

**NORTHWEST SENIOR & DISABILITY
SERVICES**

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

**OLDER AMERICANS ACT
AREA PLAN**

for period of

JANUARY 1, 2008

to

DECEMBER 31, 2012

Updated September 2011

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VERIFICATION OF INTENT

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

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

NORTHWEST SENIOR & DISABILITY SERVICES
 3410 Cherry Ave NE
 P.O.Box 12189
 Salem, OR 97309-0189

Melinda Compton,
 Interim Executive Director

(503) 304-3400

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

- s -

 Signature

Melinda Compton

 Printed Name

Interim Executive Director

 Title

September, 2011

 Date

OVERVIEW OF AREA PLAN

SECTION A
OVERVIEW OF AREA PLAN

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

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

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

JANUARY 2008 - DECEMBER 2012

WHO WE ARE...

NorthWest Senior & Disability Services (NWSDS) is an intergovernmental agency designated as the Area Agency on Aging for Clatsop, Marion, Polk, Tillamook and Yamhill counties. As an Area Agency on Aging (AAA), NWSDS is required to develop a plan for a comprehensive and coordinated service system to meet the needs of older adults, family caregivers and people with disabilities in its five-county Planning and Service Area (PSA). This plan is documented as the Agency's four-year Area Plan, which is updated annually. While this document provides an overview of the planned service system for January 2008 through December 2012, information regarding specific funding and service levels is provided for the 2011-2012 fiscal year only. A full copy of the Agency's Area Plan may be reviewed at any of our offices (office locations are listed on page 17), and on our agency web site at www.nwsds.org

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

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

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

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

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

OUR MISSION...

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

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

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

POPULATION WE SERVE...

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

Age 60+ as Percent of Population (2010)*

<u>Geographic Area</u>	<u>Total Population</u>	<u>Total Age 60+ Population</u>	<u>% of Population Age60+</u>
Clatsop Co.	37,860	8,845	23.4
Marion Co.	320,640	55,911	17.4
Polk Co.	69,145	14,571	21.1
Tillamook Co.	26,170	7,884	30.1
Yamhill Co.	95,925	16,540	17.2
5-County PSA	579,740	103,751	18.9
Oregon	3,844,195	748,011	19.5

Table 1: SENIOR POPULATION SERVED BY NWSDS

District 1: Clatsop, Marion, Polk, Tillamook & Yamhill Counties

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

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

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

PLANNING PROCESS FOR AREA PLAN DEVELOPMENT...

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

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

SENIOR NEEDS ASSESSMENT

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

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

Disability Services Advisory Council. In addition, we mailed a combination Senior/Disability survey to 100 different organizations within our PSA identified as community partners having some professional or volunteer service contact with the same client populations we serve.

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

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

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

(Cont.)	2007	2002	1999
	\$25,000 - \$35,000		
Income Bracket	(15%)	\$17,651 - \$25,000	\$5,001- \$8,050
(Highest Response)	\$35,000 - \$50,000	(18%)	(21%)
	(15%)		

ASSISTANCE NEEDS:

Top 3 Assistance Needs Currently Needing Help with but Do Not Have	- Heavy Cleaning or Yard Work - Minor Home Repair or Maintenance - Major Home Repair	- Prescription Assistance - Heavy Cleaning or Yard Work - Minor Home Repair or Maintenance	- Heavy Cleaning or Yard Work - Minor Home Repair or Maintenance - Health Insurance Questions
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SERVICE NEEDS:

Top 3 Service Needs that Would be Used if Available	- Information & Assistance to Link with Services - Medical Alert Service to Help in an Emergency - Legal Aid or Consultation	- Information & Assistance to Link with Services - Medical Alert Service to Help in an Emergency - Legal Aid or Consultation	- Information & Assistance to Link with Services - Medical Alert Service to Help in an Emergency - Health Education/Information
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HEALTH CONDITIONS:

Top 3 Health Conditions Identified	- Arthritis - High Blood Pressure/Hypertension - Vision and Hearing Impairment	- Arthritis - High Blood Pressure/Hypertension - Vision and Hearing Impairment	- Arthritis - High Blood Pressure/Hypertension - Vision and Hearing Impairment
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Responses to the pre-set questions of the survey did not reveal any significant shifts in areas identified as *Assistance Needs*, or *Service Needs*. Anecdotally, however, responses to the one open-ended question on the survey revealed several needs in the communities not easily identified in the survey’s pre-set questions. The most often recurring issues included: Transportation for medical appointments and grocery shopping (especially in the rural areas); Assistance with dental and vision care; Respite for unpaid family caregivers; and Assistance with purchasing food.

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

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

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

Race as a % of Total Population

	Clatsop	Marion	Polk	Tillamook	Yamhill
White	93.1	81.6	89.2	93.9	89.0
Black or African American	.5	.9	.4	.2	.8
American Indian & Alaska Native	1.0	1.4	1.8	1.2	1.5
Asian	1.2	1.8	1.1	.6	1.5
Native Hawaiian & Other Pacific Islander	.2	.4	.2	.2	.1
Some other Race	1.6	10.6	4.5	1.9	5.1
Two or More Races	2.3	3.4	2.7	2.0	2.4
Hispanic or Latino (of any race) *	4.5	17.1	8.8	5.1	10.6

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

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

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

SERVICE PRIORITY SETTING

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

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

While a considerable amount of weight is given to the results of the Needs Assessment surveys, other resources helped inform and shape the recommendation on Service Priorities. The Senior Advisory Council is regularly provided with state and federal policy and budget updates, along with agency reports, statistical studies on demographic

changes, and media investigations of relevant issues. They will often bring other source material to their meetings for discussion of local impacts, as well. All of this input became part of the framework around the determination of Service Priorities for NWSDS.

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

SERVICE PRIORITIES...

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

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

PROGRAM DEVELOPMENT & COORDINATION...

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

- gathering and analyzing data to determine older persons' needs for programs and services within the NWSDS service area;
- utilizing needs assessment information to establish goals for program modification, enhancement and/or development;
- working with communities and groups within the Agency's service area to encourage local responses to senior needs;
- serving on committees, advisory councils, boards, etc., of organizations providing services which have an impact on the lives of older persons (e.g., transportation, health care, education, volunteer programs, etc.);

- strategic and long-range planning to ensure NWSDS' ability to respond to issues which have an impact on programs, services and the quality of life for older persons.
- development of an Emergency Preparedness Plan in coordination with community emergency planners, and in cooperation with statewide emergency planning efforts.
- facilitation of long-term care system development in participation with SPD committees for Money Follows the Person project to provide additional living options and choices for those institutionalized for six months or more, reflective of the principles of the OAA's Choices of Independence initiative.
- conducting new outreach for the SHIBA program, including scheduled classes at Chemeketa Community College, in Salem, and other areas in the coast counties.

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

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

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

In the fall of 2008, NWSDS initiated an examination of its current I&A staffing structure to determine ways to gain efficiencies with existing staff, anticipating significant future service demands with the aging of the "baby boomers." The planning model that emerged sought to restructure and consolidate our front-end services and position the agency to provide earlier intervention to more people through enhanced outreach and education. This approach would connect people to the most cost effective and appropriate services maximizing their choice, independence and resources.

Initial steps taken to implement that model, in early 2009, strategically prepared NWSDS to take advantage of a grant opportunity for development of a regional Aging

and Disability Resource Center (ADRC). Development of the ADRC is in its early stages, and is partially responsible for a significant internal staff realignment designed to position the agency to better meet its inevitable future challenges.

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

Summary of OAA amendments regarding Area Plans

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

PLANNED SERVICES...

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

- Case Management Services
- Elder Abuse Awareness
- Family Caregiver Support
- Health Insurance Assistance (through trained volunteers)
- Information and/or Assistance, to link individuals and family caregivers with needed care, services and support
- In-Home Services (home care, personal care)

- In-Home Volunteers
- Language Interpretation/Translation Services
- Legal Assistance
- Medicare Managed Assistance Enrollment (Medicare prescription drug plan)
- Medication Management
- Mental Health Counseling (through trained peer volunteers and education/support groups)
- Nutrition Services (congregate and home delivered meals)
- Public Education/Outreach
- Support for Long-Term Care Ombudsman Program

Medicaid Only Programs:

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

MINIMUM OAA TITLE IIIB FUNDING LEVELS...

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

SOURCES OF FUNDING...

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

NWSDS' area plan budget for the 2011-2012 fiscal year is summarized below:

2011-2012 Area Plan Budget Resources based on Approved Budget

Medicaid (federal funds)	\$14,277,346
Older Americans Act (federal funds)	\$2,054,907
Oregon Project Independence (state funds)	\$619,734
Senior Health Insurance Benefits Program (state funds)	\$34,500
NSIP (federal funds)	\$152,669
Program Income/Cash Match (local cash)	\$440,460
Other State Funds	\$6,333
ADRC/Options Counseling	\$141,476
MIPPA	\$127,770
TOTAL	\$17,121,802

2011-2012 Area Plan Expenses based on Approved Budget

Medicaid AAA Services	\$13,336,048
Administration of OAA & OPI Programs	\$445,668
Advocacy (OAA)	\$74,312
Family Caregiver Support Program (OAA)	\$156,984
Elder Rights/Abuse Prevention (OAA)	\$20,852
In-Home Services (OPI/OAA/program income)	\$459,080
In-Home Volunteers (OAA)	\$5,874
Information & Assistance (OAA)	\$236,341
Legal Services (OAA)	\$29,000
Medication Management	\$11,250
Nutrition Program (OAA/OPI/USDA/program income)	\$1,770,428
Outreach (OAA)	\$54,000
Program Development and Coordination (OAA)	\$60,606
Senior Mental Health Program (OAA)	\$121,269
Other State Funds	\$40,833
Health Promotion/Disease Prevention (OAA)	\$20,000
ADRC/Options Counseling	\$141,476
MIPPA	\$127,770
TOTAL	\$17,121,802

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

SERVICE LOCATIONS & DESIGNATED FOCAL POINTS...

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

North Salem Branch Office

(Senior & Disability Services)

3410 Cherry Avenue, NE

503-304-3400 (phone)

503-304-3464 (fax)

South Salem Branch Office

(Senior & Disability Services)

3501 Fairview Industrial Dr, SE

503-798-9060 (phone)

503-798-9065 (fax)

Dallas Branch Office

(Senior & Disability Services)

260 Kings Valley Hwy

503-831-0581 (phone)

503-623-5178 (fax)

Tillamook Branch Office

(Senior & Disability Services)

5010 E. Third Street

503-842-2770 (phone)

503-842-6290 (fax)

Woodburn Branch Office

(Senior & Disability Services)

1320 Meridian Drive

503-981-5138 (phone)

503-981-5145 (fax)

Warrenton Branch Office

(Senior & Disability Services)

2002 SE Chokeberry Ave

503-861-4200 (phone)

503-861-0934 (fax)

McMinnville Branch Office

(Senior & Disability Services)

300 S.W. Hill Road

503-472-9441 (phone)

503-472-4724 (fax)

NWSDS Administrative Offices

3410 Cherry Avenue NE, Suite 220

PO Box 12189 Salem, OR

503-304-3456 (phone)

503-304-3434 (fax)

www.nwsds.org

Focal Point Full Service Senior Centers

Chehalem Senior Center

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

Monmouth Senior Center

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

**City of Salem Senior
Center**

2615 Portland Rd. NE
Salem, OR 97301
503-588-6303

ADMINISTRATION

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

SECTION B-1
AGENCY'S GOVERNING BODY

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

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Craig Pope Polk County Courthouse 850 Main Street Dallas, OR 97338	January, 2015	Commissioner, Polk County Board Vice-Chair
Charles Hurliman Tillamook County Courthouse 201 Laurel Avenue Tillamook, OR 97141	January, 2013	Commissioner, Tillamook County Board Director
Kathy George Yamhill County Courthouse 535 E 5 th Street McMinnville, OR 97128	January 2015	Commissioner, Yamhill County Board Director
Patricia Roberts Clatsop County Courthouse 800 Exchange St, Ste 310 Astoria, OR 97103	January 2015	Commissioner, Clatsop County Board Chair
Patti Milne Marion County Courthouse P.O. Box 14500 Salem, OR 97309	January 2015	Commissioner, Marion County Board Director

SECTION B-2
AREA AGENCY ADVISORY COUNCIL

List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D)

Name & Contact Information	Date Term Expires	Category of Representation
Lorraine Anderson Polk County	6-30-12	<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"/> _____
Glafira Angulo Marion County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input 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 Cavin Marion County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Gussie Brown Marion County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input 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"/> _____
Barbara Campbell Marion County	6-30-13	<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
Helen Findley Marion County	6-30-13	<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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Valorie Freeman Marion County	6-30-12	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Lee Hazelwood Marion County	6-30-12	<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"/> _____
Ruth McEwen Marion County	6-30-12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Lucille Pugh Marion County	6-30-12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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
Phyllis Rand Marion County	6-30-12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Marjorie Reuling Marion County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Shirley Staats Marion County	6-30-12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Dan Rogers Yamhill County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> xRural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Marilyn Daily Polk County	6-30-13	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input 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"/> _____
Janet DeWith Yamhill County	6-30-12	<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
Carol Hankins Yamhill County	6-30-12	<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"/> _____
Danny Crabb Tillamook County		<input 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 checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Robert Kenny Tillamook County	6-30-13	<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 checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Phyllis Kelley Clatsop County		<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"/> _____
Richard Mitchell Clatsop County	6-30-12	<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 <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Marie Navarra Polk County		<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
Charles Richards Marion County	6-30-12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Dan Rogers Yamhill County		<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Billie Woods Marion County	6-30-13	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

SECTION B-3
ORGANIZATIONAL CHART(S)

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

****NWSDS organization chart appended as a PDF attachment to the Area Plan. Last updated in January, 2011. The names of certain individuals in specific positions have changed, since January, but the overall structure and executive management team remains unchanged.***

SECTION B-4

ADMINISTRATIVE GOALS AND OBJECTIVES

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

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

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

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

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

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

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

- older individuals residing in rural areas;

Outreach, continued

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

GOAL DESCRIPTION <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E I. To assure seniors have access to quality client services that meet their needs.	OBJECTIVES I.a Contracts for needed OAA/OPI services are in place	ACTIVITIES I.a.1 Complete contract re-negotiations and renewals for OAA/OPI funded services as appropriate.	DURATION Ongoing	OUTCOMES/ ACCOMPLISHMENTS All contract renewals for OAA/OPI-funded services have been completed in a timely manner for each contract year.
A=Administration B= Advocacy C=Coordination D=Development E=Outreach				

A=Administration
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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.a.2 Work with the Advisory Council ad hoc committee to review requests for funding and to develop recommendations to the Board for awarding any discretionary funds, such as from the Older Americans Act.</p>	<p>Ongoing</p>	<p>The Senior Advisory Council makes recommendations to the agency's Board of Directors about the use of Older Americans Act discretionary funds. During planning sessions, the council has consistently recommended that homecare, information and assistance, personal care, home-delivered meals, senior mental health program, congregate meals, protective services/risk management, in-home volunteers and guardianships be funded with discretionary funds. The agency's Board of Directors has adopted this list as the agency's service priorities for discretionary funds.</p>

A=Administration
 B= Advocacy
 C=Coordination
 D=Development
 E=Outreach

GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
	<p>I.b Agency contractors and other service area providers meet performance criteria</p>	<p>I.b.1 Continue monthly desk monitoring of contractor billings and reports.</p>	<p>Ongoing</p>	<p>Contractors are required to submit reports on a monthly basis documenting the services provided under the contract. The information is analyzed to verify the units meet the criteria in order to be counted as service units. Billings submitted by OPI Contractors are reviewed upon receipt in order verify the service is authorized, and billed correctly. The Contractor billings are also reviewed to ensure that clients meet the program eligibility requirements.</p>

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		I.b.2 Provide technical assistance as requested or when problems occur.	As needed	There is on-going communication with the OPI in-home services contractor and Agency case managers. Case managers also maintain records of any problems with contracted in-home services for OPI clients. When a repeated pattern is verified, the contractor is contacted to discuss and resolve the problem in a manner satisfactory to the Agency. If necessary, meetings are held with contractor representative(s), case manager(s), unit supervisor(s) and an Agency contracts manager, in order to resolve problems. On-going communication is also maintained with other contractors, as needed, to discuss technical and/or service issues and to address and resolve any problems as they are identified.

GOAL DESCRIPTION A=Administration 3= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.3 Participate in the observation/participation monitoring process for contracted client services.</p>	<p>Ongoing</p>	<p>Annual monitoring of contracted client services is conducted in order to assist contractors with maintaining compliance with technical and service provisions of contracts. A comprehensive report is generated based on the findings of the information analyzed. These reports are reviewed by the Advisory Council Monitoring Committee, and are forwarded as information items to the full Advisory council and Board of Directors.</p>
		<p>I.b.4 Provide administrative oversight for the joint food production and delivery and in-home services contracts among NWSDS, OCWCOG and S&DS (a division of LCOG).</p>	<p>Ongoing</p>	<p>NWSDS is the lead agency in the foodservice consortium with OCW and LCOG. The interagency agreement is in place and the partners continue to work to ensure continuity of meal services.</p>

A=Administration
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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.5 Conduct client satisfaction surveys.</p>	<p>Periodic, Ongoing</p>	<p>A Bateman Senior Meal customer satisfaction survey program is in place. A survey has been developed and is administered to the congregate and home delivered clients in the five county area. The survey is distributed annually in March/April, surveys are collected and reviewed. Feedback is important and is used to drive improvements to the program. A phone survey is conducted by targeting OPI clients who receive in-home services through the contractor. The Advisory Council Monitoring Committee assists with observation/participation reviews of that survey. They are also involved in presenting the findings to the Senior Advisory Council and Disability Services Advisory Council</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.6 Conduct on-site monitoring visits for in-home services, nutrition services, and one minor contractor each year.</p>	<p>Periodic</p>	<p>An annual on-sight review of OPI client files for the in-home services contractor is conducted in order to gauge whether service requirements are being met and to identify potential problems that might cause the contractor to be out of compliance. This observation/participation review is conducted to ensure the highest quality of service to our clients is being achieved. In addition, nutrition program monitoring also includes daily in-field quality checks by the Nutrition Supervisor, and monthly visits to all congregate meal sites. On-site kitchen visits are made quarterly. Meetings among the Nutrition Program Managers for the three agencies involved in the joint nutrition contract take place monthly, as well as meetings with the food production contractor.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.7 Provide Advisory Council Monitoring Committee members the opportunity to volunteer in on-site monitoring reviews. Schedule monitoring committee meetings to review monitoring tools and reports.</p>	<p>As needed</p>	<p>In recent years, the Advisory Council Monitoring Committee has monitored in-home services. Members of this committee have made inquiries to those served by the agency's in-home care contract to determine their satisfaction with contracted services. They've reported their findings at Advisory Council meetings and given this information to staff to help staff evaluate the contracted services.</p>
		<p>I.b.8 Continue to ensure the quality of Home Care Workers through timely LEDS checks and HCW orientation.</p>	<p>Ongoing</p>	<p>During the past 2 years we have processed 10,834 criminal history checks for HCWs and AFHs. Our processing goal is to complete the Fitness Determination or have the documents submitted to the DHS Background Check Unit within one week of receipt. All criminal history checks are reviewed and fitness determinations made in accordance with the DHS Background Check Rules, ensuring that individuals with certain criminal behaviors are not gaining access to our vulnerable clients.</p>

GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>		<p>I.b.9 Maintain accurate computerized records and prepare monthly and quarterly management information reports on both program activity and costs.</p>	<p>Ongoing</p>	<p>Service data is collected on a monthly basis and utilized in a variety of ways in order to meet state and federal reporting requirements. Service units and client data, if applicable, are recorded in Oregon Access in order to be accessed and used for annual reporting purposes. The data is also maintained using a variety of software in order to accurately report service units, client information, administrative and program expenditures by matrix categories, other cash funds, and in-kind match. This data is also used to generate monthly program activity and financial reports which are submitted to the Board of Directors.</p>

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.10 Continue to ensure the quality of HCW's through timely initial LEADS checks and annual rechecks. Annual rechecks are allowed for NWSDS as part of a pilot with SPD to conduct rechecks every year instead of once every two years as required by rule.</p>	<p>Ongoing</p>	<p>NWSDS still continues its pilot to do rechecks annually.</p>
		<p>I.b.11 Ensure staff and client utilization of new HCW Registry that will roll-out November 2007.</p>	<p>Ongoing</p>	<p>NWSDS was very involved in the rollout for the Registry as well as the training piece. Training was provided through the Home Care Commission for staff as well as for HCW's. The Registry WEB address is given out by staff to the public, clients and/or their families as requested. Staff continue to print appropriate HCW lists for clients and/or their families as requested.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.12 Continue pilots identified in 2007 HCW RPI to improve flow and timeliness of processing HCWs and determine effectiveness. Implement accordingly.</p>	<p>July '08</p>	<p>There were many components to this HCW RPI. The only piece QA&I was involved in was the move to having the local offices fax in criminal history requests rather than mailing the originals. A dedicated fax line was installed for the Admin. Assistant in QA&I to receive these faxes so that required confidentiality would be maintained. This approach has improved turn around time on the processing of criminal record checks, particularly for our coastal offices. By faxing rather than mailing, the criminal record checks from the coast are received in QA&I approximately two days sooner than previously.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.b.13 Continue conducting Ensuring Quality Care trainings for AFH providers. Four sessions are being scheduled for calendar year 2008.</p>	<p>Ongoing</p>	<p>We continue to offer our EQC trainings four times a year. Sessions are always full with waiting lists. Starting in 2010, we are going from 3 day sessions to 4 day sessions. We have consistently heard from our students that 3 days was just not enough time. Our AFH Licensors have also felt that 3 days was not enough time, as the 3 day format did not allow time to incorporate relevant sections of the AFH Administrative Rules. We are hoping the longer course moves us closer to providing a training that meets everyone's needs, which will in turn provide better prepared providers and residents managers for our AFH program.</p>
		<p>I.b.14 Continue offering monthly AFH orientation.</p>	<p>Ongoing</p>	<p>AFH Licensing continues to provide a group orientation at the North Salem office once a month. Days of the week and time of day are varied throughout the year in order to accommodate different schedules attendees may have. Attendance has been fairly high this past year.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
	I.c Agency services meet performance standards	I.c.1 Conduct annual audit of agency fiscal records.	Annually	The audit for the most recent FY was completed, accepted by the Board, submitted to the Secretary of State, the Federal Clearinghouse and is on file for review at DHS.

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.c.2 Continue programs for staff training/developmental assignments in eligibility and case management.</p>	<p>Ongoing</p>	<p>QA&I continues to maintain training materials for utilization with new staff hires. With limited new hires over the past couple of years, training has primarily been for existing staff. The bulk of this training has been conducted in conjunction with the rollout of MMIS and the new CAPS2/Service Planning in Oregon ACCESS. QA&I staff went to state trainings to become Regional Experts for these rollouts so that they would be prepared to train agency staff on a timeline that worked for the agency. They were also then available to do one-on-one trainings with staff as needed. The agency's CM and ES workgroups also continue to be opportunities to train staff on policy/procedure changes and focus on job tasks that tend to be error prone. The group setting allows for a consistent agency message on these items.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.c.3 Continue to conduct Medicaid audits on intakes, ongoing cases and denials in all program offices, with a monthly review of findings and recommendations for improvement.</p>	<p>Ongoing</p>	<p>NWSDS continues to conduct on-going case reviews and audits using our Quality Assurance staff. As our Quality Assurance staff have been pulled in various directions, helping to cover caseloads in staff shortages, among other things, we have not achieved our preferred numbers of two cases per month, yet we remain committed to our quality assurance program. In addition to our own internal case reviews/audits, our field offices undergo monthly food stamp reviews, reviews from the SPD Field Review Team and as selected, reviews from the Food Stamp Management Evaluation Team. In each and all of these reviews, as appropriate, findings are reviewed with our bi-weekly Policy Advisory Team to be shared with all offices as learning opportunities.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.c.4 Continue to develop and implement security procedures on collecting and administering Medicaid funds.</p>	<p>Ongoing</p>	<p>NWSDS continues to conduct security audits of each agency office to ensure proper handling of funds and documents for both Medicaid and Food Stamps. The agency has developed and maintains written procedures for all security audit items. Any discrepancies found during a security audit are followed up on with both the Service Manager for the office, and the Field Services Manager with any deficiencies corrected. Training is conducted as appropriate. DHS transmittals are reviewed to ensure any new security requirements are identified and internal polices are revised.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.c.5 Develop and provide staff training on areas identified through audits as error prone.</p>	<p>Ongoing</p>	<p>Service Managers of our local offices provide on-going review of cases for a variety of situations such as case transfers, exceptions, etc. Due to budget and staffing constraints, the QA&I Unit was unable to meet its goal of reviewing at least two cases for each worker every month. Instead, QA&I staff tried to utilize other opportunities to review work with staff such as the extensive one-on-one assistance with case management staff during the rollout of MMIS and the new CAPS2 and Service Planning pieces of Oregon ACCESS. QA&I staff have also completed several targeted caseload reviews based on special requests by Managers. Data from these reviews is used to structure and provide appropriate training to staff.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.c.6 Continually improve staff skill levels and processes to ensure optimum delivery of client services through: --ensuring all ES and CM new hires attend initial agency-provided 6 week training program --conducting quarterly workgroup sessions for ES and CM staff to review policy and procedures --Train and coach staff on errors found through case review process</p>	<p>Ongoing</p>	<p>The Agency's Assistant Unit Supervisors, QA&I staff and several managers meet every other week to review all DHS transmittals that have been released over the previous two weeks. Discussion includes how each policy impacts the agency, what (if any) internal procedures/policies need to be revised, how staff are to be informed and whether or not any training should be provided. This guidance for each transmittal is then communicated to all agency Service Managers for implementation. This approach ensures the agency as a whole is responding in a timely way to policy changes, that all staff are informed of the changes and that clients are receiving the most current information and services.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
	<p>I.d Participate in technology efforts to make services more accessible through web-based applications.</p>	<p>I.d.1 Partner with DHS on Food Stamp Program Participation grant to simplify the application process and improve access to food stamp benefits by: --Purchasing software to create an on-line application; --Making the application accessible at a variety of non-traditional sites in the project area --Partnering with staff at community sites to help complete the application and submit verification --Moving information from the on-line application into the food stamp calculation and issuance mainframe; --Increase Food Stamp Program participation among seniors</p>	<p>July '09</p>	<p>We worked with SPD to obtain computer monitors and develop software applications that staff involved with the pilot project could utilize for the pilot. Six sites which include Senior Centers, a library, and church have been identified and utilized in the pilot in the valley counties. Volunteers have been recruited/trained and are available at all sites to assist applicants. We continue to be involved in monthly meetings to discuss and review software for potential further use and state roll-out. We have recently identified a Services Manager representative to attend these meetings. NWSDS Staff have tested and provided feedback on software as it has been developed. As of October 2009, the project received a total of 203 applications and issued \$9759 in benefits to clients.</p>

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>I.d.2 Coordinate with SPD in piloting a Food Stamp outreach project in Marion, Polk and Tillamook counties, including use of trained volunteers working with clients on internet-based Food Stamp applications.</p>	<p>July '09</p>	<p>Since the inception of the project, Managers have coordinated implementation, by identifying and designating staff to work on the project in the pilot areas and monitoring progress and working with partners involved to develop processes for serving clients. The agency housed the DHS Food Stamp (SNAP) Coordinator for approximately one year.</p>
		<p>I.d.3 Continue to update and add resources to promote the Network of Care web site for information and referral in languages other than English.</p>	<p>Ongoing</p>	<p>We are participating in the 3 year Aging and Disability Resource Grant from the US Administration on Aging. We continue to promote and update the Network of Care web site for information and referral in languages other than English.</p>

GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>		<p>I.d.4 Develop and implement FCSP information to be available on agency webpage.</p>	<p>Ongoing</p>	<p>The FCSP information has been added to our agency internet site. The information includes eligibility requirements and benefits available through FCSP. Caregiver kits, resources for caregivers and Caregiver and RAPP newsletters are also available to view and print. Effective 1-1-10, the Caregiver and RAPP newsletters are available via e-mail subscription for easier access to those with internet connections. Family caregivers can also access the on-line Home Care Commission Registry for lists of respite care providers in their area.</p>
<p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E II. To provide assistance to at-risk seniors in NWSDS's service area.</p>	<p>II.a Provide Elder Abuse Awareness Activities in service area.</p>	<p>II.a.1 Continue to provide in-service training on elder abuse and fraud to local law enforcement agencies.</p>	<p>Ongoing</p>	<p>In first two years of plan, APS unit provided in-service training on elder abuse and fraud to 66 law enforcement officers and recruits in two separate trainings.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>II.a.2 Continue to conduct in-service training to financial service providers and local social service providers on issues of elder abuse detection and prevention.</p>	<p>Ongoing</p>	<p>In first two years of plan, APS unit provided in-service training on elder abuse detection and prevention to 248 financial and social service providers in 13 separate trainings.</p>
		<p>II.a.3 Continue to coordinate Multi-Disciplinary Teams (MDT's) in Marion, and Yamhill counties, which are aimed at improving coordination of elder abuse prevention, detection and intervention.</p>	<p>Ongoing</p>	<p>In first two years of plan, APS unit continued to coordinate MDTs in Marion and Yamhill Counties. In 2009, APS staff also started attending the Clatsop County Child Abuse MDT, which was expanded to include elder abuse.</p>

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		II.a.4 Develop and implement an enhanced system of measuring APS-related data and case management outcomes to provide improved tracking of elder abuse trends and ensure quality assurance across PSA.	July '08	In first two years of plan, APS unit developed and implemented a system of tracking the number of APS cases that were referred to law enforcement agencies (LEA), as well as the number of subsequent investigations, referrals for prosecution, prosecutions and convictions. This data collection has enhanced our understanding of elder abuse trends and our ability to coordinate with LEA more effectively.

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>II.a.5 Explore models for guardianship programs and support advocacy efforts for state funding of local guardianship programs.</p>	<p>Ongoing</p>	<p>In first two years of plan, we have supported efforts at the state level to explore options for public guardianship programs. We have also worked constantly to maintain a roster of private fiduciaries willing to assist with guardianships for indigent adults in our service area.</p>
		<p>II.a.6 Work with SPD APS staff to promote state adoption of national Uniform Durable Power of Attorney Act.</p>	<p>Ongoing</p>	<p>In first two years of plan, APS staff participated on an Oregon State Bar workgroup to develop legislation intended to implement a version of the national Uniform Durable Power of Attorney Act. This led to the introduction of legislation, which unfortunately was not passed in the 2009 legislative session. The need for the legislation remains, though, and we will seek opportunities to advocate for it.</p>

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		II.a.7 Develop and/or continue partnerships with county mental health providers to enhance service coordination.	Ongoing	Despite attempts in the past to develop partnerships in the tri-county service area, no significant coordination ever occurred as an outcome.
		II.a.8 Develop plan to promote targeted outreach to seniors with limited English proficiency, including development of training materials in other languages.	Jan. '09	No significant progress made on this goal in first two years of plan. Will work to develop plan this year.
		II.a.9 Continue to provide outreach to care staff and residents of licensed long-term care facilities by providing training on recognizing and reporting elder abuse.	Ongoing	In first two years of plan, APS unit provided in-service training on recognizing and reporting elder abuse to 490 staff and residents of LTC facilities in 8 separate trainings.

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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>		<p>II.a.10 Coordinate appropriate activities with the Ombudsman's Office.</p>	<p>Ongoing</p>	<p>In first two years of plan, APS unit continued to coordinate closely with the LTC Ombudsman's office. We are currently developing a better way of receiving referrals from the LTCO, and reporting back to the LTCO on the disposition of the referrals</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>III. Enhance outreach activities, especially to low-income ethnic minority and rural populations, on available senior services.</p>	<p>III.a To increase strategic outreach activities to reach underserved populations eligible for services.</p>	<p>III.a.1 Develop new outreach methods for those with limited English proficiency and others with cultural challenges to traditional access of information.</p>	<p>Ongoing</p>	<p>NWSDS has participated in minority-culture health fairs and community festivals to try to reach diverse populations. Some agency brochures have been translated into Spanish and Russian for these events. We have also initiated outreach to the Confederated Tribes of the Grand Ronde.</p>
		<p>III.a.2 Develop more comprehensive assessment tools to identify underserved rural, low-income and minority populations.</p>	<p>Ongoing</p>	<p>We have attempted to participate in the Spanish-language version of Living Well with Chronic Conditions, Tomando Control, to help engage Spanish-speaking seniors. No other assessment tools have been developed.</p>

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		<p>III.a.3 Coordinate special planning for anticipated influx of baby boomers for future service demands.</p>	<p>Ongoing</p>	<p>The agency's approach to the development of a regional ADRC is keyed to anticipating and responding to an increased demand for services, and designed to "get ahead of the curve" with front-end access to community programs in collaboration with our partners.</p>
	<p>III.b To update and/or develop materials for distribution on agency programs.</p>	<p>III.b.1 Continue with edit, redesign and rewrite of agency brochures.</p>	<p>Ongoing</p>	<p>NWSDS brochures are continually updated to reflect the most current and accurate information for our clients and communities.</p>
		<p>III.b.2 Analyze and make recommendations on improvements to the delivery of Information and Referral services at resource centers outside of NWSDS branch offices.</p>	<p>July '08</p>	<p>This is a continuing process inherent in the agency's development of an ADRC model that can be accessed through personal computers and community partner sites. It is also being demonstrated through our centralized toll-free call centers.</p>

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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>	<p>III.c To continue addressing needs of older individuals with limited English proficiency.</p>	<p>III.b.3 Continue to develop and strengthen partnerships with area colleges increasing recruiting and utilization of student volunteers.</p>	<p>Ongoing</p>	<p>We have developed and strengthened our partnerships through direct contact, attendance at employment fairs, and are utilizing an increased number of interns, including our more rural coastal areas. This is beyond our ongoing recruitment efforts to reach students and a broad population of candidates.</p>
		<p>III.c.1 Continue the development of additional forms and information releases in non-English languages.</p>	<p>Ongoing</p>	<p>Many of our forms are available in other languages. The agency has also been responsive to having documents translated into non-English languages, as needed, to better serve those clients with limited English proficiency.</p>
		<p>III.c.2 Translate agency brochures into Spanish and Russian.</p>	<p>Ongoing</p>	<p>The agency's Directory of Services, and two Family Caregiver Support Program brochures, have been translated into both Spanish and Russian.</p>

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		III.c.3 Continue to expand hiring of bi-lingual staff and use of contracted translation services .	Ongoing	We have conducted assessments of bilingual need in several offices and classifications. The outcomes have indicated a need for more bilingual positions, some of which have been filled and some which are in that process. Four positions have been, or are being, transitioned to bilingual positions.
		III.c.4 Explore possibility of quarterly bilingual HCW orientation and periodic bilingual Powerful Tools for Caregivers Trainings.	Ongoing	Powerful Tools training is unavailable in other languages at this time. The training scripts and handouts would need to be translated by the creators of Powerful Tools before we would be allowed to offer the training in other languages.

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	<p>III.d To build on partnership with Grand Ronde Tribe.</p>	<p>III.d.1 Continue to meet with tribal representatives to discuss strategies to better coordinate agency services with those offered by the tribal community.</p>	<p>Ongoing</p>	<p>NWSDS has made sporadic contact the tribal community to try to coordinate services, with mixed results. The tribe's close internal ties, and sovereign self-governance, make ongoing collaboration a challenge.</p>
		<p>III.d.2 Coordinate and evaluate programs which may be implemented to address elder abuse in the tribal community.</p>	<p>Ongoing</p>	<p>No significant progress made on this goal in first two years of plan. Will work to enhance outreach activities to the Grand Ronde tribe this year.</p>
		<p>III.d.3 Expand efforts in establishing key partnerships within the tribal community through regular face-to-face networking.</p>	<p>Ongoing</p>	<p>Some contacts through the tribal health center have been successful, but remain sporadic.</p>

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		III.d.4 Develop partnership with new health services director at Grand Ronde for better coordination of AFH services at Grand Ronde.	July '08	This partnership has not developed as anticipated.

GOAL DESCRIPTION <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E IV. To actively represent the interests of seniors in NWSDS's service area.	OBJECTIVES IV.a To enhance NWSDS's advocacy role	ACTIVITIES IV.a.1 Work with the Advisory Council to monitor and respond to issues related to the Older Americans Act.	DURATION Ongoing	OUTCOMES/ ACCOMPLISHMENTS The Advisory Councils have sent letters and talking points about increasing funding in the Older Americans Act, about the reauthorization of the Older Americans Act in 2010, and about the addition of concepts in n4a's Project 2020 campaign. Project 2020 would add funding for nursing home diversion, evidence-based health promotion and disease prevention programs, and single-entry Aging and Disability Resource Centers. A primary concern for the agency's advisory councils is that funding for the Older Americans Act has not kept up with the increasing number of those who are or will be accessing Older Americans Act services.
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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>IV.a.2 Continue to advocate for the modeling of Oregon's integrated case management, long-term care system in other parts of the nation.</p>	<p>Ongoing</p>	<p>The advisory councils routinely contact state and federal policymakers to insure that Oregon has adequate funding to continue its cost-effective system that allows seniors and adults with physical disabilities to remain in the less restrictive setting possible in their own homes and communities. The agency's Executive Director has been invited to talk about Oregon's long-term care system in several states and has developed a comprehensive PowerPoint presentation that he's shared in Oregon and in other states that would like to emulate Oregon.</p>

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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>		<p>IV.a.3 Executive Director will continue to work with the National Association of Area Agencies on Aging (n4a) to increase awareness of national aging issues.</p>	<p>Ongoing</p>	<p>The director of NWSDS has worked with n4a in a variety of ways, including attending the annual Legislative Briefing in Washington, D.C.; making requested Capitol Hill Visits; attending and presenting at the n4a National Conference; and, at n4a's request, joining the faculty of the National Institute for Long term Care Business & Strategy located at the Scripps Gerontology Center at the University of Miami-Ohio.</p> <p>NWSDS maintains a strong presence O4AD, with several agency staff serving in key leadership roles with the committees. Agency staff is represented in each of the committees.</p>
		<p>IV.a.4 Participate on the following committees of the Oregon Association of Area Agencies on Aging & Disabilities: AAA Directors, Program Managers, Contract/Fiscal Managers, Nutrition Program Managers, Senior Advisory Council and Disability Services Advisory Council Chairs and Legislative Committee.</p>	<p>Ongoing</p>	

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>IV.a.5 Work with SPD planning committees for Money Follows the Person Project to provide additional living options and choices for those institutionalized for six months or more.</p>	<p>March '08</p>	<p>NWSDS staff consistently attended and were represented in MFP (now On The Move) workgroups and committees in the initial planning year. We continue to attend the Housing with Services workgroup, to develop additional housing options. In addition, Management worked closely in partnering with State employees that provided the services locally, by housing the staff in local offices and including in Monthly meetings and case staffings. With state funding, NWSDS management attended the National MFP conference in March, 2009 to gain further knowledge in this area. We continue to work on a draft resource development plan with local/state responsibilities for the continuing need of building community resources.</p>

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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>	<p>IV.b To strengthen the role of other community members in the advocacy issues affecting older persons.</p>	<p>IV.b.1 Coordinate advocacy efforts with other senior groups to monitor, evaluate and comment on local, state and national policies, programs and community levies and community actions which affect older persons.</p>	<p>Ongoing</p>	<p>NWSDS staff attend advocacy meetings including the Advocacy Coalition of Seniors and People with Disabilities, the Campaign for Seniors and People With Disabilities and Oregon Association of Area Agency of Aging and Disability Quarterly meetings to interact with other advocates. Staff members facilitate the statewide Senior and Disability Chairs' Quarterly Business Meetings and provide information to the agency's advisory council members about public hearings and issues of concerns to seniors and adults with physical disabilities. During Legislative sessions, staff help the councils write talking points, newsletter to legislators and track bills and budgets of concern to seniors and people with disabilities.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>IV.b.2 Continue to advocate for improved transportation for seniors and persons with disabilities and participate in regional transportation planning.</p>	<p>Ongoing</p>	<p>Agency staff serves as a member of ODOT's Public Transit Advisory Committee, helping write transportation policy changes that impact transportation services for seniors and people with disabilities in Oregon. We help Public Transit allocate state and federal funds for capital and operations of services for seniors and people with disabilities. We've helped allocate the Connect Oregon I and II funds for the entire state as well as other state and federal transportation funds, and helped provide input for the new \$10 million that public transit received in the 2009 Legislative Session. We've served on the STF committee that created the CARTS rural bus service in Marion and Polk, and the Triplink Medicaid Brokerage that serves the valley counties.</p>

GOAL DESCRIPTION W. To promote and facilitate healthy aging	OBJECTIVES V.a To expand disease prevention and health promotion information dissemination.	ACTIVITIES V.a.1 Identify grant opportunities to develop new strategies to enhance health promotion opportunities.	DURATION Ongoing	OUTCOMES/ ACCOMPLISHMENTS NWSDS was awarded a grant for outreach and education through the Medicare Diabetes Screening Project. Agency staff has also been committed to collaborate with a private partner grant-seeker for a Tai Chi "Moving for Better Balance" research project. NWSDS has helped sponsor the Living Well with Chronic Conditions program. These efforts in evidence-based programs are expected to better position the agency for successful future grant opportunities.
GOAL DESCRIPTION W. To promote and facilitate healthy aging	OBJECTIVES V.a To expand disease prevention and health promotion information dissemination.	ACTIVITIES V.a.1 Identify grant opportunities to develop new strategies to enhance health promotion opportunities.	DURATION Ongoing	OUTCOMES/ ACCOMPLISHMENTS NWSDS was awarded a grant for outreach and education through the Medicare Diabetes Screening Project. Agency staff has also been committed to collaborate with a private partner grant-seeker for a Tai Chi "Moving for Better Balance" research project. NWSDS has helped sponsor the Living Well with Chronic Conditions program. These efforts in evidence-based programs are expected to better position the agency for successful future grant opportunities.
		V.a.2 Research availability and order brochures and fact sheets on healthy aging and disease prevention topics of interest to seniors; make available at agency offices, meal sites and at information fairs.	Ongoing	This activity has been sporadic; primarily in response to health promotion events tied to above-mentioned programs.

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>V.a.3 Publicize special health education campaigns on agency web page with link to sponsoring organization (i.e. National Immunization Awareness Month, National Senior Health and Fitness Day, etc.)</p>	<p>Ongoing</p>	<p>We have not yet made these links available on the agency web site, but have made the information available through established outreach activities and Public Service Announcements.</p>
		<p>V.a.4 Implement a training program that meets the Aging and Communications Training (ACT) project requirements as measured by trainee evaluations.</p>	<p>Jan. '08, Ongoing</p>	<p>Two, four-hour Aging & Communication trainings were conducted. Thirty-three AFH Providers attended and material was customized to the needs of this audience. Included was information on local mental health services and what the Oregon Health Plan pays for. Evaluations were very positive. Based on the pre and post tests, the training made a change in how these providers will be communicating with aging people.</p>

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		V.a.5 Disseminate information statewide on aging, communicating with older adults and stress management by conducting two train-the-trainer sessions by early 2008.	July '08	This activity did not occur. With the budget cuts at the time, combined with a significant lack of interest by our partner community, we chose not to pursue.

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
	<p>V.b To further expand medication management activities within agency service area.</p>	<p>V.b.1 Continue producing /distributing senior prescription packets to provide info on medication safety, drug discount/ patient assistance programs.</p>	<p>Ongoing</p>	<p>The production and distribution of senior prescription packets is no longer occurring. This is a result of Medicare Prescription Drug Coverage (Part D). There are safeguards in place to prevent prescriptions found to be unsafe from being covered under Medicare Part D. This further protects enrollees. Persons may obtain assistance with Part D, information regarding other drug discount/patient assistance programs, and resources about medication safety through NWSDS Senior Health Insurance Benefits Assistance (SHIBA) volunteers.</p>

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		V.b.2 Expand partnerships with hospital education departments and qualified RN's to increase outreach.	Ongoing	NWSDS has partnered with three different hospital education departments, serving all five counties of our PSA, to increase outreach on Medication Management, Diabetes Education, and Falls Prevention. We have also partnered with the Mid-Valley Independent Physicians Association to take the Living Well program into low-income senior housing complexes.
	V.c To continue increasing access to and awareness of agency Nutrition Services.	V.c.1 Increase public awareness of meal programs through community education, outreach, and special event promotion.	Ongoing	Use of brochures, menu, press release, television, radio and outreach activities.
		V.c.2 Increase efforts to distribute monthly meals program menus and program brochures to community Food Banks.	Ongoing	Distribution of menus to area food banks as appropriate.

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<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p>		<p>V.c.3 Continue printing dietitian provided nutrition education information on back of monthly menus distributed to seniors.</p>	<p>Monthly</p>	<p>Nutrition education continues to be provided on the reverse side of menus. The dietitian generates new educational topics of nutrition on a monthly basis.</p>
	<p>V.d To improve and expand access to caregiver information, training, respite, support groups, and counseling services.</p>	<p>V.d.1 Continue development of Relatives As Parents Program (RAPP) to include expansion of RAPP trainings, conferences, and support groups through either contract or staff involvement.</p>	<p>Ongoing</p>	<p>FCSP holds an annual Grandparent Conference in April each year. Grandparents and other Relative Parents in Marion, Polk, Clatsop, Tillamook, and Yamhill counties are invited to attend regardless if they are enrolled in the FCSP program or not. Participations from other counties are welcome to attend as well. Clatsop County is working with community partners to hold its first Grandparent Conference this year as well. RAPP support groups are sponsored monthly in Salem and in Grande Ronde by FCSP.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>V.d.2 Coordinate caregiver services with community partners and volunteers, including gaining access to caregiver services.</p>	<p>Ongoing</p>	<p>FCSP contracts with Lifespan Respite, Center 50+ Salem Senior Center, Faith in Action, and Clatsop Community Action for information and referral. Partnership has also been made with Child Welfare and Self Sufficiency to do outreach to relative parents.</p>
		<p>V.d.3 Continue to support community partners with the organization of regional caregiver conferences and retreats through the provision of respite funds and outreach to family caregivers.</p>	<p>Ongoing</p>	<p>FCSP is a sponsor of the annual "A Gift of Time" caregiver and relative parent respite retreat. The retreat offers both training opportunities and respite for caregivers and relative parents over a three day period. Family caregivers and relative parents from the entire state are invited to attend. FCSP also sponsors the annual Alzheimer's Network conference in Salem. Respite care is provided to enrolled caregivers so they can attend the conferences.</p>

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GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>V.d.4 Continue to maintain and facilitate existing caregiver support groups, and work with community partners to create new support groups based on need.</p>	<p>Ongoing</p>	<p>The FCSP facilitates three ongoing caregiver support groups in Salem, Dallas, and Woodburn area. The Salem and Woodburn support groups are held monthly. The Dallas support group was held quarterly due to lower attendance but starting January 2010, the group will begin meeting monthly with the assistance of a community partner in hopes of increasing attendance. FCSP has also worked with a community partner in McMinnville to hold a weekly caregiver meeting. FCSP started an Alzheimer's support group in both Seaside and Astoria and has now transferred the group to a community partners to facilitate. FCSP continues to support the groups as a substitute facilitator and resource source.</p>

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		<p>V.d.5 Continue caregiver outreach activities with Grand Ronde Tribe, and family caregivers who have limited English proficiency, or are caring for family members with limited English proficiency, by providing written communication in their primary language.</p>	<p>Ongoing</p>	<p>FCSP brochures are available in both Spanish and Russian, and reimbursement forms are now available in Spanish. Informational brochures on caregiver and parenting issues are also available in Spanish and Russian.</p>
		<p>V.d.6 Plan outreach efforts to increase employers awareness of the impacts of family caregiving on employees and educate employers on available caregiver resources, as well as participating in pilot program, "Prepare to Care."</p>	<p>Ongoing</p>	<p>The "Prepare to Care" pilot project is complete and was done in Tillamook County. By using the information collected in the pilot project and additional resource, a training plan is being created to start in 2010.</p>

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		<p>V.d.7 Continue to coordinate and provide funding for mental health services for family caregivers when need is identified through FCSP enrollment process.</p>	<p>Ongoing</p>	<p>The FCSP continues to offer individual counseling benefits to family caregivers enrolled in the program. Referral is also made to Senior Peer Counselors for caregivers and care receivers for additional support.</p>
	<p>V.e To strengthen the Senior Mental Health Program.</p>	<p>V.e.1 Continue to establish linkages with alcohol and drug treatment programs in the tri-county area in order to encourage them to develop treatment approaches and to identify ways in which to reduce barriers to chemical dependency treatment services for the senior population.</p>	<p>Ongoing</p>	<p>Due to budget constraints and staff reallocation of time, this goal is no longer a priority for the Senior Mental Health Program.</p>

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		V.e.2 Continue new outreach efforts to care staff and/or residents of assisted living communities, residential care facilities, and nursing homes by providing training and development in-service opportunities.	Ongoing	Due to budget restrictions and reallocation of staff time, long-term staff training/development in the five-county service area has been terminated. Also, there is no longer a priority for offering any education for long-term care residents.
		V.e.3 Expand Senior Peer Counseling-facilitated support groups.	Ongoing	Due to budget restrictions and reallocation of staff time, there cannot be any expansion of support/education groups and/or professionally-facilitated groups. In fact, in the past year only a single professionally-facilitated group remains.

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>V.e.4 Develop profile of types of mental health challenges boomers may likely present to Senior Peer Counseling Program.</p>	<p>July '09</p>	<p>While the "Baby Boomer" generation defies specific early depiction of mental health challenges, a variety of professional sources suggest some probable features. Boomers will likely have a sense of entitlement for services, but eschew professional counseling. This generation will probably present an increasing need for addiction counseling and exhibit increasing levels of dysthymia, anhedonia, and anxiety. These needs will be further compounded by a shortage of professional mental health counselors, and continuing barriers to counseling services.</p>

A=Administration
 B= Advocacy
 C=Coordination
 D=Development
 E=Outreach

GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		<p>V.e.5 Develop new ways to package volunteer opportunities for baby boomers.</p>	<p>Ongoing</p>	<p>There are severe challenges to market senior peer counseling in a marketplace where a variety of other organizations are in need of competent volunteers. Boomers increasingly tend to be "buffet" volunteers (volunteer for a short stint and move on to a different volunteer opportunity), which handicaps volunteer enterprises that need to develop a seasoned cadre of volunteers over time. Senior peer counseling does not attract a typical volunteer (e.g., Habitat, Red Cross, hospitals, etc). Senior peer counseling asks volunteers to mentor folks with depression, grief, loss issues, etc. Senior peer counseling has a high learning curve and an intense expectation for on-going learning.</p>

GOAL DESCRIPTION A=Administration B= Advocacy C=Coordination D=Development E=Outreach	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
		V.e.6 Continue to seek contract Registered Nurse with Mental Health Specialty for Assessing, and Teaching clients and/or their caregivers.	Ongoing	Due to budget restrictions, this goal is no longer feasible.
		V.e.7 Continue to work with interdisciplinary teams on cases with Mental Health or Public Health needs for assessing placement recommendations with SPD difficult placement group.	Ongoing	Due to a reallocation of staff time and budget restrictions, this goal can no longer be pursued through the Senior Mental Health Program.
		V.e.8 Continue and/or expand weekly conference calls for case staffing Mental Health and challenging placements with local hospitals.	Ongoing	Due to budget restrictions and reallocation of staff time, this goal is no longer feasible.

A=Administration
B= Advocacy
C=Coordination
D=Development
E=Outreach

GOAL DESCRIPTION	OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS

SECTION B-5

OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA

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

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

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

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

PLAN & SERVICE DEVELOPMENT

**Public Hearings
Contracted Services**

SECTION C-1
PUBLIC HEARING COMMENTS

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

1. Please provide the following information:

City and Hearing Location: McMinnville Senior Center
2250 McDaniel Lane
McMinnville, OR 97128

Date: October 4, 2007

Number in Attendance: 1

Number of 60 y/o+: 1

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

Date: October 8, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

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

Date: October 11, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

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

Date: October 11, 2007

Number in Attendance: 1

Number of 60 y/o+: 0

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

Date: October 25, 2007

Number in Attendance: 0

Number of 60 y/o+: 0

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

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

3. Were any changes made to the plan based on the public hearing comments?

No Yes

If yes, briefly describe:

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

SECTION C-2
CONTRACTS OF THE AREA AGENCY

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

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

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Addus Healthcare 850 Promontory PI SE #H Salem, OR 97302 Heather Hall (503) 364-6443 <input checked="" type="checkbox"/> For profit agency	#1 Personal Care #2 Home Care #30-5 Caregiver Respite #3 Chore
Catholic Community Servcices LSR in Marion, Polk, Tillamook & Yamhill counties P.O. Box 20400 Keizer, OR 97303 Teri Alexander 503-856-7084 <input type="checkbox"/> For profit agency	#15 Info to Caregivers
Faith in Action (Providence Newberg Health Foundation) 310 Villa Rd., Suite 110 Newberg, OR 97132 Kathleen Watson 503-537-1548 <input type="checkbox"/> For profit agency	#3 Chore #10 Transportation #90-1 Volunteer Services
Gorlick, Mark 442 NW Heather Ave Sublimity, OR 97385 (503) 767-3477 <input checked="" type="checkbox"/> For profit agency	#60-5 Interpreting/Translation

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Legal Aid Services of Oregon - Clatsop/Tillamook 230 NE Second Ave., Ste A Hillsboro, OR 97124 Leslea Smith (503) 648-7163 <input type="checkbox"/> For profit agency	#11 Legal Assistance
Legal Aid Services of Oregon - Yamhill 230 NE Second Ave., Ste A Hillsboro, OR 97124 Leslea Smith (503) 648-7163 <input type="checkbox"/> For profit agency	#11 Legal Assistance
Marion-Polk Legal Aid Service (Regional office of LASO) 1655 State Street Salem, OR 97301 Michael Keeney (503) 581-5365 <input type="checkbox"/> For profit agency	#11 Legal Assistance
Providence Newberg Health Foundation (DBA Faith in Action) 310 Villa Rd., Suite 110 Newberg, OR 97132 Kathleen Watson 503-537-1548 <input type="checkbox"/> For profit agency	#15 Info for Caregivers #16 Access to Caregivers
Authoritative Parenting 10082 Keene Lane SE Aumsville, OR 97325 Jean Lasater 503-877-7210 <input checked="" type="checkbox"/> For profit agency	# 70-2a Options Counseling

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Center 50+ City of Salem Senior Center 2615 Portland Rd NE Salem, OR 97301 503-588-6303 <input type="checkbox"/> For profit agency	# 15 Info for Caregivers #16 Access to Caregivers #70-9 Caregiver Training #5 Adult Day Care
Bateman Food and Nutrition/ Compass Group North America 2400 Yorkmount Rd. Charlotte, NC 28217 Daniel Kratz (503) 590-9308 <input checked="" type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Kiawanda Community Center Mealsite Management Contract 34600 Cape Kiwanda Drive P.O. Box1111 Pacific City, OR 97135 Marjorie Stoughton (503) 965-7900 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Senior Townhouse 685 Marion Street NE Salem, OR 97301 Heidi Wold (503) 364-2856 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals
Warrenton Senior Citizens, Inc. 170 SW Third Warrenton, OR 97146 Barb Balemsifer (503) 861-1341 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Capital Baptist Church 3000 Lansing Avenue NE Salem, OR 97303 Pastor John Lipton 503-365-9694 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
West Valley Housing Authority P.O. Box 467 Dallas, OR 97338 Shawn Motter 503-623-8387 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
City of McMinnville 2250 NE McDaniel Lane McMinnville, OR 97128 Jay Pearson 503-434-7359 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
City of Monmouth 151 Main Street W Monmouth, OR 97361 Scott McClure 503-838-0722 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Mt. Angel Community Center 195 Charles St. Mt. Angel, OR 97362 Agnes Diehl 503-845-2492 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Chehalem Park & Recreation District 125 S. Elliot Street Newberg, OR 97132 Jim McMaster 503-538-1490 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Korean Church of Salem 219 19 th Street SE Salem OR, 97301 Pastor David Jeon 503-409-3180 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Church of the Nazarene 917 S. Bridge Street Sheridan, OR 97378 Pastor Monty Wing 503-843-2000 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Silverton Senior Center 115 Westfield Street Silverton, OR 97381 David Ellis 503-873-8269 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
South Salem Seniors, Inc. 6450 Fairway Avenue SE Salem, OR 97306 Gaynelle Henderson 503-589-1748 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
City of Stayton 362 North Third Street Stayton, OR 97383 Don Eubank 503-769-7995 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Presbytery of the Cascades First Presbyterian Church P.O. Box 333 Woodburn, OR 97071 David Morelli 503-981-3470 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Bob Chisholm Community Center City of Seaside 989 Broadway Seaside, OR 97138 Mark Winstanley 503-738-9323 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Nehalem Bay United Methodist Church P.O. Box 156 Nehalem, OR 97131 Larry Kiser 503-368-5612 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Tillamook Senior Citizens Club 316 Stillwell Street Tillamook, OR 97141 Barbara Renteria 503-842-9660 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals
Wikiup Grange #722 42167 Bagley Lane Astoria, OR 97103 Eleanor Armstrong 503-458-5215 <input type="checkbox"/> For profit agency	#4 Home Delivered Meals #7 Congregate Meals

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

SECTION D-1
SERVICE MATRIX

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

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

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 1	Personal Care <input checked="" type="checkbox"/> OAA <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"/> 2	Homemaker <input checked="" type="checkbox"/> OAA <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 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"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 5	Adult Day Care/ Adult Day Health <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 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 type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input checked="" type="checkbox"/> Contracted <input 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"/> 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 checked="" type="checkbox"/> 10	Transportation <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<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"/> 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 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"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input 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 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"/> 16	Assistance in Gaining Access to Caregiver Services <input checked="" type="checkbox"/> OAA	1 Contact	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
<input checked="" type="checkbox"/> 20-1	Administration <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input 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 type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-3	AAA Program Coordination <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI		<input type="checkbox"/> Contracted <input 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
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 checked="" type="checkbox"/> 30-4	Respite <input checked="" type="checkbox"/> OAA <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"/> 30-7	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
Services Which Maintain Health			
<input type="checkbox"/> 40-1	Health/Nutrition Screening <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-2	Exercise/Physical Fitness <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-3	Wellness Education <input checked="" type="checkbox"/> OAA	1 Session per participant	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-4	Mental Health Services <input checked="" 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 checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 40-5	Health Equipment Loans <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Unit/Loan	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

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

<input checked="" type="checkbox"/> 60-5	Interpreting/Translation <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour	<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 Assure Access and Coordination			
<input checked="" type="checkbox"/> 70-2	Counseling <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"/> 70-2a	Individual Counseling for Caregivers <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"/> 70-5	Newsletter <input checked="" 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 checked="" 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 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"/> 70-10	Public Outreach/Education <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Activity	Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input 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"/> 80-4	Financial Assistance/Material Aid <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 80-5	Money Management <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 80-6	Center Renovation/ Acquisition <input type="checkbox"/> OAA	1 Center Acquired or Renovated	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<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 checked="" type="checkbox"/> 90-1	Volunteer Services <input checked="" 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 checked="" type="checkbox"/> cost efficient

SECTION D-2

OREGON PROJECT INDEPENDENCE

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

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

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

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

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

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

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

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

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

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

e. Describe how eligibility will be determined.

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

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

f. Describe how the services will be provided.

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

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

services to begin within five calendar days from receipt of the NWSDS referral.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

An approval letter is sent to all OPI clients confirming the proportion of service cost which

client is to pay and estimated monthly cost. The in-home contractor sends out client billing letters and collects fees in accordance with the requirements of our in-home contract. Fees collected are consolidated into a contractor check and submitted regularly to NWSDS along with a detailed listing of client name and payment amounts. The in-home contractor also submits monthly, to NWSDS, an Aging Report and Summary of monthly client billings. OPI clients receiving HCW services, and paying a portion of OPI service costs, are billed by NWSDS staff who enter fee percentage(s) and service worker code from P87 form into ACCESS client billing system. In addition, an annual \$5 minimum fee will be applied to all individuals receiving OPI services who have adjusted income levels at, or below, the federal poverty level.

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

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

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

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

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

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

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

If a client pays all or part of the bill, whatever is received will be accepted as payment in full for that month. If a client pays nothing toward bill, amount will show as past due on following

month's bill. If there is no response to the second bill, client will be contacted by the case manager to discuss his/her willingness or ability to pay a fee. If the client refuses to pay or feels unable to pay, he/she will be informed that monthly bills will continue to be sent and even partial payment will be appreciated. The client will be assured that services will continue regardless of payment. After that discussion, past-due amounts will not carry forward to subsequent bills.

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

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

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

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

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

NORTHWEST SENIOR & DISABILITY SERVICES

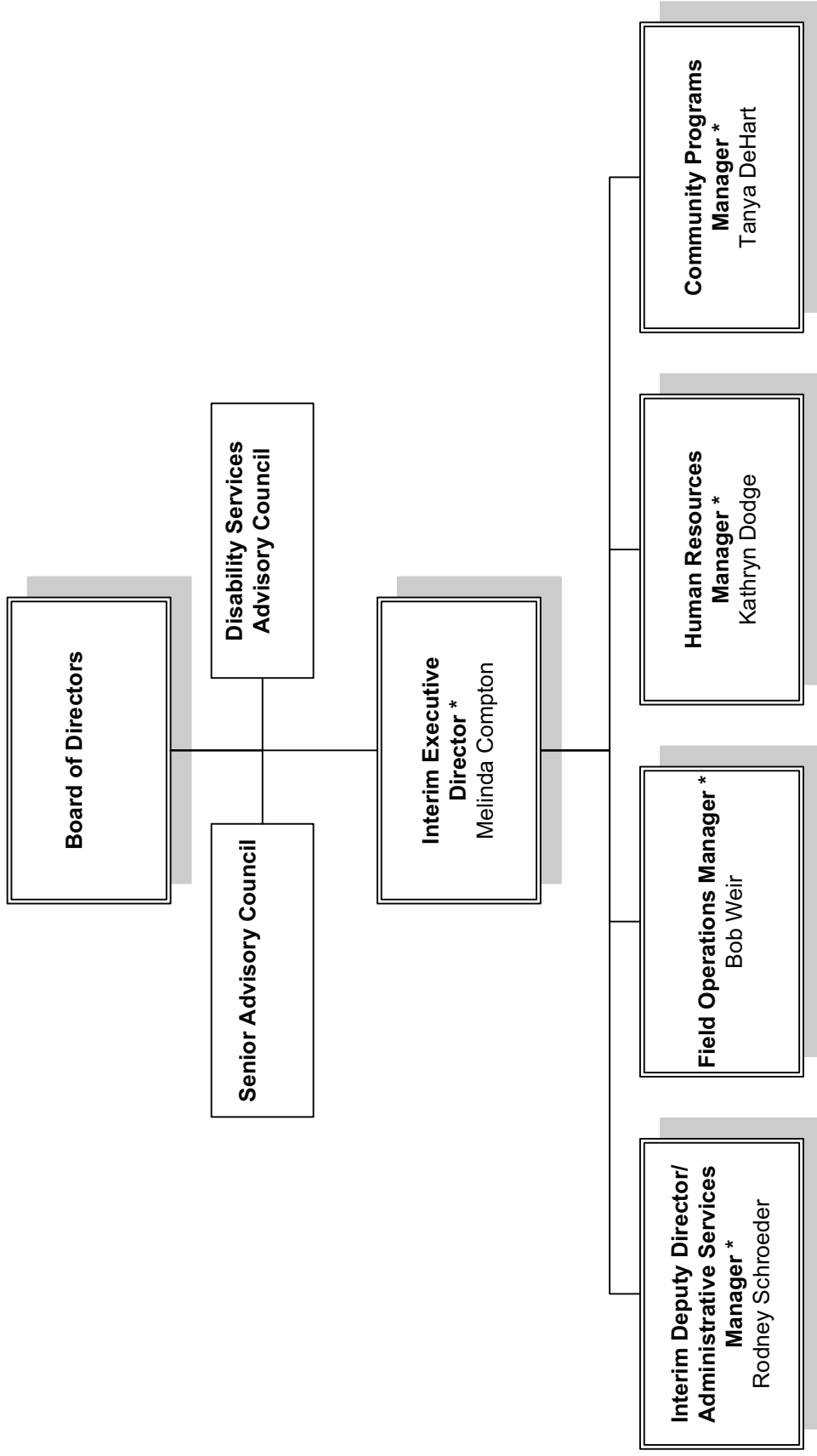
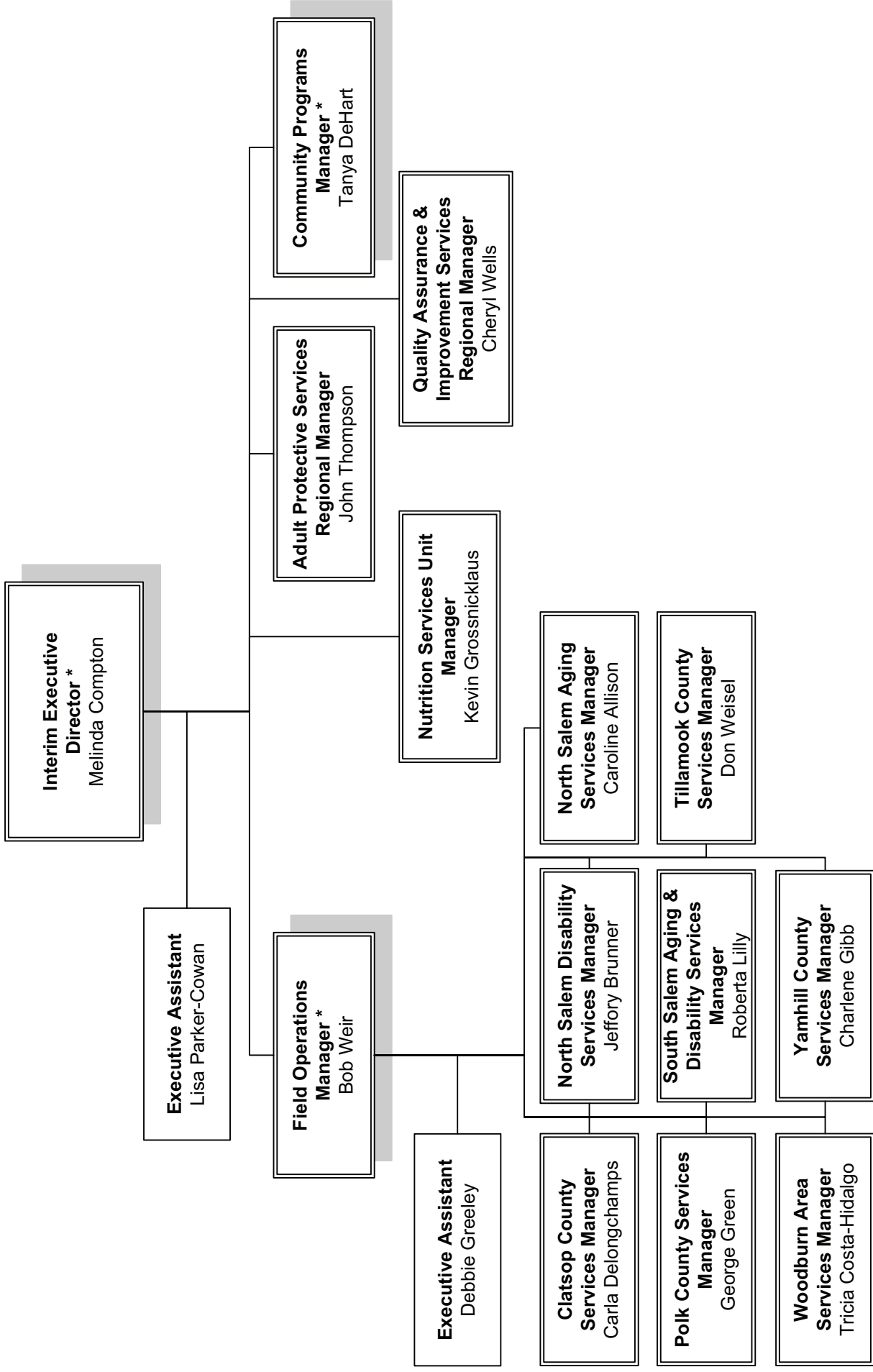


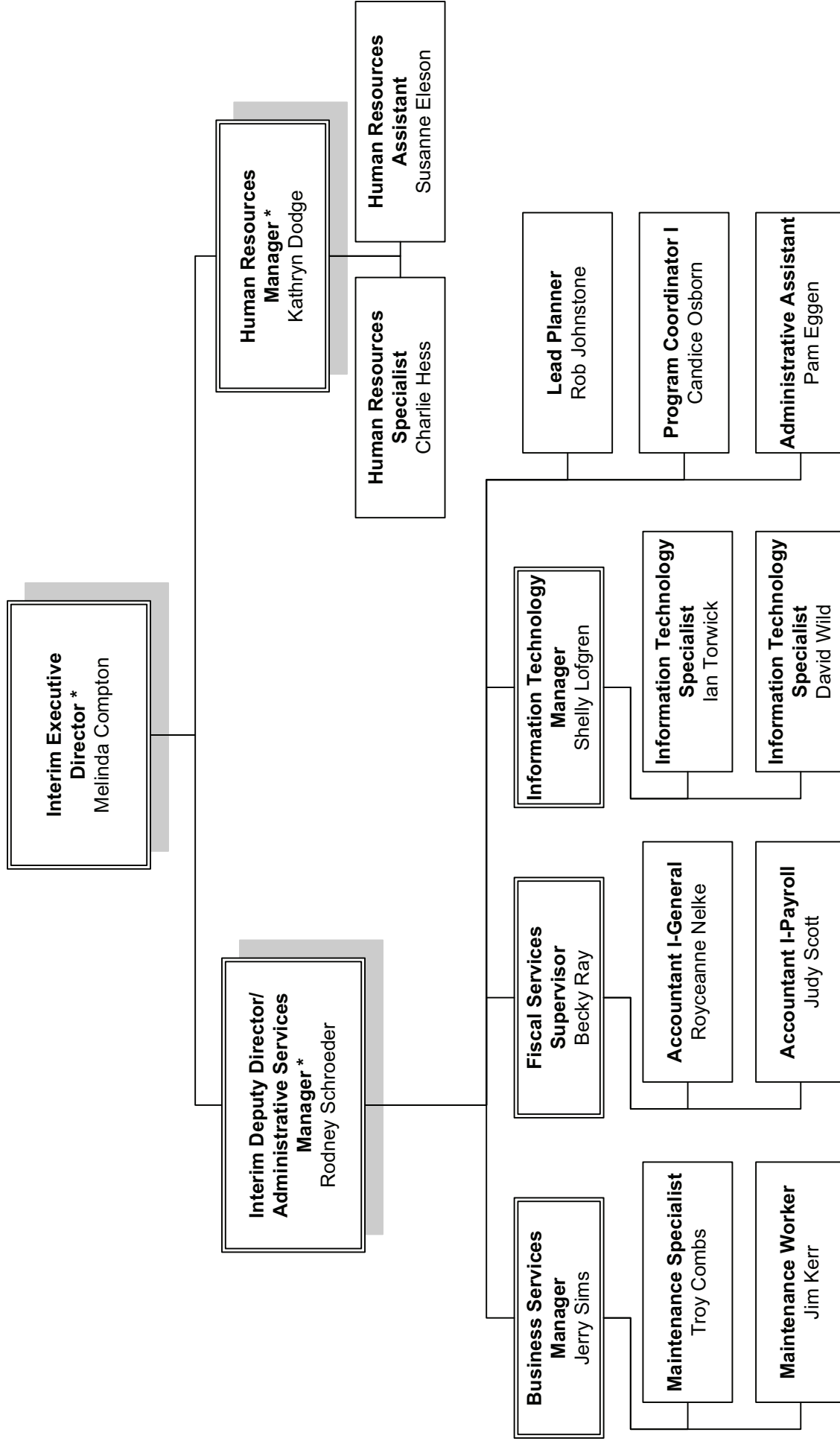
Chart reflects only positions which are filled or being actively recruited by the effective date noted.

* Executive Management Team

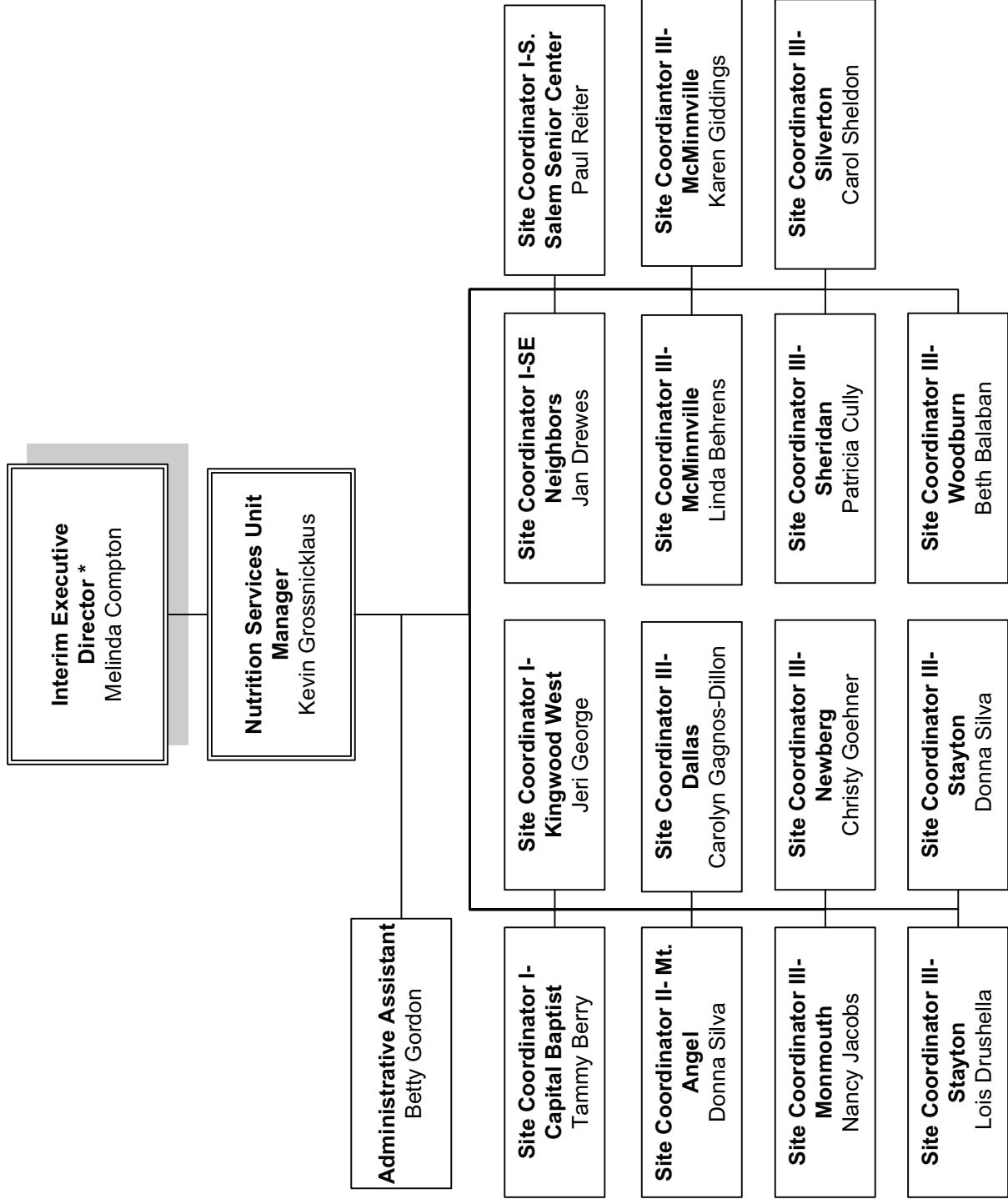
NWSDS SERVICE PROGRAMS



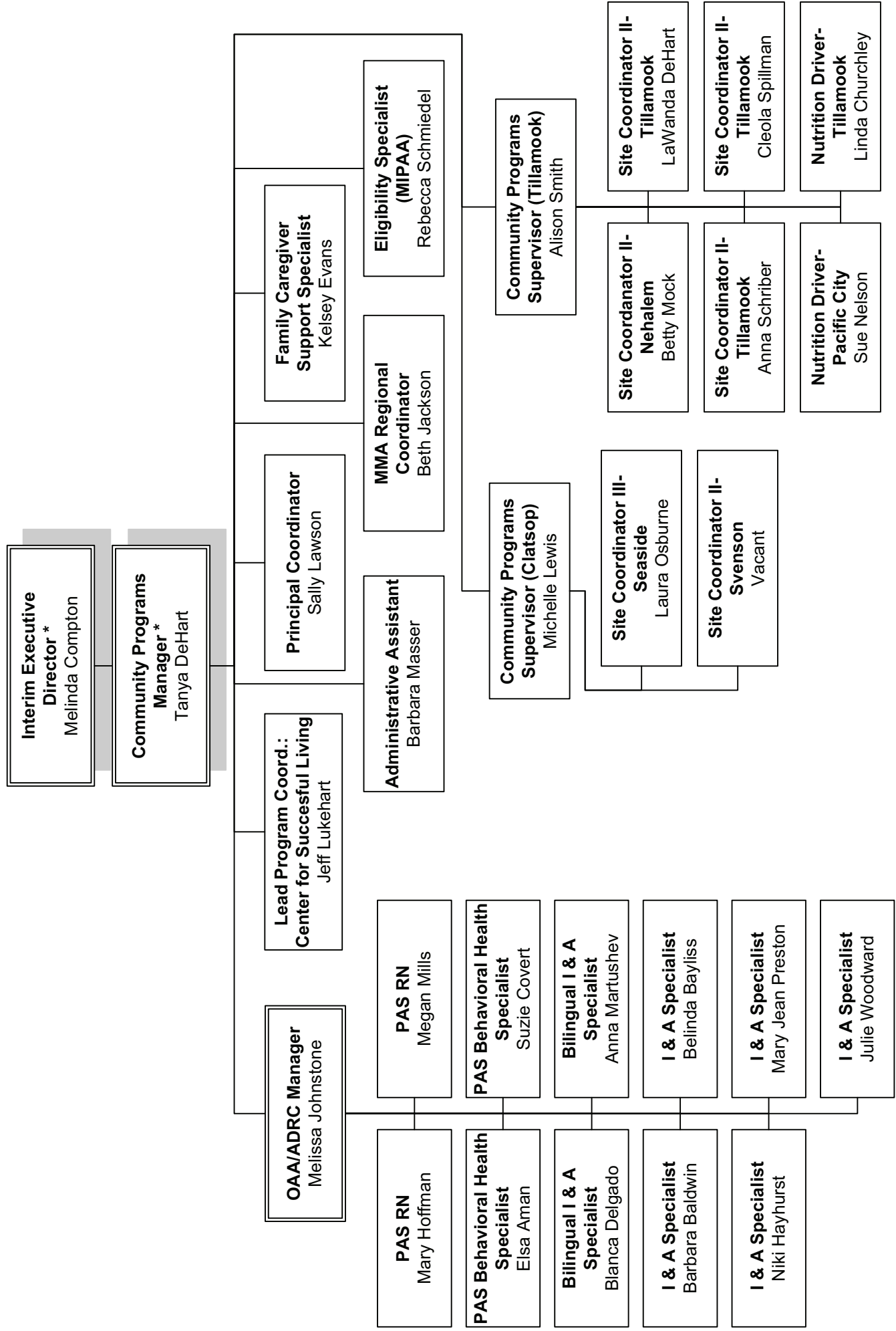
ADMINISTRATIVE SERVICES UNIT HUMAN RESOURCES



NUTRITION SERVICES UNIT

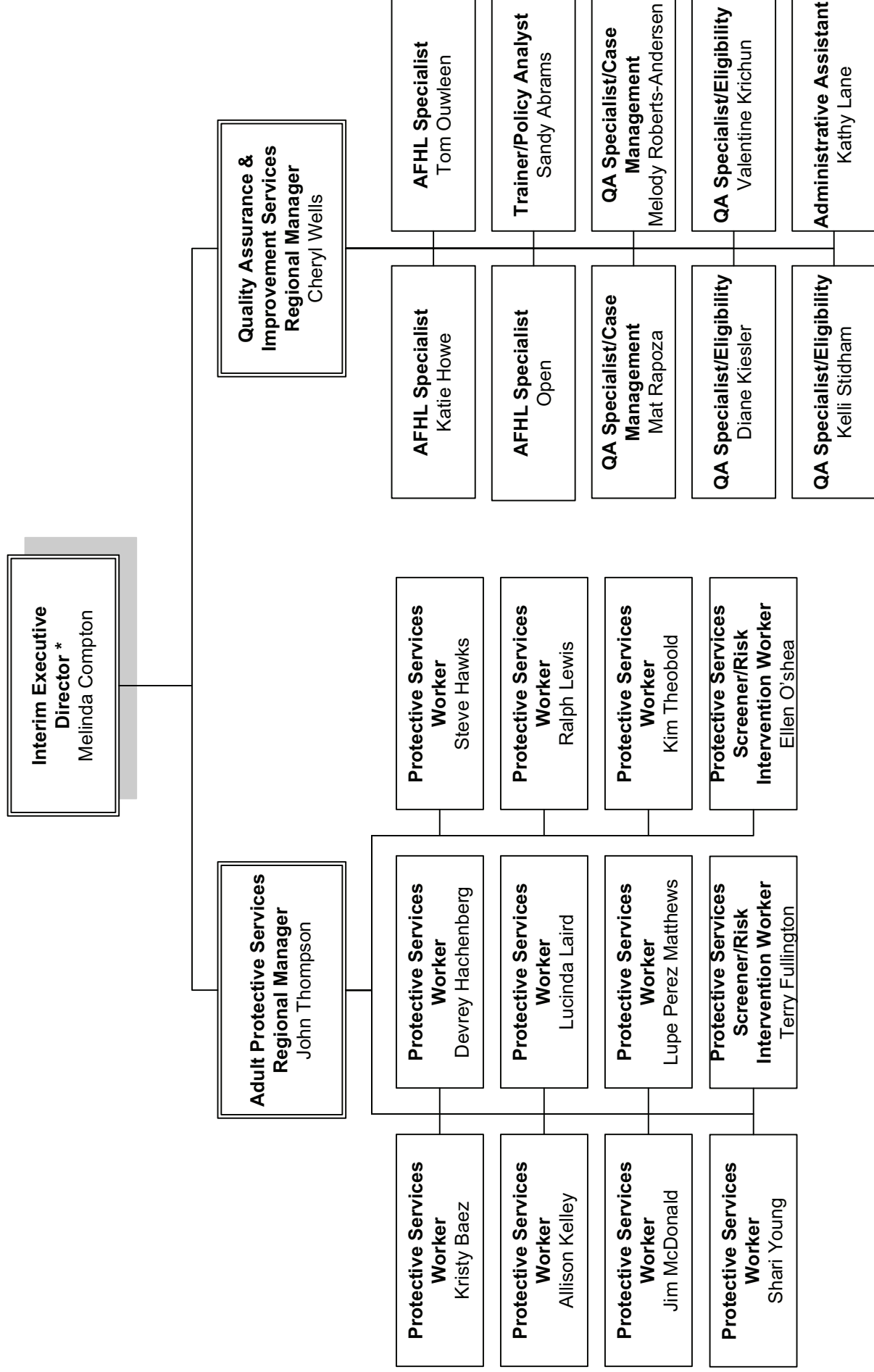


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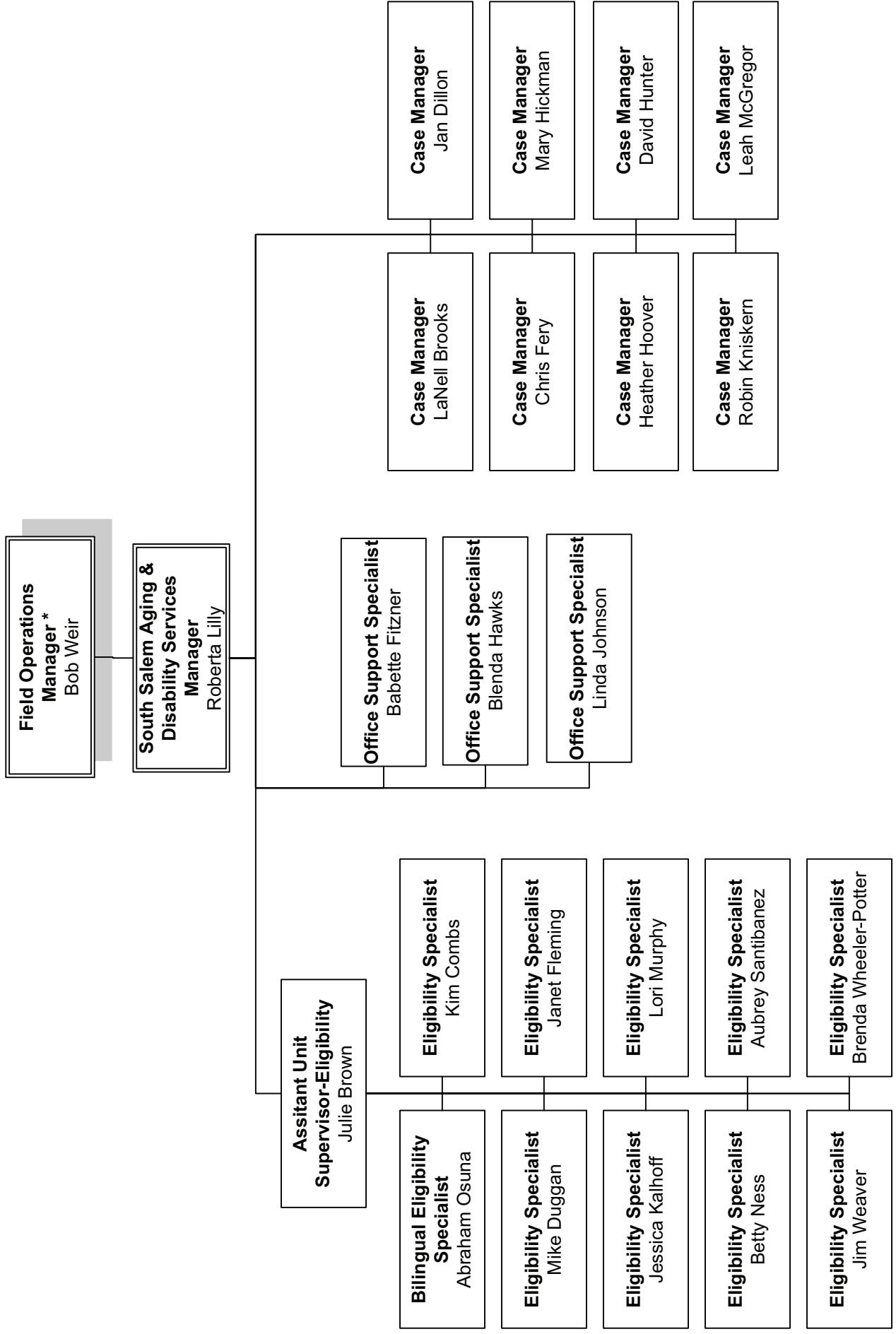


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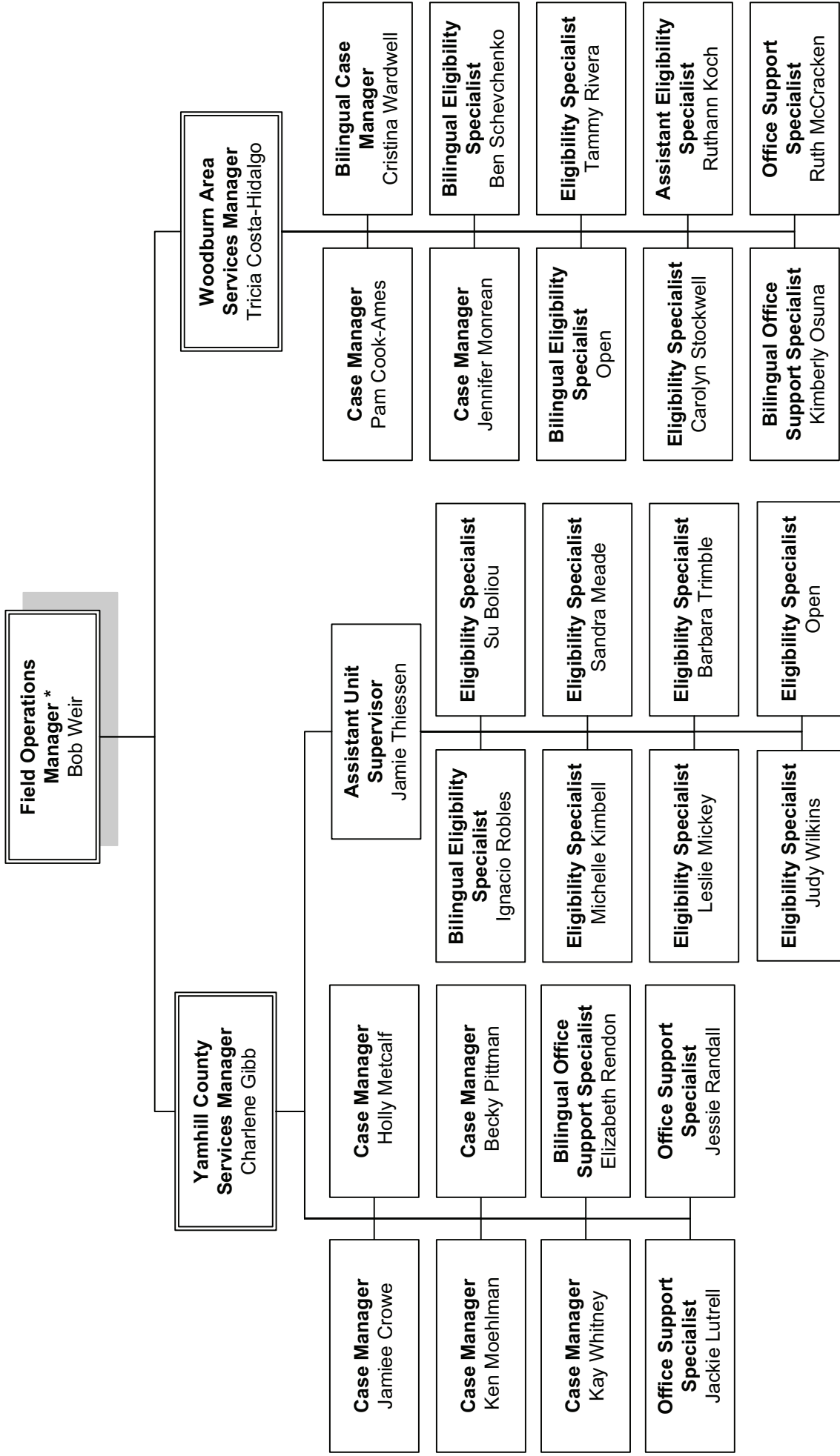
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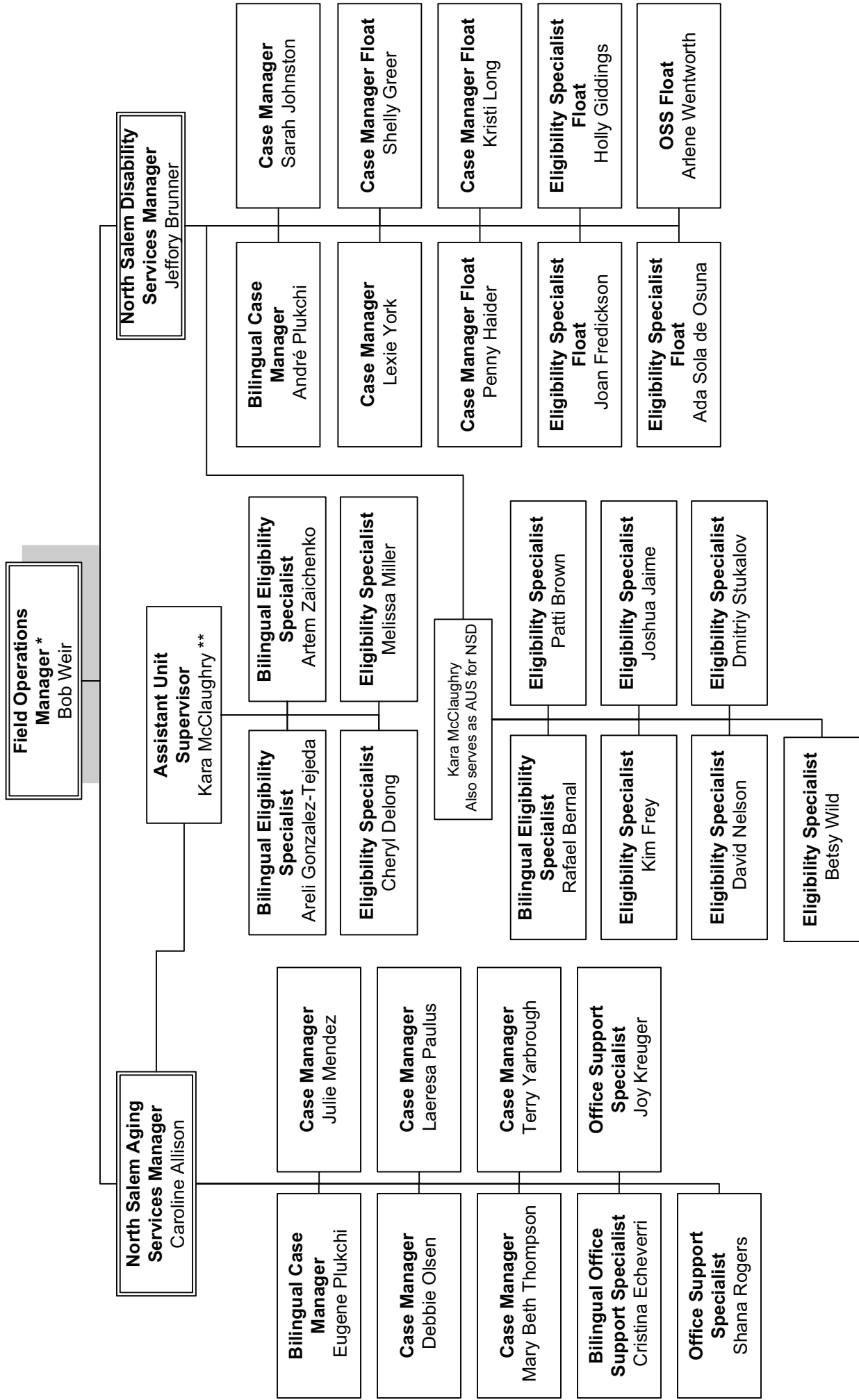
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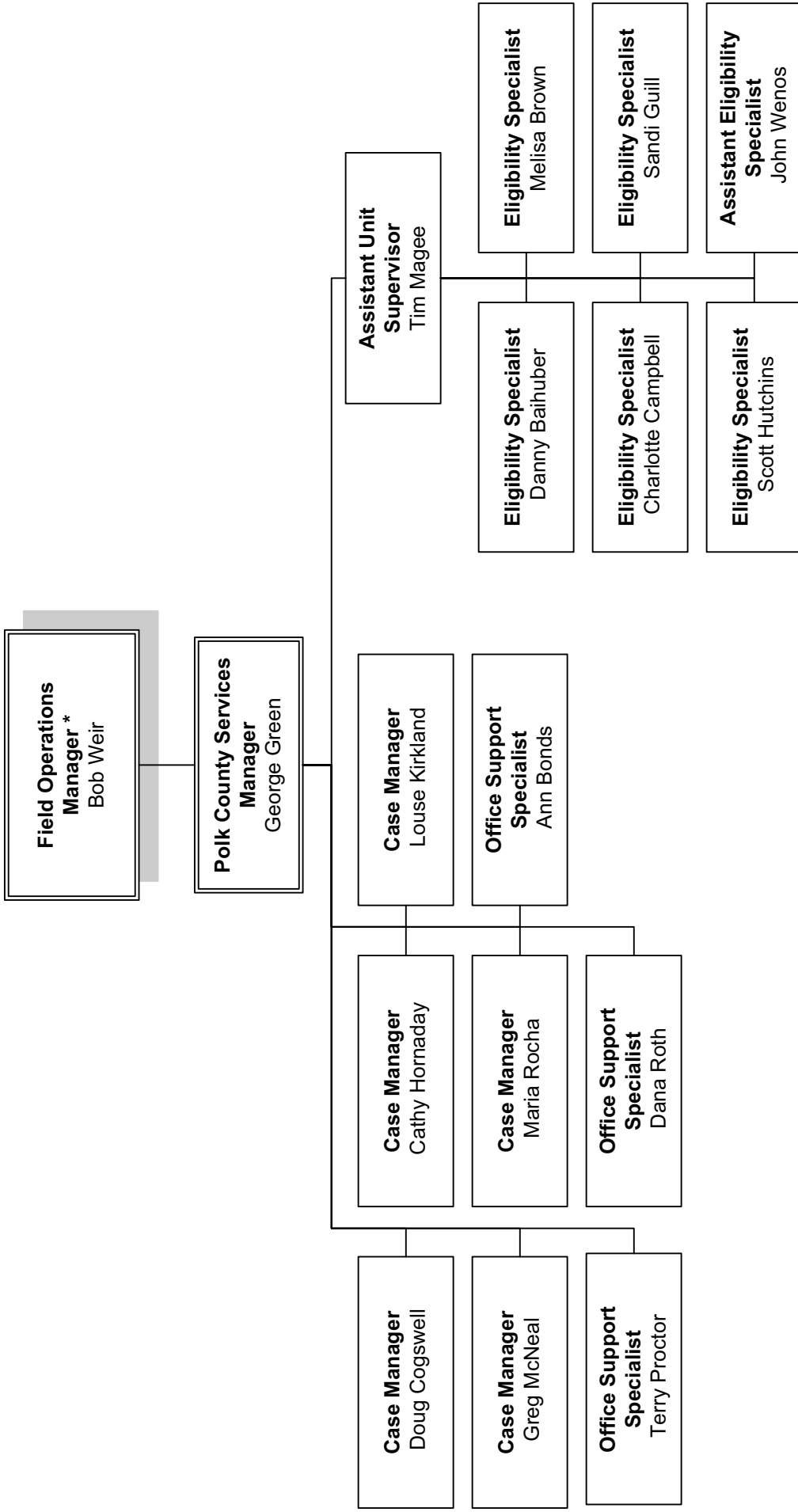
YAMHILL COUNTY SERVICES UNIT WOODBURN AREA SERVICES UNIT



NORTH SALEM AGING SERVICES UNIT NORTH SALEM DISABILITY SERVICES UNIT



POLK COUNTY SERVICES UNIT



CLATSOP COUNTY SERVICES UNIT TILLAMOOK COUNTY SERVICES UNIT

