



800 N Bayshore Dr, Coos Bay OR 97420



# Area Agency on Aging

Area Plan 2025-2029

Coos and Curry Counties

# **SOUTH COAST BUSINESS**

## **2025-2029 AREA PLAN**

### **TABLE OF CONTENTS**

SECTION A – AREA AGENCY PLANNING AND PRIORITIES .....	4
A – 1 Introduction.....	4
A – 2 Mission, Vision, Values.....	6
A – 3 Planning and Review Process .....	7
A – 4 Prioritization of Discretionary Funding .....	8
SECTION B – PLANNING AND SERVICE AREA PROFILE.....	11
B – 1 Population Profile .....	11
B – 2 Target Populations.....	14
B – 3 AAA Services, Administration and Service Providers.....	15
B – 4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA .....	21
SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES .....	23
C – 1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas.....	23
1. Information and Referral Services and Aging and Disability Resource Connection (ADRC) .....	23
2. Nutrition Services.....	28
3. Health Promotion .....	33
4. Family and Unpaid Caregiver Support .....	37
5. Legal Assistance and Elder Rights Protection Activities.....	42
6. Older Native Americans .....	46
SECTION D – OPI SERVICES AND METHOD OF SERVICE DELIVERY	50
Administration of Oregon Project Independence (OPI) .....	50
SECTION E – AREA PLAN BUDGET .....	71
APPENDICES.....	72
Appendix A Organizational Chart.....	72

Appendix B Advisory Council(s) and Governing Body..... 74  
Appendix C Public Process..... 76  
Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan 78  
Appendix F Emergency Preparedness Plan..... 80  
Appendix G Partner Memorandums of Understanding..... 89  
Appendix H Statement of Assurances and Verification of Intent ..... 91

## SECTION A – AREA AGENCY PLANNING AND PRIORITIES

### A – 1 Introduction:

South Coast Business (SCB) is a private, non-profit corporation serving the people and businesses of the Southern Oregon Coast since 1982. Its purpose is to develop and provide various programs and services which target older, vulnerable, rural, at risk, low-income and disabled individuals. With a ten (10) member governing Board of Directors made up of two (2) elected officials and eight (8) representatives from the private sector.

Among other varied programs SCB is also a designated Area Agency on Aging (AAA) for Coos and Curry Counties. **Area Agency on Aging (AAA)** is a designated entity with which the Department of Human Services (DHS) Aging & People with Disabilities (APD) contracts to provide social services to older adults and people with disabilities living within designated planning and service areas (PSA). Operational responsibility for senior services rests with the Area Agency on Aging, SCB's board of directors, with direction from the local Senior Advisory Council (SAC). The SAC is composed of volunteer representatives from the public, service providers, consumers of services, local elected officials and representatives by seniors living in both counties.

The AAA is designated as a Type "A" Area Agency on Aging which administers the Older Americans Act (OAA) and Oregon Project Independence programs (OPI) and is responsible for developing a comprehensive and coordinated system of services for older adults and adults with disabilities through in-home and community-based services. Programs are coordinated with discharge planners from hospitals, Department of Human Services (DHS) case managers/screeners, Advanced Health, county mental health agencies, home health agencies, hospice, care facilities, senior and community centers.

Title XIX Medicaid programs, Supplemental Nutrition Assistance Program (SNAP), and other entitlement programs are provided by local offices of the State of Oregon, Aging and People with Disabilities (APD). The AAA and the local APD office staff work together to coordinate the best care and services for seniors in our communities. This could include Title XIX clients receiving meals, medical clients being referred to OPIM services.

Services are provided to rural, vulnerable or at-risk older adults or adults with disabilities. All clients in both counties are considered rural based on the Oregon Office of Rural Health and meets the Administration on Aging's definition of rural.

As an AAA, SCB has developed a comprehensive and coordinated service system to meet the needs of older adults, family caregivers and adults with physical disabilities in both Coos and Curry counties. The goal of this comprehensive 4-year Area Plan is to coordinate and deliver services as stipulated by the Older Americans Act (OAA), thus assisting older adults to live independently in a safe environment and to prevent unnecessary or premature placement in a nursing facility or long-term care facility.

The head office for the AAA is in Coos Bay (800 N Bayshore Dr. Coos Bay OR 97420) with a satellite office in Brookings, Pelican's Perch (1216 Moore St, Brookings OR 97415). Staff and/or volunteers are available at all focal points to ensure that the individuals can access services and obtain information.

SCB provides toll-free numbers throughout the district to aid in connecting consumers with their services. A variety of brochures are kept at various locations in the communities. All intakes are done by appointment in the client's home. The agency can be contacted by phone 541-269-2013 toll free 1-800-974-4054 or email [mdovenspike@scbec.org](mailto:mdovenspike@scbec.org).

## **A – 2 Mission, Vision, Values:**

South Coast Business mission is:

**“SCB is a leader in social impact by: Providing a skilled workforce to meet employer’s needs; Enriching the quality of life for seniors and people with disabilities; and connecting people to communities through transportation.”**

SCB coordinates, develops, and supports services/resources that promote elderly/disabled clients to keep their independence, dignity, and choice. To provide and advocate a complete and responsive system of services while working with the State of Oregon, Aging and People with Disabilities Office in North Bend, Gold Beach and Brookings, Coos Elderly Services, Advanced Health, Coos Health and Wellness, Bay Area Hospital, Curry Community Health and other community partners. SCB’s Vision is:

**“Thriving people living in vibrant communities.”**

SCB will provide direct services to clients while improving upon the delivery of existing programs, planning and developing innovative programs, educating the public on available programs and advocating for input on needed services in our community. We value the client’s right to make informed choices about their lives and living situations. We empower clients to live full and independent lives to the greatest extent possible. The client’s dignity is of the utmost importance, and we strive to aid them with a sense of pride and allow them to make person-centered choices.

SCB staff will always be positive and professional with all consumers, treating each one with respect in a non-judgmental approach to aid everyone in finding the resources needed to allow them to stay in their home as independently as possible.

## **A – 3 Planning and Review Process:**

The Area Plan is developed every four years by the Area Agency on Aging (AAA) to meet the current needs of the community, with an annual update conducted during each of these four years. This plan outlines the actions and programs the AAA is currently implementing and those it plans to undertake, as well as previous efforts aimed at creating a community that supports older adults and individuals with disabilities. The planning process for the Coos and Curry County 2025-2029 Area Plan follows the framework established in prior plans and updates. It includes a review of existing data and reports, especially recent information regarding the impact of the COVID-19 pandemic on vulnerable populations. Key efforts to gather information and shape the current Area Plan are detailed throughout this document.

The Senior Advisory Council played a vital role in the planning process for the AAA. They provided feedback on current services and identified areas where additional services are needed. The SCB Board of Directors participates in ongoing meetings with all SCB managers. The Senior Services Director, along with the CEO, regularly reports on programmatic and financial updates. Board members review and approve both strategic and operational plans.

To improve our services and fulfill a portion of the Area Plan requirements, SCB invited seniors to participate in a Needs Assessment Survey. The survey was conducted and shared with our local tribal navigator to gather feedback from tribal elders. It included questions on various topics that affect seniors' quality of life. A paper version of the questionnaire was provided, featuring both small and large font sizes and being available in English and Spanish.

In addition to the surveys, public listening meetings were conducted in unincorporated areas. These meetings aimed to ensure that all demographics of consumers were engaged in the process across both counties, allowing us to gather further information on community and senior needs.

The needs along the south coast are significant, primarily due to the rural demographics of the community. Transportation poses a major challenge for many seniors. Some individuals living in remote rural areas have no reliable way to reach town or have very limited transportation options. This lack of reliable transportation makes it difficult for them to shop and attend medical appointments. Food insecurity is also a critical issue for many residents in the community.

Currently, we serve approximately 250 homebound clients, but we have a waitlist of 377 individuals. This high demand stems from the inability of many people to travel independently or shop for themselves. Public transit options are limited within each county, which leaves many residents in areas outside incorporated towns without sufficient transportation.

To address this issue, we have established a medical transportation program that relies entirely on volunteer drivers. However, we face challenges in recruiting enough drivers to maintain a robust program. We consistently emphasize the need for volunteer drivers at events and meetings to attract new volunteers.

#### **A – 4      Prioritization of Discretionary Funding:**

During the planning process, we gathered numerous needs and strategies, resulting in a lengthy list. The volume of input received demonstrated an engaged and concerned community that values its seniors. However, the contributions also highlighted significant worries about increasing needs and diminishing resources for vulnerable seniors in the community. In response to these concerns, the AAA planning facilitator, AAA staff, and SAC members developed key values and principles to guide the prioritization of strategies given limited resources. These priorities apply to

**all** funding, with particular emphasis on discretionary funding when available.

The Older Americans Act (OAA) defines a greatest social and economic need as one of the following: (1) living below the poverty threshold; (2) having physical or mental disabilities that may lead to institutional placement; or (3) experiencing cultural, social, or geographic isolation, including isolation due to language, race, or ethnic status.

Based on the SCB and research conducted for this plan, the priorities for using discretionary funds are outlined below. (Discretionary funds include those that remain after meeting minimum Title III-B expenditure requirements and those raised by the SCB from additional government grants and private or local sources.)

#### Priorities for Discretionary Funds:

##### 1. Addressing Food Insecurity and Improving Nutrition

- Eliminate waiting lists, increase contracted meal reimbursement rates, and raise caps on meal service at impacted sites.
- Explore the feasibility of establishing new meal sites, particularly in rural areas.

##### 2. Exploring Additional Transportation Options

- Develop partnerships to enhance transportation options throughout Coos and Curry Counties.
- Investigate funding opportunities in collaboration with transportation providers to improve low-cost or no-cost, on-demand, door-to-door service, especially in rural locations.

##### 3. Improving Services for BIPOC and LGBTQ+ Older Adults

- Enhance the diversity and cultural competence of staff, council members, and board members.

- Create culturally responsive and language-appropriate services and delivery methods, focusing on individuals with the greatest economic and social need, such as older Native Americans, Asian Americans, and Hispanic Americans, with a higher poverty rate among seniors in the SCB's service area.

- Partner with community-based organizations that serve communities of color and individuals identifying as LGBTQ+.

In prioritizing economic need, SCB directs funds (such as family caregiver respite grants to low-income individuals who do not qualify for other forms of assistance.

**In the event of funding reductions, SCB would choose to distribute funds** within the PSA to address targeted populations by.

- Use demographic data, community assessments, and outreach efforts to pinpoint individuals with the highest social and economic need who require services most urgently.

- Partner with local organizations, hosting informational events, and leveraging technology to connect with target populations.

- Offering tailored programs such as meal assistance, transportation, caregiver support, and wellness initiatives to address specific needs.

- Allocating resources based on assessed needs, program effectiveness, and guidelines to make to maximum impact.

## **SECTION B – PLANNING AND SERVICE AREA PROFILE**

### **B – 1 Population Profile:**

Coos and Curry Counties are both large, rural areas recognized as such by the Oregon Office of Rural Health and the Administration on Aging.

According to data from the U.S. Census Bureau, compiled by Portland State University, their combined service area spans 3,223 square miles. While Coos County is slightly smaller in geographic size than Curry County, it has a significantly larger population. Coos County has approximately 40 residents per square mile, compared to Curry County, which has just 14 residents per square mile.

Coos County has an estimated population of 64,212 according to the 2023 US Census Data. The county covers approximately 1,806 square miles, of which 1,596 square miles is land and 210 square miles (12%) is water.

[https://en.wikipedia.org/wiki/Coos\\_County,\\_Oregon](https://en.wikipedia.org/wiki/Coos_County,_Oregon) - cite note-GR1-6 Its rugged mountainous terrain features hundreds of lakes, rivers, and streams that stretch from the mountains to the Pacific Ocean. There are many unincorporated and isolated rural communities, which pose challenges for transportation and access to services. The seven incorporated cities in the county are Coquille, Coos Bay, Lakeside, Myrtle Point, Bandon, Powers, and North Bend. According to the Oregon Office of Rural Health, 98.6% of the county is classified as rural.

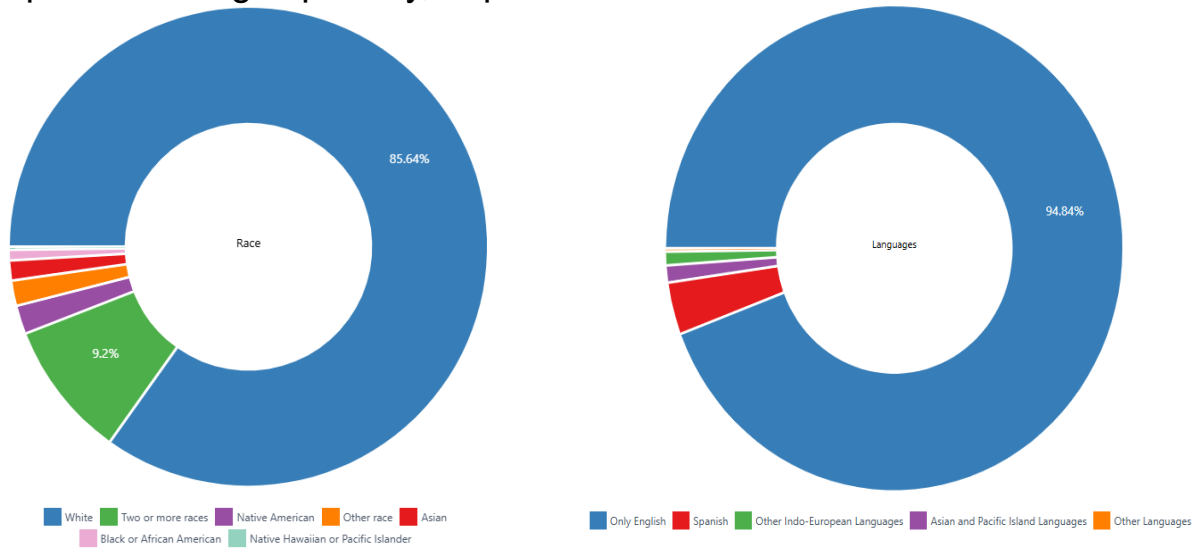
The median age of residents in Coos County is 47.4 years, which is higher than the state median age of 39 years. Coos County has a larger population of older individuals compared to the rest of the state. The percentage of residents over 60 years old is steadily increasing and now makes up a significant portion of the population. According to census estimates, in 2010, 28.9% of the county's population was over 60, with 18% of individuals being disabled and 13.8% being veterans. It is projected that the percentage of seniors over 60 will increase by nearly 40% by around 2030, and this trend is expected to continue, impacting health and medical needs in the county.

Curry County has an estimated population of 31,593 people and covers an area of 1,988 square miles, of which 1,627 square miles is designated as land and 361 square miles, accounting for 18%, is designated as water. [https://en.wikipedia.org/wiki/Curry\\_County,\\_Oregon](https://en.wikipedia.org/wiki/Curry_County,_Oregon) - cite note-GR1-4 The county features stunning landscapes that include mountains, forests, and a beautiful coastline. It is home to many unincorporated and isolated rural communities, which present challenges for transportation and access to services. The three incorporated cities in the county are Gold Beach, Port Orford, and Brookings. According to the Oregon Office of Rural Health, 99.4% of Curry County is classified as rural. The median age of residents in Curry County is 49 years, which is significantly higher than the median age in the state of Oregon. According to census estimates from 2010, 18.6% of the county's population was over 60 years of age; 32.2% were disabled and 13.8% were veterans.

The racial makeup of Coos County is as follows: 89.8% White, 2.5% Native American, 1.0% Asian, 0.4% Black or African American, 0.2% Pacific Islander, 1.7% from other races, and 4.3% from two or more races. Additionally, 5.4% of the population identifies as Hispanic or Latino. In terms of ancestry, 22.9% are of German descent, 15.0% are English, 12.7% are Irish, 7.4% are American, and 5.2% are Scottish.

In Curry County, the racial composition is as follows: 92.89% White, 0.15% Black or African American, 2.14% Native American, 0.70% Asian, 0.11% Pacific Islander, 1.11% from other races, and 2.90% identifying as two or more races. Additionally, 3.60% of the population identifies as Hispanic or Latino of any race. Regarding ancestry, 20.1% of residents are of German descent, 13.8% are English, 10.3% [https://en.wikipedia.org/wiki/United\\_States](https://en.wikipedia.org/wiki/United_States) identify as American, and 9.9% are Irish. Furthermore, 95.9% of residents speak English, while 2.5% speak Spanish as their primary language.

Coos County has higher overall poverty levels, with 18-20% of the population living in poverty, depending on the source.



In Curry County, poverty disproportionately affects older age groups compared to state averages. Individuals over 64 years of age are more than twice as likely to be living in poverty compared to their counterparts statewide. Additionally, women are more likely than men to experience poverty in Curry County, according to the 2011-2015 census estimates.

We will prioritize outreach to unincorporated areas and culturally specific community clusters in incorporated areas using census and demographic information.

Curry County Unincorporated Communities for Extended Outreach			Coos Count Unincorporated Communities for extened outreach		
Agness	Hunter Creek	Ophir	Allegany	Dora	Norway
Bagnell Ferry	Illaha	Plum Trees	Arago	Fairview	Prosper
Carpenterville	Merial	Sixes	Beaver Hill	Gaylord	Randolph
Denmark			Bridge	Green Acres	Riverton
			Broadbent	Hauser	Sitkum
			Charleston	Laurel Grove	Sumner
			Cooston	McKinnelly	Tenmile
			Dellwood	Millington	

## **B – 2 Target Population:**

The Older Americans Act (OAA) requires Area Agencies on Aging (AAAs) to prioritize services for individuals with significant economic and social needs, including low-income minority individuals, those from culturally diverse backgrounds, and residents of rural areas. The SCB specifically serves the following targeted populations:

- Older individuals living in rural areas
- Low-income older individuals, including low-income minority older
- Older individuals with limited English proficiency
- Older Native American
- Older lesbian, gay, bisexual, and transgender (LGBT) individuals

To achieve our goals, we engage in outreach and community education, collaborating with various agencies and programs that serve our target populations. We distribute media articles, posters, and printed materials, and conduct presentations and training sessions at rural sites and cultural congregate meal locations.

The SCB staff works closely with local partner agencies and organizations to identify community members within our target demographic. We have established strong relationships with organizations such as Aging and People with Disabilities (APD), Coos Health and Wellness, Community Action, Veteran Services, and local hospitals. When our partners identify individuals in our target population, we coordinate efforts to provide appropriate assistance.

As part of our collaboration, we educate community partners about the programs we offer and their eligibility requirements. In turn, our partners inform us about their own programs and eligibility standards, allowing us to make appropriate referrals when we are unable to assist a community member directly.

Additionally, SCB participates in the Care Management and Integration Committee, where we discuss client cases with local community partners.

Our knowledgeable staff is available to speak with the community about OAA services, program guidelines, and eligibility criteria. We also attend events such as the annual Native Elder Fair, Community Health Fairs, veteran activities, community partner forums, and various local community center events.

## **B–3 AAA Services, Administration, and Service Providers**

### **AAA SERVICES**

**#2a Homemaker** – Performance of light housekeeping tasks provided in a person’s home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.

**1a Personal Care** (by HCW) - Assisting an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with tasks a person would typically perform if they were able. This covers assistance in all activities of daily living.

**#2a Homemaker** (by HCW) - Performance of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include provision of chore or personal care tasks. Allowable homemaking tasks are limited to one or more of the following:

- laundry
- ironing
- meal preparation
- shopping for necessities (including groceries) and errand running
- light housekeeping tasks (dusting, vacuuming, mopping floors, cleaning bathroom and kitchen, making beds, maintaining safe environment)
- observing, reporting, and recording any change in client’s condition and home environment

Note: Social/emotional support of client may be offered in conjunction with other allowable tasks.

**#3a Chore** (by HCW) - Performing household chores which an older person is not able to handle on their own, such as heavy cleaning (e.g., scrubbing floors, washing walls, or washing windows inside and outside), moving heavy furniture, or maintenance such as yard/sidewalk maintenance.

**#4 Home Delivered Meals** – A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included.

**#6 Case Management OPI/OPIM/IIIB –**

Means a service provided to an older individual, in the direction of the older individual or a family member of the individual:

- by an individual who is trained or experienced in case management skills that must deliver the services and coordination described in the subparagraph; and
- to assess the needs, and to arrange, coordinate, and check the best package of services to meet the needs of the older individual; and

Includes services and coordination such as—

- comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); • development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
  - o with any other plans that exist for various formal services, such as hospital discharge plans; and
  - o with the information and aid services provided under the Older Americans Act.

- coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided.

- o periodic reassessment and revision of the status of the older individual with—

- o the older individual; or

- o if necessary, a primary caregiver or family member of the older individual; and

- o per the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

**#7 Congregate Meals** – A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included.

**#9 Assisted Transportation** – Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escorts or other right aid for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity.

**#10 Transportation**-Services or activities that provide or arrange for the travel, including travel costs of individuals from one location to another. Does not include any other activity.

**#11 Legal Assistance** – Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law

**#12 Nutrition Education** – A targeted program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or

health (as it relates to nutrition) information that is consistent with the current Dietary Guidelines for Americans and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

### **#13 Information and Assistance –**

A service that:

- provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
  - assesses the problems and abilities of the individuals.
  - links the individuals to the opportunities and services that are available.
  - to the maximum extent practical, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by setting up adequate follow-up procedures; and
- serving the entire community of older individuals, particularly older individuals with greatest social need.

- o older individuals with greatest economic need; and

- o older individuals at risk for institutional placement

**#14 Outreach** – Intervention with individuals started by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits. (Contact)

Services or activities targeted?0120 at providing information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at local senior centers where information on OAA services is shared, etc.

**#15 Caregiver Information Services** – A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booths/exhibits, or radio, TV, or website events. This service is not tailored to the needs of the individual.

**#16/16a Caregiver Case Management** – A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination, and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.

**20-3 Program Coordination and Development** –The management of programs must be coordinated with local stakeholders, as well as those at the regional level and beyond. Continuous evaluation of these programs is necessary to assess whether individual projects and the overall program are cost-effective in achieving rural outreach goals and addressing the needs of those with the greatest social and economic challenges.

**20-2 AAA Advocacy** – Provided by care managers to assist participants and their families to gain benefits and services they may be entitled to. Care managers assist in accessing public (Medicare/Medicaid) and other third-party benefits and services. encompasses advocacy at the individual level as well as system wide change to best meet the needs of older adults, family caregivers, and community members.

**#30 Caregiver Supplemental Services** – Goods and services provided on a limited basis to complement the care provided by caregivers.

**#30-5/30-5a Caregiver Respite-** A service that offers temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers.

**# 40-2Health Promotion: Evidence-Based** –Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL’s definition for an evidence-based program, as presented on ACL’s website.

**# 70-2 Options Counseling** – Counseling that supports informed long term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into support strategies, plans and tactics based on the choices available in the community.

**#40-5 Health Promotion: Non-Evidence-Based** Health promotion and disease prevention activities that do not meet ACL's definition for an evidence-based program as defined at ACL's website. Activities may include those defined in the OAA (Section 102(14)) for example:

(A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services.

**# 70-9 Caregiver Training** – A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and fiscal management; providing personal care; and communicating with health care providers and other family members. Training may include the use of evidence-based programs; be conducted in-person or online and be provided in individual or group settings.

SCB has observed a significant increase in food insecurity in both counties, which has led to a notable rise in the demand for homebound meals. Unfortunately, funding for IIIC is limited, and we face funding insecurity. Therefore, we prioritize clients who are low income, have mobility challenges that prevent them from traveling long distances for shopping or medical appointments, and those who lack natural supports. SCB is actively working to expand funding options to offer additional services to individuals in both communities.

Many of these services are provided internally by SCB. However, we also outsource health promotion, nutrition, legal services, and family caregiver training. SCB takes a strategic approach to identifying service providers for the programs and services it directly administers. These efforts typically include:

- **Needs Assessment:** Conducting community surveys, reviewing demographic data, and analyzing service gaps to determine the types of providers needed.
- **Outreach and Partnership Development:** Engaging with local organizations, healthcare providers, and community groups to establish potential service partnerships.
- **Request for Proposals (RFPs) and Procurement:** Issuing formal solicitations to invite qualified providers to apply for contracts, ensuring transparency and compliance with funding guidelines.
- **Evaluation and Vetting:** Reviewing proposals based on experience, capacity, and alignment with AAA objectives, often including site visits and reference checks.
- **Training and Support:** Offering guidance to selected providers to ensure they meet program standards, comply with regulations, and effectively serve older adults.

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

SCB is a Type “A” non-profit organization that administers the Older Americans Act (OAA) and the Oregon Project Independence (OPI) programs in Coos and Curry Counties. Local Aging and People with Disabilities (APD) offices manage Medicaid, financial services, SNAP, adult protective services, and regulatory programs for the elderly and individuals with disabilities. Case managers from APD and the Area Agency on Aging (AAA) collaborate to ensure that consumers receive the best possible services. We facilitate warm handoffs to case managers in each agency to effectively assist clients in need.

While the Area Agency on Aging (AAA) coordinates some transportation services, various critical needs remain unaddressed. These include access

to medical care, senior housing, food banks, prescription savings, dental and vision care, and mental health services. Transportation continues to be a significant need for seniors, especially in isolated communities.

Key services available in our district but not provided by SCB include:

- Mental Health Services: Offered by Coos Health and Wellness, Waterfall Behavioral Health, Coos Crisis Resolution Center, Three Rivers Health Center, Coastal Center; Curry Community Health, Avant Mental Health, Curry County Health Department,

- Housing assistance: Provided by the North Bend Housing Authority, Oregon Cost Community Action, Confederated Tribes of Coos Lower Umpqua & Siuslaw, Coquille Indian Housing Authority: Brookings Housing Commission

- Energy Assistance: Available through the Oregon Coast Community Action Program, .

- Health Facilities: Coos County has hospitals in Bandon, Coos Bay, and Coquille, while Curry County has two hospitals in Gold Beach and an outreach clinic in Brookings.

- Public Health Departments: Present in both counties.

- Senior Centers: Each community has a senior center offering various activities such as congregate meals, exercise classes, and social games. Coos County Lakeside, Coquille, Bandon, North Bend, Coos Bay, Powers, Myrtle Point, Allegany: Curry County Brookings, Gold Beach, Port Orford

Additional resources include 211 for program guidance, the Aging and Disability Resource Connection (ADRC) for information on aging and disability services, Curry Public Transit for transportation, and the Coos County Area Transportation District.

Budget cuts have resulted in service gaps, particularly in transportation and nutrition. A decline in available volunteers has made it challenging to meet the increasing needs of the population.

We will use the data we receive to reach out to minority populations by utilizing local newspapers that target selected minority and rural communities. We will distribute posters, brochures, and flyers in places frequented by these consumers. Additionally, mobile outreach programs will

be implemented to maximize limited resources and expand our geographic impact. We will engage churches, employers, tribal organizations, and other established minority entities to learn about and share our programs and literature with minority consumers and work with other agencies to support individuals with services they need.

The staff at SCB models behaviors, attitudes, and values that promote inclusion, diversity, empowerment, and choice for all consumers. We encourage pride in diversity and focus on strengths rather than perceived problems and limitations.

## **C-1 LOCAL FOCUS AREAS, GOALS AND OBJECTIVES**

### **1 – Information and Referral Services, and Aging & Disability Resource Connection (ADRC)**

The South Coast (ADRC) is unique among Oregon ADRCs as the local Aging and People with Disabilities (APD) office serves as the lead agency. The SCB team collaborates closely with the APD, Coos Mental Health, Curry Community Health, the local Veterans office, Coos Elderly Services, the Oregon Behavioral Health Specialist, local hospitals, tribal leaders, and other community partners to strengthen and develop the ADRC framework.

Since the APD leads the ADRC and directly manages the ADRC phone lines, we are unable to fully utilize the ADRC No Wrong Door Administrative Claiming funds for assisting with Medicaid services. When clients call for help, APD takes these calls immediately, directly supporting clients with their needs. Consequently, the Area Agency on Aging (AAA) seldom receives calls concerning Medicaid assistance. Because we cannot utilize federal Medicaid match funding, we supplement our ADRC work with IIIB funds to fill the gaps.

Most staff at the SCB have completed Person-Centered Options Counseling training, however, all staff could gain new and updated skills from refresher training. They understand the importance of considering each individual's preferences, needs, values, cultures, and diverse backgrounds. ADRC services are provided without discrimination.

The SCB continues to offer "No Wrong Door" information and assistance, as well as accurate, trustworthy, consumer-focused options counseling. Consumers can access the ADRC through phone, internet, or in-person visits.

In the past, database management was handled by the Community Services and Supports Unit. Currently, APD, being the lead agency for the ADRC, is responsible for managing the database. APD and our Options Counselor work together to keep the database updated with new and changing information.

SCB has partnered with the local Oregon Behavioral Health Specialist to reintroduce the Gatekeeper program, which will be implemented in both Coos and Curry counties. We provide community members and partners with training and marketing materials to promote the use of the Aging and Disability Resource Connection (ADRC) and raise awareness about abuse and neglect.

SCB considers the Aging and Disability Resource Center (ADRC) concept to be a crucial part of its services for seniors and adults with disabilities. As a core partner of the ADRC, SCB is committed to supporting quality assurance and quality improvement activities to ensure consumer satisfaction and proper data entry practices, while also ensuring compliance with ADRC standards.

In the GetCare system, the I&R supervisor performs quarterly reviews of Information and Referral (I&R) and Options Counseling records. This process helps confirm that the necessary data elements are being collected, identifies any missing information, and assesses whether program standards are being met. The results of this review are then

discussed with the relevant staff, including any identified areas for improvement.

In-person outreach initiatives are currently in progress. Information and Referral (I&R) services are being provided both in-person and via telephone, with the I&R Specialist committed to delivering a high standard of person-centered information to consumers who contact the Aging and Disability Resource Connection (ADRC). This approach ensures that the specific needs of individuals are effectively addressed.

To promote increased utilization of both Information and Referral Services and Options Counseling, SCB integrates the ADRC into all marketing and outreach strategies. Alongside the distribution of the state ADRC brochure to consumers, all SCB marketing materials include references to the ADRC. Additionally, all informational and programmatic presentations encompass details pertinent to the ADRC. These presentations have been conducted throughout the Planning and Service Area (PSA) and are expected to expand during the forthcoming period. Furthermore, the ADRC is prominently featured on the SCB website.

SCB conducts an annual survey of ADRC consumers via mail to collect feedback. This feedback serves as a fundamental tool for enhancing customer experience and guiding employee training initiatives. The survey facilitates the monitoring, response, and understanding of trends or deficiencies in ADRC outcomes. It yields critical insights into customer engagement and identifies specific areas requiring improvement.

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

**Goal:** Increase visibility and reach of ADRC by enhancing our advertising efforts through social media, local events, and partnerships.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Achieve a 25% increase in website traffic and social media engagement over the next 2 years	a	Establish budget	NWD Coordinator	7/1/2025	12/1/2025
	Accomplishment or Update				
	b	Find 3 new community partners to partner with for outreach	NWD Coordinator	10/1/2026	6/30/2029
	Accomplishment or Update				
	c	Create new advertising materials to make it fresh and new	NWD Coordinator	3/1/2027	6/31/2028
	Accomplishment or Update				

**Goal: Achieve 100% trained and/or refreshed OC & INA INR trained staff.**

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

Get 100% of staff to ADRC training for certification and increase awareness of trauma-informed care and cultural awareness.	a	Find trainings available and have all staff complete the training.	All staff	7/1/2025	6/30/2029
	Accomplishment or Update				
	b	Provide 3 outreach events per year to build trust, collaborate, and empower culturally sensitive strategies.	All staff	6/1/2029	6/30/2029
	Accomplishment or Update				
	c	Work with APD to identify consumers who might be missed by our outreach and provide them with outreach material in a culturally appropriate manner.	In-home service coordinator	4 times per year ending 7/30/2025	6/30/2029
Accomplishment or Update					

## **2. NUTRITION SERVICES:**

Senior nutrition services are among the largest and most essential programs funded by the Older Americans Act. These funds enable clients to receive nutritious meals in a community-based setting five days a week, while also offering opportunities for socialization, education, and volunteer activities. Consumers who are 60 and older, along with their significant others and caregivers, can also receive a meal for free.

As people age, they often face challenges in maintaining a nutritious diet due to various factors. These include a lack of interest in cooking for themselves, transportation difficulties, issues with shopping, carrying and lifting items, limited access to fresh or seasonal foods, changes in taste or chewing ability, and changes in income.

For clients who are homebound, we deliver hot and frozen nutritious meals directly to their homes on days we do not deliver. This service not only provides essential meals but also serves as a daily check-in and social support for those who may not have frequent visitors. These individuals are typically homebound, unable to drive to the site, physically unable to cook for themselves, or have other medical issues. Senior nutrition services provide more than just nutritious meals; they significantly contribute to the overall well-being of older adults, helping them maintain their independence and dignity for as long as possible.

SCB funds its meal services using IIC funds, supplemented by additional resources from various community partners and fundraising efforts in both counties. We work in collaboration with the Chetco Activity Center in Brookings, the Gold Beach Community Center in Curry County, and S&B Foods, which serves the areas of Coquille, Bandon, North Bend, and Lakeside. Each community offers a homebound meal program as well as congregate meal sites. Consumers at congregate meal sites have the option to eat on-site or take their meals to share with friends elsewhere. Additionally, they can take home a frozen meal for days when we do not serve.

SCB currently has a large waitlist for home-delivered meals, and this list continues to grow. To help reduce the waitlist and cover expenses, SCB actively applies for grants from various community organizations, including the Ford Foundation, Wild Rivers Alliance, Round House, and United Way. We also receive funding from local city governments through revenue-sharing initiatives and offer a donation program for participants in our nutrition program. Additionally, Fred Meyer supports our efforts through a rewards program that contributes a percentage of consumer spending. To further secure funding, we host an annual variety show and silent auction called "Bandon Feeds the Hungry." Quarterly nutrition education sessions are held at meal sites, where each site selects relevant topics to discuss. The kitchen supervisor presents detailed information and facilitates discussions on the impact of these topics on consumers' well-being. Consumers receive flyers and other materials to take home for further review. Homebound consumers benefit from nutrition education during assessments conducted by the nutrition coordinator, who brings a packet of topics to discuss. This includes providing brochures, pamphlets, and other materials for consumers to refer to later.

SCB organizes coordinated health promotion programs at each meal site, offering consumers the opportunity to participate in activities like Tai Chi and Walk with Ease. We also provide quarterly presentations at meal sites to highlight additional services available, including the Powerful Tools for Caregivers class, PEARLS, the Respite program, transportation options, and more.

SCB is committed to prioritizing outreach to individuals in rural communities and those with the greatest economic need. We will continue advertising in local newspapers and posting flyers in grocery stores, pharmacies, medical offices, and community billboards in both English and Spanish. Additionally, we will advocate with doctors, hospitals, and medical clinics to refer individuals who may benefit from our nutrition services. We will continue to partner with other food-based programs to better reach those in need who are homeless and or marginalized.

Chetco Activity Center 550 Chetco Ln, Brookings  
Mon, Tue, Wed, Thur., Fri 11:00 am to 12:30 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 450

Average home Delivered monthly 1400  
Gold Beach Community Center 29841 Airport Way Gold Beach  
Tues, Wed, Thur., Fri 11:00 am to 1:00 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 400  
Average Home Delivered monthly 900

Bandon Barn 1200 11<sup>th</sup> St SW Bandon  
Tue, Thur., Fri 11:00 am to 12:30 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 50  
Average Home Delivered monthly 370

Coquille Community Center 105 N Birch St Coquille  
Mon & Wed 11:00 am to 12:00 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 50  
Average Home Delivered monthly 500

Lakeside Senior Center 915 N Lake Rd, Lakeside  
Tues & Thur. 11:00 am to 1:00 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 200  
Average Home Delivered monthly 300

Pony Village Mall 1611 Virginia Ave North Bend  
Mon, Tues, Thur., Fri 10:00 am to 1:00 pm  
HD hot frozen, congregate, hot pick-up, frozen carry out  
Average Congregate monthly 2200  
Average Home Delivered monthly 3000

**Focus Area – Nutrition Services**

**Goal: Update Nutrition Policies and Procedures**

Measurable Objectives Bring the policies and procedures up to date with updated information	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
	a	Research current policy and procedures and updated changes around Oregon and the Older Americans Act	Senior Services Director Nutrition Coordinator Advisory Council	12/1/2025	12/1/2026
	Accomplishment or Update				
	b	Prepare a rough draft of new policies and procedures.	Senior Services Director Nutrition Coordinator	12/31/2026	12/31/27
	Accomplishment or Update				
	c	Present rough draft to advisory council for review and approval	Nutrition Coordinator	1/31/2028	6/30/28

	Accomplishment or Update
--	--------------------------

**Goal: Provide medically tailored meals**

Measurable Objectives Provide meals that such will help with chronic conditions such as diabetes, heart disease, Kidney disease and such within 2 years.	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
	a	Have a registered dietitian assess the nutritional needs and set up which medically necessary meal plans we can accommodate	Nutrition Coordinator	2/1/2027	7/1/2028
	Accomplishment or Update/				
	b	Have a registered dietitian create a meal an that fits for each season.	Registered Dietitian	7/1/2028	12/1/2028
	c	. Provide a survey specific to tailored meals for clients to obtain quality and appeal	S&B foods	1/1/2028	6/30/2029
Accomplishment or Update					

### **3. Health Promotion:**

The goal of our III D funds is to partner with various community organizations to deliver evidence-based health promotion programs across both counties. We aim to support older adults and individuals with disabilities in maintaining and improving their health.

Currently, we are collaborating with Coast Community Health Clinic in Bandon and the Wellness Network of Oregon to offer the "Living Well with Chronic Conditions" program in Coos County. Additionally, SCB is working alongside Coos Health and Wellness, the county health department, to establish vaccine clinics at local senior centers, meal sites, and homes of homebound clients.

SCB also contracts with Just for You Integrative Health to provide Tai Chi classes in both counties. We coordinate with the Walk with Ease program to continue initiatives that focus on at-risk older adults and individuals with disabilities, particularly those facing challenges such as low income, social isolation, geographic remoteness, and language barriers. Our agency plans to train community members to offer options for active, healthy lifestyles, including online health promotion programs.

To advocate for the health of older adults, SCB has developed a plan to enhance our outreach in marginalized communities. We will create a budgeting strategy aimed at maximizing the availability of evidence-based programs. This includes forming partnerships with local organizations to strengthen our planning efforts.

We will broaden our outreach to potential host locations by engaging local businesses and churches. Additionally, we will offer classes outdoors when conditions permit. Our collaboration with instructors and organizations will focus on addressing the technological needs of older adults, providing training to help them engage with virtual platforms like Zoom.

We will also work with volunteers to recruit bilingual (English/Spanish) individuals who are willing to be trained in Evidence-Based Health Promotion and Education classes. Our priority will be teaching these classes to underserved populations, particularly in Coos County.

Furthermore, SCB will actively share information about health promotion activities with local doctors, hospitals, meal sites, and community centers. We will ensure robust outreach to the community in both English and Spanish.

Each year, SCB conducts surveys to assess quality assurance for all participants in health promotion programs. These surveys help us gather feedback on issues that affect the health of older adults. The goal of our III D funds is to partner with various community organizations to deliver evidence-based health promotion programs across both counties. We aim to support older adults and individuals with disabilities in maintaining and improving their health. Currently, we are collaborating with Coast Community Health Clinic in Bandon and the Wellness Network of Oregon to offer the "Living Well with Chronic Conditions" program in Coos County.

**Focus Area - Health Promotion**

**Goal: Increase Tia Chi classes in both counties by 25%.**

Measurable Objectives Add tia chi classes in rural unincorporated areas.	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
	a	identify common barrios for rural communities	Senior Services Director	12/1/2025	6/30/2026
	Accomplishment or Update				
	b	. Provide outreach materials that target those with limited English and social connections.	Senior Services Director	1/1/2026	4/30/2027
	Accomplishment or Update				
	c	host 2 focus group sessions in each community to glean additional information from in need.	Senior Services Director	1/31/2026	6/30/2029
Accomplishment or Update					

**Goal: Increase advertising in unincorporated areas by 30%**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
-----------------------	-----------	------------------------	--	--

Provide extensive advertisement of Health Promotion programs in both counties			Start Date	End Date	
	a	Identify barrios.	Senior Services Director	7/1/2026	1/31/2027
	Accomplishment or Update				
	b	Prepare new posters and flyers for distribution addressing in ways to overcome barrios.	Senior Services Director	2/1/2026	8/31/2026
	Accomplishment or Update				
	c	Attend 1 Public outreach events per quarter to provide awareness of programs in rural communities.	In home services coordinator	1/1/2026	6/30/2029
Accomplishment or Update					

#### **4. Family and Unpaid Caregiver Support (OAA Title IIE):**

SCB's Family Caregiver Program (FCG) provides services for unpaid caregivers in Coos and Curry Counties. Services are available to caregivers supporting older adults, adults with dementia, and older adult caregivers caring for related children or adult children with developmental or intellectual disabilities. Core elements of the FCG program include Respite care, training, and supplemental services.

Consumers who are older relatives raising children can access most program elements, including information about services, assistance in gaining access to resources, respite care, and supplemental services. This population has historically been difficult to reach in Coos and Curry Counties. SCB continues to conduct outreach and provide education to community organizations such as DHS Child Welfare, local school Districts, and Kids Hope Center.

SCB participates in numerous outreach and educational events to share information about the FCS program. SCB has partnered with healthcare providers, culturally specific agencies, and support groups to share information with community organizations and public events.

SCB will conduct outreach and public awareness, as well as provide culturally relevant services to the following caregiver populations, with particular attention to the target groups, including:

- Individuals with limited English proficiency and ethnic caregivers, including Native American caregivers.
- Caregivers who are older individuals with the greatest economic and social need.
- Particular attention will be paid to low-income caregivers and older individuals.
- Older relative caregivers of children with severe disabilities or individuals with severe disabilities.
- Family caregivers who provide care to people with Alzheimer's disease and related disorders with a neurological or organic brain dysfunction.

- Caregivers who provide care to people at risk for institutionalization. and.
- Non-traditional family caregivers who may not be recognized as family; Lesbian, Gay, Bisexual, and Transgender partners and individuals who are not legally married.

SCB is committed to improving partnerships and resources for caregiving. Our staff will engage in extensive community outreach to rural areas and regions facing service equity challenges, aiming to better serve all populations.

FCG information is available from all SCB AAA staff via phone, in person, or email. During nutrition home visits, we provide information on any additional services that may be available to clients, including respite services. Screening and assessment planning for the Family Caregiver Support Program (FCSP) is conducted by SCB case managers. They provide information about the available programs during information and assistance calls and arrange a home visit. The FCG intake form is completed alongside our agency forms, while we prioritize each case by need.

SCB sponsors Powerful Tools classes in the fall and spring of each program year. These educational classes are designed to help unpaid caregivers take care of themselves. Moving forward, classes will be offered both in person and online.

In addition, SCB provides supplemental services/respite on a reimbursement basis of up to \$1,000 per year for two years. Individuals can purchase necessary supplies, such as incontinence products, shower chairs, lifelines, or other assistive devices. They must submit a reimbursement form along with the receipt to their case manager, and if appropriate, a check will be issued.

Many challenges affect the ability of the FCG program to meet the 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.

SCB 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. SCB will establish and build upon relationships with groups and organizations that are not adequately served by our services.

**Focus Area - Family and Unpaid Caregiver Support**

**Goal: Increase outreach in rural or unincorporated areas of both counties**

Measurable Objectives <i>With in 24 months, we will provide resources that allow caregivers to feel supported during difficult times and new training opportunities.</i>	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
	a	find mentors to help with communication techniques and improve outreach efforts.	In Home Services Coordinator	7/1/2025	6/30/2026
	Accomplishment or Update				
	b	staying current on best practices and industry trends to provide updated outreach material.	Senior Services Director	3/1/2026	6/30/2027
	Accomplishment or Update				
	c	Assist caregivers to develop a plan, to access resources and provide training.	In Home Service Coordinator	6/1/2027	6/30/2029
	Accomplishment or Update				

**Goal: Contract with local agencies to provide respite day services in both counties.**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
<i>Build a network of resources for grandparents, including local organizations and online tools, in 2 years to feel more supported.</i>	a	Researching and identifying organizations and tools available in four months.	Senior Services Director	7/1/2025	6/30/2026
	Accomplishment or Update				
	b	Enter into a MOU with a 3 qualified provider	Senior Services Director	7/1/2026	6/30/2028
	Accomplishment or Update				
	c	Advertise the start of the new program on social media, our website, local papers and community bulletin boards.	Family Caregiver coordinator	7/1/2028	6/30/2029
	Accomplishment or Update				

## **5. Legal Assistance and Elder Rights Protection:**

SCB is dedicated to upholding the rights of older adults and preventing their abuse, neglect, and exploitation. Elder abuse is often under-recognized and can manifest in various forms. The staff at SCB educates both seniors and the public about issues related to abuse and exploitation. We collaborate with advocates for abused seniors to raise awareness for older adults with low income and greatest need, both socially and economically. Focusing on those who face certain barriers, such as disability, language, isolation, ethnicity, or residence in a rural area.

Currently, SCB provides pamphlets addressing elder abuse and exploitation at senior centers and other community organizations. Intending to protect equal opportunity and enhancement of the rights, dignity, autonomy, and financial security of older Americans, our staff works one-on-one with clients to educate them about financial exploitation, identity theft, and various scams. SCB also partners with local Adult Protective Services (APS), the local Ombudsman, and staff from The Oregon Law Center to address abuse complaints.

SCB contracts with The Oregon Law Center to deliver legal services according to Oregon Legal Assistance standards to clients in both counties, focusing on housing, utilities, health care, long-term care, protective services, and income. The Oregon Law Center serves clients through referrals from SCB staff and other agencies, phone calls, and walk-in visits. The Area Agency on Aging (AAA) establishes an annual service contract with the Oregon Law Center, which submits quarterly billings for payment. SCB has increased the funding for legal assistance to The Oregon Law Center to 8% of its IIIB funding to better serve clients in our communities.

SCB partners with our local Adult Behavior Health Specialist to provide Gatekeeper training to the community. This effort is to remind and inform the community how important it is to report abuse and to know the signs that abuse may be occurring. We provide Gatekeeper outreach events in both counties at least once a quarter. We are trying to find alternative times to provide Gatekeeper to public employees and not interfere with their daily work schedule. Several entities have used this opportunity to make this a training session meant to be used as credit towards yearly

requirements. We will continue to encourage more entities to follow this idea.

SCB's case managers and homebound drivers are committed to ensuring the rights of older adults and preventing their abuse, neglect, and exploitation. Our staff is vigilant in identifying potential abuse or neglect among our older clients. When any concerns arise, referrals are made to Adult Protective Services and/or the long-term care ombudsman for screening and investigation. These referrals are communicated promptly through phone calls, emails, and community outreach to ensure the best outcomes for those in need of assistance or protection. A senior staff member from SCB attends monthly community multidisciplinary team meetings and reports back to the Senior Services Director on any relevant findings.

SCB provides a monthly workshop at our local headquarters where seniors can come in and discuss issues with AAA staff and our legal aid staff. This is meant to be a group effort in expanding legal services and informing the community of our efforts to help those in need. Currently, this workshop is only held in our Coos County office. We are looking for a space in Curry that is adequate to provide these services. Another issue we have found is reaching those in isolated areas and providing them with transportation to and from opportunities. We are focusing our efforts on volunteer drivers however, volunteers are scarce. We will continue to look at other options.

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

**Goal: Increase advertising for legal services by 25%**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Increase advertising in both counties to ensure community members in rural or unincorporated areas are aware of this program.	a	Create a budget	Senior Services Director	7/15/2025	12/1/2025
	Accomplishment or Update				
	b	We will host four community workshops by the end of the 2026 to educate 200 residents about the opportunity to utilize legal services.	In Home Service Coordinator	3/1/2026	10/31/2026
	Accomplishment or Update				
	c	We'll grow our mailing list by 150 in the next 2 years.	In Home Service Coordinator	6/1/2027	7/1/2028
	Accomplishment or Update				

**Goal: Provide 3 additional walk in days for legal services at our local headquarters.**

Measurable Objectives Provide 3 additional days a month that community members can walk in get legal assistance	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
	a	Increase newsletter subscriptions by 20% in the next year	Senior Services Director	7/1/2025	6/30/2026
	Accomplishment or Update				
	b	Grow attendance at community events by 5 people per event	In Home Services Coordinator	9/1/2026	12/31/2027
	Accomplishment or Update				
	c	Enhance social media engagement by achieving an average of 20 interactions per post	Front desk staff	10/1/2028	12/31/2029
	Accomplishment or Update				

## **6. Older Native Americans:**

Coos and Curry counties are home to the Coquille Indian Tribe, the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, as well as the Cow Creek Band of Umpqua Tribe. In recent years, we have worked hard to build new relationships with these tribes. However, we are still working on all the ins and outs of cooperation. We currently don't have an emergency management plan with either tribe, but we are working on it.

SCBEC actively engages in quarterly meetings with local Area Agencies on Aging (AAA) to align efforts and develop collaborative strategies that further shared objectives. These joint initiatives have effectively deepened connections with tribal communities and improved access to services for tribal members in need.

To streamline communication, SCBEC has appointed the Options Counselor as the dedicated point of contact for all tribal Navigators. When tribal program staff identify members who may benefit from AAA services, they typically initiate referrals via email or phone. A warm handoff process follows, with the referring tribal representative often accompanying the Options Counselor to initial meetings, building trust and ensuring culturally responsive support.

SCB continues to collaborate with tribal program staff and liaisons by co-hosting outreach events and supporting locally led initiatives. Updated program information and event details are regularly shared with tribal staff, who then relay these resources to elders using culturally appropriate communication methods.

To further strengthen tribal representation in regional decision-making, SCBEC has extended invitations to tribal staff to join its Advisory Council. This encourages active involvement in shaping programs and policies that directly impact tribal elders and their communities.

who for opportunities

We have invited tribal elders to join our Advisory Council to encourage their participation in the decision-making processes. To promote our local meetings and outreach events, we have sent emails, distributed flyers, and made phone calls to the tribal navigators with invitations to attend events.

In the spirit of strengthening collaboration, we've asked to be notified of upcoming tribal events in our community and have requested inclusion on tribal email and mailing lists, mirroring the inclusion of tribal representatives on ours. Our designated staff navigator, the Options Counselor, who regularly communicates with tribal programs on elder-related issues and opportunities, has shared their email and phone numbers with tribal Navigators. This direct connection fosters meaningful participation by tribal elders in public outreach events and encourages open communication about their needs and interests.

**Focus Area - Older Native Americans**

**Goal: Increase outreach events participation with tribes at least 3 times per year.**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Provide additional outreach events with Tribal navigators to provide additional information in the available programs in our community	a	Coordinate with the local tribal navigators to track outreach events and increase the number of events to 4 per year.	Options Counselor	9/1/2025	8/31/2026
	Accomplishment or Update				
	b	Tracking comments, shares, likes, or replies to outreach efforts to analyze the level of interaction from the target audience.	Options Counselor	1/1/2026	1/31/2027
	Accomplishment or Update				
	c	Design surveys to include both quantitative and	Options Counselor	6/1/2028	6/30/2029

	qualitative questions to provide deeper insights into participants' experiences and suggestions for improvement. .			
Accomplishment or Update				

## **Section D – OPI SERVICES AND METHOD OF SERVICES DELIVERY**

### **Administration of Oregon Project Independence (OPI):**

#### **I. Goals**

The goals of South Coast Business Employment Corporation's (SCB) Oregon Project Independence (OPI) program are to:

- A. Promote quality of life and independent living among OLDER ADULTS and people with physical disabilities.
- B. Provide preventive and long-term care services to eligible individuals to reduce the risk of institutionalization and promote self-determination.
- C. Provide services to frail and vulnerable adults who lack or have limited access to other long-term care services; and
- D. Optimize eligible individuals' personal resources and natural supports.

Eligible individuals are low-income and need service to prevent premature institutionalization and are often as frail as those qualifying for Medicaid.

- a. What are the types and amounts of authorized services offered by SCB? SCB offers up to 20hrs. of in-home services per month depending on the individuals service needs.
- b. State the cost of authorized services per unit. SCB uses the Homecare Workers contracted by DHS through the Oregon Homecare Commission. Currently base rate pay average cost er unit is \$25.00 per hour. OPI is based on a sliding fee

schedule. Consumers are assessed at the initial service assessment and annually thereafter. Or, if a consumer feels their income has changed significantly, they can request a reassessment. If the consumer has a pay-in, they will be invoiced after receiving the voucher for the service period from the homecare worker. The pay-in is an agreed-upon amount and is required. The amount is based on the consumer's pay-in percentage multiplied by the cost per hour. Failure to make the monthly pay-in can result in termination of services. All program income is used first for providing OPI services.

## **II. Initial and Ongoing Periodic Screening**

When a possible client calls the ADRC, IA/IR staff, or APD branch office and requests OPI services, they are directed to the appropriate OPI Case Manager. When an ADRC or APD screener believes a client might qualify for OPI, the screener transfers the call to the OPI worker. The OPI worker completes screening and a risk assessment. If the OPI Case Manager receives a referral via voice mail or email, they have 3 business days to return the call to the individual. If it is determined that it is a urgent they have 24hrs to return the call.

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 a 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.

### **III. Eligibility**

In order 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.

- A. 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 (CA/PS) 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.
  
- B. 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 the availability of OPI services and within SCB's budget allocations, an eligible individual may be authorized a mix of services that best meet 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, Home-Delivered Meals, Chore, , and Service Coordination.

## Maximum In-home Units of Service

The maximum units of in-home service per eligible individual per month will be up to five (5) hours per week of contract service, for Home Care, Personal Care and chore services, or up to ten (10) hours per week of Home Care Worker Program, within SCB budget limitations. This does not mean that every eligible individual will be authorized the maximum units of service. Exceptions to the maximum will be Senior Services Manager-approved and will be to respond to short-term situations of no more than six weeks. Examples of short-term situations include getting out of the hospital, acute illness, etc.

### 1. Changes

In the event OPI is no longer a suitable program for meeting an eligible individual's needs, the eligible individual must be given every opportunity to understand why services are no longer suitable, to fully explore other family, friends, neighbors and community resources, and to understand the ramifications of the decisions she/he is making. If the eligible individual cannot understand the ramifications of her/his decisions, conservator/guardian informed consent must be explored by the OPI Case Manager. If the eligible individual wishes to stay on OPI services, services may continue within maximum hour limitations. The Service Coordinator must clearly document in the client's file all discussions and decisions made.

Examples of situations where OPI eligible individuals should be counseled that the program may not be suitable for meeting their needs:

- Care needs increase. The eligible individual's care needs increase beyond the scope of the OPI program.

- Care plan unsafe. There is an increase in care need or a decrease in other sources of support (such as family, friends, and neighbors) and the care plan is not adequate to fill the gap.

When an eligible individual who is already receiving OPI services changes their living situation, they will be reassessed for OPI eligibility.

### **C. Service Provision**

Depending on OPI allocations, a mix of services may be available to meet the eligible individual's needs. The OPI Case Manager determines and authorizes services based on each individual's financial, physical, functional, medical, and social need. Authorized Services include:

- Home Care supportive services limited to:
  - o Home Care
  - o Chore
  - o Personal Care
- Service Coordination

We use the Consumer-Employee Provider (CEP) program. Consumers are given a list of potential providers from the Homecare worker registry of eligible home care workers by Case Managers. Consumers are also provided the website so they can go online and select their provider as well. Consumers are responsible for selecting their own worker.

The consumer has primary responsibility for locating, interviewing, screening and hiring his/her own employees. All consumers are offered help through the Employment Resource Connection program (ERC). A referral is made to ERC on the consumer's behalf if requested. ERC phone and internet information is given to each consumer.

### **CI. Prioritizing Service Delivery**

### **a. Priorities**

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

1. Maintain eligible individuals already receiving authorized services as long as their condition indicates the services are needed.
2. 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.
3. Individuals who are probably to be placed in an institution if needed, authorized services are not provided.

### **D. Living Within the Budget**

The budget will be managed based on the above Priorities.

In times of short funding, SCB may choose to limit the range of services available.

When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Client Waiting List. OPI Case Managers will continue to accept applicants for OPI service and will make sure that a Risk Assessment is completed on each person screened. They will inform all individuals of the lack of OPI funds at this time and inform them that they will be notified by

the OPI Case Manager when their name has come up on the wait list and there is money to provide services to them. The OPI Case Manager will offer service coordination and will attempt to recruit local support systems for or build on existing ones. Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual and no other funds or resources are available to provide for service(s). These cases will be staffed with the Senior Services Manager for approving services. The OPI Case Manager will write in the case file exception justification.

In those cases where the maximum hours allowed result in an unsafe care plan, the eligible individual will be counseled by the OPI Case Manager about his/her concerns and strongly encouraged to utilize other services in the community. The OPI Case Manager will thoroughly narrate in the eligible individual's file their discussion regarding the unsafe care plan.

OPI Case Managers will continue to stress the need to pay service providers privately where income and/or resources indicate the client is financially able to do so, or apply for other publicly funded programs.

Consumers cannot be forced to pay privately, even if they have the financial ability to do so or are forced to apply for other programs.

**a. Waiting List**

We no longer keep a OPI waitlist.

## **DI. Denial, Reduction or Termination of Services / Appeals / Grievance Process**

This procedure is designed to address and resolve eligible individual appeals related to the provision of OPI services by SCB. Its use is most appropriate for eligible individuals who wish to appeal SCB 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 SCB.

### **b. Guidelines and Definitions:**

- i. **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 related to representation shall be at the client's expense. (Free legal counsel may be available from: Oregon Law Center, Coos Bay Office, 455 S. 4<sup>th</sup>, Suite 5, Coos Bay, OR 97420, 541-269-1226.
- ii. **Written Decision:** A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing client or representative.
- iii. **Time Limits:** It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and SCB. If an appeal is not submitted by the eligible individual or his/her representative within the time limit established by this procedure, the appeal shall become void. If SCB fails to respond to a procedural step within the established timeline, the eligible individual or his/her representative may proceed to the next step of the process within the specified time line for it.

- iv. Definition of the term “day”: A “day” shall mean a business day. If a due date falls on a weekend or an SCB holiday (list follows), the due date shall be the next business day.

New Year’s Day	Veterans’ Day
Martin Luther King, Jr. Day	Thanksgiving Day
Presidents Day	Day following Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Labor Day	Juneteenth

When an SCB holiday falls on a Saturday, it will be observed on the preceding Friday. When an SCB holiday falls on a Sunday, it will be observed on the following Monday.

- v. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to SCB at the following address:

SCB Senior Services Director  
P. O. Box 1118  
Coos Bay, OR 97420

- vi. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of SCB. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision.

- vii. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the client. The notice will state something to the effect of “You may qualify for alternative services if you are denied Oregon Project independence Program services. You may contact your OPI Case Manager to determine if you might qualify for other services and obtain information about applying for those services.” A copy of this page will be placed in the eligible individual’s file
- c. Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:
- i. Denial of Service: When a SCB OPI Case Manager determines that an applicant for OPI service will not be provided a 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.
  - ii. Reduction or Termination of Service:
    - 1. Involuntary Reduction or Termination: When a SCB OPI Case Manager determines that service to an eligible individual is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a written notice of this decision at least 10 working days prior to any service reduction or termination. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual’s appeal rights, including the deadline for submitting an appeal.

2. Voluntary Reduction or Termination: When an eligible individual and an OPI Case Manager mutually agree that service for the eligible individual is to be reduced or terminated, this agreement shall be confirmed in the following manner: The worker shall provide to the eligible individual, by mail, a written notice of agreement at least 10 working days prior to any service level changes. This notice shall list the reason(s) for this decision and, in the event that the eligible individual has second thoughts about this action, shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal.

iii. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and SCB 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 SCB OPI Appeal Procedure, the eligible individual or representative should contact the SCB Case Manager SDS 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, SCB OPI Case Manager shall schedule a meeting with the eligible individual and representative (if any) to attempt to reach a mutually acceptable resolution of 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.

iv. Formal Appeal Process:

## 1. Filing an Appeal:

- a. An eligible individual or representative may file a formal appeal with SCB without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, the eligible individual or his/her representative must file a written notice of appeal with SCB at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal.
  - b. If the eligible individual or representative participated in the informal appeal process described in Paragraph 3 above, he/she or representative must file a written notice of appeal with SCB at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of the outcome of the informal process.
  - c. Assistance in filing a written notice of appeal may be obtained from SCB. Contact SCB's Senior Services Program Manager (541-269-2013) for assistance.
2. Upon the receipt of a written notice of appeal, SCB shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the 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. This notice shall contain the following additional information:

- a. The name and phone number of the SCB staff member to contact for additional information about the contents of the notification letter.
  - b. Notification of the eligible individual's right to continue receiving OPI service while he/she is awaiting the outcome of SCB appeal review.
  - c. Information on the eligible individual's rights at the appeal review, including the right to representation and the right to have witnesses testify on his/her behalf.
  - d. Information on the eligible individual's right to seek an administrative review by DHS of the outcome of the SCB appeal review.
3. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To encourage impartiality, the review shall be conducted by the SCB Senior Services Program Manager.
4. Within five (5) days of the conclusion of this meeting, the SCB Senior Services Program Manager shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.
5. Within five (5) days of receipt of the decision, the eligible individual or his/her representative may contact the SCB CEO to request a review of the decision. The CEO will complete his/her review and make a final decision within five (5) days of

the request. The CEO will review the written documentation and may contact/meet with the eligible individual or his/her representative with additional clarification. The CEO decision shall be binding unless the aggrieved client or his/her representative wishes to pursue this matter with the Oregon Department of Human Services (see 6 below). Regardless of whether a hearing with the Department of Human Services is pursued, if the decision of the appeal review meeting upholds SCB's plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately.

6. Applicants who disagree with the results of the AAA grievance review have a right to a formal review process with the Department of Human Services, according to ORS chapter 183. **Send writing to:**

**7. Oregon Department of Human Services  
OPI POLICY, Community Services and  
Supports Unit**

**500 Summer St NE E 12**

**Salem OR 97301**

## **DII. Fees for Services**

J. SCB uses the Homecare Workers contracted by DHS through the Oregon Homecare Commission. Currently, the average cost per unit is \$25.00 per hour. OPI is based on a sliding fee schedule.

Consumers are assessed at the initial service assessment and annually thereafter. Or, if a consumer feels their income has changed significantly, they can request a reassessment. If the consumer has a

pay-in, they will be invoiced after receiving the voucher for the service period from the homecare worker. The pay-in is an agreed-upon amount and is required. The amount is based on the consumer's pay-in percentage multiplied by the cost per hour. Failure to make the monthly pay-in will result in the denial of services. All program income is used first for providing OPI services. I. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

Consumer fees are a mandatory feature of OPI service provision and not voluntary. If the consumer refuses income information or refuses to pay appropriate fees, the case manager cannot authorize OPI services. In circumstances where consumer payment of fees is in arrears, these procedures are followed:

1. Service provider provides case managers with names of consumers with unpaid balances on a monthly basis at a minimum.
2. Case manager monitors payment of fees and is responsible for the investigation and correction of non-payment situations using these steps:
  - a. Confirms consumer payment status with the provider to speak with the customer.
  - b. Informs consumer of arrearage and discusses payment with consumer, reviewing payment expectations of the OPI program.
  - c. Clarifies consumer income information, medical expenses, and adjusts consumer fees where appropriate.
  - d. Determines whether money management services are indicated due to consumer's difficulty in handling bill payment generally.
  - e. Notifies consumer orally and in writing that non-payment may result in termination of service and establishes a deadline for payment not more than 30 days from the day of notice.
  - f. Reminds consumers at least 2 weeks prior to termination that the service will end and the reason for termination.

g. Documents steps taken to resolve non-payment of consumer fees in the narrative section of Oregon Access.

3. Consumer non-compliance with OPI fee-for-service requirements results in termination of service. :The consumer will be given written notice of termination along with the grievance policy.

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. Even then, every effort will be made to work with the consumer on a plan to repay the balance of the fees.

### **DIII. Minimum One-time Fee**

A \$25.00 minimum fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a service fee). The fee is due at the time eligibility for OPI service is determined.

SCB is opting to apply the \$25.00 fee to Service Coordination services.

At the time of initial assessment, the OPI Case Manager informs the client, as appropriate, that they will be assessed a \$25.00 fee and that a statement will be sent along with an envelope within the next 30 days. When the Case Manager gives the client the OPI SERVICE Agreement (02871), it explains the \$25.00 and documents that services have been authorized.

The Case Manager writes on the monthly case management report form that a \$25.00 one-time fee needs to be billed. The OPI Case Manager sends the form to the Senior Services Program Office Specialist. The Office Specialist prepares and mails a letter/invoice

out to the client along with a return envelope requesting a check. A follow-up letter/invoice is not mailed if the client does not pay. A client does not lose service if they do not pay the minimum one-time fee.

The Office Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the SCB Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence & Alzheimer's Cumulative Financial and Services Report.

#### **DIV. Monitoring and Evaluation**

The Senior Services Program Manager at least annually reviews a sample of cases to review service eligibility, determination of services and fees for services are being determined appropriately. A monthly report of service expenditures is provided to OPI Case Managers for their use in staying within budget. At least once during the current in-home contract solicitation cycle, the provider is monitored to assure they are meeting contractual requirements. The Senior Services Program Manager and OPI Case Managers meet at least quarterly to review budgets, service delivery and staff issues. The Senior Services Program Manager maintains daily contact with OPI Case Managers.

M. Delineate the conflict-of-interest policy for any direct provision of services for which a fee is set.

South Coast Business employees must make a full disclosure of all potential or actual conflicts of interest. Conflicts of interest occur when the personal interest, financial or otherwise, of a person who owes a duty to South Coast Business and/or to the grantors/contractors actually or potentially diverge with the person's professional obligations to, and with the best of interests of South Coast Business.

Employees who are aware of a potential or actual conflict of interest must complete a form and deliver it to the Accounting Department so that it may be referred to the CEO for evaluation. (see Appendix G)

## OPIM -

Oregon Project Independence - Medicaid (OPI-M) provides access to limited, preventive in-home services to older adults and adults with disabilities who require assistance with activities of daily living. The purpose of OPI-M is to provide support to individuals so they may remain independent in their own homes and delay or prevent the need for full Medicaid long-term services.

### Benefits:

- Adult Day Services
- Assisted Transportation
- Case Management and Service Coordination
- Home Delivered Meals (HDM)
- In-Home Services provided by a Home Care Worker (HCW) up to 40 hrs. per pay period.
- Assistive Technology
- Caregiver Education and Training
- Chore Services
- Community Caregiver Supportive Services
- Emergency Response Systems
- Evidence-Based Health Promotion (EBHP)
- Home Modifications
- LTC Nursing Services
- Special Medical Equipment and Supplies

### Eligibility Process -

Oregon Project Independence- Medicaid (OPI-M) services are approved and funded by the Centers for Medicare and Medicaid Services (CMS) for eligible individuals through the 1115 demonstration waiver for the Oregon Project Independence-Medicaid program.

To be eligible for Oregon Project Independence- Medicaid services, an individual must:

- (a) Be aged 18 or older.
- (b) If aged 18-59, meet the criteria for disability used for the OSIPM.
- (c) Meet financial eligibility criteria and the OSIPM requirements for individuals in non-standard living arrangements.
- (d) Meet the functional impairment level within the service priority levels (1) to (18)
- (e) Reside in an In-home setting and not reside in any long-term care facility.

(2) Individuals under 60 years of age with a diagnosis of an intellectual or developmental disability are not eligible for OPI-M.

(3) Individuals under 60 years of age who have a diagnosis of mental or emotional disorder or substance use disorder are not eligible for OPI-M unless all the following are met:

- (a) The individual has a medical, non-psychiatric diagnosis or physical disability.
- (b) The individual's need for services is based on their medical, non-psychiatric diagnosis, or physical disability; and
- (c) The individual provides supporting documentation demonstrating that their need for services is based on a medical, non-psychiatric diagnosis or physical disability. The Department authorizes documentation sources through approved and published policy transmittals.

(4) OPI-M services are not intended to replace natural support systems. Paid support is provided if natural support is unwilling or unable to provide identified services or to supplement unmet needs that the natural support cannot meet

(5) The income and resource methodology for OSIPM is used to determine financial eligibility for the OPI-M, except as follows:

- (a) In OPI-M, an individual must have adjusted income that is equal to or less than 400 percent of the federal poverty level for a family of one and may not be exceeded through qualifying trusts as specified.
- (b) For an individual, the resource limit is calculated using the basic statutory daily nursing facility rate multiplied by 30.4 (average days per month) multiplied by six (6) months. (a) At initial eligibility, the resources of the spouse are considered.
- (d) Individuals are subject to the rules regarding both of the following:
  - (A) The transfer of assets.
  - (B) The home equity value limit.

(2) No payments or benefits paid under OPI-M shall be subject to the estate recovery program

- (3) Eligibility Case Managers (from APD) are responsible for:
- (a) Service eligibility assessments and service eligibility determinations.
    - (A) Initial eligibility determinations must be conducted within 45 days of the date of request.
    - (B) Redeterminations must be completed every two years.
  - (b) Initial financial eligibility determinations and re-determinations, including income and asset verifications and notice of eligibility.
  - (c) Verifying that all other eligibility requirements OPI-M are met.
  - (d) Program consultation, presenting options, resources, and alternatives to assist the individual in making informed choices about program selection.
  - (e) Referrals for program coordination via CoosOPIM or CurryOPIM email boxes and communication with the Services Case Manager (AAA Coordinator) when OPI-M is chosen by the individual.

#### AAA Coordinator Responsibility

- (1) Must contact the customer within 10 days of the referral being sent to AAA.
- (2) A case manager must meet in person with an individual to assess the individual's ability to perform the personal care tasks at least once every calendar year
- (3) must consider an individual's service needs, identify the resources meeting any of the individual's needs, and determine if the individual is eligible for State Plan personal care services or other services.

- (2) Assisting individuals in making informed decisions by providing complete and unbiased information.
- (3) The case manager must document an individual's natural support that currently meets some or all of the individual's personal care needs.
- (4) Person-centered planning processes and ensuring the processes:
  - (a) Are driven by the individual.
  - (b) Include people chosen by the individual.
  - (c) Consider the program options that best meet the identified needs.
  - (d) Reflect the cultural considerations of the individual; and
  - (e) Use the language, format, and presentation methods appropriate for effective communication according to the needs and abilities of the individual and, as applicable, representative of the individual.
- (5) A case manager must describe in the service plan the tasks to be performed by a qualified provider and must authorize the needed hours per service period that may be reimbursed for those services.
- (6) A case manager must monitor the service plan and adjust as needed.
- (7) Payment for State Plan Personal Care services must be prioritized by a case manager based on the service needs of an individual as documented in the individual's written service plan.

### Budget by Service Category

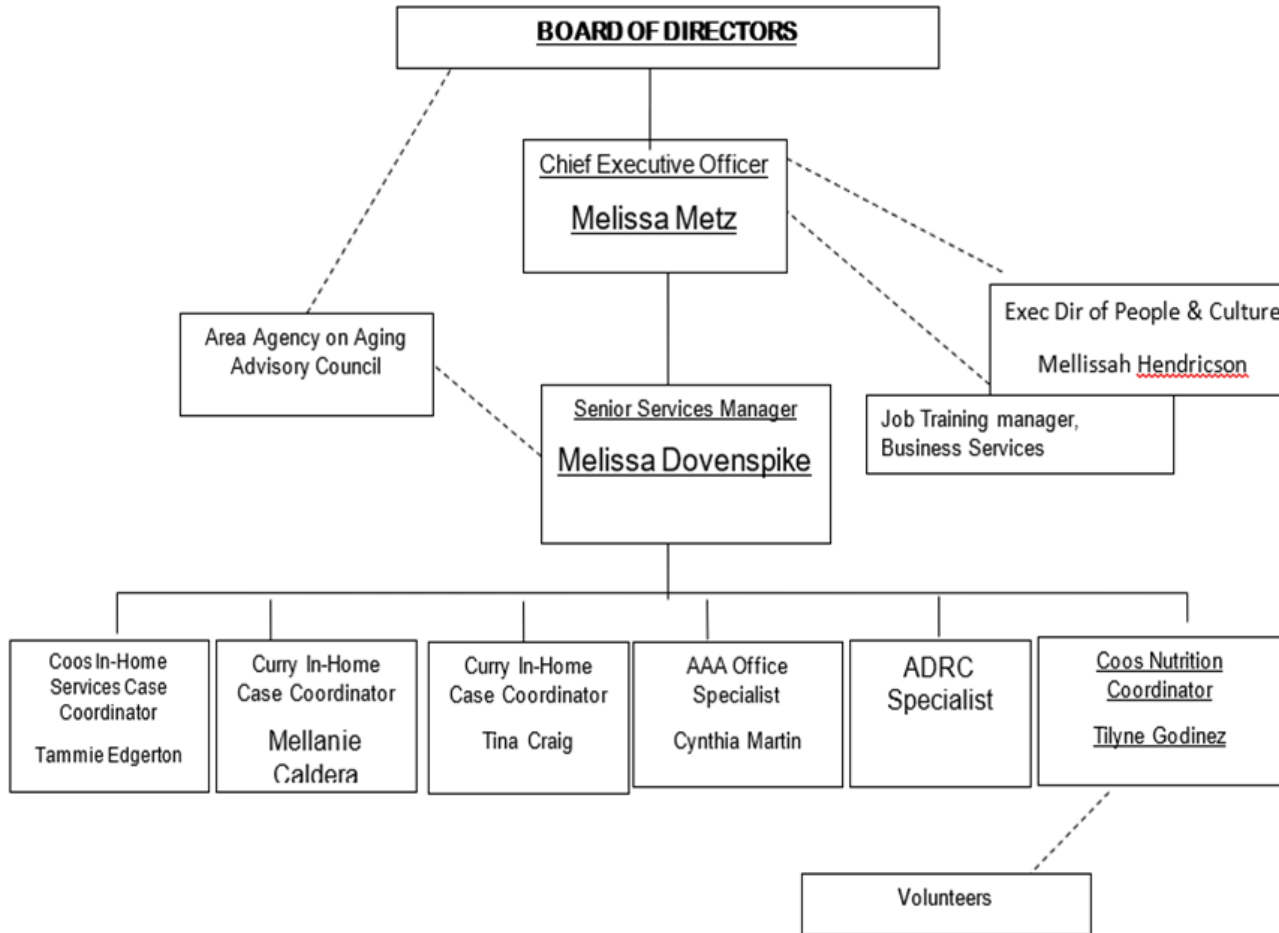
(3) Matrix	(4) SERVICE NAME		SERVICE TYPE	(5)	(6)	(7)	(8)	(9) OAA						(10) OAA Total	(11) NSIP	(12) COVID Relief (ARP, VAC5 and SLFRF)	(13) OPI (Classic and/or Pilot)	(14) Other State-provided Funds	(15) Other Cash Funds	(16) Total Funds	(17) Estimated Cost Per Unit	(18) Comments Explanation
								T III B	T III C-1	T III C-2	T III D	T III E	T VII									
<b>ADMINISTRATION</b>								\$95,100	\$27,500	\$80,000	\$0	\$17,500	\$0	\$220,100	\$0	\$0	\$152,377	\$67,000	\$130,000	\$569,477		
20-1	Area Plan Administration		Administration	C = Contract				\$40,600	\$27,500	\$80,000		\$17,500		\$165,600		\$152,377	\$67,000	\$130,000	\$514,977			
20-2	AAA Advocacy		Administration	D = Direct Provision	Estimated Units	Unit Definition	Estimated Clients	\$32,500						\$32,500					\$32,500			
20-3	Program Coordination & Development		Administration					\$22,000						\$22,000					\$22,000			
<b>ACCESS SERVICES -</b>								\$206,300	\$0	\$0	\$0	\$0	\$0	\$206,300	\$0	\$0	\$437,089	\$0	\$0	\$643,389		
6	Case Management		Case Management		1000.00	1 hour	150	\$84,500						\$84,500		\$437,089			\$521,589	\$521.59		
9	Assisted Transportation		Assisted Transportation		350.00	1 one-way trip	110	\$105,600						\$105,600					\$105,600	\$301.71		
10	Transportation		Transportation		1800.00	1 one-way trip	280	\$7,150						\$7,150					\$7,150	\$3.97		
13	Information & Assistance		Information and Assistance		14.00	1 contact	7	\$1,850						\$1,850					\$1,850	\$132.14		
14	Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education)		Outreach		70.00	1 activity		\$6,050						\$6,050					\$6,050	\$86.43		
40-3	Preventive Screening, Counseling, and Referral		Health Promotion and Disease Prevention			1 session								\$0					\$0	#DIV/0!		
40-4	Mental Health Screening & Referral		Health Promotion and Disease Prevention			1 session								\$0					\$0	#DIV/0!		
60-5	Interpreting/Translation		Other Services			1 hour or activity								\$0					\$0	#DIV/0!		
70-2	Options Counseling		Information and Assistance		8.00	1 contact		\$1,150						\$1,150					\$1,150	\$143.75		
70-8	Fee-Based Case Management		Other Services			1 hour or activity								\$0					\$0	#DIV/0!		
<b>IN-HOME SERVICES</b>								\$11,500	\$8,000	\$925,500	\$0	\$0	\$0	\$945,000	\$67,000	\$0	\$476,000	\$0	\$0	\$1,488,000		
1/1a	Personal Care		Personal Care			1 hour								\$0		\$208,750			\$208,750	#DIV/0!		
2	Homemaker/Home Care		Homemaker			1 hour	10							\$0					\$0	#DIV/0!		
2a	Homemaker/Home Care - HCW		Homemaker			1 hour								\$0					\$0	#DIV/0!		
3	Chore		Chore			1 hour								\$0					\$0	#DIV/0!		
3a	Chore - HCW		Chore			1 hour	377							\$0		\$208,750			\$208,750	#DIV/0!		
5	Adult Day Care/Adult Day Health		Adult Day Care/Health			1 hour								\$0					\$0	#DIV/0!		
30-1	Home Repair/Modification		Other Services			1 payment	950							\$0					\$0	#DIV/0!		
30-4	Respite (IIIB)		Respite Care			1 hour								\$0					\$0	#DIV/0!		
40-5	Health, Medical & Technical Assistance Equip.		Health Promotion and Disease Prevention		11.00	1 loan/payment		\$11,500						\$11,500					\$11,500	\$1,045.45		
60-3	Reassurance		Outreach			1 contact	30							\$0					\$0	#DIV/0!		
90-1	Volunteer Services (In Home)		Other Services			1 hour								\$0					\$0	#DIV/0!		
4	Home Delivered Meals		Home Delivered Meals		70000.00	1 meal	912			\$914,000				\$914,000	\$67,000	\$58,500			\$1,039,500	\$14.85		
8	Nutrition Counseling		Nutrition Counseling			1 session								\$0					\$0	#DIV/0!		
12	Nutrition Education		Nutrition Education		950.00	1 session			\$8,000	\$11,500				\$19,500					\$19,500	\$20.53		
																					Estimated Clients	
<b>LEGAL SERVICES</b>								\$20,500	\$0	\$0	\$0	\$0	\$0	\$20,500	\$0	\$0	\$0	\$0	\$0	\$20,500		
11	Legal Assistance		Legal Assistance Development	C	270.00	1 hour	64	\$20,500						\$20,500					\$20,500	\$75.93		
<b>NUTRITION SERVICES</b>								\$0	\$687,750	\$0	\$0	\$0	\$0	\$687,750	\$56,500	\$0	\$0	\$0	\$744,250			
7	Congregate Meals		Congregate Meals		42891.00	1 meal	25		\$687,750					\$687,750	\$56,500				\$744,250	\$17.35		
																						10

### Budget by Service Category

(3) Matrix	(4) SERVICE NAME SERVICE TYPE		(5) Contract or Direct Provide	(6) Estimated Units	(7) Unit Definition	(8)	(9) OAA						(10) OAA Total	(11) NSIP	(12) COVID Relief (ARP, VAC5 and SLFRF)	(13) OPI (Classic and/or Pilot)	(14) Other State-provided Funds	(15) Other Cash Funds	(16) Total Funds	(17) Estimated Cost Per Unit	(18) Comments Explanation	
							T III B	T III C-1	T III C-2	T III D	T III E	T VII										
<b>FAMILY CAREGIVER SUPPORT</b>							7	\$0	\$0	\$0	\$0	\$121,750	\$0	\$121,750	\$0	\$0	\$0	\$0	\$0	\$0	\$121,750	
15/15a	Caregivers Information Services / Information and	Information for Caregivers		500.00	1 activity						\$32,000		\$32,000							\$32,000	\$64.00	
16/16a	Caregiver Case Management	Access Assistance		148.00	1 contact						\$50,000		\$50,000							\$50,000	\$337.84	
30-5/5a	Caregiver Respite	Respite Care		1060.00	1 hour	80					\$23,500		\$23,500						\$23,500	\$22.17		
30-6/6a	Caregiver Support Groups	Counseling/Support Groups/Caregiver Training			1 session								\$0						\$0	#DIV/0!		
30-7/7a	Caregiver Supplemental Services	Supplemental Services		17.00	1 payment	1					\$15,500		\$15,500						\$15,500	\$911.76		
70-2a/2b	Caregiver Counseling	Counseling/Support Groups/Caregiver Training			1 client served								\$0						\$0	#DIV/0!		
70-9/9a	Caregiver Training	Counseling/Support Groups/Caregiver Training		60.00	1 session						\$750		\$750						\$750	\$12.50		
73/73a	Caregiver Self-Directed Care	Self-Directed Care			1 client served								\$0						\$0	#DIV/0!		
<b>SOCIAL &amp; HEALTH SERVICES</b>							4	\$2,150	\$0	\$0	\$31,000	\$0	\$30	\$33,180	\$0	\$0	\$67,750	\$3,500	\$0	\$104,430		
40-2	Health Promotion: Evidenced-Based (40-2 Physical	Health Promotion and Disease Prevention		175.00	1 session					\$30,500			\$30,500							\$30,500	\$174.29	
	Elder Abuse Prevention (50-1 Guardianship/Conservatorship,; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)	Elderly Abuse Prevention			1 activity								\$0						\$0	#DIV/0!		
50-1	Elder Abuse Awareness and Prevention	Elderly Abuse Prevention		1.00	1 activity							\$30	\$30						\$30	\$30.00		
50-4	Crime Pervention/Home Safety	Elderly Abuse Prevention			1 activity								\$0						\$0	#DIV/0!		
60-4	Volunteer Services	Other Services			1 hour or activity								\$0						\$0	#DIV/0!		
60-1	Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)	Other Services			1 hour or activity								\$0						\$0	#DIV/0!		
71	Chronic Disease Prevention, Management & Ed	Health Promotion and Disease Prevention		10.00	1 session		\$2,150		\$500				\$2,650						\$2,650	\$265.00		
72	Self-Directed Care	Self-Directed Care			1 client served								\$0						\$0	#DIV/0!		
80-1	Senior Center Assistance	Other Services			1 hour or activity								\$0						\$0	#DIV/0!		
80-4	Consumable Services	Other Services			1 hour or activity								\$0						\$0	#DIV/0!		
80-5	Money Management	Other Services			1 hour or activity								\$0						\$0	#DIV/0!		
80-6	Center Renovation/Acquisition	Other Services			1 center acqrd/renovated								\$0						\$0	#DIV/0!		
900	Computer Terchnology Expense	Other Services		4.00	1 payment/activity								\$0			\$3,500			\$3,500	\$875.00		
901	Other (specify)	Other Services											\$0		\$67,750				\$67,750	#DIV/0!		
901	Other (specify)	Other Services											\$0						\$0	#DIV/0!		
901	Other (specify)	Other Services											\$0						\$0	#DIV/0!		
<b>GRAND TOTAL</b>								\$335,550	\$723,250	\$1,005,500	\$31,000	\$139,250	\$30	\$2,234,580	\$123,500	\$0	\$1,133,216	\$70,500	\$130,000	\$3,691,796		

# APPENDICES A SCB ORG CHART

## SCBEC Organization Chart



## APPENDICES B GOVERNING BOARD

	First Name	Last Name	Board Position	Member since	Expires	Profession	County
1	Terry	Hanscam	Chair	1995	6/30/2025	Private/Property Owner/Builder	Curry
2	Michelle	Martin	Vice Chair	2017	6/30/2025	Ford Family Foundation	Coos
3	Josh	Hendrickson		2024	8/30/2026	Apprenticeships & Training, BOLI	At Large
4	Rebecca	Jennings		2024	8/30/2026	Property Manager	Coos
5	J.J.	McLeod	Treasurer	2016	6/30/2025	Private/Coast Community Health Center Board Chair	Coos
6	Timothy	Lynch		2024	12/30/2028	County Health Director	Coos
7	Jonathan	Trost		2023	THRU TERM OF OFFICE	Commissioner	Curry
8						Commissioner	Coos

**APPENDICES B ADVISORY COUNCIL**

**AREA AGENCY ON AGING  
2025-2029 ADVISORY COUNCIL**

**Affiliation                      Member                      Alternate**

**MEAL SITES**

**Bandon Meal Site**                      **OPEN**                      **OPEN**  
P.O. Box 616  
Bandon, OR 97411  
541.347.3181

**Bay Area Senior Center**                      **OPEN**                      **OPEN**  
886 South 4<sup>th</sup>  
Coos Bay, OR 97420  
541.269.2626

**Chetco Activity Center**                      **Glenda Groff**                      **Carol**  
**Meal Site**                      20803 Wilderness Rd  
P.O. Box 1444                      Brookings, OR 97415  
Brookings, OR 97415                      916.300.3789  
541.412.8043                      [glendagroff@msn.com](mailto:glendagroff@msn.com)  
541.469.6822                      Chair  
[boardmember@chetco.org](mailto:boardmember@chetco.org)

**Coquille Activity Center**                      **OPEN**                      **OPEN**  
**Meal Site**  
North Birch  
Coquille, Or 97423  
541.396.5341

**AREA AGENCY ON AGING**

## 2025-2029 ADVISORY COUNCIL

<u>Affiliation</u>	<u>Member</u>	<u>Alternate</u>
--------------------	---------------	------------------

### MEAL SITES

**Gold Beach Senior Center**

P.O. Box 1277  
Gold Beach, OR 97444  
541.247.2691 541.274.0330

**Susan Lindquist**

**Port Orford Senior Center**

P.O. Box 726  
Port Orford, OR 97465

**Fred Zarlingo**

P.O. Box 726  
Port Orford, OR 97465  
[fredzzusa@yahoo.com](mailto:fredzzusa@yahoo.com)  
Vice Chair

**OPEN**

**Lakeside Senior Center**

P.O. Box 303  
Lakeside, OR 97449  
541.759.3819

**Dixie Crumrine**

P.O. Box 623  
Lakeside, OR 97449  
541.759.3078  
[dixcrumrine@juno.com](mailto:dixcrumrine@juno.com)

**OPEN**

**North Bend SC/Meal Site**

1470 Airport Lane  
North Bend, Or 97459  
541.756.7622

**OPEN**

**OPEN**

**Powers Senior Center**

P.O. BOX 521  
Powers, OR 97466  
541.439.3861

**OPEN**

**OPEN**

### SENIORS AT LARGE

**Marcella Bossard**

185 N. 3<sup>RD</sup> St.  
Lakeside, OR 97449

**Kathryn Justman**

6577 Lucky Lane # 804  
Brookings, OR 97415

541.759.2435  
[bosmsfolly@yahoo.com](mailto:bosmsfolly@yahoo.com)

**Connie Wilson**  
98041 Hallway RD. SP # 2  
Brookings, OR 97415  
541.661.1019  
[Conwilson2010@yahoo.com](mailto:Conwilson2010@yahoo.com)

541.251.2436  
[Kjustman69@gmail.com](mailto:Kjustman69@gmail.com)

**Michael Thompson**  
1070 Cedar Ave  
Coos Bay, OR 97420  
951.533.3750

Advisory Council Demographics:

8 Members:  
8 Rural  
8 Over 60  
2 Self-identify as disabled  
3 Family caregiver  
2 Minority

## **APPENDICES C PUBLIC PROCESS**

### **Press Release Meeting Notice**

#### **NOTICE OF PUBLIC MEETING 2025-2029 AREA PLAN FOR COOS AND CURRY COUNTIES AREA AGENCY ON AGING**

To senior community members, public officials, and other interested parties: You are invited to attend a public meeting hosted by the South Coast Business Area Agency on Aging regarding the 2025-2029 Area Plan for the South Oregon Coast.

The purpose of this public meeting is to gather input and comments from interested parties concerning priority services. The meeting will take place on:

Tuesday, October 22, 2024, Time: 12:30 – 1:30 p.m. Location:  
Bandon Barn, 1200 11<sup>th</sup> St SW, Bandon, OR Additional meetings will

be held at the following locations: - Allegany Community Center, E Fork Rd, Coos Bay, OR on October 24, 2024, at 12:30 PM - Port Orford Library, 1421 Oregon St, Port Orford, OR on October 29, 2024, at 12:30 PM The meeting location is accessible to individuals with disabilities. If you require an interpreter for the hearing impaired or other accommodations, please make your request at least 48 hours prior to the meeting by contacting Melissa Dovenspike at 541-269-2013 or

Agenda:

1. Call to order
2. Purpose of hearing
3. Public comments on the Needs Assessment Survey
4. Public comments on service needs

Written comments can be submitted to [Mdovenspike@scbec.org](mailto:Mdovenspike@scbec.org) or dropped off at the main headquarters located at 800 N Bayshore Dr, Coos Bay, OR. You can also provide comments by phone at 541-269-2013 ext. 200

The Area Plan will guide the South Coast Business Area Agency on Aging for the State Fiscal Years 2025 – 2029. The Area Plan will be Available via the SCB website and social media for 30 days starting March 3, 2025. Any comments can be directed to Senior Services Director Melissa Dovenspike [Mdovenspike@scbec.org](mailto:Mdovenspike@scbec.org) or by calling 541-269-2013 ext. 200

Sent to Meeting Press Release Email Group:

[News@theworldlink.com](mailto:News@theworldlink.com)

The World Newspaper

Coos County Broadcast Media

[Newdesk@kezi.com](mailto:Newdesk@kezi.com)

## **APPENDICES D FINAL UPDATES ON ACCOMPLISHMENTS F**

### **Final Update on Accomplishments for 2021-2025 Area Plan**

SCB has made significant strides in our previous area plan for Nutrition. We have issued a Request for Proposal (RFP) for nutrition services and established a new contract with our supplier. They are collaborating with us to provide culturally specific meals at all meal sites. Additionally, we are enhancing evidence-based health promotion programs scheduled before or after most congregate meal sessions.

We are currently in the process of developing medically tailored meals, and our contractor is fully supportive and ready to provide these meals once we finalize the necessary information and menus. This will be a crucial step for many members of our community. Our current dietitian is creating nutritional education materials for both congregate and homebound consumers.

We successfully hired an Options Counselor and are in the process of training them. This position has been vacant for some time, and we are excited to offer these services again as our community desperately needs them. With OPIM now in service, many consumers are confused about what they need to provide to receive these services, and our Options Counselor has been instrumental in assisting them in finding the necessary information.

Additionally, we have created and distributed satisfaction surveys for the ADRC to measure the success of our work.

We also established a monthly walk-in clinic for consumers to consult with our legal contractor. They can receive the information they need or get

assistance for their current legal issues. SCB has made significant strides in our previous area plan for Nutrition. We have issued a Request for Proposal (RFP) for nutrition services and established a new contract with our supplier. They are collaborating with us to provide culturally specific meals at all meal sites. Additionally, we are enhancing evidence-based health promotion programs scheduled before or after most congregate meal sessions.

Furthermore, we have expanded programs such as Gatekeeper, Living with Chronic Conditions, and PEARLS in both countries, working closely with our local Oregon Behavioral Health Specialist. We are fortunate to have such a collaborative OBHS dedicated to introducing new programs to our community.

# **APPENDICES F EMERGENCY PREPAREDNESS PLAN**

## **Emergency Preparedness Plan**

### **Coos and Curry Counties**

Potential hazards in Coos and Curry Counties include fires, floods, landslides, power outages, and earthquakes, including those accompanied by tsunamis.

Vulnerable populations in these counties have been identified as frail elderly individuals, homebound people, and individuals with disabilities. We have compiled a list that includes the names, addresses, and phone numbers of these individuals. This list will be securely stored off-site in plastic envelopes by the Senior Services Director, the OPI Coordinator for Coos County, and the In-home Services Coordinator for Curry County. In the event of an emergency, we will be able to contact and escort these individuals to safety.

Location of Services: Services are offered collaboratively through our main office in Coos Bay and our satellite office in Brookings. Additionally, we coordinate services at six senior dining sites located in Coquille, Lakeside, Pony Village, Bandon, Gold Beach, and Brookings. If the local offices are damaged or become inaccessible due to a catastrophic event, we have established an emergency post at the Coos County Area Transportation District facility, located at 2810 Ocean Blvd SE, Coos Bay. This facility is situated outside the inundation zone and can be accessed without requiring bridge crossings.

Chain of Command: In the event of an emergency that requires a response from the AAA, the chain of command will be as follows:

- 1.) Melissa Dovenspike, AAA Director

- 2.) Tilyne Godinez, Nutrition Coordinator
- 3.) Tammie Edgerton, OPI Coordinator
- 4.) Dauneen Durrant, OPIM/OC
- 5.) Cynthia Martin, Office Specialist
- 6.) Tina Craig, In-home services Coordinator Curry
- 7.) Mellanie Vermaak Caldera, In-home services Coordinator Curry

Communication Plan: The Area Agency on Aging (AAA) is a small department composed of one director, five case managers, and one office specialist who manage programs under the Older Americans Act. Each staff member is provided with a cell phone and a laptop with internet access to ensure effective communication.

Staff members regularly communicate with each other. In the event of an emergency, they will primarily use telephone or email, assuming these services are still operational. If these communication methods become unavailable, the AAA will utilize HAM radios. At least three staff members will attend a local HAM radio class to get certified for emergency use. The Director, the OPI Case Manager, and the Curry In-home Service Coordinator each have their own HAM radios to ensure ongoing communication if other services are disrupted. They also maintain regular contact with coordinators at all AAA-sponsored senior and activity centers.

The AAA has focused on emergency preparedness for its clients and the broader senior population in the region through various educational initiatives. They have distributed literature at senior centers and hosted seminars in collaboration with Coos County Emergency Management Program Manager Chip, Peggy, and Coos Sheriff Fabrizio. The AAA has provided clients with a seven-day supply of non-perishable food and water to enable them to "shelter in place" during emergencies. Additionally, the AAA has provided each homebound client with a three-day emergency bag for two people, containing essential supplies to assist them if needed.

A key service offered by the AAA is home-delivered meals for homebound seniors. Each homebound client receives seven emergency meals to keep on hand, along with education on what constitutes an emergency meal.

Continuity of Operations: In the event of a disaster affecting senior citizens in Coos and Curry Counties, the AAA will take the following steps as quickly as possible. We currently do not have a formal agreement with Coos Emergency Management and Curry County Emergency Services, and both Sheriff's offices, but we are working on those currently:

1. The AAA Director will, with help from the Coos County Emergency Management Team, determine the impacted areas.
2. The Director will reach out to contractors and relevant sites within these areas to assess the assistance needed to maintain existing services and identify any additional services that may be required to alleviate issues, and the nearest emergency evacuation zone designated for their area outside the disaster zone
3. The Director will convene an emergency staff meeting, which can be attended via phone, in person, or through HAM radio. The purpose of this meeting is to assign specific responsibilities aimed at supporting the maintenance of current services for existing clients and, if necessary, to provide new services.
4. Staff will provide their contact lists to District 7 APD and the Coos County Sheriff's office for assistance in aiding individuals in regard to the emergency and will also reach out to both congregate and home-delivered meal recipients. They will attempt to connect with other older adults in their local communities who live alone or may need assistance with evacuation after the disaster. This contact list, which will be updated quarterly, will include contact information, such as addresses and phone numbers, as well as the names of individuals to contact in case of an emergency.
5. The Director will communicate with District 7 APD and the Coos County Emergency Management Division (CCEMD) of the Coos County Sheriff's Office and/or Curry County Emergency Services to ensure they are informed about the status of the disaster and the resulting decisions regarding AAA services. The Director will also seek guidance from CCEMD on the next steps.

6. The Director will draft a media release, solicit feedback from the team on the draft, and then distribute the approved media release via fax or broadcast it through HAM radio to all media outlets, updating them on the status of services for the senior population.

7. The Director will monitor all services and assist staff in collaborating with local community partners to locate necessary resources and identify new or temporary services.

Communication with Other Agencies: In the event of an emergency, SCB will take all necessary steps to maintain clear and open communication with other agencies that may be assisting seniors and their families during the emergency or disaster.

1.) The Director has assigned AAA staff the responsibility of maintaining communication with other agencies and community partners across both counties.

1. Prior to any emergency or disaster, AAA staff will, to the greatest extent possible, reach out to these agencies and community partners to foster and maintain positive working relationships. Together, they will work to create a transportation and communication plan, as well as identify strategies to respond to and meet the needs of local elders, particularly the frail and homebound elderly.

2. In the event of a disaster, each AAA staff member will be responsible for promptly contacting their assigned community partners and keeping the Director informed about the status of events in their areas, as well as how the AAA can support the community partners.

3. After any emergency or disaster, assigned AAA staff will reach out to their respective community partners to discuss ways to improve communication for future emergencies. They will report their recommendations to the Director and work on developing methods to enhance communication in the future.

Coordination of Services with Other Agencies During a Disaster: To maximize the use of available resources and effectively reach the largest number of seniors and their families, the AAA will coordinate services with other agencies in the affected area whenever possible.

1. The Director will identify service agencies in both counties that can provide beneficial disaster services to senior citizens and will seek to establish cooperative agreements with these agencies.
2. The Director will convene at least one annual meeting with the identified agencies and community partners to develop a coordinated approach to serving seniors and their families during a disaster.
3. In the event of an actual disaster, the Director will maintain communication with other agencies that provide services to seniors and their families, ensuring that seniors in need receive all possible assistance. The Area Agency on Aging (AAA) will also extend services to target groups identified by these other agencies and community partners, to the fullest extent that is legal and feasible.
4. The AAA will keep comprehensive records of services provided by other agencies to seniors, as well as services offered by the AAA and its contractors to non-seniors, to maximize reimbursement for eligible services.
5. The Program Manager will make every effort to secure full reimbursement for all agencies and community partners during a disaster, so that regular operating funds are not depleted.

Resumption of "Business as Usual": After the critical phase of the disaster has passed and individuals and communities start to recover, AAA staff will continue collaborating with clients and community partners. They will ensure clients receive the necessary support and are informed about available services for assistance and referrals that can help facilitate the transition from disaster recovery to full recovery.

Staff will actively engage in community outreach after the disaster to gather feedback and identify lessons learned. This process will help improve the management of future disasters and emergencies.

This AAA will resume business as usual once life in each community returns to “normal”.

# APPENDIX G CONFLICT OF INTEREST POLICY

## Conflict of Interest

### PURPOSE/POLICY

SCB conducts business ethically and avoids conflicts of interest, including the appearance of such conflicts. All people involved in the organization's operations have an equal obligation to avoid conflicts of interest.

### PROCEDURE

1. Employees are expected to report conflicts of interest to CAO immediately upon discovery or suspicion of the conflict. Examples of conflicts of interest are listed below (but are not limited to these items):

- a. An employee has outside employment that competes with the activities or services offered by the Organization.
- b. An employee has an outside business interest that competes with the activities of the Organization.
- c. An employee has an outside business that is a purchaser or supplier of goods or services to the Organization.
- d. An employee has an outside business involvement or employment that interferes with the ability to devote necessary attention to the responsibilities at the Organization (moonlighting).
- e. An employee has a relative or a person with a significant relationship employed by, or has a business interest in, companies that compete with, sell to, or buy from the Organization.
- f. An employee receives purchase inducements (gifts, premiums, money, goods, or services) from vendors that benefit the employee personally (directly or indirectly) or are unauthorized or questionable.
- g. An employee serves on the advisory council or advisory committee.

2. Personal gifts and favors from people with whom the Organization has a business relationship are prohibited. SCB employees may not solicit or accept gifts of monetary value or accept gifts that imply forgiveness of a debt or create an expectation of special service or benefit.

- 1.) The following exceptions to this policy may be permitted, but you must have supervisor's Tammie Edgerton, OPI Coordinator

approval in advance:

- Purchase of business meeting meals
  - Gifts of food or other consumable products offered to the entire work group during the holiday season when rejection of the gift would damage business relationships
3. Employees may not accept an honorarium for speaking or teaching assignments in which they represent the Organization, and/or if such assignment(s) occur during regular work hours. If such honoraria are received, they must be turned over to the Organization.

4. Members of the Board of Directors, Governing Board, or Administering Board of any public, private, or nonprofit organization funded by SCB, or members of any major advisory bodies, are not eligible for employment with the Organization. Former members of these Boards and advisory bodies are eligible for employment following their resignation.

5. SCB expects employees to conduct business by relevant policies, procedures, and laws and to refrain from any illegal, dishonest, or unethical conduct.

Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of the employee.

Contractor Conflict of Interest Policy:

## **SUBRECIPIENTS**

### **Making of Subawards**

From time to time, South Coast Business Employment Corporation may find it practical to make subawards of federal funds to other organizations. All subawards in excess of the simplified acquisition threshold shall be subject to the conflict of interest policies described in the preceding section. In addition, all subrecipients must be approved in writing by the federal awarding agency and agree to the subrecipient monitoring provisions described in the next section.

South Coast Business Employment Corporation is required to evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward to determine the appropriate monitoring. Evaluations may include such factors as: (2 CFR Part 200.331(b))

- The subrecipient's prior experience with the same or similar subawards;
- The results of previous audits including whether or not the subrecipient receives a Single Audit, and the extent to which the same or similar subaward has been audited as a major program;
- Whether the subrecipient has new personnel or new or substantially changed systems; and
- The extent and results of Federal awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a Federal awarding agency).



# APPENDICES H PARTNER MEMORANDUMS OF UNDERSTANDING

## Corporate Headquarters

P.O. Box 1118  
800 N Bayshore Dr  
Coos Bay, OR 97420  
(541) 269-2013  
FAX: (541) 267-0194

### Memorandum of Understanding Between

South Coast Business Employment Corporation's  
Area Agency on Aging

And

State of Oregon Department of Human Services, Aging and People with Disabilities

#### **PURPOSE**

South Coast Business Employment Corporation's Area Agency on Aging, hereinafter referred to as

SCBEC/AAA and Oregon Department of Human Services, Aging and Peoples with Disabilities in Coos and Curry Counties hereinafter referred to as 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 service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have a maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

#### **SOPE OF AGREEMENT**

##### **APD AGREES TO:**

- Provide training to SCBEC/AAA personnel and volunteers regarding services and eligibility criteria established and/or administered by APD on an as needed basis to ensure SCBEC/AAA staff have basic programmatic knowledge for Information and Referral
- Refer individuals to SCBEC/AAA for assessment, case management, and/or service delivery as deemed mutually appropriate by APD and SCBEC personnel during the intake process.
- Provide a knowledgeable representative who will attend the SCBEC Advisory Council Meetings to provide an update of the current APD operations and policies.



## **Appendix I Statement of Assurances and Verification of Intent**

For the period of July 1, 2025 through June 30, 2029, South Coast Business 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,

South Coast Business 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. South Coast Business 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.

South Coast Business further assures that it will:

With respect to legal assistance —

(A)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and

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

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

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

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

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. South Coast Business 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.

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. The SCBEC 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  
Date

*Melissa Donovanpika*  
Director, \_\_\_\_\_

3/31/2025  
Date

*Glenda Groff*  
Advisory Council Chair

\_\_\_\_\_  
Date

Melissa Metz  
Legal Contractor Authority

\_\_\_\_\_  
Title

Signature:   
Email: [mmetz@scbec.org](mailto:mmetz@scbec.org)

# SERVICE MATRIX and DELIVERY METHOD

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

**#5 Adult Day Care**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#9 Assisted Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#16/16a Caregiver Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#30-5/30-5a Caregiver Respite**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#73/73a Caregiver Self-Directed Care**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#70-9/70-9a Caregiver Training**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#6 Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#3 Chore (by agency)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#3a Chore (by HCW)**

Funding Source:  OAA  OPI  Other Cash Funds

**#7 Congregate Meals**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

S&B Foods 1611 Virginia Ave North Bend OR 97459

**#80-4 Consumable Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Just for you Integrated Health PO Box 1458 Riverton WY 82501

**#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):  
S&B Foods 1611 Virginia Ave North Bend OR 97459

**#30-1 Home Repair/Modification**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#2 Homemaker (by agency)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Oregon Legal Services 490 N 2nd St Coos Bay or 97420

**#8 Nutrition Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#900 Other – Computer Technology Expense**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#901 Other (specify)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#1 Personal Care (by agency)**

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

Contracted  Self-provided

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

**#1a Personal Care (by HCW)**

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

**#20-3 Program Coordination & Development**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

**#30-4 Respite Care - Other (IIB/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):

Coos County Area Transportation Dist 2810 Ocean Blvd Coos Bay OR 97420

**#60-4 Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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