

**COMMUNITY ACTION PROGRAM EAST
CENTRAL OREGON**

**DISTRICT 12: UMATILLA & MORROW
COUNTIES**

**OLDER AMERICANS ACT
AREA PLAN**

for period of

JANUARY 1, 2008

to

DECEMBER 31, 2012

Updated: September 23, 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.

Community Action Program of East Central Oregon (CAPECO)
Area Agency on Aging
721 S.E. 3rd, Suite D
Pendleton, OR 97801

Executive Officer-AAA Director
Eva Mabbott

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

Signature

EVA MABBOTT
Printed Name

EXECUTIVE OFFICER
Title

Date

OVERVIEW OF AREA PLAN

SECTION A **OVERVIEW OF AREA PLAN**

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

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

Description of the Service System

The Community Action Program of East Central Oregon (CAPECO) is a private non-profit corporation formed in October of 1987. Its purpose is to develop and provide various programs and services which target low and moderate income individual in the communities of Umatilla, Morrow, Gilliam and Wheeler Counties. It is governed by a nine (9) member Board of Directors comprised of 3 elected officials, 3 representatives of the disadvantaged population and 3 members representing the private sector. Among its varied programs, CAPECO is the designated Area Agency on Aging for Umatilla and Morrow Counties. Operational responsibility for services for seniors rests with the Area Agency on Aging, the Board of Directors and by direction from the local Senior Advisory Council. The AAA is designated as a Type A AAA which administers the Older Americans Act and Oregon Project Independence Programs. The Retired and Senior Volunteer and Lifespan Respite programs are also a part of the AAA.

It is the mission of the AAA to *coordinate, develop and maintain services that promote opportunities for the elderly to main their independence, dignity and choice*. To this end, the AAA strives to fill gaps in the service delivery system which would achieve our mission.

Title XIX Medicaid programs, Food Stamps, and other entitlement programs are provided by local offices of the State of Oregon, Seniors and People with

Disabilities (SPD). The AAA and local SPD offices work together to provide referrals for services between the two agencies.

Other programs housed in CAPECO include: Community Services and Energy Programs, the Workforce Investment Act (WIA) and Housing Development. Each of these areas provide valuable assistance to the elderly population, such as employment opportunities, low income energy assistance, weatherization, food baskets, the development of affordable housing, and a variety of other services.

The main office for the AAA is located in Pendleton, however, staff, volunteers and personnel from other agencies are available on a regular basis at each of the focal points in the area to ensure that the elderly are able to access services and obtain information through a single entry point. CAPECO provides a toll free number throughout the district to expedite connecting seniors with services. Additionally, a variety of brochures are maintained at various locations in the communities. All intakes are done by appointment in the clients home. In addition, the AAA maintains the Network of Care website where the public can obtain information about services in the area.

Local Community Focal Points

CAPECO
721 S.E. 3rd, Suite D
Pendleton, OR 97801
541-276-1926
1-800-752-1139

CAPECO-Hermiston
456 E. Gladys
Hermiston, OR 97801
541-567-7889

St. Patrick's Senior Center
183 N. Main
Heppner, OR 97836
541-676-9030

Pendleton Senior Center
510 S.W. 10th
Pendleton, OR 97801
541-276-5313

Stanfield Senior Center
225 W. Roosevelt
Stanfield, OR 97875
541-449-1332

Stokes Landing Senior Center
195 W. Opal
Irrigon, OR 97844
541-922-3603

Milton-Freewater Senior Center
311 N. Main
Milton-Freewater, OR 97862
541-938-3311

Weston Senior Center
Community Center-Main
Weston, OR 97886

Profile of the Population to be Served by the AAA

The Umatilla and Morrow counties service area covers an area of 5,250 square miles. According to the U.S. Census Bureau, the estimated population of the two counties is 84,681.

Umatilla County, the largest of the two counties has a population of 72,928. Of this total, 14,772 are age 60 or older. Approximately 731 persons rank below the Federal Poverty level. Native Americans and Hispanics comprise the largest portion of the minority groups. Of the over 65 population, 235 are Hispanic. According to the Confederated Tribes of the Umatilla Indians, the number of elderly enrolled in the tribe age 55 and older is 219.

Pendleton remains the largest city in Umatilla with a total population of 17,310 with Hermiston running a close second at 15,410.

Morrow County has a total population of 12,125 with 1,852 persons over age 60. Of the total number of persons over age 60, 36 are of Hispanic origin. Of the total elderly population 115 are below the poverty level. Morrow County has two major towns, Boardman at the north end and Heppner in the southern part of the county. In 2000 Heppner was the largest of the two towns, however, by 2006 Boardman has had a population increase of 229% from 1,387 to 3,175. Heppner has gone from 1,412 in 2000 to 1415 during the same period. Boardman now has a multi-purpose senior center which provides programs and recreational activities including a meal program.

Types of Services to be Funded

Services are provided throughout the two counties at focal points, local offices and in client's homes. The central functions of the AAA are carried out at the main office located in Pendleton. Focal points are staffed by the AAA, volunteers or personnel from other agencies working collaboratively with the AAA and CAPECO. A toll free number is available for all residents.

As a designated Area Agency on Aging, CAPECO receives money through the Older Americans Act for planning, program development advocacy and a variety of services determined through a planning process to be the greatest need.

The local AAA plans to provide a range of services. Those services and a brief description of each is listed below:

Information and Assistance: Providing current information on opportunities and services available, assessing the problem and capacity of the individual and linking individuals to those opportunities and services. The *Network of Care* web site is also available for persons to find services in the area.

Advocacy: Representing the interest of programs and services for the elderly and their caregivers at the state, local and national levels.

Homemaker Services: Assistance to persons having difficulty with activities of daily living including but not limited to; preparing meals, shopping, managing money, medication management, housekeeping and laundry.

Home Delivered Meals: A meal provided to qualified individuals in his/her place of residence.

Chore: Assistance to persons having difficulty with one or more of the following activities: heavy housework, yard work or sidewalk maintenance.

Case Management: Assistance in either access or care coordination for older persons who experience diminishing functioning capacities. This includes developing care plans, authorizing and arranging for services, follow-up and reassessment.

Congregate Meals: A meal provided to an eligible participant at a nutrition site. All congregate meals are currently provided at senior centers throughout the service district.

Legal Assistance: Legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.

Information for Caregivers: A service for unpaid caregivers that provides information on resources and services available to support the caregiver.

Assistance in Gaining Access to Caregiver Services: Assists caregivers, on a one-on-one basis in obtaining access to services and resources. To the maximum extent practicable, it ensures that the individuals receive services needed by establishing adequate follow-up.

Area Plan Administration: Administrative functions required to implement planned services, maintain required records, and fulfilling the requirements of federal and state rules and the State Unit policies and procedures.

Caregiver Respite: Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for unpaid caregivers.

Respite (OPI): Paid temporary services to provide relief for families or other caregivers. This service is only used when no other service is provided in conjunction with respite.

Organization and Maintenance of Support Groups for Caregivers: Activities that organize and maintain support groups that provide assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles.

Supplemental Services to Caregivers: Services that will provide assistance with Activities of Daily Living provided on a limited basis to complement the care provided by caregivers. Supplemental services include, but are not limited to, home repair/modification, assistive technologies, home delivered meals, and incontinence supplies.

Preventative Screening, Counseling & Referral: Education about availability, benefits and appropriate use of Medicare preventative health services or other preventative health programs. Health risk assessment and screening, and preventative health education.

Medication Management: Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group based programs that contain information on medication management.

Elder Abuse Awareness: Activities that promote understanding and increase public awareness of elder abuse.

Reassurance: Regular friendly telephone calls and/or visits to physically, geographically or socially isolated persons to determine if they are safe and well, if they require assistance and to provide reassurance. Caregiver

Training: Training provided to caregivers and their families that supports and enhances the caregiving role.

Public Outreach/Education: Services or activities targeted to provide information to groups of current or potential clients and aging network partners regarding available services for the elderly.

Crime Prevention/Home Safety: Activities that educate elders regarding crime prevention or that provide home safety such as smoke alarms.

Money Management: Assistance with financial tasks for seniors who are unable to handle their personal finances (i.e. banking, transactions, paying bills, taxes, etc.

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health as it relates to nutrition, information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

Funds for programs and services through the Older Americans Act have not kept up with the needs of the elderly population. The AAA must focus on creative ways to deliver much needed services. This includes using volunteers, fund raising activities and relying on other grant sources to fill the gap. Additionally, funds for Oregon Project Independence are still uncertain which results in having to adjust client services on a regular basis.

Major Changes in the Service System

It is planned to further develop the newly obtained Money Management Program in Hermiston and Pendleton. The AAA will also actively participate in the development of the Emergency Preparedness Plan to address the needs of seniors in the event of a disaster.

Planning Process to Determine Service Priorities

The planning process began in March of 2007. Two separate surveys were conducted during the months of March and April to determine the needs of the seniors in the area. These surveys were compiled to determine the needs as identified through the results of the survey. As in previous years, the planning process involves the Advisory Council, staff, partners and input from the public. The Advisory Council has received a copy of the plan format, service definitions and statistics on services currently provided. The advisory council members serve as not only advisors to the AAA but also as advocates for the seniors in their respective area. These members provide valuable input in the development of the plan.

The majority of the services the AAA plans to provide ranked the highest in the survey. Participants were asked if they “do not need”, “currently use” or “would use if available”. Many responded that they “would use if available” to services that are already provided or available in the community. The AAA will use this information to provide further education, brochures, and resource materials to make sure clients know about these services.

In meetings with staff from the reservation it was determined that they do not have funding through Title VI of the OAA to adequately meet all of the needs of their elderly. A need for paid in-home care services was identified by the tribal senior program coordinator as an unmet need. The AAA will continue to provide support for training family caregivers and promote participation in in-home services through the OPI program.

The draft plan will be distributed to the Advisory Council by October 8, 2007. The public hearing to receive input on the plan will be held on October 16, 2007. The Advisory Council will meet immediately following the public hearing to review comments. Changes will be incorporated into the plan and presented to

the CAPECO Board of Directors at the October 19, 2007 meeting for approval.

A copy of the entire plan may be obtained through Eva Mabbott, Executive Officer at 721 SE 3rd, Suite D, Pendleton, OR 97801 or by calling 541-278-5681 or toll free at 1-800-752-1139.

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)
Andy Millar 920 S. Main/PO Box 388 Milton-Freewater, OR 97862	July 1, 2012	Chairperson
Commissioner Leann Rea 79269 Rippee Rd. Boardman, OR 97818	July 1, 2012	Vice Chair
Becky Dunlap P.O. Box 505 Pendleton, OR 97801	July 1, 2012	Secretary/Treasurer
Vacant		
Comm. Dennis Gronquist PO Box 427 Condon, OR 97823	July 1, 2012	Board Member
Larry Givens County Commissioner 216 S.E. 4th Pendleton, OR 97801	July 1, 2013	Board Member
JueJue Withers-Lyons P.O. Box 638 Pendleton, OR 97801	July 1, 2013	Board Member
Mike Pearson PO Box 1278 Boardman, OR 97818	July 1, 2013	Board Member
Vacant		

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
Peggy Beck 625 S.W. 5 th Pendleton, OR 97801	7/14	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Irene Miller P.O. Box 81 Hermiston, OR 97838	7/012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Jennifer Anderson P.O. Box 1050 Milton-Freewater, OR 97862	7/13	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Ed Baker P.O. Box 141 Heppner, OR 97838	7/14	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
		60+ y/o <input type="checkbox"/> Minority Rural <input type="checkbox"/> Service provider Veteran Family Caregiver <input type="checkbox"/> Elected official General Public <input type="checkbox"/> _____
Barbara Creason 185 W. Oregon Avenue Irrigon, OR 97844	7/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Benn Houk 77841 N. Ash Rd Stanfield, OR 97875	07/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official General Public <input type="checkbox"/> _____
Velma Harns 75140 Columbia Lane Irrigon, OR 97844	07/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Joann Malumaleumu P.O. Box 160 Pendleton, OR 97801	7/13	<input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Pat Thomson 304 Lydia Milton-Freewater, OR 97862	7/13	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Tom Wilson 58578 Hwy. 207 Heppner, OR 97836	7/14	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Larry Givens County Commissioner Umatilla Co. Courthouse 216 S.E. 4 th Pendleton, OR 97801	7/14	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Jessie Anderson 1555 Southgate Place Pendleton, OR 97801	7/14	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Dave Brehaut 1555 Southgate Pendleton, OR 97801	7/14	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Darrin Umbarger 307 SW 6 th Pendleton, OR 97801		<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Disability</u>

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.

SEE ATTACHMENT

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 B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E Strengthen the leadership and community involvement of the advisory council.	Increase attendance at meetings to 75% of members. Select members will participate in informational campaign At least 25% of members will participate in educating elected officials and advocating for the programs.	Use advisory council members to record PSA's on programs and services. In partnership with the RSVP conduct training on roles of advisory council members. Advisory council members report to local senior center boards on information relevant to their area.	annually	Ongoing activities. Attendance is at about 65% average at present. Council members are reporting to their own boards.

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E Reinforce the role of the AAA as a key partner for long-term care in the community	AAA will be recognized as an integral partner in the delivery and coordination of services and as an advocate for programs and services for the elderly and disabled.	Coordinate with CTUIR to provide outreach on services for Native Americans. Participate in regional fairs. Speak to service organizations regarding programs and services. Accept positions on advisory councils, boards or committees.	Ongoing	We have met all of the goals during the past year. This is an ongoing activity. Participated in Family Day at the reservation. Spoken at Rotary, Lions, Chamber of Commerce, BMCC Alumni.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p> <p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E Three staff member will become AIRS certified</p>	<p>MEASURABLE OBJECTIVES</p> <p>Staff will pass the AIRS certification test and complete certification</p>	<p>ACTIVITIES</p> <p>Complete self study of ABC's of I&R</p>	<p>DURATION</p> <p>Be prepared to take test by Feb. 2012</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E Policy and Procedure manuals will be reviewed and updated.</p>	<p>Staff will operate programs under current policy.</p>	<p>Work with Fiscal Staff and Management Team to review Fiscal Policy and incorporate changes.</p> <p>Review program policy and procedure manuals with staff and make necessary changes.</p> <p>Provide staff training on changes and review all procedures.</p>	<p>Annually</p> <p>Annually</p> <p>Ongoing</p>	<p>Fiscal Policy Manual updated.</p> <p>Personnel Policy Manual updated and approved by Board of Directors</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Provide education on preparing 72 hour emergency preparedness kits.</p>	<p>To increase # of households who have emergency kits by 25% over next two years.</p>	<p>Provide training on assembling kits at all focal points.</p> <p>Distribute informational flyers at each focal point and to all homebound seniors (OPI, HDM, etc.)</p> <p>Include training to all HDM and in-home clients at time of intake or reassessment.</p> <p>Complete pre and post survey to determine effectiveness.</p>	<p>Ongoing over next two years.</p>	<p>Through grant acquired emergency preparedness kits. Dissemination is in process beginning 12/09.</p> <p>Completed July 2009 Obtained additional kits. Continue to disseminate to all home-bound individuals as reviews are done.</p> <p>Ongoing</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E Enhance HDM's by expanding hot and frozen menu choices.</p>	<p>MEASURABLE OBJECTIVES</p> <p>Increased number of clients and meals served.</p> <p>Customer service satisfaction at 90% by Dec. 2008.</p>	<p>ACTIVITIES</p> <p>Improve meal service, offer variety of menu items.</p> <p>Meet with dietician to review approved menus and identify those that meet special dietary requirements such as diabetic.</p> <p>Meet with cooks to develop plan to meet a monthly selection of menu items.</p>	<p>DURATION</p> <p>Dec.2008</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>Completed Dec. 08. Increased HDM meals by 34% over previous FY</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E Increase volunteer drivers for HDM</p>		<p>MEASURABLE OBJECTIVES</p> <p>Increase number of volunteers by 10 over next 2 years.</p>	<p>ACTIVITIES</p> <p>Recruit through the following activities:</p> <ol style="list-style-type: none"> 1. RSVP 2. News articles and PSA's 3. Church bulletins 4. Speaking to civic organizations. 5. Place articles in other organization newsletters. 	<p>DURATION</p> <p>Annually Ongoing</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>Completed all of the activities. Increased number of volunteers by 6. This is an ongoing recruitment process.</p>
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A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E Promote participation in in-home services to CTUIR.	Provide OPI to at least 3 Native American Households each year.	Speak to elders at the Mission Senior Center about OPI and other in-home services. Distribute program brochures to reservation. Work with senior services coordinators to recruit care providers who have experience in dealing with the culture of the participants.	Ongoing	Completed April, 2009. Spoke to Elders and provided program information, brochures, etc. Have not met goal in this area. Due to funding limitations we had a waiting list.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E Strengthen support to Family Caregivers.</p>	<p>MEASURABLE OBJECTIVES Broaden caregiver client base. Employers will be educated on needs of working caregivers.</p>	<p>ACTIVITIES Provide Powerful Tools classes for caregivers. Schedule at least 1 session per year that meets the needs of the working caregivers. Speak to group which have employers on the needs of working caregivers. Partner with reservation to conduct at least 1 training on the reservation each year.</p>	<p>DURATION Annually Ongoing</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS Completed Powerful Tools at the Reservation in August 2008. Another session is planned for late spring 2010 at the reservation.</p>
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A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Effectively manage the programs, services and resources of the AAA.	Meet 100% of monthly reporting and service requirements.	Prepare annual budget for department. Provide staff training, mentoring, performance reviews, staff meetings, and individual conferences. Include staff in reviewing policies and procedures and assure they have resources needed to do their job. Conduct program monitoring, case staffing, and work review. Complete reports	Ongoing	Completed monthly and annually as required.

		<p>as required by the state and federal governments.</p> <p>Monitor program expenditures to assure we stay within the budget.</p>		
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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.)

Retired and Senior Volunteer Program (RSVP): Federal and Local Funds Encourages seniors to become actively involved in their community by volunteering at certified work stations. Work stations outline duties to be performed and volunteers are paired to the work station according to interest and abilities.

Lifespan Respite: State Funds

Provides temporary respite and other support services to families who care for persons who have a disability such as Alzheimer's, stroke or Parkinson's, developmental and physical disabilities, chronic illness, or those at risk of abuse or neglect.

COMMUNITY SERVICES (CSS)

Community Services Block Grant (CSBG): Federal Funds
Funding dollars are utilized to support the nutrition programs, emergency services, housing, self sufficiency and agency development.

Tribal Commodities Food Program (TCEP/FDIRP): Federal Funds
An alternative to Food Stamps, USDA Commodities are available to income eligible households residing on the reservation and for income eligible Native American households who live in Umatilla and Morrow counties. The Confederated Tribes of the Umatilla Indian Reservation contribute funds to support and meet the non-federal matching dollar requirements of this program.

Oregon Food Bank (OFB): State and Private Funds

Funds are received to help offset the expense of our agency being a Regional Coordinating Agency (RCA) through the Oregon Food Bank network. RCA's receive USDA commodities, state appropriations, Share Our Strength and donated food products. The CSS receives a monthly shipment from OFB that is unloaded by staff and maintained in the CAPECO warehouse until distributed to one of our local food pantry affiliates and other certified agencies.

Food Program: Private Funds

Throughout the year, various state and local food drives contribute food and funds to assist our mission in preventing hunger. Product is then redistributed to area food pantries and funds received allow the purchase of food otherwise not available.

Linkage: State Funds

Work with emergency food pantries to connect clients with services. Periodically, staff visit food pantries and interview recipients to determine unmet needs and then link them to the service.

Emergency Food and Shelter Grant (EF&SG): Federal Funds

Provides direct client payments for emergency rental/mortgage assistance for eligible residents of Umatilla Co.

Housing Stabilization Program: Federal Funds

EHA funds provide a dollar match to obtain funding from the Department of Human Services to assist homeless or at risk of being homeless families. Staff assists the household in developing a goal plan and through monthly visits assess the client's progress in acquiring their goals plus identifying barriers preventing the HH from acquiring a greater level of self reliance.

Emergency Shelter Grant Program (ESGP): Federal Funds

Provides monetary assistance to operate local shelters, counseling for homeless or at risk of being homeless households. Dedicated funds are distributed to Domestic Violence and Tonya's House.

State Homeless Assistance Program (SHAP): State Funds

Provides emergency lodging for individuals or families that become homeless or stranded in the service area.

Low-Income Rural Housing Fund (LIRHF): State Funds

A case management approach which allows rental subsidized payments for 6 months. These funds are coordinated with HTBA. Budget counseling is a big component of this program and allows households to eliminate debt burdens or create savings fund to obtain permanent housing or to become a homeowner.

Home Tenant Bases Assistance (HTBA): Federal Funds

Subsidized rent for eligible households for a 6 month period. Requires matching dollar from LIRHF and/or EHA. Households need to qualify according to HUD established guidelines and the rental unit must meet Housing Quality Standards prior to approval of assistance.

Low-Income Energy Assistance Programs (LIEAP): Federal Funds

Provides a one time payment assistance for eligible households to offset the high cost of energy during the winter heating season. Assistance payments are made to the energy supplier on behalf of the eligible household.

Low-Income Energy Assistance Program Leveraging (LIEAP/LEVERAGING): Federal Funds

Funds received are based on leveraged dollars. Provides direct client assistance either through emergency heating assistance, furnace repairs or replacement, CO monitors, and dwelling weatherization services.

Continuum of Care: Federal Funds

HUD grant acquired by CAPECO to assist homeless households gain transitional housing and life skills in an effort to prevent chronic homelessness.

Weatherization: Federal and State Funds

CAPECO has various grants to provide weatherization services to eligible households. Weatherization measures are determined by our certified auditor/inspector and validated based on a savings investment ratio formula. Measures include but are not limited to insulation, ventilation and air sealing. Work is contracted to local licensed, bonded and insured contractors.

WORKFORCE INVESTMENT ACT TITLE 1B: FEDERAL

Adult Program:

Provides occupational/vocational job training, work readiness, work experience, job skills training, support services, job placement/retention and follow-up

services to low income adults age 18 or older with the ultimate goal of creating economic independence and family stability.

Dislocated Worker:

Provides occupational/vocational, customized training, work readiness, on-the-job training, job skills training, needs related payments, support services, relocation services, job search/placement/retention and follow-up services to individuals 18 years and older who have been terminated, laid off or have received a notice of termination or lay-off.

Youth Program:

Provides activities and services directed toward helping youth achieve academic and employment success. These services include work experience, work readiness, remedial education, tutoring skills, summer employment, alternative education, job shadowing, occupational skills training, leadership development, mentoring, counseling, support services, job placement/retention and follow-up services to low income youth 14 through 21 years of age.

Senior Community Services Employment: (Title V)

Provides occupational/vocational training, work readiness, work experience, on-the-job training, job skills training, support services, job search, placement, and retention and follow-up services to low-income individuals 55 years of age and older.

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: Pendleton, CAPECO Office

Date: October 16, 2007

Number in Attendance: 12

Number of 60 y/o+:9

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

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.

A full copy of the plan was distributed to all in attendance. The entire plan was reviewed for those in attendance.

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

If yes, briefly describe: There was no input which necessitated a change to the plan. Several comments made by participants related to the lack of funding and the instability of OPI funding and the affect it has on clients.

SECTION C-2
CONTRACTS OF THE AREA AGENCY

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

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

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Legal Aid Services of Oregon P.O. Box 1327 Pendleton, OR 97801 <input type="checkbox"/> For profit agency	#11-Legal Services
Legal Aid Services of Oregon P.O. Box 1327 Pendleton, OR 97801 <input type="checkbox"/> For profit agency	#50-3-Elder Abuse
Various Local Suppliers <input type="checkbox"/> For profit agency	#30-7-Supplemental Services for Caregivers
Medical Professionals (as needed) <input type="checkbox"/> For profit agency	#40-1-Health Screening
Client Employed Providers (CEP) <input type="checkbox"/> For profit agency	#2a-Homemaker
Client Employed Providers (CEP) <input type="checkbox"/> For profit agency	#30-4-Respite
Various Local Professionals <input type="checkbox"/> For profit agency	#40-9
<input type="checkbox"/> For profit agency	

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
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<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

SECTION D-1
SERVICE MATRIX

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

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

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

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 15a	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 16-a	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 16	Assistance in Gaining Access to Caregiver Services <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
<input checked="" type="checkbox"/> 20-1	Administration <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-2	AAA Advocacy <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 20-3	AAA Program Coordination <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 20-4	AAA Program Development <input type="checkbox"/> OAA <input type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Address Functional Limitations			
<input type="checkbox"/> 30-1	Home Repair/Modification <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 30-2	Home Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Home Visit	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 30-3	In-Home Volunteers <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 30-4	Respite <input type="checkbox"/> OAA <input type="checkbox"/> <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-5	Caregiver Respite <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-5a	Caregiver Respite <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-6	Organization & Maintenance of Support Groups for Caregivers <input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7a	Supplemental Services to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Maintain Health			
<input type="checkbox"/> 40-2	Exercise/Physical Fitness <input type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-3	Wellness Education Preventative Screening, Counseling & Referral <input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Payment for Service per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-7	Medical Equipment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Client Served	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
Services Which Protect Elder Rights			
<input type="checkbox"/> 50-1	Guardianship Conservatorship <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-2	Protective Service <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-3	Elder Abuse Awareness <input checked="" type="checkbox"/> OAA	1 Activity	<input checked="" type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 50-4	Crime Prevention/Home Safety <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-5	LTC Ombudsman <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 60-3	Reassurance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 60-4	Volunteer Recruitment <input type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

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

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

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. **Case Manager will make contact with potential client within 3 working days. A home visit to complete the assessment will be made as soon as possible but within 5 working days of day of contact.**

b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid. **All potential clients will first be screened for potential eligibility for Medicaid as a prior resource to OPI. If the client appears eligible, they will be referred to the local SPD office. Persons currently receiving Medicaid will not be deemed eligible for OPI services. Financial and resources will be reviewed at each redetermination to determine if they may become eligible for Medicaid. The case worker must be knowledgeable in all other services available in the community including OAA services that the person may be referred to.**

e. Describe how eligibility will be determined. **Requests for OPI services will be referred to the case manager who will conduct an in-home assessment using CA/PS. Information will be gathered through the applicant and/or family member(s), and through observation. This interview will provide information on the mental, physical and medical condition of the person to determine the person's eligibility level**

f. Describe how the services will be provided. **Direct in-home services and respite will be provided through the Client Employed Provider program. Other services such as home delivered meals are referred to the OAA program. The case manager will also provide other supports such as helping in locating medical aids such as walkers, installing grab bars, etc. and linking the client to other community resources such as transportation, recreational, support groups, etc.**

g. Describe the agency policy for prioritizing OPI service delivery. **Individuals must meet a need of level 12 or less. If a client rates above this level, the assessment will be reviewed for accuracy and in questionable circumstances will be revisited. There are times when the assessment may be completed when the client is having a “good” day and may not accurately reflect their situation on the whole.**

h. Describe the agency policy for denial, reduction or termination of services. **Clients will be denied when they do not meet the established priority level or are receiving Medicaid services. Cases will be closed when they no longer have a need for OPI services, become eligible for Medicaid, move to a LTC facility, or die. Services may be reduced when funding does not allow us to serve at the level that they were approved. If reduction is necessary the AAA will retain current service level for those who are level 1 through 6. For those who are level 7-12, the AAA will determine the amount of reduction necessary to meet budget needs by applying an equal percentage cut.**

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

Clients will be given a written notice on all adverse actions and provided a copy of their right to grieve the action. Upon receipt of a written notice of grievance, the AAA shall schedule a meeting for review of the grievance. The client and/or representative will be notified by mail of the date, time and location of the meeting. This meeting shall be scheduled within 10 days of the receipt of the grievance. Within 5 working days of the conclusion of this meeting, the AAA Director shall inform the client or their representative of the decision.

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

The case manager determines net income through the assessment process, taking into account any medical expenses paid out. The monthly net income is used to determine the fee, using the fee scheduled established by the state. Clients not charged an hourly fee will be billed a \$5.00 minimum annual fee at the time of initial eligibility and at annual review. CAPECO-AAA bills the client for their fee monthly. The billings

will be sent out by the 10th of the month following the service month. Fees collected will be used to expand service and used in the month received.

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.

By the 25th of the month, the OPI case manager will obtain a list from the Finance Department of the clients who paid their monthly fee. The case manager will make contact with the clients who have not paid to advise them that payment must be made by the end of that month. If payment is not received by the end of the month service will be terminated. When there are circumstances of extreme hardship, the case will be referred to the AAA Director who may waive the fee.

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

Since the services are provided through the Client Employed Providers, CAPECO does not monitor the providers. Service satisfaction is, however, monitored through contact with the client to determine if the services as authorized are being provided. If the client is unable to resolve a problem with their provider they are given the option of finding another provider or ask the case manager to meet with them to resolve issues.