

**REGION 9: HOOD RIVER, WASCO, SHERMAN,
GILLIAM AND WHEELER COUNTIES
OLDER AMERICANS ACT
AREA PLAN
for period of
JANUARY 1, 2008
to
DECEMBER 31, 2012**

Updated November 2, 2011

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VERIFICATION OF INTENT

- Type A: OAA, OPI
- Type B: Staff-Contract: OAA, OPI, Medicaid
- Type B: Staff-Transfer: OAA, OPI, Medicaid

This Area Plan document is an Older Americans Act (OAA) requirement and summarizes planned professional services under contract by agency named below and State of Oregon Department of Human Services Seniors & People with Disabilities. The Area Agency named below agrees to provide said services under federal provisions of the OAA, Titles III B, III C1, III C2, III D, III E, and VII, Oregon Project Independence.

Mid-Columbia Council of Governments
Area Agency on Aging
1113 Kelly Avenue
The Dalles, OR 97058

John Arens, Executive Director
William Larson, AAA Director

541-298-4101

My signature below endorses this Area Plan and affirms the Plan has been reviewed and approved by the AAA Advisory Council and if applicable, the AAA Governing Body.

Signature

John Arens
Printed Name

Executive Director
Title

Date

OVERVIEW OF AREA PLAN

SECTION A

OVERVIEW OF AREA PLAN

The overview must include, at a minimum the following information:

- a) Thorough description of the service system, including meeting the needs of rural and low-income minority;
- b) List of designated focal points;
- c) Profile of the population to be served by the AAA, including rural and low-income and ethnic minority;
- d) The types of services to be funded and any identified unmet needs;
- e) Description of any major changes to the service system planned during the next area plan period, with annual updates; and
- f) Description of the area agency planning process used to determine service priorities.

a) A thorough description of the service system

In 1965, Congress passed the Older Americans Act (OAA). This Act created structures at the federal, state, and local levels to administer programs for older adults. Area Agencies on Aging (AAAs) are the organizations designated by the State of Oregon to carry out OAA and Oregon Project Independence (OPI) services at the local level.

Mid Columbia Council of Governments is the governing entity for the Area Agency on Aging in the Columbia Gorge. The AAA serves non-Medicaid adults, 60 and older, and their families in Hood River, Wasco, Sherman, and Gilliam Counties. Two of our counties (Wasco and Hood River) are considered “rural” with populations of just over 20,000 each. Three counties (Sherman, Gilliam and Wheeler) are considered “frontier” with populations of less than 2,000 each.

The service delivery system for our five-county region has two major entry points: the Mid-Columbia Council of Governments (known as MCCOG)/ AAA offices and the State of Oregon Seniors and People with Disabilities offices. Staff from these offices work together and exchange referrals and service information.

There is one MCCOG/AAA office located in The Dalles, The AAA uses senior meal sites and donated county office space in its three frontier counties. The frontier counties are manned by part time staff and volunteers. The AAA holds staff at The Dalles (Wasco County) office which serves to oversee senior services in all five counties. Information and referral ring into our toll-free phone located at our primary location in The Dalles.

The nutrition program is under contract to all five counties with 11 meal sites. Other OAA services are administered by the AAA: OPI, case management; information and assistance; outreach; newsletter; area plan administration; advocacy; medication management, elder

abuse awareness education, Friendly Visitor, Family Caregiver , Shiba, Living Well with Chronic Conditions, Tai Chi/Exercise, Nutrition education.

A competitive procurement process is used for contracted services funded at more than \$5,000. Upon the selection of a qualifying provider (as defined by service price, quality of service, and other factors), a contract is negotiated and assigned. At regular intervals, the AAA monitors and addresses any service delivery issues by these agencies.

Coordination with other aging service providers and agencies in the region is ongoing through daily conversations and participation on common community committees and coalitions. Cross-referrals and collaborative outreach efforts ensure that fewer seniors "fall through the cracks" with respect to accessing services.

The AAA participates several times a year in community events to help promote our services (i.e., Cherry Festival, Diabetes Day, Maupin Family Expo, health fairs, TourdeCure, community rodeo's etc). We also publish a monthly newsletter that serves as both a promotional and educational tool.

Our AAA has grappled with ways to develop a network within our minority communities. We have a small, but long-standing, Native American population in Wasco County's Celilo Village and a growing Hispanic population in both Hood River and Wasco Counties. Hood River's Hispanic population stands at 6,589 and Wasco County is at 3,743. This AAA over the past 6 months has developed a committee to address and better define the needs of this particular group of people. An assessment is currently being developed with the intent of responding to senior and disabled needs . A community center and nutrition program is under consideration. Both LaClinicadel Carino and the Next Door's Nuestra Comunidad Sana have been introduced to AAA services in an effort to create awareness and encourage referrals. In addition, Mid-Columbia COG's Workforce program is in discussion with this AAA related to the possibility of at some point in the future working with this community in the Title Five program. We have over this past year worked actively with the Yakima Nation and have served as sponsors to some of their tribal members. We have been in discussion with them as to training and presenting the Living Well program within that community. The AAA will work with this program to further extend our low-income minority outreach efforts.

The goals and objectives included in this four-year Area Plan reflect the AAA's effort to 1) evaluate current programs and continue those that are responsive to the greatest and most relevant needs to our seniors, 2) address any unmet needs or gaps in services identified through our planning assessment, and 3) develop new programs necessitated by changing demographics and user expectations. Assessments have been developed and are currently being utilized as to future needs. Particular emphasis on remote rural and at risk seniors.

Mission of the Area Agency on Aging:

The mission of the AAA is to provide regional services and advocacy to enhance the quality of life of seniors, helping them maintain their health and independence.

b) List of designated focal points

1. Mid-Columbia Council of Governments’ Area Agency on Aging
- The Dalles Office, Wasco County
2. Mid-Columbia Senior Center
3. Mid-Columbia Community Action, Inc.
4. The Dalles Meals on Wheels
5. Hood River Adult Center
6. Mt. Hood Towne Hall
7. Pioneer Potlatch, Inc.
8. Sherman County Senior Center
9. Gilliam County Senior Service
10. Wheeler County Sray Senior Center
11. Wheeler County Fossil Senior Center
12. Wheeler County Mitchell Center
13. Southern Wasco County senior needs/ Antelope and Shanico

c) Profile of the population to be served by the AAA

The AAA serves non-Medicaid adults, 60 and older, and their families in Hood River, Wasco, Sherman, Gilliam and Wheeler Counties. There are approximately 10,300 individuals 60 and older in our rural five county service area. Three of our five counties are considered “frontier” and maintain 60+ populations over 25%.

Population Profile

Description	Hood River	Wasco	Sherman	Gilliam	Wheeler	Total
Population	22,346	25,213	1,765	1,871	1,041	54127
60+ pop.	3,529	5,221	505	488	562	10,305
Elderly low-income	2145	3230	305	340	310	6330
Minority elderly low-income	339	280	17	17	4	657

Data from Population Research Center, PSU, 2006; 2004 AoA Special Tabulation on Aging

d) Types of services to be funded/unmet needs

The AAA administers an array of services designed to benefit older adults residing in our region. A description of each service is provided below:

Administration of the Older Americans Act (OAA) area plan and funding and provide the following categories of service:

- a) Legal services
- b) Nutrition--both congregate and home delivered
- c) In home service which may include , family care giver, respite etc.
- d) Disease prevention/health promotion
- e) Access--which may include transportation, information and assistance, advocacy, outreach, and if needed case management.
- f) Ombudsman/Elder rights
- g) Money management
- h) Friendly visitor
- i) housing assistance
- j) gatekeeper
- k) minor home repair
- l) health education
- m) SHIBA
- n) OPI

Information and Referral –Serve as the source of information for aging services for our communities. Current information on opportunities and services are made available. The statewide **Network of Care** website is maintained to link users to local resources.

Advocacy –Represent the interests of those 60 and older at the local, state and national levels. Promote the needs of older persons with elected officials, community leaders, service providers, agencies and organizations. In the past month, we have helped two town halls related to expanding senior services.

Oregon Project Independence –Funded by the state to assist functionally impaired individuals to live independently in their homes. Services include assessment of needs, care plan development and implementation, and coordinating services. As of 11/2011 the assessments process is being reviewed with the anticipation of new clients in the near future.

Congregate and Home Delivered Meals – Meals provided to those 60 or older and the disabled at a designated meal site within a community or delivered to their place of residence.

Legal Assistance – Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney. We have performed five lectures on this topic for the year 2011

Elder Abuse Awareness –Activities and/or information which promote public awareness and understanding of elder abuse issues. As of 10/11 this AAA has held two lectures on this topic with another scheduled within this next month. This at the request of OSU Extension .

Outreach – The promotion of programs and services through regular radio shows, public presentations and community presence to create awareness and encourage the identification of eligible individuals.

Ombudsman – Promotion and support of volunteer(s) providing services to investigate

complaints regarding long-term care facilities.

Health and Wellness Promotion –A variety of exercise classes and stress reduction services designed for seniors, as well as chronic disease self-management education and nutrition information. As of 10/11 this AAA has completed 11 Living Well with Chronic condition classes for the year which breaks down to 66 classes held in all five county's. WE are working on training an additional group of volunteerers. **We are advocating Tai Chi and sponsorship of additional training so that can expand to all five county's.**

Family Caregiver Services – Resources, respite and one-day trainings, plus classes on management tools for family caregivers (Powerful Tools for Caregivers). For 2011 we have increased this benefit to additional family's.

SHIBA (Senior Health Insurance Benefits Assistance) – Provides one-on-one assistance with Medicare and other health insurance concerns, including Medicare Part D Prescription Drug program and Oregon Prescription Drug Plan enrollment. This past year SHIBA assistance has seen an increase in assistance by 300%

Oregon AARP Money Management Program - Assist seniors with tasks, such as paying monthly bills and/or balancing checkbooks - a partnership between Oregon AARP, the AAA, and Columbia River Bank.

Emergency Preparedness – Education and resources for preparing for an emergency, establishment of a collaborative agreement with Emergency Management to address evacuation of homebound individuals. AAA has started working on this project starting this past March and am currently involved in expanding to all five county's. This will be part of the **t needs:**

The results of our Area Plan assessment revealed a familiar gap in senior services – that of transportation. Respondents felt it was both a barrier to accessing other services and a needed service in their community. In rural and frontier regions, where almost any service is beyond walking distance, some form of transportation is critical to allowing seniors to remain independent and avoid geographic isolation. The AAA Senior Advisory Committee have unanimously agreed to make senior transportation their priority project in the coming years. They will determine transportation options that currently exist in each county and research alternatives that have been successful in other areas. Through this investigation, it is their hope to develop low-cost, flexible transportation options for seniors in our region.

11/2/11 The transportation suggested has not been pursued as of this date. It will be reviewed as part of the coming plan.

Some assistance was also cited as a needed service. Help with things like window washing and yard clean up were specified. Many rural and frontier seniors remain in the same home they raised their families in. Aging structures require continuous maintenance and upkeep. A good share of these tasks can be difficult if not impossible for a senior to accomplish on their own. Service providers who do small home repairs or upkeep jobs are limited in our

rural region. These jobs, while small, are often time consuming and not cost effective for local contractors to take on. Plus, many seniors do not have the discretionary income to pay for repair and upkeep costs.

The AAA, as part of our strategic planning initiatives, will join forces with non-profits and other local service providers to establish a volunteer network within the region that could help meet the home assistance need. Volunteers could be recruited to address specific jobs. It is also our hope to connect to local high schools to encourage students to volunteer their time for such tasks. While not all home assistance requests can be accomplished by volunteers, it is likely that a good share of the upkeep tasks can be addressed in this manner. AS of 10/11 this is working at a modest pace. WE have been called upon to assist seniors in emergency situations such as repair to furnaces, electric assistance etc when other partners are no longer able to help. WE are beginning to see more community partnering as to this need.

e) Description of any major changes in the service system during the next area plan period

It goes without saying that a major change in the next area plan period will be the growing aging population. The AAA will be prepared to assist cities and counties with developing plans to help define and create elder-friendly environments that support the health and well-being of older residents.

f) Description of the area agency planning process used to determine service priorities

The Mid-Columbia COG AAA receives regular participation and input regarding services from staff, providers, clients, advisory council, board members, and the general public through meetings and regular contact on a day-to-day basis. In addition, we host and participate in regular meetings with these entities to assess needs and develop priorities for the service area. Listed below are the advisory council and board of directors meeting schedules:

- AAA Senior Advisory Council (SAC) - Second Monday of every month (except December)
- Mid-Columbia Council of Governments Board of Directors – Quarterly: October, January, April and June

The role of the Advisory Council and the Board of Director's is to represent the needs of the district and to advise and direct the agency and its programs in meeting those needs.

Providers, Staff, Other Senior Service Providers:

A coalition of aging service providers meets, at a minimum, annually to discuss regional services available to seniors in our district. This meeting establishes a link to communicate resource development and priorities for the region.

General Public Hearing:

A public hearing was held to gain input from the public on AAA service gaps and priorities. This input is used to help establish the goals and objectives for the program.

Senior Advisory Council member attendance at meal sites:

Regular attendance at meal sites and focal points by staff and SAC members allows for open communication with the public. Patrons provide input on services and needs of the region on a continuing basis. This input is brought back to advisory council meetings where plans are developed to address the issues.

Survey:

A survey was done in the summer of 2007 to determine the needs of the seniors in the five-county region. Survey results are referenced in the "unmet needs" section of this overview. Complete survey compilation results are available at the AAA office. As of 10/11 new surveys are being developed and in some cases have been deployed. This in anticipation of the next Area Plan.

The Area Plan outlines a four-year period of goals and service delivery for the Area Agency on Aging. The following steps reflect the specific process used to develop the Area Plan:

1. Staff and Senior Advisory Council (SAC) discuss and develop assessment instrument to conduct needs assessment in service area – May-June
2. Staff, SAC and service providers assist with distribution and collection of the assessment instrument in service communities - June-July
3. General public, targeting those 60 and older, and service clients are asked to complete assessment instrument – June-July
4. Assessment analysis conducted by SAC member(s) on returned assessments – July-August
5. Initial report of assessment results presented to SAC for review and input – August
6. First draft of Area Plan presented to SAC for review and modifications– August
7. Public Hearing(s) conducted –September
8. Final Area Plan presented to SAC – September
9. Final Area Plan recommended for approval to Mid-Columbia COG Board of Directors - October
10. Mid-Columbia COG Board approves Final Area Plan – October
11. Final Area Plan is submitted to State for review and comment - October

The Senior Advisory Committee will for the next period be actively involved in the creation of the Area Plan. A calendar of meetings has been presented to that group which will begin on 11/14./11

A copy of the entire area plan may be obtained from the Mid-Columbia Council of Governments Area Agency on Aging, 1113 Kelly Avenue, The Dalles, Oregon or by calling 541-298-4101 (ext. 216).

ADMINISTRATION

**Governing Body
Advisory Council
Organizational Chart
Administrative Goals and Objectives
Other Programs & Activities**

SECTION B-1
AGENCY'S GOVERNING BODY

List all members of the Governing Body (Board of Directors, COG Board, County Commissioners) indicating officers by title and the date each member's term of office expires.

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
The Honorable Pat Shaw P.O. Box 427, Condon, OR	Renewed annually	Gilliam County Judge
Mike Weimer P.O. Box 427, Condon, OR	Renewed annually	Gilliam County Commissioner
Jeff Bufton P.O. Box 68, Arlington, OR	Renewed annually	Mayor - City of Arlington
Les Perkins 5728 Miller Rd Hood River, Or 97031	Renewed annually	Hood River Co. Commissioner
Maui Meyer P.O. Box 27, Hood River, OR	Renewed annually	Hood River Co. Commissioner
Lance Masters P.O. Box 599, Cascade Locks,	Renewed annually	City Councilor, Cascade Locks
Steve Burnet P.O. Box 365, Moro, OR	Renewed annually	Sherman Co. Commissioner
Cliff Jett P.O. Box 27, Rufus, OR	Renewed annually	Mayor - City of Rufus
Michael Smith P.O. Box 365, Moro, OR	Renewed annually	Sherman Co. Commissioner
Sherry Holliday 511 Washington, The Dalles	Renewed annually	Wasco Co. Commissioner
Brian Ahier 313 Court, The Dalles, OR	Renewed annually	City Councilor - City of The Dalles
Rod Runyon 2019 W Scenic Dr The Dalles, Or 97058	Renewed annually	Wasco Co. Commissioner

Additional Comment: Continued on page 12

Jeanne Burch P.O. Box 173, Fossil	Renewed annually	Wheeler Co. Judge
Chris Perry P. O. Box 173, Fossil	Renewed annually	Wheeler Co. Commissioner
Jack Lorts P.O. Box 173, Fossil	Renewed annually	Mayor – City of Fossil

SECTION B-2
AREA AGENCY ADVISORY COUNCIL

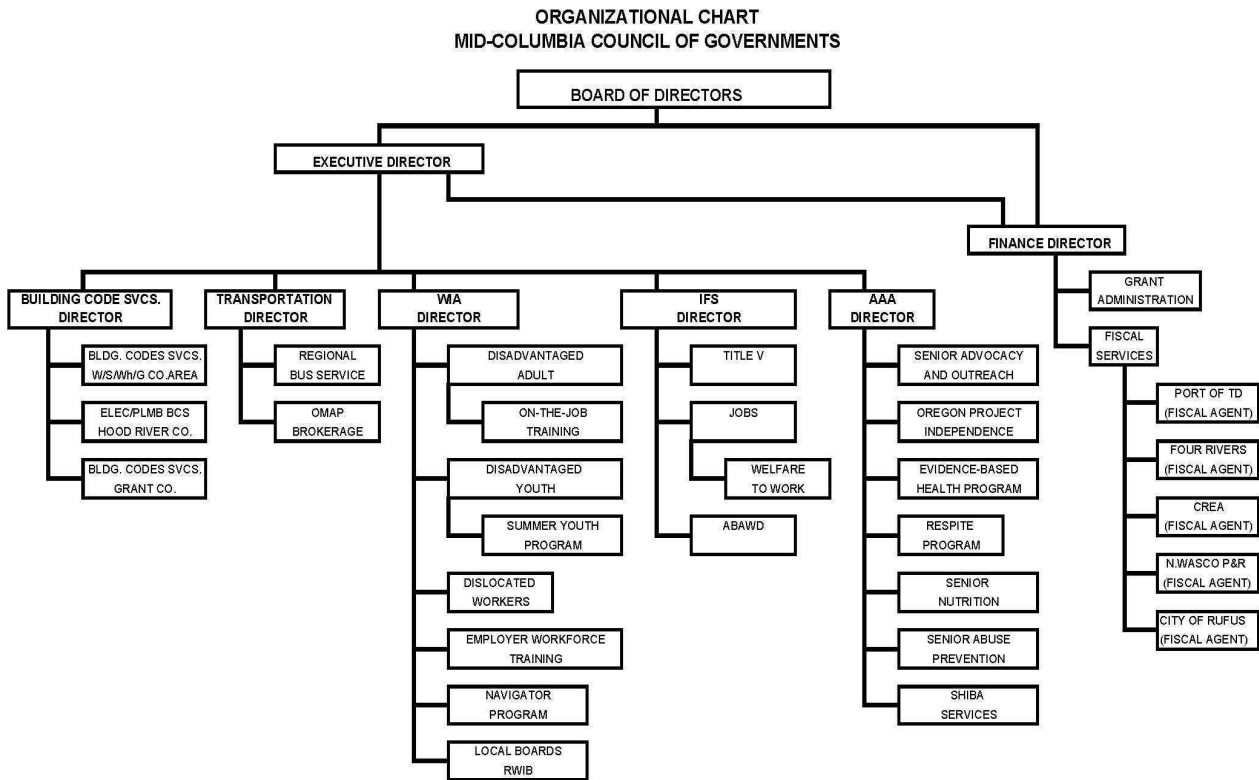
List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D) As of 10/11/11 there are three applicants to be considered at the next meeting. They would represent Wheeler and HoodRiverCounty. Include one disabled.

Name & Contact Information	Date Term Expires	Category of Representation
Delene Durfey P.O. Box 737 Condon, OR 97823 541-384-2114	On-going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Shirley Ludlow P.O. Box 251 Condon, OR 97823 541-384-3066	On-going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Tracy Dugick 1700 East 19th St. The Dalles, OR 97058 541-296-7477	2010 as Health Rep. Resigned as of 10/11	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> Healtht Rep.
Lee Bouchard P.O. Box 394 Fossil, OR 97830 541-763-2111	On-going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Sue Elliott 1313 E. 115th Street The Dalles, OR 97058 541-296-9758	On-going/Resigned as of 05/11. Moved	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Julie Reynolds 1617 Oregon Street The Dalles, OR 97058 541-298-1636	2 nd Chair Expires 5/16	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> Gerontologist
Louise Sargent 1701 George Jackson Rd. Maupin, OR 97037 541 395-2515	Chair Expires as of 2016	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Joan Silver 813 Hostetler #48 The Dalles, Or 97058	On-going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Scott McKay 1010 East 7th Street The Dalles, OR 97058 541-980-4645	On-Going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Dorothy Thompson PO Box 248 Moro, OR97039 541-565-3915	On-going	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

SECTION B-3
ORGANIZATIONAL CHART(S)

Insert organizational chart(s) that clearly show the functional organization of the Area Agency sponsor and the Area Agency on Aging.



SECTION B-4

ADMINISTRATIVE GOALS AND OBJECTIVES

Listed goals and objectives must be measurable in terms of results and have a target date or time duration for accomplishment. Goals and objectives must be reviewed and updated annually with accomplishments noted for the previous year's goals.

As required by the Older Americans Act you must have goals and objectives in the five areas explained below. Please indicate the type(s) of each goal in the table. Some goals may cover more than one area.

Administration: Administrative functions required to implement planned services, maintain records, fulfill the requirements of Federal regulation, State rules, and Community Independence & Advocacy/State Unit on Aging policies and procedures. Support advisory committees. Includes such functions as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.

Advocacy: Monitor, evaluate and comment on issues related to community actions affecting older persons; conduct or attend public hearings; represent older persons' interests at the local, state and national levels; and support Long Term Care Ombudsman program.

Coordination: The coordination of programs funded through the Older Americans Act with other supportive federal, state, local or private programs. Coordination is a continuing activity linking, in support of common service objectives, existing planning and service resources on a cyclical and ongoing basis.

Development: Functions directed toward the development of specific service(s), goals or objectives. Includes such functions as needs assessment, plan development, budgeting/resource analysis, inventory, standards development, policy analysis, resource development and research.

Outreach: Efforts used to identify individuals eligible for assistance under the Older Americans Act, with special emphasis on:

- older individuals residing in rural areas;

Outreach, continued

- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English-speaking ability;
- and older individuals with Alzheimer’s disease or related disorders.

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	MEASURABLE OBJECTIVES 1.1 Meet 100% of state monthly and annual reporting requirements for program funding.	ACTIVITIES Complete monthly financial reports to accurately convey financial activity of program. Complete annual SPR report to reflect units of service and clients served.	DURATION Monthly Annually	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS Has been completed on a monthly basis as required. Current SPR due date is 11/15/11 and will be submitted timely.
E1.0 Provide essential services that help maintain the health and independence of seniors. As of 10/11/11: Strengthen the leadership and involvement of the Advisory Council				

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E	1.2 OPI program will increase outreach to serve at least 2 new clients per county per year (contingent on adequate funding)	Run regular PSA's in underserved counties to create awareness of OPI services. Do feature newspaper article on the OPI program in each county.	Ongoing Spring 2008	10/11: Over this past year have expanded services to all five counties with particular emphasis on primitive locations. Services have included, legal aid, nutrition, health, financial etc. Town halls have been held and committees developed to advocate for needs.

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E	1.3 SHIBA program will increase client assistance by 10% per year.	Develop radio PSA series that features Medicare fraud and abuse issues and promotes SHIBA service. Staff will be active participants in SHIBA trainings and updates to maintain quality of service.	Ongoing Ongoing	
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E	1.4 Money Management program will serve 5 new clients per year.	Referring agencies will be contacted quarterly to encourage identification of clients and referrals.	Quarterly	

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E 2.0 Strengthen efforts to link Hispanic elders and tribal elders to AAA services.	2.1 Establish 2 new relationships with organizations serving Hispanic population and local Tribes.	Coordinate and conduct meeting(s) with Mid-Columbia Area Latino Providers Network and Johnson O'Malley program.	Spring 2008	10/11 See prior comments on this topic

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	3.2 Bring together aging service providers in region a minimum of twice per year.	Coordinate annual Senior Expo event to spotlight aging services in region. Conduct meeting (s) to Identify common goals and objectives of aging service providers. Partner to identify funding sources to meet common goals.	Annually Winter and spring 2008 Ongoing	For 2011: Ongoing collaboration as to health, education and awareness. Working with the various senior centers, health providers etc.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E 4.0 Support and help activities to promote healthy aging.</p>	<p>MEASURABLE OBJECTIVES 4.1 Partner with local service agencies to conduct two health-related educational programs each year.</p>	<p>ACTIVITIES Conduct a minimum of one series of Living Well classes in cooperation with countyExtension office and Health Department. Conduct a minimum of one series of Powerful Tools for Caregivers in cooperation with countyExtension office.</p>	<p>DURATION Spring 2008 and 2009 Fall 2007, 2008, and 2009</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS 2011: As noted this year we have had ongoing health and wellness programs. For example have presented 11 Living Well classes. Have been actively involved in the presentation and education re the topic of diabetes. Will be doing a presentation on this topic at the MCMC on 11/11/. Have been a active member in the ADA as a committee member and participant in the Tour de Cure.</p>

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E	MEASURABLE OBJECTIVES 4.2 Support a minimum of 3 activities to promote health-related topics.	ACTIVITIES Publish the latest health-related news in bi-monthly newsletter. Participate in annual local Diabetes Day event. Continue partnerships with community organizations to provide exercise and stress reduction programs.	DURATION Ongoing Annually Ongoing	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS See prior entry on this topic

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>5.0 Build a multi-generational volunteer network to address the social and home upkeep needs of low-income and/or isolated seniors.</p>	<p>5.1 Launch Friendly Visitor program in one or more communities.</p> <p>5.2 Launch Telephone Reassurance program in one or more communities.</p> <p>5.3 Launch home upkeep assistance program in one or more communities.</p>	<p>Partner with local non-profits and service organizations to collaborate on development of a volunteer network to benefit seniors.</p> <p>Establish policies and procedures for screening and training volunteers.</p> <p>Identify seniors in region who are isolated or homebound and in need of social interaction.</p>	<p>Ongoing</p> <p>Spring 2008</p> <p>Ongoing</p>	<p>For 2011/ Friendly Visitor program was developed this year, we started with 2 volunteers and two client served. We are at 6 volunteers and 12 clients served.</p> <p>Program has been recognized in both the HR and TD news.</p>

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E 6.0 Research Private Case Management services and consider implementation.	Meet with 3 Private Case Management Providers in state.	Identify seniors in need of home upkeep assistance. Recruit volunteers through radio PSAs and news articles. Match trained volunteers with identified seniors.	Ongoing Ongoing Ongoing	As above
		Schedule meetings with current providers to determine feasibility, cost, and management components. Establish relationship with potential local partners and referring agencies.	Winter 2008 Ongoing	

SECTION B-5

OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA

Explain all other coordinated services/activities of the area agency whether funded by public or private funds and NOT funded by the State provided OAA, OPI, and Medicaid allocation, nor indicated in Section D-1. (OAA 306(a)(12))

Describe each type of activity and source of funding of each activity. (e.g., Low-Income Home Energy Assistance Act, Community Services Block Grant Act, Titles XVI, XVIII, XIX and XX of the Social Security Act, Housing & Community Development Act, Workforce Investment Act, etc.)

Mid-Columbia Council of Governments currently administers five programs:

Workforce Investment Act (WIA), Integrated Family Services (IFS), Area Agency on Aging (AAA), Transportation Network - a public transportation system for Wasco County, and Building Codes Services.

WIA and IFS operate a variety of education and training programs (i.e., summer youth programs, family services working with welfare recipients, and job training and dislocated worker programs).

The Transportation Network has been designed to network with the many other providers in now a seven-county region through the Oregon Medical Assistance Program (OMAP) in order to optimize transportation resources for the residents of those counties. The Council of Governments' ability to move quickly and step into the "need of the moment" allowed us to place the first public transportation vehicle ever on the roads of Wasco County in May, 1997.

The Building Codes Services program adopts and enforces a uniform statewide building code relating to construction, reconstruction, alteration and repair of structures and to the installation of mechanical, plumbing and electrical devices and equipment. The program provides code and rule interpretation and dispute resolution, enforces license, code and permit requirements, and conducts inspections in the five county region.

All programs receive federal, state, and local dollars to fund their operations.

PLAN & SERVICE DEVELOPMENT

**Public Hearings
Contracted Services**

SECTION C-1
PUBLIC HEARING COMMENTS

The Area Agency on Aging is required to conduct at a minimum, one public hearing on the Area Plan content, planned services, goals, objectives, etc., prior to submittal of the plan for State review and acceptance (OAA 306(a)(6). Consistent with CFR 1321.17(14)(ii) the Area Agency will submit proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment. The AAA shall maintain documentation of public hearing notifications/discussion for the duration of the Plan. During the duration of the plan, public hearings are required if the area agency seeks to fund Title III B access, in-home or legal services below the minimum percentage. OAA 306, (a)(2)(A-C) and 306(c)

1. Please provide the following information:

City and Hearing Location: **The Dalles, Mid-Columbia Senior Center**

Date: **September 26, 2007**

Number in Attendance: **3**

Number of 60 y/o+:**2**

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location: Mid ColumbiaSeniorCenter, The Dalles

Date: September 26,2007

Number in Attendance: 3

Number of 60 y/o+:2

2. Briefly describe the information presented at the public hearing(s), and a summary of any objections related to the material presented, from those in attendance at the hearing.

Because of the low attendance at the Public Hearing, an informal presentation of the Area Plan was given. Mary Kramer, AAA Director, briefly reviewed the program overview, goals and objectives and service matrix. Those in attendance were very supportive of the Plan and AAA services as a whole. There were no objections.

3. Were any changes made to the plan based on the public hearing comments? No Yes

If yes, briefly describe: SECTION C-2

CONTRACTS OF THE AREA AGENCY

Except where a waiver is granted by the State, AAA's shall award funds by grant or contracted to community services provider agencies and organizations. OAA Sec 306(a)(13)(B) and (CFR 1321.63(b))

List all contracts and funding agreements that provide services to the elderly with Older Americans Act, NSIP and OPI funds. Do not include contracts to provide services to Medicaid clients in this section.

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Legal Aid of Oregon 921 SW Washington St., Suite 570 Portland, OR 97205-2831 Ellen Mendoza <input type="checkbox"/> For profit agency	#11 - Legal Assistance
Hood River Adult Center 2010 Sterling Place Hood River, OR 97031 Collice Sinclair <input type="checkbox"/> For profit agency	#40-2 - Exercise/ Physical Fitness #40-3 - Wellness Education #13 - Information and Assistance
Mid-Columbia Senior Center 1112 West 9th Street The Dalles, OR 97058 Scott McKay <input type="checkbox"/> For profit agency	#40-2 Exercise/ Physical Fitness

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Sherman County P.O. Box 352 Moro, OR 97036 Katie LaDouceur <input type="checkbox"/> For profit agency	#7 - Congregate Meals, #4 - Home Delivered meals, #15 - Information to Caregivers, #16 - Assistance to gaining access to caregiver services, #30-5 Caregiver Respite, #30-7 Supplemental services to caregivers
Gilliam County P.O. Box 427 Condon, OR 97823 Delene Durfey <input type="checkbox"/> For profit agency	#7 - Congregate Meals, #15 - Information to Caregivers, #16 - Assistance to gaining access to caregiver services, #30-5 Caregiver Respite
The Dalles Meals on Wheels 1112 West 9th St. The Dalles, OR 97058 Denise Patton <input type="checkbox"/> For profit agency	#7 - Congregate Meals, #4 - Home Delivered Meals, #30-7 Supplemental Services to Caregivers
Mt. Hood Towne Hall P.O. Box 247 Parkdale, OR 97041 Avalon Denton <input type="checkbox"/> For profit agency	#7 - Congregate Meals #40-2 Exercise/Physical fitness

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Pioneer Potlatch, Inc. P.O. Box 451 The Dalles, OR 97058 Linda Cornie <input type="checkbox"/> For profit agency	#7 - Congregate Meals
Spray Grange 807 Winlock Spray, OR 97874 Bill Wyatt <input type="checkbox"/> For profit agency	#7 - Congregate Meals
Mid-Columbia Community Action, Inc. P.O. Box 1969 The Dalles, OR 97058 Jim Slusher Because of lack funding this contract no longer valid. 11/2/11 <input type="checkbox"/> For profit agency	#15 - Information to Caregivers #16 - Assist. to gaining access to caregiver services, #30-5 - Caregiver Respite, #70-9 - Caregiver Training
Providence Brookside Manor 1550 Brookside Drive Hood River, OR 97031 Mary DeLaRue <input type="checkbox"/> For profit agency	#30-5 - Caregiver Respite

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

SECTION D-1
SERVICE MATRIX

The AAA is required to provide comprehensive and coordinated community based services designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Examples of such services are in the *Service Definitions for Older Americans Act and Oregon Project Independence Services* as released at <http://www.dhs.state.or.us/policy/spd/transmit>.

Indicate all services provided to OAA and/or OPI clients and the method of service delivery.

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
<input type="checkbox"/> 1	Personal Care <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 1a	Personal Care – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 2	Homemaker <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2a	Homemaker – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X <input type="checkbox"/> 3	Chore X <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	X <input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 3a	Chore – HCW <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input type="checkbox"/> 5	Adult Day Care/ Adult Day Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 6	Case Management <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X <input type="checkbox"/> 8	Nutrition Counseling X <input type="checkbox"/> OAA X <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted X <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 9	Assisted Transportation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
CLUSTER 3 NON-REGISTERED SERVICES			
<input type="checkbox"/> 10	Transportation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 11	Legal Assistance <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
X <input type="checkbox"/> 12	Nutrition Education X <input type="checkbox"/> OAA X <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted X <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 15	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	Contracted X Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 16	Assistance in Gaining Access to Caregiver Services <input checked="" type="checkbox"/> OAA	1 Contact	Contracted X <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider X <input type="checkbox"/> cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
<input checked="" type="checkbox"/> 20-1	Administration <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-2	AAA Advocacy <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 20-3	AAA Program Coordination <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 20-4	AAA Program Development <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Address Functional Limitations			
X <input type="checkbox"/> 30-1	Home Repair/Modification X <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Activity	<input type="checkbox"/> Contracted X <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input type="checkbox"/> 30-2	Home Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Home Visit	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 30-3	In-Home Volunteers <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-4	Respite <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-5	Caregiver Respite <input checked="" type="checkbox"/> OAA	1 Hour of Service	Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
x <input type="checkbox"/> 30-6	Organization & Maintenance of Support Groups for Caregivers x <input type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	x <input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
Services Which Maintain Health			
x <input type="checkbox"/> 40-1	Health/Nutrition Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening per participant	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-2	Exercise/Physical Fitness <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-3	Wellness Education <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Payment for Service per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-7	Medical Equipment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Client Served	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
Services Which Protect Elder Rights			
<input type="checkbox"/> 50-1	Guardianship Conservatorship <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-2	Protective Service <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-3	Elder Abuse Awareness <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-5	LTC Ombudsman <input checked="" type="checkbox"/> OAA	1 Activity	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-2	Friendly Visiting <input checked="" type="checkbox"/> OAA	1 Visit	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 60-3	Telephone Reassurance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-4	Volunteer Recruitment <input checked="" type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input checked="" type="checkbox"/> no provider <input type="checkbox"/> cost efficient

<input type="checkbox"/> 60-5	Interpreting/Translation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Assure Access and Coordination			
<input checked="" type="checkbox"/> 70-1	Case Monitoring <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 70-2	Counseling <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-2a	Individual Counseling for Caregivers <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-3	Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-4	Geriatric Assessment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Assessment	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-5	Newsletter <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Newsletter Distributed	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 70-6	Gatekeeper Training <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-7	Placement Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Referral	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-8	Private Case Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-9	Caregiver Training <input checked="" type="checkbox"/> OAA	1 Session per Participant	Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient

<input checked="" type="checkbox"/> 70-10	Public Outreach/Education <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
Services that Support Other Goals/Outcomes			
x <input type="checkbox"/> 80-1	SeniorCenter Assistance x <input type="checkbox"/> OAA	1 Center Assisted	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
x <input type="checkbox"/> 80-2	Employment Assistance x <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
x <input type="checkbox"/> 80-3	Utility Assistance x <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-4	Financial Assistance/Material Aid <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 80-5	Money Management <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 80-6	Center Renovation/ Acquisition <input type="checkbox"/> OAA	1 Center Acquired or Renovated	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
x <input type="checkbox"/> 80-7	Housing Assistance x <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient
x <input type="checkbox"/> 90-1	Volunteer Services x <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted x <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider x <input type="checkbox"/> cost efficient

SECTION D-2
OREGON PROJECT INDEPENDENCE

Provide the following information about the procedures your agency (or your contractor) uses in the OPI program:

- a. Describe how the agency will ensure timely response to inquiries for service.

Contact is made within 3 working days of the date the referral is received (see attached OPI handbook for additional information). 11/2/11: A home visit to complete the assessment will be made as soon as possible but within 5 working days of contact.

- b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.

11/2/11 :All potential clients will first be screened for potential eligibility for Medicaid as a prior resource to OPI. If a client appears eligible, they will be referred to the local SPD office. People currently receiving Medicaid services will not be deemed eligible for OPI services. Financial and resources will be reviewed at each redetermination to determine if they may become eligible for Medicaid.

Reassessments are completed at least yearly (see attached handbook for additional information). Financial information is reviewed at that time (or more often if the client is close to being Medicaid eligible), to assure appropriate referral to other community resources.

- e. Describe how eligibility will be determined.

11/2/11: Request for OPI services will be referred to the case manager who will conduct an in-home assessment using CAPS. Information will be gathered through the applicant and family member(s), and through observation. This interview will provide information on the mental, physical and medical condition of the person to determine the person's eligibility level.

- f. Describe how the services will be provided.

Our district provides personal care and homemaker OPI services with HCW's and Visiting Health Services as local partners. We also contract

with The Dalles Meals on Wheels to provide home delivered meals to OPI clients. We have one case manager that offers information and assistance, outreach, as well as case monitoring. We have two Outreach staff that visit our senior meal sites on a regular basis and provide OPI education and outreach while there. We just recently initiated an AARP Money Management Program and anticipate using case management time to refer and determine eligibility for that program.

The case manager will also provide other supports such as helping in locating medical aids such as walkers, stalling grab bars, etc. and linking the client to other community resources such as transportation, recreation, support groups etc.

Describe the agency policy for prioritizing OPI service delivery.

Utilization of current risk assessment tool to establish triage and then continue with CAPS assessment.

For individuals to be eligible for OPI services, a need level of "12" or less must be indicated via the CAPS assessment. If need level is over 12, we go back into the original assesment and make sure all information entered is correct. If all information appears to be accurately recorded, the client is not eligible for OPI in-home services, but can be assisted with case management to locate private services.

g. Describe the agency policy for denial, reduction or termination of services.

A client can be denied services if they are a) would be paying the full cost of the service (they are still eligible to receive case management services) or b) funding does not allow for additional clients.

Clients are served as funding allows. If funding is reduced due to budget reductions, clients hours may be reduced or the client load may be reduced using the CAPS assessment and/or resource levels.

Termination of services is always done via home visit. Only as a last result will client services be terminated due to non-payment of fees. Grievance procedures are included with all termination notices.

We prioritize delivery of OPI services by assessing and rating new intakes based on SPL, informal supports available, and ability to pay privately for

services (i.e. resources). When adequate funds are not available, people/clients will be evaluated on a case by case basis as listed above

h. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.

Policy

A home visit by the case manager is done to inform clients of denial, reduction or termination of OPI services, followed by written communication denoting the same. On the rare occasion when communication with clients regarding services must be done by phone, it is followed with a written overview of the telephone conversation and mailed to the client in letter form. Clients have the right to contact the AAA Director when they disagree with a decision that has been made on their case.

Scope

This policy applies to Mid-Columbia COG staff in the following classifications: AAA Director, Direct Services Manager and Program Assistant. These staff members will be involved in supervising or preparing and maintaining this system of receivables.

Procedure

A. Clients have the right to file a grievance if they do not agree with a decision. Grievance resolution proceedings are held before the Mid-Columbia COG Executive Director. Grievance resolution processes can be held via phone.

B. At the grievance resolution proceeding, the client can explain why they do not agree with a decision. They are allowed to bring people to testify for them, as well as have a lawyer or someone else help them. The Mid-Columbia COG cannot pay the cost of witnesses or a lawyer. Clients may receive free legal services through a legal aid office or the local bar association.

C. If a client wishes to file a grievance, they must ask for one within 10 days from the date of the notice for the change, reduction, or termination of services. Requests must be in written form using the Mid-Columbia COG G-100 form and submitting it to: Mid-Columbia COG Executive Director, 1113 Kelly Avenue, The Dalles, Oregon 97058

D. The client's benefits may remain the same until the local grievance decision has been made.

E. The client must ask the Mid-Columbia COG Administrative Office for a grievance resolution proceeding and continuing benefits within 10 days from the date of the termination notice.

F. If the client's benefits remain in effect during the grievance process and the grievance is not in their favor, the client must reimburse the total cost of services received between receipt of termination notice and grievance decision.

G. If the client is unsatisfied with the outcome of a grievance resolution proceeding at Mid-Columbia COG, the client will be referred to the Oregon Seniors and People with Disabilities office in Salem to file an appeal.

i. Explain how fees for services will be implemented, billed, collected and utilized.

Mid-Columbia COG shall administer the fee policies of the State Department of Human Services identified under Oregon Administrative Rule (OAR) 411 32 020{6}. Fees are to be collected from recipients of home care services funded by Oregon Project Independence (OPI) in order to expand those services. For this purpose, the State Department of Human Services periodically publishes schedules for implementation. The Mid-Columbia COG is responsible for the functions of billing and collecting those fees and this policy delineates that process. This policy applies to Mid-Columbia COG staff in the following classifications: AAA Director, Direct Services Manager, Program Assistant. These staff members will be involved in supervising or preparing and maintaining this system of receivables.

Procedure

This fee policy shall apply to recipients of the OPI-funded home care services delivered by the client-employed provider program (CEP).

A. Billing of Clients: Clients will be billed for home care services each month.

1. Timing: An invoice will be prepared and mailed to the client by the 20th of the month following the service month for which the billing is prepared.

2. Staff and Areas of Responsibility: As soon as the State Department of Human Services' OPI Home Care Voucher Paid Report is received, the Program Assistant will determine the number of hours for each voucher appearing on the report. This service information will then be transcribed to the OPI Control Sheet for that month (and the service units reconciled). The control sheet bearing the client's fee assessment will be the basis of fee billing. An invoice is prepared for each client. The Program Assistant will perform these billing functions and the Direct Services Manager will oversee and review them.

3. Process Outline: Each client (or household) will have a receivables account maintained on an electronic account ledger. With the information gathered from the voucher paid report and prepared on the OPI Control Sheet, fee charges will be posted to the account ledger. Information from the ledger will then be used to prepare a monthly billing summary sheet and individual client invoices for mailing by the 20th of the month following the service month billed.

B. Collection of Receivables

1. Staff and Areas of Responsibility: The Direct Services Manager will oversee the collection of OPI fees. The Program Assistant will do the electronic and manual bookkeeping functions necessary to maintain the system.

2. Process Outline: As remittance payments come to the Mid-Columbia COG Fiscal Department, they will be given to the Program Assistant to post to the client accounts on a weekly basis and entered on a deposit sheet which will be turned over to the Fiscal Department.

3. Collections: The following guidelines will govern the billing and collection processes for these fees.

a. A billing will be prepared on an account for \$5.00 or less only one time, or until the amount total is more than \$5.00. All closed accounts with a balance due of less than \$5.00 will be billed only once.

b. If no fee remittance has been received on an account after two monthly billings, the Direct Service Manager will determine the client's circumstances from the client and make a recommendation as to whether to pursue payment or forgive the debt.

c. Certain client circumstances may constitute an automatic recommendation that any fees due be forgiven. This will be at the discretion of the Direct Service Manager. Those circumstances include:

- (1) The client dies and:**
 - (a) the amount due is less than \$5.00, or**
 - (b) there is no surviving spouse, conservator or family agent.**
- (2) The client moves and there is no way to establish contact through a forwarding address or contact person.**

Other circumstances could lead to a recommendation that fees be forgiven:

d. Recommendations in the form of a memorandum regarding client fee accounts to be forgiven and the reasons will be prepared by the Direct Services Manager and submitted to the AAA Director for review and approval. The AAA Director has the authority to forgive fees, as per Mid-Columbia COG policy).

e. In instances where payment is delinquent –where no payment on the account has been received within 90 days after the initial

billing and after several phone or letter appeals for payment--and where the recommendation of the Direct Service Manager is that the debt should not be forgiven, the following action may be taken on the client's account:

- (1) Upon the recommendation of the Direct Services Manager, or for other reasons, the AAA Director and Mid-Columbia COG Executive Director may decide to terminate OPI services to the client for non-payment of assessed fees for service.**

j. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

See above.

k. Explain how service providers will be monitored and evaluated.

Phone calls are made to clients at least quarterly to determine if the provider is completing all tasks assigned, showing up on time, calling if they are going to be absent or late, and to just check to see if the client and provider are getting along. Vouchers are monitored monthly to assure hours authorized are used. If hours are not used, a phone call is made to the client to determine why they are not using their authorized hours.