

**NORTHWEST SENIOR & DISABILITY  
SERVICES**

**DISTRICT #1 - CLATSOP, MARION, POLK,  
TILLAMOOK, AND YAMHILL COUNTIES**

**OLDER AMERICANS ACT  
AREA PLAN**

*for period of*

**JANUARY 1, 2008**

*to*

**DECEMBER 31, 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, and Medicaid during the period identified above.

### NORTHWEST SENIOR & DISABILITY SERVICES

3410 Cherry Ave NE  
P.O.Box 12189  
Salem, OR 97309-0189

Barry Donenfeld,  
Executive Director

(503) 304-3400

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.

\_\_\_\_\_  
- s -  
Signature

\_\_\_\_\_  
Executive Director  
Title

\_\_\_\_\_  
Barry Donenfeld  
Printed Name

\_\_\_\_\_  
October 26, 2007  
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.

Overview of the  
Area Plan on Aging  
For District 1:  
Clatsop, Marion, Polk, Tillamook & Yamhill  
Counties

JANUARY 2008 - DECEMBER 2011

## WHO WE ARE...

NorthWest Senior & Disability Services (NWSDS) is an intergovernmental agency designated as the Area Agency on Aging for Clatsop, Marion, Polk, Tillamook and Yamhill counties. As an Area Agency on Aging (AAA), NWSDS is required to develop a plan for a comprehensive and coordinated service system to meet the needs of older adults, family caregivers and people with disabilities in its five-county Planning and Service Area (PSA). This plan is documented as the Agency's four-year Area Plan, which is updated annually. While this document provides an overview of the planned service system for January 2008 through December 2011, information regarding specific funding and service levels is provided for the 2007-2008 fiscal year only. A full copy of the Agency's Area Plan may be reviewed at any of our offices (office locations are listed on page 17), and on our agency web site at [www.nwsds.org](http://www.nwsds.org)

The Agency is chartered under Oregon Revised Statutes (Chapter 190) as a local, voluntarily created intergovernmental organization formed by Clatsop, Marion, Polk, Tillamook and Yamhill counties. Formerly known as Mid-Willamette Valley Senior Services Agency (MWVSSA), serving seniors in Marion, Polk and Yamhill counties, NWSDS was re-designated on February 1, 2005, as a Type B-2 Transfer AAA serving both seniors and people with disabilities in an expanded PSA that added Clatsop and Tillamook counties.

**Board of Directors:** The Agency's Board of Directors consists of five elected County Commissioners from the five-county PSA: one from each county.

**Advisory Councils:** The Board of Directors appoints a 27-member Senior Advisory Council (SAC), and a 15-member Disability Services Advisory Council (DSAC), to assist the Board and Executive Director in determining which policies and programs to implement, and to advocate on behalf of the needs of seniors and people with disabilities. The Advisory Councils are made up of volunteer representatives from the general public, service providers, consumers of services, local elected officials, and representatives of people with disabilities.

**SAC** membership reflects proportionate representation of the number of seniors residing in each of the five counties. The majority of the members on the SAC are persons over age 60.

**DSAC** membership consists of representatives from each of the five counties. The majority of the members on the DSAC must be individuals with physical disabilities.

## OUR MISSION...

The mission of NWSDS is **to assist older persons and people with disabilities in making and implementing choices that maximize their independence and quality of life.**

NWSDS achieves this mission by coordinating services for and with the older adult and people with disabilities populations we serve. Through a network of seven full-service offices in Salem, Woodburn, Dallas, McMinnville, Tillamook and Gearhart; a satellite information and assistance office in Stayton; and contracted information and assistance services through Grand Sheramina in Sheridan, we provide access to a broad range of programs and services for persons age 60 and older, and persons with disabilities age 18 and older, throughout the five-county area. This includes information and support for local family caregivers, as well as those caring from a distance.

The Area Plan is keyed primarily to the coordination and delivery of services as stipulated by the Older Americans Act (OAA), which are available to individuals age 60 and over, regardless of income. The plan also identifies elements of Medicaid services, coordinated through NWSDS, for low-income seniors age 65 and over, and for persons with disabilities age 18 and over; and services funded by Oregon Project Independence (OPI).

## POPULATION WE SERVE...

NWSDS provides OAA and OPI services to seniors age 60 and over in Clatsop, Marion, Polk, Tillamook and Yamhill counties. The overall 60+ population continues to grow (see *Table 1*). The 60+ population, compared to the population as a whole, shows three of our five counties as having a significantly higher percentage of seniors than the overall state percentage, although the PSA, as a whole, has a slightly lower percentage than the state overall.

### ***Age 60+ as Percent of Population (2006)***

| <b><u>Geographic Area</u></b> | <b><u>Total Population</u></b> | <b><u>Total Age 60+ Population</u></b> | <b><u>% of Population Age60+</u></b> |
|-------------------------------|--------------------------------|--|--------------------------------------|
| Clatsop Co.                   | 37,045                         | 7,694                                  | 20.8                                 |
| Marion Co.                    | 306,665                        | 48,751                                 | 15.9                                 |
| Polk Co.                      | 66,670                         | 12,777                                 | 19.2                                 |
| Tillamook Co.                 | 25,530                         | 6,898                                  | 27.0                                 |
| Yamhill Co.                   | 91,675                         | 14,341                                 | 15.6                                 |
| 5-County PSA                  | 527,585                        | 90,461                                 | 17.1                                 |
| Oregon                        | 3,690,505                      | 640,485                                | 17.4                                 |

**Table 1: SENIOR POPULATION SERVED BY NWSDS**

| <b>District 1: Clatsop, Marion, Polk, Tillamook &amp; Yamhill Counties</b> |                            |                            |                             |                         |
|--|----------------------------|----------------------------|-----------------------------|-------------------------|
| <b>Description</b>   | <b>July 2005 Estimate*</b> | <b>July 2006 Estimate*</b> | <b>July 2010 Estimate**</b> | <b>% Change '06-'10</b> |
| <b>Co.</b>   |                            |                            |                             |                         |
| <b>Populations:</b>  | <b>36,638</b>              | <b>37,045</b>              | <b>37,162</b>               | <b>+ 0.3</b>            |
| Clatsop  | 302,135                    | 306,665                    | 323,128                     | + 5.4                   |
| Marion   | 65,670                     | 66,670                     | 72,845                      | + 9.3                   |
| Polk   | 25,206                     | 25,530                     | 26,589                      | + 4.1                   |
| Tillamook  | <u>90,310</u>              | <u>91,675</u>              | <u>98,932</u>               | + 7.9                   |
| Yamhill  | 519,959                    | 527,585                    | 558,656                     | + 5.9                   |
| <b>TOTAL</b>   |                            |                            |                             |                         |
| <b>60+ Population:</b>   |                            |                            |                             |                         |
| Clatsop  | 7,586                      | 7,694                      | 8,585                       | + 11.6                  |
| Marion   | 47,990                     | 48,751                     | 54,935                      | + 12.7                  |
| Polk   | 12,531                     | 12,777                     | 14,598                      | + 14.3                  |
| Tillamook  | 6,757                      | 6,898                      | 7,809                       | + 13.2                  |
| Yamhill  | <u>14,029</u>              | <u>14,341</u>              | <u>16,356</u>               | + 14.1                  |
| <b>TOTAL</b>   | <b>88,893</b>              | <b>90,461</b>              | <b>102,283</b>              | <b>+ 13.1</b>           |
| <b>85+ Population:</b>   |                            |                            |                             |                         |
| Clatsop  | 782                        | 801                        | 840                         | + 4.9                   |
| Marion   | 5,451                      | 5,588                      | 5,997                       | + 7.3                   |
| Polk   | 1,834                      | 1,894                      | 2,079                       | + 9.8                   |
| Tillamook  | 622                        | 656                        | 748                         | +14.0                   |
| Yamhill  | <u>1,624</u>               | <u>1,683</u>               | <u>1,808</u>                | + 7.4                   |
| <b>TOTAL</b>   | <b>10,313</b>              | <b>10,622</b>              | <b>11,472</b>               | <b>+ 8.0</b>            |
| <b>60+ by Gender:</b>  |                            |                            |                             |                         |
| Female   | 55% 49,329                 | 55% 50,053                 | 54% 55,415                  | + 10.7                  |
| Male   | 45% <u>39,564</u>          | 45% <u>40,408</u>          | 46% <u>46,868</u>           | + 16.0                  |
| <b>TOTAL</b>   | <b>88,893</b>              | <b>90,461</b>              | <b>102,283</b>              | <b>+ 13.1</b>           |
| <b>85+ by Gender:</b>  |                            |                            |                             |                         |
| Female   | 66% 6,835                  | 66% 6,979                  | 65% 7,462                   | + 6.9                   |
| Male   | 34% <u>3,478</u>           | 34% <u>3,643</u>           | 35% <u>4,010</u>            | +10.1                   |
| <b>TOTAL</b>   | <b>10,313</b>              | <b>10,622</b>              | <b>11,472</b>               | <b>+ 8.0</b>            |

(\*SOURCE: Portland State University Center for Population Research and Statistics. Figures are statistically estimated based on data collected in the 2000 census.)

(\*\*SOURCE: Oregon Office of Economic Analysis estimated projections by county.)

## **PLANNING PROCESS FOR AREA PLAN DEVELOPMENT...**

NWSDS has been in a near-continuous planning process for the past four years. Just as the 2004-2007 Area Plan was being finalized in 2003 (as MWVSSA), the agency entered into discussions with the Oregon Department of Human Services, Seniors and People with Disabilities (SPD) to consider assuming responsibility for OAA and OPI services in Clatsop and Tillamook counties. The transition was lengthy and complex. A considerable amount of additional planning activities focused on the assessment of needs for Clatsop and Tillamook counties, as well as a significant examination of the agency's existing business model and organizational infrastructure for the transfer of state services for people with disabilities. The outcome of that comprehensive work was the formal recognition of NWSDS as the newly designated Type B-2 Transfer AAA for all five counties on February 1, 2005.

The annual amendments to the Area Plan, submitted to SPD in May of 2006, reflected the outcomes and accomplishments of much of that transition planning, as well as the increased service activity levels in the expanded PSA. Following approval of the plan amendments, NWSDS immediately initiated a series of Needs Assessment surveys in preparation for development of the 2008-2011 Area Plan.

### **SENIOR NEEDS ASSESSMENT**

NWSDS has historically utilized broadly distributed surveys to help satisfy the OAA requirement that AAA's periodically assess the needs of older Americans residing in our PSA. In order to make meaningful comparisons to past assessments, the agency employed the same survey instrument used in its 1999 and 2002 needs assessment surveys. This was done to measure any noticeable shifts in need from previous survey responses, and to identify existing unmet needs or emerging issues for consideration in our future planning.

NWSDS distributed Senior Needs Assessment surveys to 5,000 randomly selected individuals, age 60 or older, throughout our five-county PSA. For additional perspective, the same survey was also distributed to all agency employees, and to all members of the Senior Advisory Council. Simultaneously, the agency distributed 2,800 Disability Needs Assessment surveys to randomly selected households within the PSA where an individual was qualified to receive services for a disability, as identified by DHS. This survey was also distributed to all NWSDS staff and to all members of our Disability Services Advisory Council. In addition, we mailed a combination Senior/Disability survey to 100 different

organizations within our PSA identified as community partners having some professional or volunteer service contact with the same client populations we serve.

Summarized in the following table is a comparison of the responses for the general distribution Senior Needs Assessment Surveys over the past three planning periods:

**Comparison of Senior Survey Responses  
For Surveys of 2007, 2002, and 1999**

|                                   | <b>2007</b>   | <b>2002</b>   | <b>1999</b>  |
|-----------------------------------|---|---|--|
| <b>DISTRIBUTION:</b>              |   |   |  |
| Distribution Method               | Random sample of registered voters age 60+ in Clatsop, Marion, Polk, Tillamook and Yamhill counties | Random sample of registered voters age 60+ in Marion, Polk and Yamhill counties | Targeted mailing to senior client groups, and as insert to Senior News publication and utility bills |
| Total Distributed                 | 5,000   | 3,441   | 19,834   |
| Completed Returns                 | 1,262   | 773   | 1,226  |
| Return Rate                       | 25%   | 22%   | 6%   |
| <b>DEMOGRAPHICS:</b>              |   |   |  |
| Female Respondents                | 60%   | 57%   | 70%  |
| Male Respondents                  | 39%   | 36%   | 23%  |
| Racial Identity                   | Anglo or White (91%)  | Anglo or White (94%)  | Anglo or White (91%)   |
| Age Bracket<br>(Highest Response) | 65 – 69<br>(22%)  | 70 – 74<br>(20%)  | 75 – 79<br>(21%)   |

| (Cont.)   | 2007  | 2002  | 1999   |
|---|---|---|--|
| Income Bracket<br>(Highest Response)  | \$25,000 - \$35,000<br>(15%)<br>\$35,000 - \$50,000<br>(15%)  | \$17,651 - \$25,000<br>(18%)  | \$5,001 - \$8,050<br>(21%)   |
| <b>ASSISTANCE<br/>NEEDS:</b>  |   |   |  |
| Top 3 Assistance<br>Needs Currently<br>Needing Help with<br>but Do Not Have | - Heavy Cleaning<br>or Yard Work<br>- Minor Home<br>Repair or<br>Maintenance<br>- Major Home Repair   | - Prescription<br>Assistance<br>- Heavy Cleaning or<br>Yard Work<br>- Minor Home Repair<br>or Maintenance   | - Heavy Cleaning or<br>Yard Work<br>- Minor Home Repair<br>or Maintenance<br>- Health Insurance<br>Questions   |
| <b>SERVICE NEEDS:</b>   |   |   |  |
| Top 3 Service Needs<br>that <b>Would be Used<br/>if Available</b>           | - Information &<br>Assistance to Link<br>with Services<br>- Medical Alert<br>Service to Help in an<br>Emergency<br>- Legal Aid or<br>Consultation | - Information &<br>Assistance to Link<br>with Services<br>- Medical Alert<br>Service to Help in an<br>Emergency<br>- Legal Aid or<br>Consultation | - Information &<br>Assistance to Link<br>with Services<br>- Medical Alert<br>Service to Help in an<br>Emergency<br>- Health<br>Education/Information |
| <b>HEALTH<br/>CONDITIONS:</b>   |   |   |  |
| Top 3 <b>Health<br/>Conditions</b><br>Identified                            | - Arthritis<br>- High Blood<br>Pressure/Hypertension<br>- Vision and Hearing<br>Impairment  | - Arthritis<br>- High Blood<br>Pressure/Hypertension<br>- Vision and Hearing<br>Impairment  | - Arthritis<br>- High Blood<br>Pressure/Hypertension<br>- Vision and Hearing<br>Impairment   |

Responses to the pre-set questions of the survey did not reveal any significant shifts in areas identified as *Assistance Needs*, or *Service Needs*. Anecdotally, however, responses to the one open-ended question on the survey revealed several needs in the communities not easily identified in the survey's pre-set questions. The most often recurring issues included: Transportation for medical appointments and grocery shopping (especially in the rural areas); Assistance with dental and vision care; Respite for unpaid family caregivers; and Assistance with purchasing food.

The NWSDS PSA covers 4,609 square miles. Everything outside of the Salem/Keizer Metropolitan Area, in Marion County, is considered rural, by definition. The Oregon Office of Rural Health designates most of our PSA as a **Medically Underserved Area (MUA)**, including all of Tillamook County. Determination of an MUA is based upon a composite score using a weighted index of four criteria: 1) population to physician ratio; 2) percentage of people age 65+; 3) percentage of people below the poverty line; and, 4) the infant mortality rate. Further, using the single criterion of population to physician ratio, all but a small portion of our PSA is designated as a **Health Professional Shortage Area (HPSA)**, as well. Data from the U.S. Census Bureau identifies the **poverty status** for the 65+ population of our PSA as follows:

| <b>County</b>              | Clatsop | Marion | Polk | Tillamook | Yamhill | <b>Total</b> |
|----------------------------|---------|--------|------|-----------|---------|--------------|
| <b># of 65+ In Poverty</b> | 425     | 2,495  | 460  | 380       | 684     | 4,444        |
| <b>% of 65+ In Poverty</b> | 8.0     | 7.4    | 5.5  | 8.1       | 7.5     | 7.3          |

The **ethnic/minority make-up** of our PSA, according to the U.S. Census Bureau, is as follows:

#### **Race as a % of Total Population**

|   | <b>Clatsop</b> | <b>Marion</b> | <b>Polk</b> | <b>Tillamook</b> | <b>Yamhill</b> |
|---|----------------|---------------|-------------|------------------|----------------|
| <b>White</b>  | 93.1           | 81.6          | 89.2        | 93.9             | 89.0           |
| <b>Black or African American</b>                    | .5             | .9            | .4          | .2               | .8             |
| <b>American Indian &amp; Alaska Native</b>          | 1.0            | 1.4           | 1.8         | 1.2              | 1.5            |
| <b>Asian</b>  | 1.2            | 1.8           | 1.1         | .6               | 1.5            |
| <b>Native Hawaiian &amp; Other Pacific Islander</b> | .2             | .4            | .2          | .2               | .1             |
| <b>Some other Race</b>                              | 1.6            | 10.6          | 4.5         | 1.9              | 5.1            |
| <b>Two or More Races</b>                            | 2.3            | 3.4           | 2.7         | 2.0              | 2.4            |
|   |                |               |             |                  |                |
|   |                |               |             |                  |                |

|   | <b>Clatsop</b> | <b>Marion</b> | <b>Polk</b> | <b>Tillamook</b> | <b>Yamhill</b> |
|---|----------------|---------------|-------------|------------------|----------------|
| <b>Hispanic or Latino<br/>(of any race) *</b> | 4.5            | 17.1          | 8.8         | 5.1              | 10.6           |

\* The Hispanic or Latino percentages have been separated from the other race designations because they are often combined with another race, including white. Since this demographic is the single largest ethnic population in our PSA, we further identify this make-up for the **60+ population** as follows:

|                        | <b>Clatsop</b> | <b>Marion</b> | <b>Polk</b> | <b>Tillamook</b> | <b>Yamhill</b> | <b>Total</b> |
|------------------------|----------------|---------------|-------------|------------------|----------------|--------------|
| <b># in County</b>     | 332            | 7,746         | 1,052       | 336              | 1,407          | 10,873       |
| <b>% of Total Pop.</b> | .9             | 2.7           | 1.7         | 1.4              | 1.7            | 2.2          |

Increasing Outreach to these ethnic/minority populations is addressed in the Administrative Goals and Objectives section of this plan.

## **SERVICE PRIORITY SETTING**

Consistent with past practice, and integrating the 2007 survey data with agency policy on use of discretionary funding, the Senior Advisory Council developed, and recommended to the Board, nine service priorities for the 2008-2011 planning period. This list of service priorities will help guide the service planning for seniors in the five-county PSA. Longer term planning continues to focus on the future impact of retiring baby boomers as well as the increasing number of seniors age 85 and over. This segment of Clatsop, Marion, Polk, Tillamook and Yamhill County seniors is expected to experience tremendous growth. These frailest of seniors will substantially increase the need for long term care services, as well as agency case management.

The transition to a five-county Type B-2 AAA provided opportunities for significant reorganization and program enhancements. For the first time: the agency was able to dedicate Information and Assistance staff to serve the needs of people with disabilities; Adult Protective Services and Information and Assistance staff were added to the offices on the coast; the number of days of noon meal service was expanded in the coastal communities, as well as Oregon Project Independence (OPI) services and a contracted provider for in-home care services; improvements and expansion of OAA programs, such as SHIBA and Senior Peer Counseling, were gained in our coastal communities; we expanded outreach at the north coast through the Gateway-Astoria community partnership; certified nurses were dedicated to the Pre-Admission Screening process for people with disabilities in all five counties; and, with the creation of the Quality Assurance & Improvement Unit, staff training opportunities were enhanced leading to state recognition of greater Food Stamp accuracy rates.

While a considerable amount of weight is given to the results of the Needs Assessment surveys, other resources helped inform and shape the recommendation on Service Priorities. The Senior Advisory Council is regularly provided with state and federal policy and budget updates, along with agency reports, statistical studies on demographic changes, and media investigations of relevant issues. They will often bring other source material to their meetings for discussion of local impacts, as well. All of this input became part of the framework around the determination of Service Priorities for NWSDS.

As a result, the agency is well-positioned to identify the trends, challenges, and opportunities that will continue to shape the planning, development and coordination of essential services at the core of our mission: *to assist older persons and people with disabilities in making and implementing choices that maximize their independence and quality of life.*

## **SERVICE PRIORITIES...**

**Adopted by the Board of Directors, October 25, 2007:**

1. **Home Care** (w/Case Management)
2. **Information & Assistance** (emphasizing I&A related to prescription drug acces
3. **Personal Care** (w/Case Management)
4. **Home-Delivered Meals**
5. **Senior Mental Health Program**
6. **Congregate Meals**
7. **Protective Services/Risk Management**
8. **In-Home Volunteers**
9. **Guardianship/Conservatorship**

## **PROGRAM DEVELOPMENT & COORDINATION...**

NWSDS has consistently designated a portion of its annual Older Americans Act Title III-B allocation to be used to carry out its responsibilities as an Area Agency on Aging for development of new programs and coordination of existing programs and services for persons age 60 and older within its service area. Examples of program development and coordination activities include, but are not limited to:

- gathering and analyzing data to determine older persons' needs for programs and services within the NWSDS service area;
- utilizing needs assessment information to establish goals for program modification, enhancement and/or development;
- working with communities and groups within the Agency's service area to encourage local responses to senior needs;

- serving on committees, advisory councils, boards, etc., of organizations providing services which have an impact on the lives of older persons (e.g., transportation, health care, education, volunteer programs, etc.);
- strategic and long-range planning to ensure NWSDS' ability to respond to issues which have an impact on programs, services and the quality of life for older persons.
- development of an Emergency Preparedness Plan in coordination with community emergency planners, and in cooperation with statewide emergency planning efforts.
- facilitation of long-term care system development in participation with SPD committees for Money Follows the Person project to provide additional living options and choices for those institutionalized for six months or more, reflective of the principles of the OAA's Choices of Independence initiative.

With the transition to a Type B-2 AAA, the expanded size and function of the agency provided opportunity for additional program enhancements through the creation of the Quality Assurance & Improvement Regional Unit (QA&I). NWSDS receives state funding for a portion of this function.

The goal of the QA&I unit is to provide staff support tailored to maximize the strengths of the organization staff through continuous improvement in our service delivery model. The unit is responsible for coordinating all NWSDS quality assurance and improvement activities, adult foster home licensing, pre-admission screening and criminal record checks of care providers.

Designed to achieve excellence in customer service, and gain program efficiencies, the unit focuses on evaluating organizational policies and staff processes as a training tool for improvement and consistency of application. The unit's objective is to ensure that service delivery is meeting federal, state and agency requirements, with particular emphasis in the areas of eligibility determination, financial accountability and care/service planning.

In addition, the 2006 re-authorization of the Older Americans Act included amendments to several sections of the Act regarding development of the AAA Area Plans. NWSDS has identified a number of specific activities (detailed in the Administrative Goals and Objectives document in Section B of this plan) to satisfy the new requirements, as summarized below:

#### **Summary of OAA amendments regarding Area Plans**

- Targeting of "older individuals with limited English proficiency" and "older individuals at risk of institutional placement" are added to needs assessment;
- Addition of mental health services to the "access" category of priority services;

- Targeting of “older individuals with limited English proficiency” and “older individuals at risk of institutional placement” are added to services provision;
- Use of trained volunteers in providing direct services;
- Addition of caregivers, service providers and representatives of the business community to area agency advisory council;
- Coordination of mental health services and screening;
- Facilitation by area agency of long-term care system development reflective of the principles of Choices for Independence;
- Development and coordination of emergency preparedness plans; and
- Conduct of special planning for baby boomers.

## **PLANNED SERVICES...**

Due to ongoing changes in state and federal policies and funding levels, periodic adjustments to the size and scope of some programs are necessary. However, NWSDS plans to continue to provide, make available, and/or coordinate a broad choice of services, subject to the availability of funds. These services include:

- Case Management Services
- Elder Abuse Awareness
- Family Caregiver Support
- Health Insurance Assistance (through trained volunteers)
- Information and/or Assistance, to link individuals and family caregivers with needed care, services and support
- In-Home Services (home care, personal care)
- In-Home Volunteers
- Language Interpretation/Translation Services
- Legal Assistance
- Medicare Managed Assistance Enrollment (Medicare prescription drug plan)
- Medication Management
- Mental Health Counseling (through trained peer volunteers and education/support groups)
- Nutrition Services (congregate and home delivered meals)
- Public Education/Outreach
- Support for Long-Term Care Ombudsman Program

### **Medicaid Only Programs:**

- Adult Day Care
- Adult Foster Home Care and Licensing

- Assisted Living Facility Care
- Contract Registered Nurses
- Guardianship/Conservatorship
- Medicaid Eligibility/Financial Assistance (including food stamps)
- Medical Transportation (for Medicaid clients)
- Miscellaneous Medical Services (medical equipment, supplies, etc., for Medicaid clients)
- Nursing Home Care
- Protective Services (abuse investigations, guardianship and conservatorship)
- Pre-Admission Screening (long-term care placement for Medicaid clients)
- Private Admission Assessments (long-term care placement for Medicaid clients)
- Residential Care Facility Care
- Risk Intervention Services

## **MINIMUM OAA TITLE IIIB FUNDING LEVELS...**

The Agency continues to use III-B funds to meet or exceed required minimum levels of funding for Access Services, In-Home Services and Legal Services as required by the Older Americans Act.

## **SOURCES OF FUNDING...**

Funding for the operation of NWSDS and its programs comes from the federal and state government, as well as from community groups and individual donations. Voluntary donations are accepted in any amount and are tax deductible.

NWSDS' area plan budget for the 2007-2008 fiscal year is summarized below:

### **2007-2008 Area Plan Budget Resources based on 9/18/07 Allocations**

|  |                     |
|--|---------------------|
| Medicaid (federal funds)                               | \$15,644,306        |
| Older Americans Act (federal funds)                    | 1,733,102           |
| Oregon Project Independence (state funds)              | 849,837             |
| Senior Health Insurance Benefits Program (state funds) | 10,160              |
| USDA (federal funds)                                   | 164,189             |
| Program Income/Cash Match (local cash)                 | 595,964             |
| Other State Funds                                      | 256,333             |
| <b>TOTAL</b>   | <b>\$19,253,891</b> |

### **2007-2008 Area Plan Use of Resources based on 9/18/07 Allocations**

|                                      |              |
|--------------------------------------|--------------|
| Medicaid AAA Services                | \$15,644,306 |
| Administration of OAA & OPI Programs | 258,294      |
| Advocacy (OAA)                       | 75,435       |

|   |                     |
|---|---------------------|
| Family Caregiver Support Program (OAA)        | 224,207             |
| Elder Rights/Abuse Prevention (OAA)           | 9,385               |
| In-Home Services (OPI/OAA/program inc.)       | 689,281             |
| In-Home Volunteers (OAA)                      | 6,994               |
| Information & Assistance (OAA/OPI)            | 173,671             |
| Legal Services (OAA)                          | 23,000              |
| Medication Management                         | 8,446               |
| Nutrition Program (OAA/OPI/USDA/program inc.) | 1,608,722           |
| Outreach (OAA)                                | 42,607              |
| Program Development and Coordination (OAA)    | 118,664             |
| Senior Mental Health Program (OAA)            | 114,546             |
| Other State Funds                             | 256,333             |
| <b>TOTAL</b>                                  | <b>\$19,253,891</b> |

The Agency is also responsible for authorizing roughly \$82 million per year in payments for services to nursing homes, adult foster homes, residential care facilities, assisted living facilities, and others providing care to elderly clients who are eligible for assistance under the federal Medicaid program.

## **SERVICE LOCATIONS & DESIGNATED FOCAL POINTS...**

A focal point is a visible and known location in a community where the elderly and their families can come or call and have access to a wide variety of services. The following are currently designated as focal points in the five-county area:

### **North Salem Branch Office**

(Senior & Disability Services)  
3410 Cherry Avenue, NE  
503-304-3400 (phone)  
503-304-3464 (fax)

### **Sheridan Information & Assistance Office**

Grand Sheramina Community Services  
120 N. Bridge St.  
Sheridan, OR 97378  
503-843-3133

### **South Salem Branch Office**

(Senior & Disability Services)  
3541 Fairview Industrial Dr, SE  
503-373-7645 (phone)  
503-378-8663 (fax)

### **Dallas Branch Office**

(Senior & Disability Services)  
163 SW Academy Street  
503-831-0581 (phone)  
503-623-5178 (fax)

### **Stayton Satellite Office**

(Providing Community Outreach)  
238 North Third Street

### **Tillamook Co. Branch Office**

(Senior & Disability Services)  
4670 E. Third Street

503-769-6174 (phone)  
503-769-2741 (fax)

503-842-2770 (phone)  
503-842-6290 (fax)

**Woodburn Branch Office**  
(Senior & Disability Services)  
1320 Meridian Drive  
503-981-5138 (phone)  
503-981-5145 (fax)

**Clatsop Co. Branch Office**  
(Senior & Disability Services)  
3523 Highway 101 N.  
Gearhart, OR 97138  
503-738-5191 (phone)  
503-738-6454 (fax)

**McMinnville Branch Office**  
(Senior & Disability Services)  
300 S.W. Hill Road  
503-472-9441 (phone)  
503-472-4724 (fax)

**NWSDS Administrative Offices**  
3410 Cherry Avenue NE, Suite 220  
PO Box 12189 Salem, OR  
503-304-3456 (phone)  
503-304-3434 (fax)  
[www.nwsds.org](http://www.nwsds.org)

**Focal Point Full Service Senior Centers**

**Chehalem Senior Center**

101 W. Foothills Drive  
Newberg, OR 97132  
503-538-7422

**Monmouth Senior Center**

180 S. Warren  
Monmouth, OR 97361  
503-838-5678

**City of Salem Senior  
Center**

1055 Erixon NE  
Salem, OR 97303  
503-588-6303

# **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)                              |
|--|-----------------------------------|---|
| Mike Propes<br>Board of Commissioners<br>Polk County Courthouse<br>Dallas, OR 97338                | January, 2009                     | Commissioner,<br>Polk County<br><br>Board Chair           |
| Charles Hurliman<br>Tillamook County Courthouse<br>201 Laurel Avenue<br>Tillamook, OR 97141        | January, 2009                     | Commissioner,<br>Tillamook County<br><br>Board Vice-Chair |
| Kathy George<br>Yamhill County Courthouse<br>535 E 5 <sup>th</sup> Street<br>McMinnville, OR 97128 | January, 2011                     | Commissioner,<br>Yamhill County<br><br>Board Director     |
| Jeff Hazen<br>Clatsop County<br>800 Exchange, Suite 310<br>Astoria, OR 97103                       | January, 2011                     | Commissioner,<br>Clatsop County<br><br>Board Director     |
| Patti Milne<br>Marion County Courthouse<br>P.O. Box 14500<br>Salem, OR 97309                       | January, 2011                     | Commissioner,<br>Marion County<br><br>Board Director      |

**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)

| Name & Contact Information            | Date Term Expires | Category of Representation  |
|---------------------------------------|-------------------|---|
| Lorraine Anderson<br><br>Polk County  | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Glafira Angulo<br><br>Marion County   | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| James Bradshaw<br><br>Marion County   | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Gussie Brown<br><br>Marion County     | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input checked="" type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Barbara Campbell<br><br>Marion County | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |

| Name & Contact Information       | Date Term Expires | Category of Representation   |
|----------------------------------|-------------------|--|
| Helen Findley<br>Marion County   | 6-30-09           | <input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Valorie Freeman<br>Marion County | 6-30-08           | <input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input checked="" type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Melody Gibson<br>Yamhill County  | 6-30-08           | <input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input checked="" type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Sharon Hanson<br>Marion County   | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Lee Hazelwood<br>Marion County   | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Phyllis Kelley<br>Yamhill County | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |

| Name & Contact Information        | Date Term Expires | Category of Representation   |
|-----------------------------------|-------------------|--|
| Frank Kattleson<br>Marion County  | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____ |
| Ruth McEwen<br>Marion County      | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Lucille Pugh<br>Marion County     | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Phyllis Rand<br>Marion County     | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Marjorie Reuling<br>Marion County | 6-30-09           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><input type="checkbox"/> _____            |
| Shirley Staats<br>Marion County   | 6-30-08           | <input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural<br><input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran<br><input type="checkbox"/> Family Caregiver<br><input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public<br><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.

***\*NWSDS organization chart appended as a PDF attachment to the Area Plan.***

## **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.

| A=Administration<br>B= Advocacy<br>C=Coordination<br>D=Development<br>E=Outreach<br><br><b>GOAL DESCRIPTION</b>  | <b>MEASURABLE OBJECTIVES</b>   | <b>ACTIVITIES</b>   | <b>DURATION</b> | (Completed with you)<br><br><b>ACC</b> |
|--|--|---|-----------------|--|
| <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E<br><b>I. To assure seniors have access to quality client services that meet their needs.</b> | <b>I.a Contracts for needed OAA/OPI services are in place</b>                            | <b>I.a.1</b> Complete contract re-negotiations and renewals for OAA/OPI funded services as appropriate.   | Ongoing         |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E   |  | <b>I.a.2</b> Work with the Advisory Council ad hoc committee to review requests for funding and to develop recommendations to the Board for awarding any discretionary funds, such as from the Older Americans Act. | Ongoing         |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E   | <b>I.b Agency contractors and other service area providers meet performance criteria</b> | <b>I.b.1</b> Continue monthly desk monitoring of contractor billings and reports.   | Ongoing         |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E   |  | <b>I.b.2</b> Provide technical assistance as requested or when problems occur.  | As needed       |  |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p> | <p><b>ACTIVITIES</b></p>   | <p><b>DURATION</b></p>                  | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
|---|-------------------------------------|--|---|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.3</b> Participate in the observation/participation monitoring process for contracted client services.</p>  | <p>Ongoing</p>                          |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.4</b> Provide administrative oversight for the joint food production and delivery and in-home services contracts among NWSDS, OCWCOG and S&amp;DS (a division of LCOG).</p>                                | <p>Ongoing</p>                          |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.5</b> Conduct client satisfaction surveys.</p>   | <p>Periodic,<br/>           Ongoing</p> |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.6</b> Conduct on-site monitoring visits for in-home services, nutrition services, and one minor contractor each year.</p>  | <p>Periodic</p>                         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.7</b> Provide Advisory Council Monitoring Committee members the opportunity to volunteer in on-site monitoring reviews. Schedule monitoring committee meetings to review monitoring tools and reports.</p> | <p>As needed</p>                        |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p> | <p><b>ACTIVITIES</b></p>  | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
|---|-------------------------------------|---|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.8</b> Continue to ensure the quality of Home Care Workers through timely LEDES checks and HCW orientation.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.9</b> Maintain accurate computerized records and prepare monthly and quarterly management information reports on both program activity and costs.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.10</b> Continue to ensure the quality of HCW's through timely initial LEDES checks and annual rechecks. Annual rechecks are allowed for NWSDS as part of a pilot with SPD to conduct rechecks every year instead of once every two years as required by rule.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.11</b> Ensure staff and client utilization of new HCW Registry that will roll-out November 2007.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.b.12</b> Continue pilots identified in 2007 HCW RPI to improve flow and timeliness of processing HCWs and determine effectiveness. Implement accordingly.</p>   | <p>July '08</p>        |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p>                          | <p><b>ACTIVITIES</b></p>   | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
|---|--|--|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.b.13</b> Continue conducting Ensuring Quality Care trainings for AFH providers. Four sessions are being scheduled for calendar year 2008.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.b.14</b> Continue offering monthly AFH orientation.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>I.c Agency services meet performance standards</b></p> | <p><b>I.c.1</b> Conduct annual audit of agency fiscal records.</p>   | <p>Annually</p>        |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.c.2</b> Continue programs for staff training/developmental assignments in eligibility and case management.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.c.3</b> Continue to conduct Medicaid audits on intakes, ongoing cases and denials in all program offices, with a monthly review of findings and recommendations for improvement.</p> | <p>Ongoing</p>         |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p> | <p><b>ACTIVITIES</b></p>   | <p><b>DURATION</b></p> | <p>(Completed with you)</p> <p><b>ACC</b></p> |
|---|-------------------------------------|--|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.c.4</b> Continue to develop and implement security procedures on collecting and administering Medicaid funds.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.c.5</b> Develop and provide staff training on areas identified through audits as error prone.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>I.c.7</b> Continually improve staff skill levels and processes to ensure optimum delivery of client services through:<br/>           --ensuring all ES and CM new hires attend initial agency-provided 6 week training program<br/>           --conducting quarterly workgroup sessions for ES and CM staff to review policy and procedures<br/>           --Train and coach staff on errors found through case review process</p> | <p>Ongoing</p>         |   |

| <p>A=Administration<br/> 3= Advocacy<br/> C=Coordination<br/> D=Development<br/> E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p>  | <p><b>ACTIVITIES</b></p>   | <p><b>DURATION</b></p> | <p>(Com<br/> achieved<br/> with you</p> <p><b>ACC</b></p> |
|---|--|--|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>I.d Participate in technology efforts to make services more accessible through web-based applications.</b></p> | <p><b>I.d.1</b> Partner with DHS on Food Stamp Program Participation grant to simplify the application process and improve access to food stamp benefits by:</p> <ul style="list-style-type: none"> <li>--Purchasing software to create an on-line application;</li> <li>--Making the application accessible at a variety of non-traditional sites in the project area</li> <li>--Partnering with staff at community sites to help complete the application and submit verification</li> <li>--Moving information from the on-line application into the food stamp calculation and issuance mainframe;</li> <li>--Increase Food Stamp Program participation among seniors</li> </ul> | <p>July '09</p>        |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.d.2</b> Coordinate with SPD in piloting a Food Stamp outreach project in Marion, Polk and Tillamook counties, including use of trained volunteers working with clients on internet-based Food Stamp applications.</p>  | <p>July '09</p>        |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p>  | <p><b>MEASURABLE OBJECTIVES</b></p>  | <p><b>ACTIVITIES</b></p>  | <p><b>DURATION</b></p> | <p>(Completed with you)</p> <p><b>ACC</b></p> |
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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.d.3</b> Continue to update and add resources to promote the Network of Care web site for information and referral in languages other than English.</p>                    | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>I.d.4</b> Develop and implement FCSP information to be available on agency webpage.</p>   | <p>March '08</p>       |   |
| <p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p><b>I. To provide assistance to at-risk seniors in NWSDS's service area.</b></p> | <p><b>II.a Provide Elder Abuse Awareness Activities in service area.</b></p> | <p><b>II.a.1</b> Continue to provide in-service training on elder abuse and fraud to local law enforcement agencies.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>II.a.2</b> Continue to conduct in-service training to financial service providers and local social service providers on issues of elder abuse detection and prevention.</p> | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>II.a.3</b> Continue to coordinate Multi-Disciplinary Teams (MDT's) in Marion, and Yamhill counties, which are aimed at improving coordination of elder abuse prevention, detection and intervention.</p>       | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>II.a.4</b> Develop and implement an enhanced system of measuring APS-related data and case management outcomes to provide improved tracking of elder abuse trends and ensure quality assurance across PSA.</p> | <p>July '08</p>        |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>II.a.5</b> Explore models for guardianship programs and support advocacy efforts for state funding of local guardianship programs.</p>   | <p>Ongoing</p>         |   |

A=Administration  
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 D=Development  
 E=Outreach

| GOAL DESCRIPTION   | MEASURABLE OBJECTIVES | ACTIVITIES   | DURATION | ACC                          |
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| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |                       | <b>II.a.6</b> Work with SPD APS staff to promote state adoption of national Uniform Durable Power of Attorney Act.   | Ongoing  | (Com<br>achieved<br>with you |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |                       | <b>II.a.7</b> Develop and/or continue partnerships with county mental health providers to enhance service coordination.  | Ongoing  |                              |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |                       | <b>II.a.8</b> Develop plan to promote targeted outreach to seniors with limited English proficiency, including development of training materials in other languages.         | Jan. '09 |                              |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |                       | <b>II.a.9</b> Continue to provide outreach to care staff and residents of licensed long-term care facilities by providing training on recognizing and reporting elder abuse. | Ongoing  |                              |

| <p>A=Administration<br/>           3= Advocacy<br/>           3=Coordination<br/>           )=Development<br/>           3=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>        | <p><b>MEASURABLE OBJECTIVES</b></p>   | <p><b>ACTIVITIES</b></p>  | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>   |   | <p><b>II.a.10</b> Coordinate appropriate activities with the Ombudsman’s Office.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p><b>II. Enhance outreach activities, especially to low-income ethnic minority and rural populations, on available senior services.</b></p> | <p><b>III.a To increase strategic outreach activities to reach underserved populations eligible for services.</b></p> | <p><b>III.a.1</b> Develop new outreach methods for those with limited English proficiency and others with cultural challenges to traditional access of information.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>   |   | <p><b>III.a.2</b> Develop more comprehensive assessment tools to identify underserved rural, low-income and minority populations.</p>                                   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>   |   | <p><b>III.a.3</b> Coordinate special planning for anticipated influx of baby boomers for future service demands.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>   | <p><b>III.b To update and/or develop materials for distribution on agency programs.</b></p>                           | <p><b>III.b.1</b> Continue with edit, redesign and rewrite of agency brochures.</p>   | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.b.2</b> Analyze and make recommendations on improvements to the delivery of Information and Referral services at resource centers outside of NWSDS branch offices.</p> | <p>July '08</p>        |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.b.3</b> Continue to develop and strengthen partnerships with area colleges increasing recruiting and utilization of student volunteers.</p>                            | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>III.c To continue addressing needs of older individuals with limited English proficiency.</b></p> | <p><b>III.c.1</b> Continue the development of additional forms and information releases in non-English languages.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.c.2</b> Translate agency brochures into Spanish and Russian.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.c.3</b> Continue to expand hiring of bi-lingual staff and use of contracted translation services .</p>   | <p>Ongoing</p>         |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p>                                 | <p><b>ACTIVITIES</b></p>  | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.c.4</b> Explore possibility of quarterly bilingual HCW orientation and periodic bilingual Powerful Tools for Caregivers Trainings.</p>                          | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>III.d To build on partnership with Grand Ronde Tribe.</b></p> | <p><b>III.d.1</b> Continue to meet with tribal representatives to discuss strategies to better coordinate agency services with those offered by the tribal community.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.d.2</b> Coordinate and evaluate programs which may be implemented to address elder abuse in the tribal community.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.d.3</b> Expand efforts in establishing key partnerships within the tribal community through regular face-to-face networking.</p>                                | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>III.d.4</b> Develop partnership with new health services director at Grand Ronde for better coordination of AFH services at Grand Ronde.</p>                        | <p>July '08</p>        |   |

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| <p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p><b>V. To actively represent the interests of seniors in NWSDS's service area.</b></p> | <p><b>IV.a To enhance NWSDS's advocacy role</b></p> | <p><b>IV.a.1</b> Work with the Advisory Council to monitor and respond to issues related to the Older Americans Act.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>IV.a.2</b> Continue to advocate for the modeling of Oregon's integrated case management, long-term care system in other parts of the nation.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>IV.a.3</b> Executive Director will continue to work with the National Association of Area Agencies on Aging (n4a) to increase awareness of national aging issues.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>IV.a.4</b> Participate on the following committees of the Oregon Association of Area Agencies on Aging &amp; Disabilities: AAA Directors, Program Managers, Contract/Fiscal Managers, Nutrition Program Managers, Senior Advisory Council and Disability Services Advisory Council Chairs and Legislative Committee.</p> | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>IV.a.5</b> Work with SPD planning committees for Money Follows the Person Project to provide additional living options and choices for those institutionalized for six months or more.</p>                              | <p>March '08</p>       |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>IV.b To strengthen the role of other community members in the advocacy issues affecting older persons.</b></p> | <p><b>IV.b.1</b> Coordinate advocacy efforts with other senior groups to monitor, evaluate and comment on local, state and national policies, programs hearings, levies and community actions which affect older persons.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>IV.b.2</b> Continue to advocate for improved transportation for seniors and persons with disabilities and participate in regional transportation planning.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p><b>V. To promote and facilitate healthy aging</b></p>  | <p><b>V.a To expand disease prevention and health promotion information dissemination.</b></p>                       | <p><b>V.a.1</b> Identify grant opportunities to develop new strategies to enhance health promotion opportunities.</p>   | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.a.2</b> Research availability and order brochures and fact sheets on healthy aging and disease prevention topics of interest to seniors; make available at agency offices, meal sites and at information fairs.</p> | <p>Ongoing</p>                          |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.a.3</b> Publicize special health education campaigns on agency web page with link to sponsoring organization (i.e. National Immunization Awareness Month, National Senior Health and Fitness Day, etc.)</p>         | <p>Ongoing</p>                          |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.a.4</b> Implement a training program that meets the Aging and Communications Training (ACT) project requirements as measured by trainee evaluations.</p>  | <p>Jan. '08,<br/>           Ongoing</p> |   |

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| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  |   | <b>V.a.5</b> Disseminate information statewide on aging, communicating with older adults and stress management by conducting two train-the-trainer sessions by early 2008. | July '08        |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  | <b>V.b To further expand medication management activities within agency service area.</b> | <b>V.b.1</b> Continue producing /distributing senior prescription packets to provide info on medication safety, drug discount/ patient assistance programs.                | Ongoing         |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  |   | <b>V.b.2</b> Expand partnerships with hospital education departments and qualified RN's to increase outreach.  | Ongoing         |  |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  | <b>V.c To continue increasing access to and awareness of agency Nutrition Services.</b>   | <b>V.c.1</b> Increase public awareness of meal programs through community education, outreach, and special event promotion.  | Ongoing         |  |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>V.c.2</b> Increase efforts to distribute monthly meals program menus and program brochures to community Food Banks.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>V.c.3</b> Continue printing dietitian provided nutrition education information on back of monthly menus distributed to seniors.</p>   | <p>Monthly</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>V.d To improve and expand access to caregiver information, training, respite, support groups, and counseling services.</b></p> | <p><b>V.d.1</b> Continue development of Relatives As Parents Program (RAPP) to include expansion of RAPP trainings, conferences, and support groups through either contract or staff involvement.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |  | <p><b>V.d.2</b> Coordinate caregiver services with community partners and volunteers, including gaining access to caregiver services.</p>   | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.d.3</b> Continue to support community partners with the organization of regional caregiver conferences and retreats through the provision of respite funds and outreach to family caregivers.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.d.4</b> Continue to maintain and facilitate existing caregiver support groups, and work with community partners to create new support groups based on need.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.d.5</b> Continue caregiver outreach activities with Grand Ronde Tribe, and family caregivers who have limited English proficiency, or are caring for family members with limited English proficiency, by providing written communication in their primary language.</p> | <p>Ongoing</p>         |   |

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| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>V.d.6</b> Plan outreach efforts to increase employers awareness of the impacts of family caregiving on employees and educate employers on available caregiver resources, as well as participating in pilot program, “Prepare to Care.”</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |   | <p><b>V.d.7</b> Continue to coordinate and provide funding for mental health services for family caregivers when need is identified through FCSP enrollment process.</p>  | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  | <p><b>V.e To strengthen the Senior Mental Health Program.</b></p> | <p><b>V.e.1</b> Continue to establish linkages with alcohol and drug treatment programs in the tri-county area in order to encourage them to develop treatment approaches and to identify ways in which to reduce barriers to chemical dependency treatment services for the senior population.</p> | <p>Ongoing</p>         |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p> | <p><b>ACTIVITIES</b></p>  | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
|---|-------------------------------------|---|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.2</b> Continue new outreach efforts to care staff and/or residents of assisted living communities, residential care facilities, and nursing homes by providing training and development in-service opportunities.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.3</b> Expand Senior Peer Counseling-facilitated support groups.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.4</b> Develop profile of types of mental health challenges boomers may likely present to Senior Peer Counseling Program.</p>  | <p>July '09</p>        |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.5</b> Develop new ways to package volunteer opportunities for baby boomers.</p>   | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.6</b> Continue to seek contract Registered Nurse with Mental Health Specialty for Assessing, and Teaching clients and/or their caregivers.</p>  | <p>Ongoing</p>         |   |

| <p>A=Administration<br/>           3= Advocacy<br/>           C=Coordination<br/>           D=Development<br/>           E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p> <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> | <p><b>MEASURABLE OBJECTIVES</b></p> | <p><b>ACTIVITIES</b></p>   | <p><b>DURATION</b></p> | <p>(Com<br/>           achieved<br/>           with you</p> <p><b>ACC</b></p> |
|---|-------------------------------------|--|------------------------|---|
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.7</b> Continue to work with interdisciplinary teams on cases with Mental Health or Public Health needs for assessing placement recommendations with SPD difficult placement group.</p> | <p>Ongoing</p>         |   |
| <p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p>  |                                     | <p><b>V.e.8</b> Continue and/or expand weekly conference calls for case staffing Mental Health and challenging placements with local hospitals.</p>  | <p>Ongoing</p>         |   |

## **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.)

**NWSDS Emergency Fund** - As a result of a one-time anonymous donation, and through other annual fund-raising efforts, NWSDS has established a fund which makes limited assistance available to low-income older persons on an emergency basis to meet needs not provided through other funds. Examples include emergency transportation, utility bills/rent, prescriptions, home repair/chore assistance, repair/replacement of glasses, dentures, hearing aids, emergency dental care, medical alert service, etc. Case managers must justify a request for emergency assistance for a client, for approval by a supervisor.

**Mid-Willamette Valley Senior Services Foundation (MWVSS)** – MWVSS is a non-profit foundation that was established in 1999 by the Mid-Willamette Valley Senior Services Agency Board of Directors to help low-income older adults, age 60 and older, in rural Marion, Polk and Yamhill counties, with needs not funded by other local, state or federal dollars.

# **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: McMinnville Senior Center  
2250 McDaniel Lane  
McMinnville, OR 97128

Date: October 4, 2007

Number in Attendance: 1

Number of 60 y/o+: 1

City and Hearing Location: NWSDS N. Salem Office  
3410 Cherry Ave. NE, Suite 210  
Salem, OR 97309

Date: October 8, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

City and Hearing Location: Bob Chisholm Senior Center  
1225 Avenue A  
Seaside, OR 97138

Date: October 11, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

City and Hearing Location: NWSDS Tillamook Office  
4670 E. Third  
Tillamook, OR 97141

Date: October 11, 2007

Number in Attendance: 1

Number of 60 y/o+: 0

City and Hearing Location: NWSDS N. Salem Office  
3410 Cherry Ave NE, Suite 210  
Salem, OR 97309

Date: October 25, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

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.

The presentation started with a brief overview of the Older Americans Act and the nature of Area Agencies on Aging. That was narrowed to an explanation of basic requirements for the use of OAA funds, including minimum funding levels of the various titles. That was followed by a one-page summary handout of the NWSDS planning budget commitment for Title III-B services. That was followed by a review of the Area Plan Overview, then opened for questions and comments. There were no objections, by those in attendance, to the material and information provided.

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

If yes, briefly describe:

An additional activity was added to develop new outreach methods for those with limited English proficiency, and other cultural challenges, in recognition that traditional Translation/Interpreting services, and foreign language brochures, were not sufficient for reaching some minority populations.

**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.

| <b>CONTRACTOR NAME<br/>ADDRESS &amp; CONTACT PERSON</b>  | <b>MATRIX #<br/>SERVICE NAME</b>  |
|--|---|
| Addus Healthcare<br>850 Promontory PI SE #H<br>Salem, OR 97302<br>Dottie Schwab<br>(503) 364-6443<br><input checked="" type="checkbox"/> For profit agency   | #1 Personal Care<br>#2 Home Care<br>#30-5 Caregiver Respite                     |
| Catholic Community Services LSR in Marion,<br>Polk, Tillamook & Yamhill counties<br>P.O. Box 20400<br>Keizer, OR 97303<br>Teri Urban<br>(503) 856-7084<br><input type="checkbox"/> For profit agency | #15 Info for Caregivers<br>#16 Access to Caregivers<br>#70-7 Caregiver Training |
| Clatsop Community Action<br>364 9 <sup>th</sup> Street<br>Astoria, OR 97103<br>Lori Wallace-Lloyd<br>(503) 325-1153<br><input type="checkbox"/> For profit agency                                    | #15 Info for Caregivers<br>#16 Access to Caregivers                             |
| Faith in Action<br>(Providence Newberg Health Foundation)<br>101 W. Foothills Dr.<br>Newberg, OR 97132<br>Jan Irish<br>(503) 537-1548<br><input type="checkbox"/> For profit agency                  | #30-3 In-Home<br>Volunteers   |

| CONTRACTOR NAME<br>ADDRESS & CONTACT PERSON   | MATRIX #<br>SERVICE NAME                            |
|---|---|
| Gorlick, Mark<br>442 NW Heather Ave<br>Sublimity, OR 97385<br>(503) 767-3477<br><input checked="" type="checkbox"/> For profit agency   | #60-5<br>Interpreting/Translation                   |
| Grand Sherimina Community Services, Inc.<br>120 Bridge Street<br>Sheridan, OR 97378<br>ChrisAnn Harris<br>(503) 843-3133<br><input type="checkbox"/> For profit agency                  | #13 Information &<br>Assistance                     |
| Legal Aid Services of Oregon -<br>Clatsop/Tillamook<br>230 NE Second Ave., Ste A<br>Hillsboro, OR 97124<br>Leslea Smith<br>(503) 648-7163<br><input type="checkbox"/> For profit agency | #11 Legal Assistance                                |
| Legal Aid Services of Oregon - Yamhill<br>230 NE Second Ave., Ste A<br>Hillsboro, OR 97124<br>Leslea Smith<br>(503) 648-7163<br><input type="checkbox"/> For profit agency              | #11 Legal Assistance                                |
| Marion-Polk Legal Aid Service<br>(Regional office of LASO)<br>1655 State Street<br>Salem, OR 97301<br>Michael Keeney<br>(503) 581-5365<br><input type="checkbox"/> For profit agency    | #11 Legal Assistance                                |
| Providence Newberg Health Foundation<br>(DBA Faith in Action)<br>101 W. Foothills Dr.<br>Newberg, OR 97132<br>Jan Irish<br>(503) 537-1548<br><input type="checkbox"/> For profit agency | #15 Info for Caregivers<br>#16 Access to Caregivers |

| CONTRACTOR NAME<br>ADDRESS & CONTACT PERSON   | MATRIX #<br>SERVICE NAME   |
|---|--|
| Rosales, Ann<br>1760 John St S<br>Salem, OR 97302<br>(503) 371-8093<br><input checked="" type="checkbox"/> For profit agency  | #60-5<br>Interpreting/Translation  |
| Salem Senior Center - Among Friends<br>555 Liberty St. SE<br>Salem, OR 97301<br>Marilyn Daily<br>(503) 588-6303<br><input type="checkbox"/> For profit agency   | # 15 Info for Caregivers<br>#16 Access to Caregivers<br>#70-9 Caregiver Training |
| Bateman Food and Nutrition/<br>Compass Group North America<br>2400 Yorkmount Rd.<br>Charlotte, NC 28217<br>Daniel Kratz<br>(503) 590-9308<br><input checked="" type="checkbox"/> For profit agency                    | #4 Home Delivered Meals<br>#7 Congregate Meals                                   |
| Kiawanda Community Center<br>Mealsite Management Contract<br>34600 Cape Kiwanda Drive<br>P.O. Box1111<br>Pacific City, OR 97135<br>Marjorie Stoughton<br>(503) 965-7900<br><input type="checkbox"/> For profit agency | #4 Home Delivered Meals<br>#7 Congregate Meals                                   |
| Senior Townhouse<br>685 Marion Street NE<br>Salem, OR 97301<br>Heidi Wold<br>(503) 364-2856<br><input type="checkbox"/> For profit agency   | #4 Home Delivered Meals  |
| Warrenton Senior Citizens, Inc.<br>170 SW Third<br>Warrenton, OR 97146<br>Barb Balemsifer<br>(503) 861-1341<br><input type="checkbox"/> For profit agency   | #4 Home Delivered Meals  |

# **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  |
|--|---|-------------------|---|
| <b>CLUSTER 1 REGISTERED SERVICES</b>   |   |                   |   |
| <input checked="" type="checkbox"/> 1  | Personal Care<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI        | 1 Hour of Service | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 1a | Personal Care – HCW<br><input checked="" type="checkbox"/> OPI  | 1 Hour of Service | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 2  | Homemaker<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI            | 1 Hour of Service | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 2a | Homemaker – HCW<br><input checked="" type="checkbox"/> OPI  | 1 Hour of Service | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input type="checkbox"/> 3             | Chore<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                                      | 1 Hour of Service | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 3a            | Chore – HCW<br><input type="checkbox"/> OPI   | 1 Hour of Service | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 4  | Home Delivered Meals<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | 1 Meal Delivered  | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input type="checkbox"/> 5             | Adult Day Care/<br>Adult Day Health<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI        | 1 Hour of Service | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |

|  | NAME OF SERVICE   | UNIT DEFINITION           | METHOD of SERVICE DELIVERY  |
|--|---|---------------------------|---|
| <input checked="" type="checkbox"/> 6            | Case Management<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI            | 1 Hour of Service         | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <b>CLUSTER 2 REGISTERED SERVICES</b>             |   |                           |   |
| <input checked="" type="checkbox"/> 7            | Congregate Meals<br><input checked="" type="checkbox"/> OAA   | 1 Eligible Meal           | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input type="checkbox"/> 8                       | Nutrition Counseling<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                             | 1 Hour of Service         | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 9                       | Assisted Transportation<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                          | 1 One-Way Trip            | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <b>CLUSTER 3 NON-REGISTERED SERVICES</b>         |   |                           |   |
| <input type="checkbox"/> 10                      | Transportation<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                                   | 1 One-Way Trip            | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 11           | Legal Assistance<br><input checked="" type="checkbox"/> OAA   | 1 Hour of Service         | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input type="checkbox"/> 12                      | Nutrition Education<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                              | 1 Session per participant | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 13           | Information and Assistance<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | 1 Contact                 | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input type="checkbox"/> 14                      | Outreach<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI   | 1 Contact                 | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 15           | Information to Caregivers<br><input checked="" type="checkbox"/> OAA  | 1 Activity                | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 16           | Assistance in Gaining Access to Caregiver Services<br><input checked="" type="checkbox"/> OAA                 | 1 Contact                 | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <b>OTHER SERVICES – ADMINISTRATIVE FUNCTIONS</b> |   |                           |   |

|  | NAME OF SERVICE  | UNIT DEFINITION   | METHOD of SERVICE DELIVERY  |
|--|--|---|---|
| <input checked="" type="checkbox"/> 20-1             | Administration   | <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><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<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 20-3             | AAA Program Coordination   | <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 20-4             | AAA Program Development  | <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <b>Services Which Address Functional Limitations</b> |  |   |   |
| <input type="checkbox"/> 30-1                        | Home Repair/Modification<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                  | 1 Activity  | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 30-2                        | Home Health<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                               | 1 Home Visit  | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 30-3             | In-Home Volunteers<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI  | 1 Hour of Service   | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 30-4             | Respite<br><input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI             | 1 Hour of Service   | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input type="checkbox"/> 30-5                        | Caregiver Respite<br><input type="checkbox"/> OAA  | 1 Hour of Service   | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 30-6             | Organization & Maintenance of Support Groups for Caregivers<br><input checked="" type="checkbox"/> OAA | 1 Session per participant   | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input type="checkbox"/> 30-7                        | Supplemental Services to Caregivers<br><input type="checkbox"/> OAA                                    | 1 Activity  | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <b>Services Which Maintain Health</b>                |  |   |   |
| <input type="checkbox"/> 40-1                        | Health/Nutrition Screening<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                | 1 Screening per participant   | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |

|  | NAME OF SERVICE   | UNIT DEFINITION                  | METHOD of SERVICE DELIVERY  |
|--|---|----------------------------------|---|
| <input type="checkbox"/> 40-2              | Exercise/Physical Fitness<br><input type="checkbox"/> OAA   | 1 Session per participant        | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 40-3              | Wellness Education<br><input type="checkbox"/> OAA  | 1 Session per participant        | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 40-4   | Mental Health Services<br><input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI    | 1 Hour of Service                | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input type="checkbox"/> 40-5              | Health Equipment Loans<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI               | 1 Unit/Loan                      | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 40-6a             | Medical Alert Installation<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI           | 1 Installation per Client        | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 40-6b             | Medical Alert Rental<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                 | 1 Payment for Service per Client | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 40-7              | Medical Equipment<br><input type="checkbox"/> OAA <input type="checkbox"/> OPI                    | 1 Client Served                  | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 40-8   | Registered Nurse Services<br><input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI | 1 Hour of Service                | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <input checked="" type="checkbox"/> 40-9   | Medication Management<br><input checked="" type="checkbox"/> OAA                                  | 1 Contact                        | <input checked="" type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient |
| <b>Services Which Protect Elder Rights</b> |   |                                  |   |
| <input type="checkbox"/> 50-1              | Guardianship<br>Conservatorship<br><input type="checkbox"/> OAA                                   | 1 Contact                        | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 50-2              | Protective Service<br><input type="checkbox"/> OAA  | 1 Contact                        | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input checked="" type="checkbox"/> 50-3   | Elder Abuse Awareness<br><input checked="" type="checkbox"/> OAA                                  | 1 Activity                       | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <input type="checkbox"/> 50-4              | Crime Prevention/Home Safety<br><input type="checkbox"/> OAA                                      | 1 Activity                       | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |

|   | NAME OF SERVICE  | UNIT DEFINITION            | METHOD of SERVICE DELIVERY  |
|---|--|----------------------------|---|
| <input checked="" type="checkbox"/> 50-5                      | LTC Ombudsman<br><input checked="" type="checkbox"/> OAA | 1 Activity                 | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient |
| <b>Services Which Promote Socialization and Participation</b> |  |                            |   |
| <input type="checkbox"/> 60-1                                 | Recreation<br><input type="checkbox"/> OAA               | 1 Activity per Participant | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 60-2                                 | Friendly Visiting<br><input type="checkbox"/> OAA        | 1 Visit                    | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 60-3                                 | Telephone Reassurance<br><input type="checkbox"/> OAA    | 1 Contact                  | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |
| <input type="checkbox"/> 60-4                                 | Volunteer Recruitment<br><input type="checkbox"/> OAA    | 1 Placement                | <input type="checkbox"/> Contracted<br><input type="checkbox"/> Waiver request to self-provide<br><input type="checkbox"/> no provider <input type="checkbox"/> cost efficient            |

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

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

NWSDS uses the built-in features of the Oregon ACCESS Call Module and Case Management system to ensure timely response. The initial call is received by an Information and Entry Specialist (I&E), is screened for desired/needed services, and an ACCESS call/screening module is completed. Next, I&E staff use an assignment log to determine intake assignment, and records the intake and date of referral on the log. The intake is then assigned on the ACCESS Screening. The assigned worker(s) receives a new screening assignment tickler.

All assigned workers are required to respond by phone or mail within three (3) working days of the screening date to further assess client needs and schedule future contacts. This contact is narrated in the ACCESS screening file. The case manager will assign a prime number within three (3) working days of screening date and provide it to all assigned workers. The intake worker assigned will schedule an intake appointment and make the intake visit within five (5) working days (or ASAP depending on need) of first phone contact, unless the client wishes otherwise. The intake visit is narrated in the ACCESS case record when completed. A supervisor must be notified when time-frames are not met.

A case manager will request a paper file to be created when the case is ready to open or is denied by the assigned support staff. Intake workers assigned will coordinate and share information throughout the intake process with other assigned workers. Intake workers assigned will complete intake and then transfer open case to the ongoing workers (if applicable.)

In the event of an existing waiting list, I&E will advise the applicant, or client representative, of the current waiting list for OPI services and offer other available options and resources. A call and screening will need to be completed on all applicants requesting/inquiring on OPI services. The screening logged in Oregon ACCESS will be used to establish the waiting list of applicants for OPI services. Based on the level of the applicant's care needs, the screening may be referred to a case manager and/or eligibility specialist for additional case consultation.

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

The OPI program is designed to assist clients in remaining in their own homes. Often, OPI-funded services augment other support systems the client may have available. Due to limitations of OPI funding, it should not be expected that the services offered can meet the total care needs of

extremely functionally-dependent clients. Applicants will be carefully screened to determine whether their needs can be met through other resources, including Medicaid. Every effort will be made to assist applicants in utilizing other resources before bringing them into the OPI program. However, clients will not be denied access to the program for failure to exercise options such as Medicaid or use of cash reserves.

Reassessments and monitoring visits are generally done every six months. However, based upon communication with the client, or via an in-home worker's assessment that client's condition has changed substantially since the last review, the case manager may determine that the client needs to be reevaluated sooner. In that case, a full review is conducted.

**e. Describe how eligibility will be determined.**

Unless a prior determination regarding a particular client has been made, case managers may authorize OPI-funded services to clients that demonstrate a need for assistance, and score at Priority Level 18 or below on the SPD CAPS assessment tool.

NWSDS has a written policy (part of the agency's OPI Handbook) on general guidelines to assist staff in determining the number of weekly hours that may be indicated for specific in-home tasks. These are used as a guideline only, as individual circumstances may indicate differing needs.

**f. Describe how the services will be provided.**

Personal Care and Home Care services are authorized by Agency case managers following an assessment in the Oregon ACCESS case management system to determine if a client is eligible and in need of such services. The case manager and client collaborate to develop a care plan best suited to each client's needs, encouraging client dignity, choice, and decision-making. NWSDS, Oregon Cascades West Council of Governments (OCWCOG), and Senior & Disabled Services, a division of Lane Council of Governments (LCOG), have a tri-agency (nine-county) In-Home Services Contract with Addus HealthCare Inc, (hereinafter referred to as "Contractor") that began July 1, 1999. The purpose of the joint RFP for In-Home Services was to create a large enough volume to stimulate interest and competition, improve client services through standardization of home and personal care program specifications, and to control the growth of program costs over time while strengthening quality assurance mechanisms.

When an eligible client is in need of Personal Care or Home Care services, the NWSDS case manager communicates a general indication of client needs to the Contractor on the SDS 546 In-home Service Plan form and includes the number of hours of service authorized per month. The Contractor schedules an in-home assessment by a Registered Nurse supervisor (for Personal Care), or Home Care supervisor, to determine the specific activities to be provided, and to prepare a plan of care detailing these tasks. The Contractor then schedules regular direct services to begin within five calendar days from receipt of the NWSDS referral.

For Personal Care, these services are provided by a CNA or a qualified provider under a plan of care approved by a Registered Nurse. All contracted personal care service shall be provided using OAR 333-536-0005 through 333-536-0095 as a guideline. The supervising nurse instructs the CNA providing services regarding the care plan and personal care tasks required, and conducts in-home supervision visits and updates the client care plan at least once every 90 days. The care plan is maintained in the Contractor's client file.

For Home Care services, the Home Care supervisor instructs the direct care worker regarding the care plan and home care tasks required, and must monitor the home care worker's performance and competency, in the home, at least every 180 days, with a telephone assessment at 90 days. The care plan is maintained in the Contractor's client file, and is updated in conjunction with required supervisor in-home visits.

Choice of a Home Care Worker, or an Addus home worker, is guided principally by attempting to ensure continuity of care. Further, a Home Care Worker may be chosen when the client needs to employ a HCW privately for tasks and hours over and above what can be authorized under OPI, or when the client requires an unusually large number of hours which the Contractor is unable to provide. Under this program an eligible client may select and employ a qualified individual to provide home care, if appropriate and authorized by the NWSDS case manager. Also considered is whether the client may soon qualify for Title XIX and, depending on the pay-in required, the preference may be to opt for a Home Care Worker.

Meals are delivered to persons age 60 or older who have been assessed for ADLs/IADLs and nutrition risk by NWSDS staff and determined to be in need of home-delivered meals due to illness or disability, unavailability of transportation, or other factors which prevent them from utilizing congregate meal sites or other alternatives. Certain clients who are frail and unable to prepare meals on a daily basis may also receive frozen meals and/or pre-packaged, shelf-stable meals for use on weekends or at other times when daily, home-delivered meals are not available, including periods of inclement weather. Reassessments are conducted by staff (in person) every six months. For those clients receiving OPI funded home-delivered meals, clients must also be receiving other OPI funded services.

**g. Describe the agency policy for prioritizing OPI service delivery.**

In the event that NWSDS has insufficient OPI funds to meet the needs of all OPI applicants, each OPI applicant will be assessed by the case manager and supervisor for service eligibility according to date of request and level of need. When evaluating level of need, such factors as available financial resources, support systems available, impairment levels, and risk/ safety issues will be considered for advancing the applicant on the waiting list.

NWSDS has, in the past, created a waiting list of applicants for OPI-funded services in accordance with the rules outlined in OAR 411-032-0020(3), and established agency procedures.

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

Attrition will be the first approach used to make reductions to existing OPI caseloads. Staff will review all existing OPI cases and identify clients who can be considered for possible service reduction/termination, can be served through other resources, and/or converted to the Title XIX program. Case managers will make home visits to those clients to evaluate the current service plan and discuss voluntary reduction in services with the client and/or representative. To meet additional OPI funding reductions, NWSDS will adjust the Priority Level for authorizing OPI-funded services.

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

If a new OPI applicant is denied services, or an existing client's service plan is reduced or terminated, the case manager will review the denial or reduction or closure of services with the client. The case manager will send the client a notice of Service Changes/Denial which includes Other Service Availability and a Notice of Right to Grievance Review fourteen (14) days prior to the reduction/termination of services. Copies of the notices will be directed to the unit supervisor.

The client will have ten (10) calendar days from the date of the notice to grieve the decision.

Consumer complaints are handled through the use of the agency Consumer Comment Form, which is available to all persons dealing with the agency.

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

For each client determined appropriate for OPI services, based on Administrative Rule and current Agency guidelines, the case manager completes an OPI Income/Fee Determination form (P87), which provides for monthly income and allowable deductions and, based on the state determined fee schedule, enters OPI monthly fee estimate and fee percentage in 'Service' tab of 'Benefits' screen in Oregon ACCESS, and produces SPD/CA 546 entering the percentage to be billed to client. If HC/PC service through contractor is authorized, the case manager sends a copy of 546 to HC/PC contractor to start service and to instruct contractor on percentage to be billed to client.

An approval letter is sent to all OPI clients confirming the proportion of service cost which client is to pay and estimated monthly cost. The in-home contractor sends out client billing letters and collects fees in accordance with the requirements of our in-home contract. Fees collected are consolidated into a contractor check and submitted regularly to NWSDS along with a detailed listing of client name and payment amounts. The in-home contractor also submits monthly, to NWSDS, an Aging Report and Summary of monthly client billings. OPI clients receiving HCW services, and paying a portion of OPI service costs, are billed by NWSDS staff who enter fee

percentage(s) and service worker code from P87 form into ACCESS client billing system. In addition, an annual \$5 minimum fee will be applied to all individuals receiving OPI services who have adjusted income levels at, or below, the federal poverty level.

When an OPI case is opened, the client is sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service. This fee and an estimate of total monthly cost to the client for services is recorded in the 'Service' tab of the 'Benefits' section in Oregon ACCESS.

Bills for a given month will be generated the month following service after the provider billing has been received and verified.

The OPI Income/Fee Determination form P87, completed on each OPI client before initiation of service, is also reviewed and updated at least annually. The information recorded on this form is based on OAR 411-032-0020 (5) Fee for Services. At time of annual review and re-determination of fee, client will be sent a letter advising him/her of new fee amounts and effective date of the change.

Fees for service, collected both directly from client and indirectly via the In-Home Services contractor, are set aside for the sole purpose of augmenting and extending OPI services.

OPI services are augmented through extensive use of the services of program partners, including OAA meal programs, home health, health education, hospice, the Family Caregiver Support Program, and the SHIBA program. To date, program services have been extended through judicious use of program income (that is, program income has enabled us to continue the OPI program undiminished despite cuts in general funds). However, current fiscal constraints appear to diminish the likelihood of this practice continuing in the near future.

**k. 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.**

Clients will be billed regardless of how small an amount is owed.

If a client pays all or part of the bill, whatever is received will be accepted as payment in full for that month. If a client pays nothing toward bill, amount will show as past due on following month's bill. If there is no response to the second bill, client will be contacted by the case manager to discuss his/her willingness or ability to pay a fee. If the client refuses to pay or feels unable to pay, he/she will be informed that monthly bills will continue to be sent and even partial payment will be appreciated. The client will be assured that services will continue regardless of payment. After that discussion, past-due amounts will not carry forward to subsequent bills.

Each month, the In-Home contractor provides aging reports to the agency, which are reviewed for

past-due balances owed by clients. Those clients with balances greater than 60 days are listed and sent to unit supervisors for determination of whether to continue to attempt to collect overdue bills. Before the next billing cycle, the contractor is notified concerning those balances which are to be zeroed out.

Clients who pay more than the billed amount, or who make a voluntary contribution when nothing is owed, are sent notes of appreciation at intervals.

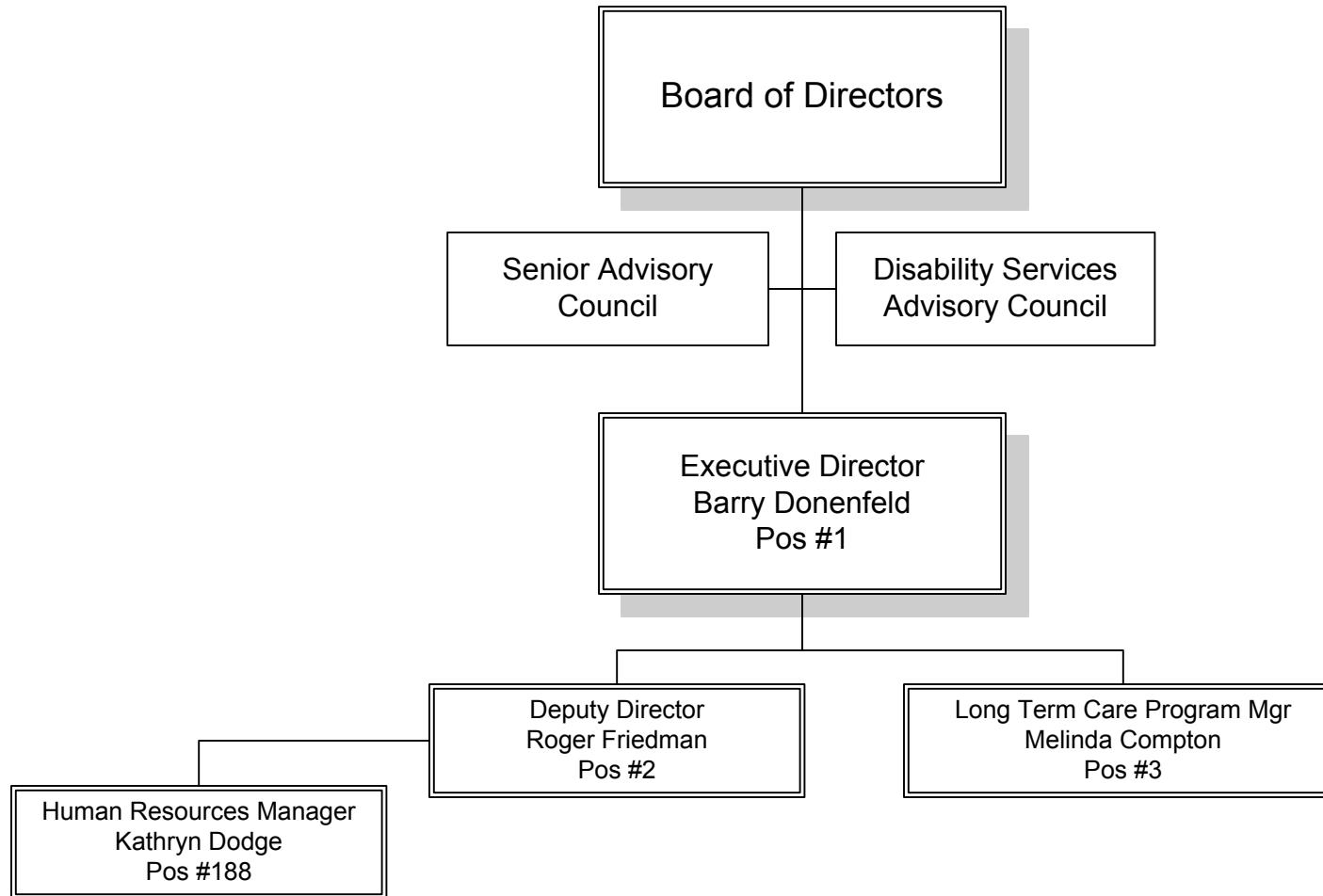
## **I. Explain how service providers will be monitored and evaluated.**

The agency's contractor for Home Care and Personal Care services, Addus HealthCare Inc., is monitored regularly. Under the terms of the contract, members of the Tri-Agency Consortium, working with members of the respective Advisory Council members of the three agencies, are required to conduct scheduled extensive annual evaluations of these services through client satisfaction surveys, reviews of Contractor client and employee files, and surveys of case managers.

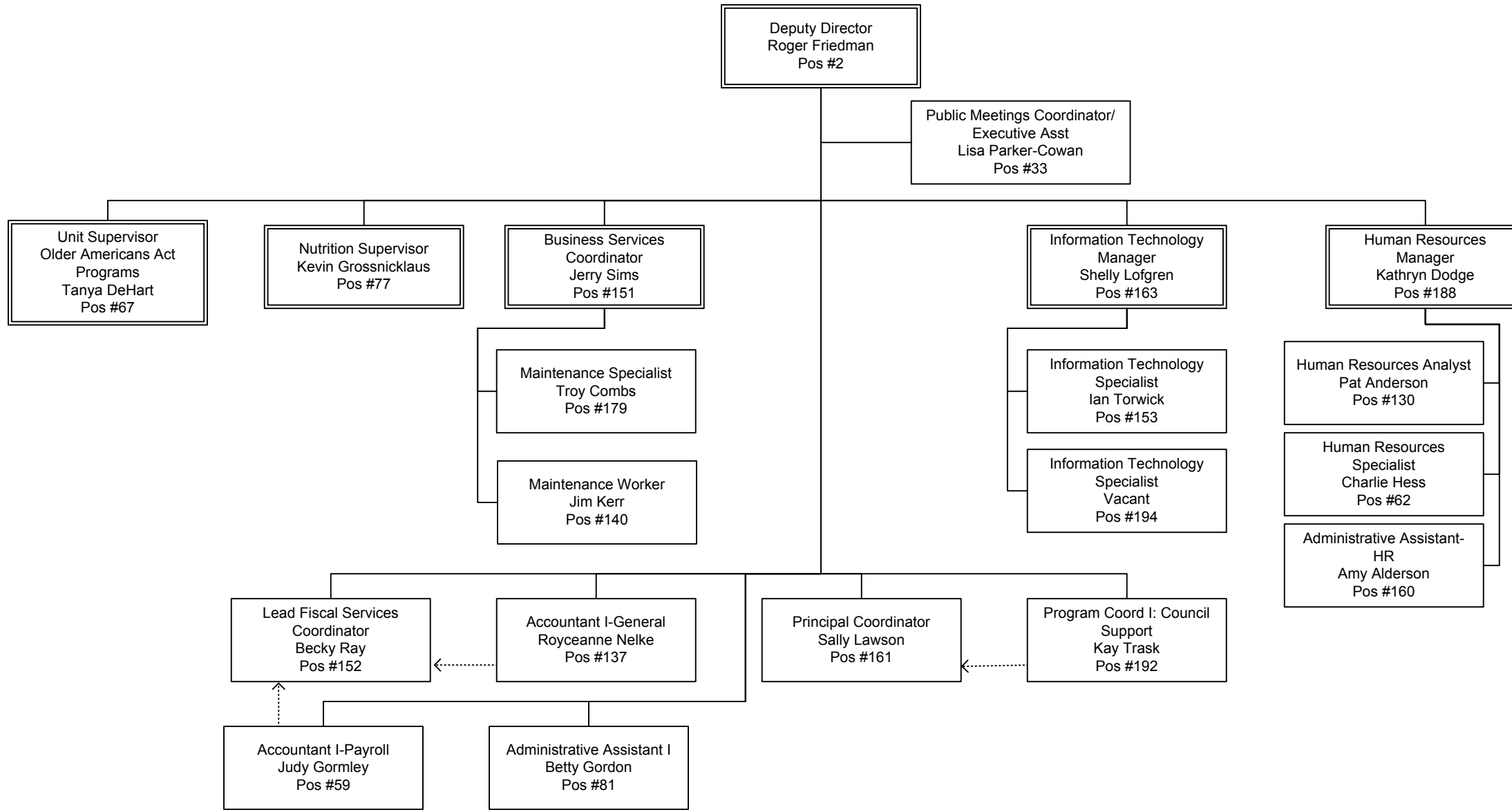
Desk audits and analysis of billings are conducted monthly, and quarterly case conference/staffing meetings are held with the services contractor and Agency case managers to insure that the contractor has provided services as ordered, and to allow the Contractor to provide feedback to case managers about client needs. In addition, incident logs are submitted monthly by case management supervisors to the Agency contract liaison, reporting problems encountered with the contractor, which are then discussed with the Contractor's staff.



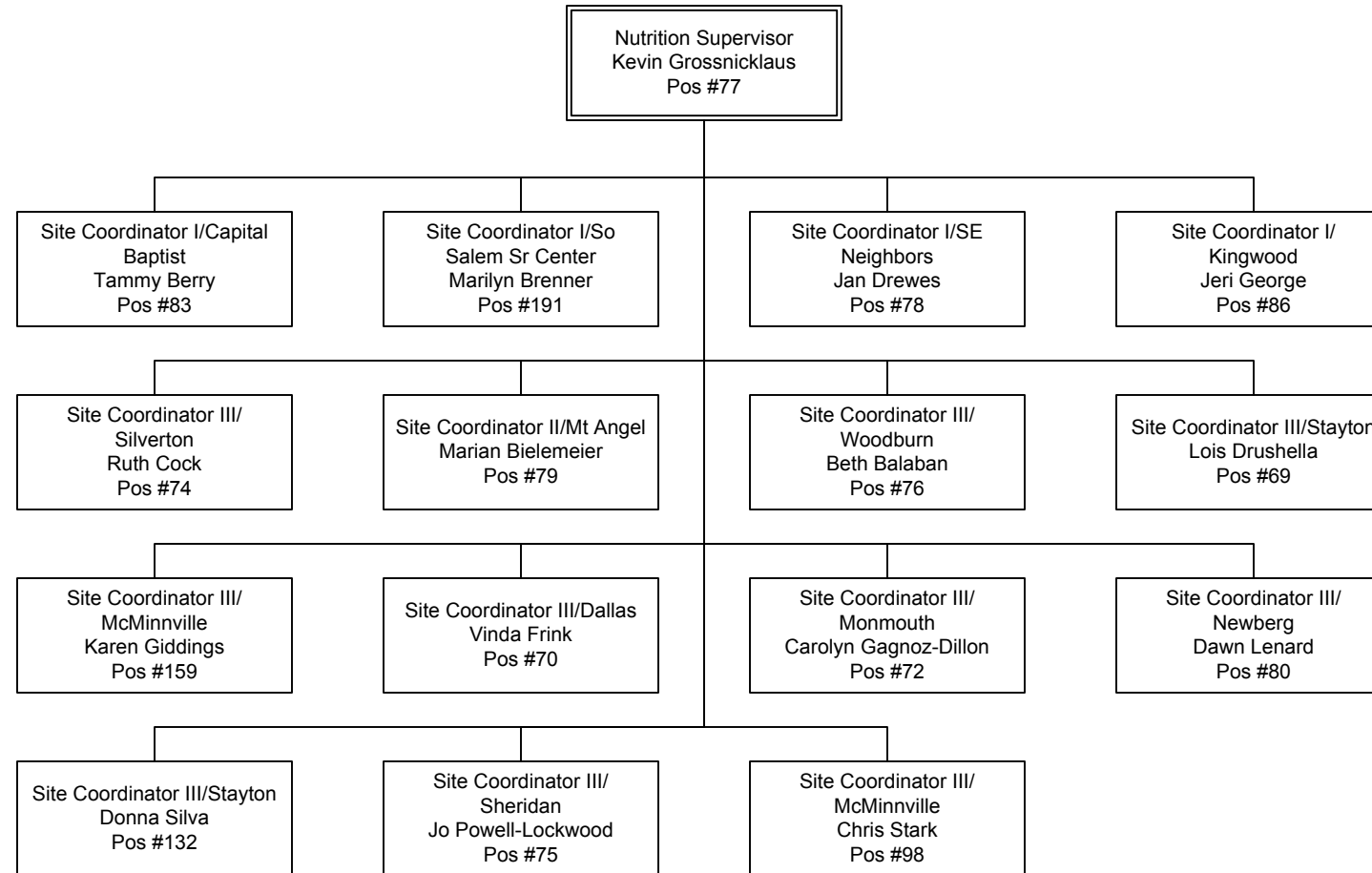
# NORTHWEST SENIOR & DISABILITY SERVICES



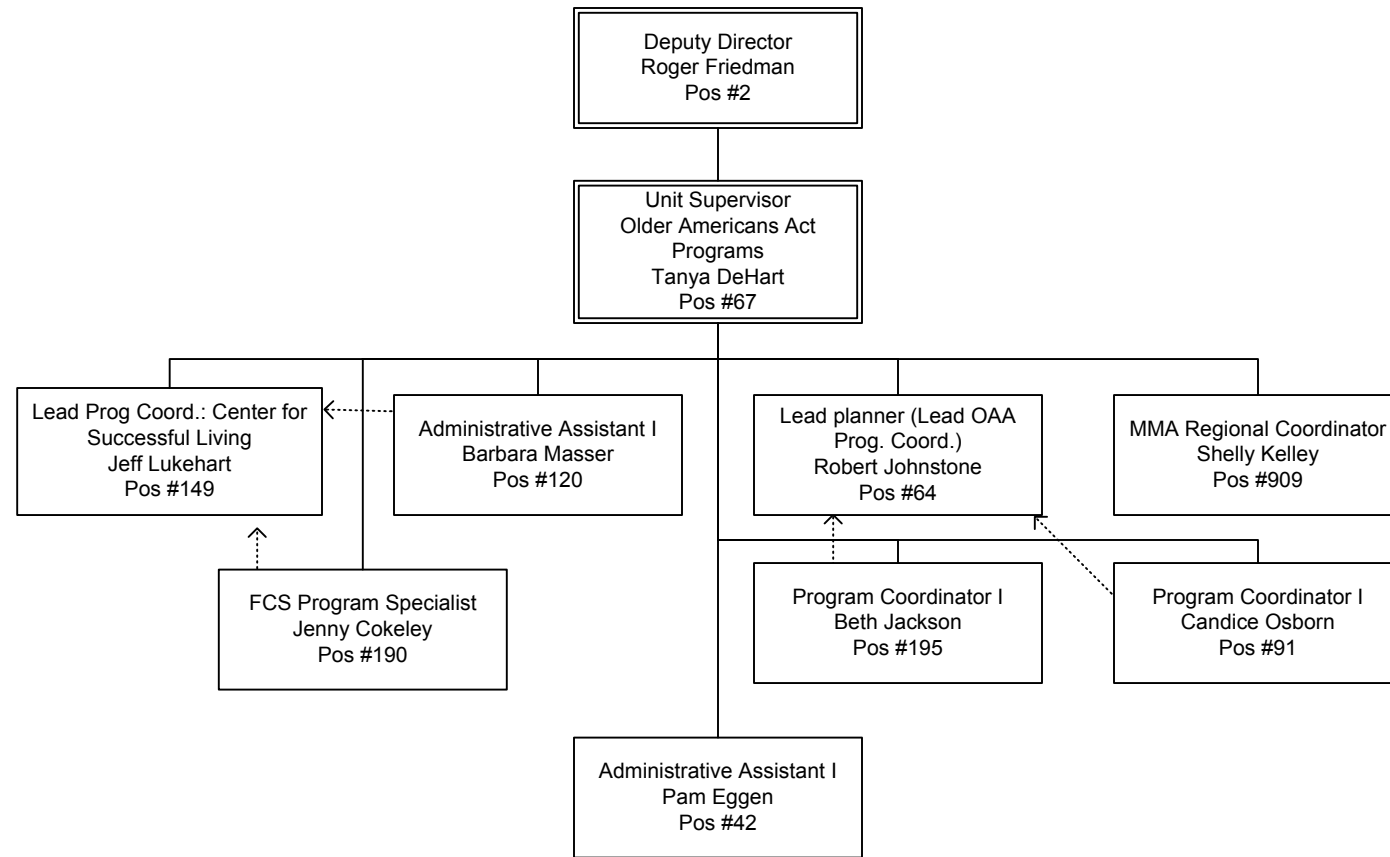
# ADMINISTRATIVE SERVICES



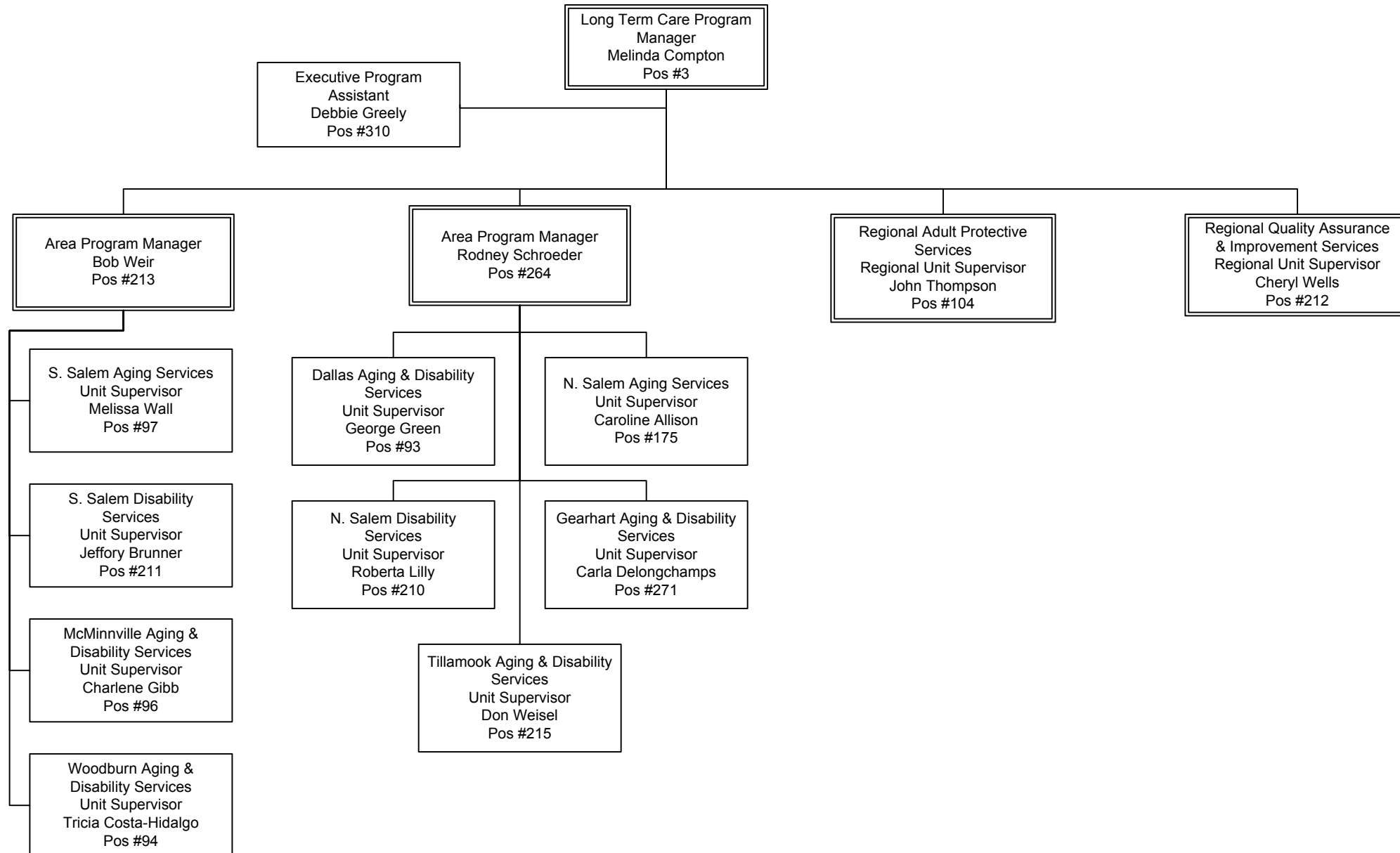
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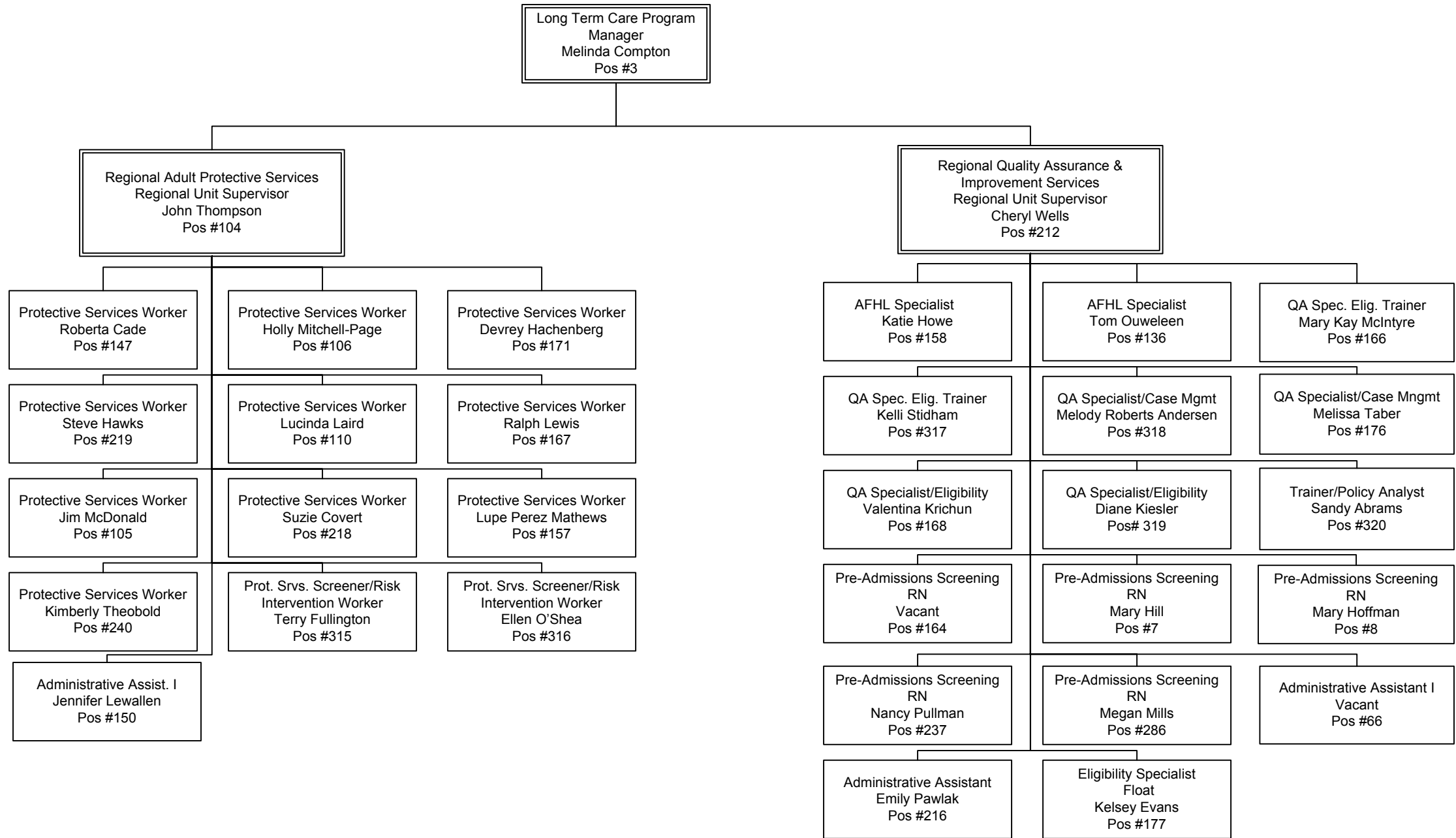
# OLDER AMERICANS ACT (OAA) PROGRAMS



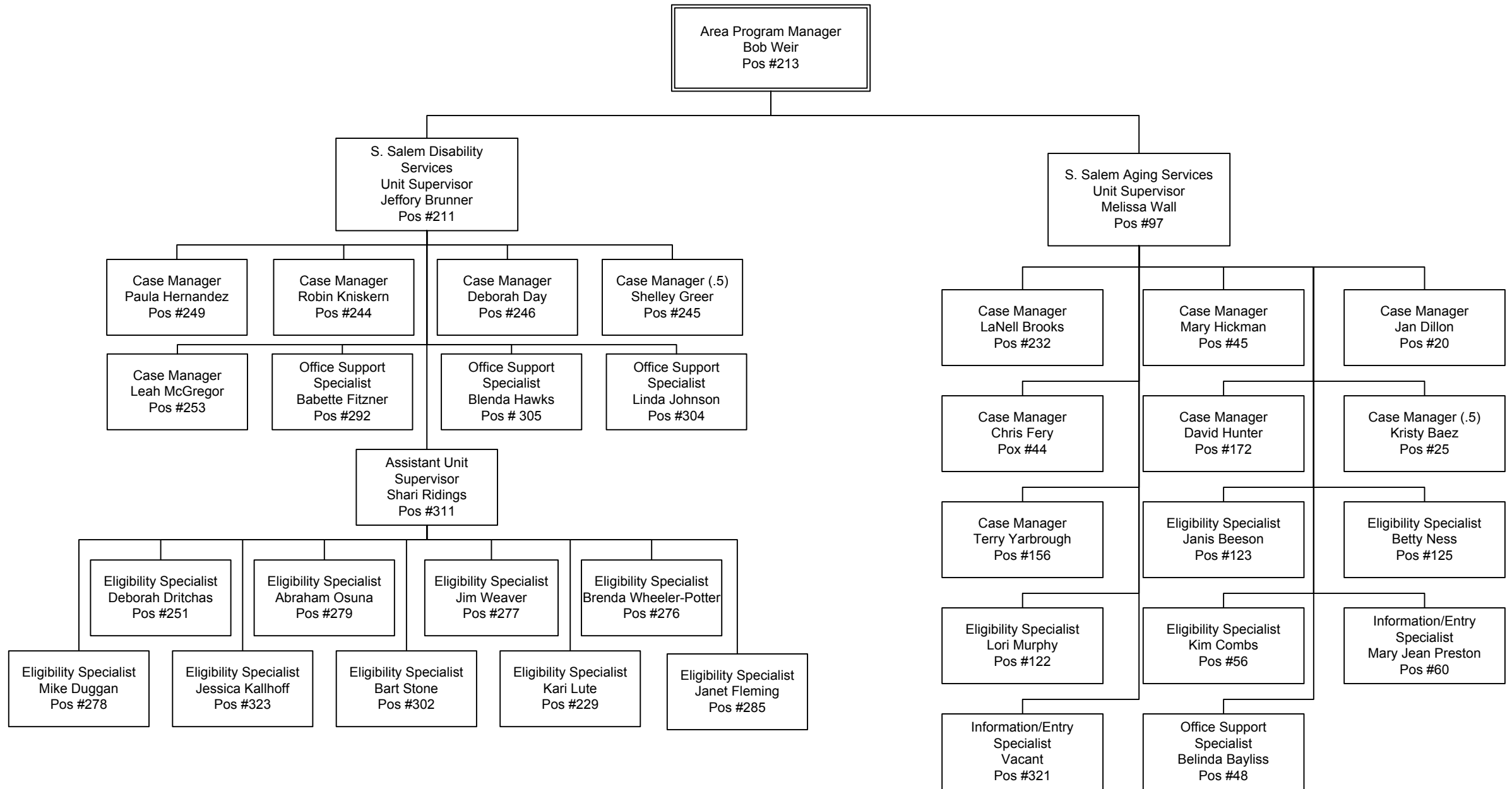
# LONG TERM CARE PROGRAMS



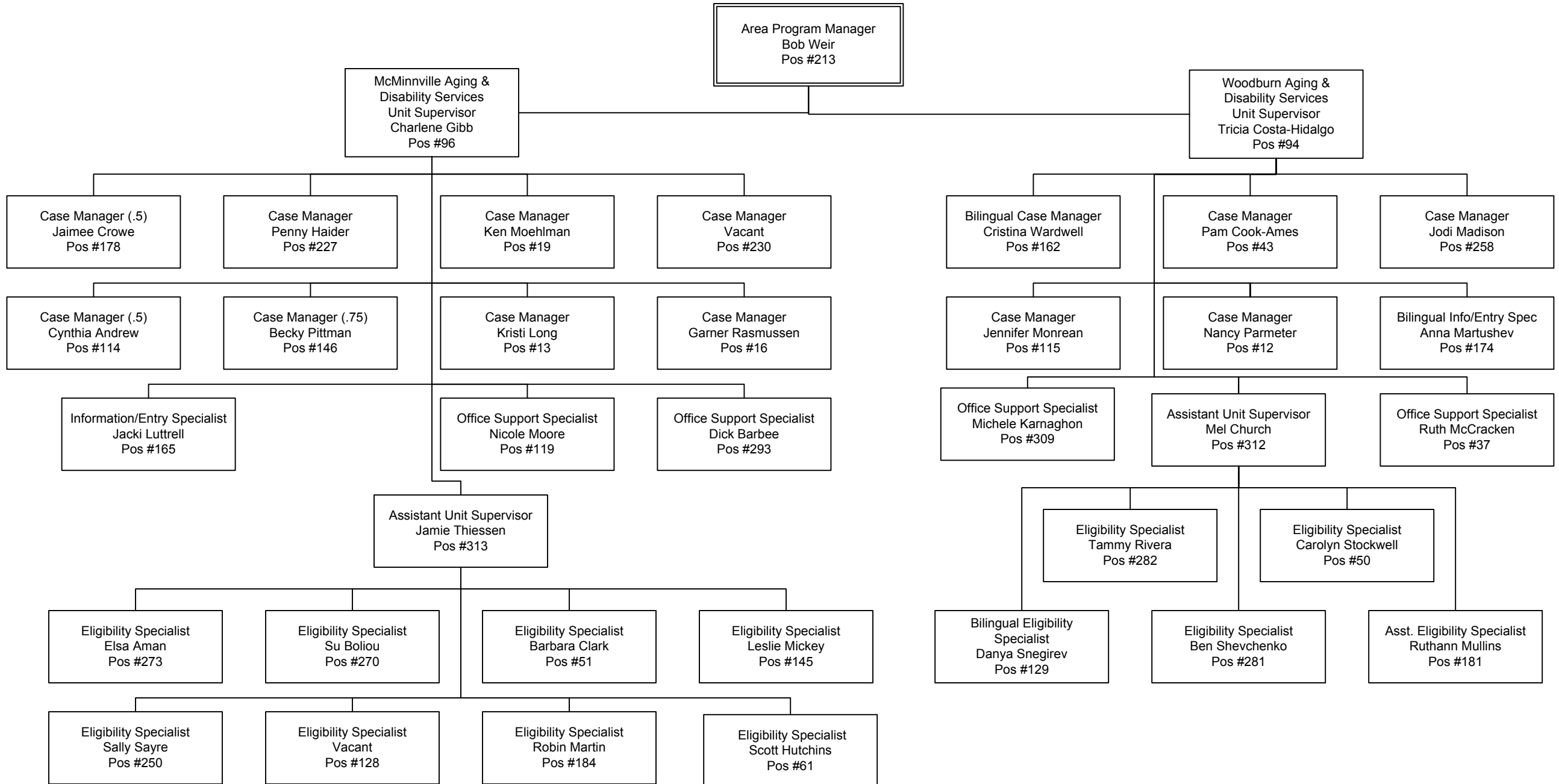
# LONG TERM CARE REGIONAL UNITS



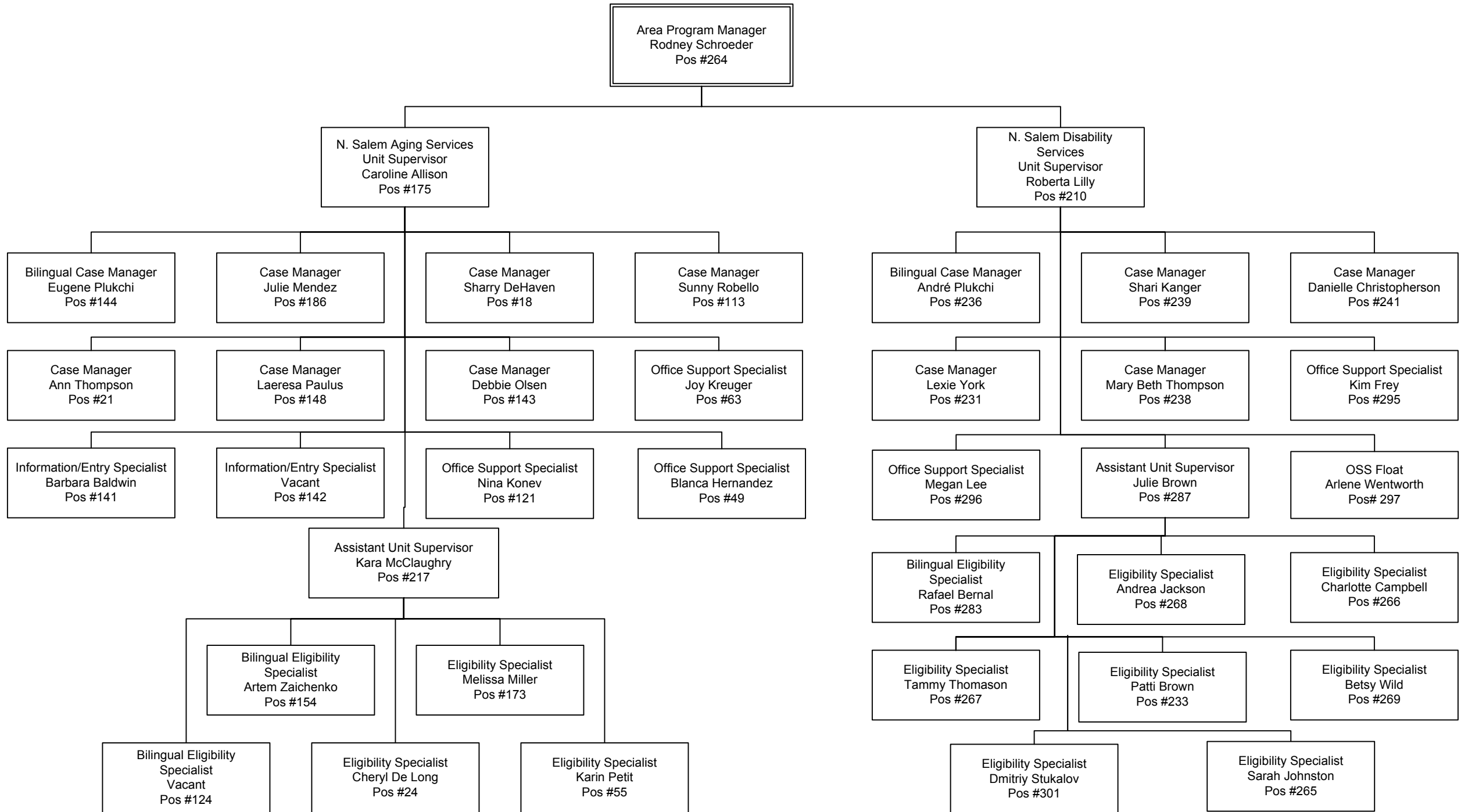
# LONG TERM CARE SOUTH SALEM UNITS



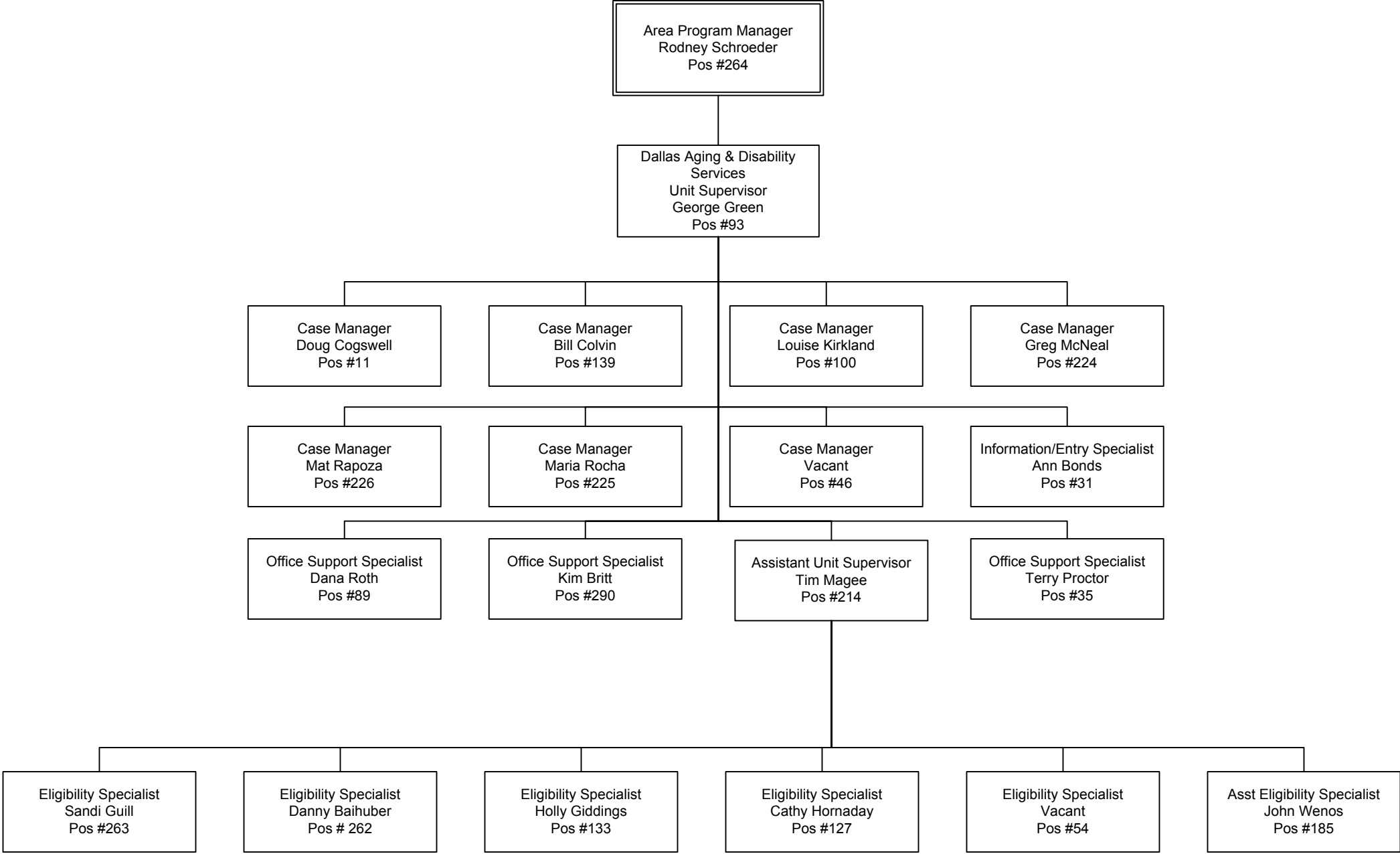
# LONG TERM CARE McMinnville & Woodburn Units



# LONG TERM CARE NORTH SALEM UNITS



# LONG TERM CARE DALLAS UNIT



# LONG TERM CARE GEARHART & TILLAMOOK UNITS

