

Sarah Hout, State Unit on Aging Manager

**Authorized signature**
**Number:** APD-AR-15-066

**Issue date:** 11/25/2015

**Topic:** Forms

**Due date:** Upon Receipt

**Subject:** 2017-2020 Area Plan Instructions

**Applies to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> All DHS employees                    | <input type="checkbox"/> County Mental Health Directors                      |
| <input checked="" type="checkbox"/> Area Agencies on Aging    | <input type="checkbox"/> Health Services                                     |
| <input type="checkbox"/> Aging and People with Disabilities   | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs            | <input type="checkbox"/> ODDS Children's Intensive In Home Services          |
| <input type="checkbox"/> County DD Program Managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify):                             |
| <input type="checkbox"/> Child Welfare Programs               |  |

**Action required:**

Using the electronically provided Area Plan instructions and supporting documents (all previous versions obsolete), please develop and prepare an area plan for your planning and service area for the period of January 1, 2017 through December 31, 2020.

A copy of these instructions and the budget forms will be e-mailed to the AAA contract/fiscal officer so the proper budget forms can be used. The instructions and forms will also be on the SUA website located at

<http://www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml>.

Deadline for submittal of the Area Plan is October 3, 2016. DHS/APD will review submitted Area Plans and respond by November 18, 2016. If applicable, the deadline for re-submittals will be December 16, 2016.

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

- a) Conduct a needs assessment;
- b) Synthesize and prioritize this information;
- c) Develop recommendations for service priorities;
- d) Conduct public hearings to introduce recommendations to the community and

receive oral and written feedback;

e) Incorporate applicable public comment into final recommendations;

f) SAC reviews and approves recommendations to the AAA governing board;

g) The governing board has final review and approval authority;

h) AAA then completes the area plan and submits to DHS/APD

Below are some websites which might be useful during the development of your area plan. Websites are also embedded in the body of the Instruction document.

Demographics of your planning and service area:

[www.census.gov](http://www.census.gov)

<http://www.pdx.edu/prc/>

<http://www.oregon.gov/dhs/spwpd/pages/ltc30-community-n-focus.aspx>

Administration on Aging: AGing Integrated Database (AGID)

[www.AGIDnet.org](http://www.AGIDnet.org)

Public engagement in your processes:

[www.health.state.mn.us/communityeng/index.html](http://www.health.state.mn.us/communityeng/index.html)

Additional resources and guidance:

A roster of SUA staff who can provide technical assistance is on the SUA website as well as in the instruction document attachments. Additional resources and training materials will also be posted on the SUA website and will be updated on an ongoing basis. SUA staff are actively working to obtain and develop additional data and sources to assist your planning. Please check the website periodically for additions to this section. Finally, a Question and Answer document regarding the Instructions will be posted soon with questions, clarification and guidance. This document will also be updated periodically.

**Reason for action:**

Older Americans Act Section 306 requires each designated area agency on aging to develop an area plan. Currently, active four-year AAA Area Plans and updates expire on 12/31/16.

**Field/stakeholder review:**       Yes       No

**If yes, reviewed by:** A committee appointed by the Oregon Association of Area Agencies and Disabilities (O4AD) provided review and comment of the instructions. A sub-group of the Governor's Commission on Senior Services also provided recommendations and comment. Feedback was incorporated into the final documents.

*If you have any questions about this action request, contact:*

<b>Contact(s):</b> Deb McCuin
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<b>Phone:</b>	541-618-7854	<b>Fax:</b>	541-776-6215
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# **2017-2020 AREA PLAN INSTRUCTIONS FOR AREA AGENCIES ON AGING**

## **GENERAL INSTRUCTIONS**

This document, and related attachments, contains instructions for the 2017-2020 Area Plan. This plan covers the period from January 1, 2017 through December 31, 2020. The Area Plan is due to the Department of Human Services, Aging and People with Disabilities (DHS/APD) on October 3, 2016 by close of business (5 p.m.).

1. Please submit a one-sided original of the Area Plan, with original signatures on the Verification of Intent and Statement of Assurances page, and one copy (this can be two-sided), to:

Sarah Hout, Manager  
State Unit on Aging  
500 Summer St. NE, E-12  
Salem, OR 97301

2. Send one electronic copy of the Plan via e-mail to your assigned State Unit on Aging (SUA) Liaison. AAAs are not expected to electronically send documents in the Plan that were not created in electronic format by the AAA, e.g., notices in newspapers.
3. The original Area Plan document should not be stapled or bound other than with a binder clip or rubber band.
4. Organize the Area Plan according to the table of contents and section instructions that follow these general instructions. At a minimum, the content detailed in the section instructions must be included, unless noted as optional. Additional information or sections may be provided at the option of the AAA.
5. Type the year, section number and page number at the bottom corner of every page.
6. A copy of the budget instructions and budget forms will be e-mailed to the AAA contract/fiscal officer so the proper budget

forms can be used. The instructions and forms will also be on the SUA website located at

<http://www.oregon.gov/dhs/spwpd/Pages/sua/info-aaa.aspx>

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

**[NAME OF AREA AGENCY ON AGING]  
2017-2020 AREA PLAN**

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## Area Plan Requirement, Overview and Purpose:

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

The Oregon Department of Human Services/Aging and People with Disabilities office (DHS/APD) and the statewide network of 17 Area Agencies on Aging (AAA) share responsibility for planning for Oregon’s present and future aging and long-term care needs. The AAAs’ Area Plans (AP), the Oregon State Plan on Aging and the Department’s strategic plan to improve and strengthen Oregon’s publicly funded long term care system together establish a framework for how the AAAs and DHS/APD will deliver services to Oregon’s diverse population.

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

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

- a) Conduct a needs assessment;
- b) Synthesize and prioritize this information;
- c) Develop recommendations for service priorities;
- d) Conduct public hearings to introduce recommendations to the community and receive oral and written feedback;
- e) Incorporate applicable public comment into final recommendations;
- f) Senior Advisory Council reviews and approves recommendations to the AAA governing board;
- g) The governing board has final review and approval authority;
- h) AAA then completes the area plan and submits to DHS/APD

## **SECTION A – AREA AGENCY PLANNING AND PRIORITIES**

(Suggested length not to exceed 5 pages)

### **A – 1 Introduction:**

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

### **A – 2 Mission, Vision, Values:**

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

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

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

- Scope of need - among older adults, minorities, rural/urban, individuals with disabilities, specific target populations, etc. and how the needs assessment was conducted.
- Persons and groups consulted - consumers, members of minority and diverse communities, service providers, health care professionals, advocacy groups, partner organizations, etc.
- Tools employed - surveys, focus groups, community forums, etc.

- Resources used - census data, DHS service data, regional demographic reports, GIS mapping, etc.
- How this plan aligns with other plans, if any, your agency may participate in – for example, any regional planning, Council of Governments, community health assessments, etc.

Describe the roles your Advisory Council(s) and regional/local/Tribal government play in your planning process, in review of drafts, and in the local approval process of the final Area Plan. Also describe efforts made to ensure the planning process includes and is culturally and linguistically responsive to minorities and individuals with limited English proficiency. Include in Appendix C documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, focus groups, surveys or public hearings held to assess need and obtain community input.

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

This section describes your 2017-2020 priorities for programs for which you have discretionary funding. Given that the Older Americans Act (OAA) allows considerable flexibility in the spending of Title IIIB funds, discretionary funds are considered those that are available after meeting the [minimum Title IIIB expenditure requirements](#). Also, for the purposes of this document, discretionary funds from local sources are those funds which, if available, would be used to supplement the provision of services meeting the definition of OAA services.

Oregon's Legislature made investments in services and supports for older adults and people with disabilities during the 2013-15 biennium. After several years of cuts and reductions, some steps were taken to reverse a trend of funding decreases. The 2015-2017 biennium resulted in some increases and some cuts in funding and programs. With federal, state, and local budget fluctuations in recent years, older adults and others served by the AAA experienced multiple impacts. With this potentially uncertain service net and funding variability in mind, describe:

- a. Any existing waitlists for services, and if so, how people on the waitlists are prioritized for services.
- b. Any changes in services included in this plan – compared to services in the prior planning period – based on changes in funding.

- c. Your process for determining priority services, including the criteria established, the basis for your criteria, factors influencing your prioritization, and the methods employed in weighting individual elements.

You must address how your factors and weighting prioritizes service to those in greatest economic and social need. The term “greatest economic need” means people with income less than 185% of the federal poverty level. The term “greatest social need” means the need is caused by non-economic factors, including: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

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

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

(Suggested length not to exceed 5 pages)

### **B – 1 Population Profile:**

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

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

- Healthy Aging in Oregon Counties - <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/healthyaginginoregoncounties.aspx>
- Administration on Aging (AoA) Aging Statistics - [http://www.aoa.acl.gov/Aging\\_Statistics/index.aspx](http://www.aoa.acl.gov/Aging_Statistics/index.aspx)

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

### **B – 2 Target Populations:**

Include a subsection describing the methods the AAA will use to carry out the Older Americans Act priority to provide services to targeted populations. Address how members of each target group will be identified, engaged, and served.

- Older individuals who have greatest economic and greatest social need, with particular attention to:
  - low-income older individuals, including low-income minority older individuals,
  - older individuals with limited English proficiency, and
  - older individuals residing in rural areas.
- Older individuals at risk for institutional placement, and
- Older individuals who are Native American.
- Social need includes issues related to older Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

Each planning and service area must assess their particular environment to determine those populations best targeted based on “greatest social need.” Type B AAAs and AAAs with Aging and Disability Resource Connections will also serve adults age 18 and older with physical disabilities.

### **B – 3 AAA Services and Administration:**

(Information in this section serves, in part, as narrative accompaniment to Attachment C - described further in Section D.)

Summarize all services provided by or through the AAA, either directly or through contracts with community partners. Include administrative, advocacy, program development and coordination functions of the agency and funding resources used. Briefly describe the service as it is provided in your PSA and in what county(ies), if applicable, using narrative and/or chart. Describe in the narrative if the array of services offered has been affected by budget increases or reductions and if there are other resources available to provide similar services.

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

Refer readers to Attachment C in this section.

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

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

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

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

- Mental Health
- Transportation
- Housing
- Elder Abuse Awareness and Prevention
- Employment Services
- Energy Assistance Programs
- Disability Services and Programs (e.g., Intellectual/Developmental Disabilities, Independent Living Centers)
- Community healthy aging and Care Transitions partners (e.g., local public health, healthcare systems, health promotion programs)
- Senior Centers
- Information and Referral/Assistance Programs (non-AAA funded, e.g., United Way, 211, Independent Living Centers)
- Education and Counseling Programs (non-AAA funded, e.g., SHIBA, Benefits and Benefits Counseling Projects, Easter Seals Money Management Program)

- Case Management (fee based or privately funded)
- Services that target minority; limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves older adults)
- Any service which specifically serves persons with Alzheimer's disease or other dementia, or their caregivers (Family Resource Center, Support Groups)

(See example in Attachment B)

## **SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES**

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

### **C – 1 Local Focus Areas, Older Americans Act and Statewide Issue Areas:**

Throughout all Focus Areas, please embed principles and methodologies of Person-Directed Services and Supports and Service Equity as described below into each areas' Goals and Objectives so that these principles are clearly and effectively operationalized in your service delivery system. (It is not necessary to address in each narrative, unless desired.)

#### **Person-Directed Services and Supports**

Person-directed philosophies have long existed in Oregon statutory policy as a foundation for delivering services to older adults and individuals with disabilities, and Oregon's aging and disability service networks are committed to providing respectful and responsive services and supports. This approach takes into account individuals' preferences, needs, values, cultures and diverse backgrounds. Depending on the setting, this approach may be called patient-centered care, person-centered care, participant-directed care, self-determination, and culture change. Regardless of the label used, the approach is based on keeping all decision making as close to individuals as possible and supporting their choices. The approach is based on ensuring the individual has accurate, objective information to make informed decisions.

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

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

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

### **Service Equity**

Service Equity promotes, health, safety and independence for all Oregonians by adapting services and policies to eliminate discrimination and disparities. Service equity is a measure of results, not effort. Individual approaches which are free from bias or favoritism are used to achieve common outcomes for all. Service equity creates an environment of fairness and respect that values, attracts and supports diversity. DHS is committed to advancing service equity, and recognizes service equity as a Core Value of the agency. APD, in its final report to the legislature as required by Senate Bill 21, also identified key elements of service equity to be addressed in planning and delivery of services.

A service system which advances the guiding principles of service equity includes actions such as:

- **Engagement, collaboration and trust** with members of each diverse community based on mutual respect and trust. Intentional efforts are made to maintain an open dialogue, and internal and external communication efforts are centered on inclusion and outcomes.
- **Collaboration with other agencies** to create a seamless long term service and support delivery system that is culturally and linguistically responsive.
- **Service provision for diverse populations** in a culturally and linguistically responsive manner. Services are provided to all consumers at their specific need level with community needs informing and guiding services.
- **Accessible** long-term services and supports information is available in a variety of formats to meet individuals' diverse linguistic, literacy and communication needs in locations visited and available for underserved populations.
- **Data collection and reporting** allows for effective monitoring and meaningful evaluation of the quality and capacity of long term services and supports provided to diverse older adults and people with disabilities.

- **Workforce development** to ensure staff, volunteers, and advisory group members represent and can appropriately communicate and address the cultural diversity of the population in the area being served.
- **Integration throughout budgetary decisions** including allocation of funds, contract development and implementation, and support of policies to support underserved populations. Leadership makes informed decisions, using all resources available including the Service Equity framework.

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

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

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

### **Format for Focus Areas:**

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

#### **Brief Profile/Description of the Issue:**

The public and DHS must be able to easily understand the focus area and the goals in a comprehensive way. This profile should help the reader to understand the issue as it applies to the consumers and services of the AAA. You may describe the issue, the service environment, stakeholders, significant trends, current status, etc. You should also describe challenges

and opportunities your AAA faces specific to each focus area and realistically describe barriers, service or funding gaps, and conflicting issues. If the focus area is prescribed by federal or state law or policy, e.g., elder rights protection activities, coordination with Title VI programs, it can be noted.

**Provide the specific information requested in each section:**

Address the specific areas outlined in each focus area.

**Problem/Need Statement:**

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

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

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

**Goals and Objectives:**

Each narrative section is to be followed by a set of goals and measurable objectives for the focus area. You may use the templates in this document or a similar format. See explanation and example in Attachment B.

## **1. Information and Assistance Services and Aging & Disability Resource Connection (ADRC)**

(Suggested narrative length not to exceed 2 pages)

ADRC is an Administration for Community Living (ACL) supported *No Wrong Door* infrastructure that serves all populations needing access to Long Term Services and Supports (LTSS), and their caregivers and/or advocates.

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

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

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

- Information & assistance;
- Person centered options counseling;
- Access to public and privately funded long term services and supports;
- Continued and expanded partnership development; and

- In collaboration with other core partners, the development of a framework for ADRC sustainability. Sustainability strategies could include blending and leveraging funding streams (existing OAA and other core partner funds, Medicaid administrative claiming, development of private pay/sliding fee options), leveraging partnerships, collaborative development of tools and resources across service systems, alignment of service philosophies, and education of policymakers and demonstration of beneficial outcomes.

**Focus Area - Information and Assistance Services and Aging & Disability Resource Connection (ADRC):**

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

## **2. Nutrition Services (OAA Title IIIC)**

(Suggested narrative length not to exceed 2 pages)

The purpose of the OAA Nutrition Program is to:

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

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

Important implementation considerations include: consumer/community needs, organization, meal production and delivery system, costs/revenues, and meal quality (nutrition, food safety and palatability).

In this focus area the AAA must, at a minimum:

- Identify how Title IIIC funds will be used to implement nutrition services, including a list of locations, days/times of service, and partner involvement in making nutrition services available.
- Identify any plans to change the meal production and delivery system(s).
- Identify how you will develop partnerships and with whom, and how you will engage in fundraising opportunities and other activities to support the costs of providing nutrition services.
- Indicate how nutrition education, nutrition counseling and other nutrition services will be provided for both congregate and home-delivered meal recipients.
- Explain how nutrition services are linked to and coordinated with health promotion, family caregiver, and other applicable AAA services.

**Focus Area - Nutrition Services**

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

### 3. Health Promotion (OAA Title IIID)

(Suggested narrative length not to exceed 2 pages)

As of October 1, 2016, ACL is requiring that OAA IIID funds be used for programs which meet the highest level of evidence ([http://www.aoa.gov/AoA\\_Programs/HPW/Title\\_IIID/index.aspx](http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx)). Identify how Title IIID Disease Prevention and Health Promotion, and if applicable, Title IIIB funds will be used to:

- Implement evidence-based health promotion/disease prevention programs, specifying which programs will be used;
- How programs will be made accessible to at-risk older adult populations; and
- How the AAA will ensure program availability and quality.

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

The following links are useful resources that provide information regarding evidence based disease prevention:

- [http://www.aoa.gov/AoA\\_Programs/HPW/Title\\_IIID/index.aspx](http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx)
- <http://www.oregon.gov/DHS/spwpc/sua/hlthy-aging.shtml>

**Focus Area - Health Promotion**

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

#### **4. Family Caregivers (OAA Title III E)**

(Suggested narrative length not to exceed 2 pages)

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

In this focus area, the AAA shall describe goals, objectives and activities which reflect the experience of gathering information and feedback on the needs of these caregivers as well as identifying the existing gaps in services.

Specify how the AAA and their service partners will conduct outreach and public awareness, as well as provide culturally-relevant services to the following caregiver populations, with particular attention to the target groups identified through the 2006 reauthorization of the Older Americans Act and at the state level:

- Individuals with limited English proficiency and ethnic caregivers, including Native American caregivers;
- Caregivers who are in the greatest economic and social need;  
The term “greatest social need” means the need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.
- Caregivers who provide care to persons with Alzheimer’s disease and other dementias;
- Caregivers who provide care to persons at risk for institutionalization;
- Non-traditional family caregivers who may not be recognized as family; Lesbian, Gay, Bisexual and Transgender partners and individuals who are not legally married;

- Grandparents and relatives raising children: age 55 and older are eligible for services provided by the National Family Caregiver Support Program; and
- Older individuals caring for people, including children (of all ages), with severe disabilities (including intellectual/developmental disabilities).

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

Summarize which of the core elements of the Family Caregiver Support Program (FCSP) your area provides and how they are organized in your service area. Describe core elements separately for relatives raising children (through the National Family Caregiver Support Program funding if utilized in your service area). (Provision of all core elements is not a requirement, but please include all elements and describe any service limitations.)

#### FCSP Core Elements:

- 1) Information Services, Group Activities;
- 2) Specialized family caregiver information (one-to-one);
- 3) Counseling;
- 4) Training;
- 5) Support Groups;
- 6) Respite Care Services (both in-home and out of home); and
- 7) Supplemental Services.

#### Specifically describe:

- How screening and assessment/planning is structured in your area.
- The types of trainings (one-time, ongoing or a series) offered (one-to-one and/or group format).
- The types of any support groups supported and counseling offered.
- Types of supplemental services provided and the method used to distribute these services.
- Identify any service limits related to core elements.

**Focus Area - Family Caregivers:**

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
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f					

## **5. Elder Rights and Legal Assistance (OAA Titles VII & IIIB)**

(Suggested narrative length not to exceed 2 pages)

The Administration for Community Living/Administration on Aging's (AoA) Strategic Action Plan for 2013 – 2018 includes five goals. Goal 2 states, "Protect and enhance the rights; and prevent the abuse, neglect and exploitation of older adults and people with disabilities." Similarly, Oregon DHS made the safety and protection of vulnerable adult Oregonians a priority area in 2011, and we have continued to make changes and plan for improvements for 2015 and beyond. For these priority areas to be successful, the Area Agencies on Aging must be an integral component of developing and supporting programs that focus on ensuring the rights of older adults are upheld.

Describe how the AAA will ensure the rights of older individuals in their service area, including how the AAA will:

- Develop or support elder abuse prevention efforts in their service area, including specific plans for the prevention of financial exploitation;
- Identify gaps in the current system and work with partner organizations including those involved in the Aging and Disability Resource Connection to mitigate and find solutions;
- Support the work of their Title IIIB Legal Services Provider;
- Develop and implement a written referral protocol to the Adult Protective Services office;
- Integrate these elder rights areas into their other delivery systems for the purpose of ensuring that older adults with legal issues or older adults subject to abuse are connected to the appropriate resources; and
- Support, if applicable, the adult abuse multi-disciplinary teams in the counties in the AAA's service area.

For more information on Elder Rights and Legal Assistance refer to AoA's website:

[http://www.aoa.acl.gov/AoA\\_Programs/Elder\\_Rights/index.aspx](http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/index.aspx) and

APD Elder Rights and Abuse Prevention site:

<http://www.oregon.gov/dhs/spwpd/pages/sua/elder-rights.aspx>

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

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

## **6. Older Native Americans (OAA Titles VI & IIIB)**

(Suggested narrative length not to exceed 2 pages)

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

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

The SUA will provide a list of Oregon Tribes and the counties where they serve older Native Americans as well as a list of Oregon's Title VI Grantees.

**Focus Area - Older Native Americans**

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

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

(Suggested narrative length not to exceed 2 pages)

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

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measureable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
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c					
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## **SECTION D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY**

### **D - 1 Administration of Oregon Project Independence (OPI):**

In accordance with [OAR 411-032-0005\(2\)](#) the area agency must submit an Area Plan containing, at a minimum, the agency's policy and procedures for each of the questions below. The expectation is that responses to questions on this page are supported by written policies and procedures, attached in Appendix G.

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

- a. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits.
- b. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.
- c. Specifically explain how eligibility will be determined and by whom.
- d. Plainly state and illustrate how the services will be provided.
- e. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual.
- f. Describe the agency policy for denial, reduction or termination of services, and, if the AAA is terminating services, illustrate how the goals of [OAR 411-032-0001](#) are being accomplished.
- g. Specify how the agency informs consumers of their right to grieve adverse eligibility and/or service determination decisions and how the agency handles consumer complaints.
- h. State the cost of authorized services per unit and explain how fees for services will be implemented, billed, collected and utilized.

- 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.
- j. Delineate how service providers are monitored and evaluated.

**D – 2 Services provided to OAA and/or OPI consumers:**

The AAA is required to provide comprehensive and coordinated community based services, in a manner which facilitates accessibility and utilization, designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Please see *Service Units and Definitions for Older Americans Act and Oregon Project Independence Programs* at <http://www.oregon.gov/DHS/spwpd/sua/docs/oaa-opi-serv-def.pdf> for a full description of services and unit definitions.

Except where a waiver is granted by the State, AAAs shall award funds by grant or contract for the provision of Older Americans Act services to community services provider agencies and organizations and when possible to arrange and coordinate with organizations designated as community action agencies and federal service programs administered by the Corporation for National and Community Service whom make use of trained volunteers in providing direct services. [\(CFR 1321.63\(b\)\)](#) and OAA 306 (a)(6)(C)(i)(ii)(I)(II)(iii)

AAAs are to disclose to the State agency the identity of each nongovernmental entity with which the AAA contracts for services. [OAA Section 306\(a\)\(13\)\(B\)\(i\)](#)

Complete Attachment C by indicating all OPI and OAA services your Area Agency provides, the funding source(s), and the contracted service provider or whether the service is self-provided by the AAA.

## **SECTION E – AREA PLAN BUDGET**

Detailed budget instructions and supporting documents will be distributed in the first quarter of 2016.

## **APPENDICES**

### **Appendix A Organizational Chart**

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

### **Appendix B Advisory Council(s) and Governing Body**

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

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

### **Appendix C Public Process**

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

### **Appendix D Final Updates on Accomplishments from 2013-2016 Area Plan**

Include as Appendix D a final report on the AAA’s activities and accomplishments for each goal and objective that was included in the 2013-2016 Area Plan. Describe what worked and what didn’t. If a goal or objective was not met, explain why (what were the barriers, challenges, etc.). Reflect on both accomplishments and challenges.



system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The \_\_\_\_\_ [AAA] \_\_\_\_\_ 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.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the \_\_\_\_\_ [AAA] \_\_\_\_\_ for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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 significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are 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 the Area Plan;

- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; 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.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, [AAA]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Contractor Authority

\_\_\_\_\_  
Title

**Example of Section B-1 Population Profile:**

## Narrative:

According to demographic study data provided by DHS, in our PSA there are 11,500 total persons aged 60 and over, 3,000 of whom live in rural areas (defined as ...). 8,500 of these persons are low income. There are 1,100 minority persons included in the 8,500. Of the 1,100 minority persons, 550 are low income. There are 900 adults who reported as having a disability and 500 persons who have limited English proficiency (LEP).

## Table:

<b>Characteristic</b>	<b>County A</b>	<b>County B</b>	<b>County C</b>	<b>County D</b>
60 and over	1000	500	4500	5500
Low income	700	200	2500	5100
Minority	100	50	350	600
Low income minority	50	25	175	300
Person with disability	75	25	300	500
LEP	20	80	100	300
Rural	200	800	900	1100
Older Native Americans	100	300	0	25
Native American Tribes	Klamath Tribes			

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

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

<b>Service</b>	<b>County A</b>	<b>County B</b>	<b>County C</b>	<b>County D</b>
Hospitals	2	0	2	1
Clinics				
Women's Health	0	0	1	3
Tribal Clinics	0	0	2	2
Housing Authority	1		1	1
Tribal Housing			3	2
Food Banks	3	2	6	7
Alzheimer Support Groups	2	3	1	5
Title VI Nutrition Programs			4	2

***Section C-1 Focus Area Goals and Objectives:***

**Goals and Objectives:**

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

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

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

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

**Example of Section C-1 Local and State/National Focus Areas Goals & Objectives:**

<b>Focus Area: Information and Assistance Services and Aging &amp; Disability Resource Connection</b>					
<b>Goal: Assess the quality and adequacy of current Information and Assistance Services in the PSA in comparison to all components essential to establishing an ADRC.</b>					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2017-2020 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
1. Conduct a comprehensive assessment of the current I&A Program using the ADRC Readiness Assessment Tool available on the ADRC Technical Assistance Exchange website. <a href="http://www.adrc-tae.org/readiness/">http://www.adrc-tae.org/readiness/</a>	a. Obtain and review ADRC Readiness Assessment Tool.	AAA Planner	1/4/2017	4/30/2017	
	b. Complete the assessment	AAA Planner	5/1/2017	6/30/2017	
	c. Summarize assessment results	AAA Planner	7/1/2017	7/31/2017	
	d. Contact state and national resources; and conduct research and review of potential I&A and PSA systems change options for successful ADRC realignment and create decision tool.	AAA Planner	8/1/2017	10/31/2017	
	e. Conduct staff and stakeholder forums and workgroups to develop a comprehensive realignment plan for I&As.	AAA Planner	11/1/2017	2/28/2018	
	f. Finalize Plan for inclusion in the draft Area Plan update	AAA Planner	3/1/2018	4/30/2018	
	g. Upon completion of Area Plan public planning process, include in submission to DHS	AAA Planner	5/1/2018	9/30/2018	
	h. Upon approval from DHS, prepare for implementation of the plan	AAA Planner	10/1/2018	12/31/2018	
	i. Implement plan	I&A Program Manager	1/1/2019	ongoing	
	j. Evaluate plan progress and outcomes. Adjust plan as necessary. Re-evaluate after the end of each quarter.	I&A Program Manager	3/31/2019	4/30/19 and ongoing	

**Example of Appendix C Advisory Council:**

NAME & CONTACT INFORMATION	REPRESENTING	DATE TERM EXPIRES
Fred Johnson	County A	
Elvira Franck	City Council representative	
Dewey Choate	County B	
Myra Garcia	County C	

Total number age 60 or over = 2

Total number minority = 1

Total number rural = 1

Total number self-indicating having a disability = 1

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

## Attachment B

## State Unit on Aging Staff Roster / Liaisons

Name	Program	Contact	AAA for Liaisons
Hout, Sarah - Manager	Manager, State Unit on Aging	<a href="mailto:sarah.d.hout@state.or.us">sarah.d.hout@state.or.us</a> (503) 945-6140	
Buedefeldt, Rhonda Program Analyst	State Program Report, Contract/Fiscal, NAPIS Entry	<a href="mailto:rhonda.buedefeldt@state.or.us">rhonda.buedefeldt@state.or.us</a> (503) 945-6029	
Jackson, Suanne Program Analyst	ADRC / AAA Liaison, Training, Options Counseling	<a href="mailto:suanne.jackson@state.or.us">suanne.jackson@state.or.us</a> (503) 947-2575	LCOG - Lane
Karlen, Jan Program Analyst	ADRC / AAA Liaison, Family Caregiver, Dementia, Licensed Care Facility Memory Care	<a href="mailto:jan.karlen@state.or.us">jan.karlen@state.or.us</a> (503) 945-6918	NWSDS – Clatsop, Marion, Polk, Tillamook and Yamhill
Kibby, Ryan Program Analyst	Senior Medicare Patrol, Senior Community Service Employment Program (Title V)	<a href="mailto:ryan.e.kibby@state.or.us">ryan.e.kibby@state.or.us</a> (503) 945-6041	
McCuin, Debbie Program Analyst	ADRC / AAA Liaison, Older Americans Act	<a href="mailto:debbie.mccuin@state.or.us">debbie.mccuin@state.or.us</a> (541) 618-7854	COCOA – Crook, Deschutes and Jefferson DCSDSD – Douglas KLCCOA – Klamath and Lake MCCOG – Hood River, Gilliam, Sherman, Wasco and Wheeler SCBEC – Coos and Curry RVCOG – Josephine and Jackson
Mead, Jennifer Program Analyst	ADRC / AAA Liaison, Healthy Aging, Dementia	<a href="mailto:jennifer.mead@state.or.us">jennifer.mead@state.or.us</a> (971) 673-1035	CAT – Columbia CCSS – Clackamas MCADVS- Multnomah WCDAVS – Washington
Murphy, Kristi Program Analyst	ADRC/AAA Liaison; Aging and Disability Resource Connection Outreach	<a href="mailto:kristi.m.murphy@state.or.us">kristi.m.murphy@state.or.us</a> (503) 945-6181	CAPECO – Morrow and Umatilla CCNO – Union, Grant, Baker and Wallowa HCSDS – Harney MCOACS – Malheur OCWCOG – Benton, Lincoln and Linn

## Attachment B

State Unit on Aging Staff Roster / Liaisons			
Name	Program	Contact	AAA for Liaisons
Rustrum, Dawn Operations & Policy Analyst	ADRC Technology and Business Analyst	<a href="mailto:dawn.l.rustrum@state.or.us">dawn.l.rustrum@state.or.us</a> (503) 779-9242	
Sargent-Johnson, Nancy Program Analyst	ADRC Grant Manager	<a href="mailto:nancy.sargent-johnson@state.or.us">nancy.sargent-johnson@state.or.us</a> (503) 945-6188	
Watt, Lori Administrative Specialist	Security User Access, Program Support	<a href="mailto:lori.c.watt@state.or.us">lori.c.watt@state.or.us</a> (503) 945-6237	

Name	Program	Contact	AAA for Liaisons
Rustrum, Dawn Operations & Policy Analyst	ADRC Technology and Business Analyst	<a href="mailto:dawn.l.rustrum@state.or.us">dawn.l.rustrum@state.or.us</a> (503) 779-9242	
Sargent-Johnson, Nancy Program Analyst	ADRC Grant Manager	<a href="mailto:nancy.sargent-johnson@state.or.us">nancy.sargent-johnson@state.or.us</a> (503) 945-6188	
Watt, Lori Administrative Specialist	Security User Access, Program Support	<a href="mailto:lori.c.watt@state.or.us">lori.c.watt@state.or.us</a> (503) 945-6237	

## SERVICE MATRIX and DELIVERY METHOD

**Instruction:** Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

<input type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#3a Chore</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#4 Home-Delivered Meal</b> Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"

**#5 Adult Day Care/Adult Day Health**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#15/15a Information for Caregivers**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#16/16a Caregiver Access Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-4 Respite Care (IIB/OPI)**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "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):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#40-2 Physical Activity and Falls Prevention**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-3 Preventive Screening, Counseling and Referral**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-4 Mental Health Screening and Referral**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-5 Health & Medical Equipment**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-3 Elder Abuse Awareness and Prevention**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-4 Crime Prevention/Home Safety**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-5 Long Term Care Ombudsman**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "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):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-8 Fee-based Case Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#70-10 Public Outreach/Education**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#73/73a Caregiver Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "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):

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

## Title VI Grantees in Oregon

The Confederated Tribes of Siletz Indians  
PO Box 549  
Siletz, OR 97380  
Title VI Director: Anita Baylor  
541-444-2532 x1220  
[anitab@ctsi.nsn.us](mailto:anitab@ctsi.nsn.us)

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians  
PO Box 2000  
3757 Hwy 101  
Florence, OR 97401  
Title VI Director: Doug Morrison  
541-997-6685  
[dmorrison@ctclusi.org](mailto:dmorrison@ctclusi.org)

The Confederated Tribes of Grand Ronde  
9615 Grand Ronde Rd.  
Grand Ronde, OR 97347  
Title VI Director: Kari Culp  
503-879-2016  
[Kari.culp@grandronde.org](mailto:Kari.culp@grandronde.org)

The Confederated Tribes of the Umatilla Indian Reservation  
PO Box 160  
Pendleton, OR 97801  
Title VI Director: Karen Cook  
541-966-9830  
[KarenCook@yellowhawk.org](mailto:KarenCook@yellowhawk.org)

The Confederated Tribes of Warm Springs  
PO Box C  
2331 High Lookee  
Warm Springs, OR 97761  
Title VI Director: Lucille Schuster  
[lucille.schuster@wstribes.org](mailto:lucille.schuster@wstribes.org)  
Elder Wellness Team Leader: Wilson Wewa  
[wilson.wewa@wstribes.org](mailto:wilson.wewa@wstribes.org)

The Klamath Tribes  
PO Box 436  
Chiloquin, OR 97624  
Title VI Director: Jim Collins  
541-783-2219  
[jim.collins@klamathtribes.com](mailto:jim.collins@klamathtribes.com)

Cow Creek Band of Umpqua Tribe of Indians  
2371 NE Stephens St, Suite 100  
Roseburg, OR 97470  
Title VI Director: Andrea Davis  
541-677-5575  
[ADavis@cowcreek.com](mailto:ADavis@cowcreek.com)

## NINE TRIBES OF OREGON

**Coquille Indian Tribe**  
**600 Miluk Drive**  
**PO Box 3190**  
**Coos Bay, OR 97420**

*TELEPHONE:* 800-344-8583  
541-888-9494

*FAX:* 541-888-3431

**Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians**  
**PO Box 2000**  
**Florence, OR 97420**

*TELEPHONE:* 541-888-9577  
*Springfield:* 541-744-1334  
*Florence:* 541-997-6685

*FAX:* 541-888-2847

**Cow Creek Band of Umpqua Tribe of Indians**  
**12371 NE Stephens Street, Suite 100**  
**Roseburg, OR 97470**

*TELEPHONE:* 541-672-9405  
800-929-8229  
*Clinic:* 541-672-8533

*FAX:* 541-673-0432

**Confederated Tribes of Grand Ronde**  
**9605 Grand Ronde Rd**  
**Grand Ronde, OR 97347**

*TELEPHONE:* 800-775-0095  
503-879-2236

*FAX:* 503-879-2235

**The Klamath Tribe**  
**PO Box 436**  
**Chiloquin, OR 97624**

*TELEPHONE:* 541-783-2219  
800-524-9787

*FAX:* 541-783-0994

**NINE TRIBES OF OREGON**

**The Siletz Indian Tribe**  
**201 SE Swan Ave**  
**PO Box 549**  
**Siletz, OR 97380**

*TELEPHONE: 541-444-2532*

*FAX: 541-444-9613*

800-922-1399

*CLINIC: 800-648-0449*

**Confederated Tribes of the Umatilla Indian Reservation**  
**PO Box 160**  
**Pendleton, OR 97801**

*TELEPHONE: 541-966-9830*

*FAX: 541-278-7574*

**The Confederated Tribes of the Warm Springs Reservation of Oregon**  
**PO Box C**  
**Warm Springs, OR 97761**

*TELEPHONE: 541-553-3209*

*FAX: 541-553-1894*

*SENIOR: 541-553-2240*

**Burns Paiute Tribe**  
**100 PaSiGo St.**  
**Burns, OR 97720**

*TELEPHONE: 541-573-7312*

*FAX: 541-573-4217*

## 9 Tribes of Oregon

## Service area by County

Coquille	Coos, Curry, Douglas, Lane, Jackson
Coos, Lower Umpqua & Siuslaw	Coos, Curry, Douglas, Lane, Lincoln
Cow Creek	Jackson, Josephine, Douglas, Coos, Lane, Deschutes, Klamath
Grand Ronde	Tillamook, Polk, Yamhill, Marion, Multnomah, Washington
Klamath	Klamath, Lake
Siletz	Tillamook, Lincoln, Benton, Polk, Lane, Linn, Marion, Yamhill, Clackamas, Multnomah, Washington
Umatilla	Umatilla
Warm Springs	Jefferson, Deschutes, Wasco
Burns Paiute	Harney