2025-29 AREA PLAN

District 11: Klamath & Lake Counties

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Special Acknowledgements:
KLCCOA Advisory Council
KLCCOA Governing Board

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SECTION A -- AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction

Klamath & Lake Counties Council on Aging Services

Klamath and Lake Counties Council on Aging (KLCCOA) is a state-designated Type A Area Agency on Aging (AAA) serving Klamath and Lake Counties in south-central Oregon. Established in 1969 and restructured in 2013, KLCCOA is a private, non-profit 501(c)(3) organization focused on system planning, service coordination, and advocacy for older adults and adults with disabilities.

Headquartered in Klamath Falls, Oregon, the agency operates consistently with an Executive Director, Fiscal Manager, Data Manager, Case Manager Supervisor, three full-time Case Managers in Klamath County, and one full-time Case Manager in Lake County and is governed by a volunteer Board of Directors with a separate volunteer Advisory Council. These bodies strive to ensure diverse, representative input in policy and program development, emphasizing inclusion of seniors, rural populations, minorities, and people with disabilities.

KLCCOA administers state and federal aging-related programs, including services like home-delivered meals (HDM), transportation, caregiver support, case management, elder abuse prevention, Oregon Project Independence (OPI), and Veteran Directed Care (VDC). It also collaborates with local coalitions such as Healthy Klamath and the Older Adult Mental Health Collaborative to improve service coordination and outreach.

The agency's 4-year Area Plan addresses service needs for adults 60+, regardless of income, and emphasizes community-based, long-term care services through partnerships and strategic planning.

KLCCOA Target Population

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

Area Plan Development

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

KLCCOA Contact Information

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

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A – 2 Mission, Vision, Values

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

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

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

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

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

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

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

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

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

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

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

Age and disability friendly communities: We support communities that are committed to helping citizens to age in place and that is accessible and welcoming to individuals with disabilities.
KLCCOA continues to adopt the following ***values*** important to older adults:

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

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

A – 3 Planning and Review Process

KLCCOA Needs Assessments

KLCCOA conducted two community needs assessments to identify the needs of the targeted populations. One senior services survey was conducted with local agencies and entities that target older adult services. The other senior needs assessment survey was conducted for older adults to complete so we can better understand what services are needed for older adults facing aging and/or disability issues.

Senior Services Survey

The senior needs services survey was conducted in both Klamath and Lake counties, at the older adult collaborative meetings. The following partners/individuals contributed to the survey: Lake County Center, Lake County Older Adult Behavioral Health Specialist, Klamath and Lake Counties Adults and People with Disabilities, Klamath & Lake Community Action Services, SPOKES, Sky Lakes Medical Center's outpatient services, Hospice Services, Klamath County Assistant Living Director, DHS/APD staff, Veteran Directed Services, Klamath Behavior Health's Older Adult Mental Health Specialists,

Klamath Basin Senior Center, Klamath County Public Health Director, a representative from the Hispanic Community Collaborative, Rolling Wheelz, Hospice and the Klamath Senior Center volunteer coordinator.

The assessments came to the following conclusion

1. **Fear of Government and Institutions**
    - Many Hispanic individuals, especially undocumented or mixed-status families, are reluctant to engage with service agencies due to fear of being asked for personal documentation or immigration-related questions.
    - This fear extends to services that are non-governmental or unrelated to immigration enforcement, including meal programs, caregiver support, and case management.
2. **Underutilization of Services**
    - Despite being eligible for many services (e.g., home-delivered meals, Oregon Project Independence), Hispanic older adults may not participate due to fear, language barriers, or a lack of culturally appropriate outreach.
    - This leads to unmet needs in nutrition, caregiving, transportation, and social support.
3. **Language and Trust Barriers**
    - Limited English proficiency makes communication difficult and can discourage participation.
    - Trust must be built through consistent, culturally competent outreach, preferably by bilingual staff or trusted community liaisons.

Needs and Solutions

4. **Culturally Competent Outreach**: Engage trusted Hispanic community leaders and organizations to bridge communication and trust gaps.
5. **Language Access:** Provide all materials and services in Spanish and ensure staff or volunteers are available to communicate in the preferred language.
6. **Confidentiality Assurance**: Clearly communicate that services are available regardless of immigration status and that personal information is protected and not shared with immigration authorities.
7. **Community Partnerships**: Work with Hispanic-serving churches, health clinics, and schools to raise awareness and foster a welcoming environment.

Conclusion

To serve the Hispanic senior population effectively, KLCCOA must continue building culturally sensitive outreach strategies that address fears around documentation, improve language access, and build trust. This is critical for ensuring equitable access to aging and disability services in these communities.

Senior Needs Assessment Survey

The older adult needs assessment covered adults over 60 and adults with disabilities age 18 and over. The survey asked for views about housing, in-home assistance, in-home care, transportation, health and nutrition, financial, sources of information and

assistance, care, well-being, disaster registry and knowledge of local services. It also included demographics.

Older Adult Nutrition Survey

A nutrition survey was sent out to all older adults that receive home delivered meals and/or dine at the congregate sites.
The Advisory Council was involved in reviewing the results from the surveys and interpreted the needs for the area plan

The surveys allowed KLCCOA staff to be aware of the following:

1. **Home-Delivered Meals**
   - **Geographic Isolation**: Many older adults live in remote locations with limited access to grocery stores, transportation, or family support.
   - **Health and Mobility Challenges**: Seniors in rural areas often have mobility limitations or chronic health conditions, making it difficult to prepare meals or travel.
   - **Gaps in Service**: Long travel distances and challenging weather conditions increase costs and logistics for meal delivery providers, resulting in service gaps or waitlists.
   - **Need**: There is a strong demand for expanded routes, additional delivery days, and resources to ensure nutritional support for homebound seniors.
2. **Congregate Meal Sites**
   - **Limited Access**: Rural towns may lack central community hubs suitable for congregate meals or have only one site serving a broad area.
   - **Social Isolation**: Seniors in these areas experience high rates of social isolation, and congregate meals offer critical opportunities for socialization, health education, and wellness checks.
   - **Underutilization**: Transportation barriers and long travel times limit participation, even when sites exist.
   - **Need**: More strategically located sites, transportation support, and program outreach are needed to increase access and participation.
3. **Volunteer Shortages**
   - **Population Constraints**: Sparse populations reduce the pool of available and willing volunteers for meal delivery, wellness checks, and support programs.
   - **Aging Volunteer Base**: Many current volunteers are seniors themselves, leading to a shrinking volunteer workforce over time.
   - **Need**: Focused volunteer recruitment campaigns, incentives (e.g., mileage reimbursement), and partnerships with local organizations are essential to sustain and grow volunteer support.

Conclusion

The need for expanded home-delivered meals, improved access to congregate meal sites, and a reliable volunteer base is particularly urgent in the most rural parts of Klamath and Lake Counties. Addressing these gaps is vital for reducing senior hunger, isolation, and health disparities in underserved areas.

The largest hurdle we are finding is the lack of funding, and increase in pricing, to provide nutritious meals for all who qualify as well as getting them delivered to extremely rural areas.

Planning Goals and Objectives

After the community surveys were analyzed, the KLCCOA Advisory Council met to review the previous 2021 - 2025 Area Plan goals and objectives. They went through each goal and decided if the goals were still pertinent and needed to be updated, or if the goal was completed and could be deleted. New goals and objectives were added to reflect the current needs, and the draft was presented to the full Governing Board for approval.

Resources Used

Information was used from Census data, Healthy Klamath Public Health Improvement Plan and Lake District Health Improvement Plan, and Klamath and Lake Counties' regional demographic reports.

Other Community Plans

The 2022-25 Klamath County Health Improvement Plan and the Lake District Hospital 2024 Community Health Needs Assessment closely aligns with the KLCCOA area plan. These collaboratives are a group of organizations and individuals committed to improving all aspects of health (physical, mental, economic and social) in our communities.

Tribal Planning

KLCCOA Director was meeting quarterly with the Klamath Tribes Community Services Manager, but the manager position is now vacant. The director still attends the regional and state tribal meetings.

KLCCOA staff have been receiving better communication from a tribal member in charge of the congregate meal site in Chiloquin, Oregon, but there is still difficulty being consistent in communicating other needs within the Klamath Tribes. The Klamath Tribes are known to gather for activities, but the participants are regularly tribal members. There doesn't seem to be a lot of attendance from non-tribal members participating at the Chiloquin congregate site, but the Bly congregate site shows the local farming community in attendance. KLCCOA case managers interact with the Community Services Director weekly to discuss current needs and/or suggestions that might better assist the Klamath Tribe community.

Public Hearing

A legal advertisement was published in the Klamath Falls and Lakeview newspapers. A public hearing was held at the KLCCOA Office on March 18, 2025, and held virtually via ZOOM to get community comments. The information was also put on the KLCCOA Facebook page. The ad stated the public is invited to review the plan and give input. It also stated if you would like to review the plan, one could be mailed or emailed. Public input could also be heard at the KLCCOA Advisory meeting on March 20, 2025, at 1:30

p.m. The Area Plan was presented to the KLCCOA Board of Directors on March 27, 2025, and was approved.

A – 4 Prioritization of Discretionary Funding

Older American Act

After meeting the minimum Title IIIB expenditure requirements, KLCCOA has discretion on how to prioritize the use of the remaining funds. The Executive Director, Advisory Council and the Board of Directors make the final approval of priorities. When new needs are determined, they make the necessary changes to the budget, if possible. Decisions are based on greatest need, greatest impact and available funding.

When discretionary funding is available, the IIIB priority is as follows:

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

1. Federal Priority Services:
    a. Access Services: transportation, including assisted transportation; outreach, information and assistance, option counseling, and case management.
    b. In-home Services: personal care, home care, friendly visiting, telephone and in-person reassurance; chore, coordination of in-home volunteers for reassurance/friendly visiting; home modification/repair and in-home support services such as caregiver respite.
    c. Legal Services.
    d. Other Services: public advocacy and education

The discretionary funds are used to assist with Case Management, Chore, Evidence Based Health Promotion, Public Advocacy, and Administration.

Title III-C-1: Group/congregate meals and Area Plan Administration. Currently all restaurants listed have contracts with KLCCOA are now able to serve food. We currently have contracts with Bly, Bonanza, Chiloquin, Dairy, Beatty (Klamath Tribes), Fort Rock, and both Senior Centers in Klamath and Lake Counties to serve congregate meals.

Title III-C-2: Home delivered meals (HDM) and Area Plan Administration. The home delivered meals program experiences wait lists periodically in Klamath County. Currently there is 40 on the list. The wait list is prioritized using a HDM risk assessment tool. Lake County does not have a wait list. Outlying areas are a priority for HDMs; barriers include getting the meals to very rural areas using volunteers.

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

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

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

State General Funds and Medicaid funds

Oregon Project Independence (OPI and OPI-M)

OPI is used for in-home care, personal care, home delivered meals, and case management. The waitlist is prioritized for consumers with the greatest social need and by using the State of Oregon Wait List Tool. High Risk: No. 11-18 receive in-home, personal care, and option counseling; Medium Risk: No. 8-10 are put on the waiting list for in-home and personal care; Low Risk: No. 7 and below receive no services. The new OPI-M program has changed the way OPI is allocated. The new program has changed the way consumers are served by collaborating with Aging and People with Disabilities (APD). At this point APD will do the eligibility for consumers and KLCCOA is doing the case management. APD was working off KLCCOA's wait list for the new OPI-M program but are now moving on to new applicants.

Wait List Prioritization Process

OPI: The wait list has changed as APD now does the eligibility for OPI-M program: Case mangers prioritize their wait list based on in-home assessments, which include assessments conducted on the list above, who has the greatest social need, and length of time on the list.

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

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

Future Funding Changes

In the event of future funding reductions in any program area, KLCCOA will maintain waitlists as appropriate and explore alternative methods to minimize service disruptions. Efforts will be made to leverage other programs to continue service delivery wherever possible.

Each year, Case Managers conduct assessments to determine clients' continued eligibility. During these evaluations, priority is given to individuals with limited or no social interaction, those unable to meet their basic human needs, and members of underserved populations, including Native American and Hispanic communities.

KLCCOA is committed to ensuring that culturally diverse and historically marginalized groups receive equitable access to services and support. Clients who choose to discontinue services or who have passed away will not be replaced until funding becomes more stable.

KLCCOA staff, along with the Governing Board and Advisory Council, will evaluate past fundraising efforts to identify the most effective strategies and explore ways to enhance their impact. Hiring a grant writer will also be considered as a valuable means to increase funding opportunities and strengthen support for vulnerable populations.

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

Collective funding opportunities are continually being sought with partner agencies to help with funding changes.

OPI-MEDICAID

Oregon Project Independence-MEDICAID (OPI-M) are services that are approved and funded by the Centers for Medicare and the 1115 demonstration waiver of the Oregon Project Independence Medicaid program and includes the services defined in the rules. Eligibility is determined by a case manager from the Aging and Disabilities State office and then referred to the KLCCOA case managers for consultation, presenting options, resources, and alternatives to an individual to assist in making informed choices about program selection.

KLCCOA and APD have developed a plan of the timelines for new OPI -M consumers.

A – 5 Service Equity

Equity goals: Along with other Klamath and Lake agencies that work with older adults our agency supports cultural competency and equity for our older adults. The Executive Director along with the case managers attends the Klamath Health Equity Committee meetings. The Healthy Klamath Committee's goal is to provide cultural competency, equity, health literacy and social justice resources to the older adult communities. Equity information is handed out all the events attended by or provided by KLCCOA staff.

SECTION B – PLANNING AND SERVICE AREA PROFILE

B – 1 Population Profile

Brief History – Klamath County

Klamath County is named for the Klamath Native American Tribes, who have inhabited the Upper Klamath River Basin region for thousands of years1. In the late 1800's conflict began to rise between white settlers and the Native American. With the Arrival of the Southern Pacific Railroad in 1909, the population of white settlers began to grow significantly. By 1930, with the introduction of the railroad and booming lumber industry, Klamath Falls became the fastest growing city in Oregon. In the 1990s, reduced timber supplies and environmental restrictions significantly impacted the timber industry, causing an economic downturn, leaving many in poverty. Since that time the economy has diversified and is focusing on health-related services and renewable energy source such as solar power and geothermal heating. Today the Sky Lakes Medical Center is the largest employer. The area is currently experiencing a boom in housing construction, as its proximity to California brings waves of retirees from population centers to the south.

Brief History – Lake County

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

Tourism is an important part of Lakeview's economy. Lakeview markets itself as the "Tallest Town in Oregon" because of its 4,800-foot elevation. It is part of the "Oregon Outback" and works to attract tourist, sportsmen, and outdoors enthusiasts. Since 1999, Lake County and the City of Lakeview has offered tax incentives to encourage renewable energy companies to locate in the area. [2]

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

[2] https://en.wikipedia.org/wiki/Lake_County,_Oregon

KLAMATH COUNTY

Geography

Klamath County is a rural community set in the high desert of southern central Oregon. Geographically, Klamath County is the fourth largest county in Oregon spanning 5,941 square miles but is home to only 49,340 people—approximately 8 per square mile. Estimated numbers of people who are 60 years and older is 20,391 or 30.12% of the population. Klamath Falls is the largest city within Klamath County in which approximately 22,043 people live, with an equally large population 23,601 people residing within the city's urban growth boundary.

Demographics – Klamath

Knowing the characteristics of Klamath County and the context in which its residents live is essential to fully understanding the needs of the community. Klamath County is predominantly White and non-Hispanic at 87.03%, however the population of people identifying as Hispanic or Latino is steadily rising and is approximately 11.8%. The region is also unique in that it has a strong Native American presence that makes up 4.34% percent of the population. The region has 4.53% of the population identifying as multi-racial, 1.02% as Asian, nearly one percent Black or African American, and .07% as Native Hawaiian or Pacific Islander.

Race	**Population**	**Percentage of totals**
White	55,581	79.62%
Two or more races	8,024	11.49%
Other	2,837	4.06%
Native American	2,108	3.02%
Asian	567	.81%
Black or African American	493	.71%
Native Hawaiian or Pacific Islander	202	.29%

OF THOSE 60 AND OLDER	Number	Percentage of Population
Live in Poverty	1,582	8.8 %
Female	9,153	51 %
Male	8,067	47.9%
Grandparent raising grandchildren	243	.4 %
Any minority	1,524	8.5 %
Any minority living in poverty	228	.3 %
Hispanic/Latino	630	.09%
Native American	460	.5 %

Native American living in poverty	170	.1 %
2 or more races	342	.5 %
Limited English proficiency age 65+	238	.3 %
Adults with disabilities	12, 038	67.4%

Table 2 - AAA PSA Project map

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

Age plays a significant role on the health of a community, as different life stages tend to experience health outcomes unique to their age. In Klamath County, the life expectancy for females is 79.2 years and 74 years for males. [3] The aging population has been a pressing concern nationwide, and Klamath has a large population of older adults as nearly 1 in 4 residents are 60 years or older. Sex distribution is nearly equal with 99 males for every 100 females.[4]

Klamath County	Rank out of 35 counties
Health Outcomes	35
Length of Life	33
Quality of Life	33

LAKE COUNTY

Geography

Lake County is bounded on the north by Deschutes County, on the east by Harney County, on the south by the State of California, and on the west by Klamath County. As reported by the Census Bureau, the county has a total area of 8,358 square miles, of which 8,139 square miles is land and 219 square miles (2.6%) is water. An estimate of 7,835 people lives in Lake County according to the US Census Bureau with 23.6 % over the age of 60. It is the third-largest county in Oregon. It has had a 4.55% growth increase since 2010,

Demographics – Lake

Lake County is also predominantly White and non-Hispanic – 92.3%, however the population of people identifying as Hispanic or Latino is steadily rising and is

[3] Healthy Klamath.org
[4] AAA PSA Project Map (arcgis.com)

approximately 8.1%. The region has a small Native American presence that makes up 2.4% of the population. Multi-racial is 3.5%, 1% as Asian, nearly 1 % Black or African American, and only .1% percent as Native Hawaiian or Pacific Islander.

For people reporting one race alone, 91.8 percent were White; 0.3 percent were Black or African

American; 2.5 percent were American Indian and Alaska Native; 1.1 percent were Asian; 0.0 percent were Native Hawaiian and Other Pacific Islander, and 0.6 percent were some other race. An estimated 3.6 percent reported two or more races. An estimated 8.2 percent of the people in Lake County, Oregon were Hispanic. An estimated 84.4 percent of the people in Lake County, Oregon were White non-Hispanic. People of Hispanic origin may be of any race.[5]

Table 1- AAA PSA Project Map

OF THOSE 60 AND OLDER	Number	Percentage of Population
Live in Poverty	128	.04 %
Female	1,227	49.4%
Male	1,253	50.5 %
Grandparent raising grandchildren	6	.02 %
Any minority	37	1.5 %
Any minority living in poverty	6	.02%
Hispanic/Latino	19	.7%
Native American	13	.5%
Native American living in poverty	6	.02%
2 or more races	5	.02%
Limited English proficiency age 60+	0	0
Adults with disabilities	671	.27%

More Information:
https://www.countyhealthrankings.org/app/oregon/2019/rankings/lake/county/outcomes/overall/snapshot

B – 2 Target Populations

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

- older individuals residing in rural areas,
- low-income older individuals, including low-income minority older individuals,

[5] US CENSUS

- older individuals with limited English proficiency, and
- older individuals with disabilities
- older individuals who are Native American.
- social need includes issues related to older lesbian, gay, Bisexual, Transgender and Queer (LGBTQ) individuals.

KLCCOA strategically uses federal and state funds to reach and serve targeted populations, including members of the Klamath Tribes, Hispanic communities, individuals experiencing social isolation, and those with significant economic need. We contract with local restaurants in areas identified as having high social and economic vulnerability to provide accessible congregate meal options that promote both nutrition and social connection.

KLCCOA also partners with the Klamath Tribes to provide congregate meals to Tribal members and surrounding community residents, ensuring culturally appropriate services are available. Outreach funding supports activities such as renting booths at community events, printing culturally inclusive informational flyers, and compensating staff for attending local gatherings where they can interact directly.

Staff conduct ongoing community education and outreach through collaborations with local agencies, media campaigns, cultural events, and rural site visits. We participate in events such as the Native Elder Fair, Community Health Fairs, veteran-focused activities, and forums hosted by community partners. These venues allow us to educate the public, distribute materials, and strengthen partnerships.

Quarterly outreach visits to rural congregate meal sites are conducted by KLCCOA Case Managers, providing service information and direct support. They also coordinate with community partners—including hospital discharge planners, home health agencies, hospice providers, and physician offices—to identify and assist individuals who may benefit from KLCCOA services.

B – 3 AAA Services and Area Plan Administration and Service Providers

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

Services include:

1. Personal Care (by agency) #1: OPI and OPI-M provide funding for limited in-home services. KLCCOA contracts with Almost Family, LLC which is an in-home care licensed agency for personal care. They provide services on a sliding scale fee and are dependent on available funding and include personal care, in-home care, and help with durable medical equipment. Currently there are no in-home care agencies in Lake County. Yes, this program has been affected by budget reductions over the last fiscal year.

2. Personal Care (by Home Care Worker) #1a: KLCCOA provides case management for home care workers to provide personal and homemaker care with OPI, OPI-M and OAA funds. Services include personal care and help with durable medical equipment. This program is available in both counties. Yes, this has been affected by budget reductions over the last fiscal year.

3. Homemaker (by agency) #2: KLCCOA contracts with Almost Family, LLC which is an in-home care licensed agency for homemaker care. These agencies are only in Klamath County. They provide services on a sliding scale fee and are dependent on available funding and include housekeeping and help with durable medical equipment. Yes, this program has this been affected by budget reductions over the last fiscal year.

4. Homemaker (by HCW) #2a: KLCCOA provides case management for home care workers to provide personal and homemaker care with OPI, OPI-M and OAA funds. Services include light housekeeping. This program is available in both counties. Yes, this has been affected by budget reductions over the last fiscal year.

5. Chore #3: KLCCOA partners with both Klamath and Lake senior centers to support The Klamath Village Volunteer Program and the Outback Strong Village in Lake County. Currently the Outback Strong Village is not providing these services. These programs provide coordination for volunteers to provide friendly visiting, transportation, assistance, and chores to vulnerable older adults. There are no wait lists for this program. Volunteers are paid mileage for services. No, this has not been affected by budget increases or reductions over the last fiscal year.

6. Home delivered meals #4: The senior meals program delivers meals and regular safety checks to home bound seniors in both Klamath (Klamath Basin Senior Center) and Lake Counties (Lakeview Senior Center). Volunteers deliver hot meals 5 days a week and 2 frozen (maximum) in Klamath County and 3 hot meals with 5 frozen (maximum) in Lake County. There is a wait list in Klamath County (currently at 50) and none in Lake County. Both senior centers pay their volunteers mileage. Yes, this program has been affected by budget reductions over the last fiscal year.

7. Case Management #6: Information, assistance, and referrals for care coordination are provided to consumers. This includes assisting older adults in activities such as assessing needs, developing care plans, arranging and coordinating services with providers. Follow up and reassessment is provided, and services are renewed and assessed annually. The new OPI-M program is changing the way case management is being utilized. APD will be doing the eligibility part, and our agency will do the case-management. Yes, this program has been affected by budget reductions over the last fiscal year.

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

9. Transportation #10: Transportation is provided by the Klamath Basin Senior Center and the Lakeview Senior Center to support clients to and from the congregate meal's sites, medical transport, and volunteers for HDMs. Yes, this has been affected by budget reductions over the last fiscal year.

10. Legal Assistance #11: Clients age 60 and older with non-criminal legal issues may receive no-cost legal consultation with pro-bono or legal aid attorneys. KLCCOA currently has a contract with Legal Aide Services of Oregon, Klamath Regional Office. No, this has not been affected by budget increases or reductions over the last fiscal year.

11. Nutrition Education #12: Both Counties' Senior Centers do nutrition education quarterly at the congregate meal sites. KLCCOA has coordinated with COCOA's Registered Dietitian (RD) to share their nutrition materials for both HDM clients and at the congregate meals. The menus are submitted for a RD to review at COCOA for nutritional evaluations. KLCCOA will be providing nutrition education materials for restaurants to put out on display on senior meal days. KLCCOA staff will also visit restaurants to do nutrition education on-site two (2) times a year. HDM consumers get nutrition education at their initial home visit and annual re-evaluations. Flyers with nutrition information is being sent out with the HDMs annually. No, this has not been affected by budget increases or reductions over the last fiscal year.

12. Information & Assistance #13: The ADRC and Healthy Klamath Connect serves as the first stop for consumers, family members and friends, as they seek to find resources for those who are aging or are experiencing a disability. It helps streamline access to information about available services. Referrals are made to programs and organizations that may meet the individual's specific need. Assistance is provided in accessing or connecting to services when needed or requested. No, this has not been affected by budget increases or reductions over the last fiscal year.

13. Outreach #14: The KLCCOA webpage and social media has helped to reach the outlying areas. The ADRC has helped with calls regarding services in these areas. ADRC ads that are published in the local newspaper, newsletters, and in the Active Seniors magazine published monthly also helps seniors access our services. No, this has not been affected by budget increases or reductions over the last fiscal year.

14. Information for Caregivers #15: KLCCOA provides presentations to the public and to individuals with information on resources and services available in both counties. No, this has not been affected by budget increases or reductions over the last fiscal year.

15. Advocacy # 20-2: KLCCOA monitors and evaluates and where appropriate comments on policies and procedures for programs that represent the interests of older persons. KLCCOA actively promotes new and/or expanded programs and opportunities for older adults in Klamath and Lake Counties. Presentations are given to agencies who work with older adults, articles are written for the monthly senior insert in the local newspapers, KLCCOA Facebook and website promote older adult opportunities. KLCCOA is an active member of O4AD which advocates to Oregon Legislature. No, this has not been affected by budget increases or reductions over the last fiscal year.

16. Home Repair/Modification #30-1: The Klamath Basin Senior Center coordinates the Klamath Village program which helps older adults with minor home repair and modifications. Volunteers assist with minor repairs and modifications that allow individuals to remain living independently in their homes safely. The Village Volunteer Program in Lake County is staffed with a KLCCOA employee at the Lake County Senior Center to coordinate these services Yes, this has been affected by budget reductions over the last fiscal year.

17. Caregiver Respite #30-5 & #30-5a: Staff provide respite care funds for anyone caring for a family member or friend age 60 and older, as well as grandparents caring for children in both Klamath and Lake counties. There are no wait lists for this program. No, this program has not been affected by budget increases or reductions over the last fiscal year.

18. Caregiver Supplemental Services #30-7/30-7a: Services provided that complement the care provider include referral to legal assistance, home modification, transportation, assistive technologies, emergency response systems, and incontinence supplies in both Klamath and Lake County. No, this has not been affected by budget increases or reductions over the last year.

19. Caregiver Support Groups #30-6/30-6a: Staff provide support groups for peer groups providing the opportunity to discuss caregiver roles and experiences. These groups help families make decisions and solve problems. No, this has not been affected by budget increases or reductions over the last fiscal year.

20. Caregiver Training #70-9/70-9a: Powerful Tools trainings, an evidence-based program, are provided by staff to caregivers and their families. Yes, this has been affected by budget reductions over the last fiscal year.

21. Physical Activity and Fall Prevention # 40-2: Klamath Basin Senior Center provides SAIL (Staying Active fit Independent Living), Body Recall both which are physical activity and Tai Chi classes. All classes are evidenced based and are

done on a weekly basis. Lakeview Senior Center has Strong People which is evidenced based in Lakeview. Yes, this has been affected by budget reductions over the last fiscal year.

22. Elder Abuse Awareness and Prevention# 50-3: KLCCOA Staff conducts Gatekeeper presentation to community, staff meetings and to local area clubs and organizations. National Elder Abuse Awareness days are presented to Board of County Commissioners annually that is televised, and articles are printed in monthly “Active Seniors” supplement in Herald and News with a 17,000+ distribution. The newspaper is the premier source of information in Klamath, Lake, Siskiyou and Modoc Counties. KLCCOA partners with other agencies to do an annual Elder Abuse Awareness event each year. Yes, this has been affected by budget reductions over the last fiscal year.

23. Reassurance #60-3: The Klamath Basin Senior Center coordinates the Klamath Village program to do friendly visits and phone calls. The Village Volunteer Program in Lake County is staffed with KLCCOA employee to coordinate these services. All HDM consumers are called every 2 months to check up on how they are doing. There are no wait lists for this program. No, this has not been affected by budget increases or reductions over the last fiscal year.

24. Option Counseling #70-2: All KLCCOA staff are trained Options Counselors. They provide one-on-one assistance to assess the consumer’s situation and needs, to tailor options for services. Options Counselors also facilitate decision making on long-term care options, including supported living in the community. Home visit assessments are completed to help navigate local, state and federal programs and services. Focus has been placed on training staff to provide dementia related services. OPI Clients are also provided Option Counseling when they are assessed for the program. No, this has not been affected by budget increases or reductions over the last fiscal year.

25. Newsletter #70-5: Older Adult related articles are submitted monthly to the “Active Seniors” section of Herald and News. No, this has not been affected by budget increases or reductions over the last fiscal year.

26. Public Outreach #70-10: KLCCOA attends community Health Fairs and The Klamath Tribes Annual Elder Fair. Staff does presentations at both Klamath and Lake Senior Centers on current and new programs periodically. Healthy Klamath’s website https://healthyklamathconnect.com is a great resource for public outreach. No, this has not been affected by budget increases or reductions over the last fiscal year.

27. Volunteer Services #90-1: KLCCOA Advisory and Governing Board members are all unpaid volunteers. They both meet monthly. The Advisory Council meets more often when needed for help with surveys, meal site assessments, RFP process, and the recruitment of additional nutrition services and sites. No, this has not been affected by budget increases or reductions over the last fiscal year.

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

KLCCOA is committed to integrating systems and supporting services provided by other community agencies. Being both small in population and rural, it is easy to work together to identify and help each other fill the gaps in services. There are many existing coalitions that are very committed to collaboration. KLCCOA staff attends many community meetings including Healthy Klamath, Klamath and Lake Older Adult Behavioral Health coalitions, elder abuse prevention committee, and the Klamath and Lake Equity and Inclusion Committee.

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

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

Adult and Community Centers:

- Klamath Basin Senior Center
  "The Center" (New name of Lake County Senior Center)

Alzheimer's disease and support

- Alzheimer's Association – office out of Bend serves Klamath and Lake Counties Case Management (Fee for Service)

Basic Resources: clothing, furniture, shelter

Klamath County

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

Lake County

- The Center
- Lake County thrift store at The Center

Crisis

Klamath County

- American Red Cross
- Crisis Help Line
- Klamath Basin Behavioral Health – mental health related

- Klamath Tribes – Healing Winds
- Veterans Crisis Center
- Salvation Army
- Klamath Gospel Mission

Lake County
- Lake County Crisis Center
- New Beginnings Intervention Center
- 24-hour hotline

Disability Services and Programs

Klamath County
- Goodwill
- Spokes, Unlimited
- Klamath County Disability Services
- Klamath Basin Behavioral Health

Klamath/Lake Counties
- DHS Aging and People with Disabilities (APD provides in-home care workers for the OPI and the OPI-M program, provides trainings to KLCCOA staff for elder abuse, District Manager is an Advisory Committee member, and provides information on residential and assisted living facilities. We provide annual presentations to update staff on AAA programs and criteria. We provide referrals to APD and they also provide referral to AAA programs)
- Klamath and Lake Community Action Services

Education and Counseling Services

Klamath/Lake Counties
- Alzheimer's Association
- Klamath Community College- continuing education
- The Forgotten Americans continuing education- Klamath only
- Klamath Basin Behavioral Health
- Best Care Treatment Services
- Transformations Wellness Center
- Lutheran Community Services
- NAMI
- Lake County Mental Health

Employment

Klamath County
- Goodwill
- The Klamath Tribes Education and Employment

Klamath/Lake Counties

- Central Oregon Intergovernmental Council in Klamath and Lake Counties
- Klamath Works Connection

Family Caregiver Supports

Klamath/Lake Counties

- Respite providers

Financial & Energy Assistance

Klamath/Lake Counties

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

Health & Wellness

Klamath County

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

Lake County

- Lake County Health District Living Well Partner
- North Lake Health Clinic
- Inter Court Family Center

Housing

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

Information and Assistance

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

Nutrition

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

Transportation

Klamath County

- Basin Transit services
    - Call Friday
    - We pick you up
    - We drop you off
    - We take you back
    - Sunday Service – door to door services
- DAV Transports (White City- both counties)
- Dial-A-Ride
- Klamath Basin Senior Center
- Klamath Tribes
- Translink – Medical transports

Lake County

- Lakeview Senior Center
- Translink – medical Transports

Vulnerable Adults, Limited English Speaking and Title VI Populations

- Klamath Public Health
- Title VI – The Klamath Tribe

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

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

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

The following focus areas have been identified as statewide issues for Area Agencies on Aging to address and develop goals and objectives for 2025-2029.

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

The ADRC in Klamath and Lake Counties is essential because they are rural areas with few resources. The ADRC plays a vital part getting information and assistance to these vulnerable seniors. In the attempt to make the ADRC resource current, and helpful to those seeking assistance, KLCCOA is working towards making sure local services are up to date. KLCCOA also conducts regular quality assurance by monitoring the data entry monthly.

Presentations, newspaper articles, advertisements and flyers posted in local agencies are some of the ways we have been informing our citizens how this vital community link will provide information, assistance, and referrals. KLCCOA staff have been trained to provide high quality and accurate information and assistance. All calls for Klamath and Lake Counties come directly to the KLCCOA office Monday through Friday, 8:00 – 4:30 p.m. After hours calls go to a voice mail system that is returned the next business day.

KLCCOA has only 6.0 FTE staff members, so the CSSU helps the agency by managing the ADRC database listings. When new resources are identified, the CSSU is contacted to input/update the new information.

Training is provided through on-line resources and community-based events to all new employees. One staff member is currently bi-lingual for reaching and helping our Hispanic community. Our main brochure is translated into Spanish and the rest of our brochures are in the process of being translated and will be distributed to communities with a high population of Hispanics.

Through a MOU with Aging and People with Disabilities, Klamath and Lake Counties (APD) has agreed to:

- Provide trainings to KLCCOA staff regarding services and eligibilities criteria on an on-going basis
- Consult with KLCCOA staff and administration to address system (s) quality and effectiveness.
- Refer individuals to KLCCOA for assessment, case management and/or service delivery as deemed mutually appropriate by APD and KLCCOA personnel, with the consent of the consumer.
- To provide a representative who will attend KLCCOA Advisory Council monthly and provide updates of the current APD operations and policies.
- Consults with KLCCOA and administration to address system(s) quality and effectiveness.

KLCCOA agrees to:

- Provide trainings to APD staff regarding services and eligibility criteria established and/or administered by KLCCOA on an on-going basis.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.
- Accept referrals from APD for the purpose of a need's assessment and qualification of case management and/or service delivery consistent with the KLCCOA capacity to do so.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.

Option Counseling

This person-centered program is provided by KLCCOA case-managers. This program provides decision-making regarding long-term care options for adults aged 60 and older, adults with disabilities, caregivers, and families. Current staff have been fully trained by the Community Services and Support Unit (CSSU) in the six core competencies. These include conducting an assessment, education regarding community resources and options, facilitating consumer self-direction, assist with future planning, and conducting individual follow-up.

Partnership Development

KLCCOA continues to expand partnerships with ADRC partners and community coalitions. Sustainability for the ADRC will happen through collaborations with our core partners, blending and leveraging multiple funding streams and maximizing Medicaid Administrative Claiming. Our core partners include the Klamath County Veterans Office, Klamath County Developmental Disabilities, Spokes, and Klamath Basin Behavioral Health. Continued recruitment for additional partners is ongoing for representation of older adults with disabilities or their family members. The Older Adult Mental Health collaborative in both counties have been a great resource to increase partnership development. These groups have made great strides in bringing community issues to the table and then working on them as a team.

Focus Area - **Information and Assistance Services and Aging & Disability Resource Connection (ADRC)**
Goal 1: Provide and promote person-centered and service equity I & A Services

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe 07/01/25-06/30/2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1.Approximately 250 individuals will receive I&A services per year with the goal of increasing number served by 5% each year.	a	Advertise the ADRC monthly in the local newspapers and local radio.	KLCCOA Director / Case Managers	7/2025	6/2026	
	b	Flyers are in Spanish that are culturally specific to Hispanic needs and are distributed to businesses in the Merrill and Malin areas.	KLCCOA Director / Hispanic staff	7/2025	6/2026	
2.Increase the number of I&A services by 5% per year to Native Americans and Hispanics.	a	Create flyers that are culturally specific to Local Native communities	KLCCOA Director / Hispanic staff	7/2025	6/2026	
	b	Attend quarterly meet and greets, and Tribal meetings	KLCCOA Director/Case Managers	7/2025	6/2026	

3.Increase the number of individuals receiving Option Counseling by 5% each year.	a.	Promote person-directed Option Counseling through advertising programs in local newspaper's monthly senior inserts.	Case Managers	7/2025	6/2026	
4. The ADRC database will be updated with a minimum of 3 new resources as identified per year.	a	KLCCOA will inform the CSSU when new services are identified.	Data Specialist	07/2025	6/2026	

Goal 2: Record I&A units in RTZ in an accurate and timely manner and monitored for quality assurance

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe 07/01/25-06/30/2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. 100% of I&A units will be entered into RTZ in real time or as close to real time as possible.	a	Train any new staff on RTZ	Case Manager Supervisor	07/2025	6/2026	
	b	Staff inserts data in timely and accurately for quality assurance	Case Manager Supervisor	07/2025	6/2026	
	c	Data entry will be monitored monthly for quality assurance	Case manager Supervisor	07/2025	6/2026	

2. NUTRITION SERVICES

Through a MOU, the Council on Aging of Central Oregon (COACO) provides HDM for our clients in North Klamath and North Lake areas.

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

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

The Lakeview Center serves congregate meals 3 days a week and delivers 7 home delivered meals per week. The Klamath Basin Senior Center provides congregate meals 5 days a week and delivers 7 Home Delivered Meals a week with an on-going wait list for home delivered meals.

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

Food Production and Delivery

KLCCOA contracts with Klamath Basin Senior Center in Klamath County and Lakeview Center in Lake County for congregate meals in the city of Klamath Falls and the town of Lakeview. Both the senior centers prepare and provide congregate and HDMs for their areas.

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

When there is not a center to provide meals in our most rural areas, we contract with local restaurants (there is usually only one restaurant per rural area) to provide a meal at least once per week for the senior population. The restaurants are more than happy to be able to give back to their community in this way. In Lake County, the Lakeview Center provides transportation to the seniors from one area one day to another area for the next day, so they can get two meals a week. KLCCOA monitors the menus through a RD and pay an extra rural stipend to the restaurants to help with the cost. Donations

are collected to help with the cost. At the Tribal lunch, the women always stay after and do native crafts and then Tribal Health buses them back home.

SERVICE LOCATIONS AND SCHEDULES for Congregate and HDM services

Town/Facility	Address	Schedule	Average Participation	Service	Facility donated
KLAMATH COUNTY					
Beatty Klamath Tribes Cmty Center	PO Box 436 Chiloquin 97624	Tuesdays & Thursdays	18/Month	Congregate	Yes (Klamath Tribes)
Bly Bread Wagon	PO Box 54 Bly 97622	Wednesdays	71/Month	Congregate	Yes
Bonanza Dairy Diner	2221 Hwy 140 97623	Tuesdays	41/Month	Congregate	Yes
Chiloquin Klamath Tribes Cmty Center	P O Box 436 Chiloquin 97624	Mondays, Wednesday, Fridays	36/Month	Congregate	Yes (Klamath Tribes)
Keno Whoa Tavern	15555 Hwy 66 Keno	Wednesdays Fridays	35/Month	Congregate	Yes
Klamath Basin Senior Center	2045 Arthur St Klamath Falls 97603	5 days a week 7 days a week	413/Month 152/month	Congregate HDM	No
Malin Taqueria Jaliscense #2	P.O. Box 159 Malin, OR 97632	Thursdays	25/month	Congregate	
LAKE COUNTY					
Lake County Senior Center	11 No G St Lakeview	Mondays, Wednesday, Fridays 7 days week	60/Month 19/Month	Congregate HDM	No
Fort Rock Fort Rock Restaurant & Pub	PO BOX 152 Fort Rock 97735	Mondays	31/Month	Congregate	Yes

Fundraising

In 2024-2025 we received $5,900 in donations.

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

The KLCCOA website has been updated to promote donations along with volunteer opportunities.

KLCCOA puts out a donation request to all home delivered meals consumers annually. A self-addressed stamped envelope with a request for donation letter in it is sent out with their meals.

KLCCOA supports and encourages the Klamath and Lake Senior Centers to write grants for their programs to use for the required matching funds.

Nutrition Education and Coordination

The senior meal programs provide nutrition education to all participants that receive congregate meals, quarterly. When the nutrition education is provided to consumers at meal sites, the KLCCOA coordinator also promotes the Family Caregiver program and health promotion opportunities in their areas. OPI and OPI-M is also promoted for in-home care services.

The HDM participants receive nutrition education at the initial assessment and at the annual re-assessment. At the assessment, the case managers inform the consumer of other AAA programs that might be helpful to them. A nutrition package, prepared by a RD is also given to each consumer at the assessment.

Consumer Choice

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

Challenges and Barriers

For our outlying areas it is unreasonable to expect restaurant owners who are donating their space and time for senior meals to comply with all the strict Oregon nutritional requirements with limited resources and funding. Transportation is also a challenge for our large rural counties. It costs more to transport our clients to congregate sites than the urban areas that have multiple sites to choose from. HDM drivers also drive longer

distances to get to our consumers. In Lake County one volunteer drives 45 miles to serve one client. Recruitment for volunteers is always on-going.

One site has been added in North Lake County to be able serve congregate and another site in North Klamath was explored, but no one was interested in suppling a meal(s) for seniors at this time.

Food sites that don't serve meals 7 days a week.

Fort Rock Restaurant and Pub Meal Site
Emma Porterfield
P.O Box 152
Fort Rock, Oregon 97735
503-812-5640
Emmaporterfield007@gmail.com
Monday 11:00-1:00

Lakeview Meal Site
Lake County Senior Center
Andrea Wishart
andrea@lakecountyseniorcenter.com
Phone: 541-947-6035
Fax: 541-947-6085
11 North G Street, Lakeview, OR 97630
Mon, Weds and Fri- provides Home Delivered Meals

Bly Meal Site
Bread wagon
Donna Kness
Phone: 541-591-0035
Fax: 541-353-2299
P.O Box 54, Bly Oregon 97622:
Weds. at 12 pm

Bonanza Meal Site
Dairy Diner
Samantha Oates, Owner
22121 Hwy 140
Dairy, OR 97625
Wed. 9 am

Malin Meal Site
Taqueria Jalisciese #2
Maria Laurente
Phone: 541-810-3057
PO Box 159
2009 Broadway Street
Malin, OR 97632
Thursdays at 11 am

Beatty Meal Site & Chiloquin Meal Site
The Klamath Tribes
Colin Riddle- colin.riddle@klamathtribes.com
Verdella Wright@klamathtribes.com
Phone: 541-783-2218
PO Box 436
Chiloquin, OR 97624
Beatty Meal Site: Tues and Thurs.
Chiloquin: Mon, Wed, Fri

Keno Meal Site
Whoa Tavern
Carrie Welch
Phone: 541-884-9462, 541-281-3693
P.O Box 690, Keno, OR 97627
Friday at 11:30

Focus Area - **Nutrition Services**
Goal 1: Promote the health and wellbeing of older adults

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. 100% of meals served at congregate and HDMs consumers will meet or exceed one-third of the recommended dietary allowance	a	Make sure that menus are being reviewed by a Registered Dietitian for nutritional value each year.	KLCCOA Case Managers	7/2025	6/2026	
2. 5% more consumers for HDMs and Congregate meals will have the opportunity to fill out satisfaction surveys yearly.	a	An annual satisfaction survey will be completed annually for home delivered meals clients and clients at congregate meal sites.	KLCCOA Staff	7/2025	6/2026	
3. Decrease the waitlist for HDMs by 5%	a	Promote and increase the number of events for fundraising	KLCCOA Governing Board/Advisory Council	7/2025	6/2026	

Goal 2: Establish better communication and relationships with Hispanic groups and organizations not adequately being served.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1.Continue to support the Hispanic radio station by purchasing airtime for notices in Spanish promoting services	a	Meet with radio station to record KLCCOA service information in the Spanish language.	Hispanic staff / KLCCOA Director	7/2025	6/2026	
2. Staff trained in cultural competency and equity trainings annually.	a	Provide cultural competency and equity trainings to all employees once a year	KLCCOA Director	7/2025	6/2026	
3.Conduct outreach to the Hispanic and Tribal communities	a	Provide in person outreach by attending Hispanic and Tribal events and businesses	Hispanic Staff/Case Managers	7/2025	6/2026	

3. HEALTH PROMOTION

KLCCOA currently uses Title IIID funds for preventative health programs at the Klamath and Lake County Senior Centers. All the programs are evidenced based and monitored and/or taught by a Doctor of Physical Therapy

At the Klamath Falls Senior Center site:

- SAIL Plus Body Recall
- Tai Chi
- SAIL Exercise every Monday, Wednesday, and Friday
- Dementia Caregiver Support
- Body Recall
- Mobility from Head to Toe
- Better Bones & Balance (Both Counties)
- Stott Pilates
- Walk with ease (Both Counties)
- Qu Gong
- Inclusive Yoga (offered online)

Health promotion and prevention funds are used to support the Stanford University's Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management program (DSMP). These health promotion classes are being provided by OWN (Oregon Wellness Network) as requested.

Outreach is promoted through each of the partner agencies and by inserting articles in the senior insert in the local papers, social media, and agency websites.

Community Engagement

KLCCOA is an active member of the Healthy Klamath Initiative. This collaborative group of organizations and individuals are committed to improving all aspects of health (physical, mental, economic, and social) in our communities. With representation from nearly every sector, Healthy Klamath is a platform to coordinate health improvement efforts and has the strength and determination to make significant and lasting changes

to Klamath's health status. The KLCCOA Executive Director, Case Managers and two Advisory Council members attends these meetings to give input for older adults needs, updates on our services, and advocates for ADA concerns in our communities.

Link: https://healthyklamathconnect.com/

Partnerships

Healthy Klamath Initiative. This group continues to bring nutrition to the forefront of the whole community. It helps create great opportunities to promote nutrition for seniors along with healthier lifestyles. They are still working hard on turning Klamath's County from being the unhealthiest county in Oregon to being one of the healthiest.

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

The Living Well Coalition programs are now being offered through OWN (Oregon Wellness Network). Both counties are now able to offer these classes.

Articles on Health issues are continually being published in the Active Senior Section in the Herald and News.

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

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

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Support 2 Living Well classes in Lake County per year.	a	Provide materials and books for classes	KLCCOA Director	7/2025	6/2026	
	b	Provide funding and promotional support to encourage at-risk consumers for better health	KLCCOA Director	7/2025	6/2026	
2.Support both senior centers in Klamath and Lake Counties to conduct 36 Health promotion classes per year.	a	Provide funding and promotional support for 36 health promotion classes	KLCCOA Director	7/2025	6/2026	
3.Support the Hispanic radio station by purchasing airtime for notices in Spanish promoting services.	a	Meet with radio station to record KLCCOA service information in the Spanish language	Hispanic Staff	7/2025	6/2026	
4.Promote healthy activities in the Tribal Community	a	Request a Tribal navigator to promote healthy activities	KLCCOA Director	7/2025	6/2026	

4. Family and Unpaid Caregiver Support

KLCCOA Family Caregiver Program

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

- Paid respite services: These services may be provided in-home or in a licensed facility.
- Respite stipends: Stipends allow caregivers to choose their respite provider, which may be an agency, registered home care worker, family member, or friend. The selected provider follows a care plan developed by the caregiver, care recipient, and the KLCCOA Case Manager. This allows for consumer choice, flexibility in our rural areas, culturally appropriate options and the ability to cluster services into a chosen period.
- Case Management: KLCCOA Case Manager review and assess the needs of the caregivers wanting or needing respite and then submit a written request for the caregiver to receive funding.
- Caregiver Supplemental Services, which provide direct payments for caregivers to provide a safe and nurturing environment. Payment can support the purchase of adaptive equipment, medical equipment, incontinence products, minor home modifications, and similar improvements.
- Caregiver Support Groups: Peer groups that provide opportunities to discuss caregiver roles and experiences which aid families in making decisions and solving problems related to their caregiving roles.
- Caregiver Training/Powerful Tools: Training for family caregivers that provide support in personal well-being, as well as teach powerful tools to help caregivers take care of themselves while being the best caregiver possible.

KLCCOA is committed to providing support to unpaid caregivers through the FCG program. Respite care—one of the program's core components—shall be distributed based on assessed caregiver burden, functional status of the care recipient, and the caregiver's access to alternative support. KLCCOA also provides trainings to caregivers that provide support in personal well-being for family or friends ages 60 and over. Subject to available funds and participation, these trainings teach powerful tools to help caregivers take care of themselves so they can be the best caregiver to their family or friend.

Priority is based on caregivers experiencing physical, emotional, or mental stress; caregivers without access to alternative family, friends, or community support;

caregivers or care recipients with little to no social interaction or community engagement; care recipients with high-needs such as dementia, severe physical impairments, or complicated medical needs; special consideration will be given to caregivers from underrepresented groups, including Native American and Hispanic communities.

Service and Risk Assessment

KLCCOA conducts outreach, assessments, and case management for caregivers from DHS/APD offices, Hospice, and senior centers. State approved materials are provided in both English and Spanish. Outreach to the Klamath Tribes is provided at the annual Tribal Elder Health Fair. Outreach for the LGBTQ older adult community will be conducted through the Equity and Inclusion Committee and on social media. In the last fiscal year 2024-25, we served 7 Native and 1 Hispanic older adult for regular Respite care. For Grandparent respite, we served 4 Native and 1 Hispanic older adult.

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

Priorities are on serving people in the most economic and social need, frail, socially isolated, and underserved.

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

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

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

Challenges

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

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

KLCCOA will continue to improve and provide opportunities for improved partnerships and resources for caregiving. Staff will be trained in principles of service equity to better serve all populations. KLCCOA will establish and build upon relationships with groups and organizations that are not adequately served with our services.

Opportunities

Healthy Klamath Initiative is a community-based opportunity that bring in partners for education and trainings for caregiver outreach in Klamath County. Their interactive web sites have information for workshops, trainings, and a calendar of events for all partners.

The Older Adult Mental Health Collaborative in Klamath County has many opportunities to share resources In Lake County, the Lakeview Center's Navigator is a partner with the Lake County's Community Health Initiative Project (CHIP). This community-based opportunity is a great resource for education and trainings for caregiver outreach.

Focus Area - **Family Caregivers**:
Goal 1: Expand the FCSP program to better serve the Latino, Spanish-Speaking, and Native American populations

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Increase the number of Latino, Spanish-Speaking and Native American family caregivers receiving FCSP respite support by 5 consumers each year.	a	Identify family caregivers within these populations who would benefit from respite	Case Managers	7/2025	6/2026	
	b	Match them with private and/or agency-based respite providers appropriate to meet their cultural needs	Case Managers	7/2025	6/2026	

Goal 2: Increase community awareness of FCG needs, options, and resources

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1.Supply newspaper, social media, and web page for community awareness and resources articles monthly.	a	Update the template for op-eds, newspaper, Active Seniors insert quarterly	KLCCOA Director	7/2025	6/2026	

2. Increase community knowledge of Caregiver Supplemental Services available	a	Update the KLCCOA website to include details about who and what qualifies	KLCCOA Case Managers	7/2025	6/2026	
	b.	Create an ad in the local newspapers and radio stations addressing Family Caregivers	KLCCOA Case Managers / Hispanic Staff	7/2025	6/2026	
3.Caregiver Support Groups	a.	Advertise support group sessions in the Active Senior insert.	KLCCOA Director	7/2025	6/2026	
	b	Offer a Support Group Session once a month	KLCCOA Case Managers	7/2025	6/2026	

5. Legal Assistance and Elder Rights Protection Activities

There are approximately 195 APS workers across Oregon in state APD field offices and Area Agency on Aging (AAA) offices. They receive and investigate reports of abuse and self-neglect, coordinate with law enforcement and assist older adults and people with disabilities with resources for immediate and long-term protection.

Financial abuse and neglect of care are the most prevalent in Klamath and Lake Counties. Financial scams and fraud affect an estimated one-fifth of older adults nationally.

Prevention Efforts

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

ADULT PROTECTIVE SERVICES (APS): KLCCOA has a close relationship with APS. Calls are immediately reported to APS for screening and investigation of abuse. Staff at APS also conducts an annual training for KLCCOA staff on abuse types and how to report suspected abuse. If a report is made to APS, they will contact long-term care ombudsman if they are in a facility. If the family or consumer wants to file a complaint on the facility, we give them the information to call ombudsman directly.
An APS staff person at APD just joined the KLCCOA Advisory Council. A KLCCOA Governing member attends the monthly community multi-disciplinary team and reports to Executive Director.

KLCCOA partners annually with APS, SPOKES, assisted care facilities, senior centers, mental health coordinators and other older adult agencies to promote Elder Abuse Prevention. An event is planned during June when the National Elder Abuse Day is observed.

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

Legal Aid

To support the legal rights of older adults in Klamath and Lake Counties, KLCCOA has contracted with the Legal Aid Services of Oregon (LASO) in Klamath County to ensure that legal aid is delivered in full compliance with Oregon's Legal Assistance Program Standards, as well as all applicable federal, state, and local laws. These laws are outlined in the contract, including Title VI of the Civil Rights Act, the Americans with

Disabilities Act, Section 504 of the Rehabilitation Act, and ORS 659.425. Klamath LASO has agreed to provide legal assistance to low-income older adults. Assistance is targeted to those in the most economic and social need. Attorneys focus on the following types of cases: public benefit income maintenance, health care issues, long-term care issues, and basic needs such as nutrition, housing, and utilities. The law office is contracted to do annual presentations on abuse, neglect, and exploitation at the senior centers in both Klamath and Lake Counties. These services are offered in person or virtually when necessary

KLCCOA staff continually look for legal providers, other than LASO, retired or otherwise to fill the gaps in services. One provider is not enough for KLCCOA's large area. Even though LASO has a statewide Pro-Bono referral program it has been difficult to connect with an attorney willing to take on cases involving housing, repairs, discrimination, and elder abuse.

KLCCOA is continually working toward making sure all services are culturally and linguistically appropriate, particularly for Native American and Hispanic communities, and that reasonable accommodations are available as needed. KLCCOA receives a detailed bill, monthly, that includes the number of clients served, number of hours per client, and which focus type the client needed legal assistance with.

Advertisements are included in in the Senior inserts of the local newspaper. In addition, KLCCOA staff refer clients to the legal provider. This comprehensive partnership ensures that legal services are delivered equitably, ethically, and in full compliance with all regulatory requirements.

Focus Area - **Elder Rights and Legal Assistance**

Goal 1: Provide public education on abuse prevention and detection

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Conduct three (3) targeted media sources for public education per year on elder rights	a	Determine three (3) target audiences and/or events including Hispanic and Native American for public education per year	KLCCOA Director	7/2025	6/2026	
2.Partner with community agencies to promote the annual elder abuse awareness day each June.	a	Provide funds and support for the annual Elder Abuse Awareness Event annually	KLCCOA Director	7/2025	6/2026	

Goal 2: Provide Legal Services

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1.Provide at least 6 educational information per year for legal services.	a	Provide annual trainings to ADRC staff to ensure appropriate referrals to Legal Aid Services.	KLCCOA Director	7/2025	6/2026	

	b	Information materials placed monthly in the senior insert in local newspapers. Create flyers to send out with HDMs and placed at congregate sites annually.	KLCCOA Director	7/2025	6/2026	
	c	Hold presentations at local community gatherings to inform target populations of their ability to get legal assistance.	KLCCOA Case Managers/ Hispanic Staff	7/2025	6/2026	
2.Reach out to other Klamath and Lake County attorneys to help get legal services to hard-to-reach areas and target groups	a	Submit detailed requests that identify the most common needs to law offices in Klamath and Lake Counties.	KLCCOA Director/ Hispanic Staff	7/2025	6/2026	
	b	Advertise using multiple areas of publications stating the need for legal assistance with things like guardianship actions, health care, protection from abuse and/or neglect, and more	KLCCOA Director/ Hispanic Staff	7/2025	6/2026	

6. Older Native Americans

The **Klamath Tribes**, formerly the **Klamath Indian Tribe of Oregon**, are a federally recognized Native American Nation consisting of three Native American tribes who traditionally inhabited Southern Oregon and Northern California, the Klamath, Modoc, and Yahooskin. The tribal government is based in Chiloquin, Oregon. The Klamath Tribes is the Title VI-funded tribal entity in the KLCCOA PSA. The majority of the tribal members reside in Klamath County.

Demographics

There are over 5600 enrolled members in the Klamath Tribes[6], with the government headquarters centered in Klamath County, Oregon. Following the termination of federal recognition in 1954 under the U.S. government's Indian termination policy, much of the Tribes' land was liquidated. Although federal recognition was later restored, only a portion of the original lands were returned. Today, the Tribal administration provides services throughout Klamath County.

Economy

The Klamath Tribes opened the Kla-Mo-Ya Casino in Chiloquin, Oregon in 1997 on forty acres of land along the Williamson River. It provides revenue which the tribe uses to support governance and investment for tribal benefit. In 2017, the Klamath Tribes broke ground for a hotel adjacent to Kla-Mo-Ya Casino, along Hwy 97 in Chiloquin, Oregon. The ceremony solidified a partnership for a 76-room hotel between the Klamath Tribes and Choice Hotel to build a Sleep Inn Suites complete with indoor pool, conference room, workout facility, guest laundry and breakfast space for hotel visitors. Next to the Casino is the Crater Lake Junction Travel Center, all three are located on US-97. All three businesses are open to the public.

Services

In the 2025 Tribal Elders across the United States Report, it shows that the Klamath tribal elder services are funded fully or partially through Title VI funds. These include:

- Congregate meals
- HDMs
- Information and Assistance
- Outreach
- Family Caregiver support
- Transportation
- Homemaker

The Klamath Tribes contracts with KLCCOA to provide congregate meals at the goos oLgi gowa building in Chiloquin and the community center in Beatty.

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[6] *"The Klamath Tribes Today". The Klamath Tribes.*

KLCCOA is invited every year to attend the Klamath Tribes Elder Fair to share our program resources and information on our services that could benefit elders in need.

Communication/Inclusion

The KLCCOA Director and the Senior Case Manager Supervisor attends the quarterly Southern Oregon Title VI Meet and Greet meetings to discuss how Title III funding opportunities could benefit the Tribal members in different ways. These meet and greets include Tribal members from both Klamath and Cow Creek Tribes, coordinated by CSSU staff.

KLCCOA is working toward including the Klamath Tribes and the Cow Creek Title VI staff with email distribution lists to help coordinate presentations and other meetings about our programs, program/staff changes, public hearings, services, etc. as appropriate. This communication will help strengthen the relationship between the KLCCOA and the Klamath Tribes and the Cow Creek Band of Umpqua Tribe of Indians.

KLCCOA staff will get a better understanding on how to strengthen the relationship between the Tribes and KLCCOA. This relationship will allow all parties to learn the needs of Tribal members and get a better understanding of how to coordinate with each other when it comes to local emergencies and disasters.

Along with **The Klamath Tribes**, the **Cow Creek Band of Umpqua Tribe of Indians** is one of nine federally recognized Indian Tribal Governments in the State of Oregon. An elected eleven-member council known as the Tribal Board of Directors governs the Cow Creek Tribal Nation, located in Southwestern Oregon. The Cow Creek Tribe has a rich history in southern Oregon that reflects hard work, perseverance, and the desire to be self-reliant.

The Tribal lands are located in Jackson, Lane, Coos, and Douglas Counties with a small corner of their land located in northern Klamath County. Their government offices and clinics are located in Roseburg, Oregon.

When we offer services to Tribal members, we do not ask which tribe they belong to only that they are Tribal. KLCCOA staff work hard to provide needed services in a culturally appropriate manner by showing the respect Tribal members deserve, while preserving their dignity and self-respect.

Staff attended and supported the native quarterly Meeting in Canyonville. KLCCOA also supported a meet and greet in Klamath County where the Klamath Tribe shared their history in the Klamath Basin. In this past year we have been able to work with the Klamath Tribes outreach managers. We now get referrals through them for our services We are still recruiting for a Klamath Tribal Elder to be on the KLCCOA Advisory Council and/or the KLCCOA Governing Board but have not been successful.

Focus Area - **Older Native Americans**
Goal: Continue to build upon our relationships and Communication with the Klamath Tribes

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Invite one (1) or more local elder tribal member(s) to join the KLCCOA Advisory/Governing Board	a	Identify 1-2 key elder Tribal members for recommendations to Advisory Council and/or Governing board membership.	KLCCOA Advisory Council and KLCCOA Governing Board	7/2025	6/2026	
2. Meet with Tribal Community Services Manager quarterly to coordinate and increase Respite Care and HDM services by 5% per year.	a	Inform the Community Services manager at the Tribal offices, that we can serve Tribal elders Respite and HDM services in a timely manner.	KLCCOA Director	7/2025	6/2026	
	b	Work with the managers on how we can provide services in a culturally and linguistically responsive manner.	KLCCOA Director	7/2025	6/2026	
3. Increase number of tribal members for congregate sites by 5% per year.	a	Attend 2 congregate meals at the Tribal Community Center to give information on how to access our services.	KLCCOA Director and/or Advisory Council members	7/2025	6/2026	

4. Increase services to the Cow Creek Band of Umpqua Tribal members by 5%.	a	Coordinate with Cow Creek Band of Umpqua Tribe to identify tribal members living in our county	KLCCOA Director	7/2025	6/2026	
	b	Identify the needs of the outlying members and coordinate with the Cow Creek Band of Umpqua Tribe on how to offer services	KLCCOA Case Managers	7/2025	6/2026	

7. Other Focus Areas

SUCCESSFULLY BUILDING HEALTHLY AND AGING FRIENDLY COMMUNITIES

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

In continuing to partner with the Healthy Klamath Initiative and the Klamath and Lake Older Adult Mental Health Initiative, our community partners are committed to improving all aspects of our older adults (physical, mental, economic and social) in our communities.

Lake County Community Health Initiative identified the need for awareness of obesity/chronic diseases and its effects on Mental and Physical health. Their goal is to Increase the opportunities for community education and participation in programs discussing healthy lifestyle changes and education on managing chronic conditions.

Focus Area - **SUCCESSFULLY BUILDING HEALTHY AND AGING FRIENDLY COMMUNTIES**
Goal: Healthy aging friendly communities that are prepared to meet the needs and aspirations of older adults and individuals living with a disability.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Continue to be a driving force for older adults by attending four Healthy Klamath quarterly meetings community meetings per year.	a	Attend four Healthy Klamath coalition meetings per year to educate and inform community partners on older adult issues	KLCCOA Director	7/2025	6/2026	
2. Continue to support Lake County in increasing the opportunities for community education and participation in programs discussing healthy lifestyle changes and education on managing chronic conditions by attending 10-12 Older Adult monthly meetings in Lakeview.	a.	Support Lake County Senior Center with resources as needed.	KLCCOA Director	7/2025	6/2029	
	b	Attend monthly Older Adult Mental Health meetings provided by GOBI.	KLCCOA Director	7/2025	6/2026	

Service Equity and Person-Directed Services

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

Hispanic Outreach

There are 572 Hispanic older adults aged 60 and older in Klamath and Lake Counties and 127 who are 60 and older living in poverty[7]. Many speak limited or no English. Health disparities and inequities continue to exist for minority populations, such as access barrier to medical care, social programs, and a lack of culturally responsive services. KLCCOA employs a Spanish speaking Case Manager that helps us serve this population in a culturally appropriate way. Brochures of KLCCOA services are routinely left in Malin at the congregate meal site and in Merrill at the Community Center and library.

We currently have a contract with the newly formed Hispanic radio station called La Patrona. We have 62 spots per month aired on the radio. Along with an article published every month on their website and one banner is also published monthly with our information.

LGBTQ Outreach and Opportunities

LGBTQ support groups in the Klamath Falls area are sparse, but acceptancy is slowly growing.

This last year The Health Equity Committee sponsored a 2nd Annual Health Equity Summit. It was very well attended. The Summit was a day of collaborative learning and dialogue on how to create a more inclusive and equitable community.

In the 2025 KLCCOA needs assessment, 2 older adults out of 82 identified as LGBTQ.

[7] AAA PSA Project Map

Focus Area – **SERVICE EQUITY AND UNDERSERVED POPULATIONS**
Goal 1: Increase Community Awareness on LGBTQ needs

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Conduct one (1) educational training with partner agencies per year	a	Partner with LGBTQ groups for trainings opportunities	KLCCOA Director	7/2025	6/2026	
2. Workforce development for staff to be able to communicate and address cultural diversity.	a	Conduct at least one (1) training annually on cultural diversity	KLCCOA Director	7/2025	6/2026	

Goal 2: Build upon relationships with Hispanic groups and organizations not adequately being served.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Develop regular lines of communication with at least one (1)- partner agencies who have large Hispanic client base.	a	Contact Hispanic Advisory Council for appropriate contacts	KLCCOA Director	7/2025	6/2026	
	b	Continue printing all KLCCOA brochures in Spanish and English	Hispanic Case-Manager	7/2025	6/2026	

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

Administration of Oregon Project Independence (OPI) and OPI-M:

A. OPI Services

OPI is a program providing services such as in-home care, personal care, HDM, outreach, and case management to Oregonians age 60+, who do not receive Medicaid services. These services are intended to support consumer independence and allow them to remain in their home as long as they wish.

The maximum units of in-home service per eligible individual will be up to, and not more than, twenty-five (25) hours per month of contract service, both Home Care and Personal Care, within KLCCOA budget limitations. This does not mean that every eligible individual will be authorized the maximum units of service. These services can be through an in-home care agency, or a consumer employed provider (CEP).

Home delivered meals (HDM) are made by the local senior centers in Klamath and Lake Counties. The meals are then delivered to the eligible recipients by volunteers. The eligible recipients receive the number of meals allowed per the program guidelines. They receive hot, cold, and frozen meals to consume daily.

B. Cost of Services

All individuals receiving OPI services will either have a one-time fee of $25.00, reduced fee, or no fee based on a sliding scale. The sliding scale is based on the amount of household income after deductions for medical expenses.

OPI consumers receiving care through an agency do not receive a bill from the agency. Instead, the agency bills KLCCOA monthly for $33.00 per hour, per client. The consumers deemed able to fund part of their service needs are then sent an invoice for the agreed upon percentage owed.

OPI consumers receiving HDM are counted and charged to KLCCOA at the rate of $5.50 per meal.

C. Time Frames

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

Priority 1:

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

Priority 2:

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

Priority 3:

- Professional development training through CSSU.

D. INITIAL AND ONGOING PERIODIC SCREENING

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

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

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

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

E. ELIGIBILITY

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

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

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

F. SERVICE PROVISION

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

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

II. Individuals, who will immediately be placed in an institution if needed authorized services are not provided and meet the Long-Term Care Services Priority Rules, OAR chapter 411, division 015.

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

G. Wait List Priority and Ongoing Cases

Eligible individuals for which there is no funding available are placed on a waiting list. To determine each individual's priority on the waiting list, the OPI Case Manager determines a score using the OPI Wait List Tool (287j) (RTZ system). The minimum information needed for the wait list is the client's full name, address, phone number and at least the last 4 digits of the person's SSN (when individuals are willing). Individuals are placed on the list with those having the most needs as having first or High priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-serve basis.
The wait list is currently at 53 and is prioritized for consumers with the greatest social need and in accordance with the State of Oregon Risk Assessment Tool (ODHS 2549). High Risk: No. 11-18 receive home and personal care and option counseling; Medium Risk: No. 8-10 are put on the waiting list for home and personal care; Low Risk: No 7 and below do not receive services.

The new OPI-M program has changed the way OPI has previously been allocated. The new program requires collaborating with Aging and People with Disabilities (APD). APD will conduct the eligibility assessment for consumers and KLCCOA will be maintaining case management. APD is currently working on the OPI (classic) wait list KLCCOA has been maintaining as the first possible recipients of the new OPI-M program. The Case Manager Supervisor periodically monitors for compliance:

Maintain a wait list, complete a wait list tool, narrating outcome in OR Access. An intake/assessment will be scheduled within 5-7 days of becoming an approved waitlist client. Reviews are conducted regularly as well as completed annually, or as needed.

Individuals who will immediately be placed in an institution if authorized services are not provided and meet the Long-Term Care Services Priority Rules, OAR chapter 411, division 015.

H. Denial, Reduction or Termination of Services

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

- Representation: The eligible individual may be represented at any stage in the appeal process by a representative of the client's choosing, including legal counsel. All costs shall be the client's costs.
    - Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason and mailed promptly to the appealing client or representative.
- Time Limits: Appeal shall be processed within 10 days of receipt of complaint.

- All notices to deny, reduce or terminate OPI Service shall be sent 10 working days prior to denial, reductions, or termination.
- Upon the receipt of a written notice of appeal, KLCCOA shall schedule an appeal review meeting within 10 days of the receipt of the approval.
- Within 5 days of receipt of the decision, the client or representative may contact the KLCCOA Executive Director to request a review of the decision. The client or representative who wishes to request and wishes to request an administrative review hearing with DHS may do so following the conclusion of KLCCOA's appeal review process.
- Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:

Denial of Service: When a KLCCOA OPI Case Manager determines that an applicant for OPI service will not be provided the requested service, the Case Manager shall provide to the applicant, by mail, a written notice within 10 days of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant's appeal rights, including the deadline for submitting an appeal.

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

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

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

Upon the receipt of a written notice of appeal, KLCCOA shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of receipt of the appeal.

The eligible individual and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting.

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

I. Grievances and Complaints

If a complaint is not resolved by the KLCCOA procedure they are referred to the state grievance policy to file a formal grievance.

State Process:

Be informed at the start of services and annually thereafter of the rights guaranteed by this rule, the contact information of the protection and advocacy system described in ORS 192.571(1), and the procedures for filing complaints, reviews, hearings, or appeals if services have been or are proposed to be terminated, suspended, reduced, or denied; Notification that if the individual or the representative of the individual disagrees with the determination to deny, reduce, suspend, or terminate a service, the individual has the right to request a hearing, or representative of the individual has the right to request a hearing on the behalf of the individual, as provided in ORS chapter 183 and OAR 411-318-0025.

- Grievances must be completed in writing and signed. If the person cannot or will not submit a written grievance, but still want follow-up, HDM staff shall verbally accept the grievance and prepare a written grievance form for the person's signature.
- Grievances should be submitted as soon as possible after the occurrence, but no later than 30 days after the date of occurrence.
- All written grievances against the HDM program, service, or staff member shall be reviewed and investigated by appropriate program management. The complaint will receive written notification of the results of the investigation of his/her grievance.
- Grievances will normally be responded to within 15 working days of receipt of the grievance, unless otherwise notified.
- The individual has the right to confidentiality. Only information relevant to the grievance itself will be released to appropriate personnel without consent.
- The complainant may appeal to the HDM program director if dissatisfied with the results of the investigation of the grievance.
- If satisfaction is not achieved, the complainant may appeal to the HDM Board of Directors.
- Grievances will be kept on file for five years.

J. Fees for Services

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

K. Non-Payment of Fees

Each month the Fiscal Manager sends OPI Case Managers copies of outstanding invoices that have been sent to the clients. The Case Managers review the invoices to check on each client's payment status. In addition, the Fiscal Manager contacts the Case Manager when they notice that a client is 60 days past due. The Case Managers are responsible for contacting clients who are more than sixty days in arrears in payment of fees. If payment is not received, the Case Manager will review the case with the Executive Director to determine what action may be needed. Exceptions to the repayment of fees will only be made in extreme situations, such as when it would become a financial hardship for the consumer. The Federal Poverty Level is used to help determine a financial hardship. When it is determined that fees are to be written off, the Case Manager notifies the Fiscal Manager in writing and the balance due is zeroed out.

L. Monitoring and Evaluations

For the home care workers employed through contracted agencies, we make sure the hours submitted for payment are within the 25 hours allowed. Statements from the agencies have all this information on the billing. The contracted agencies evaluate their own home care workers.

For self-employed home care workers, vouchers are submitted electronically through the state approved website, PTCoregon.gov, where the case managers verify dates and times when necessary. Case managers evaluate the home care workers by contacting the consumers for input.

M. Conflict of Interest

If the case managers find that there is a conflict of interest with a consumer they will bring it to the attention of the Executive Director for review. If it is determined if there is in fact a conflict, a different case manager will be assigned to the said consumer.

If a KLCCOA employee has requested services for a qualifying family member or acquaintance they will be removed and/or remove themselves completely from the decision process. Please refer to Appendix G.

OPI-M

As of March 1, 2025, the OPI-M program went public.

An Eligibility Case Manager (ECM) from the APD office does the screening of all clients wanting the OPI-M program and APD completes the eligibility and assessment for all state programs. Once a client is approved for the OPI-M program their case is directed to KLCCOA for case management.

APD manages the OPI-M clients that are full Medicaid cases (meaning they have Medicaid medical coverage).

Klamath County currently has thirty clients who have qualified for and started in the OPI-M program with eight are in Lake County. We now have six standard OPI clients.

The OPI-M program is changing constantly until a process is created that will work for all agencies involved with approvals and case management.

Attachment C

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):
Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#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):
Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701 -For Profit
Klamath Basin Senior Center (Volunteer Services), 2045 Arthur St, PO Box JE, Klamath Falls, OR 97603

☐ **#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):
Klamath Basin Senior Center, 2045 Arthur St , PO Box JE, Klamath Falls, OR 97603; Lake County Senior Center, 11 N G St, Lakeview, OR 97630; The Klamath Tribes, PO Box 436, Chiloquin OR 97624
For Profit: Dairy Café, 21121 Bonanza, OR 97623; Whoa Tavern, PO Box 1097, Keno, OR; Tacqueria Jalisciense #2, 2009 Broadway, Malin OR 97632; The Bread Wagon, 61435 Hwy 140 East, Bly OR 97622

☐ #**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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ #**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):
Klamath Basin Senior Center, 2045 Arthur St, PO Box JE, Klamath Falls, OR 97603. Klamath Tribal Health, 3949 S 6th, Klamath Falls, OR 97603; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☐ #**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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#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):
DaBella, 4041 Crater Lake Ave., Ste G, Medford, OR 97504; Linkville Roofing, PO Box 1193, Klamath Falls, OR 97601; Central Oregon Bio Solutions, 740 NE 3rd St, Ste 3#348, Bend, OR 97701; Access Conversions, 2795 Anderson Ave #22, Klamath Falls, OR 97603; Ed Staub & Stons, 1301 Esplanade Ave, Klamath Falls, OR 97601; Pacific Power, Klamath Falls, OR - ALL FOR PROFIT

☒ **#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):
Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701- For Profit

☒ **#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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☐ #**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):
Legal Aide Services of Oregon, Klamath Regional Office; 832 Klamath Ave. Klamath Falls, OR 97601

☒ **#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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603

☒ **#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):
Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ #**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):
FYIPC, LLC 6509 Scottsbluff Rd. Klamath Falls, OR 97601 - FOR PROFIT

☐ **#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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#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):
Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701- For Profit

☒ **#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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ **#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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☒ #**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):
Klamath Basin Senior Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ #**90-1 Volunteer Services (In-Home)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

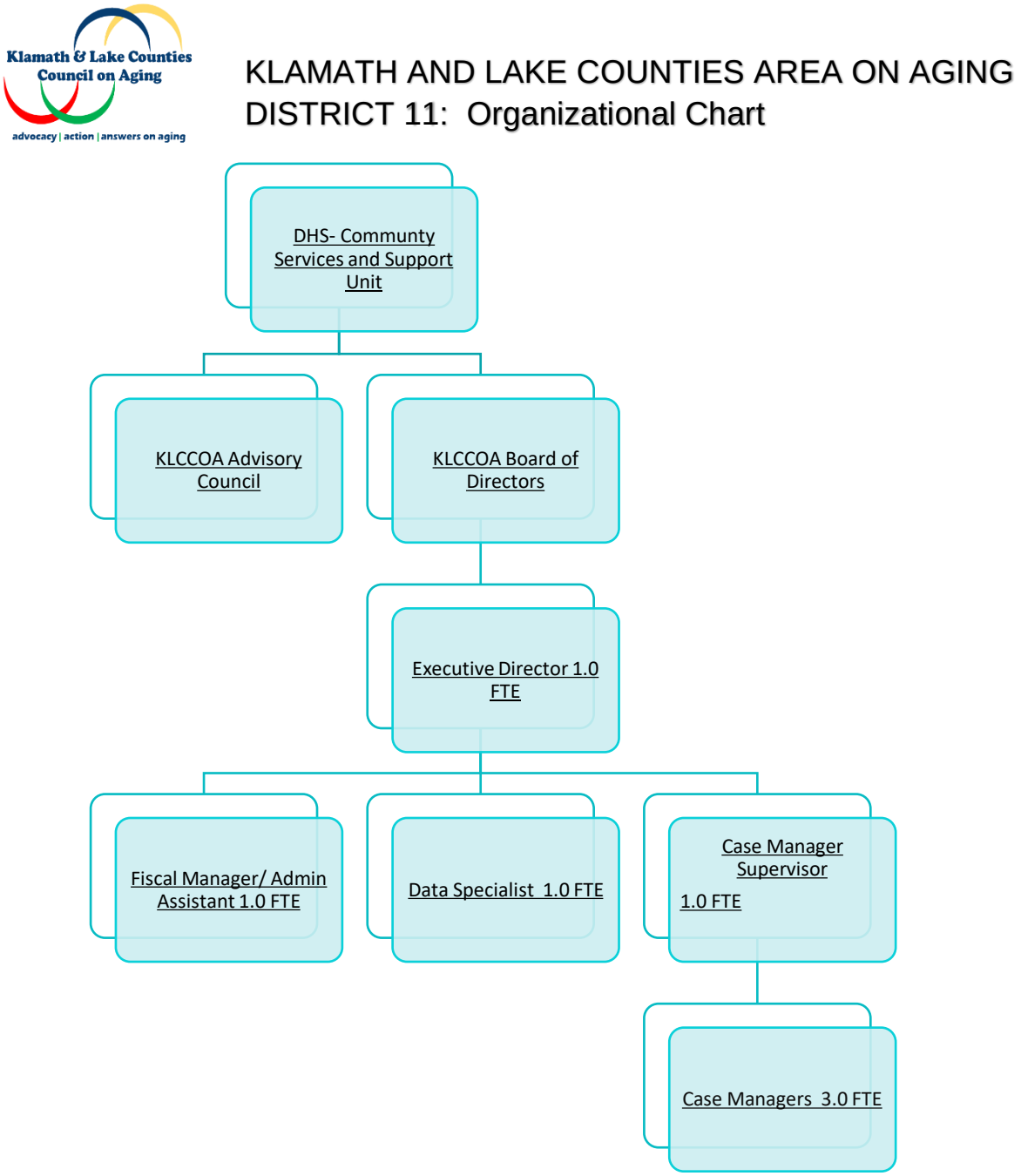
Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

SECTION E – AREA PLAN BUDGET

Attached in an Excel Workbook

APPENDICES

Appendix A – Organizational Chart



Appendix B – Advisory Council (s) and Governing Board

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

Each council member will hold a three-year term.

KLCCOA Advisory Council Members

NAME & AREA OF RESIDENCE	REPRESENTING	TERM EXPIRATION
• Patty Card/President Klamath Falls	Klamath & Lake Counties Klamath Basin Behavior Health	06/30/2025
• Chris George Klamath Falls	Klamath County	06/30/2025
• Katherine Silver	Klamath County	06/30/2025
• Vacant	Lake County	06/30/2023
• Gloria Pena Klamath Falls	Klamath County DHS/APD	06/30/2025
• Vacant	Lake County	06/30/2025
• Tracee Tubbe Klamath Falls	Klamath County	06/30/2025

Total Number age 60 or older = 2 Total number minority = 1
Total Number rural =0 Total number with a disability = 1

The Governing Board, also known as the Board of Directors, is made up of residents in Klamath and Lake Counties in Oregon. Their duties are to manage the affairs of the Corporation with and through the Executive Director. The Board holds the fiduciary and legal obligations and upholds the Bylaws of the Corporation. They also develop and enact resolutions and policies that further govern the way the Corporation will do business.

Each Governing Board member will hold a 36-month, or three-year term. Terms shall be staggered. The full term begins on July 1st and runs through June 30th of the 36th month.
KLCCOA Governing Board Members

NAME & AREA OF RESIDENCE	REPRESENTING	TERM EXPIRATION
• Ron Moe – President: Klamath Falls	Klamath County	06/30/2027
• Vacant – Treasurer		06/30/2026
• Karen Morgan	Lake County	06/30/2025
• John Effingham – Vice President	Lake County	06/30/2025
• Vacant	Klamath County	06/30/2026
• Scott Allen Klamath Falls	Klamath County	06/30/2026
• Ernie Palmer Klamath Falls	Klamath County	06/30/2027
• Vacant	Lake County	06/30/2027
• Vacant	Klamath County	06/30/2025

Total Number age 60 or older = 5 Total number minority = 0
Total Number rural = 2 Total number with a disability = 0

Appendix C – Public Process

The Community Needs Assessment process included hardcopy paper surveys, email and social media. Surveys were mailed to all the rural nutrition sites that are still currently open in Lake and Klamath Counties. Both senior centers distributed the survey over a 1-month period including sending them out with the home delivered meals.

Places surveys were distributed in March 2025 at:

Lake County

- Lakeview Center
- Klamath/Lake DHS/APD

Klamath County

- Klamath Basin Senior Center
- Klamath/Lake DHS/APD

The Advisory Council was involved in getting out the survey by putting it on-line electronically and getting the results interpreted for the area plan.

A legal ad was put in the newspapers to invite public input starting on March 18, 2025. Notices were published in the Herald and News, Lakeview Examiner, posted at the senior centers, and put on social media to contact the KLCCOA to review and comment on the completed Area Plan. Copies of the plan were made available by email or regular mail. There were no inquiries from the public prior to the monthly Advisory Council meeting.

KLAMATH AND LAKE COUNTIES
2025-2029 AREA PLAN
Public Input Invited

A copy of the 2025-2029 Area Plan for Klamath and Lake Counties has been developed for older adults 60 years and older or persons with a disability. The Area Plan was developed by the Klamath and Lake Counties Council on Aging. The plan includes the priorities for funding, target populations, services to be provided, focus areas with goals and objectives, proposed budget and list of services and method of delivery. The public is invited to review the plan and give comments at the next Klamath and Lake Counties Council on Aging Advisory Board meeting virtually via ZOOM on March 18, 2025 from 1:30 to 2:30 p.m. To receive an emailed copy of the plan, and the ZOOM invite to the meeting, please call the Klamath and Lake Counties Council on Aging at 541-205-5400.

Appendix D – Final Updates on Accomplishments from 2021-2025 Area Plan

The following is a brief summary of accomplishments related to Focal Areas in the 2021-25 Area Plan.

SUCCESSFULLY BUILDING AGING FRIENDLY COMMUNITIES

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

FAMILY CAREGIVERS

The primary goal was for Family Caregivers Programs was to expand to targeted groups of limited English and ethnic caregivers including Native Americans. Partnering with the Klamath Tribes outreach managers, we have been able provide more funds for the family caregiver program.

INFORMATION AND ASSISTANCE: ADRC

Information and assistance were provided in older adult group settings for both counties by a KLCCOA Case Manager.

The main goal of the ADRC was to get up and operational for outreach to underserved populations. Staff have been trained, and the calls are now coming into the KLCCOA office. Marketing and outreach using the CSSU materials and have been used and distributed county wide. The ADRC is now done by one person that is dedicated to it. More accurate information is now being inserted into the ADRC.

ELDER RIGHTS AND LEGAL ASSISTANCE

KLCCOA attended the 2025 Klamath Tribes Elder Fair and distributed brochures and informational cards.

Legal assistance is through our local Legal- Aid office. The information is now directly sent to their State Office, and we only see the numbers served through billing from the Legal Aid office.

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

We submitted articles in the local newspaper and on our Facebook and on our Web page.

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

In 2024 Klamath & Lake Counties staff attended the Klamath County Health Equity Summit supported by Healthy Klamath, Cascade Health Alliance and the Klamath County Public Health.

The Summit included speakers for

- People experiencing homelessness in rural areas: Street Health Approach
- Walk with Ease: creating Accessible, equitable and engaging physical activity opportunities for all Oregonians.
- LGBTQIA2S+Older Adults, Understanding and Responding to their challenges

KLCCOA continues to support the local Radio Station that started Spanish speaking spots. It is the only Spanish speaking station in our area. One Hispanic staff for KLLCOA has radio spots to promote our programs. There is a website LaVozdeKlamath.com The station promotes health information and resources, event listing community articles, local business listing and deals, recipes, photos and videos.

Appendix F – Emergency Preparedness Plan

KLCCOA primary responsibility is to review and identify gaps in the current system, and work to mitigate and find solutions in coordination with emergency support for our contracted agencies, emergency services, and any supportive agencies that could help service needs for our older adults, Klamath Tribal members, and people with disabilities.

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

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

Chain of Command

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

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

The KLCCOA Executive Director has been designated as the Incident Commander on-site at the 404 Main St office space 6. Part of the duties the Incident Commander shall perform:

- Ensure an accurate accounting of KLCCOA staff
- Activate a Response Team
- Determine the activities of the Response Team
- Assign duties
- Ensure constant communication with the Response Team
- Plan for next phase of the response

Communication Plan

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

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

Continuity of Operations Plan and Local Partner Coordinator

KLCCOA is aware of the Klamath County Emergency Operations Plan 2020 that is available at the site: KLAMATH-EOP-2020 (klamathcounty.org) and of the Lake County Emergency Services Lake County Emergency Services - Lakeview, OR (Address, Phone, Fax, and Hours) (countyoffice.org) The plans contain thorough information and assessment of potential local hazards, including natural disasters such as earthquakes, flooding, and forest fires and other non-natural events such as has hazardous materials incidents. All of these incidents could impact KLCCOA clients. KLCCOA maintains a printed and on-line list of names and addresses of the highest risk and vulnerable clients that receive in-home long-term care services based on their care plan. The list is updated twice a year for provision to local emergency management agencies in the event of an emergency. The Klamath County Emergency Management Department is aware that we keep a list of our vulnerable consumers both in print and electronically. KLCCOA would coordinate with the Klamath and Lake counties' senior centers to continue nutrition services only if there is power. Otherwise, the Fairgrounds would be the central point for people in need of food or shelter. The American Red Cross coordinates food and shelter needs. The plan is revised as needed to ensure we meet the needs of our consumers. Both senior centers are required, by KLCCOA contracts to have disaster plans to help meet the needs of older adults with emergency situations.

KLCCOA congregate meal sites will most likely close if found to be unsafe for participants to attend. Home delivered meals will be provided for clients if possible. The KLCCOA The current contracts with the senior centers detail coordination of activities with local and state agencies, relief organizations and any other entities responsible for disaster relief service delivery, in both response and recovery phases. The contracts also state that each center has a plan to ensure meals are delivered and consumers will receive meals during emergencies, weather related conditions, and natural disasters. Plans include shelf-stable or frozen meals are to be kept for emergencies and are delivered early to clients that will be hard to reach in bad weather.

KLCCOA will continue to work with the Klamath County Emergency Management Team to maintain continuity of care for all clients.

KLCCOA clients will receive disaster assistance provided by local entities as coordinated by state, local, and volunteer services.

If unable to work out of the office, services will be maintained, if possible, by electronic means from staff working from home.

Appendix G - Conflict of Interest Policy**1. Purpose**

Klamath and Lake Counties Council on Aging (KLCCOA)

Conflict of Interest Policy

The purpose of this Conflict-of-Interest Policy is to protect the integrity and transparency of the Klamath and Lake Counties Council on Aging (KLCCOA) in its role as a public service provider and administrator of federal, state, and local resources. This policy ensures that KLCCOA's decisions and operations are made impartially, free from any undue influence or personal gain by staff, Board members, or affiliated individuals in connection with contracted agencies or service providers.

2. Scope

This policy applies to all KLCCOA employees, Board of Directors members, Advisory Council members, and any other persons involved in the planning, procurement, administration, and oversight of contracts, programs, or services on behalf of KLCCOA.

3. Definitions

- Conflict of Interest: A situation in which a personal, professional, or financial relationship may compromise, or appear to compromise, the individual's objectivity or ability to act in the best interests of KLCCOA.
- Contracted Agency: Any organization, company, or individual that has a formal agreement with KLCCOA to provide services or receive funding.
- Immediate Family Member: A spouse, domestic partner, parent, sibling, child, or other individual residing in the same household.

4. Policy Statements

4.1 Duty to Disclose

All individuals subject to this policy must disclose any actual or potential conflicts of interest. This includes:

- Employment, contracts, or compensation from a contracted agency.
- Ownership or investment interest in a current or potential KLCCOA contractor.
- Family relationships with individuals employed by or managing a contracted agency.
- Receipt of gifts, gratuities, or favors from contractors.

Disclosures must be made in writing to the Executive Director and documented in meeting records where applicable.

4.2 Recusal from Involvement

Individuals with a conflict of interest must not:

- Participate in the evaluation, negotiation, or approval of contracts involving the related agency.

- Vote on any matter that may benefit the contractor with whom the conflict exists.

4.3 Prohibited Activities

KLCCOA staff may not:

- Accept employment or compensation from any contracted agency during their employment with KLCCOA without prior written approval from the Executive Director and the Governing Board.
- Use KLCCOA's confidential or proprietary information for personal or financial gain.
- Influence any procurement or program decisions for the benefit of a related party or organization.

5. Staff and Client Relationship Policy

KLCCOA is committed to maintaining professional boundaries and ethical conduct in all interactions between staff and clients. This policy outlines expectations to prevent conflicts of interest and protect both clients and staff.

- Staff must not engage in personal, romantic, or financial relationships with clients that could impair professional judgment or create a perception of bias or favoritism.
- Staff are prohibited from accepting gifts, money, or personal favors from clients, their families, or caregivers. Exceptions for nominal gifts (e.g., handmade items, cards) may be approved by a supervisor.
- Staff must not use their position to influence clients for personal gain or to promote non-KLCCOA services or businesses.
- Staff shall maintain client confidentiality and shall not use personal information for any non-official purpose.
- Any actual or perceived conflict of interest must be reported immediately to the supervisor or Executive Director.
- Violations of this policy may result in disciplinary action, up to and including termination of employment.

6. Annual Disclosure and Monitoring

- All individuals subject to this policy must complete and submit a Conflict of Interest Disclosure Form annually and update it as needed.
- The Executive Director is responsible for maintaining disclosures and monitoring potential conflicts.
- Any identified conflict must be reviewed by the Executive Director and, when appropriate, the Governing Board to determine appropriate action or mitigation.

7. Consequences of Violation

Failure to comply with this policy, including failure to disclose a known conflict of interest, may result in:

– Disciplinary action up to and including termination of employment or removal from the Board or Advisory Council.

– Termination of contracts or agreements found to be the result of undisclosed conflicts.

– Legal or administrative action as required under applicable laws and regulations.

8. Policy Review

This policy shall be reviewed by the Governing Board at least every three years or more frequently as necessary to ensure compliance with legal and regulatory changes.

Klamath & Lake Counties Council on Aging

CONFLICT OF INTEREST STATEMENT

I, the undersigned, acknowledge that I have received, read, and understand the KLCCOA Conflict of Interest Policy. I agree to comply fully with its terms and conditions and to act in the best interests of KLCCOA at all times.

I affirm the following:

1. I have disclosed any relationships, positions, or circumstances that may create an actual, potential, or perceived conflict of interest with KLCCOA.

2. I agree to disclose any such conflicts that may arise during my involvement with KLCCOA as soon as they become known.

3. I will not participate in any decision-making process related to any matter in which I have a conflict of interest, including procurement, contracting, hiring, or service delivery.

4. I understand that failure to disclose a conflict of interest or to comply with this policy may result in disciplinary action, including removal from my position, termination of employment, or legal action as appropriate.

Disclosures (if any):

☐ I have no conflicts of interest to disclose.

☐ I have the following potential or actual conflicts of interest to disclose (attach additional pages if necessary):

_____

_____

Acknowledgement:

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____

Printed Name: _____

Position/Title: _____

Date: _____

Appendix H –Partner Memorandum of Understanding

Memorandum of Understanding
Between
Oregon Department of Human Services
Aging and People with Disabilities
And
Klamath & Lake Counties Council on Aging
July 1, 2025, through June 30, 2029

Purpose

Klamath and Lake Counties Council on Aging, hereafter called KLCCOA and the Oregon Department of Human Services, Aging & People with Disabilities, hereinafter called APD, agree that adults with chronic illnesses, who may be served by the Oregon Medicaid program should:

- Have access to an unbiased assessment of their needs,
- Be informed of available service options to meet their needs,
- Have maximum choice with regard to methods of service delivery and direction of service providers,
- Have maximum choice with regards to methods of service delivery and direction of service providers,
- Have access to high quality services, and
- Be served in the most effective manner in the least restrictive setting possible.

Scope of Agreement

APD agrees to:

- Provide training to KLCCOA staff regarding services eligibility criteria established and/or administered by APD on an on-going basis when applicable.
- Refer individuals to KLCCOA for case management, and/or service delivery as deemed mutually appropriate by APD and KLCCOA staff, with the consent of the client.
- To provide a knowledgeable representative who will attend the KLCCOA monthly Advisory Council meetings to update of the current APD operations and policies.
- Work with KLCCOA Case managers to give direction on who to contact regarding process in a timely manner medical and financial eligibility determinations for Medicaid services for adults.

- Consults with KLCCOA staff and administration to address systems quality and effectiveness.
- Conduct services eligibility assessment and refer to financial eligibility, Oregon Eligibility Partnership (OEP in days of receiving information necessary for state services application.

- **KLCCOA agrees to:**
  - Provide training to APD staff regarding our services and criteria established and/or administered by KLCCOA on an on-going basis.
  - Accept referrals of adult individually made by APD and consult with APD staff and administration to address system(s) quality and effectiveness.

Both agencies agree to keep confidentiality in accordance to program requirements. This memorandum of understanding may be modified at any time upon the written agreement of the principals. The memorandum of understanding shall be considered in force unless terminated by either of the principles giving duty (30) days written notice and specifying the date thereof.

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

Gloria Peña 3/7/2025

Gloria Pena, DHD/APD District Manager Date

Kim Estes 3/7/2025

Kim Estes, KLCCOA Executive Director Date

Appendix I– Statement of Assurances and Verification of Intent

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

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

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.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan…
Each such plan shall comply with all of the following requirements:

(11) The [State] plan shall provide that with respect to legal assistance —
(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

(12) The [State] plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

(16) The [State] plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older individuals with 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);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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 **KLCCOA** shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

3-31-2025 — Kim Estes
Date — Director, Kim Estes

3-20-2025 — Patty Card
Date — Advisory Council Chair

3-31-2025 — Kim Estes
Date — Legal Contractor Authority

Executive Director KLCCOA
Title

Appendix J– Nutrition Approval – Request to Provide Reduced Meals

Request to provide reduced meals

CSSU use only	Approved		Y		N	Date:	CSSU Initials:

Date: 4/14/2025	AAA: KLCCOA
Contact Name: Kim Estes	Tel: 541 205-5400
Email: kim.estes@klccoa.org	Contract # 181177

Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the CSSU at SUA.Email@odhsoha.oregon.gov and reference "Nutrition Approval" in the subject line.)

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

Congregate Nutrition Services OAA Section 331(1): "Five or more days a week, provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide."

Home-Delivered Nutrition Services OAA Section 336(1): "Five or more days a
week, provide at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide."

In the rationale section, please describe the availability of resources and the community's need for nutrition services. Also describe if the AAA is providing meals in rural area where such frequency may not be feasible.

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

County: **Klamath**
Average number of older adults currently being served - congregate: **25**
homedelivered: **N/A**
Proposed days and location(s) for meals to be provided: **Beatty - 2 days per week.**
Please provide rationale for request: **Small population and unable to sustain more days.**

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County: **Klamath**
Average number of older adults currently being served - congregate: **71**
homedelivered: **0**
Proposed days and location(s) for meals to be provided: **Bly - 1 day per week**
Please provide rationale for request: **Small population and weather conditions cause inability to sustain more days.**

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County: **Klamath**
Average number of older adults currently being served - congregate: **41**
homedelivered: **0**
Proposed days and location(s) for meals to be provided: **Bonanza - 1 day per week.**
Please provide rationale for request: **Small population and unable to sustain more days.**

_____

County: **Klamath**
Average number of older adults currently being served - congregate: **40**
homedelivered: **0**
Proposed days and location(s) for meals to be provided: **Chiloquin - 3 days per week**
Please provide rationale for request: **Small population and unable to sustain more days.**

County: **Klamath**

Average number of older adults currently being served - congregate: **35**
home-delivered: **N/A**
Proposed days and location(s) for meals to be provided: **Keno -1 day per week.**
Please provide rationale for request: **Small population and unable to sustain more days.**

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

County: **Lake**
Average number of older adults currently being served - congregate: **65**
home-delivered: **20**
Proposed days and location(s) for meals to be provided: **Lake County Senior Center - 3 days per week.**
Please provide rationale for request: **Small population and unable to sustain more days.**

County: **Lake**
Average number of older adults currently being served - congregate: **35**
home-delivered: **N/A**
Proposed days and location(s) for meals to be provided: **Fort Rock -1 day per week.**
Please provide rationale for request: **Small population and unable to sustain more days.**