI dollars must be registered in the Oregon ACCESS system. Registered services include home care, personal care, chore, adult day care, home-delivered meals, case management, congregate meals, nutrition counseling and assisted transportation (escort). (**Note:** If the AAA establishes and maintains a client case file in OACCESS, all required information is automatically collected.)
 - b. Units of service — Normally, an AAA uses Oregon ACCESS to track units of service provided to OPI clients. However, an AAA may ask APD for authorization to use a different method for tracking service use. If permission is granted, the AAA must have another system in place to accurately track required NAPIS data (**Note:** If an AAA tracks units of service by clients in Oregon ACCESS, it can use OACCESS's optional client billing program to bill clients monthly for service fees).

Administrative issues

Which rules apply? The federally promulgated administrative rules for AAAs differ by agency type. In brief, AAAs sponsored by private nonprofit agencies must comply with federal rules and regulations for nonprofits, while AAAs sponsored by public agencies (counties, councils of governments and tribal governments) must comply with those for public agencies. Therefore, any new AAA employee charged with performing administrative functions — procurement, contracting, budgeting, administering grants or

contracts — is advised to identify his or her agency’s governance structure and the rules with which it must comply. A summary of the most significant federal rules, by agency type, are listed below. The following paragraphs will give more information on specific administrative activities.

Private nonprofit AAA

1. Office of Management and Budget (OMB) Circular A-110, relocated to 2 CFR Part 215, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Educations, Hospitals and Other Non-Profit Organizations: www.whitehouse.gov/omb/circulars/a110/a110.html.
2. OMB Circular A-122, Cost Principles for Non-Profit Organizations, relocated to 2 CFR, Part 230: www.whitehouse.gov/omb/circulars/a122/a122.html.
3. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations: www.whitehouse.gov/omb/circulars_a133-lead/.

Public AAA

1. OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments (including Indian Tribal Governments): www.whitehouse.gov/omb/circulars_a122_2004/.
2. A-87, Cost Principles for State, Local, and Indian Tribal Governments, relocated to 2 CFR, Part 225: www.whitehouse.gov/omb/circulars_a087_2004/.
3. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations: www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2011.

Procurement of services and contracts

1. Competitive procurement — Because Older Americans Act-funded services are delivered in local areas, political and economic pressures often exist. A competitive procurement process helps preclude collusion and minimizes political pressures. It also offers a better opportunity for getting the best services at the best price. Due to these considerations, APD requires AAAs “... to competitively award funds by grant or contract to community service provider agencies and organizations, except where by means of (the AAA’s) area plan, DHS has granted a waiver in accordance with the OAA per Title 45 CFR Part 1321.63b.” (For more on this exception, see Paragraph

5.B.2 in this handbook.) The general rules controlling a competitive procurement process are described in OAR 411-011-0005. They reference the Competition in Contracting Act of 1984 and require that procuring services requires a formal solicitation designed to achieve full and open competition. Specific to AAAs, the rules state: “The AAA shall advertise (the solicitation) in the geographic area in which services will be impacted.” They also state that a competitive procurement process “... requires use of performance based contracts,” and then defines such contracts as the following types: firm, fixed unit rate; fixed rate with economic adjustments; or fixed ceiling price. Further, they state, if a fixed rate with economic adjustments contract is used, it must state the conditions under which economic adjustments will occur or, if a fixed ceiling price contract is used, it must state under what conditions costs will be allowed. Due to the technical and legal issues involved in procurement, any new AAA employee who is assigned responsibility for the procurement of services should research his or her employer’s procurement policies and procedures and, as appropriate, seek assistance and counsel from the AAA’s attorney.

2. Direct provision of services — Pursuant to OAA Section 307(a)(8)(A-C) [2006 OAA Reauthorized Act] and OAR 411-011-0000, an AAA will not provide any supportive or nutrition services, except where, in the judgment of the state agency, provision of such services by the AAA is necessary to assure an adequate supply of such services, or where such services are directly related to such AAA’s administrative functions, or where such services of comparable quality can be provided more economically by the AAA. A decision by the SUA to allow an AAA to directly provide a service will be based on the following criteria:
 - a. Adequacy of supply;
 - b. Administrative functions;
 - i. By definition, SUA has determined that the following services are considered integral to AAA administration: program coordination and development, advocacy and case management.
 - ii. The AAA may also provide service(s) directly when it can demonstrate, based on documentation, that it would not be practical to separate the service(s) from the AAA’s overall administrative functions. The services that may be directly related to administrative functions are case management, information and assistance, and meal site supervision.
 - c. Quality and economy — This will be based upon the competitive process as specified under OAR 411-11-005(2). Under this criterion, the AAA may directly provide a service under the following circumstances:

- i. If, after the solicitation process, there are no qualified agencies identified to provide services, the AAA may provide the services directly; or
 - ii. The AAA may respond to its own solicitation. If this is done, the AAA must place its pricing (only unit cost) proposal, along with the notice of intent to propose, in the solicitation. This will allow all other agencies or organizations wishing to submit proposals to determine whether they are able to submit proposals in competition with the one published by the AAA. If other agencies in addition to the AAA submit proposals, a fair and impartial evaluation team must evaluate all proposals.
3. Contracting rules — Because most of an AAA’s programs are funded with federal or state revenues, procurement of program and professional services must meet funding requirements. (For more information on this topic, see Paragraph 7A, tips on contracting in Oregon).
- a. Either state law or the uniform administrative requirements for grants and cooperative agreements to state and local governments (common rule), as adopted into the federal agencies’ program regulations, guide AAA procurement activities from funds received from either the state or the federal government (see www.gpo.gov for Code of Federal Regulations).
 - b. Counties and councils of governments’ contract policies and procedure manuals should be in compliance with the common rule, as well as with the state laws and regulations.
 - c. AAAs sponsored by private nonprofit organizations must operate in compliance with OMB Circular A-110, relocated to 2 CFR Part 215.
4. Model Public Contract Rules Manual — The Oregon Attorney General’s Model Public Contract Rules Manual provides guidance for state and other public contracting agencies engaged in public procurement and contracting. (See www.doj.state.or.us/help/pages/explain_ag_model_rules.aspx for the current manual.) For this manual’s order form, go to www.doj.state.or.us/ca/business_transactions.shtml.

Allowable costs — direct and indirect

1. General provisions — Older Americans Act funds are federal funds that must be used in accordance with both the act’s program requirements and federal rules concerning direct and indirect costs. To learn what qualifies as a direct or an indirect cost, AAA

personnel need to consult and follow the provisions of the appropriate OMB circular for their agency type (see Part 5.A of this handbook for guidance). An AAA needs to adhere to and provide documentation for these cost principles in its annual audit.

2. Indirect costs/cost allocation plans — Larger agencies, or agencies with more diverse activities, are required to have and maintain cost allocation plans. A plan's purpose is to identify and separate direct service costs from indirect or overhead costs (such as computers, accounting, purchasing or human resources) and provide a process to fairly apportion indirect costs to the direct service programs of the agency. Guidance on preparing, securing approval of and maintaining a cost allocation plan can be found in the OMB circular applicable to one's AAA. For answers to specific questions regarding the contents or format of an agency's cost allocation plan, the agency's auditor should be consulted.

Audit requirements

All AAAs, regardless of governance structure, must comply with the audit requirements set forth in OMB Circular A-133. As noted earlier in this handbook (Part 3.O.1.b), an AAA is to arrange for an annual audit of its affairs and, following the completion of the audit, submit both an audited Form 148/150 and a hard copy of its audit to DHS no later than 180 days from the end of the fiscal year. In addition, because it receives federal funds passed through by the Oregon Department of Human Services, an AAA must perform the following for the sub-recipients with which it contracts for the delivery of services:

1. Inform them of the CFDA title and number, award name and number, award year and name of the federal agency that is the source of the funds received from the AAA.
2. Advise them of the requirements imposed on them by federal laws, regulations and the provisions of contracts or grant agreements, as well as any supplemental requirements imposed by the state.
3. Monitor their activities, as necessary, to ensure the following:
 - a. Federal awards are used for authorized purposes in compliance with laws, regulations and provisions of contracts or grant agreements.
 - b. Performance goals are achieved.
4. Ensure that sub-recipients spending \$500,000 or more in federal awards during the fiscal year meet the audit requirements of A-133 for that fiscal year.
5. Issue a management decision on audit findings within six months after receipt of a sub-

recipient's audit report and ensure that the sub-recipient takes appropriate and timely corrective action.

6. Consider whether sub-recipient audits necessitate adjustment of the AAA's own financial records and reports.
7. Require each sub-recipient to permit the AAA and auditors to have access to those records and financial statements necessary for the AAA to comply with the requirements listed here.
8. As noted in the discussion of cost allocation plans above, questions about compliance with an AAA's audit requirements can be directed to the agency's external auditor. He/she should be an excellent resource on these matters.

Other administrative requirements

In addition to the requirements stipulated in Parts 5 A-D of the handbook, AAAs are required to comply with a number of other federal and state requirements, such as the Americans with Disabilities Act, the Civil Rights Act, Oregon's criminal records verification requirements set forth in law (ORS 181.534-181.537) and Oregon Administrative Rule (OAR 407-007-0210-407-007-0370). These requirements are spelled out in detail in the area plan contract between an AAA and the Oregon Department of Human Services.

Records retention

An AAA is required to develop and implement policies to provide access to its active and inactive administration and program information and records for the periods required by Oregon law; retention periods vary by record type. The AAA's records retention system should be consistent and standardized, and must comply with the provisions of ORS 192.420, 192.501 and 192.505. If the AAA is sponsored by a public agency (county or COG), it is likely that its sponsor has a compliant records retention policy and system in place. In this case, the AAA should assure its compliance with the provisions of this policy and system. If its sponsor does not have a compliance policy and system in place, the AAA needs to develop a policy and implement a records retention system consistent with this policy. For an example of a thorough policy, refer to Cascade West Council of Governments' Records Management and Records Retention Policy in the Tips section (7) of this handbook.

Capital assets

A capital asset is defined as any equipment or tangible property with a cost of \$5,000 or

more. Cost, in this instance, includes both net acquisition cost and any costs associated with its modification and/or installation. When an AAA uses public funds administered by DHS to purchase a capital asset, it must inform APD of this intended purchase and determine if pre-authorization is necessary. The agency must maintain inventory control over the asset once the purchase has been made. In addition, when it decides to dispose of the asset, it must give DHS the right of first refusal to take possession of the asset. If DHS declines its right to take possession, the AAA must dispose of the asset in accordance with its own policies, which should be in conformance with the controlling U.S. Office of Management and Budget (OMB) management circular. (See Part 5 of this handbook for more information on management circulars and administrative requirements.)

State and federal resources

DHS/APD transmittals

APD distributes information, policy changes and requests for information or action through written releases known as transmittals. Three types of transmittals are used, as follows:

1. Action requests (AR) — Action requests are used to request action by given deadlines. They are time-sensitive and should be read and processed or assigned upon receipt.
2. Information memoranda (IM) — Information memoranda are used to disseminate general information on various topics including client and/or provider notice alerts, and notices of conferences or training opportunities. They do not require a specific action or involve policy and, as a result, have lower priority than policy transmittals and action requests.
3. Policy transmittals — Policy transmittals should be considered high priority and, therefore, processed immediately. They are used to disseminate new federal, state and program policies and administrative rules, changes in existing policy or administrative rules, policy clarification and manual updates.

All of APD's transmittals from September 1999 forward are accessible through www.dhs.state.or.us/policy/spd/transmit/transmit.htm. Copies of transmittals released prior to September 1999 are not available online. Although APD routinely releases notices of transmittals to AAAs by email, AAA staff should make a habit of checking the above noted website to ensure they have not missed or overlooked any notices.

U.S. Administration on Aging information memoranda

At times, AoA sends information directly to all AAAs. The materials are always on Department of Health and Human Services letterhead. The information is generally very generic and is applicable to all aging services providers in the United States.

Training resources

1. Oregon Department of Human Services
 - a. DHS offers training classes for its employees on a broad range of topics relevant to the administration and delivery of human services. AAA employees are welcome to attend these classes. Advance registration is required for all attendees. The link to the department's training website is <https://dhslearn.hr.state.or.us>.
 - b. The State Unit on Aging also offers training sessions on topics specific to the administration and operation of AAAs. AAA employees are encouraged to attend these sessions.
2. O4AD — The Oregon Association of Area Agencies on Aging sponsors quarterly training conferences for AAA employees and advisory council members. Information on these conferences should be available on the association's website: www.o4ad.org.
3. Other resources — AAAs have a number of other training resources. These include conferences and seminars sponsored by regional and national organizations working on behalf of seniors and people with disabilities, university programs targeted to individuals working in the fields of aging and disability services, and classes and seminars offered by proprietary firms. For information on what is available, check with the SUA and use a Web search engine such as Google.

Tips

A little about contracting in Oregon. This section provides a broad overview of the structure of Oregon's laws and administrative rules, and identifies some of Oregon's laws that public AAAs need to comply with when contracting for goods and services.

Oregon law structure — Oregon law is structured under federal laws and regulations and the Oregon Constitution. Laws are referred to as statutes. In Oregon, the laws are titled "Oregon Revised Statutes" (ORS). Rules support and clarify law. In Oregon, the rules are titled "Oregon Administrative Rules" (OAR).

Federal laws and regulations — Federal laws and regulations often supersede state laws. State laws usually add to federal requirements, but may not conflict with or waive them.

Oregon Constitution — The Oregon Constitution is the highest form of Oregon law. The constitution consists of a few permanent laws that are broad in nature. All laws of the Legislature and all decisions of the courts and public agencies must conform to constitutional laws, which can only be changed by a vote of the people.

Oregon Revised Statutes — The Oregon Legislature passes laws. The Legislative Administration Committee organizes the statutes into a set of law books. Affected persons must generally follow statutes to the letter of the law. They are more specific than general.

Case law or common law — Judges of the appellate courts make these laws. Many publishers collect them in growing sets of thousands of indices and law books. The Oregon courts publish their decisions in a set called the Oregon Digest. Generally, all lower courts must follow these laws until appellate decisions or legislation revises them. Lawyers usually interpret and explain them. They are a very large part of commercial and contract law.

Oregon Administrative Rules — After obtaining public input, the secretary of state publishes the administrative rules. Agencies such as Aging and People with Disabilities, authorized by statute, adopt administrative rules (OAR). The rules expand and further articulate the statutes (ORS) and typically apply to the public as well as state government. Rules provide specific details, terms, conditions and requirements to carry out a government operation, and are enforced by administrative hearings and by the courts. Like statutes, they usually must be strictly followed.

Some of the laws that specifically apply to contracting by public AAAs ORS 279 A, B and C — Public Contracting Code: All governmental agencies (state, county, local, special districts, councils of governments, etc.) must comply with ORS 279, which is segmented into three chapters (279 A, B, and C) and may be cited in whole as the Public Contracting Code. Chapter 279 A contains authority and general provision of public procurement that apply to all entities, intergovernmental relations, state surplus property and penalties. Chapter 279 B contains buying provisions such as methods of source selection, specifications and legal remedies. Chapter 279 C contains provisions for procurement of construction services, architectural, engineering, land surveying and related services, and construction contracts. Links to these chapters are as follows:

www.leg.state.or.us/ors/279a.html;

www.leg.state.or.us/ors/279b.html; www.leg.state.or.us/ors/279c.html.

ORS 279.835-.855 — Qualified Rehabilitation Facility (QRF): Another statute that applies to all governmental agencies is ORS 279.835-.855. This statute pertains to the use of qualified rehabilitation facilities. This statute supports the state's policy (ORS 279A.015) of encouraging and assisting disabled individuals to achieve maximum personal independence

through useful and productive gainful employment. See www.leg.state.or.us/ors/279.html.

ORS 190.110 — Intergovernmental Agreements (IGA): IGAs include federal, state and local government levels as well as tribes. IGAs are used for many reasons, including shared law enforcement, services and consulting, and use of facilities. Agreements with agencies are exempt from competitive bidding. See www.leg.state.or.us/ors/190.html.

Oregon Constitution Article 1 Section 41 Subsection 11 — Inmate Labor

Inmate labor shall be used as much as possible to ... support other government operations ... Public agencies are encouraged to use Oregon Corrections Enterprises' supplies and services. These include office furnishings, picnic benches and other outdoor products, mail services, garment and embroidery, signage, call centers, and other goods and services for state agencies. For details, see www.leg.state.or.us/orcons/orcons.html.

Example of AAA retention policy

Cascade West Council of Governments' Records Management and Records Retention policy.

Note: This policy was developed by OCWCOG in 2002. Refer questions about this policy to the COG's finance director.

Policy — In order to provide access to active and inactive administrative or program information, the Cascade West Council of Governments will maintain a consistent, standardized records retention system. This system will meet the needs of the agency, public and state law (ORS 192.420, 192.501 and 192.505).

Objectives — To help provide consistent records management, state retention guidelines will be followed for all programs within Cascade West Council of Governments.

Definitions — Confidential: Not to be disclosed, private, containing information that, if disclosed without authorization, could be prejudicial to an individual's or agency's interest. The Health Insurance Portability and Accountability Act (HIPAA) has additional information and requirements related to personally identifiable health information. Please see the policies and procedures related to HIPAA if you have questions and/or concerns.

Electronic records — Records stored in a form that requires a computer to process. "Electronic records" does not include or refer to photocopies, digital imaging systems, or analog or digital audio and video tapes.

Essential records — Paper or electronic records necessary for the continued functioning or reconstruction of an agency during and after an emergency, which protect the rights and interests of the agency and the individuals directly affected by its actions.

Public record — Includes, but is not limited to, a document, book, paper, photograph, file, sound recording or machine-readable electronic record, regardless of physical form or characteristics; made, received, filed or recorded in pursuance of law or in connection with the transaction of public business, whether or not confidential or restricted in use. “Public record” does not include extra copies of a document, preserved only for convenience of reference, or messages on voice mail or on other telephone message storage and retrieval systems.

Record copy — The official copy of a public record when multiple copies exist. Usually an original. **record series:** A group of records that document a common function and are normally filed, used and destroyed as a unit.

1. Each program will designate a records officer (current list attached) that will do the following:
 - a. Maintain an official index or reference for records kept within the program;
 - b. Train new staff (as required) for the management and destruction of public records;
 - c. Ensure that records management and retention meets the needs of the department, the public and state law.
2. Records will be retained according to the Document Retention and Destruction Schedule as required by the State Archives Division. (See page 48 for more information.)
3. Records retention schedules will be kept by the program’s records officer, who will be responsible for records retention and destruction within his or her program.

Archiving/records to storage — Records being archived or transferred for storage are to be boxed and clearly identified with the following information:

1. Program area;
2. Type of record(s) and program area;
3. Identified as “Confidential” or “Public Records” (do not combine confidential and public records in one box together);
4. Date range of records boxed;
5. Destruction date (if applicable) or marked “Permanent Record.”

Electronic records — Public records may be scanned electronically and stored as digital images or kept in their native format (e.g., “Word,” “WordPerfect,” “Excel”) There are specific requirements for electronic storage and digital imaging. Programs electing to use

electronic storage should coordinate their activities with Technology Services to ensure those requirements are met.

Electronic records have the same retention schedule as paper records. It is not necessary to retain a paper record if an electronic copy has been produced and retained. Exceptions are documents with retention schedules of 100 years or longer. These records must be kept in the original paper format or transferred to microfilm.

Confidential electronic records must be stored in a secure area on the agency network. Programs are responsible for identifying confidential records within their control and coordinating with Technology Services to provide the necessary security to limit access.

Confidential records — Confidential records (e.g., personal identifiable health information, designated personnel records, etc.) are to be clearly marked and do not fall under the public records requirements for access.

Document retention and destruction schedule by category

General administration

Contracts/agreements	Include contract, amendments, exhibits, etc.	Building construction, alterations and/or repairs	10 years after completion
		Leases	4 years after expiration
		Personal services	6 years after expiration
		Others	6 years after expiration
Correspondence	Letters, memoranda, notes, enclosures, attachments, worksheets	Administrative (contains significant information about the programs)	5 years
		Ephemeral (does not contain significant information about an agency's programs, e.g., informational brochures, notes, reminders)	Retain until read or sent or no longer necessary
		General (routine communications, e.g., requests for information, clarification)	1 year

Committee records (advisory)	Minutes, members, bylaws, etc.		6 years from date of dissolution of the committee
Complaints	Correspondence, investigation information and/or follow-up	Establishment	10 years after investigation is closed (may be restricted by ORS 192.501-502)
Mailing lists	Names and addresses for mailing purposes		Retain until superseded or obsolete
Policy and procedure guidelines and manuals	Internal instructions, rules, agency policies and procedures	Draft material	1 year after final document is produced
		Final document	6 years after superseded
Policy development and planning records	Strategic and management plans, mission and goal statements, policy statements, org charts	Drafts and work notes	1 year after final document is produced
		Final document	20 years
Postal records	Postage meter records, registered and certified mail		4 years
Press releases	Press releases, prepared statements, public service announcements		10 years
Public records disclosure requests	Document requests for disclosure of public records and agency's response		5 years after request
Publication preparation records	Development of agency reports, studies	Drafts, meetings, preparations for reports and studies	1 year after study is completed
Scheduling records	Scheduling of events and activities involving agency staff and/or resources	Schedules, desk calendars	2 years

Signature authorizations	Documentation of designated employees authorized to sign fiscal and contractual documents		6 years after authorization has expired
Staff meeting records	Document activities and proceedings of staff meetings (not subject to Oregon's public meeting laws)	Minutes, notes, reports	2 years
Telephone logs	Tracking of phone and voice mail communications	Call logs, follow-up information regarding status of calls	1 year
Training program records	Document design and development of training provided to agency employees	Class description, instructor certifications, course outlines, related documentation	1 year after program superseded or discontinued.

Board commission records

Appeal and review records	Document reviews of decisions made by the board or commission	Narrative history; description of cases, minutes and testimony, exhibits, reports, opinions, conclusions, etc.	Case files — 50 years; working files — until closed; audio recordings — 5 years or until transcribed into case file
Board and commission member records	Document board and commission activities	Correspondence, plans, minutes, committee reports, other reference material	4 years
Board and commission members' personnel records	Document appointment and subsequent personnel actions of board and commission members	Appointment letters, related correspondence and documentation	10 years after term expires

Board and commission meeting minutes	Official proceedings of the board or commission meetings	Agendas, minutes, meeting notices, items for action, related correspondence and documentation	Permanent
Board and commission formation and organizational records	Document formation and organization of boards and committees	Bylaws, position and policy statements, mission and goal statements, work plans	Permanent
Reports and studies	Provide a record of findings, assessments, recommendations, research activities, goals and other activities of the board or commission	Project outlines and schedules, statistics, related correspondence and documentation	Final product: permanent; drafts, copies or working papers — 3 years after final document produced

Facility and property records

Building records	Building configurations, real property equipment	Remodeling, major repair, engineering blueprints, computer wiring, etc.	Retain for life of structure
Damaged/stolen property records	Document reports related to damaged or stolen property	Yearly risk reports, property transfer reports, restoration inventory reports	4 years
Equipment maintenance records	Warranty, operation, service and repair	Lease agreements, vendor activities, invoices	1 year after equipment has been disposed of
Fixed asset inventory reports	Acquisition, maintenance and disposition of property purchased with capital outlay funds		4 years

Leases	Lease or rental of property of others or from other parties	Lease and/or rental agreements, amendments, related documentation and correspondence	4 years after expiration
Material safety data sheets (records)	Document hazardous chemicals currently used by the agency	Safety instructions, material safety sheets, emergency instructions	Retain until superseded or chemicals no longer in use
Vehicle maintenance records	Agency's vehicle maintenance records	Repair logs, work orders, gas slips, repair estimates, etc.	2 years after vehicle disposed of
Work orders	Requests and authorizations for services	Property and equipment repair requests, authorization and correspondence	4 years

Financial records

Account reconciliation	Documentation of reconciliation of funds (e.g., cash accounts, fixed assets, etc.)	Printouts, worksheets, schedules	4 years
Account transfer records	Document authorized movement and transfer of funds between accounting structures		6 years
Accounting structure organization hierarchy	Document agency's accounting structure	Fund structure, general ledger accounts, etc.	6 years after superseded or changed
Accounting system input documents, listings and control reports	Changes or transactions entered into the accounting system	Batch control, spreadsheets, control reports, history detail, etc.	6 years
Accounts payable reports	Document outstanding liabilities and record of payments of bills by the agency	Subsidiary ledger, outstanding payment reports, etc.	4 years

Accounts receivable reports	Document billings and collections to provide a record of money owed to the agency	Subsidiary ledger, records amounts received from debtors, aging reports, etc.	4 years
Annual financial reports	Document the agency's financial condition and results of operation as of June 30 using trial balance data	Transmittal cover sheets, organization and function, combined balance sheet, combined statement of revenues, etc.	10 years
Audit reports	Document examination of the agency's fiscal condition, internal control and compliance policies and procedures	Audit reports, agency comments, supporting documentation	10 years
Bank statements	Document the current status and transaction activity of funds held at a bank	Bank statements and reconciliation records, deposit slips and/or paid check copies	6 years
Budget preparation records	Activities to plan, develop, estimate and propose budget requests	Budget requests, spreadsheets, budget proposals, etc.	Retain present budget preparation and previous budget preparation
Cash receipts	Documentation of cash received by the agency	Receipts and batch sheets	6 years
Check registers	Checks issued by the agency		6 years
Competitive bid records	Evaluation and award of bid to vendors	Bid, quote lists, advertising, vendor correspondence	6 years after bid awarded

Correspondence, fiscal	Communication between agency and other parties pertaining to the agency's fiscal policy, obligations and revenue		4 years
Debit/credit advices	Document receipt of and/or verification of deposits and/or withdrawals		6 years
Deposit slips	Document cash deposited in banks and used to reconcile agency and bank accounts		6 years
General ledger reports	Document fiscal transaction of the agency each month		4 years
Grant records	Application, evaluation, awarding, administration, monitoring and status of grants in which the agency is the recipient, grantor, allocator or administrator	Applications, budgets, narratives, related correspondence and documentation	5 years upon final expenditure report accepted (or period specified in the grant if longer than 5 years); 3 years for unsuccessful grant application
Invoice registers	Document a listing of who was billed by the agency for services	Customer billings	6 years
Invoices	Goods and services billed by the agency		6 years
Journal entry registers	Record of debit and credit journal transactions		4 years
Adopted budgets	Plan for operating budget		20 years

Petty cash fund records	Document petty cash activity	Requests, receipts, reconciliation	4 years
Project accounting records	Detailed or summarized transactions for projects	Subsidiary ledger	4 years
Purchasing records	Purchase of goods and services	Purchase orders, requisitions, contracts	6 years
Receipt registers	Detailed lists of processed cash receipt transactions		4 years
Receipts	Acknowledgement of payment and/or delivery		6 years
Revenue reports	Summary records of revenue		4 years
Revenue registers	Document transactions detailing list of current revenue and transfers in (cash and accrued)		4 years
Travel expense records	Reimbursement claims by employees for travel and related expenses	Expense detail sheets, supporting documentation	4 years
Trial balance reports	Summary of general ledger and current financial position used to prepare the agency's financial statements	General ledger and detail, etc.	4 years
Vendor reports	Vendor data	Track voucher and purchase order status	4 years
Voucher registers	Provide a listing of voucher disbursement		4 years

Information management records

Computer system maintenance records	Maintenance of computer system (warranties, etc.)	Back-up plans, security plans, component problems, etc.	1 year after obsolete or superseded
Computer program documentation	Addition, modification or removal of software from the agency computer systems	Operating systems, data sets, structure of the system, system-to-system communication, etc.	1 year after life of computer system
Computer system security records	Document security of the agency's computer systems	Employee access, access authorization, system access logs, associated documentation	3 years after superseded or authorization expired
Computer system wiring records (including new wiring or removal of wiring)	Wiring of agency computer network system	Drawings of computer wiring, cables, connections and related documentation	Retain until superseded or obsolete; remodeling of wiring records to be kept with facility file
Information system planning and development records	Document planning and development of agency information systems	Computerized and manual systems	1 year after life of system
Software management records	Document use of software in agency information systems	License and copyright provisions, software inventories, licenses, purchase records, etc.	1 year after software is disposed of or no longer used
Telecommunications system management records	Document the creation, modification or disposition of agency telecommunications systems	Equipment records, system planning records, maintenance contracts, service and repair orders	1 year after life of system

Payroll records

Deduction registers	Document voluntary and required deductions from the gross pay of agency employees	May include federal income, Social Security taxes, state income tax, workers' compensation, etc.	5 years
Employee payroll records	Individual employee pay history	Personnel action forms, deductions, leave authorizations, overtime authorizations, etc.	PERS —75 years; garnishment —4 years after resolution; deduction author —3 years after superseded; other records — 3 years after employee separation
Employee time records	Document hours worked and leave hours accrued and taken	Employee time sheets, leave requests and authorizations	4 years
Federal and state tax records	Document collection, distribution, deposit and transmittal of federal and state income taxes and Social Security tax	1099, W-9s, quarterly federal tax returns, W-4s, W-2s, etc.	5 years after employee separation
Family medical leave records	Leave taken under the federal FMLA	Leave requests, medical certifications (confidential under HIPAA), payroll and time data	3 years
Payroll administrative reports	Agency's statistical studies	Payroll budget preparation, workload and personnel management, payroll research	4 years
Unemployment compensation claim reports	Claims for unemployment compensation		4 years

Unemployment reports	Document employee earnings on a quarterly basis, which are used to determine costs and charges in the event of an unemployment compensation claim		4 years
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Personnel records

Affirmative action records	Document agency compliance with statutes and regulation	Reports, documentation and correspondence	3 years
Collective bargaining records	Document agency's role in initial and ongoing collective bargaining	Union contracts, amendments, tentative agreements, arbitrator's recommendations, etc.	Agency proposal and notes — retain until contract superseded; Other agency records — 6 years after contract expiration
Comparable worth study records	Document the study of analysis and resolution of pay equity	Positional allocation reports, personnel reclassification studies, job category listings	15 years
Employee benefits records	Individual employees' benefit information	Application forms, enrollment forms, etc.	PERS enrollment — 75 years; other — 3 years after employee separation or eligibility expires
Employee medical records	Individual employees' work-related medical history (not personnel records; must be kept separate from employee personnel records in another location)	Personal identifiable health information also falls under HIPAA	Hazard exposure — 30 years after employee separation; negative drug test results — 1 year; positive drug test results — 3 years; other records — 3 years after employee separation

Employee personnel records	Individuals' work history	Applications, personnel action forms, evaluations, letters of recommendation, disciplinary action, etc.	10 years after employee separation
Employment eligibility verification forms (I-9)	Document filings of U.S. Immigration and Naturalization Service Form I-9		Whichever is longer: 3 years after date of hire or 1 year after employee separation
EEOC records	Document agency compliance with EEOC regulations	EE04 — reports, discrimination complaints and policies	3 years after superseded
Human resources statistical reports			3 years
Layoff records	Procedures and computations used in laying off employees	Service credit lists, layoff ranking lists, layoff notice letters, related correspondence	3 years
Position description and reclassification records	Document studies and evaluations of positions or classes	Old and new position descriptions, organizational charts, classification specifications, related correspondence	5 years
Position inventory control system	Document agency compliance with budgetary personnel authority	Personnel by division, organizational structure, position and classification numbers, vacancies, position type, compensation type, salary range and pay step information	4 years

Recruitment and selection records	Document recruitment and selection of employees	Position authorization forms, job announcements, classification specifications, position advertisement records, applicant lists, interview questions, notes, tests	Recruitment summary — 10 years; applications — 2 years; other records — 3 years after position filled or recruitment cancelled
Volunteer records	Activities and administration of volunteer programs in the agency	Volunteer applications, volunteer hour statistics, publicity records, insurance requirement information	5 years after volunteer separation

Risk management records

Emergency response plans and procedures	Development, testing, implementation and updating of agency plans and procedures during and following an emergency	Disaster preparedness and business resumption plans	Retain until superseded
Hazard exposure records	Document individual employees' exposure to hazardous conditions	Noise, dust, heat, cold, radiation, biological agents, virus, fungus, etc.	Not personnel records; should be maintained in employee medical files 30 years after employee separation

Incident reports	Employee or non-employee accident and injuries that occur in the workplace	Incident reports, occupational injury reports, investigation records, related documentation and correspondence	10 years
Occupational injury and illness records	Document occupational injuries and illnesses that occur in the work place — information required by OSHA	Summaries of occupational injuries and illnesses, OSHA Form 200, OSHA Form 101	5 years
Risk factor evaluation records	Document the assessment of various risk factors for the agency to determine appropriate insurance needs	Insurance coverage and premium data, restoration fund inventory reports, property transfer reports, real property reports, related correspondence	4 years
Safety compliance and inspection records	Document agency's compliance with state and local safety regulations	Inspection reports on buildings (fire alarm, security systems, elevators and boilers), correction orders, follow-up actions	10 years
Safety program records	Document agency's safety program	Safety policies, plans, procedures, evacuation rosters, related documentation	Safety policies and plans — 5 years after superseded; inspection reports, work place safety committee, evaluations, recommendations — 10 years

State Accident Insurance Fund (SAIF) claim records	Document job-related injury and illness compensation claims made by agency employees to SAIF	Injury reports, claim acceptance or denial, determination orders, medical reports, payroll reports, etc.	6 years after final disposition of claim
Vehicle accident records	Document accidents involving agency-owned vehicles	Claim forms, photographs, accident reports, repair estimates and related documentation	4 years

Other

Client medical records	Oregon Cascades West Senior and Disability Services	Case management records, referrals, eligibility papers	Permanent (fall within federal privacy standards outlined in the Health Insurance Portability and Accountability Act)
Customer financial information	Community economic development and loan programs	Applications, updates, financial reporting	Permanent (as dictated by banking requirements and reporting based on funding)

For more detail, specifics and/or clarification, please see Oregon Administrative Rule 166, Division 30.

Appendix 1: Definitions and acronyms

360 — Obsolete term for client assessment/planning system.

A&D — Alcohol and drug.

AAA — See “Area Agency on Aging.”

AARP — Previously known as American Association of Retired Persons.

Abuse — There are several different types of abuse of older persons and persons with disabilities, including:

- Abandonment, which is the desertion or willful forsaking of an elderly person or person with a disability or the withdrawal or neglect of duties and obligations owed a dependent adult by a caretaker or other person;
- Financial exploitation, which is the illegal or improper use of another individual’s resources for personal profit or gain;
- Neglect, which is the failure (whether intentional, careless or due to inadequate experience, training or skill) to provide basic care or services when agreed to by legal, contractual or otherwise assumed responsibility;
- Physical abuse, which is use of excessive force, physical assault or physical contact with an individual including, but not limited to, hitting, slapping, biting, pinching or shoving;
- Psychological abuse resulting in emotional injury, which is the use of derogatory names or phrases or profanity, ridicule, harassment, coercion, threats or intimidation toward an individual or denial of civil rights; and
- Self-neglect, which is one’s inability to understand the consequences of his or her actions or inaction that leads or may lead to harm or endangerment to himself/herself or another person.

Abuse investigation — Provided by AAAs and MSOs for elderly persons and persons with disabilities and residents of nursing facilities, adult foster homes, assisted living facilities or residential care facilities, whenever an abuse complaint is received. Various state and federal laws define different aspects of abuse, abuse investigation and reporting.

Access services — OAA-required services that provide access to other services. In Oregon, the following services are defined as access services: transportation, assisted transportation, information and assistance, outreach, case management, mental health screening and referral, interpreting/translation services, newsletter, fee-based case management, and public outreach/education.

ACTION — The former name of the umbrella agency for federal volunteer programs

including Retired Senior Volunteers Program (RSVP), Foster Grandparents, Senior Companions, Young Volunteers in ACTION, Drug Alliance, Students of Community Service, and VISTA. ACTION is now known as the Corporation for National and Community Service.

Action request (AR) — Formal request for action issued by APD. ARs are time-sensitive and should be read and processed or assigned upon receipt. See www.dhs.state.or.us/policy/spd/transmit/transmit.htm for access to ARs issued by APD.

Activities of daily living (ADL) — Activities that individuals need to perform or have provided on a daily basis to maintain themselves in an environment. They cluster in the areas of mobility, eating or cooking, bathing, toileting, grooming, dressing, behavior and medications management.

Acute — Of a disease or disease symptoms: beginning abruptly with marked intensity or sharpness, then subsiding after a relatively short period of time; sharp or severe. Compare to chronic.

AD — See “Aid to the Disabled.”

ADA — See “Americans with Disabilities Act.”

ADC — See “Aid to Dependent Children.”

Addictions and Mental Health (AMH) — A part of the Oregon Health Authority (OHA) responsible for delivering adults’ and children’s mental health and addiction services. Mental health services are delivered locally through community mental health departments and organizations, as well as through state-operated psychiatric hospitals in Salem, Portland and Pendleton. The division is responsible for delivering addiction prevention and treatment services in the areas of alcohol, tobacco, other drugs and problem gambling.

ADL — See “Activities of daily living.”

Administration on Aging (AoA or AOA) — The federal administrative unit for aging programs authorized under the Older Americans Act within the U.S. Department of Health and Human Services.

ADRC — See “Aging and Disability Resource Connection.”

Adult foster home (AFH) — A licensed group living facility for no more than five individuals in a private home setting. Services include room and board, personal care, medical management help, recreational activities and transportation. Homes are licensed

for different levels of care and monitored by the state.

Advisory council — A voluntary group of citizens who provide information, guidance, advice and support to an Area Agency on Aging. Can be either a Disability Services Advisory Council or a Senior Advisory Council.

Advocacy committee — A committee of an advisory council that clarifies issues of concern to advisory council members in local, state or national arenas, and then moves the issues forward through legislative or other types of advocacy.

AFH — See “Adult foster home.”

Aging and Disability Resource Connection (ADRC) — The Aging and Disability Resource Connection (ADRC) is a coordinated system of information dissemination and access for all persons seeking long-term support to minimize confusion, enhance individual choice and support informed decision making. AoA and the Centers for Medicare and Medicaid Services (CMS) cooperatively developed the ADRC concept to help states streamline access to public and private programs and resources for seniors, people with disabilities and their families.

Aid to Dependent Children (ADC) — Now Temporary Assistance to Needy Families (TANF).

Aid to the Blind (AB) — A federal program category that provides cash benefits through SSI, as well as Medicaid benefits to persons who meet federal criteria of being legally blind and who are within income and resources standards.

Aid to the Disabled (AD) — A federal program category that provides cash benefits through SSI, as well as Medicaid benefits to children and to adults aged 18 to 64 who meet federal criteria of being totally and permanently disabled and who are within income and resource standards.

ALF — See “Assisted living facility.”

Allocation — The specific amount of funds available from each funding source administered by APD for which each AAA may apply.

Americans With Disabilities Act (ADA) — Legislation passed by the U.S. Congress in 1990 to prohibit discrimination against people with disabilities and to guarantee them equal access to employment, public services, public accommodations and telecommunications.

AmeriCorps — A division of the Corporation for National and Community Services, an independent federal agency. Its mission is to improve lives, strengthen communities and foster civic engagement through service and volunteering. AmeriCorps has three main programs: AmeriCorps State and National, AmeriCorps VISTA, and AmeriCorps National Civilian Community Corps.

AMH — See “Addictions and Mental Health.”

AoA or AOA — See “Administration on Aging.”

APD — Aging and People with Disabilities (APD), a program within Oregon’s Department of Human Services (DHS). Responsible for the administration of programs that increase the independence of and help protect seniors and people with disabilities. Its functions include abuse investigation, licensing of nursing facilities, help in arranging and paying for in-home services, Oregon Project Independence, and Lifespan Respite. Many of the services are provided to clients through local Area Agency on Aging (AAA) offices. APD also handles in-home, group-home and crisis services for people with developmental disabilities. Another APD function is eligibility determination for federal Social Security Disability Insurance benefits.

APS — Adult Protective Services. See “Abuse,” “Abuse investigation” and “Elder Abuse and Adult Protective Services.”

APS Risk Intervention — Adult and Protective Services (APS) Risk Intervention provides support to individuals who have been in the APS system. The service includes development and implementation of an individual plan to reduce the risk of harm to the individual; regular active contact with the individual to reassess the risk of harm and the effectiveness of interventions; and documentation of assessments and interventions. APS Risk Intervention continues until assessment demonstrates that the level of harm has been reduced to an acceptable level. Approval by a supervisor or designee is required to continue an APS Risk Intervention case beyond one year.

AR — See “Action request.”

Area Agency on Aging (AAA) — The state-designated entity with which DHS contracts to meet the requirements of the OAA and ORS Chapter 410 in planning and providing services to the senior or senior and disabled population for a designated planning and service area.

Area plan — See “Four-year area plan.”

ASD — Aging Services Division (Multnomah County).

ASL — American Sign Language for the deaf and hearing-impaired.

Assisted living facility (ALF) — A licensed private living facility with 24-hour assistance, as needed, that emphasizes independent living. Provides organized activities, dining and service options.

At Risk — A state program for older persons and persons with disabilities whose target population is defined as those at risk of becoming dependent and needing significant public assistance in the near future in order to meet their daily living needs.

Attorney general — A statutory office within the executive branch of the state that serves as the chief legal officer of the state, heading the Oregon Department of Justice with its six operating divisions. The attorney general is responsible for adopting model rules of procedure appropriate for use by all public contracting agencies (state and local governments). The model rules focus on competitive procurement procedures.

BCU — Background Checks Unit; providing background check services and support to all DHS and OHA divisions for employment purposes, for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer, or are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by DHS or OHA.

BIA — See Bureau of Indian Affairs.

Bureau of Indian Affairs (BIA) — An agency of the U.S. government, generally responsible for administering federal policy for Native Americans and Inuits. It shares some responsibilities — e.g., in education and housing — with other federal agencies. One of the oldest federal agencies, the Bureau of Indian Affairs was created in 1824 by the War Department; it was added to the new U.S. Department of the Interior in 1849.

CAF — See “Children, Adults and Families Division.”

CAP — See “Community action program.”

CAPECO — See “Community Action Program of Eastern Central Oregon.”

CAPS — See “Client Assessment/Planning System.”

Case management — A service providing entry, assessment, service implementation and evaluation to persons in need. Case managers work with clients to develop individualized care plans to meet their social and health care needs.

Cash assistance — A state-funded program that provides cash payments to categorically eligible persons, including the Oregon Supplemental Security Income Program (OSIP).

Cash-in-lieu — Cash payments by the U.S. Department of Agriculture to AAA, via APD, in lieu of donated commodities for OAA nutrition programs. Now known as Nutritional Services Incentives Program (NSIP).

CAT — See “Community Action Team.”

CBC — See “Community-based care.”

CCMU — Client Care Monitoring Unit is APD’s unit responsible for licensing and monitoring the quality of care provided by nursing homes, assisted living and residential care facilities.

CCNO — See “Community Connections of Northeast Oregon, Inc.”

CCO — See “Coordinated Care Organization.”

CCRC — See “Continuing care retirement community.”

CCSS — See “Clackamas County Social Services.”

Center for Independent Living (CIL) — A private nonprofit organization providing independent living skills, advocacy and other services to persons with disabilities, under the federal Rehabilitation Act, in partnership with the National Organization on Disabilities.

Centers for Medicare and Medicaid Services (CMS) — is the federal agency responsible for administering Medicare, Medicaid and several other health-related programs.

Central Oregon Council on Aging (COCOA) — The designated AAA for Crook, Deschutes and Jefferson counties.

CEP — See “Client Employed Provider program.”

CFR — See “Code of Federal Regulations.”

Children, Adults and Families Division (CAF) — The former name for a division of the Oregon DHS responsible for administering self-sufficiency and child-protective programs. CAF is now defunct.

Chronic — Related to a disease or disorder that develops slowly and persists for a long period of time, often for the remainder of the patient’s lifetime. Glaucoma is an example of a disease that may develop gradually and insidiously or that may occur as an acute disorder marked by sudden severe pain, requiring emergency treatment. Compare to acute.

CIL — See “Center for Independent Living.”

Clackamas County Social Services (CCSS) — The designated AAA for Clackamas County.

Client Assessment/Planning System (CAPS) — A data system used by AAAs and APD field offices for completing a comprehensive and holistic client assessment. It is comprised of critical elements of the individual’s physical, mental and social functioning, including identification of risk factors and outcome measurements. The CAPS calculates the individual’s service priority status, level of care and service payment rates. It also accommodates client participation in care planning.

Client Employed Provider (CEP) program — An in-home program wherein the care provider is directly employed by the Medicaid or Oregon Project Independence client. The CEP provider, or home care worker, delivers home care, personal care, companion or chore services, depending on the care plan negotiated between the client and case manager. The home care worker can be live-in or hourly.

CMS — See “Centers for Medicare and Medicaid Services.”

COBRA — The Consolidated Omnibus Reconciliation Act of 1985 (U.S. law).

COCOA — See “Central Oregon Council on Aging.”

Code of Federal Regulations (CFR) — The codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the federal government.

COG — Council of governments. A public agency organized voluntarily by two or more units of local government under the provisions of ORS 190.

COLA — Cost of living adjustment.

Commodities, USDA Surplus — Agricultural commodities and products purchased by the U.S. Department of Agriculture and donated for use in providing OAA nutrition services. See Nutritional Services Incentives Program (NSIP).

Community action program (CAP) — Public and private nonprofit local agencies designated to administer federal programs for the needy.

Community Action Program of East Central Oregon (CAPECO) — The designated AAA for Morrow and Umatilla counties.

Community Action Team (CAT) — The designated AAA for Columbia County.

Community-based care (CBC) — A generic term for services provided outside of nursing homes to clients requiring long-term care. Substitute care in residential care facilities (RCFs), assisted living facilities (ALFs), adult foster homes (AFHs) and in-home services are covered under this term. Other services covered by this term include home-delivered meals and medical services and supplies.

Community Connections of Northeast Oregon, Inc. (CCNO) — The designated AAA for Baker, Union, Wallowa and Grant counties.

Community focal point — An OAA requirement. Facility established to encourage the maximum co-location and coordination of services for older individuals.

Comprehensive and coordinated system — A planning and operations requirement under the OAA for providing all necessary supportive services, including nutrition services, in a manner designed to facilitate accessibility to and use of all supportive services and nutrition services provided within the geographic area served by the AAA.

Computerized format (512) — Computerized format that combines information about client demographics, assessment and needs with provider information to outline the care plan and authorize payment for Medicaid clients in adult foster care homes, residential care facilities and assisted living facilities.

Congregate meals — Hot meals provided at congregate meal sites to eligible persons by nutrition service providers under the OAA.

Conservatorship — Legal proceeding that gives a person (called a conservator) power over the property and finances of an incapacitated person (called the protected person).

Continuing care retirement community (CCRC) — A housing community that provides different levels of care based on what each resident needs over time. This is sometimes called “life care” and can range from independent living in an apartment, to assisted living, to full-time care in a nursing home. Residents move from one setting to another based on their needs, but continue to live as part of the community. Care in CCRCs is usually expensive. Generally, a CCRC requires a large payment before moving in and charges

monthly fees. Care in a CCRC is not funded with public resources.

Continuum of care — System of long-term care services that supports individuals with a variety of services in diverse settings based on the care needs of the individual.

Contract agency — A special type of Type B AAA. The designation is assigned by APD. Under this type, the staff members providing services to Medicaid and cash assistance clients are state employees. DHS contracts with the AAA to administer these programs.

Contracted services — Services provided to seniors and persons with disabilities by providers under contract with an AAA.

Contractor — Service provider who offers services for eligible persons under contract with an AAA.

Contribution — Voluntary private donation by an older person toward the cost of the service received under the OAA.

Coordinated Care Organization (CCO) — A network of all types of health care providers who work together in their local communities to provide patient-centered and team-focused care to reduce health disparities for people who receive health care coverage under the Oregon Health Plan (Medicaid).

Corporation for National and Community Service — An independent federal agency with the mission of improving lives, strengthening communities and fostering civic engagement through service and volunteering. Divisions of the Corporation include AmeriCorps, Senior Corps, and Learn and Serve America.

CPT — Community partnership team and CPT are obsolete terms. When in use within DHS, they referred to the team responsible for strategic and long-term planning, community relations, services integration and the Oregon Option. Its objectives included strengthening relationships with local communities, broadening emphasis on integrated services and pursuing greater federal flexibility to the state under the Oregon Option.

CRC/CRX — Criminal records check. Pursuant to Oregon Law (ORS 181.534-537) and Oregon Administrative Rules (OAR 407-007-0210-0370), AAAs are required to complete criminal records checks on their employees and volunteers.

CRU — An obsolete acronym formerly meaning Criminal Records Unit (see “BCU”).

Daily living needs — Food, shelter, clothing, medical assistance, information, personal care activities (e.g., bathing, dressing, mobility) and home management activities (e.g.,

preparing meals, shopping, money management, housework).

DAS — See “Department of Administrative Services.”

DCSDSD — See “Douglas County Senior and Disabilities Services Division.”

Department of Administrative Services (DAS) — The central administrative agency of Oregon state government. It works to effectively implement the policy and financial decisions made by the Governor and the Oregon Legislature. It also sets and monitors standards of accountability to ensure that state government productively uses tax dollars.

Department of Health and Human Services (DHHS) — The federal administrative department in which the AoA is located. DHHS also is responsible for administering Medicare and Medicaid through the Centers for Medicare and Medicaid Services (CMS).

Department of Human Resources (DHR) — Previous name of department now known as the Department of Human Services.

Department of Human Services (DHS) — The umbrella agency responsible for administering Oregon’s human service programs. Its mission is “helping people become independent, healthy and safe.”

Department of Justice (DOJ) — The state agency responsible for providing general counsel and supervision of all civil actions and legal proceedings in which the state is a party or has an interest. It is also responsible for the operation of a number of programs, such as child support, crime victim compensation and consumer protection.

Dependent elderly — A term used by some AAAs to define a target population of older persons needing significant assistance to meet their daily living needs because of lack of financial, social, physical and/or emotional resources.

DHHS — See “Department of Health and Human Services” (DHHS) (federal administrative department).

DHR — See “Department of Human Resources” (Oregon).

DHS — See “Department of Human Services” (Oregon).

Direct service — A service provided to clients by employees of an AAA.

Disability — An impairment of one or more major life activities. Federal and state laws state that three pieces must exist for an individual to be classified as disabled: (1) the

individual must be diagnosed with a disability (physical or mental); (2) the individual must be considered by others to have a disability; and (3) the individual must have a history of a disability. For example, surgery to control seizures may stop them, but there remains a question about whether the disability is cured. History has a lot to do with community perception of a successful cure. Alcoholism and drug addiction are no longer considered disabilities for purposes of receiving Supplemental Security Income. Eligibility for many of the services offered through the disability services offices is based on SSI criteria.

Disability Services — A program providing Medicaid, public assistance and food stamps (now called “SNAP”) for persons with disabilities who meet state and federal eligibility guidelines.

Disability Services Advisory Council (DSAC) — A group of volunteers that provides information, guidance, advice and support to an AAA responsible for administering services for adults with disabilities aged 18 to 64. A DSAC advises on basic policy guidelines for adults with disabilities receiving services in the AAA, reviews and evaluates the effectiveness of the services provided, and advocates for individuals and on issues of importance to the disability community.

Disability Services Office (DSO) — A local office of an agency (either an AAA or APD) providing Medicaid, cash assistance and SNAP (formerly food stamps) to persons with disabilities.

DOES — Disabled Oregonians for Effective Services, an advocacy group.

DOJ — See “Department of Justice” (Oregon).

DoL — Department of Labor, a U.S. administrative agency responsible for employment and training programs. Administers the OAA Title V, Senior Community Service Employment program.

Donation — A voluntary private donation by an older person toward the cost of a service received under the OAA.

Douglas County Senior & Disabilities Services Division (DCSDSD) — The designated AAA for Douglas County.

DRG — Diagnostically related group for health insurance purposes. This approach to controlling health costs in Medicare was introduced in the 1980s. It bases payment for a given hospitalization on the primary diagnosis assigned to a patient’s condition.

DSAC — See “Disability Services Advisory Council.”

DSO — See “Disability Services Office.”

EBT card — Electronic benefit transfer card, the debit-type card (aka Oregon Trail Card) used to distribute food stamps/SNAP benefits to eligible Oregonians.

Economic need, greatest — Need resulting from having an income at or below poverty levels established by the U.S. Office of Management and Budget.

EL — Executive letter. An obsolete term meaning important information releases issued by APD. Such releases are now referred to as policy transmittals (PT).

Elder Abuse and Adult Protective Services — Investigation of reports of physical, emotional or financial abuse or neglect in nursing facilities, adult foster homes and the community; follow-up services, referrals and consultation.

Eligibility worker — A job title no longer used by DHS. Now known as a public service representative 4. Employees in this classification determine financial eligibility for Medicaid, SNAP and related public assistance programs administered by DHS, its field offices and contract agencies, such as Type B AAAs. These workers also authorize the delivery of these services to eligible individuals.

ENL — English as a non-native language.

ESL — English as a second language.

Ethnicity — Ethnic quality or affiliation; of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin or background. For OAA information collection and reporting purposes, recipients of services are asked to self-identify if they are (1) Hispanic or Latino, or (2) not Hispanic or Latino.

Evidence-based program — A program that has been found, through research, to achieve a desired outcome.

Family caregiver — Under the OAA National Family Caregiver Support Program (NFCSP), this term means an adult family member or another individual who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunctions.

FCG (also known as NFCSP) — OAA Title III E National Family Caregiver

Support Program.

FIG Waiver Project — A 1979 federally funded project administered by Oregon’s Department of Human Resources. DHR chose five counties in southern Oregon for a waiver of Medicaid Title XIX regulations that allowed use of funds earmarked for nursing home care to be used for community-based long-term-care services. The project emphasized helping people avoid unnecessary institutionalization. In 1981, using the results of the FIG Waiver Project, senior advocates convinced the Oregon Legislature to establish the Senior Services Division within DHR and consolidate the administration of Medicaid, OAA and OPI programs in one administrative agency. APD’s system is still modeled on the FIG Waiver Project.

Financial assistance — Assistance based on the Federal Supplemental Security Income (SSI) guidelines.

Flexible intergovernmental grant — See “FIG Waiver Project.”

FNS — Food and Nutrition Service (U.S.).

Food stamps (FS) — Federal assistance to supplement food purchases; based upon income and shelter expenses for heads of household. The Food Stamp Program is now referred to as the SNAP Program. It is administered by DHS.

Foster home licensing — Required licensing by APD and, by extension, Type B AAAs, of any home or facility compensated for giving adult foster care to between one and five adults not related to the provider.

Four-year area plan — The written document prepared by an AAA. It contains detailed statements of proposed AAA and disability goals, objectives and strategies covering a four-year period. It is required by Oregon Aging and People with Disabilities under the OAA. Also known as the area plan or four-year plan.

Frail elderly — An OAA target population defined as those persons having a physical or mental disability (including having Alzheimer’s disease or a related disorder).

FTE — Full-time equivalent; a method for measuring the amount of staff effort devoted to a given task or program. An FTE is equivalent to a person working full-time over the course of a given fiscal or calendar year. For example, two employees, both of whom work one-half time during a year, produce one FTE.

GA — See “General assistance.”

GAAP — Generally accepted accounting principles.

GCSS — See “Governor’s Commission on Senior Services.”

General Assistance (GA) — A program that provided state-funded cash and medical benefits (including services for care) to certain single adults or couples with no children, non-permanent disabilities, and little to no income or resources. Not currently funded.

Governor’s Commission on Senior Services (GCSS) — A 21-member Governor-appointed commission. It is the official advisory body for APD on senior issues. It provides advice on needs, recommends actions to meet the needs, and acts as an advocate for the elderly.

Greatest economic need — Need resulting from having an income at or below poverty levels established by the U.S. Office of Management and Budget. Older persons with greatest economic need are an OAA target group.

Greatest social need — Need resulting from non-economic factors that include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status that restricts an individual’s ability to perform normal daily tasks or threatens his or her capacity to live independently. Older persons with greatest social need are an OAA target group.

Guardianship — Legal proceeding that gives a person (called a guardian) power over all aspects of an incapacitated person’s (called the protected person) life.

Harney County Senior and Community Services Center (HCSCS) — The designated AAA for Harney County.

HC — Home care.

HCFA — See “Health Care Finance Administration” (U.S.).

HCSCS — See “Harney County Senior and Community Services Center.”

HCW — See “Home care worker.”

HDM — See “Home-Delivered Meals.”

Health Care Finance Administration (HCFA) — Was responsible for the administration of Medicaid, cash assistance and Medicare at the federal level. These duties are now performed by the Centers for Medicare and Medicaid Services (CMS).

Health maintenance organization (HMO) — An organized system of managed care that offers a specific comprehensive package of benefits to an enrolled population for a prepaid fee.

HMO — See “Health maintenance organization.”

Home and community-based care waiver services — Services approved for Oregon by the Centers for Medicare and Medicaid Services for aged and physically disabled persons in accordance with Sections 1915(c) and 1115 of the Social Security Act.

Home care — All the in-home services funded through Title XIX and Oregon Project Independence necessary to help clients achieve the greatest degree of independent functioning. These services — , including assistance with all activities of daily living (ADLs), feeding, housekeeping and self-management activities — can be provided by a home care specialist.

Home Care Commission — The Oregon Constitution was amended in 2000 by the voters to create the Home Care Commission. The nine-member, Governor-appointed commission is responsible for ensuring high quality home care services for elderly and disabled persons who receive publicly funded home and personal care in their own residences.

Home care worker (HCW) — Home care workers provide in-home services, including but not limited to housecleaning, shopping, meal preparation, money management, transportation, personal care and medication management. Home care workers are hired directly by the clients. Clients retain the right to hire home care workers of their choice, including family members.

Home-Delivered Meals (HDM) — Meals provided to home-bound seniors and adults with disabilities by AAA-funded nutrition service providers.

Home health agency — A public or private agency licensed to provide coordinated home health services.

Home health services — Items and services furnished to an individual by a home health agency on a visiting basis in place of temporary or permanent institutionalization, for the purpose of maintaining that individual at home.

Hospice — A federal Medicare program that provides medical support and assistance to terminally ill persons and their families.

HRSA — Health Resources and Services Administration (U.S.).

HSCO — Human Services Coalition of Oregon, a Salem-based lobbying group for human services.

HUD — Department of Housing and Urban Development (U.S.). The administrator of federal housing programs and related services for low-income individuals.

I & A — See “Information and assistance.”

I & R — See “Information and referral.”

ICF — See “Intermediate care facility.”

IIIB (Supportive Services) — Part of OAA Title III providing for supportive services to seniors.

IIIC (Nutrition Services) — Part of OAA Title III providing for nutrition services.

IIIC-1 (Congregate Nutrition Services) — Part of OAA Title III providing for service of hot meals and other nutrition services at congregate meal sites.

IIIC-2 (Home-Delivered Nutrition Services) — Part of OAA Title III providing for delivery of hot, cold, frozen, dried, canned or supplemental foods and meals to home-bound seniors.

IIID (Disease Prevention and Health Promotion Services) — Part of OAA Title III providing for disease prevention and health promotion services and information.

ILC — Independent Living Center. See current term, “Center for Independent Living.”

IM — Information memorandum issuance by APD. Transits to AAAs and APD field offices, conferences, training sessions and general information that do not require any specific action(s) by the recipient audience.

Independent Practice Association (IPA) — An organization that contracts with a managed care plan to deliver services at a single capitation rate. The IPA then contracts with individual providers to provide the services, on either a capitated or a fee-for-service basis.

Information and assistance (I & A) — An access service funded under Title IIIB of the OAA. It provides individuals with current information on opportunities and services available to them within their communities, including information relating to assistive

technology; assesses the problems and capacities of these individuals; links them to the opportunities and services that are available; and, to the maximum extent practicable, ensures that they receive the services they need by establishing adequate follow-up procedures. I & A is intended to serve the entire community of older individuals in the PSA. (I & A is distinguished from I & R by the need for any of the following activities: options counseling, assessment, problem solving, care coordination, advocacy and follow-up.)

Information and referral (I & R) — Information relating to assistive technology.

In-home services — Services to help people remain in their own homes. Includes personal care, such as medication management and hygiene; and/or home care such as housekeeping, cooking, shopping, laundry; and/or home-delivered meals; and/or other services based on case manager's assessment and authorization. May be provided by a contract agency or client-employed provider.

In-kind resources — Non-cash (property or services) donations by non-federal third parties to an AAA or its contractors for services to the elderly under the OAA. May be used as a match in order to earn OAA funds.

INS — Immigration and Naturalization Service (U.S.).

Intermediate care facility (ICF) — Obsolete term. See current term, "Nursing facility."

IPA — See "Independent Practice Association."

JOBS — Part of welfare reform programs (U.S.).

JTPA — Job Training and Partnership Act; replaced by Workforce Investment Act as of July 1, 2000.

KBSCC — See "Klamath Basin Senior Citizens Council."

Klamath Basin Senior Citizens Council (KBSCC) — The designated AAA for Klamath and Lake counties.

Lane Council of Governments (LCOG) — The designated AAA for Lane County. Within LCOG, the work of the AAA is performed by Senior and Disabled Services.

LASO — See "Legal Aid Services of Oregon."

LCOG — See Lane Council of Governments.

LEDS — Law Enforcement Data System (Oregon). A computerized system for gathering, retaining and disseminating data for use by law enforcement agencies.

Legal Aid Services of Oregon (LASO) — A nonprofit organization providing civil case representation to low-income clients throughout Oregon.

Legal Assistance — An OAA program providing legal advice, counseling and representation by an attorney or other person under the supervision of an attorney.

Legislature — Oregon’s two-chamber (bicameral) legislative body responsible for enacting laws, including budget laws, in the state.

LIEAP — Low Income Energy Assistance Program. A federal program administered by community action agencies to provide assistance in paying for energy bills (often utility bills) to low-income persons, including older persons.

Lifespan Respite Program — An Oregon program authorized by the Legislature to provide in-home support and relief to caregivers of ill or disabled individuals.

Loaves and Fishes, Inc. — The name of a private nonprofit senior nutrition services provider operating in the greater Portland area.

Long-term care (LTC) — Extended care over a period of time provided to an individual with a chronic or permanent condition that requires ongoing nursing and/or assistance with activities of daily living. This care can be provided in a variety of settings from nursing homes to in-home by either paid or unpaid individuals.

Long-term care system — The system through which APD and Type B AAAs provide required long-term care services to individuals. Oregon’s system provides a continuum of services in institutional and community settings to help individuals with a long-term need for nursing care and/or assistance with activities of daily living. Service locations include individuals’ own homes, adult foster homes, residential care facilities, assisted living facilities and nursing homes. Medicaid, OPI and OAA provide case management for these services. See “Continuum of care.”

Low-income minorities — An OAA target group defined as persons belonging to ethnic minority groups whose incomes are at or below poverty levels established by the U.S. Office of Management and Budget.

LTC — See “Long-term care.”

Malheur Council on Aging and Community Services (MCOACS) — The designated AAA for Malheur County.

Match — Non-federal cash or in-kind resources that must be spent in order to earn federal funds.

MCADS — See “Multnomah County Aging and Disability Services.”

MCCOG — See “Mid-Columbia Council of Governments.”

MCOACS — See “Malheur Council on Aging and Community Services.”

Meals on Wheels (MOW) — See Home-Delivered Meals.

Meals on Wheels Association — A national organization with the vision to provide leadership to reduce the threat of hunger. Many of Oregon’s AAAs are members of this association and refer to their home-delivered meal program as Meals on Wheels.

Means test — Use of a person’s income or resources to determine their eligibility for services (i.e., Medicaid).

Medicaid — The federal medical assistance program for low-income persons authorized by Title XIX of the Social Security Act. Medicaid is a federal-state partnership. It is primarily funded with federal dollars, but states must pay a portion of the cost of services. States administer the Medicaid program within their own borders. Medicaid covers most medical needs including hospitals, doctors, nursing homes and medical supplies. It also covers long-term care, including in-home and community-based care for individuals who would otherwise qualify for nursing home care. Also called Title XIX.

Medicaid Home-Delivered Meals — APD-authorized home-delivered meals provided to eligible Medicaid and other entitlement program clients.

Medical Assistance Programs (MAP) — The part of OHA responsible for administering Oregon Health Plan services.

Medicare — The federal medical insurance program authorized by Title XVIII of the Social Security Act. Nearly all persons 65+ years of age, as well as individuals of all ages with disabilities, are eligible for Medicare. The hospital benefit until Part A is mandatory. Part B (doctors and home health care) and Part D (prescription drugs) are voluntary components of the Medicare program.

Medicare HMOs — Health maintenance organizations that have entered into a contract

with Centers for Medicare & Medicaid Services (CMS) to provide Medicare-covered services to enrolled Medicare beneficiaries. This term may refer to any of three different types of contracts (risk, cost or health care prepayment plan), but usually refers to a risk contract.

Medicare risk contract — The most common form of Medicare HMO contract, in which contracting plans are required to provide all Medicare-covered services. In addition, they are allowed to offer other services at no extra cost, or may require those services be purchased via premium as a condition of enrollment.

Mental commitment — Involuntary commitment to a mental health facility of a person with a mental disorder who is a danger to self or others.

Mid-Columbia Council of Governments (MCCOG) — The designated AAA for Wasco, Hood River, Sherman, Gilliam and Wheeler counties.

Money Management — An OAA program allowable under Title IIIB.

MR/DD — Mentally retarded/developmentally disabled.

MSO — See “Multi-service office.”

Multi-service office (MSO) — An APD field office from which Medicaid, SNAP and other public assistance programs are offered to low-income older people and adults with disabilities. MSOs operate in areas served by Type A AAAs. MSO staff are state employees.

Multnomah County Aging and Disability Services (MCADS) — The designated AAA for Multnomah County.

N4A — See “National Association of Area Agencies on Aging.”

NAAAA — See “National Association of Area Agencies on Aging.”

NAPIS — See “National Aging Program Information System.”

National Aging Program Information System (NAPIS) — States complete the National Aging Program Information Systems (NAPIS) state program reports to comply with AoA reporting requirements for submission of annual performance reports. Three principal types of data are included in the NAPIS design: (1) performance data on programs and services funded by the Older Americans Act (OAA); (2) demographic/descriptive data on the elderly population obtained from the U.S. Census Bureau and other sources; and (3)

descriptive data on the infrastructure of home- and community-based services in place to assist older persons, based on AoA studies and related reviews.

National Association of Area Agencies on Aging (N4A or NAAAA) — A voluntary membership organization headquartered in Washington, D.C. to represent the interests of AAAs to Congress and the administration, as well as other public and private agencies and organizations. The association also provides technical assistance to AAAs and sponsors an annual training conference.

National Council on Aging (NCOA) — A nonprofit service and advocacy organization headquartered in Washington, D.C. Its mission is to improve the lives of older Americans.

NCOA — See “National Council on Aging.”

NF — See “Nursing facility.”

NFCSP — National Family Caregiver Support Program, a program authorized under Title IIIIE of the Older Americans Act.

NorthWest Senior & Disability Services (NWSDS) — The designated AAA for Marion, Polk, Yamhill, Tillamook and Clatsop counties.

NSIP — See “Nutrition Services Incentives Program.”

Nursing facility (NF) — A licensed establishment with permanent facilities that include inpatient beds and medical services, including nursing services but excluding surgical procedures; the establishment provides care and treatment for two or more unrelated residents. In this definition, nursing facility includes the terms “skilled nursing facility” and “intermediate care facility,” but such definition shall not be construed to include facilities licensed and operated pursuant to any Oregon Revised Statute other than ORS 441.020(2).

Nursing home — See “Nursing facility.”

Nutrition Services — An OAA program providing congregate meals, home-delivered meals, nutrition education and other nutrition services to eligible seniors.

Nutrition Services Incentives Program (NSIP) — A program authorized by the OAA to provide additional funding for the provision of meals to older persons under the Senior Nutrition Program.

Nutrition sites (OAA) — Senior nutrition program congregate meal sites.

NWSDS — See “NorthWest Senior & Disability Services.”

O4AD — See “Oregon Association of Area Agencies on Aging and Disabilities.”

OAA — See “Old-age assistance” and “Older Americans Act.”

OACCESS — See “Oregon ACCESS.”

OAR — Oregon Administrative Rule; a rule promulgated by a state agency to implement the provisions of a law enacted by the Oregon Legislature.

OASDI — Old Age, Survivors and Disability Insurance (Social Security).

OBAC — Oregon Business and Aging Coalition.

OCB — Oregon Commission for the Blind.

OCOD — Oregon Conference on Disabilities.

OCWCOG — See Oregon Cascades West Council of Governments.

ODC — Oregon Disabilities Commission.

ODHHS — See Oregon Deaf and Hard of Hearing Services.

ODS — Oregon Dental Service, a provider of health and dental insurance programs.

OED — Oregon Employment Department.

Office of Vocational Rehabilitation Services (OVRS) — An office of DHS that provides vocational rehabilitation services to persons who are disabled and desire to return to work.

OGA — See “Oregon Gerontological Association.”

OHA — See “Oregon Health Authority.”

OHP — See “Oregon Health Plan.”

Old-age assistance (OAA) — A federal program category that provides cash benefits through SSI and Medicaid benefits to persons 65 and older who are within income and resource standards.

Older Americans Act (OAA) — The federal law providing services for older persons through programs and grants for social services, research and demonstration projects, and personnel training. Also authorizes the operation of Area Agencies on Aging.

Ombudsman — The state’s long-term care ombudsman, or an individual designee appointed by the ombudsman to serve as a representative of the Ombudsman Program in order to investigate and resolve complaints on behalf of residents of licensed long-term care facilities.

OMMP — See “Oregon Money Management Program.”

ONPDA — Oregon Nutrition Project Directors Association.

OPI — See “Oregon Project Independence.”

Oregon ACCESS (OACCESS) — A single-entry data system used to enter client demographic information and service units; conduct comprehensive and complete client assessments; calculate the individual’s service priority status, level of care and service payment rates; and accommodate client participation in care planning.

Oregon Association of Area Agencies on Aging and Disabilities (O4AD) — A voluntary association representing the interests of the Area Agencies on Aging in Oregon. Dues are paid by member agencies based on size of their respective operating budgets. The association represents the collective interests of AAAs to APD, the Legislature and other public and private agencies and organizations. The association also sponsors quarterly meetings of AAAs and an annual training conference. It is headquartered in Salem.

Oregon Cascades West Council of Governments (OCWCOG) — The designated AAA for Benton, Lincoln and Linn counties.

Oregon Deaf and Hard of Hearing Services (ODHHS) — A DHS program that provides educational services, technical assistance services, information and referral services, and effective communication monitoring and coordination services concerning deafness and hard of hearing. ODHHS focuses on helping DHS employees and providers improve the delivery of services to deaf and hard-of-hearing Oregonians.

Oregon Gerontological Association (OGA) — An organization founded to facilitate educational opportunities, share and distribute current information about aging, and enrich the lives of older Oregonians.

Oregon Health Authority (OHA) — Created in 2009 by the Oregon legislature to maximize purchasing power by bringing most health-related programs such as Public

Health, the Oregon Health Plan, HealthyKids, employee benefits and public-private partnerships under a single agency.

Oregon Health Plan (OHP) — A Medicaid waiver program designed to provide health services to Medicaid clients via managed health care organizations based on a prioritized list of diagnoses. (The OHP is administered by DMAP.)

Oregon Legal Services Corporation — An agency providing legal services to low-income individuals in many parts of the state. The agency provides services to older persons under contracts to some, but not all AAAs.

Oregon Money Management Program (OMMP) — A statewide program providing money management services to older people.

Oregon Project Independence (OPI) — An Oregon program that provides services to individuals 60 years of age and older who are at risk of entering a nursing home and are not eligible for Medicaid. This program also provides services to those under the age of 60 who have Alzheimer’s disease or a related disorder. OPI may be expanded to provide services to adults with disabilities aged 19 to 59 years. However, this expansion is dependent on the availability of new funds to pay for these services. (See OAR Chapter 411, Division 032.)

Oregon Relay — A free interpreter service that provides for telephonic communication with deaf and hearing-impaired individuals. A hearing person speaks to an operator who communicates with the deaf person through a TTY device. A user calls 1-800-735-1232 and gives the phone number of the deaf person with whom he/she wishes to communicate.

Oregon Supplemental Income Program (OSIP) — A state-funded cash assistance program that provides additional cash payments to persons receiving SSI.

ORS — Oregon Revised Statute.

OSIP — See “Oregon Supplemental Income Program.”

Other cash — All budgeted or expended cash resources used to operate an OAA program, except for program income, OAA funds and cash match.

Other in-kind — All budgeted or in-kind resources used to operate an OAA program, except in-kind resources used as match.

Outreach — An OAA program providing interventions initiated by a provider to identify

clients and to encourage the use of existing services and benefits.

OVRS — See “Office of Vocational Rehabilitation Services.”

PA — Personal assistant; a care provider to an older individual or a person with a disability.

PAA — See “Private admission assessment.”

PAS — See “Pre-admission screening.”

PASARR — See “Pre-admission Screening and Annual Resident Review.”

PASS — See “Plan for Achieving Self Support.”

Personal care — Services funded through Title XIX and OPI and delivered in the client’s home by a certified nurse assistant under a plan of care developed by and under the supervision of a registered nurse with physician authorization. Similar to home care services, but serving clients with dependencies rather than those requiring assistance.

PL — Public law.

Plan for Achieving Self Support (PASS) — An SSI program designed to help individuals with disabilities return to work. The program allows a disabled individual to maintain eligibility for SSI disability benefits while setting aside money and/or things he or she owns to pay for items or services needed to achieve a specific work goal.

Planning and service area (PSA) — The geographical area, consisting of one or more counties, for which one AAA is designated by DHS to plan for and provide services under the OAA and Oregon Revised Statute (ORS) Chapter 410.

PMC — See “Program Management Council.”

Point of service (POS) — A type of managed health care plan that allows members to go outside of the plan’s network of providers for care, typically accompanied by a higher member cost share for those services.

POS — See “Point of service.”

PPO — See “Preferred provider organization.”

Pre-admission screening (PAS) — Evaluation by an RN or case manager of appropriate

level of care for individuals considering entering nursing facilities; assistance to individuals and their families to make informed decisions about available care alternatives. This service is for persons potentially eligible for Medicaid.

Pre-admission Screening and Annual Resident Review (PASARR) — Screening and assessment process to assure that individuals with specialized mental health care needs are appropriately placed or are not kept in Medicaid-certified nursing facilities without access to specialized services to meet their mental health needs.

Preferred provider organization (PPO) — An insurance plan in which the enrollee may go to the physician of his or her choice, even if that physician does not participate in the PPO. Enrollees using non-PPO providers receive a lower benefit level.

Private admission assessment (PAA) — Evaluation of appropriate level of care for individuals considering nursing facilities; assistance to individuals and their families to make informed decisions about available care alternatives. PAA is for persons who have private resources to pay for their care.

Program income — Voluntary private donation by an older person toward the cost of the service received under the OAA.

Program Management Council (PMC) — A problem-solving council of representatives of APD central office staff and Area Agencies on Aging staff. The council seeks to identify and resolve operations and policy problems.

Protective services — See “Elder Abuse and Adult Protective Services.”

PSA — See “Planning and service area.”

PSA — Public service announcement.

Public assistance — Cash, SNAP (formerly food stamps), medical and service assistance provided by a DHS agency or Type B AAA. In the SNAP program, the term “PA” means “public assistance” but refers to only the cash and medical assistance programs.

Public Health (PH) — The part of OHA that provides public health services, such as monitoring drinking-water quality and communicable disease outbreaks and inspecting restaurants. This division also maintains the state’s vital records and immunization services and administers the Women, Infants and Children (WIC) nutrition program, which delivers services to eligible individuals through county health departments.

QC — Quality control.

QMB — Qualified Medicare beneficiary; a special eligibility category for lower-income persons.

Race — A class or kind of people unified by a community of interests, habits or characteristics. Within the human species (*Homo sapiens*), there are major subdivisions or races. Members of the same race resemble one another more than do members of other races. For purposes of OAA information collection and reporting, racial groups are divided among American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and white.

RCF — See “Residential care facility.”

RDA — See “Recommended dietary allowances.”

Recommended dietary allowances (RDA) — Guidelines on daily food intake established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

Representative payee (or rep payee) — Some people are not able to manage their own financial affairs. For these people, a relative, friend or other interested person can be appointed to handle Social Security matters. This person is called a “representative payee.” The benefits for the incompetent person are made payable to the representative payee on behalf of the incompetent person (establishing a payment in trust and fiduciary responsibility for the rep payee).

Request for applications (RFA) — Under ORS 279.085, Special Procurements, a solicitation that delineates service(s) to be delivered, duration, consideration and minimum qualifications. All applicants that meet the minimum qualifications receive a contract.

Request for information (RFI) — An activity used during a procurement process. It is used to solicit information and to aid in decision making. An RFI will not result in a contract, but is intended to gather information for future decision making.

Request for proposals (RFP) — An activity used during a procurement process. An RFP is a written solicitation for competitive proposals where price and specifications are not the only considerations in determining award criteria. An RFP is intended to result in a contract.

Request for qualifications (RFQ) — An activity used during a procurement process. An RFQ is a written document describing the following: (1) the type of services the procuring agency wishes to purchase, and (2) the procuring agency’s qualification requirements for

entities wishing to provide the desired services. An RFQ will not result in a contract, but is intended to establish a list of pre-qualified contractors allowed to submit proposals on a future RFP.

Required services — OAA services providing access to other services (transportation, information and assistance, and outreach), legal assistance, in-home services and nutrition services. Each AAA must provide a specific level of these services.

Residential care facility (RCF) — A building, complex or distinct part thereof consisting of shared or individual living units in a home-like surrounding where six or more elderly and persons with disabilities may reside. The facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health and social needs of the residents as described in these rules, using a program approach that promotes resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence and home-like surroundings.

Respite — An OAA program providing companionship, supervision, meal preparation, recreation, socialization and light assistance in activities of daily living service to those individuals who are functionally disabled and over the age of 60, providing relief to the primary caregiver.

Retired Senior Volunteer Program (RSVP) — A program providing a variety of opportunities for retired persons aged 55 or over to participate more fully in the life of their community through significant volunteer service.

RFA — See “Request for applications.”

RFI — See “Request for information.”

RFP — See “Request for proposals.”

RFQ — See “Request for qualifications.”

Rogue Valley Council of Governments (RVCOG) — A voluntary association of local general purpose governments and special districts serving as the designated AAA for Jackson and Josephine counties.

RSVP — See “Retired Senior Volunteer Program.”

RVCOG — See “Rogue Valley Council of Governments.”

S&DS LCOG — See “Senior & Disabled Services, Lane Council of Governments.”

SAC — See “Senior (Services) Advisory Council.”

SAIF Corporation (also known as SAIF) — The Oregon State Accident Insurance Fund, a provider of workers’ compensation insurance for Oregon employers.

SCBEC — See “South Coast Business Employment Corporation.”

Screening, information and assistance — Helping people find appropriate resources and services through clarifying needs, making referrals and providing follow-up to ascertain whether their needs were met.

SCSEP — See “Senior Community Service Employment Program.”

SDS RVCOG — See “Senior and Disability Services, Rogue Valley Council of Governments.”

Section 8 — A rental subsidy through the U.S. Department of Housing and Urban Development, generally operated through housing authorities at the local level.

Senate Bill 875 — An act passed by the Oregon Legislature in 1989. This legislation transferred services historically provided by Adult and Family Services to the Senior and Disabled Services Division (now known as APD) including general assistance, aid to the disabled, aid to the blind or old age assistance, persons receiving SSI, persons under the age of 18 receiving Title XIX benefits, and non-assistance food stamps.

Senate Bill 955 — An act passed by the Oregon Legislature in 1981. It created the Senior Services Division by combining the Office of Elderly Affairs with the Long Term Care Unit of Adult and Family Services Division. It also gave AAAs the option of administering and providing long-term care services to older people and people with disabilities funded under Titles XIX and XX of the Social Security Act.

Senior (Services) Advisory Council (SAC or SSAC) — A voluntary group of citizens that provides information, guidance, advice and support to an AAA on matters relating to older persons. It assists in planning, developing, coordinating and administering services to seniors in the AAA’s service area.

Senior & Disabled Services, Lane Council of Governments — The designated AAA for Lane County.

Senior and Disability Services, Rogue Valley Council of Governments (SDS or SDS RVCOG) — The designated AAA for Jackson and Josephine counties.

Seniors and People with Disabilities (SPD) — The former name of the DHS Aging and People with Disabilities (APD) Program.

Senior Community Service Employment Program — On-the-job training and counseling for eligible low-income persons age 55 and older.

Senior Services Division (SSD) — The initial name of the DHS Seniors and People with Disabilities (SPD) Division, currently Aging and People within Disabilities Program.

Service priority — The order in which DHS clients are found eligible for nursing home services, home- and community-based waiver services, the Spousal Pay Program, and Oregon Project Independence. See also “Survivability scale.”

SHIBA Program — Senior Health Insurance Benefits Assistance. Volunteers assist seniors and family members to understand Medicare benefits.

SILC — State Independent Living Council.

Single entry — A variety of services for seniors and/or persons with disabilities consolidated under one administrative unit to make it easier for them to obtain needed services. Generally includes information and assistance on long-term care and related services, plus eligibility determination and intake for publicly funded services.

Skilled care facility — An obsolete name for a nursing facility.

Skilled nursing facility — A facility or institution that provides skilled nursing care for rehabilitation of individuals who are injured or sick or who have disabilities.

SLF — See “Specialized living facility.”

SMIB — See “Supplemental Medical Insurance Benefit.”

SNAP — See “Supplemental Nutrition Assistance Program.”

SNF — See “Skilled nursing facility.”

Social need — The need for OAA services resulting from non-economic factors that include physical and mental disabilities, language barriers, cultural or social isolation (including that caused by racial or ethnic status) that restricts an individual’s ability to perform normal daily tasks or which threaten his or her capacity to live independently.

Social Security Administration (SSA) — The federal agency responsible for administering the social insurance programs authorized under the Social Security Act.

Social Security Disability Insurance (SSDI) — The Social Security Act insurance benefit for individuals with disabilities. SSDI is social insurance and is based on premiums paid into the Social Security system during a person’s working career. No medical assistance is associated with this benefit. After receiving two years of disability benefits, the individual may receive Medicare benefits in the same way seniors receive them.

South Coast Business Employment Corporation (SCBEC) — The designated AAA for Coos and Curry counties.

SPD — See “Seniors and People with Disabilities” (DHS).

Specialized living facility (SLF) — A facility that provides an enhanced continuum of quality care in a home-like environment for specific target groups who are eligible for live-in attendants, but because of special needs, cannot live independently or be served in other community-based care facilities and who would otherwise require nursing facility care. Services provided to residents in the Specialized Living Services Program are those covered in Oregon’s Title XIX Community Based Care Waiver Programs, which may include specific services required because of physical, intellectual or behavioral limitations in meeting self-care needs.

Spousal Pay — An Oregon-funded program that pays a spouse for care over and above the usual and customary services one spouse would provide for another. The spouse receiving care must be very dependent and meet strict eligibility criteria.

SSA — Social Security Administration (or Act).

SSAC — See “Senior (Services) Advisory Council.”

SSB — Social Security benefits.

SSBG — Social Services Block Grant (Formerly Title XX of the Social Security Act).

SSD — See “Senior Services Division.”

SSDI — See “Social Security Disability Insurance.”

SSI — See “Supplemental Security Income” (Federal Public Assistance Program, Title XVI, Social Security Act).

SSN — A person's Social Security number.

SSO — Senior services office.

State service priorities — See “Service priority” and “Survivability scale.”

State Unit on Aging (SUA) — The administrative entity at the state level responsible for planning and administering OAA services within a state. The DHS Aging and People with Disabilities Program is the SUA for Oregon.

SUA — See “State Unit on Aging.”

Supplemental Medical Insurance Benefit (SMIB) — A special Medicaid benefits' eligibility category for lower-income persons.

Supplemental Nutrition Assistance Program (SNAP) — Formerly known in Oregon as the Food Stamps program.

Supplemental Security Income (SSI) — Authorized by an amendment to Title XVI of the Social Security Act. SSI was implemented in 1973. It provides a basic level of cash assistance, as well as medical assistance to low-income older persons and persons with disabilities.

Supportive Services (OAA) — A broad range of services necessary for the general welfare of older individuals. Responsibility for planning for and delivering these services rests with AAAs, per the provisions of Title III of the OAA.

Survivability scale — A scale devised by APD to rank individuals in terms of their need for services. It uses the client assessment form (in Oregon ACCESS) to measure an individual's ability to survive without assistance. The scale goes from 1 to 18, with 18 being the lowest level of need and 1 being the highest.

TANF — Temporary Assistance to Needy Families; a federal public assistance program for children and families administered in Oregon by DHS. Also called welfare.

Target groups (OAA) — Special populations specifically targeted to receive Older Americans Act services (after 1992).

TDD — Telecommunication device for the deaf, now called TTY (teletypewriter).

TITLE III — The OAA title providing grants for state and community services.

TITLE III-B — Supportive Services funding under the OAA.

TITLE III-C-1 — Congregate Meals funding under the OAA.

TITLE III-C-2 — Home-Delivered Meals funding under the OAA; also called Meals on Wheels.

TITLE III-D — Health Promotion and Disease Prevention funding under the OAA.

TITLE III-E — National Family Caregiver Services Program under the OAA.

TITLE IV-A — Training and Research funding under the OAA.

TITLE V — Senior Employment Funding under the OAA.

TITLE VII-A — Elder Abuse Prevention funding under the OAA.

Title XIX (Social Security Act) — The title providing for grants to states for medical assistance; also known as Medicaid. Administered by CMS.

Title XIX Meals — Home-Delivered Meals provided by nutrition service providers to eligible Medicaid and other entitlement program clients.

TITLE XVIII (Social Security Act) — The part of the Social Security Act authorizing Medicare.

Transfer agency (Type B) — A DHS-designated type of AAA. Under this type, the AAA employees providing services under Oregon's Medicaid, Financial Assistance, and Food Stamp/SNAP programs are transferred from DHS and become employees of the governmental agency that sponsors the AAA.

Transportation (OAA) — The OAA program providing regularly scheduled or on-demand rides from one location to another by public or personal vehicle.

Triple A (OAA) — Area Agency On Aging.

TTY — Teletypewriter; machine for communicating with deaf and hearing-impaired persons by phone.

Type A AAA — A DHS-designated AAA that administers the OAA and Oregon Project Independence programs within a planning and service area. A Type A AAA may be an office or agency of a unit of general purpose local government selected by the chief

elected official of the unit to serve as an AAA; or any office or agency designated by the appropriate chief elected officials of any combination of units of general or general and special purpose local government formed in accordance with ORS Chapter 190; or a private nonprofit organization.

Type B AAA — A DHS-designated entity that meets the definition of an AAA and is administered by a unit or combination of units of general purpose local government, and administers the Medicaid, financial and adult protective services and regulatory programs for elderly or elderly and adults with physical disabilities. A Type B AAA may contract with DHS for services of state employees; or a Type B AAA may have such employees transferred to employment by the area agency by transfer agreement.

USDA — United States Department of Agriculture.

VA — Veterans Administration.

VII A (OAA) — See Title VII-A.

VISTA — See “Volunteers in Service to America.”

Voc Rehab — See “Office of Vocational Rehabilitation Services.”

Volunteer program coordination — A program engaged in the recruitment, placement, coordination and recognition of volunteers working in support of human services programs.

Volunteers in Service to America (VISTA) — A program administered through AmeriCorps (see AmeriCorps), an agency within the Corporation for National and Community Service. VISTA is a full-time volunteer program for men and women 18 years of age and older from all backgrounds. Volunteers commit themselves to increasing the capabilities of low-income people to improve the conditions of their lives.

Washington County Department of Aging and Veteran Services — The designated AAA for Washington County.

WCDAVS — See “Washington County Department of Aging and Veteran Services.”

Appendix 2: Program standards

APD, in cooperation with the Area Agencies on Aging, has developed standards for some programs. As of spring 2009, standards are in place for the following programs: Family Caregiver Services, Senior Legal Services, and Senior Nutrition Services. APD plans to

develop other program standards in the near future.

- Recognizing that they change over time, currently available program standards are not included in this handbook. Contact the SUA for a current version.

Appendix 3: Advisory bodies to APD

Two types of bodies are advisory to DHS and APD. The first type is population-specific, but unlimited in its program focus. The second type is program-specific. Within these categories, each body is described briefly.

1. Population-specific advisory bodies

- a. **Governor’s Commission on Senior Services (GCSS):** The Governor’s Commission on Senior Services is an official state commission made up of volunteers appointed by the Governor and two legislators, one from the Oregon House and the other from the Senate. Its mission is to enhance and protect the quality of life for all older Oregonians. Through cooperation with other organizations and advocacy, it works to ensure that seniors have access to services that provide choice, independence and dignity. It is advisory to the Governor, the Legislature and the Department of Human Services. APD provides staff support to the commission.
- b. **Oregon Disability Commission (ODC):** The Oregon Disability Commission is a Governor-appointed commission housed in DHS. It is composed of 15 members broadly representative of major public and private agencies that are experienced in or have demonstrated particular interest in the special needs of individuals with disabilities. The majority of its members are individuals with disabilities. The commission is charged by statute to advise DHS, the Governor, the Legislature and appropriate state agency administrators on issues related to achieving the full economic, social, legal and political equity of individuals with disabilities. ODC also acts as a coordinating link among public and private organizations serving individuals with disabilities.

2. Program-specific advisory bodies

- a. **Family Caregiver Advisory Council:** This advisory council is comprised of AAA staff members responsible for planning, coordinating and administering OAA-funded family caregiver services in their respective PSAs. This council meets on a quarterly basis. It advises the State Unit on Aging on the development and periodic review and updating of standards for the provision of family caregiver services. It also plans, organizes and implements an annual training conference for employees

throughout the state involved in the delivery of family caregiver services. Employees of the State Unit on Aging provide facilitation and support to this council.

- b. OPI Advisory Council: This advisory council meets on a quarterly basis. Its membership is comprised of a mix of staff — case managers, program supervisors and program managers — engaged in the delivery of Oregon Project Independence services to eligible individuals throughout the state. Facilitation and support is provided by employees of the State Unit on Aging. The duties of this council include developing and maintaining a desk reference manual for case managers involved in the delivery of OPI services to eligible individuals, identifying and promoting best practices in the delivery of OPI services, and organizing OPI-specific training for AAAs engaged in providing OPI services.

Appendix 4: DHS Forms

The DHS Publications and Design Section produces and coordinates the publishing of most department forms and publications. The easiest way to access DHS materials is through the forms' website, <https://apps.state.or.us/cf1/FORMS/>. This site describes how DHS staff, employees of partner agencies (such as AAAs) and members of the public can obtain copies of our materials in the languages and formats they need. It also provides links where copies of many DHS forms and publications can be downloaded.

Appendix 5: Identification of Oregon's AAAs, by type and relevant maps

Oregon has 11 Type A AAAs (see attached map):

1. Community Action Team (serving Columbia County)
2. South Coast Business Employment Corp. (serving Coos and Curry counties)
3. Mid-Columbia Council of Governments (serving Hood River, Wasco, Sherman, Gilliam and Wheeler counties)
4. Central Oregon Council on Aging (serving Jefferson, Crook and Deschutes counties)
5. Klamath Basin Senior Citizens Council (serving Klamath and Lake counties)
6. Community Action Program of East Central Oregon (serving Morrow and Umatilla counties)
7. Community Connection of Northeast Oregon (serving Grant, Union, Wallowa and Baker counties)
8. Harney County Senior and Community Services Center (serving Harney County)
9. Malheur Council on Aging and Community Services (serving Malheur County)
10. Clackamas County Social Services (serving Clackamas County)
11. Washington County Disability, Aging and Veteran Services (serving Washington County)

Oregon has six Type B AAAs: Four Type B transfer and two Type B contract (see attached map)

1. NorthWest Senior and Disability Services (serving Clatsop, Tillamook, Yamhill, Polk and Marion counties) [Transfer]
2. Multnomah County Aging and Disability Services (serving Multnomah County) [Transfer]
3. Oregon Cascades West Council of Governments Senior & Disability Services (serving Linn, Benton and Lincoln counties) [Transfer]

4. Lane Council of Governments Senior & Disabled Services (serving Lane County)
[Transfer]
5. Douglas County Senior & Disabilities Services Division (serving Douglas County)
[Contract]
6. Rogue Valley Council of Governments Senior & Disability Services (serving Josephine and Jackson counties) [Contract]

Following this page are two maps —

1. **Area Agency on Aging Planning and Service Districts:** Locations and service areas covered by each Type A and Type B;
2. **Area Agency on Aging/Aging and People with Disabilities Field Office System (AAA/APD):** Locations of 28 (approximate) DHS Aging and People with Disabilities field offices that provide Medicaid, financial services, adult protective services or regulatory programs for the elderly and disabled in service areas with Type A AAAs. (The map shows locations of the Type B Medicaid offices too.)

AREA AGENCY ON AGING PLANNING AND SERVICE DISTRICTS

Type A



Type B

Contract



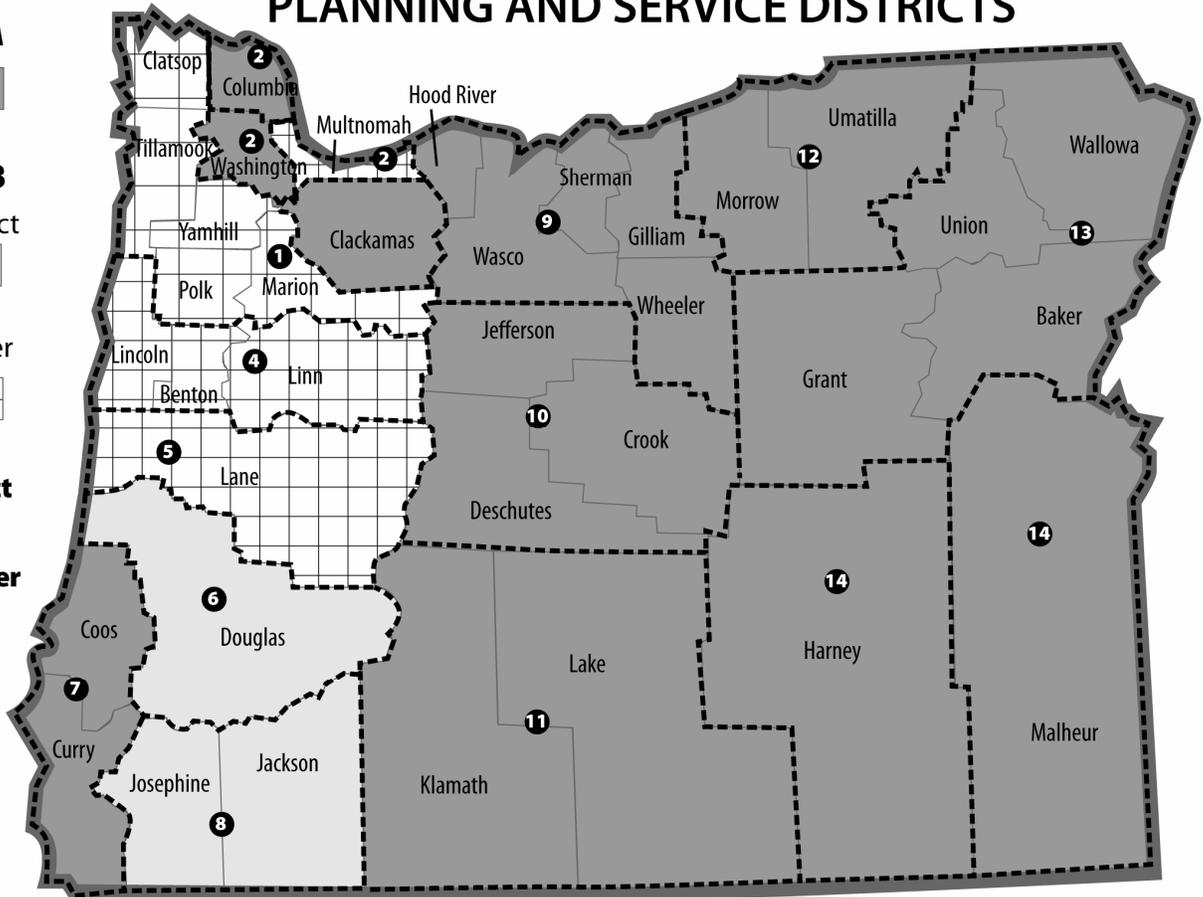
Transfer



District



Number

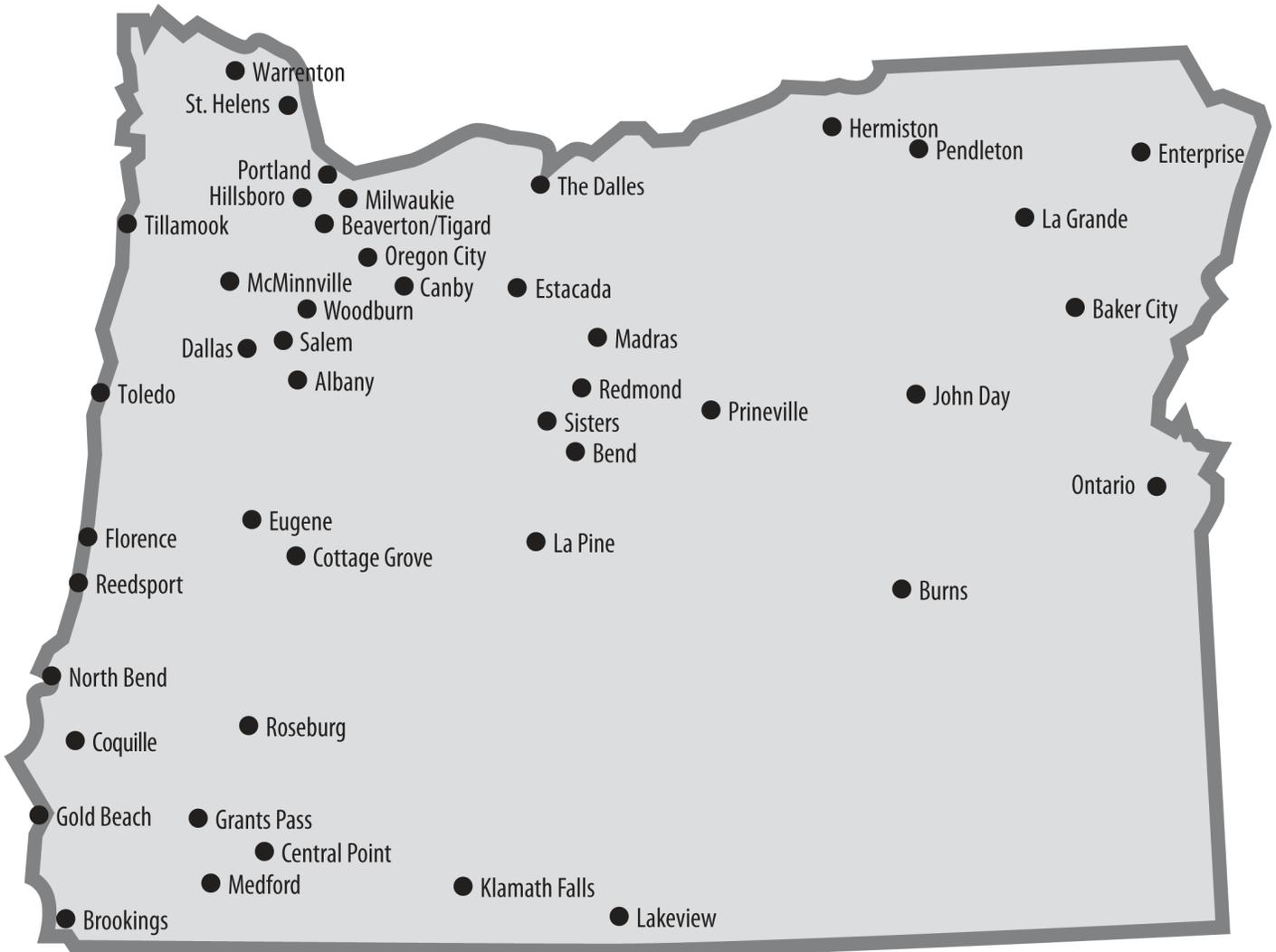


- 1 NWSDS**
NorthWest Senior & Disability Services
- 2 CAT**
Community Action Team
- 2 CCSS**
Clackamas County Social Services
- 2 MCADS**
Multnomah County Aging & Disability Services
- 2 WCDAVS**
Washington County Disability, Aging & Veteran Services
- 4 OCWCOG**
Oregon Cascades West Council of Governments Senior & Disability Services

- 5 LCOG**
Lane Council of Governments Senior & Disabled Services
- 6 DCSDSD**
Douglas County Senior & Disabilities Services Division
- 7 SCBEC**
South Coast Business Employment Corp.
- 8 RVCOG**
Rogue Valley Council of Governments Senior & Disability Services
- 9 MCCOG**
Mid-Columbia Council of Governments
- 10 COCOA**
Central Oregon Council on Aging
- 11 KBSCC**
Klamath Basin Senior Citizens Council

- 12 CAPECO**
Community Action Program of East Central Oregon
- 13 CCNO**
Community Connection of Northeast Oregon
- 14 HSCS**
Harney County Senior & Community Services
- 14 MCOACS**
Malheur Council on Aging & Community Services

Area Agency on Aging/ Seniors and People with Disabilities Field Office System (AAA/SPD)



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