

2013-2016 AREA PLAN INSTRUCTIONS FOR AREA AGENCIES ON AGING

GENERAL INSTRUCTIONS

This document, and related attachments, contains instructions for the 2013-2016 Area Plan. This plan covers the period from January 1, 2013 through December 31, 2016. The Area Plan is due to the Department of Human Services, Seniors and People with Disabilities (DHS/SPD) on October 1, 2012 by close of business (5 p.m.).

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

Elaine Young, Manager
State Unit on Aging
676 Church Street NE
Salem, OR 97301

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

be used. The instructions and forms will also be on the SUA website located at <http://www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml>.

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

**[NAME OF AREA AGENCY ON AGING]
2013-2016 AREA PLAN**

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

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

A – 2 Mission, Vision, Values:

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

A – 3 Planning and Review Process:

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

- Scope of need - among older adults, minorities, rural/urban, individuals with disabilities, etc. and how the needs assessment was conducted.
- Persons and groups consulted - consumers, service providers, health care professionals, advocacy groups, partner organizations, etc.
- Tools employed - surveys, focus groups, community forums, etc.
- Resources used - census data, DHS service data, regional demographic reports, GIS mapping, etc.

Describe the role your Advisory Council(s) and regional/local government plays in your planning process. Include in Appendix D documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, focus groups, surveys or public hearings held to assess need and obtain community input.

A – 4 Prioritization of Discretionary Funding:

This section describes your 2013-2016 priorities for programs for which you have discretionary funding. Given that the Older Americans Act (OAA) allows flexibility in the spending of Title IIIB funds, discretionary funds are considered those that are available after meeting the minimum Title IIIB expenditure requirements. For the purposes of this document, discretionary funds from local sources are those funds which, if available, would be used to supplement the provision of services meeting the definition of OAA services.

With federal, state, and local budget reductions in recent years, older adults and others served by the AAA may experience multiple impacts of the economic downturn. With this potentially frayed service net in mind, describe your process for determining priority services, including the criteria established, the basis for your criteria, factors influencing your prioritization, and the methods employed in weighting individual elements. You must address how your factors and weighting prioritizes service to those in greatest economic and social need. The term “greatest economic need” means people with income less than 185% of the federal poverty level. The term “greatest social need” means the need is caused by non-economic factors, including: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

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

SECTION B – PLANNING AND SERVICE AREA PROFILE

B – 1 Population Profile:

This section should describe the current demographics of the PSA, emerging trends over the course of the plan period and additional information the reader may need to understand the aging and disabled populations in your PSA. This section should include local analysis of the changes in the number of older individuals and target population and the associated impact on the AAA and providers within the aging and disability network.

This section must describe the following demographic characteristics in your PSA, not necessarily in this order:

- Number of persons 60 and over
- Number of minority persons 60 and over
- Number of low income persons 60 and over
- Number of low income, minority persons 60 and over
- Number of persons 60 and over living in rural areas
- Number of adults with disabilities
- Number of persons with limited English proficiency
- Number of Native American Elders
- The Native American Tribes represented in the PSA, indicating which have Title VI programs.

Some of the categories will be subsets of others. For example, the number of Native American Elders would be counted in the number of persons 60 and over, the number of minority persons 60 and over, and any other groups they fit into, but separated out in the number of Native American Elders.

Use the census data provided as well as reliable locally developed data, if desired, in your profile. Other potential sources of data include:

- Healthy Aging in Oregon Counties - <http://public.health.oregon.gov/diseasesconditions/chronicdisease/pages/healthyaginginoregoncounties.aspx>
- Additional demographic data on SUA website - <http://www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml>

Please cite the data sources used as the basis of your planning efforts. You may choose to describe the population using narrative, tables, charts, graphs, or maps, or any combination of these methods. (See example in Attachment B)

For the sake of consistency and reporting, the Administration on Aging's definition for rural is to be used:

Any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Note: Only one of the conditions cited above needs be met in order for an area to be considered urban.

B – 2 Target Population:

Include a subsection describing the methods the AAA will use to carry out the Older Americans Act priority to provide services to individuals with greatest economic and social need and older individuals at risk for institutional placement. Address how members of each target group will be identified, engaged, and served. In particular, identify how the AAA will meet the needs of low-income minority individuals, limited English speaking people and older individuals residing in rural areas. Social need includes issues related to older Lesbian, Gay, Bisexual and Transgender (LGBT) individuals. Type B AAAs and AAAs with Aging and Disability Resource Connections will also serve adults age 18 and older with physical disabilities. Where relevant information is included in other sections, indicate where it is found through cross-reference.

B – 3 AAA Administration and Services:

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

Summarize all services provided by or through the AAA. Include administrative, advocacy, program development and coordination functions

of the agency and funding resources used such as Older Americans Act, Oregon Project Independence, Title XIX, city, county, foundation grants, special transportation funds, etc. Describe in the narrative if the array of services offered has been affected by budget reductions and if there are other resources available to provide similar services.

List all services provided by or through the AAA in your planning and service district that may be considered unique. Examples are services targeted to meeting needs of older ethnic or minority groups, vulnerable individuals with physical and mental health issues, etc. (See example in Attachment B)

B – 4 Community Services Not Provided by the AAA:

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

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

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

- Mental Health
- Transportation
- Housing

- Elder Abuse Awareness and Prevention
- Employment Services
- Energy Assistance Programs
- Disability Services and Programs (e.g., Developmental Disabilities, Independent Living Centers)
- Community healthy aging and Care Transitions partners (e.g., local public health, healthcare systems, health promotion programs)
- Senior Centers
- Information and Referral/Assistance Programs (non-AAA funded, e.g., United Way, 211, Independent Living Centers)
- Education and Counseling Programs (non-AAA funded, e.g., SHIBA, Benefits and Benefits Counseling Projects, Easter Seals Money Management Program)
- Case Management (fee based or privately funded)
- Services that target minority; limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves elders)
- Any service which specifically serves persons with Alzheimer's disease or other dementia, or their caregivers (Family Resource Center, Support Groups)

(See example in Attachment B)

SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

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

In this section, the AAA identifies the problems or needs of the target population in the PSA and how the AAA proposes to address them. It is essentially the AAA's plan for the next four years. Issue Areas are those issues which have been identified through the local AAA planning process as requiring attention and on which the AAA will focus special effort during the four-year plan period. Issue areas are also intended to describe and address national and state issues and priorities identified in the OAA, the OAA State Plan, and the State Agency's strategic plan.

Section C should reflect Sections A and B of the Plan, including the AAA's mission, vision and values; the identified needs and recommendations stemming from community needs assessments, surveys, forums, etc. conducted during the planning and review process; the program priorities as determined by the established discretionary funding priorities; and the demographics of the PSA.

All Issue Areas must identify how they will address the needs of the target populations as described in Section B-2.

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

1. Family Caregivers

The National Family Caregiver Support Programs provide critical services to unpaid caregivers caring for adults with functional disabilities or relatives who are raising children. These services help delay or avoid entry into the Medicaid system.

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

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

- Limited English-speaking and ethnic caregivers, including Native American caregivers;
- Caregivers who are in the greatest economic and social need;
The term “greatest social need” means the need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.
- Caregivers who provide care to persons with Alzheimer’s disease and other dementias;
- Caregivers who provide care to persons at risk for institutionalization;
- Non-traditional family caregivers who may not be recognized as family; Lesbian, Gay, Bisexual and Transgender partners and individuals who are not legally married;
- Grandparents and relatives raising children: age 55 and older are eligible for services provided by the National Family Caregiver Support Program; and
- Older individuals caring for people, including children (of all ages), with severe disabilities (including developmental disabilities).

Summarize how the seven core elements of the Family Caregiver Support Program (FCSP) are organized in your service area. Describe core elements separately for relatives raising children (through the National Family Caregiver Support Program funding if utilized in your service area).

(Provision of all core elements is not a requirement, but please include all elements and describe any service limitations.)

FCSP Core Elements:

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

Specifically describe:

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

2. Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)

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

DHS Seniors and People with Disabilities (SPD) and the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) joined forces in 2007 to develop strategies to enhance the service delivery system for seniors and people with disabilities. The goal is a system that has the

necessary resources in place in every Oregon community to avoid the need for paid public assistance in long-term care; or if need arises, to minimize the scope and cost of such care. The objective is to develop a system of well-organized, comprehensive and intensive information and assistance on public and private sector resources and services. The work of this collaboration provided the basis for proposals that resulted in successful grant awards to Oregon in 2008 and 2009 to develop and pilot a prototype ADRC system. An outcome of the grant work was the development of a five-year plan to implement ADRC statewide. The ADRC Plan identified the following strategic priorities:

- Continually engage consumers and caregivers in shaping a consumer-oriented delivery system;
- Build in sustainability from the start;
- Increase consumer, legislative, private sector and public awareness about ADRC's mission and services;
- Continuously improve quality of ADRC services and outcomes for the consumer.

Additionally, DHS/SPD procured a statewide ADRC information system, selecting a vendor in 2010. The new system went live in the fall of 2010. It provides a client management system, reports, resource directory, and public-facing website.

In this issue area, the AAA should identify the following:

- AAAs with no current or previous ADRC grant funding should identify current strengths and areas of development needed to become an ADRC.
- AAAs with current or previous ADRC grant funding should identify opportunities for how the current ADRC can evolve to be full-functioning and/or to refine or implement a Continuous Quality Improvement (CQI) plan.
- AAAs will identify potential ADRC partnerships and explore strategies for partnering with other AAAs, SPD district offices, local disability and older adult organizations
 - strategies for partnerships may include, but not be limited to: clarified roles and responsibilities, shared funding, shared space, shared knowledge and cross training, shared services, shared technology.

- AAAs will identify challenges in realigning both their funding and I & A services into an ADRC(s) to meet community needs, including those of the ADRC target populations. This issue area should identify how those challenges will begin to be addressed and what assistance would be needed.
- AAAs will describe how they each plan to use the ADRC statewide information system and contribute to the statewide resource directory.

The following ADRC key service components are essential:

- Information, Referral & Awareness (including self-service)
- Options Counseling and Assistance
- Health Promotion/Healthy aging
- Streamlined Eligibility Determination for Public Programs
- Person-Centered Care Transitions Supports
- Continuous Quality Improvement

Federal technical assistance tools and documents can be found at:

<http://www.adrc-tae.org/tiki-index.php?page=ADRCHomeTest>

3. Elder Rights and Legal Assistance

The Administration on Aging's (AoA) Strategic Action Plan for 2007 – 2012 includes five goals, one of which states that an AoA priority will be to “ensure the rights of older people and prevent their abuse, neglect and exploitation.” Similarly, Oregon DHS has made the safety and protection of vulnerable adult Oregonians a priority area in 2011, with primary focus on improving systems addressing elder abuse. For these priority areas to be successful, the Area Agencies on Aging must be an integral component of developing and supporting programs that focus on ensuring the rights of the elderly.

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

- Develop or support elder abuse prevention efforts in their service area, including specific plans for the prevention of financial exploitation;
- Support the work of their Title IIIB Legal Services Provider;
- Integrate these elder rights areas into their other delivery systems for the purpose of ensuring that seniors with legal issues or seniors subject to abuse are connected to the appropriate resources; and

- Support, if applicable, the adult abuse multi-disciplinary teams in the counties in the AAA's service area.

4. Health Promotion

Another issue that is a major tenet of the reauthorization of the OAA and a role of an AAA is providing support to older adults and people with disabilities to help maintain and improve health, and implementation of evidence-based practices for preventing or delaying the onset of chronic diseases such as diabetes, cardiovascular disease, obesity, and some cancers. The evidence establishing both the need and the means for accomplishing the national imperative of Health Promotion is abundantly available, and is fully supported by DHS and the Oregon Health Authority (OHA). Early results from the AoA Evidence-Based Disease Prevention Demonstration project indicate that disease prevention programs that have proven effective in the Health sector can be successfully implemented by community aging and disability service providers. Such models could result in more healthy aging for seniors and people with disabilities, and a decreased/delayed need for long term care services. Examples of programs provided in Oregon include Stanford University Chronic Disease Self-Management Program (Living Well with Chronic Conditions and Tomando Control de su Salud), Arthritis Foundation Exercise Programs, Tai Chi: Moving for Better Balance, and other programs listed at <http://www.oregon.gov/DHS/spwpc/sua/docs/evd-bsd-pract.pdf>.

The AAA must, at minimum, identify how its Title IIID Disease Prevention and Health Promotion, and if applicable, Title IIIB funds will be used to address the implementation of evidence-based health promotion/disease prevention programs such as, but not limited to: coordinated influenza and pneumonia vaccination of seniors; chronic disease self-management workshops and programming; active/healthy lifestyle promotion that promotes physical activity and falls prevention; social marketing for healthy aging and fall prevention activities; and healthy nutrition access and education.

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

access to preventive services and healthcare, and aging and disability services involvement in healthcare reform efforts, or other similar efforts.

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

- <http://www.oregon.gov/DHS/spwpd/sua/hlthy-aging.shtml>
- http://www.aoa.gov/aoaroot/aoa_programs/oaaroot/resources/faqs.aspx#Disease
- <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Pages/Index.aspx>
- <http://www.healthyagingprograms.org/content.asp?sectionid=32>

5. Older Native Americans

In this issue area, the AAA must identify how it will coordinate with each of the tribes within its PSA to provide services for older Native Americans. (OAA Section 306 (a) (11) (A) (B) (C))

The SUA will provide a list of Oregon Tribes and the counties where they serve elders.

6. Nutrition Services

Nutrition programs serve a vulnerable at risk population. Programs affect food intake, social interaction, health and the ability of older adults to remain at home in the community. The AAA must, at minimum, identify how its Title IIIC funds will be used to implement nutrition services. Important implementation considerations include: client/community needs, organization, meal production and delivery system, costs/revenues, and meal quality (nutrition, food safety and palatability).

The State Unit on Aging recognizes that the economic downturn has negatively affected the financial resources of many AAAs. As a result, many AAAs have needed to look for alternative meal service options to decrease costs while continuing to serve as many seniors as possible. In this issue area, the AAA should identify any plans to change the meal production and delivery system. This might include a change from a hot home delivered meal (HDM) to a frozen HDM. The Older Americans Act

allows much flexibility in the type of HDMs provided to older adults. However, there are many implementation considerations such as, but not limited to: a plan to notify seniors and the community of the changes, assessing the feasibility of alternative HDMs and a plan to ensure that seniors are still receiving the valuable check-ins and oversight provided by daily delivery of meals.

Another component of Nutrition Services is Nutrition Education requirements. Evidence based Nutrition Education programs can effectively improve diets and nutrition related behaviors of older adults. In this section, the AAA must describe their plan for meeting the Nutrition Education requirements per the current Oregon Nutrition Standards. This can include an annual nutrition education plan/schedule and an explanation of how the AAA works with partners or contractors to meet the requirement.

7. Other Issue Areas – any other issue area of the AAA’s choosing.

Format for Issue Areas:

For each issue area, provide a brief but comprehensive (no more than 1-2 page) narrative description of the issue.

In addition, using the two page format outlined in Attachment B, include a profile statement, problem/need statement, and the goals and objectives the AAA proposes to respond to the resultant needs or problems, separately identifying and naming each issue area. The public and DHS must be able to easily understand the issue area and the goals in a comprehensive way.

Please consult with your AAA Specialist if you have questions about what would be acceptable for presenting the state and national issue areas.

Profile of the Issue: Description, significant trends, stakeholders, current status (if ongoing issue).

This profile should help the reader to understand the issue as it applies to the clients and services of the AAA. It should describe the service environment, the applicable history and significant trends, and

the current status of the issue if it is one that was carried over from the current four-year plan or annual update. If the issue area is prescribed by federal or state law or policy, e.g., elder rights protection activities, coordination with Title VI programs, it can be noted.

Problem/Need Statement: Barriers, service or funding gaps, conflicting issues. These statements do not necessarily have to be presented as problems; they can be presented as a need for a service or action that isn't necessarily a problem, but does address a need.

The problem/need statement can be from the perspective of the client, the agency or the community. It should identify the obstacles or circumstances that must be addressed or overcome to resolve the problem or address the need.

Goals: Broad descriptive statement related to overcoming the problem or fulfilling the need.

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

Objectives: Specific and measurable actions or activities that will occur within the four-year planning period. These must include benchmarks (means of measuring progress) and month-specific timeframes.

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

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

SECTION D – AREA PLAN BUDGET

Detailed budget instructions and supporting documents will be distributed by January 31, 2012.

SECTION E - SERVICES AND METHOD OF SERVICE DELIVERY

E – 1 Services provided to OAA and/or OPI clients:

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

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

AAA's are to disclose to the State agency the identity of each nongovernmental entity with which the AAA contracts for services. OAA Sec 306(a)(13)(B)(i)

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

E - 2 Administration of Oregon Project Independence:

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

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.
- b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.
- c. Describe how eligibility will be determined.
- d. Describe how the services will be provided.
- e. Describe the agency policy for prioritizing OPI service delivery.
- f. Describe the agency policy for denial, reduction or termination of services.
- g. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.
- h. Explain how fees for services will be implemented, billed, collected and utilized.
- i. 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.

APPENDICES

Appendix A Organizational Chart

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

Appendix B Advisory Council(s) and Governing Body

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

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

Appendix C Public Process

This appendix should include simple documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, focus groups, surveys or public hearings held to assess need and obtain community input. Describe roles played by Advisory Council(s) and County/Council of Governments/Tribal Government in the local approval process of the final Area Plan.

Appendix D Report on Accomplishments from 2011-2012 Area Plan Update

Include as Appendix D a report on the AAA’s activities and accomplishments for each goal and objective that was included in the 2011-2012 Area Plan Update. Please note that even if a goal or objective was discontinued and not carried forward to the 2013-2016 Area Plan, an

update is still required to explain accomplishments pertinent to the previous planning period.

Appendix E Emergency Preparedness Plan

Include as Appendix E the AAA's governing board approved Emergency Preparedness Plan. At a minimum the Plan must include the following elements:

- Assessment of Potential Hazards
- Chain of Command
- Communications Plan
- Continuity of Operations Plan (Program-by-Program or Site-by-Site)
- Agreements that detail how the AAA will coordinate activities with local and State emergency response agencies, relief organizations, and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases.
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

Training materials regarding [Emergency Planning for Area Agencies on Aging](http://www.oregon.gov/DHS/spwpd/sua/docs/basics-ep4aaa.ppt) can be found at:
<http://www.oregon.gov/DHS/spwpd/sua/docs/basics-ep4aaa.ppt>

Appendix F List of Designated Focal Points (OAA Section 306 (a)(3)(B))

Appendix G Partner Memorandums of Understanding

Type A AAAs must include a copy of the written Memorandum of Understanding with the SPD Local Office(s) (Medicaid agency) in the PSA.

Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, the _____ [AAA] accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, _____ [AAA] shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for

these groups in the Planning and Service Area. The _____ [AAA] _____ assures that it will:

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

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

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

Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

C. An assurance that the area agency on aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The _____ [AAA] _____ shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Date

Director, [AAA]

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title