

2025 - 2029 AREA PLAN INSTRUCTIONS FOR AREA AGENCIES ON AGING

GENERAL INSTRUCTIONS

This document, and related attachments, contains instructions for the 2025-2029 Area Plan. This plan covers the period from July 1, 2025 through June 30, 2029. The Area Plan is due to the Oregon Department of Human Services, Aging and People with Disabilities (ODHS/APD) on March 14, 2025 by close of business (5 p.m.).

1. Please submit one hard copy original of the Statement of Assurances and Verification of Intent page with signatures to:

Rodney Schroeder, Manager
Community Services and Supports Unit
500 Summer St. NE, E-12
Salem, OR 97301
2. Send one electronic copy of the complete Plan, including budget pages, via e-mail to SUA.Email@odhsoha.oregon.gov. AAAs are not expected to electronically send documents in the Plan that were not created in electronic format by the AAA, e.g., notices in newspapers.
3. Organize the Area Plan according to the table of contents and section instructions that follow these general instructions. At a minimum, the content detailed in the section instructions must be included, unless noted as optional. Additional information or sections may be provided at the option of the AAA.
4. Include the year, section number and page number at the bottom corner of every page.
5. A copy of the budget instructions and budget forms will be e-mailed to the AAA contract/fiscal officer so the proper budget forms can be used. The instructions and forms will also be on the CSSU website located at <https://www.oregon.gov/odhs/providers-partners/community-services-supports/Pages/area-plans.aspx>.

6. Questions on Sections A, B, C, D and the appendices should be directed to your assigned CSSU Liaison. (See Staff Roster and Assignments at the end of Attachment B.)

**[NAME OF AREA AGENCY ON AGING]
2025-2029 AREA PLAN**

TABLE OF CONTENTS

SECTION A – AREA AGENCY PLANNING AND PRIORITIES	7
A – 1 Introduction.....	7
A – 2 Mission, Vision, Values	7
A – 3 Planning and Review Process	7
A – 4 Prioritization of Discretionary Funding	8
A – 5 Service Equity (Recommended, Optional)	9
SECTION B – PLANNING AND SERVICE AREA PROFILE.....	10
B – 1 Population Profile	10
B – 2 Target Populations.....	11
B – 3 AAA Services, Administration and Service Providers.....	12
B – 4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA	13
SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES	16
C – 1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas.....	16
1. Information and Referral Services and Aging and Disability Resource Connection (ADRC).....	20
2. Nutrition Services.....	23
3. Health Promotion	26
4. Family and Unpaid Caregiver Support	28
5. Legal Assistance and Elder Rights Protection Activities.....	32
6. Older Native Americans	35
SECTION D – OPI SERVICES AND METHOD OF SERVICE DELIVERY	39
Administration of Oregon Project Independence (OPI)	39
SECTION E – AREA PLAN BUDGET	41
APPENDICES.....	42
Appendix A Organizational Chart.....	42

Appendix B Advisory Council(s) and Governing Body.....42
Appendix C Public Process.....42
Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan 42
Appendix E Final Updates on Service Equity Plan Accomplishments
(Recommended, Optional).....43
Appendix F Emergency Preparedness Plan.....43
Appendix G Partner Memorandums of Understanding.....43
Appendix H Statement of Assurances and Verification of Intent43

Area Plan Requirement, Overview and Purpose:

The [Older Americans Act](#), Section 306 (a) states that, “each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary.”

The Oregon Department of Human Services/Aging and People with Disabilities office (ODHS/APD) and the statewide network of 16 Area Agencies on Aging (AAA) share responsibility for planning for Oregon’s present and future aging and long-term care needs. The AAAs’ Area Plans (AP), the Oregon State Plan on Aging and APD/ODHS’s strategic plan(s) to improve and strengthen Oregon’s publicly funded long term care system collectively establish a framework for how the AAAs and ODHS/APD will deliver services to Oregon’s diverse population.

The Area Plan describes the AAA’s future activities over the coming four years. In it, the AAA describes its efforts to identify the needs of older adults, adults with disabilities, and their caregivers. The AAA, with the active involvement of its Advisory Council(s) and utilization of public input, then describes its plan for developing coordinated and accessible systems of care to address community needs and prioritize and develop services for older adults, adults with disabilities, and their caregivers.

Summarized below are commonly used fundamental processes to develop a comprehensive and coordinated plan:

- a) Conduct a scan for other assessments by local health authorities, regional and city governments, communities of color, hospitals/healthcare providers/CCOs, etc. (One resource is an interactive map of the most recent [Community Health Needs Assessment and Community Health Improvement Plans](#). Rural and Frontier Health Data can be found on the [Data, Publications and Maps](#) section of the Oregon Office of Rural Health website.)
- b) Conduct a needs assessment;
- c) Synthesize and prioritize this information;
- d) Develop recommendations for service priorities;
- e) Conduct public hearings to introduce recommendations to the community and receive oral and written feedback;
- f) Incorporate applicable public comment into final recommendations;

- g) Submit the area plan to the Senior Advisory Council for review and comment before it is transmitted to the AAA governing board;
- h) The governing board has final review and approval authority;
- i) AAA then completes the area plan and submits to ODHS/APD.

The AAA's Senior Advisory Council (and Disability Services Advisory Council for Type B AAAs) should be involved throughout the development of the plan. The OAA calls for the advisory council to advise the AAA on all matters relating to the development and administration of the plan and operations conducted under the plan (OAA Section 306 (a) (6) (D) and ORS 410.210). Below are some possible roles for the advisory councils in plan development:

- Participate on the work group that oversees development of the area plan and budget
- Review and provide input on materials as they are developed in the area plan process
- Participate in a workgroup that oversees the development of a community needs assessment
- Participate in key activities related to conducting a community needs assessment, such as: helping to develop and distribute surveys; participating in focus groups and listening sessions; helping to conduct interviews with consumers and program participants, involvement in the review and synthesis of survey results, etc.
- Review and provide input on these key areas of the area plan:
 - service needs and priorities
 - process for how priorities are established
 - development of an area plan budget reflective of the priorities
 - goals and activities developed for the coming 4 years
 - participate in community hearings on the area plan and consider how feedback will be incorporated into the final plan
 - service equity
- Review and comment on the final draft of the area plan and budget before its transmittal to the AAA governing board
- Educate the public about the area plan and share importance of public involvement
- Review and provide input on annual area plan updates

SECTION A – AREA AGENCY PLANNING AND PRIORITIES

(Suggested length not to exceed 5 pages)

A – 1 Introduction:

This section should introduce the reader (the general public) to your Area Agency on Aging (AAA) and the Area Plan. Briefly describe your agency, sponsoring organization, and other pertinent introductory information applicable to your Planning and Service Area (PSA), the nature of the programs you provide and how you coordinate planning and service provision with other agencies/organizations in your PSA, and the consumer population which you serve (e.g., older adults, vulnerable, rural, at-risk and adults with disabilities). This section may also be used to describe activities provided by the AAA that may not be covered elsewhere in the plan. Discuss the purpose of an AAA and the Area Plan and indicate the means whereby the reader may contact your agency with questions or comments.

A – 2 Mission, Vision, Values:

This section should reflect the mission of your agency. It may be an excerpt of the mission statement from your AAA or sponsoring organization and should incorporate your agency's vision and values in such a way as to provide the reader with a summary of the guiding principles under which your AAA operates. You should identify relevant stakeholders, co-sponsors, and providers and describe the methods you employ in operationalizing your vision and values.

A – 3 Planning and Review Process:

In this section, please describe the process used to assess the needs in your PSA, develop your Plan, and to review draft(s) prior to adoption. Good planning should identify and include such items as:

- Scope of need - among older adults, minorities, rural/urban, individuals with disabilities, specific target populations, etc. and how the needs assessment was conducted.
- A survey or other needs assessment tool(s) that identifies strengths and gaps in each of the focus areas, including gathering demographic

and service data sufficient to identify disparities in access and service utilization.

- Persons and groups consulted - consumers, members of minority and diverse communities, service providers, health care professionals, advocacy groups, partner organizations, etc.
- Tools employed - surveys, focus groups, community forums, etc.
- Resources used - census data, ODHS and agency-specific service data, regional demographic reports, GIS mapping, etc.
- How this plan aligns with other plans, if any, your agency may participate in – for example, any regional planning, Council of Governments, community health assessments, etc.

Describe the needs assessment activities and efforts made to reach and hear from those in greatest social and economic need. Also describe efforts made to ensure the planning process includes and is culturally and linguistically responsive to minority populations and individuals with limited English proficiency.

Describe the roles your Advisory Council(s) and regional/local/Tribal governments play in your planning process, in review of drafts, and in the local approval process of the final Area Plan.

Include in Appendix C documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, Advisory Council meetings, focus groups, surveys or public hearings held to assess need and obtain community input. (**Note:** A reasonable minimum time period of at least 30 calendar days must be provided for public review and comment on area plans and the document must be accessible in a public location, as well as available in print by request. [45 CFR 1321.65 \(b\)\(4\)](#))

A – 4 Prioritization of Discretionary Funding:

This section describes your 2025-2029 priorities for programs for which you have discretionary funding. Given that the Older Americans Act (OAA) allows considerable flexibility in the spending of Title IIIB funds, discretionary funds are considered those that are available after meeting the [minimum Title IIIB expenditure requirements](#). Also, for the purposes of this document, discretionary funds from local sources are those funds which, if available, would be used to supplement the provision of services meeting the definition of OAA services.

Federal, state, and local budget variability and fluctuations create a potentially uncertain service net. With funding variability in mind, describe:

- a. Any existing waitlists for services, and if so, how people on the waitlists are prioritized for services.
- b. Any changes in services included in this plan – compared to services in the prior 1-year planning period – based on changes in funding.
- c. Your process for determining priority services, including the criteria established, the basis for your criteria, factors influencing your prioritization, and the methods employed in weighting individual elements.

You must address how your factors and weighting prioritizes service to those in greatest economic and greatest social need.

Describe how you would implement these priorities in the event of funding reductions or increases. Consider how use of discretionary funds could be used in relation to available or reduced services in the community as reflected in Section B-4.

A – 5 Service Equity (Recommended, Optional):

Use this section to describe any service equity related work or initiatives being implemented or planned by the AAA and/or umbrella organization. Address, as applicable, these areas:

- **Workforce development** to ensure staff, volunteers, and advisory group members represent and can appropriately communicate and address the cultural diversity of the population in the area being served.
- **Training, initial or ongoing**, to ensure staff and/or advisory council members explore and build a shared understanding of Oregon’s history, sociopolitical theories, and current outcomes. Training might also encompass deeper exploration of data, building goals and action items, or other relevant information or exercises.
- **Integration of service equity throughout budgetary and contracting decisions** including allocation of funds, contract development and implementation, and policies to support underrepresented populations.
- **Any best practices identified and used by the agency**. These may be further described in Appendix E as desired.

SECTION B – PLANNING AND SERVICE AREA PROFILE

(Suggested length not to exceed 5 pages)

B – 1 Population Profile:

Using, at a minimum, the [Census Data for Area Plan Development](#) demographic information that the CSSU provides, describe the current demographics of the Planning and Service Area (PSA), emerging trends and additional information the reader may need to understand the populations of people who are aging and have disabilities in your PSA. This section should include local analysis of the changes in the number of older individuals and target populations and the associated impact on the AAA and providers within the aging and disability network. Also address how your plan is using this data to prioritize outreach and services to those at greatest risk and those with greatest social and economic need and describe the methods used to satisfy the service needs of minority older adults.

Use the census data provided as well as reliable locally developed data, if desired, in your profile. You may add any additional demographic information you have that describes the older adult population you serve, but please cite the data sources used as the basis of your planning efforts. Other potential sources of data include:

- Administration for Community Living Aging Integrated Database (AGID) <https://agid.acl.gov/>
- Rural and frontier health data can be found on the [Data, Publications and Maps](#) section of the Oregon Office of Rural Health website
- [Oregon County Profiles of Behavioral Health Specialist Service Areas](#)
- Oregon Legislative Policy and Research Office [Older Oregonians](#)
- AAA specific data from the ADRC Dashboard. Internal ADRC Dashboard Office Hours and OAA Program Training sessions are posted on the [CSSU Training Calendar](#) for technical assistance opportunities.

You may choose to describe the population using narrative, tables, charts, graphs, or maps, or any combination of these methods. (See example in Attachment B.)

B – 2 Target Populations:

Include a subsection describing the methods the AAA will use to carry out the Older Americans Act priority to identify and provide services to targeted populations, including those in greatest social and economic need.

Address how members of each target group will be identified, engaged, and served.

- Older individuals who have greatest economic and greatest social need, with particular attention to:
 - low-income older individuals, including low-income minority older individuals,
 - older individuals with limited English proficiency, and
 - older individuals residing in rural areas.
- Older individuals at risk for institutional placement, and
- Older individuals who are Native American.
- Social need includes issues related to older lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit (LGBTQIA2S+) individuals.

The term “*greatest economic need*” means the need resulting from an income level at or below the Federal poverty level, and as further defined by the AAA in the area plan based on local and individual factors including geography and expenses ([45 CFR 1321.3](#)). In determining greatest economic need, AAAs will give particular attention to low-income minority individuals and older individuals residing in rural areas.

“*Greatest social need*” means the need caused by noneconomic factors, which include:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - (i) Racial or ethnic status;
 - (ii) Native American identity;
 - (iii) Religious affiliation;
 - (iv) Sexual orientation, gender identity, or sex characteristics;
 - (v) HIV status;
 - (vi) Chronic conditions;

- (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
- (viii) Interpersonal safety concerns;
- (ix) Rural location; or
- (x) Any other status that:
 - (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
 - (B) Threatens the capacity of the individual to live independently; or
- (4) Other needs as further defined in the State Plan or as further defined by the AAA in the area plan based on local and individual factors. ([45 CFR 1321.3](#))

Oregon's definition of greatest social need includes older adults within communities of color, immigrant communities, LGBTQIA2S+ persons, rural and frontier communities, indigenous communities, members of religious minorities, persons with disabilities, and in communities in which English is not the primary language used.

Each planning and service area must assess their particular environment to determine those populations best targeted based on greatest social and economic need.

B – 3 AAA Services, Administration and Service Providers:

This section includes both a narrative summary of services provided by the AAA and the completed Attachment C (Service Matrix and Delivery Method).

Please see *Oregon State Program Performance Report Data Element Definitions* at <https://www.oregon.gov/odhs/providers-partners/community-services-supports/Documents/oregon-spr-service-definitions.pdf> for a full description of services and unit definitions.

1. Summarize all OAA and OPI allowable services provided by or through the AAA, either directly or through contracts with community partners. Include administrative, advocacy, program development and coordination functions of the agency and funding resources used. Briefly describe the service as it is provided in your PSA and in what county(ies), if applicable, using narrative and/or chart. Describe in the narrative if the

array of services offered has been affected by budget increases or reductions over the last fiscal year and in the foreseeable future and if there are other resources available to provide similar services.

You may also include here any services which you feel are best practices or innovative in some way. These may be services provided directly by the AAA or by a contracted provider.

2. Complete Attachment C ([Service Matrix and Delivery Method](#)) by indicating all OAA and OPI services your Area Agency provides, the funding source(s), and the contracted service provider(s) or whether the service is self-provided by the AAA. Insert the Service Matrix in this section or refer readers to its location.

Regulatory references:

- In accordance with [OAR 411-032-0005\(3\)\(b\)](#) the area agency is responsible for contracting with service providers for services funded through OPI.
- Except where a waiver is granted by the State, AAAs shall award funds by grant or contract for the provision of Older Americans Act services to community services provider agencies and organizations and when possible to arrange and coordinate with organizations designated as community action agencies and federal service programs administered by the Corporation for National and Community Service whom make use of trained volunteers in providing direct services. ([45 CFR 1321.65\(b\)\(7\)\(i\)](#) and OAA 306 (a)(6)(C)(ii) and (iii) and OAA 307(a)(8)(A))
- AAAs are to disclose to the State agency the identity of each nongovernmental entity with which the AAA has a contract or commercial relationship relating to providing services and the nature of the contract or relationship. OAA Section 306(a)(13)(B)(i)(ii)

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

The Older Americans Act intends that the AAA shall be the leader relative to all aging issues on behalf of all older persons and family caregivers in the PSA. This means that the area agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation,

designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the PSA. ([45 CFR 1321.55\(a\)](#))

This section of the Area Plan is for describing important services and systems that are not provided by the AAA but are useful for the public to understand because of their importance to older people and persons with disabilities. Descriptions may include the role of the AAA in county or regional planning efforts (i.e., housing, transportation, healthcare), creation or lack of partnerships with other providers, identifying service gaps or coordination needs, explaining why a particular service is not necessary and therefore not provided by the AAA, or how identified service needs will be addressed by partner organizations. Describe strengths in the overall service network but also any notable gaps in service or unmet needs and reasons for these. This description may be done in narrative or chart form and may summarize the entire PSA or be broken down into geographic subdivisions.

Type A AAAs should also use this section to summarize the services provided by the APD Local Office(s) in the PSA and how services and activities are coordinated between the AAA and APD office(s).

The services listed below may be described and/or you may choose others which serve your planning purposes. It is not intended that an exhaustive list of all services or providers in the PSA is compiled, but rather to identify the AAA's partners and those services/programs which are important in addressing the needs of the populations served.

- Mental Health / Older Adult Behavioral Health
- Transportation
- Housing
- Elder Abuse Awareness and Prevention
- Employment Services
- Energy Assistance Programs
- Disability Services and Programs (e.g., Intellectual/Developmental Disabilities, Independent Living Centers)
- Community healthy aging and Care Transitions partners (e.g., local public health, healthcare systems, health promotion programs)
- Low health literacy
- Senior Centers and/or Community Centers serving older adults

- Information and Referral/Assistance Programs (non-AAA funded, e.g., United Way, 211, Independent Living Centers)
- Education and Counseling Programs (non-AAA funded, e.g., SHIBA, Benefits and Benefits Counseling Projects, Money Management Program)
- Case Management (fee based or privately funded)
- Culturally specific services for minority; limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves older adults)
- Any service which specifically serves persons with Alzheimer's disease or other dementia, or their caregivers (Family Resource Center, Support Groups)

(See example in Attachment B for a chart form summary of other services. This format is optional but may help to decrease narrative length.)

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

(Suggested narrative length not to exceed 2 pages per focus area)

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

Throughout all Focus Areas, please embed principles and methodologies of Person–Directed Services and Supports and Service Equity as described below into each areas’ Goals and Objectives so that these principles are clearly and effectively operationalized in your service delivery system. It is not necessary to address in each narrative, unless desired, but it should be clear in the Goals and Objectives how these principles are being implemented.

Person–Directed Services and Supports

Person-directed philosophies have long existed in Oregon statutory policy as a foundation for delivering services to older adults and individuals with disabilities, and Oregon’s aging and disability service networks are committed to providing respectful and responsive services and supports. This approach takes into account individuals’ preferences, needs, values, cultures and diverse backgrounds, and is based on keeping all decision making as close to individuals as possible and supporting their choices. The approach is also based on ensuring the individual has accurate, objective information, provided in a clear and meaningful way, to make informed decisions.

ODHS’s APD Program is committed to providing services that are person-centered, to having a service delivery system that is participant-directed, and to using tools and strategies centered on personal preferences and goals for planning. A participant-directed service delivery system that uses a person-centered planning process should include these key elements:

- A philosophy that is rooted in understanding and acknowledging what is important to a person, taking into account all factors that affect their life;
- Assisting people to find and use their own voice to express what is important to and for them;
- Listening to individuals about their needs, preferences and choices;
- Putting individual preferences, needs and choices at the center of the planning process;

- Focusing on the individual and a plan that seeks positive outcomes;
- Enlisting the support of family, friends and professionals chosen by the individual to follow through on ensuring needs, preferences and choices are realized.

Service Equity

The Oregon Department of Human Services defines Service Equity as, “services that promote health, safety and independence for all Oregonians by adapting services and policy to eliminate discrimination and disparities in the delivery of human services.” ODHS is committed to advancing service equity and recognizes service equity as a Core Value of the agency. As part of a shared goal and intent to address and mitigate systematic racism through the incorporation of service equity in all aspects of the administration of Oregon’s aging network, AAAs agree to partner with the ODHS to develop strategies, goals, and objectives to operationalize the ODHS’ commitment to embracing service equity in all the work shared.

Service equity is a measure of results, not effort. Individual approaches which are free from bias or favoritism are used to achieve common outcomes for all. Service equity creates an environment of fairness and respect that values, attracts and supports diversity. A service system which advances the guiding principles of service equity includes actions such as:

- **Engagement, collaboration and trust** with members of each diverse community based on mutual respect and trust. Intentional efforts are made to maintain an open dialogue, and internal and external communication efforts are centered on inclusion and outcomes.
- **Collaboration with other agencies** to create a seamless long term service and support delivery system that is culturally and linguistically responsive.
- **Service provision for diverse populations** in a culturally and linguistically responsive manner. Services are provided to all consumers at their specific need level with community needs informing and guiding services.
- **Accessible** long-term services and supports information is available in a variety of formats to meet individuals’ diverse linguistic, literacy and

communication needs in locations visited and available for underrepresented populations.

- **Data collection and reporting** allows for effective monitoring and meaningful evaluation of the quality and capacity of long term services and supports provided to diverse older adults and people with disabilities.

Focus areas are intended to describe and address national and state issues and priorities identified in the OAA and the Oregon State Plan on Aging and also those issues which have been identified through the local AAA planning process. These are areas requiring attention and on which the AAA will focus special effort during the four-year plan period.

Section C areas should reflect information described earlier in the plan, including the AAA's mission, vision and values; the identified needs and recommendations stemming from community needs assessments, surveys, forums, etc. conducted during the planning and review process; the program priorities as determined by the established discretionary funding priorities; and the specific demographics of the PSA. Narratives in this section must also identify how the AAA will address the needs of the target populations as described in Section B-2 and in each Focus Area.

Issues may be carried over from the previous four-year Area Plan, where they are still relevant, or they may be new issues or initiatives. AAAs may include as many focus areas as are deemed necessary, but at a minimum, the focus areas detailed below must be included.

Format for Focus Areas:

A suggested format for the narrative section of each focus area is:

Brief Profile/Description of the Issue:

The public and ODHS must be able to easily understand the focus area and the goals in a comprehensive way. This profile should help the reader to understand the issue as it applies to the consumers and services of the AAA. You may describe the issue, the service environment, community partners, significant trends, current status, etc. You should also describe challenges and opportunities your AAA faces specific to each focus area and realistically describe barriers, service or funding gaps, and conflicting

issues. If the focus area is prescribed by federal or state law or policy, e.g., elder rights protection activities, coordination with Title VI programs, it can be noted.

Provide the specific information requested in each section:

Address the specific areas outlined in each focus area.

Problem/Need Statement:

In this section, the AAA identifies the problems or needs of the target population in the AAA and how the AAA proposes to address them. These statements do not necessarily have to be presented as problems; they can be presented as a need for a service or action that isn't necessarily a problem but does address a need. The problem/need statement can be from the perspective of the consumer, the agency or the community. It should set the stage for understanding the goals and objectives for each focus area.

As you develop your Problem/Need Statement, consider how you will address the following in each of the focus areas:

- a. Partnerships to support outreach and effectiveness of this focus area
- b. Staffing and/or contracts to support services in this area
- c. Potential challenges and how the AAA anticipates addressing these

Goals and Objectives:

Each narrative section is to be followed by a set of goals and measurable objectives for the focus area. It is recommended that results from program monitoring be used to help guide the development of goals and objectives. You may use the templates in this document or a similar format that has all of the same elements. See explanation and example in Attachment B.

1. Information and Referral Services and Aging and Disability Resource Connection (ADRC)

(Suggested narrative length not to exceed 2 pages)

ADRC is an Administration for Community Living (ACL) supported *No Wrong Door* infrastructure that serves all populations needing access to Long Term Services and Supports (LTSS), and their caregivers and/or advocates. The two core services offered by ADRCs are information and referral (I&R) and options counseling (OC).

Information and referral (I&R) services have been critical to consumers and are an integral part of the Aging and Disabilities Network. The ADRC initiative is a collaborative effort of the ACL and the Centers for Medicare and Medicaid Services (CMS) and is designed to streamline access to home and community supports and services for consumers of all ages, incomes and disabilities and their families. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective and trusted information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services.

APD, the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), and the Association of Oregon Centers for Independent Living (AOCIL) have collaborated for a number of years to develop strategies to enhance the service delivery system for older adults and people with disabilities. One outcome of this collaboration has been to collectively build and expand a network of ADRCs, now providing statewide coverage. There is continued support and commitment, across the aging and disability services networks, for the work ADRCs have accomplished and for the vision of ADRCs going forward.

In this focus area AAAs, as core partners in ADRCs, shall describe how they will support and strengthen:

- Information and referral (I&R);
- Options counseling (OC);
- Marketing and outreach to promote ADRC and increase I&R and OC service usage with an emphasis on priority populations, including

older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS;

- Access to public and privately funded long term services and supports by ensuring local resources are maintained in the ADRC resource database and that staff are trained and knowledgeable about how to use the resource database to provide referrals to consumers;
- Continued and expanded partnership development and cross-referral/collaboration with organizations and community groups, with emphasis on those that serve older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS;
- Quality assurance and quality improvement activities to ensure consumer satisfaction, adequate data entry practices and adherence to ADRC consumer-based standards; and
- A framework and plan for ADRC sustainability. Sustainability strategies could include blending and leveraging funding streams such as (existing federal OAA funds, federal funds from the Rehabilitation Act of 1973, as amended, and other core partner funds, Oregon Medicaid Administrative Claiming (OMAC), development of private pay/sliding fee options). Strategies could also include leveraging partnerships, collaborative development of tools and resources across service systems, alignment of service philosophies, educating policymakers and demonstrating beneficial outcomes through the use of ADRC data in GetCare, data dashboard reports, consumer satisfaction survey results, and business case findings and return on investment (ROI) calculations.

Focus Area - Information and Referral Services and Aging and Disability Resource Connection (ADRC)

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

2. Nutrition Services (OAA Title IIIC)

(Suggested narrative length not to exceed 2 pages)

The purpose of the OAA Nutrition Program is to:

- Reduce hunger and food insecurity among older individuals,
- Promote socialization of older individuals,
- Promote the health and well-being of older individuals, and
- Delay onset of adverse health conditions resulting from poor nutritional health or sedentary lifestyles.

Older Americans Act nutrition funding is not expected to be adequate to fully support nutrition programs offered by AAAs but is used to leverage additional funding and support for these critical programs.

In this focus area the AAA should address the following:

- Provide a list in this section or as an appendix of meal sites, indicating address, days/times of service for each location, and average participation at each location. For meal sites that also provide home-delivered meals, please indicate how often meals are delivered from each site.
- Identify how Title IIIC funds will be used to implement nutrition services, including any use of contracted organizations or other partnerships involved in making nutrition services available.
- Identify how the AAA is providing focused program outreach to underrepresented populations to address service inequities within the PSA.
- Identify any goals or plans to change the meal production and delivery system(s) over the course of this 4-year plan.
- Identify how the AAA and its partners are identifying additional funding to support the costs of providing nutrition services.
- Indicate how nutrition education – and nutrition counseling, if offered - will be provided for both congregate and home-delivered meal recipients.
- Explain how nutrition services are linked to and coordinated with health promotion, family caregiver, and other applicable AAA services.
- Identify any goals or plans to partner with community organizations such as Oregon health systems, 501(c)(3) nonprofits, Community

Care Organizations, educational institutions, religious groups, or state and local government entities to promote nutrition programs, share resources, or offer additional nutritional programming.

- Identify any lingering challenges the AAA is experiencing post-covid pandemic that continue to affect Older Americans Act nutrition programs.

Focus Area - Nutrition Services

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

3. Health Promotion (OAA Title IIID)

(Suggested narrative length not to exceed 2 pages)

OAA IIID funds must be used to support evidence-based programs to improve health and well-being, and reduce disease and injury (<https://acl.gov/programs/health-wellness/disease-prevention>). Please explain how Title IIID Disease Prevention and Health Promotion, and if applicable, Title IIIB funds will be used to support health promotion for at-risk older adults:

- How will the AAA partner with community organizations to deliver Title IIID Disease Prevention and Health Promotion programs.
- Which evidence-based health promotion/disease prevention programs will be supported, and does the AAA anticipate changes to programs that will be supported.
- How will programs be made accessible to at-risk and/or underrepresented older adult populations; and
- How will the AAA ensure program availability and quality.
- Identify any lingering challenges the AAA is experiencing post-covid pandemic that continue to affect Older Americans Act Title IIID Disease and Health Promotion programs.

The AAA should also identify how, through involvement or partnerships with public health, health systems, or county or regional planning groups, the AAA is helping to advocate for and address issues that impact the health of older adults and people with disabilities. This may include work on age-friendly or dementia-friendly communities, access to healthy foods, access to preventive services and healthcare, or involvement in healthcare reform efforts.

The following link may provide useful resources relating to evidence-based health promotion:

- <https://www.oregon.gov/odhs/providers-partners/community-services-supports/Pages/healthy-aging.aspx>

Focus Area - Health Promotion

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
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Accomplishment or Update				

4. Family and Unpaid Caregiver Support (OAA Title III E)

(Suggested narrative length not to exceed 2 pages)

The [National Family Caregiver Support Program](#) (FCSP) provides critical services to unpaid caregivers caring for adults with functional disabilities or relatives who are raising children. These services help delay or avoid entry into a long term care setting and the Medicaid system.

The [2022 National Strategy to Support Family Caregivers: Actions for States, Communities, and Others](#) report recommends outreach should:

- Increase awareness of family caregiving.
- Increase emphasis on integrating the caregiver into processes and systems from which they have been traditionally excluded.
- Increase access to services and supports to assist family caregivers.
- Increase financial and workplace protections for caregivers.

Specify how the AAA and their service partners will conduct outreach and public awareness, as well as provide culturally-relevant services to the following caregiver populations, with particular attention to the target groups identified in the Older Americans Act and at the state level:

- Individuals with limited English proficiency and ethnic caregivers, including Native American caregivers;
- Caregivers who are older individuals with greatest economic and social need;
 - Particular attention will be paid to caregivers who are low-income, socially isolated or minority older individuals.
- Older relative caregivers of children with severe disabilities or individuals with severe disabilities;
- Family caregivers who provide care to persons with Alzheimer's disease and related disorders with a neurological or organic brain dysfunction;
- Caregivers who provide care to at risk older adults including those who are frail and at risk for institutionalization;
- Older caregivers residing in rural areas, and;
- Non-traditional family caregivers who may not be recognized as family; Lesbian, Gay, Bisexual and Transgender partners and individuals who are not legally married.

Area Agencies on Aging can determine which of the following five core elements are needed and feasible in their area and may offer some or all.

- 1) Information about services available;
- 2) Assistance in gaining access to services and resources;
- 3) Individual and group counseling, organization of support groups and/or evidence-based training in the areas of caregiving, health, nutrition, complex medical care, and financial literacy that assist the caregiver in making decisions and solving problems related to their caregiving role;
- 4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. Respite care is prioritized to family caregivers, parents or older relative caregivers providing care to an adult of any age with Alzheimer's disease or related disorders with neurological and organic brain dysfunction. Services can be provided in the home, adult day service program, day camp or overnight stay in a residential care setting;
- 5) Supplemental services on a limited basis to complement the care provided by caregivers. For example, assistive technology, home modifications, incontinent supplies, legal assistance, transportation. Supplemental services are prioritized to family caregivers providing care to a frail older adult.

In this focus area, please describe:

- Which of the core elements of the Family Caregiver Support Program (FCSP) the AAA will provide and how they are organized in your service area.
- Which of the core elements are provided specifically for older relatives raising children, and how outreach is done to reach this population.
- How caregiver screening and assessment/planning is structured. The caregiver assessment shall be provided to a caregiver by an individual who is trained or experienced in case management skills that are required to deliver services, to assess the needs and to arrange, coordinate, and monitor an optimum package of service to meet the needs of the caregiver. Include, at a minimum, information regarding:
 - When assessments are conducted and how they are used to identify the needs of the caregiver and services they will benefit from.

- How each service will be provided – by the AAA, through contract or in partnership with another agency, or with volunteers.
- Referral processes to other programs and services, i.e., other OAA programs, Medicaid, or local community services, etc.
- The types and frequency of individual or group counseling, caregiver support groups, and trainings that are offered.
- How respite services are provided, and policies in place to ensure that respite services are prioritized to those at greatest need.
- Types of supplemental services provided, and policies in place to determine how these services are provided.
- Describe the agency's process for ending caregiver services.
- Identify any service gaps or limits related to core elements.

Focus Area - Family and Unpaid Caregiver Support

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
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Accomplishment or Update				
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Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

5. Legal Assistance and Elder Rights Protection Activities (OAA Titles III-B and VII)

(Suggested narrative length not to exceed 2 pages)

ACL programs and services funded under the OAA are designed to empower older adults to remain independent, healthy, and safe in their homes and communities for as long as possible. Legal assistance and elder rights programs (Title III-B), along with other AoA programs and services, help to promote the independence, autonomy, and well-being of older persons. OAA legal assistance programs in every state provide civil legal counsel and representation to older people with economic or social need to preserve their independence, choice, and financial security. These programs are designed to help older people understand their rights, exercise informed decision-making, and benefit from the support and opportunities promised by law.

Vulnerable Elder Rights Protection Activities (Title VII) bring together the various advocacy programs of the Act into a system of services, programs, and personnel designed to help older persons understand their rights, exercise choice through informed decision-making, and benefit from the support and opportunities promised by law. One such ACL-supported program is the Elder Abuse, Neglect, and Exploitation Prevention Program, the goal of which is to develop and strengthen prevention efforts at the State and local level. This includes funding for State and local public awareness campaigns, training programs, and multi-disciplinary teams.

APD's Vision is that Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety and wellbeing, honor choice, respect cultural preferences and uphold dignity. For these priority areas to be successful, the AAAs must be integral components of developing and supporting programs that focus on protecting the rights of older adults through effective advocacy and public awareness efforts.

In this narrative, please consider and include those individuals with greatest social and economic need, and the targeted populations identified in section B-2 of these instructions.

Describe how the AAA will work to protect the rights of older individuals in its service area, including how the AAA will:

- Select and maintain a legal services provider to offer legal assistance to vulnerable elders;
- Work with the legal services provider to ensure legal aid is delivered according to Oregon's legal assistance program standards;
- Develop or support elder abuse education and prevention efforts in their service area;
- Identify gaps in the current system and work with partner organizations, including those involved in the Aging and Disability Resource Connection, to mitigate and find solutions;
- Maintain effective referral protocols to adult protective services offices and to the office of the long-term care ombudsman;
- Integrate these elder rights areas into their other delivery systems to ensure that older adults with legal issues or older adults subject to abuse are connected to the appropriate resources; and
- Support, as applicable, the adult abuse multi-disciplinary teams in the counties in the AAA's service area.

For more information on legal assistance programs, refer to the ACL website: <https://acl.gov/programs/protecting-rights-and-preventing-abuse/legal-help>, and Oregon's legal assistance program standards at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/Oregon-Legal-Assistance-Standards-2018.pdf>.

For more information on protecting rights and preventing abuse, refer to the ACL website: <https://acl.gov/programs/protecting-rights-and-preventing-abuse>, and the APD Abuse Prevention website: <https://www.oregon.gov/odhs/aging-disability-services/Pages/prevent-adult-abuse.aspx>

Focus Area - Legal Assistance and Elder Rights Protection Activities

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
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Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

6. Older Native Americans (OAA Titles VI and III)

(Suggested narrative length not to exceed 2 pages)

In this focus area, the AAA must identify and describe how it will coordinate with each of the tribe(s) within its PSA to provide services for older Native Americans. (OAA Section 306 (a) (11) (A) (B) (C))

Best practices in this focus area could include a description of the process for planning and coordinating with each of the tribes and outreach plans to tribal elders living within its PSA, regardless of tribal affiliation, to provide services for older Native Americans. Any services provided to older Native Americans should be provided in a culturally and linguistically responsive manner. Best practices also include steps taken to build relationships with individual tribes and any collaboration efforts and/or challenges that may be unique to planning and service delivery with sovereign nations.

CSSU will provide a list of the nine Federally Recognized Tribes in Oregon and the counties where they serve older Native Americans as well as a list of Oregon's Title VI Grantees.

Focus Area - Older Native Americans

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
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Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

**7. Other Focus Areas – any other area(s) of the AAA’s choosing.
(Optional)**

(Suggested narrative length not to exceed 2 pages, for each additional Focus Area)

Other Focus Areas may be considered for addition based on priorities identified in the AAA’s or other community needs assessments or based on known priorities that are not addressed in any of the areas included.

Focus Area - Other Focus Area(s)**Goal:**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a				
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

SECTION D – OPI SERVICES AND METHOD OF SERVICE DELIVERY

Administration of Oregon Project Independence (OPI):

In accordance with [OAR 411-032-0005\(2\)](#) the area agency must submit an Area Plan containing, at a minimum, the agency's policy and procedures for each of the elements below.

Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program. Note: If the AAA is participating in the OPI Pilot for Adults with Disabilities, clarify if the policies and procedures vary for that population.

What are the types and maximum amounts of authorized services offered? (OAR 411-032-0005 2 b A)

State the cost of authorized services per unit or per service. (OAR 411-032-0005 2 b B)

Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits. (OAR 411-032-0005 2 b C)

Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid. (OAR 411-032-0005 2 b D)

Specifically explain how eligibility will be determined and by whom. (OAR 411-032-0005 2 b E)

Plainly state and illustrate how the services will be provided. (OAR 411-032-0005 2 b F)

Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual. (OAR 411-032-0005 2 b G)

Describe the agency policy for denial, reduction or termination of services. (OAR 411-032-0005 2 b H)

Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints. (OAR 411-032-0005 2 b I)

Explain how fees for services will be developed, billed, collected and utilized. (OAR 411-032-0005 2 b J)

Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived. (OAR 411-032-0005 2 b K)

Delineate how service providers are monitored and evaluated. (OAR 411-032-0005 2 b L)

Delineate the conflict of interest policy for any direct provision of services for which a fee is set. (OAR 411-032-0005 2 b M)

Explain if the AAA will make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPI-M.)

Describe if the AAA prioritizes the following populations when a waitlist is not in effect: older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS.

Ensure that Attachment C (Service Matrix and Delivery Method) includes all OPI services your Area Agency provides, the funding source(s), and the contracted service provider(s) or whether the service is self-provided by the AAA.

SECTION E – AREA PLAN BUDGET

Detailed budget instructions and supporting documents will be distributed in the first quarter of 2024.

APPENDICES

Appendix A Organizational Chart

The Organizational Chart should show the relationship of the AAA to the sponsoring body and show the reporting relationships of AAA staff. The minimum required is a structural chart showing the chain of command and including a “box” for every type of position. If several staff have the same classification under the same supervisor, a single box may be used but must show the number of positions represented.

Appendix B Advisory Council(s) and Governing Body

The name of each Advisory Council member must be listed on this appendix along with a demographic count. The AAA may also include the geographic or other affiliation of any or all members. (See example in Attachment B.)

List all members of the agency’s Governing Body. If the agency is a county, city or council of governments, list the commissioners or appropriate governing body members. If the agency is a private or public non-profit agency, list those members who are responsible for the operation of the agency.

Appendix C Public Process

This appendix should include simple documentation of planning activities described in Section A-3, such as notices for or a list of the dates and locations of the community forums, focus groups, Council meetings, surveys and public hearings held to assess need and obtain community input.

Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan

Include as Appendix D a final report on the AAA’s activities and accomplishments for each goal and objective that was included in the 2021-2025 Area Plan. Describe what worked and what didn’t. If a goal or objective was not met, explain why (what were the barriers, challenges, etc.). Reflect on both accomplishments and challenges.

Appendix E Final Updates on Service Equity Plan Accomplishments (Recommended, Optional)

This optional Appendix is for a final report on the AAA's Service Equity Plan activities and accomplishments. Describe what worked and what didn't. If a milestone or goal was not met, explain the barriers and challenges. This is an opportunity for the AAA to note both accomplishments and challenges.

Appendix F Emergency Preparedness Plan

Include as Appendix F the AAA's governing board approved Emergency Preparedness Plan. At a minimum the Plan must include the following elements:

- Assessment of Potential Hazards
- Chain of Command
- Communications Plan
- Continuity of Operations Plan (Program-by-Program or Site-by-Site)
- Agreements that detail how the AAA will coordinate activities with local and State emergency response agencies, relief organizations, and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases.
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

(If the plan is extensive or has multiple components, please work with your assigned CSSU liaison regarding linking to the plan(s) and incorporating by reference.)

Training and resource materials regarding Emergency Preparedness and Business Continuity Planning can be found at:

<https://www.ready.gov/business>

Appendix G Partner Memorandums of Understanding

Type A AAAs must include a copy of the written Memorandum of Understanding with the APD Local Office(s) (Medicaid agency) in the PSA.

Appendix H Statement of Assurances and Verification of Intent

For the period of July 1, 2025 through June 30, 2029, the _____ accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, _____ shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The _____ assures that it will:

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

OAA Section 306, Area Plans

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need,

older individuals with greatest social need, and older individuals at risk for institutional placement;

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
- (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
- (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals

caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

- (i) the need to plan in advance for long-term care; and
- (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

- (A) not duplicate case management services provided through other Federal and State programs;
- (B) be coordinated with services described in subparagraph (A); and
- (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other

Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

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

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

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

(B) disclose to the Assistant Secretary and the State agency—
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

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

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

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

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

(15) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

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

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

Section 306 (e)

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

The _____ further assures that it will:

With respect to legal assistance —

(A)

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

With respect to services for the prevention of abuse of older individuals—

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

- (i) public education to identify and prevent abuse of older individuals;
 - (ii) active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
 - (iii) referral of complaints to law enforcement or public protective service agencies where appropriate;
- (B) will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, the area agency on aging for each such planning and service area is required—

- (A) to utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to OAA section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

Date

Director, _____

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title

Example of Section B-1 Population Profile:

(This format is optional, but the narrative and table below are intended to be illustrative of actual data available on the [Area Plans section](#) of the CSSU website.)

Narrative:

According to demographic data provided by ODHS, in this county 100% of the total population lives in rural areas. There are 5,715 total persons aged 60 and over, and 652 of these persons live in poverty. There are 263 minority persons 60+ and 62 of those live in poverty. There is a relatively small but growing population of persons who are 85+. There are 3535 adults who reported as having a disability and 13 older persons who have limited English proficiency (LEP). And so on...

Table:

County	Baker
Urban-Rural Classification	Rural
Total 2022 Population	16938
Rural 2019 Population	16539
Percent Rural Population	100%
Total 2019 Population	16539
Total Population Age 60 and Older	5715
Total Population 60 and Older in Poverty	652
Total Population Age 60 to 74	3883
Total Population Age 75 to 84	1154
Total Population Age 85 and Older	678
Female Total	8081
Female Age 60 and Older	2951
Female 60 and Older in Poverty	318
Male Total	8458
Male Age 60 and Older	2764
Male 60 and Older in Poverty	334
Any Minority Total	1560

Attachment B

Any Minority Age 60 and Older	263
Any Minority 60 and Older in Poverty	62
Hispanic Total	735
Hispanic Age 60 and Older	77
Hispanic 60 and Older in Poverty	8
Native American Total	425
Native American Age 60 and Older	143
Native American 60 and Older in Poverty	30
Native Hawaiian Pacific Islander Total	72
Native Hawaiian Pacific Islander Age 60 and Older	24
Native Hawaiian Pacific Islander 60 and Older in Poverty	24
Asian Total	81
Asian Age 60 and Older	1
Asian 60 and Older in Poverty	0
African American Total	202
African American Age 60 and Older	16
African American 60 and Older in Poverty	0
Limited English Proficiency Age 18 to 64	114
Limited English Proficiency Age 65 and Older	13
Adults with a Disability	3535
Total Population under 185% FPL	5253
Population 60 and Older under 185% FPL	1705
Population 60 and Older Under 185% FPL	3575
Total Grandparents Responsible for Own Grandchildren Under Age 18	105
Grandparents Age 60 and Older Responsible for Own Grandchildren Under Age 18	61
Grandparents 60 and Older in Poverty Responsible for Own Grandchildren Under Age 18	6
Living Alone Age 60 and Older	1548

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

This section describes services which are provided in our PSA, not by our organization, but which play an important part in the lives of older persons in our area. Although some of these programs are provided by for-profit or non-governmental agencies, we identify them as important to address the needs of the population we serve and vital pieces of a comprehensive and coordinated service system.

Service	County 1	County 2	County 3	County 4
Hospitals	2	0	2	1
Clinics				
Women's Health	0	0	1	3
Tribal Clinics	0	0	2	2
Housing Authority	1		1	1
Tribal Housing			3	2
Food Banks	3	2	6	7
Alzheimer's Support Groups	2	3	1	5
Title VI Nutrition Sites			4	2

Section C-1 Focus Area Goals and Objectives:

Goals and Objectives:

Please use the proposed template in the Instructions document – or a similar format with the same elements – to list goals and objectives for each focus area. Goals provide a broad descriptive statement related to overcoming the problem or fulfilling the need. Objectives provide specific and measurable actions or activities that will occur within the four-year planning period. These must include benchmarks (means of measuring progress) and month-specific timeframes.

Goals should be broad in nature and should describe the major benefits that will be achieved if the issues identified in the problem statement are resolved. Goals often directly address elements noted in the problem statement and should be, to the extent possible, described in consumer-related terms.

Objectives and outcomes should tell the reader what you are going to do and describe how you are going to do it. They should relate to the stated goals and problems. If you have long-range objectives that will continue beyond the remainder of the four-year planning period, you need only describe your anticipated activities and outcomes that will occur during the four-year period.

The AAA may set one or several goals per focus area and one or several objectives per goal.

Example of Section C-1 Focus Areas Goals & Objectives:

Focus Area: Information and Referral Services and Aging & Disability Resource Connection					
Goal: Increase community knowledge, understanding, awareness of and access to ADRC programs, services, resources, and populations served in the service area.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
<p>Increase number of contacts made to ADRC by 10% each calendar year.</p> <p>The percentage of consumers from under-served or under-represented communities accessing ADRC services is equal to or greater than the percentage of those populations in the over-60 population of the PSA.</p>	a. All ADRC printed materials are available in English, Spanish and Russian	ADRC Program Supervisor	1/1/2025	1/1/2026	
	b. At least twice yearly, topics covered at the bi-monthly Human Services Coalition meeting will include topics meaningful and impactful to agencies providing services to under-served and/or under-represented communities.	ADRC Staff & Program Supervisor	1/1/2025	12/31/2029	
	c. At least quarterly, ADRC staff will attend outreach events where individuals from communities of color, members from the LGBTQ community, and/or members from Eastern European communities will be in attendance.	ADRC Staff & Program Supervisor	1/1/2025	12/31/2029	
	d. Identify ADRC champions from members of communities of color, the LGBTQ community, and Eastern European communities to assist with raising awareness and outreach for the ADRC.	Agency Director, ADRC Staff & Program Supervisor	1/1/2025	6/30/2026	
	e. Implement one alternative method for consumers contacting the ADRC.	ADRC Program Supervisor	6/30/2025	6/30/2027	
	f. As vacancies occur, increase representation in ADRC workforce which can appropriately communicate and address the cultural and language diversity of the population in the PSA.	ADRC Program Supervisor	1/1/2025	12/31/2029	

Example of Appendix C Advisory Council:

NAME & CITY/TOWN or AREA OF RESIDENCE	REPRESENTING	DATE TERM EXPIRES
Fred Johnson Prineville	County 1	
Elvira Franck Redmond	City Council representative	
Dewey Choate Bend	County 2	
Myra Garcia Madras	County 3	

Total number age 60 or over = 2

Total number minority = 1

Total number rural = 3

Total number family caregiver/older relative caregiver = 1

Total number self-identifying as a person with a disability = 1

(AAAs may include other demographic information as desired)

- **Complete a separate form if the AAA also has a Disability Services Advisory Council**

Community Services and Supports Unit Staff Roster / Liaisons <i>(updated Feb. 2024)</i>			
Name	Program Areas	Contact	AAA/ADRC Liaison Role
Schroeder, Rodney	CSSU Manager	rodney.b.schroeder@odhs.oregon.gov 541-305-3489	
Vacant Legal Assistance Developer	Legal Services, Elder Rights		
Hansen, Adam Program Analyst	OAA Health Promotion OAA Nutrition Program Senior Hunger Task Force Staff GCSS	adam.g.hansen@odhs.oregon.gov 503-855-8438	ADRC/AAA Liaison CCSS – Clackamas NWSDS - Clatsop, Polk, Marion, Tillamook, Yamhill CIL Liaison Independent Living Resources (ILR)
Hanson, Lacey Contractor - Multnomah	RTZ Technical Specialist Liaison ADRC I&R Training	lacey.hanson@multco.us 503.318.7562	
Herro, Stephanie Operations and Policy Analyst	APD Dementia Specialist SPADO	stephanie.a.herro@odhs.oregon.gov 503-507-5208	
Hutchinson, Cassandra Program Analyst	Training Coordinator: Options Counseling, GetCare, I&R, Oregon Access QA Coordinator State Program Report	cassandra.r.hutchinson2@odhs.oregon.gov 503-798-5736	ADRC/AAA Liaison CCNO - Baker, Grant, Union, Wallowa LCOG - Lane CIL Liaison Lane Independent Living Alliance (LILA)

Community Services and Supports Unit Staff Roster / Liaisons (updated Feb. 2024)			
Name	Program Areas	Contact	AAA/ADRC Liaison Role
Kibby, Ryan Program Analyst	Medicare Improvements for Patients and Providers Act (MIPPA) Senior Community Service Employment Program Senior Health Insurance Benefits Assistance (SHIBA) Senior Medicare Patrol (SMP)	ryan.e.kibby@odhs.oregon.gov (503) 510-3988	
Lowe, Joseph Program Analyst	DSAC and DEMAC Staff ODC/AAA Celebration Service Equity Lead/Steering Committee Transportation SME ABLENet	joseph.lowe@odhs.oregon.gov 971-239-6666	
McCuin, Debbie Program Analyst	Older Americans Act Area Plan Lead State Plan Lead Title VI/Title III Coordination Tribal Partner Liaison	debbie.mccuin@odhs.oregon.gov 541-301-1672	ADRC/AAA Liaison KLCCOA – Klamath, Lake RVCOG – Josephine, Jackson SCBEC – Coos, Curry CIL Liaison EOCIL, HASL
Meeds, Melinda Procurement & Contract Specialist	Grant management	Melinda.A.Meeds@odhs.oregon.gov 503-568-5247	
Plaza-Meza, Kiley Administrative Specialist	ADRC Central Database Resource Specialist	kiley.j.plaza-meza@odhs.oregon.gov 503-388-0921	

Community Services and Supports Unit Staff Roster / Liaisons *(updated Feb. 2024)*

Name	Program Areas	Contact	AAA/ADRC Liaison Role
Powell, Theresa Operations & Policy Analyst	Family Caregiver Support Program Gatekeeper Program Property Tax Deferral ASL Video Projects Native Caring Conference	theresa.a.powell@odhs.oregon.gov 971-301-1618	ADRC/AAA Liaison CAT – Columbia DCSS – Douglas CAPECO - Gilliam, Hood River, Morrow, Sherman, Wasco, Wheeler, Umatilla CIL Liaison Umpqua Valley disAbilities Network (UVDN)
Rustrum, Dawn Operations & Policy Analyst	ADRC Technology and Business Analyst ADRC Website Maintenance ADRC Project Management, Grants Oversight ADRC Software Vendor Relations and Contracts Management ADRC Advisory Council Coordination	dawn.l.rustrum@odhs.oregon.gov 503-779-9242	ADRC/AAA Liaison COACO - Crook, Deschutes, Jefferson HCSCS – Harney OCWCOG - Benton, Lincoln, Linn CIL Liaison Abilitree, Spokes Unlimited
Truitt, Brandi Operations and Policy Analyst	OPI Program Administrator OPI Training Oregon Access Training	brandi.n.truitt@odhs.oregon.gov 503-930-6552	ADRC/AAA Liaison MCADVS – Multnomah MCOACS – Malheur WCDAVS - Washington
Watt, Lori Administrative Specialist	All Unit Support, Security User Access, websites	LORI.C.WATT@odhs.oregon.gov (503) 945-6237	

SERVICE MATRIX and DELIVERY METHOD

Instructions: Indicate all services provided, method of service delivery and funding source. (The list below is sorted alphabetically by service.)

#5 Adult Day Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#16/16a Caregiver Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#70-2a/70-2b Caregiver Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#15/15a Caregiver Information Services/Information and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#30-5/30-5a Caregiver Respite

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#73/73a Caregiver Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#3a Chore (by HCW)

Funding Source: OAA OPI Other Cash Funds

#7 Congregate Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#80-4 Consumable Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#50-1 Elderly Abuse Prevention (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-4 Health Promotion: Evidence-Based (Access)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention; 40-4 Mental Health Screening and Referral; 71 Chronic Disease Prevention, Management/Education)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-3 Health Promotion: Non-Evidence-Based (Access) (40-3 & 40-4)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-5 Health Promotion: Non-Evidence-Based (In-Home) (40-5 & 40-8)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#4 Home Delivered Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#11 Legal Assistance (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#900 Other – Computer Technology Expense

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#60-1 Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#70-8 Other Services - Fee-based Case Management - Access

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#901 Other (specify)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#1 Personal Care (by agency)

Funding Source: OAA OPI Other Cash Funds Other (describe):

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#1a Personal Care (by HCW)

Funding Source: OAA OPI Other Cash Funds Other (describe):

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#30-4 Respite Care - Other (IIIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#72 Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#80-1 Senior Center Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#60-4 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#90-1 Volunteer Services (In-Home)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):