

Senior and Disability Services of Rogue Valley Council of Governments

HANDBOOK FOR ADVISORY COUNCIL MEMBERS



SENIOR & DISABILITY
SERVICES

A Department of RVCOG



October, 2017

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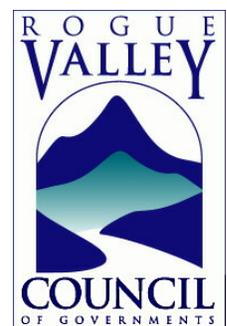
Senior and Disability Services of Rogue Valley Council of Governments

Background Information



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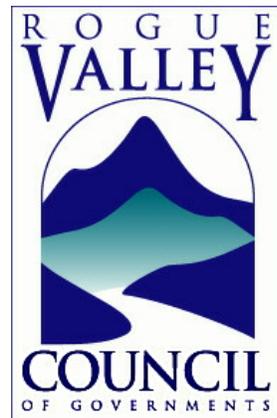
Mission of Senior and Disability Services

*Together, we promote the
dignity, quality of life, and
self-determination of seniors
and people with disabilities*



SENIOR & DISABILITY
SERVICES

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FEDERAL & STATE LONG-TERM SUPPORT SERVICES STRUCTURE

In 1965, Congress enacted the Older Americans Act (OAA) as a response to the challenges of a growing older population and its impact on our country's system of health care, retirement, financing, housing, employment, and social and community services.

The OAA created the structures at the federal, state and local levels to administer and plan the service programs that help our nation's elderly maintain their health and independence in their homes and communities. Federal funds appropriated under Title III of the Act are allocated among the state and territorial units based on the 60 plus population in each state. Each state then makes grants to their **Area Agencies on Aging (AAA)** to administer and support community-based care and services to individuals in long-term care institutions. There are 622 Area Agencies on Aging in the United States and 17 in Oregon.

Today this Network includes the **Administration for Community Living (ACL)** which is a division of the federal Department of Health & Human Services. ACL brings together the **Administration on Aging (AoA)**, the **Office on Disability**, and the **Administration on Intellectual and Developmental Disabilities** while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. The mission of ACL: *All Americans – including people with disabilities and older adults – should be able to live at home with the supports they need, participating in communities that value their contribution.* AoA administers the **Older Americans Act (OAA)** and **Nutritional Services Incentives Program (NSIP)** throughout the US and its territories.

In order to participate in the older Americans' programs, each state must designate an agency as the **State Unit on Aging (SUA)**. In Oregon, **Department of Human Services (DHS) Aging and People with Disabilities (APD)** is the designated SUA (see Oregon Revised Statute Chapter 410). The SUA is responsible for dividing the state into distinct **Planning and Service Areas (PSAs)**. ORS 410 is the State's policy for seniors and people with disabilities and provides a guide for the establishment and implementation of programs for older citizens and citizens with disabilities in this state including Area Agencies, AAA advisory councils, and Type A or Type B AAAs. The policy states that *"the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence."*

Area Agencies on Aging (AAAs) are designated by the SUA for each of the state's PSAs. There can only be one Area Agency on Aging in each PSA. **RVCOG is the designated AAA for Jackson and Josephine counties.**

OAA and NSIP Services are delivered through the AAAs. The OAA was intentionally designed to mandate that AAAs use the flexibility granted by the Act to ensure that local needs and preferences of older adults are taken into consideration and that the resulting local delivery system is tailored to the community. Every AAA is required to have an Advisory Council to advise and review the implementation of programs and services for its community's older citizens. All AAAs offer five core services under the OAA including: nutrition, family caregiver support, health and wellness, supportive services, and elder rights.

The federal **Centers for Medicare and Medicaid Services (CMS)** are established under the **US Department of Health and Human Services**. Through financial partnerships with the states, CMS administers **Medicaid**, a public assistance program for eligible, low-income seniors and adults with disabilities. Each state administers its own Medicaid program, establishes their own eligibility standards, determines the scope and types of services they will cover, and sets the rate of payment.

The **Oregon Health Authority** oversees the **Oregon Health Plan (OHP)**, **Oregon's Medicaid program**. The **Office of Medical Assistance Programs (OMAP)** is responsible for the budget, policies and systems that support the "triple aim" of better health, better care and lower costs for services to all OHP clients. Services are administered locally through **Coordinated Care Organizations (CCOs)** for physical health, mental health and addictions care, and dental health care clients.

The Department of Human Services (DHS) through its Aging and People with Disabilities (APD) delivers Medicaid services to seniors and people with physical disabilities. APD contracts with RVCOG to partner with the **Medicaid Long-Term Care and Financial Assistance programs** which are locally (Jackson and Josephine counties) provided by **District 8 Aging and People with Disabilities (APD)**.

The **US Department of Agriculture Food and Nutrition Service** works with State agencies to deliver its **Supplemental Nutrition Assistance Program (SNAP)**. DHS APD administers SNAP for seniors and adults with disabilities. Services are delivered through APD local offices and AAAs.

The **State of Oregon** funds the **Oregon Project Independence (OPI)** program with State General Funds. APD administers OPI and services are delivered through AAAs. OPI serves Oregonians 60 or older. Some people younger than age 60 with a diagnosis of Alzheimer's disease or other dementia may also be eligible for OPI services. Oregon is studying the potential of expanding OPI to serve adults with physical disability. Beginning in August 2014, the following counties began offering OPI services to adults between the ages of 19-59: Benton, Clatsop, **Jackson, Josephine**, Lane, Linn, Lincoln, Morrow, Multnomah, Polk, Umatilla and Washington.

In addition to the AAA network, Oregon has developed a statewide **Aging and Disability Resource Connection (ADRC)** to increase the visibility of and access to aging and disability resources for Oregonians. Nine ADRC regions involve partnerships between local APD offices, AAAs, Centers for Independent Living (CILs), mental health and veterans' agencies and other local partners. The ADRC serves as the public No Wrong Door (NWD) access for Oregonians seeking information and support for public and privately funded long-term services and care needs.

APD and the SUA coordinate closely with the OHA regarding **older adult mental and behavioral health** and public health efforts impacting older adults. OHA received funding in 2015 to develop a statewide network of older adult behavioral health specialists. These individuals are working closely with AAAs, APD offices, community mental health agencies and others to develop closer coordination and support for older adults dealing with mental health needs.

OLDER AMERICANS ACT

The OAA provides for a wide range of social services and programs for America's seniors and their caregivers. It also provides a forward looking strategy that enhances our ability to modernize our nation's system of long-term care alongside our health care system, giving people greater choice, control and independence as they age, including but not limited to, Aging and Disability Resource Connection (ADRCs), Evidence-Based Disease Prevention, and Veteran's-Directed Home and Community Based Services.

Aging and Disability Resource Connections (ADRCs) are a collaborative effort of AoA and CMS and are designed to streamline access to long-term support services. The ADRC provides communities an opportunity to effectively integrate the full range of long-term support services into a single, coordinated system across programs and service providers.

Evidence-Based Disease Prevention – Evidence-Based Health, Prevention and Wellness Programs provide individuals with the tools to maintain their health, reduce their risk of developing chronic disease and manage their health to live as independently as possible.

Family Caregiver Programs help to ensure caregivers have the assistance and support needed to fulfill their obligations as best as possible with the least amount of adversity. The program offers one-on-one support to family caregivers as well as training and respite care.

Nutrition Services give older Americans the option of receiving balanced and nutritious meals at home or in a congregate setting. The regular visit to home delivery clients provides a safety check. Socialization is a key component of the Nutrition Services program.

Supportive Services target the home and the community. Services include assistance with transportation, in-home care, community-based services such as legal assistance and information & assistance. The intent is to assist the aging individual in maintaining their independence in the community for as long as effectively possible.

Veterans-Directed Home and Community Based Services (VD-HCBS) Program features a partnership between the Veterans Health Administration (VHA) and AoA, formed to enhance home based supports for veterans. VD-HCBS programs offer eligible veterans of all ages a flexible budget to purchase Aging Network service that helps them to live independently at home rather than in institutions.

The OAA (as reauthorized in 2016) reauthorizes these services and strengthens the law. Some of the changes that most directly affect District 8 AAA:

- Providing better protection for vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts;
- Improving ADRC cooperation and coordination and updating the definition of Aging and Disability Resource Center (in Oregon, known as Aging and Disability Resource Connection) to emphasize independent living and home and community-based services;
- Promoting delivery of evidence-based programs, such as falls prevention and chronic disease self-management program; and
- Improving nutrition services.

WHAT IS AN AREA AGENCY ON AGING?

An Area Agency on Aging (AAA) is a public or private non-profit agency, designated by the state, to address the needs and concerns of all older Americans at the local level. AAAs are the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. All AAAs play a key role in planning, developing, coordinating and delivering services. "Area Agency on Aging" is a generic term. Specific names of local Area Agencies on Aging may vary. They may be listed in your local telephone directory in the blue pages for government listings, and are primarily responsible for a geographic area that is either a city, a single county or a multi-county district. Of the 622 Area Agencies on Aging across the country, approximately two thirds are public/governmental agencies and one third are private non-profits.

The Older Americans Act is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults. That is why no two AAAs are exactly alike.

The programs created to help support consumers in their homes and communities are customized to meet their individual needs. There’s nothing one-size-fits-all about AAAs or the services they offer their consumers. AAAs assess community needs and develop and fund programs that respond to those needs. They educate and provide direct assistance to consumers about available community resources for long-term services and supports. They serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services. They demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible.

AAAs leverage federal dollars, building on modest OAA funding to expand the economic support for home and community-based services. The Administration on Aging estimates nationwide that for every \$1 of federal OAA investment, an additional \$3 is leveraged.

RVCOG IS A TYPE B CONTRACT AREA AGENCY ON AGING AND DISABILITIES

In 1981, the Oregon Legislature enacted legislation that allowed publicly-sponsored Area Agencies on Aging the option of providing long-term care (Medicaid, etc.) in their respective areas.

Two models of AAAs exist in Oregon:

1) Type A AAA – A public or private non-profit agency or unit of local government that administers the Older Americans Act (OAA) and Oregon Project Independence (OPI) programs for an area. A Type A AAA does not administer Medicaid, financial services, adult protective services or regulatory programs for the elderly and disabled. A DHS/APD local office within the AAA’s district administers these programs. Oregon has 11 Type A AAAs.

2) Type B AAA – A local government that administers all of the following programs for seniors and people with disabilities within its area: OAA, OPI, Medicaid, financial services, adult protective services, adult foster home licensing and regulatory programs. A Type B AAA may choose to have DHS employees transferred to its employment through an agreement, or it can contract with DHS for the services of state employees to administer the following programs: Medicaid, financial services, adult protective services and regulatory programs. Accordingly, there are **Type B Contract AAAs** and **Type B Transfer AAAs**. Currently there are two Type B Contract AAAs and four Type B Transfer AAAs in Oregon. RVCOG is a Type B Contract AAA.

Types of AAAs in Oregon:

	SERVICES PROVIDED		
	OAA	OPI	Medicaid, etc.
Type A	Yes	Yes	No
Type B Contract	Yes	Yes	The AAA administers Medicaid services. Medicaid, etc. staff are employed by the State.
Type B Transfer	Yes	Yes	The AAA administers Medicaid services. Medicaid, etc. staff are employed by the AAA.

REGION V DEVELOPMENTAL DISABILITY CRISIS DIVERSION SERVICES

In 2013, RVCOG brought Region V Developmental Disability Crisis Diversion Services into the organization. DHS provides funding to DD Crisis Diversion programs in five regions across Oregon. These programs provide technical assistance to the county DD services, particularly in cases where there is a crisis for a client. Region V covers Coos, Curry, Douglas, Josephine, Jackson and Klamath Counties.

In its 2017 session, the Oregon Legislature decided to stop funding these services and RVCOG stopped delivering the service at the end of September, 2017.

ROGUE VALLEY COUNCIL OF GOVERNMENTS (RVCOG)

What is a COG?

A Council of Governments (COG) is a voluntary association of cities, counties, and special purpose districts within a region. COGs serve as **planning, coordination, program development, and service delivery** organizations in regions across the nation. Although Councils of Governments differ in size and range of activities from one region to another, their fundamental shared purpose is to employ collaborative mechanisms to help the public sector operate more efficiently and effectively. In addition, as a matter of organizational design, COGs share a high degree of responsiveness to those with whom they work—because COGs are almost always voluntary associations, whatever they do must be accomplished with the expressed consent and support of their members.

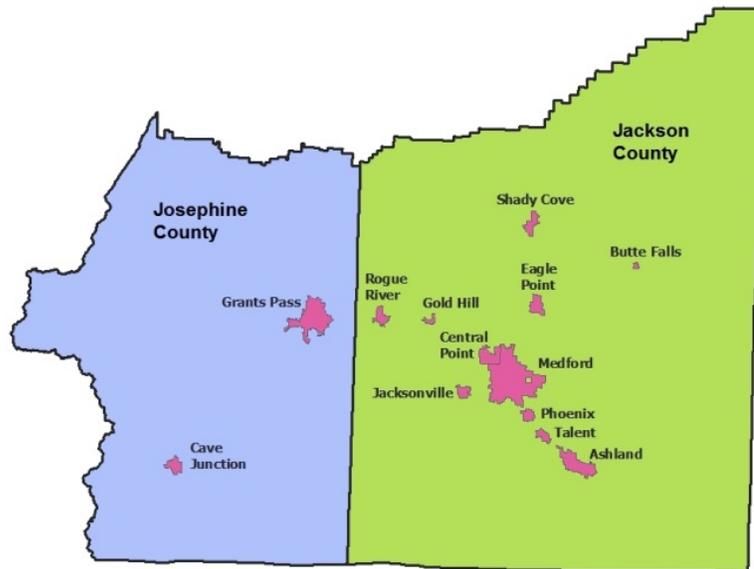
What is RVCOG?

As provided for in Chapter 190 of the Oregon Revised Statutes, the Rogue Valley Council of Governments (RVCOG) was established by the member governments in 1968 to operate in Jackson and Josephine Counties. Currently, RVCOG has 23 members: 15 local governments, as well as 8 other entities (such as special districts and higher education). Inherent in the design of councils of governments, RVCOG is owned and operated by its member entities. Elected and appointed representatives from each of the members serve on RVCOG's Board of Directors, which governs the organization. In addition to the Board, RVCOG's moving parts comprise of an Executive Committee, professional staff, and a variety of permanent and temporary

advisory committees of stakeholders, members of the public, and technical experts.

RVCOG’s Mission: “We shall act as a catalyst to promote quality of life, effective and efficient services, and leadership in regional communication, cooperation, planning, and action in Southern Oregon.”

The COG promotes regional cooperation and provides services and resources which might not otherwise be affordable or available to local governments.



The majority of RVCOG’s funding comes through grants and contracts with federal, state, and local governments, with additional monies coming from donations and membership dues. Unlike its member governments, RVCOG has no legislative, taxing, or enforcement authority.

Providing Services

Although the COG is officially organized along departmental and programmatic lines, services can also be considered a function of how the organization is designed to interact with member jurisdictions, and/or how the project or program’s activities are funded. Along these lines, RVCOG has four major modes of operation:

1. We have the long-term responsibility for implementing certain state and federal programs. For example, we administer the Medicaid program

for the region, are the designated Older Americans Act Area Agency on Aging for Jackson and Josephine counties, the Aging and Disability Resource Connection (ADRC) for Jackson and Josephine counties, and we are the home of the Rogue Valley Metropolitan Planning Organization (RVMPO) and the Middle Rogue Metropolitan Planning Organization (MRMPO).

2. We collaborate with our members to obtain funding and cooperation from state, federal, and non-governmental entities to perform specific tasks. Our involvement can originate as a request from local members or from state or federal agencies. A good example would be our facilitation of the Regional Problem Solving (RPS) process.
3. We directly contract with our member jurisdictions for specific services. Grant administration is a good example of this, as is our ability to provide a staff member as a city's contract land use planner.
4. On a limited basis, we respond directly to requests from the private sector and from individuals.

RVCOG Programs

Rogue Valley Council of Governments provides a wide-ranging variety of services:

- Senior and Disability Services
 - Advocacy and Program Coordination & Development
 - Aging and Disability Resource Connection (ADRC)
 - Disaster Registry
 - Family Caregiver Support
 - Food & Friends
 - Meals on Wheels
 - Congregate Meal Sites
 - In-Home Services
 - Lifelong Housing Certification
 - Living Well Self-Management Programs
 - Options Counseling
 - PEARLs (Program to Encourage Active Rewarding Lives)
 - REACH OUT
 - STAR-C
- Rogue Valley Public Service Academy (RVPSA)

- Planning Services
 - Land Use
 - Natural Resources
 - Riparian Restoration
 - Storm Water Planning
 - Transportation (RVMPO & MRMPO)
 - Water Quality

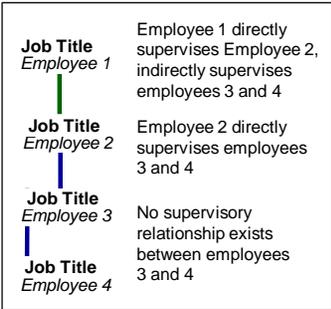
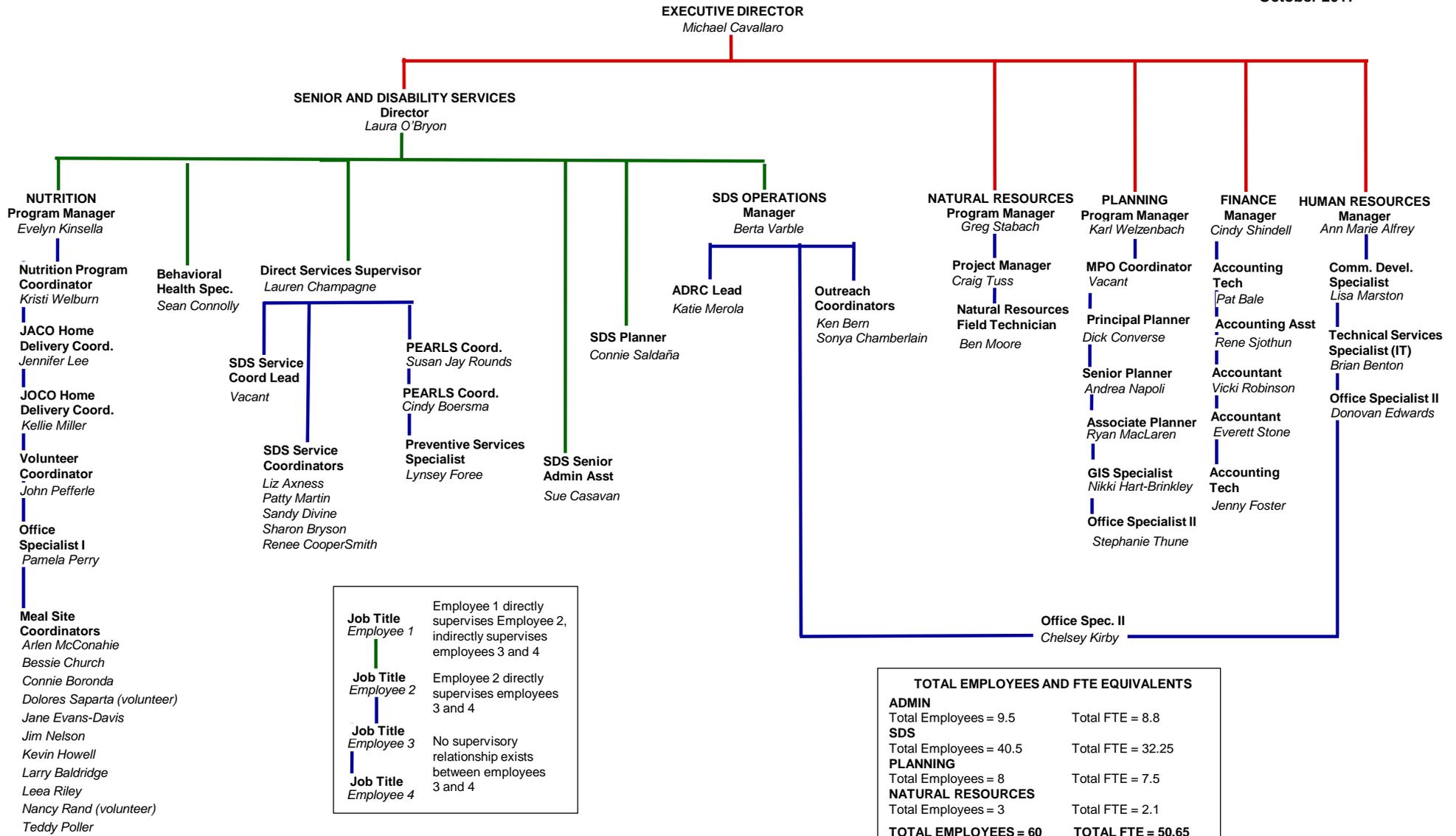
- Member Services
 - Accounting & HR Services
 - Environmental Review Services
 - Grant Writing and Administration
 - IT Support Services
 - Labor Standards Compliance
 - RFP/RFQ Preparation

- Rogue Valley Bike Share

Although RVMCOG's programs have evolved over the years as a response to new needs of members and changing funding sources, it has always maintained its fundamental role as a regional resource for technical expertise and project management, as well as a collective voice for the region when working with the state or federal government.

Rogue Valley Council of Governments

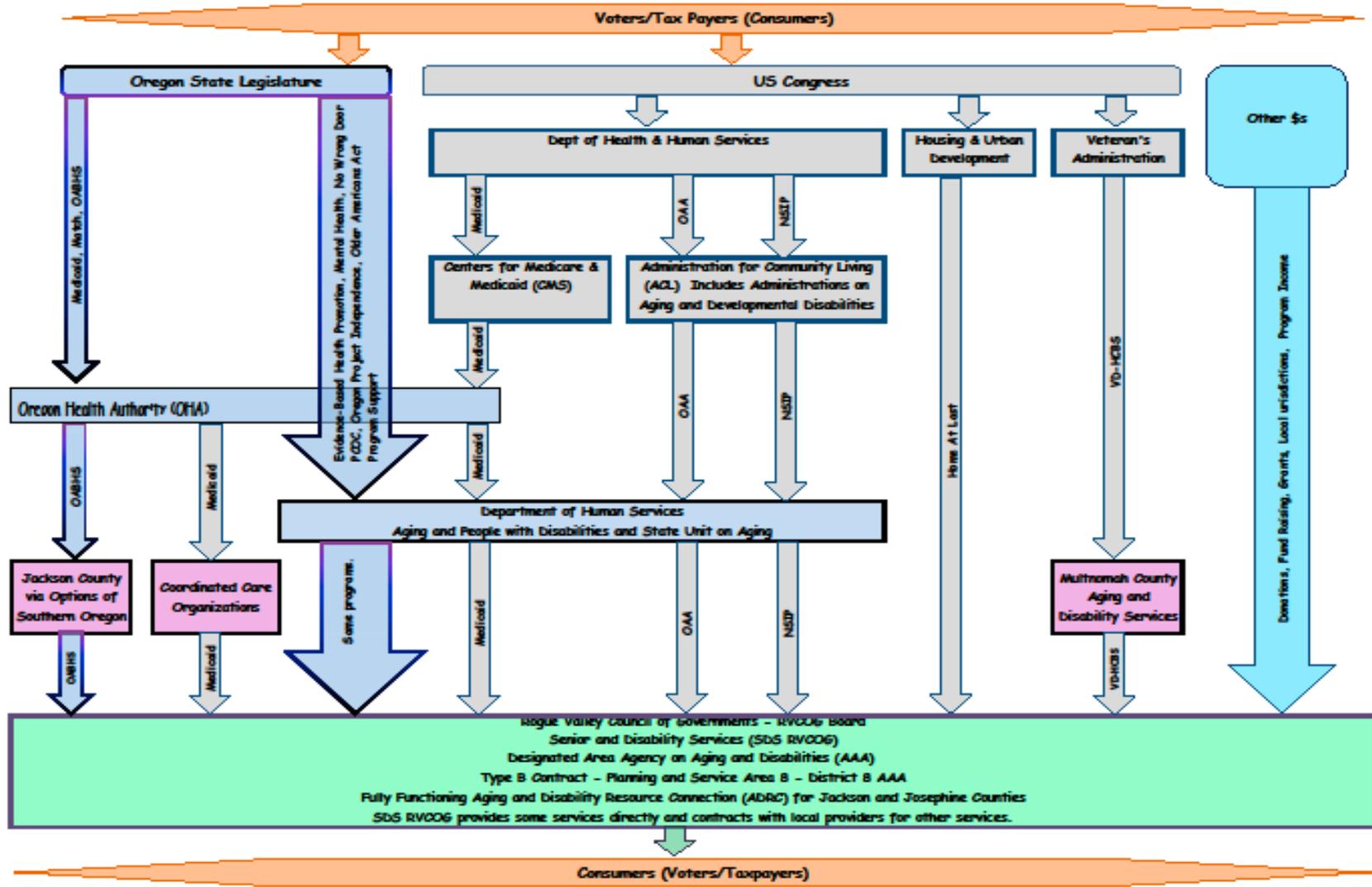
October 2017



TOTAL EMPLOYEES AND FTE EQUIVALENTS	
ADMIN	
Total Employees = 9.5	Total FTE = 8.8
SDS	
Total Employees = 40.5	Total FTE = 32.25
PLANNING	
Total Employees = 8	Total FTE = 7.5
NATURAL RESOURCES	
Total Employees = 3	Total FTE = 2.1
TOTAL EMPLOYEES = 60	TOTAL FTE = 50.65

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RVCOG Funding Flow - October, 2017



NSIP - Nutrition Services Incentives Program
 OABHS - Older Adult Behavioral Health Specialist Initiative

OAA - Older Americans Act
 POC - Person-Centered Options Counseling

VD-HCBS - Veterans Directed Home and Community-Based Services
* As of October 1, 2017

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Senior and Disability Services of Rogue Valley Council of Governments

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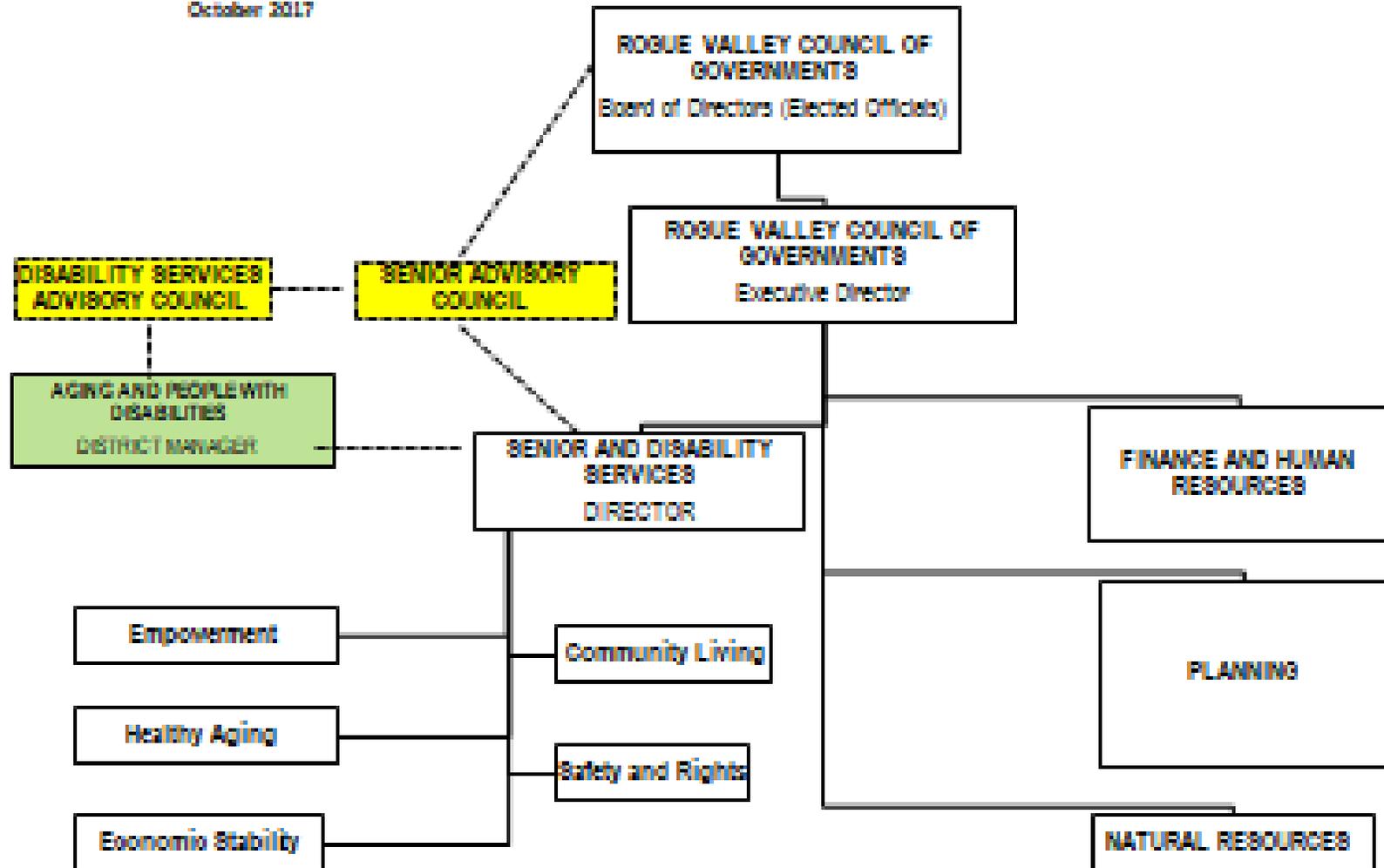


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ROGUE VALLEY COUNCIL OF GOVERNMENTS
October 2017



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Summary: Parallel, but Separately Mandated

The RVCOG Senior Advisory Council and RVCOG Disability Services Advisory Council serve similar purposes, but come from two separate lineages. The two councils have distinct root systems based on history and funding flows. To make matters more complicated, the structures, names, and relationships of the disability and senior advisory councils to the bodies they advise vary from county to county in Oregon.

WHO CREATED THE ADVISORY COUNCILS?

Where does their authority come from?

Note: the federal law, Americans with Disabilities Act, is civil rights legislation and does not provide funding of services for people with disabilities.

The Senior Advisory Councils were created in 1965 by the federal mandate of the Older Americans Act to give community input to Area Agencies on Aging (AAAs). The Older Americans Act provides certain services for people over age 60, through a national network of AAAs.

Congress



Older Americans Act (federal legislation)



Department of Health & Human Services



Administration on Community Living
(previously known as Administration on Aging)



Oregon Department of Human Service (DHS)



Aging and People with Disabilities
(State Unit on Aging)



Rogue Valley Council of Governments



Senior and Disability Services Director



* **Senior Advisory Council**

The Disability Services Advisory Councils were created in 1989 by Oregon State law, to advise Senior and Disabled Services Division, currently called Aging and People with Disabilities (APD), and local Disability (or Multi-) Services Offices. Some of those offices are under AAAs and some are directly under the state APD.

Oregon State Legislature



Senate Bills 875 & 955 (state legislation)



Oregon Department of Human Services (DHS)



Aging and People with Disabilities



Senior and Disability Services Director, Title XIX
Medicaid Long-Term Care Program Manager



Disability Services Offices



* **Disability Services Advisory Council**

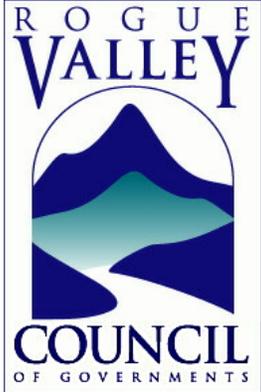
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Senior and Disability Services of Rogue Valley Council of Governments

Disability Services Advisory Council



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DISABILITY SERVICES ADVISORY COUNCIL

HISTORY

The Disability Services Advisory Councils were created in 1989 by the passage of Senate Bill 875, during the 65th Oregon Legislative Assembly. SB 875 mandated that Aging and People with Disabilities would:

- ◆ Take on the management of clients with disabilities over the age of 18 from Adult and Family Service Division [note: AFS is now called Self Sufficiency and Child Welfare];
- ◆ Be renamed "Senior and Disabled Services Division" [note: SDSD is now called Aging and People with Disabilities (APD)];
- ◆ Promote the hiring of qualified, certified individuals with disabilities for positions it manages;
- ◆ Give the local Area Agencies on Aging the option to serve only those clients 65 years old or over; or also to serve clients with disabilities 18-64 years of age.
- ◆ Assume the responsibility for those clients with disabilities that the Area Agencies on Aging opted not to serve;
- ◆ Consult with the Oregon Disabilities Commission on current and long-range planning, programs and services for the disabled;
- ◆ Budget for the disabled service delivery programs; and
- ◆ Create a Disability Services Advisory Council (DSAC) within each service unit.

THE DISABILITY SERVICES ADVISORY COUNCIL PURPOSE PER SENATE BILL 875

To advise the Disability Service Offices of Senior and Disability Services of Rogue Valley Council of Governments (SDS RVCOG) on:

- ◆ Basic policy guidelines for those clients receiving services;
- ◆ Reviewing and evaluating the effectiveness of the services provided by the Division; and
- ◆ Other related topics.

ADDITIONAL POTENTIAL ROLES:

- ◆ Plan and develop community and public relations, thereby establishing communication with community resources;
- ◆ Solicit public input for decision-making purposes.

QUALIFICATIONS FOR MEMBERSHIP

Persons who serve on the councils should demonstrate:

- ◆ A commitment to improve the lives of adult persons with disabilities through appropriate social change;
- ◆ An informed and active interest in their community;
- ◆ A willingness to regularly attend meetings;
- ◆ A willingness to speak out for the constituency the council member represents;
- ◆ A willingness to work toward developing a continuum of care for persons with disabilities; and
- ◆ A sound understanding or a willingness to learn about political process, the local service delivery system, needs of adults with disabilities, geographic and demographic characteristics.

COMPOSITION OF THE COUNCIL

Senate Bill 875 requires that the majority of the members have a disability, and that some of those individuals be clients. Aging and People with Disabilities is defining "clients" as individuals who are current or former recipients of services provided by the Division. Other interested individuals may also serve on the Council. Each Senior and Disability Services office area will establish the advisory council.

GOVERNING RULES

Confidentiality

There may be times that the Disability Services Advisory Council will be dealing with confidential information. It will be the responsibility of the SDS RVCOG

representative to so inform the council members and advise them of what information can be discussed outside of the meeting. Any violation of disclosure of the confidential information by a council member will result in removal of that member from the council.

Liability of Members

All members of the local Disability Services Advisory Council will be protected against liability while acting in their official capacity. Because all members of the local Disability Services Advisory Council are appointed by the Board of the Rogue Valley Council of Governments, all meetings will comply with the public meeting law, the members will be covered under the state's liability plan.

Permission to Represent the Council

Permission to represent the Disability Services Advisory Council outside of a regular or special meeting of the council must be done by a motion at a regular or special meeting of the council. Members may be designated as official liaison persons to facilitate intercommunication with other boards and commissions, agencies, programs, organizations, or committees. Those persons and their liaison responsibilities will be published with official committee assignments; such designated persons will be responsible to provide brief written reports of their liaison activities on at least a quarterly basis. At the time of the quarterly report, a determination of the need for continuing the liaison will be made.

No member of the Disability Services Advisory Council may represent or imply that he/she is a representative of DHS Aging and People with Disabilities.

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(Amended October 24, 2007)

DSAC BYLAWS

Title, Authority, Relationships

This Council shall be known as the Rogue Valley Council of Governments Disability Services Advisory Council (DSAC) for Jackson and Josephine Counties, hereinafter referred to as the Council. The Council is an advisory committee to the Rogue Valley Council of Governments (RVCOG), which is the State-designated Area Agency for Jackson and Josephine Counties. The Council receives its authority from Senate Bill 875, ORS. 410.080. The council functions within the system of the Senior and Disabled Services Division through RVCOG and is subject to the provisions of ORS 92.610 to 92.690 (Public Meeting Laws).

Purpose

The purpose of the Council is to: 1) advise its Disability Services Office(s) on basic policy guidelines for those clients receiving services; 2) review and evaluate the effectiveness of the services provided by the Division through the RVCOG; 3) advocate for appropriate services; 4) address other related topics, such as accessibility and transportation issues. Senate Bill 875 [ORS Sec. 2(4)].

Responsibilities and Methods

1. To review current and new policy as it is developed. Policy shall be provided by the state and local offices. The Council will advise how policy could be improved and identify gaps in services.
2. To evaluate the effectiveness of the services being delivered to persons with disabilities.
3. To educate the public on SDSA responsibilities and functions.
4. To advise SDSA on developing good public relations at the local, county, state and national levels.
5. To advocate on behalf of individual with disabilities, as defined under Public

Law 101, including their rights under the Americans with Disabilities Act (ADA) or Public Law.

6. To review applications and make recommendations to RVCOG Board of Directors on the selection of Council members and alternates when a vacancy occurs.
7. When a vacancy occurs assist the Executive Director of RVCOG in the selection of Senior and Disability Services Director and advise RVCOG in the selection of Senior and Disabled services administrative staff.

Meetings

1. The Council shall meet at least quarterly. The attendance must include the Chairperson or Vice Chairperson or their designee.
2. Special meetings can be scheduled as needed. Members and alternates are to be given reasonable notice in advance, and the council is required to comply with the Public Meeting Laws [ORS 192.610 to 192.690] and the Americans with Disabilities Act (ADA).
3. The meetings of the Council shall be conducted under Roberts Rules of Order (Newly Revised) except where they conflict with or contradict these by-laws.
4. Meeting accommodations shall be accessible as defined under the ADA.

Record Keeping

Written and audio minutes are required.

Membership, Term of Office

1. There shall be eleven Council members, at least six of whom shall be persons with disabilities. There shall be a minimum of four members from each county, plus alternates.
2. There shall be three alternate members, from each county served. Alternate members may participate as Council members but they may not vote except in the absence of members from their respective counties.

Alternate members shall be counted for purposes of establishing a quorum. An alternate member may fill a vacant position from her/his county, without repeating the application process, with a vote of the membership. Alternates shall be ranked by county in order of date of appointment to the council.

3. If a conflict of interest exists because a Council or alternate member is associated with another agency, group or organization, which may be affected by a decision being made by the Council, he/she will withhold voting and declare said conflict of interest.
4. Vacancies will be filled as follows: The Chairperson will appoint a Nominations Committee. The Committee will select applicants to be recommended for appointment and submit their applications to the Council for review and recommendation the RVCOG Board for approval.
5. New Council and alternate members shall be appointed for a three-year term. If a vacancy occurs the successor Council member or alternate appointed shall serve the remainder of that term. Council and alternate members are eligible for appointment to a maximum of three consecutive terms. After three consecutive terms, Council and alternate members shall not serve on the Council for at least one year, before being eligible for reappointment, except when adequate representation on the Council for the county he/she represents is not present. During this one-year hiatus period, this member may continue to serve as a temporary alternate, if voted in by the Council and approved by the RVCOG Board. This temporary alternate term will be for up to one year and will cease when the Council is fully represented.
6. If a full Council with alternates is in place during the one year period, this member shall remain off the board during the remaining part of the one year period before he/she is eligible to apply for DSAC membership again. If full Council is still not present at the end of the one year period, the member is eligible to apply for normal membership again.

Absenteeism

If a Council or alternate member will not be able to attend a Council meeting, he/she should notify the Chairperson or staff support as soon as possible before

the meeting. Three consecutive absences without notice will be considered a resignation.

Leave of Absence

A member may request a leave of absence for up to 6 months. If the member does not begin attending meetings after his/her requested period of absence, the remaining members may vote to remove the member from membership. While on leave of absence, the member is not counted for quorum purposes

Officers

Officers are the Chairperson and Vice Chairperson. The Chairperson and Vice Chairperson will be elected every July.

Duties of Officers

Chairperson:

To: Chair all meetings; arrange a meeting place; collaborate with support staff ; develop Council agendas; appoint *ad hoc* committee chairs; assign Council and alternate members to committees; appoint a Council or alternate member as the Disability Services liaison to the Senior Advisory Council; represent the Council before the RVCOG and other organizational bodies.

Vice Chairperson:

To: Carry out the duties of the Chairperson in his or her absence; designate an alternate if unable to attend a meeting when covering for the Chairperson; other duties as assigned by the Chairperson.

Policy and Procedures

A policy manual of guideline to assist the DSAC in Council functions shall be maintained, reviewed and amended from time to time at regular meetings.

Amendments to By-Laws

By-laws may be amended by the following procedure:

1. Any proposed amendment shall be submitted, in written or taped format, to the Chairperson so it can be included on the agenda of the next meeting.

2. Any proposed amendment and the rationale for the changes shall be distributed to each Council and alternate member with the agenda at least one week prior to the meeting. The Council is required to comply with the Public Meeting Laws [ORS 192.610 to 192.690] and the Americans with Disabilities Act (ADA).
3. The Council will review and take action on the proposed amendment.
4. Any recommended amendment will be submitted to the RVCOG Executive Director for inclusion in the next Board meeting packet. The Board of Directors will review and make a decision on whether or not to approve the change.

Adopted: Disability Services Advisory Council

Amended: June 19, 1995

Amended: February 9, 1998

Amended: July 19, 1999

Amended: December 20, 1999

Amended: February 28, 2000

Amended: June 19, 2000

Amended: October 24, 2007

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POLICIES AND PROCEDURES MANUAL
For
DISABILITIES SERVICES ADVISORY COUNCIL
Jackson and Josephine Counties

Responsibilities and Methods

1. Suggestions will be written and forwarded to the Director of Senior and Disability Services of RVCOG, who will work with the Senior and Disabled Services Division and the Oregon Disabilities Commission's Services Committee.
2. Council and alternate members are encouraged to meet with clients and discuss with them their perceptions of how their needs are being met or not being met.
3. The Council will hold at least one public hearing a year. Hearing to be held by June of each year.

Nomination and Election of New Members:

1. Applicants for membership obtain an application and copy of the by-laws from staff or DSAC member, completes the application and returns the application to staff for distribution to full DSAC. At the next meeting, members review the application and have the chance to ask questions of the applicants. Voting on the application takes place at the following meeting. Applicants must attend at least two meetings to be voted upon.

Meetings:

1. Information dissemination prior to meetings shall be in a timely manner and in accessible format, as defined under ADA, to provide all Council and alternate members adequate preparation for meetings.
2. A report of all Council meetings will be prepared by SDS staff and provided for the Executive Director of RVCOG.
3. Council or alternate members in good standing shall have the right to vote by proxy.
Council or alternate members may send their proxy vote on issues on the current agenda in written or taped format prior to the meeting.

Quorum and Voting

1. A quorum shall consist of three members or alternates, as long as both counties are represented.
2. Motions shall be carried with a majority of those Council or alternate members voting.
3. The Chairperson, Vice Chairperson or designee may vote on any issue.
4. Council or alternate members may vote by proxy.
5. Upon demand of any Council or voting alternate member the vote shall be made by ballot.

Record Keeping

Minutes will reflect the concerns of those present, all motions, proposals, resolutions, the result of all votes and the substance of any discussion matter.

Members' Responsibilities

1. Council and alternate members shall not speak for the Council without prior approval of the Council.
2. In preparation for meetings Council and alternate members shall inform the Chairperson of items for the agenda in a timely manner.
3. Council and alternate members shall serve on committees according to their talents and available time.
4. A liaison from the DSAC shall be appointed by the Council to serve on the Senior Advisory Council.

Joint Disability and Senior Advisory Council Activities

DSAC Officers will periodically meet with Senior Advisory Council Executive Committee members in order to assure synergy within SDS RVCOG programs. Council or alternate members may be appointed to serve on joint sub-committees which affect both the disabled and senior populations.

DSAC CONTACT INFO (10/23/2017)

NAME	PHONE NUMBER/EMAIL	ADDRESS
Denyce Gavin	535-4955 degowls33@gmail.com	306 Cheryl Lane #35 Phoenix, OR 97535
George Adams	441-5394 spaceneedle42@hotmail.com	2646 Merriman Rd #104 Medford, OR 97501
John Curtis	840-7863 legalep@centurylink.net	14370 Hwy 62 Eagle Point, OR 97524
Kerrie Walters	660-5539 kerriewalt@yahoo.com	3775 Redwood Hwy Grants Pass, OR 97527
Patricia Alvarez	479-4275 bureau97504@yahoo.com	6901 Old Stage Rd #8 Central Point, OR 97502
Roquel Wilson	326-0866 Joannawilson19@gmail.com	2281 Table Rock Rd #88 Medford, OR 97501
STAFF		
Laura O'Bryon	423-1394 lobryon@rvcoq.org	PO Box 3275 Central Point, OR 97502
Kathie Young	776-6231 kathie.a.young@state.or.us	2860 State St Medford, OR 97504
Sharen Yeager	776-6232 sharen.yeager@state.or.us	2860 State St Medford, OR 97504
Julie Ormand	734-7508 julie.ormand@state.or.us	28 W 6 th St, Ste D Medford, OR 97501
Karen Kahl	471-3844 karen.k.kahl@state.or.us	2101 NW Hawthorne Ave, Ste A Grants Pass, OR 97526

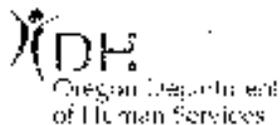
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DSAC MEMBERS (7/5/2017)

NAME	JA CO	JO CO	DIS ABI LIT Y	SR	DATE APPOINTED 1 ST TERM	DATE TERM ENDS	DATE APPOINTED 2 ND TERM	DATE TERM ENDS	DATE APPOINTED 3 RD TERM	DATE TERM ENDS
ADAMS, GEORGE	X		X		APR '11	JUN 30 '14	JUL '14	JUN 30, 17	JUL '17	JUN 30, '20
ALVAREZ, PATRICIA		X	X		MAR '09	JUN 30 '12	JUL '12	JUN 30, 15	JUL '15	JUN '18
CURTIS, JOHN	X		X		DEC '15	JUN 30 '18				
GAVIN, DENYCE	X		X	X	AUG '12	JUN 30 '15	JUL '15	JUN 30, 18		
SAMUELSON, RANDY					OCT '05	JUN 30 '08	JUL '08	JUN 30, 11	JUL '11	JUN 30, 14
SAMUELSON, RANDY (TEMP ALTERNATE)		X			AUG '14	JUN 30 '15	JUL '15	JUN 30, 16	JUL 1, 16	JUN 30, 19
WALTERS, KERRIE		X	X		FEB '15	JUN 30 '18				
TOTAL MEMBERS	3	3	5	1						
VACANCIES			0	0						
ALTERNATES	(0)	(0)	(0)	(0)						

Note: New members are appointed for a 3-yr term. If the person is appointed during the middle of the year, that year, regardless of the duration will be counted as the first year. 11 mbrs total, 6 w/ disabilities, 4 min. each county, 3 alternates from each county

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SHARED SERVICES
Financial Services



Travel and Expense Claim

Mail to:
OHS OHA Financial Services Accounts
Payable - Travel
500 Summer Street NE
Salem, Oregon 97301

Managerial
 Employee
 Volunteer
 Endoran Mission

Agency: OR DHS
 Index (cost center): _____
 If known - PCA: _____
 Client case no./PI: _____

For the month of _____
 Official duty station: _____
 What is your work schedule? (example: 8:00-5:00)
 Work schedule: _____

Employee ID number:				See instruction tab.				Did you receive a travel advance?				
Print first name:		Print last name:		Your complete mailing address:				If yes, how much Advance no. TA				
Work phone number (area code and ext):												
Date and destination:												
Complete date	Travel begins	Travel ends	Destination/location/why	Mileage	Mileage Rate: 0.19 Tier 2	Breaks	Lunch	Dinner or per diem	Daily local meals	Receipt required	Misc. Amount (parking, phone, etc)	Reasons (if applicable)
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
					\$0.00				\$0.00			
Subtotal:				0	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total requested:
Totals from attached logs:				0	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Grand total:				0	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

(Check one): I received I did not
 I did not will not accept these awards as a result of this state trip.
 Initial _____ Initial _____

Claimant signature: _____ Date signed: _____

Claimant's signature certifies that all reimbursements claimed are duly required expenses and that no part has been heretofore claimed or will be claimed from another source.

Approved signature: _____ Date: _____ Print approver name: _____ Phone number: _____

Approval signature certifies that the expenses are for approved business travel and the amounts are correctly calculated.

For Financial Services use only			

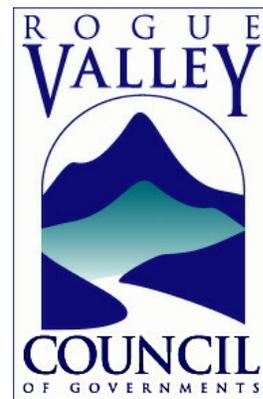
Senior and Disability Services of Rogue Valley Council of Governments

Senior Advisory Council



SENIOR & DISABILITY
SERVICES

A Department of RVCOG



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RVCOG SENIOR ADVISORY COUNCIL MANDATE

The Senior Advisory Council is mandated under the Older Americans Act to advise the "Area Agency on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan." The role of the Senior Advisory Council is to assist aging people in maintaining themselves with dignity and having reasonable access to all resources that might benefit their lives. The Senior Advisory Council initially develops recommendations concerning the program at committee level and then as a full body. These recommendations are acted upon by the Senior and Disability Services Director and/or the Rogue Valley Council of Governments Board of Directors.

SENIOR ADVISORY COUNCIL MEMBERSHIP

The Senior Advisory Council is made up of a minimum of preferably fifteen to twenty-one volunteer members. The ratio of Jackson County to Josephine County membership shall be based on each county's proportion of area total population. Individuals living in the Rogue River / Wimer area have the option of being appointed to represent either Jackson or Josephine County. Members are selected based on knowledge of the needs of aging individuals and additional criteria meeting specific population segment requirements, such as over age sixty, low income, geographic area, non-senior adult disabled, people of color, rural and urban, and other similar segments. Federal law requires that the majority of Advisory Council members be over sixty years of age.

SENIOR ADVISORY COUNCIL RESPONSIBILITIES

The responsibilities of the Senior Advisory Council include advising on:

- ◆ policy development
- ◆ program planning
- ◆ budgeting and allocation of funds
- ◆ implementation and evaluation of the Area Plan (a detailed description of the program and the RVCOG contract with the state)
- ◆ public relations
- ◆ public information
- ◆ advocacy for seniors

- ◆ recommending Advisory Council member selection
- ◆ reporting and making program and policy recommendations to the RVCOG Board.

In the program decision-making process, the Advisory Council acts in an advisory capacity to the RVCOG Board, making informed recommendations which are considered for approval or disapproval by the Board.

YES	NO	SENIOR ADVISORY COUNCIL ROLES AND RESPONSIBILITIES
	√	Have statutory and fiduciary responsibility for the organization.
	√	Have final decision-making authority for the organization, i.e., program plans, policies and functions, and budgeting and distribution of funds.
	√	Hire, supervise, discipline and terminate Senior and Disabled Services Director
	√	Audit the affairs of the organization to see that it is properly managed.
	√	Have responsibility for appointment and termination of Advisory Council members.
	√	Have or need directors' liability insurance.
√		Are subject to Public Meetings Law - <i>The scope of the Public Meeting Law extends even To... private citizens, employees and others without any decision-making authority, when they serve on a group that is authorized to furnish advice to a public body,</i> " Attorney General's Public Records and Meetings Manual, November, 2014.

√		<p>Advise and assist the RVCOG on all matters relating to the development and administration of the Area Plan as It relates to older persons (age 60 or older} including:</p> <ul style="list-style-type: none"> • program planning; • formation of basic program policies; • program decisions which affect the functioning of the RVCOG Senior Services program. • coordination of existing social services; • budgeting and distribution of monies; • pooling of untapped resources within Jackson and Josephine counties; • implementation and evaluation of the Area Plan; • dissemination of information for the education of the public on Senior Services activities; • development of good public relations at the local, state and national levels; and • advocating on behalf of older persons.
√		<p>Provide minutes of all Advisory Council meetings to the Executive Director of the RVCOG.</p>
√		<p>Interview candidates and make recommendation to the RVCOG on the selection of the members of the Advisory Council when a vacancy occurs.</p>
√		<p>Assist the RVCOG Executive Director in the selection of a Senior and Disability Services Director when a vacancy occurs.</p>

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**ROGUE VALLEY COUNCIL OF GOVERNMENTS (RVCOG)
SENIOR ADVISORY COUNCIL (SAC)
VOLUNTEER POSITION DESCRIPTION**

Title: Senior Advisory Council Member

Summary: Serves on the Senior Advisory Council, which is mandated under the Older Americans Act (OAA) to advise the RVCOG Senior and Disability Services -- the local Area Agency on Aging (AAA) -- on matters related to the development and administration of the Area Plan for Jackson and Josephine Counties. The purpose of the Senior Advisory Council is to assist elderly persons in maintaining themselves with dignity and having reasonable access to all resources that might benefit their lives.

Members are selected based on knowledge of the needs of the elderly and additional criteria meeting specific population segments, such as over age sixty, low income, geographic area, non-senior adult disabled, minority elderly, cities and counties, and other segments. Federal law requires that the majority of Advisory Council members be over sixty years of age.

Responsibilities:

- Advise and assist the RVCOG on all matters relating to the development and administration of the Area Plan as it relates to older persons (age 60 and over) including:
 - Exploring impact of key issues and emerging trends affecting seniors
 - Program planning, development and implementation.
 - Formation of basic program policies.
 - Program decisions which affect the functioning of Senior and Disability Services RVCOG.
 - Coordination of existing social services.
 - Budgeting and distribution of monies.
 - Pooling of untapped resources within Jackson and Josephine Counties.
 - Promoting quality community-based care.
 - Implementation and evaluation of the Area Plan.
 - Dissemination of information for the education of the public on Senior and Disability Services activities.
 - Development of good public relations at the local, state and national levels.
 - Advocating on behalf of older persons.

Scope of Responsibility: Members serve in an advisory capacity to the Senior and Disability Services Director, who is charged with implementation of programs. The reports and recommendations of the Advisory Council are communicated to the Board

of Directors of the RVCOG. The RVCOG Board is responsible for approving recommendations from the Senior Advisory Council.

Time Commitment: Time commitment includes an initial 6 – 8 hours in program orientation and 4 – 6 hours per month in Council meetings. Members serve for three years and may choose to continue for an additional three-year term. Mileage and pre-approved expense reimbursement are available.

Desired qualifications: Members are selected based on knowledge of the needs of the elderly and additional criteria meeting specific population segments, such as over age sixty, low income, geographic area, non-senior adult disabled, minority elderly, cities and counties, and other segments. Federal law requires that the majority of Advisory Council members be over sixty year of age. Additional desirable skills include ability to identify and discuss key issues in: family caregiving, disability issues, rural communities, minority elderly, health care, long-term care, advocacy, human service programs, social work, education, community education, policy development, program evaluation, strategic planning, fundraising/development, budgeting/finance, communications, marketing, grant writing, legal services, and volunteer management. The most important qualification is willingness to be an active member, contributing both energy and expertise.

BYLAWS (12/03/2014)

**SENIOR AND DISABILITY SERVICES
ROGUE VALLEY COUNCIL OF GOVERNMENTS
SENIOR ADVISORY COUNCIL**

1. **NAME**

The name of this body is the Senior Services Advisory Council (SAC), hereinafter referred to as the Council. The Council is an advisory committee to the Rogue Valley Council of Governments (RVCOG), which is the State-designated Area Agency on Aging and Disabilities (AAAD) for Jackson and Josephine Counties.

2. **PURPOSE**

The purpose of the Council is to advise, provide guidance and support, and assist the RVCOG in administration of Senior and Disability Services. As described and mandated by the Older Americans Act* and the Oregon Revised Statutes**, the purpose of the council is to provide citizen involvement, whose members provide a link between seniors and the Area Agency (RVCOG) to help ensure that programs and service delivery meet the needs of local seniors and people with disabilities.

* US Code of Federal Regulations Older Americans Act Regulations, Title 45, Vol 4, Sec 1321.57

** ORS 410.210

3. **RESPONSIBILITIES**

3.1 The Council shall advise and assist the RVCOG on all matters relating to the development and administration of the Area Plan as it relates to older persons (age 60 and over) including:

3.1.1 Program planning.

3.1.2. Formation of basic program policies.

3.1.3. Program decisions which affect the functioning of Senior and Disability Services RVCOG.

3.1.4. Coordination of existing social services.

3.1.5. Budgeting and distribution of monies.

- 3.1.6. Pooling of untapped resources within Jackson and Josephine Counties.
 - 3.1.7. Implementation and evaluation of the Area Plan.
 - 3.1.8. Dissemination of information for the education of the public on Senior and Disability Services activities.
 - 3.1.9. Development of good public relations at the local, state and national levels.
 - 3.1.10. Advocating on behalf of older persons.
- 3.2 The Council is also responsible:
- 3.2.1. To provide a report of all Council meetings to the Executive Director of the RVCOG.
 - 3.2.2. For interviewing candidates and making recommendations to RVCOG on the selection of the members of the Council when a vacancy occurs.
 - 3.2.3. For assisting the Executive Director of RVCOG in the selection of a Senior and Disability Services Director when a vacancy occurs.
 - 3.2.4. For acting as a grant review committee for the RVCOG when grant applications related to the field of aging and disabilities are processed through the intergovernmental review process.

4. **MEMBERSHIP**

- 4.1. The members shall be appointed by the RVCOG.
- 4.2. The Council shall consist of a minimum of preferably not less than fifteen with a preferred range of fifteen to twenty-one volunteer members. The ratio of Jackson County to Josephine County membership shall be based on each county's proportion of area total population. Individuals living in the Rogue River/Wimer area have the option of being appointed to represent either Jackson or Josephine County.

This decision will be based on which county they feel more affiliated with. For example, the county in which they do all of their shopping, banking and doctoring. Once a Rogue River/Wimer member is appointed to a particular county, that will be the county they represent for the duration of their membership on the Council.

- 4.3 One RVCOG Board member from Jackson County and one RVCOG Board member from Josephine County shall serve as ex-officio members of the Council. These members are in addition to the fifteen to twenty-one volunteer members of the Council.
- 4.4. Membership on the Council should include:
 - 4.4.1. Representatives from the various geographic areas of each county.
 - 4.4.2. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in Senior and Disability Services programs.
 - 4.4.3. Minority elderly representatives at least in proportion to the number of older minority persons in the District.
 - 4.4.4. Representatives of older persons.
 - 4.4.5. Representatives of health care provider organizations, including providers of veterans= health care (if appropriate).
 - 4.4.6. Representatives of supportive services provider's organizations (excluding directors, staff or board members of Senior and Disability Services RVCOG-funded contractors).
 - 4.4.7. Persons with leadership experience in the private and voluntary sectors.
 - 4.4.8. Local elected officials.
 - 4.4.9. The general public.
- 4.5. Any new members appointed to the Council will be appointed for a three-year term. If the new membership is filled during the middle of the year, July 1 of that fiscal year, regardless of duration, will count as the new member's first year.

- 4.6. A member is eligible for appointment to a maximum of two consecutive three-year terms. After two consecutive terms, a member shall be off a minimum of one year before being eligible to be appointed again to the Council.
- 4.7. Names of all persons recommended for appointment or reappointment shall be submitted to the RVCOG Board for each vacancy, along with a background statement on each person.

4.8 Members who have three consecutive absences from the Council, three consecutive absences from committee meetings, have missed more than 1/3 of the meetings in the last fiscal year, or have missed two opportunities for orientation—either group or individual—shall be approached by staff to determine their desire to remain on the Council. The results of the discussion shall be reported to the SAC. If it is determined that removal is the appropriate action, the SAC shall report the decision to the RVCOG Board of Directors for consideration of removal.

4.8.1 The Council member recommended for removal may appeal the decision to the RVCOG Board of Directors.

- 4.11. There shall be no more than six alternate members, three from each county served. Alternate members shall be interviewed and recommended for appointment by the Council Development Committee, recommended for appointment by the Council, and approved as alternates by the RVCOG Board. Alternate members will participate as Council members and meet the same requirements as Council members, but they may not vote except with Council authorization and only during a Council member's absence. As necessary, at individual meetings, alternate members shall be counted for purposes of establishing a quorum at which time they can vote. An alternate member may fill a vacant position from her/his county without repeating the application process subject to their previous involvement in Senior Advisory Council and subcommittee meetings. The Executive Committee will make the determination of which alternate member will come on next as a regular member in the event there is more than one alternate at the time a regular member vacancy comes open.
- 4.12 The Executive Committee may appoint a regular Council member with legitimate reasons (family or personal short-term illness) to step back to an alternate position for no longer than one year. During that time period the Executive Committee may appoint an alternate member to take that member's place. The 6-year limit will be suspended until the Council member returns as a regular member.

5. **OFFICERS**

- 5.1 The officers of the Council shall be elected at the June meeting and shall officially assume office in July. The term of office shall be from July 1 of the year in which they were elected through June 30 of the following year.
- 5.2. A member shall be limited to two consecutive one-year terms in any one office or sub-committee chair position.
- 5.3. The officers of the Council shall be: A Chair and Vice Chair(s), elected by the Council.
- 5.4. The duties of the Chair are:
 - 5.4.1. To preside at Council and Executive Committee meetings.
 - 5.4.2. To appoint standing committee and special committee chairs.
Standing committee chairs will be regular members of the Senior Advisory Council with the exception of the Advocacy Committee. The Senior Advisory Council Chair may appoint an active member of the Disability Services Advisory Committee to serve as chair or co-chair of the Advocacy Committee.
 - 5.4.3. To appoint ad hoc committee chairs as needed with the exception of Council Development Committee Chair who will be elected by the Committee.
 - 5.4.4. To assign members to committees.
 - 5.4.5. To call special Council and Executive Committee meetings as needed.
 - 5.4.6. To collaborate with the Senior and Disability Services Director to develop Advisory Council agendas.
 - 5.4.7. To represent the Council before the Rogue Valley Council of Governments and other organizational bodies.
 - 5.4.8. To work constructively for the purpose of the Council and mission of the agency.

5.4.9. To appoint a Council member as liaison to the Disability Services Advisory Council.

5.5 The duties of the Vice Chair are:

5.5.1. In the absence of the Chair, the Vice Chair will perform the duties of the Chair.

5.5.2. Monitor attendance and participation of Senior Advisory Council members and report to the Executive Committee.

5.5.3. Other duties as assigned by the Chair.

5.6. In the absence of both the Chair and Vice Chair at a regular meeting, the members present shall elect a temporary Chair to preside.

5.7. In urgent or emergency situations, the Chair or Vice Chair may act on behalf of the Senior Advisory Council upon approval of the majority of the Executive Committee, and at least one representative of RVCOG or SDS management.

6. **COMMITTEES**

6.1. The Executive Committee shall consist of the Council Chair, Vice Chair and the chair or designated alternate from each standing committee. The Executive Committee may invite the chair of a non-standing committee to become a non-voting participant in Executive Committee activities. The duties of the Executive Committee are:

6.1.1. To advise and assist the Senior and Disability Services staff in the interim between-Council meetings and to report any action taken at the next Council meeting.

6.1.2. To advise and assist the Senior and Disability Services staff in the preparation and revision of the long range plans.

6.1.3. To recommend allocation of funds for administration and between program areas.

6.1.4. To advise and assist the staff in the preparation and implementation of the Senior and Disability Services administrative budget.

6.1.5. To review Council Bylaws and recommend changes to the RVCOG Board.

6.1.6. To report to the Council.

6.2. Standing committee members serve for the agency fiscal year.

6.3. The standing committees shall be:

6.3.1. **Marketing and Outreach.** This committee will focus on making RVCOG's senior programs and services visible in the two-county area. Further, it will seek input about gaps in those services, while soliciting ideas for additional services, possible partnerships, and/or funding sources to meet the needs of the older adults in our communities.

6.3.2. **Outcomes & Evaluation.** This committee will assist staff to develop and evaluate outcomes of RVCOG programs and services that are funded by the Older Americans Act (OAA) and Oregon Project Independence (OPI). This committee will meet twice per quarter for a total of 8 meetings annually. The committee will perform the same function for any new program or service for older adults that RVCOG partners with or assists in establishing.

6.3.3. **Nutrition Advisory Committee**, as mandated by Older Americans Act, will convene once each quarter for 4 meetings annually. This committee will review and advise on all aspects of the Food & Friends Program, including evaluation of outcomes for the program and surveys of volunteers and meal recipients. The Nutrition Advisory Committee will meet in September, December, March and June.

6.3.4 **Joint SAC and DSAC (Disability Services Advisory Council) Advocacy Committee:** This committee will focus on engaging SAC and DSAC members and the community in legislative advocacy in support of aging issues at the local, state and national level. The committee will be the most active during the first year of the Oregon Legislature's biennium, with much of its business and discussion occurring during the monthly SAC meeting. At any time, however, that funding or program issues emerge that need public education or advocacy measures, this committee will develop and help to execute the advocacy plan.

6.3.5 **Council Development Committee** duties include: overseeing the nominations, interview and selection process, as well as recruitment, orientation, support and recognition activities. All members of the Council Development Committee shall be members of SAC.

6.4. **Standing committees:** All members, with the exception of the Chair and Vice Chair, shall serve on at least one committee. The Chair and Vice Chair are ex-officio members of all committees.

6.4.1. Each standing committee shall be responsible for the following activities within its area:

- 6.4.1.1. To be knowledgeable about the services and issues within their program area.
- 6.4.1.2. To advise and assist in the development of policies.
- 6.4.1.3. To advise and assist in planning.
- 6.4.1.4. To recommend allocation of funds within program areas.
- 6.4.1.5. To advise and assist in the development of criteria for grant applications and service procurement.
- 6.4.1.6. To advise and assist in the review of funding requests and grant applications.
- 6.4.1.7. To advise and assist in the development and implementation of program evaluations.
- 6.4.1.8. To serve as an advocate on behalf of seniors.
- 6.4.1.9. To report to the Executive Committee and Advisory Council.

6.4.2. The Committee Chair will appoint a substitute to perform the duties of the Chair in the absence of the Chair.

6.5. **Ad hoc committees** will be formed by either Council vote or Chair decision, with committee members being appointed by the Chair in order to address specific issues. .

6.6. Committee and Subcommittee membership will be approved by the Council or committee to whom they answer. Staff members may serve as technical advisory, non-voting members. The Chair of the committee or subcommittee will be approved by the committee to whom they answer.

7. **DELEGATE TO THE OREGON ASSOCIATION OF AREA AGENCY ON AGING AND DISABILITY SERVICES (O4AD) SENIOR ADVISORY COUNCIL CHAIRS MEETING**

7.1 The Chair or Vice Chair or Designee of the Chair of the Senior Services Advisory Council will serve as the Delegate to the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) Senior Services Advisory Council Chairs meeting. This meeting is held in conjunction with the quarterly O4AD meeting.

8. **NON-MEMBER PARTICIPATION**

8.1 Non-members may be invited to participate as adjunct members to a standing or adhoc committee upon approval of the Executive Committee for a term of three years. Adjunct membership may be renewed through approval of the Executive Committee. Such persons are voting members of the committees, but not the Senior Advisory Council. If the new adjunct membership is filled during the middle of the year, July 1 of that fiscal year, regardless of duration, will count as the new member's first year.

9. **MEETINGS**

9.1. The Council shall meet at least six (6) times per year.

9.2. Meeting times and places shall be at the discretion of the Council.

9.3. The annual meeting shall be the first regular meeting in July.

9.4. A quorum shall consist of at least seven (7) members with representations from both counties.

9.5. The meetings of the Council shall be conducted under Roberts Rules of Order (Newly Revised) except where they conflict with or contradict these Bylaws.

10. **AMENDMENTS**

10.1. These Bylaws may be amended by the RVCOG Board of Directors thirty (30) days after notification of the proposed changes have been received by the Advisory Council Executive Committee. Recommended changes may be submitted by the Council at any time.

Revised:

08/30/83	09/27/00	12/03/14
12/11/84	03/28/01	
05/14/85	08/28/02	
03/25/87	02/26/03	
04/27/88	08/27/03	
07/02/90	12/07/05	
01/27/93	10/27/10	
08/25/99	01/25/12	
02/23/00	05/28/14	

Senior Advisory Council Sign-In

Date:					
Please Initial below to <u>Sign-In</u> ☞	Members:			Phone:	Email:
		Anne	Bellegia	Chair - Communications and Outreach	541-488-5611
	Bernadette	LaLonde	SAC Member	541-708-5110	bernadette.lalonde@gmail.com
	Dan	DeYoung	Josephine County Commissioner	541-474-5221	ddeyoung@co.josephine.or.us
	Colleen	Roberts	Jackson County Commissioner	541-774-6117	robertcl@jacksoncounty.org
	Erika	Bekermeier	SAC Member	541-499-2743	ebek42@gmail.com
	Isleen	Glatt	SAC Member	541-591-1915	isleen.glatt@gmail.com
	Jan	Shipley	Chair - Outcomes & Evaluations Committee	775-225-3728 (c); 541-899-5568 (h)	jshipley@unr.edu
	John	Curtis	Chair - Advocacy Committee DSAC Liasion	541-826-8026	legalep@centurylink.net
	John	Irwin	SAC Member	541-664-2456	john@jirwinconsulting.com
	Nancy	Randolph	SAC Member	541-613-6986	nancyrandlph@msn.com
	Pat	Jenkins	Vice Chair-SAC Chair, Council Development	541-415-0465	pjenkins2364@gmail.com
	Richard	Hoskins	SAC Member	541-734-9279	baldhoss@charter.net
	Rhonda	Lawrence	SAC Member	541-479-3829	rjcomp@aol.com
	Susan	Miler	Adjunct Member	301-452-4440	samiler17@gmail.com
	Rosalie	Caffrey	SAC Member	541-840-5722	rocaf99@gmail.com
	Sandy	Theis	SAC Chair	541-488-7917 (h); 541-601-5385 (c)	theis.saundra@gmail.com
Staff:					
	Berta	Varble		541-423-1384	bvarble@rvcog.org
	Chelsey	Kirby		541-423-1332	ckirby@rvcog.org
	Connie	Saldana		541-423-1383	csaldana@rvcog.org
	Evelyn	Kinsella		541-734-9505	ekinsella@rvcog.org
	Kathie	Young		541-776-6231	kathie.a.young@state.or.us
	Laura	O'Bryon		541-423-1394	lobryon@rvcog.org
	Sean	Connolly		541-423-13864	sconnolly@rvcog.org
	Sue	Casavan		541-423-1367	scasavan@rvcog.org

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SENIOR SERVICES ADVISORY COUNCIL MEMBER TERMS - UPDATED MAY, 2017

(F:\SD\SDS\SAC\ADVISORY.XLS)

NAME	JA CO	JO CO	1ST TERM		2ND TERM		COMMITTEES/STAFF			OUTCOMES & EVALUATION/ NUTRITION ADVISORY (BERTA/EVELYN)	DSAC LIAISON
			DATE APPOINTED	DATE TERM ENDS	DATE APPOINTED	DATE TERM ENDS	ADVOCACY (CONNIE)	COUNCIL DEVELOPMENT (BERTA)	COMMUNICATIONS & OUTREACH (LAURA)		
BEKERMEIER, ERIKA	1		1, 4, 6	JUL 116	JUN 30 19					X	
BELLEGIA, ANNE (C&O CHAIR)	1		1, 4, 6, 9	JUL 112	JUN 30 15	JUL 115	JUN 30 18			CHAIR	
CAFFREY, ROSALIE A.	1		1, 2, 4, 6	JUL 112	JUN 30 15	JUL 115	JUN 30 18	X	X	X	X
CURTIS, JOHN (ADVOCACY CHAIR)	1		1, 2, 4, 6, 9	JUL 115	JUN 30 18			CHAIR			X
GLATT, ISLEEN	1		3, 4, 9	JUL 115	JUN 30 18						
GAVIN, DENYCE (DSAC LIAISON)											X
HOSKINS, RICHARD	1		1, 4, 6, 9	JUL 116	JUN 30 19						
IRWIN, JOHN	1		1, 2, 4, 6	JUL 112	JUN 30 15	JUL 115	JUN 30 18			X	
JENKINS, PAT (SAC VICE) COUNCL DEV CHAIR)		1	1, 2, 4, 9	JUL 115	JUN 30 18				CHAIR	X	
JA CO COMMISSIONER - COLLEEN ROBERTS	0		2, 4, 5, 6	N/A							
JO CO COMMISSIONER - DAN DEYOUNG		0	2, 4, 5, 6	N/A							
LALONDE, BERNADETTE	1		1, 4, 6,	JUL 116	JUN 30 19						
LAWRENCE, RHONDA		1	1, 2, 4, 6, 9	JUL 116	JUN 30 19						
RANDOLPH, NANCY	1		1, 2, 3, 4, 6, 9	JUL 115	JUN 30 18						
SHIPLEY, JAN (O&E/N VICE CHAIR)	1		1, 2, 4, 6	JUL 113	JUN 30 16	JUL 116	JUN 30 19				CHAIR
THEIS, SANDY (SAC CHAIR)	1		1, 2, 4, 6	JUL 113	JUN 30 16	JUL 116	JUN 30 19	X	X	X	X
TOTALS	11	2									

ALTERNATES TO BE APPOINTED AT NEXT AVAILABLE VACANCY : NONE

ADJUNCT MEMBERS: SUSAN MILER

BYLAWS:

4.2 - The Council shall consist of a minimum of preferably not less than fifteen with a preferred range of fifteen to twenty-one volunteer members. The ratio of Jackson County to Josephine County membership shall be based on each county's proportion of area total population. Individuals living in the Rogue River/Wimer area have the option of being appointed to represent either Jackson or Josephine County.

4.5 - Any new members appointed to the Advisory Council will be appointed for a three-year term. If the new membership is filled during the middle of the year, that year, regardless of duration, will count as the new member's first year.

4.5 - A member is eligible for appointment to a maximum of 2 consecutive terms. After 2 consecutive terms, a member shall be off a minimum of 1 year before being eligible to be appointed again to the Advisory Council.

REPRESENTATION: 1) 60 years of age or older; 2) Representative of older persons; 3) Provider organizations; 4) Leadership experience; 5) Local elected official; 6) General public; 7) Minority 8) Veteran; 9) Family Caregiver

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**SENIOR AND DISABILITY SERVICES ROGUE VALLEY COUNCIL OF GOVERNMENTS
MONTHLY VOLUNTEER REPORT**

Volunteer Name: _____

Mailing Address: _____

Month / Year: _____

Date	Project / Activity	Donated Time (Hours)	Donated Miles	Donated Other
Totals				

Signed _____ Date _____

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ROGUE VALLEY COUNCIL OF GOVERNMENTS
MONTHLY VOLUNTEER EXPENSE REIMBURSEMENT REQUEST
 This form effective December 1, 2008.

Name / Address / Phone: _____

Month / Year: _____

Date(s)	Project / Destination	Miles Driven	6410	6430	6420	6904	Fund	Dept	Prog	Source	Task
			Mileage	Meals	Lodging	Misc.					
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
							20	40	004	073	00
Totals											

Total Expenses: _____

 Senior Advisory Council Member Signature / Date

 Supervisor's Signature / Date

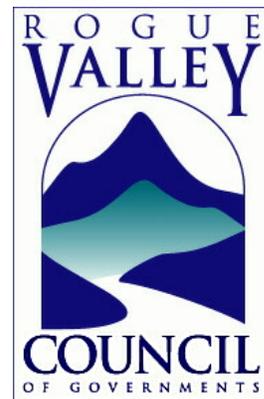
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Senior and Disability Services of Rogue Valley Council of Governments

Other Organizations in the Aging and Disability Networks



A Department of RVCOG



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OTHER ORGANIZATIONS

The National Association of Area Agencies on Aging (N4A)

The National Association of Area Agencies on Aging (N4A) is a private, non-profit, national organization, based in Washington, D.C., which represents the interests of approximately 622 Area Agencies on Aging across the nation (virtually in every community) in dealing with the Congress, the Administration, and with other national aging organizations. It was founded in 1975. N4A provides leadership to the member Area Agencies by providing technical assistance materials, relevant and timely information, training, and encouragement/assistance in building linkages between the public and private sector in serving the elderly.

The N4A's primary mission is to build the capacity of its members – Area Agencies on Aging and Title VI Native American aging programs – to help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.

The N4A also focuses on enhancing the Congressional, Administration's, and general public's understanding of the operations and achievements of Area Agencies.

Senior and Disability Services of Rogue Valley Council of Governments (SDS RVCOG) is a member of N4A.

The N4A is a co-sponsor of Eldercare Locator, a national toll-free phone program to assist seniors and caregivers to connect to the information and assistance networks of local area agencies on aging. The Eldercare Locator number is: 1-800-677-1116, Monday through Friday 9 a.m. to 11 p.m. Eastern time.

The Oregon Association of Area Agencies on Aging and Disability (O4AD)

In 1992, the AAAs in Oregon established The Oregon Association of Area Agencies on Aging (O4A) as a nonprofit organization that would represent their collective issues at the Oregon State Capitol. In 1998, in order to better reflect its membership and services to persons with disabilities, our name was changed to The Oregon Association of Area Agencies on Aging and Disabilities (O4AD).

The Oregon Association of Area Agencies on Aging and Disabilities (O4AD) - is one of the leading voices advocating for seniors and persons with disabilities in Oregon. O4AD advocates to protect the independence, dignity, choice and safety of Oregon's seniors and people with disabilities.

Area Agencies on Aging & Disabilities, O4AD's members, provide long-term care services statewide including home delivered meals, ADRC services, Older Americans Act programs, Medicaid services in many areas and Oregon Project Independence statewide. AAAs are responsible for service provision to the majority of seniors and people with disabilities receiving long-term services and supports through Medicaid in the state.

It is from this position that O4AD speaks to the needs of consumers, and advocate for programs, services, funding and strategies in Oregon that will create a state where long-term living is a priority. The O4AD works closely with the State legislative process to support services and supports for seniors and people with disabilities through proactively advocating for adequate funding levels, policy change that benefits consumers of long-term services and supports and legislation that continues to strengthen Oregon's system of care for the vulnerable.

O4AD relies on a broad advocacy network as well as our local Advisory Councils to add to this voice. Advocates and Council members bring the voice of the consumer to our policy makers to help paint the picture of how services and supports benefit the quality of life for seniors and people with disabilities in our state.

The O4AD also provides:

- Assistance with professional development to staff and advocates through educational programs, technical assistance and networking opportunities, and information and advocacy trainings.

- Advocacy, planning, program development, and service coordination at the local level.
- Participation by seniors and people with disabilities in the formulation and promotion of legislation and policy of value to seniors and persons with disabilities.
- Promotion of effective communication between governmental bodies, agencies, providers and other human services coalitions.

Activities that help O4AD meet its objectives include:

- State-wide training conferences
- Quarterly Business Meetings
- Participation in Committees sponsored by Aging and People with Disabilities, internal, and other advocacy groups
- State-wide advocacy trainings, promotion of grass-roots efforts
- Executive Committee Meetings every month. Full association meetings four times per year.

While membership to O4AD is limited to AAA's, the organization welcomes input and participation from staff, consumers and advocates and from partners in the field of aging and disability services. It is the organization's goal to maintain professional standards for all members and staff, to honor and promote diversity, and to continuously improve in customer and partner satisfaction.

For further information, contact Nicole Palmateer, Director, 187 High Street, N.E., Suite 217, Salem, OR 97301, (503) 463-8692 fax (503) 463-8715, nicole@o4ad.org.

Governor's Commission on Senior Services

The Governor's Commission on Senior Services is an official state commission made up of volunteers appointed by the governor and two legislators, one from the House and one from the Senate.

The GCSS is dedicated to enhancing and protecting the quality of life for all older Oregonians. Through cooperation with other organizations and advocacy, we work to ensure that seniors have access to services that provide choice, independence and dignity.

GCSS is made up of 21 members appointed by the Governor and two legislators, one from the state House of Representatives and one from the state Senate. A majority of members must be age 60 or over and can serve up to two three-year terms.

The Commission:

- Studies programs and budgets of all state agencies, which affect elderly persons and people with disabilities.
- Recommends development of a comprehensive plan for delivery of services to elderly persons.
- Promotes responsible statewide advocacy for elderly persons

Oregon Disabilities Commission

Initially formed in 1983 and re-formed in 2005 after a brief hiatus, the Oregon Disabilities Commission (ODC) is a Governor-appointed commission housed in the Department of Human Services. The commission is composed of 15 members broadly representative of major public and private agencies who are experienced in or have demonstrated particular interest in the needs of individuals with disabilities

A majority of the members are individuals with disabilities. The ODC acts as a coordinating link between and among public and private organizations serving individuals with disabilities. For more information about ODC, see [ORS 185](#).

The mission of ODC: To secure economic, social, legal and political justice for individuals with disabilities through systems change.

In order to carry out its mission, the Commission:

- Identifies and hears the concerns of individuals with disabilities and uses the information to prioritize public policy issues which should be addressed.
- Publicizes the needs and concerns of individuals with disabilities as they relate to the full achievement of economic, social, legal and political equity.
- Educates and advises the Department of Human Services, the Governor, the Legislative Assembly and appropriate state agency administrators on how public policy can be improved to meet the needs of individuals with disabilities

Oregon Long-Term Care Ombudsman

Oregon's Office of the Long-Term Care Ombudsman (LTCO) is an independent state agency; separate from the SUA and DHS. As required by Title VII of the OAA, and as further described in Oregon Revised States at ORS 441.402 – 441.491, the LTCO serves all licensed long-term care facility residents through completing investigation, resolution and advocacy for improvement in resident care. The LTCO serves residents in nursing homes, residential care facilities, assisted living facilities and adult foster care homes. As specified in ORS 441.417, the Long-Term Care Advisory Committee monitors the program, with members appointed by the Governor, legislative leadership and senior organizations.

The Ombudsman program works to enhance the quality of life and improve the quality of care for residents of Oregon's licensed long-term care facilities. It is a free service available to residents, families, facility staff and the general public. Certified (volunteer) ombudsmen and staff investigate and resolve a wide variety of resident concerns, including problems with resident care, medications, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans.

The LTCO also works in partnership with Oregon's Senior Medicare Patrol (SMP) project. LTCO-certified volunteer ombudsmen meet with individuals who live in long-term care facilities and provide education about reviewing Medicare Summary Notices (MSNs) to detect questionable charges.

Centers for Independent Living

From the Rehabilitation Act, Title VII: Section 702. Definitions, the term “center for independent living” means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that: (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of independent living services.

They are run by people with disabilities who themselves have been successful in establishing independent lives. These people have both the training and the personal experience to know exactly what is needed to live independently. And, they have deep commitment to assisting other people with disabilities in becoming more independent.

CILs serve people with all types of disabilities including, but not limited to people with hearing impairments, sight impairments, mobility impairments, mental illness, learning disabilities, developmental disabilities, Traumatic Brain Injuries and more.

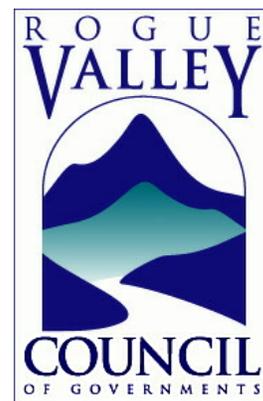
CILs serve individuals of all ages, their families and also offer a great many services to members of the general public like other non-profit agencies, businesses, local, state and federal agencies, school districts and the community.

HASL is the CIL for Jackson and Josephine counties and is one of seven CILS in the state of Oregon.

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Senior and Disability Services of Rogue Valley Council of Governments

Services Overview



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Directly Provided and Contracted Services

RVCOG AAA provides some services directly and contracts with local agencies for others. Direct services are provided through a central administrative office, located in Central Point, and Field Offices: two in Jackson County—the Senior Services Office and the Disability Services Office—and the combined Senior and Disability Services Office in Josephine County.

The following details RVCOG AAA administration activities and services.

The services are categorized by the AAA's five goal areas:

- Empowerment
- Healthy Aging
- Economic Stability
- Community Living
- Safety and Rights

A. Administration - Under its Intergovernmental Agreement (IGA) with the State of Oregon, the RVCOG AAA is responsible for: implementing the planned services; maintaining required records; fulfilling the requirements of Federal regulations, State rules, and State Unit Policies and Procedures; supporting the Advisory Councils and their subcommittees; contract administration/ monitoring, financial accounting, and quality assurance.

Under the IGA the State also contracts with (and funds) RVCOG to partner with the Medicaid Long-Term Care and Financial Assistance programs which are directly provided by District 8 Aging and People with Disabilities (APD). RVCOG and APD's goal is to provide a seamless service system to seniors and people with disabilities in the two-county area.

The AAA Director is employed by the Rogue Valley Council of Governments (RVCOG). RVCOG is a regional consortium of local governments that is the federally designated Area Agency on Aging for Oregon District 8 and encompasses the entirety of Josephine and Jackson Counties. The AAA Director is responsible for all services provided by the RVCOG AAA. The AAA Director also staffs the Southern Oregon Center for Community Partnerships, a non-profit intended to raise public and private funds to benefit the existing and future clients of the Rogue Valley Council of Government's Senior and Disability Services (SDS) programs. As appropriate, the non-profit may also engage in activities that encourage communication, consultation, and cooperation across southern Oregon.

The AAA Director is supported by the SDS Management Team which includes the following members:

- 1. Aging and People with Disabilities (Title XIX) District Manager** - The APD manager oversees Economic Stability, Community Living and Safety and Rights programs for clients eligible for Medicaid (Title XIX) insurance, SNAP, Title XIX Long-Term Care, Adult Protective Services, and Adult Foster Home Licensing. Both the AAA Director and the APD District Manager function as a partnership. Each supports, as appropriate, in the other's Management Team meetings.
Funding Source(s): State General Funds and Title XIX Medicaid (XIX)
- 2. Direct Services Supervisor** – The Direct Services Supervisor provides direction, coordination, organization, and/or delivery of evidence-based training programs provided by SDS such as Living Well and Powerful Tools. Plans, develops, and manages resources in collaboration with various community and regional partners and stakeholders to ensure the long term viability of these health promotion programs. Provides supervision and Licensed Clinical Social Worker (LCSW) oversight to the PEARLS and REACH OUT programs, and Portland State University Masters in Social Work Interns. Provides supervision of SDS Service Coordination staff and the Preventive Health Care Referral Specialist.
Funding Source(s): State General Funds, Coordinated Care Organization, OAA Title IIIB and IIID, Local Funds
- 3. Nutrition Program Manager** – The Nutrition Program Manager oversees the production and delivery of over 235,000 home-delivered and congregate meals a year across the two-county area.
Funding Source(s): OAA Title IIIC1/2, NSIP, Title XIX Medicaid, State General Funds, Grants, Fund Raising, Local Funds
- 4. Older Adult Behaviors Health Specialist (OABHS)** – The Older Adult Behavioral Specialist engages community partners to strengthen services for older adults and people with disabilities. Collaboration includes community partners in the fields of geriatrics, disability, mental health, and addiction services. The OABHS plays a key role in increasing community awareness of RVCOG AAA programs and services.
Funding Source(s): State General Funds
- 5. SDS Operations Manager** - The Operations Manager is responsible, under the direction of the AAA Director, for planning and program development; budgets

and financial expenditures, reporting; service procurement, contracts and monitoring; oversight of the National Aging Program Information System (NAPIS) and State Performance Report; grant writing and oversight of grants and special projects. The position supervises the Older Americans Act, Oregon Project Independence and ADRC programs.

Funding Source(s): OAA Title IIIB, C1/2, E, State General Funds, Title XIX Medicaid, Local Funds

6. **SDS Planner** -- The SDS Planner provides program coordination for the Home-at-Last, Disaster Registry and Lifelong Housing programs. The SDS Planner assists the SDS Director with advocacy activities and is an ADRC I&R/A Specialist. The position also staffs the joint Senior and Disability Services Advisory Councils' Advocacy Committee.

Funding Source(s): OAA Titles IIIB and IIIE, AARP, HUD

- B. **Program Coordination & Development** - The RVCOG AAA Director and her staff connect with other agencies and organizations serving the elderly; work to develop services; and mobilize non-OAA funds to enhance delivery of services to the elderly. These activities have a direct and positive impact on the enhancement of services.

C. **Other**

Coordinated Care Organizations

The RVCOG AAA has established MOUs with all three CCOs in the Rogue Valley: AllCare (Josephine and Jackson County), Primary Health of Josephine County and Jackson Care Connect. RVCOG AAA will continue to work with CCOs to identify high risk clients to provide clients individualized support that will lead to healthier clients, a more effective service delivery system, and lower medical and long term care costs.

RVCOG AAA and AllCare Health Plan Coordinated Care Organization (AllCare) have created an embedded 1 FTE Preventative Health Care Referral Specialist (Referral Specialist) at AllCare. The position is co-funded by RVCOG, with Evidence-Based Health Promotion funds, and by AllCare. It is jointly supervised by program managers from both organizations. RVCOG Supervision is funded with Evidence-Based Health Promotion funds. The Referral Specialist assists AllCare to identify members who may benefit from Evidence-Based and other services provided by RVCOG. The Referral Specialist also provides a variety of services for both AllCare and RVCOG.

Funding Source(s): OAA Title IIIB, Title XIX Medicaid, CCO, Local Funds

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EMPOWERMENT

Goal:

To greatly enhance the person's knowledge of aging and disabilities resources, expand their personal skills/tool set for meeting the challenges of aging and disabilities for themselves or their loved ones, and sharpen their ability to advocate for their interests.



Advocacy - The RVCOG AAA Director monitors, evaluates and comments on issues related to community actions affecting older persons; conducts or attends public hearings; represents older persons' interests at the local, state and national level; supports the Long-Term Care Ombudsman program and coordinates planning with other agencies and organizations.

RVCOG AAA supports its Senior Advisory Council (SAC) which is currently comprised of 12 members. The SAC has a number of working committees: Communications / Outreach, Support Services, Nutrition Advisory, ADRC Advisory, Advocacy and Home & Community-Based Care. The SAC plays a key role in advocating for the needs of seniors and has a focus on improving the AAA's messaging and profile in the area as well as establishing evaluation tools to ensure programs are accomplishing established goals and objectives.

Funding Source(s): OAA Title IIIB

Aging and Disabilities Resource Connection (ADRC) - The State of Oregon has developed a statewide ADRC program that provides seniors, people with disabilities, their loved ones and the community with free unbiased information about services and available community resources. The ADRC provides a universal "No Wrong Door" model that emphasizes a person centered approach designed to empower consumers to make decisions about their long term care, plan for the future, spend their money wisely to delay or avoid using Medicaid funds, independently live at home longer, thrive with chronic conditions such as Alzheimer's and many more topics. ADRC of Jackson / Josephine Counties offers the following services: advocacy, information and assistance, information and referral, person centered options counseling, and an online database of resources.

ADRC staff members are certified by the national Alliance of Information and Referral (AIRS) and have been trained in person-centered approaches to provide objective and trusted information about public services and community resources. ADRC staff aim to empower consumers to help make informed decisions about the consumer's self-identified needs and goals.

ADRC offers person centered assistance to help consumers learn about and navigate through various options for long-term care services. The ADRC is a highly visible and trusted place where consumers of all incomes, disabilities and ages can turn for unbiased, reliable information on the full range of long-term support options. ADRC integrates the aging and disability services systems so consumers will have access to the information they need in one reliable easy to access place.

Core Services Offered by the ADRC:

- **Information, Referral and Assistance** - The ADRC serves as the one stop for consumers, their friends and family members, and the community as they seek to

find information about resources for those who are aging or have a disability. ADRC is designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual's specific needs. Assistance is provided in accessing services when needed or requested. Services are available on the phone and by email in both Jackson and Josephine County.

- **Person Centered Options Counseling and Advocacy** - Trained professionals assess the consumer's situation presented and offer options for services and available community resources. Services are available over the phone, email or in person at the consumer's home or a place in the community. ADRC staff assist consumers by providing tools and information to navigate the maze of programs and services available. Options Counselors aim to assist by putting the consumer's preferences and needs at the center of the planning process and by focusing on what is important to the consumer. Often times, Options Counselors enlist the support of the consumer's family, friends and any other professionals chosen by the consumer to ensure that needs, preferences and the consumer's choices are honored. Options Counseling is provided by trained ADRC staff in both Jackson and Josephine counties. With the consumer's consent, staff is also able to advocate on behalf of consumers who are not able to do so on their own due to lack of resources, cognitive ability, rural location, and so on.

- **Online Resource** - The ADRC of Oregon offers a database of resources for seniors and people with disabilities. Statewide the database includes thousands of resources. Resources available include state programs, private companies, nonprofit organizations, and religious organizations that serve seniors and people with disabilities and meet the ADRC's inclusion/exclusion policy. Since the ADRC was started, RVCOG has added over 400 listings to the database, which are updated annually to ensure that consumers are given the most accurate information possible. The website is available 24/7 to consumers at www.ADRCofofOregon.org.

- **ADRC Partners** – The ADRC of Jackson / Josephine Counties has organized a team of core partner agencies that serve seniors and people with disabilities in the Rogue Valley. The ADRC Partners meet monthly to learn about community resources, to discuss service gaps affecting seniors and people with disabilities in the Rogue Valley and, where possible, to strategize ways in which those gaps might be addressed. The ADRC Partners include: RVCOG AAA, Aging and People with Disabilities (Medicaid) District 8, HASL Center for Independent Living, Jackson County Developmental Disabilities, Jackson County Mental Health, Options for Southern Oregon (mental health in Josephine County), ACCESS Community Action Agency of Jackson County and UCAN Community Action Agency of Josephine County. In the future, RVCOG would like to also

include more representation from organizations that serve Veterans and minority groups.

- **Team Enhancement Committee (TEC)** - One of the main focuses of ADRC of Jackson / Josephine Counties has been to make services seamless for consumers between the Medicaid programs provided by Aging and People with Disabilities (APD) District 8 and the programs provided through the AAA. RVCOG and APD have formed a Team Enhancement Committee (TEC), which meets monthly to collaborate on enhancing the service delivery system between the AAA and APD. The TEC utilizes a process for seamlessly sending referrals between the ADRC and all three APD offices. This process includes an on-going training for all current and new APD and AAA staff on services provided by both agencies. Since the TEC established this process the number of consumers being served has greatly increased. In the future, the TEC aims to work on promoting greater efficiencies between the two organizations and addressing identified issues with service delivery for their shared client populations.

Funding Source(s): OAA Titles IIIB and IIIE, State General Funds, Local Funds

Caregiver Training and Support:

The Family Caregiver Support program is available to family caregivers:

- who are caring for someone over the age of 60;
- who are caring for an individual not receiving a wage or salary for providing that care; who are caring for an individual who is not receiving assistance through an acute care setting; who are 55 or older and caring for children age 18 and younger; or
- who are any age and caring for an individual with Alzheimer's or other related disorders with neurological and organic brain dysfunctions.

Family Caregiver Resource Specialists assist family caregivers by providing a place to start and information and assistance to caregiver resources in our area. They also help to develop a plan for care.

RVCOG AAA also coordinates the "Powerful Tools" for Caregivers training in the two-county area. Powerful Tools focuses on the family caregiver (not the disease process). It helps family caregivers take care of themselves while caring for an older relative or friend. RVCOG staff team up with trainers from other agencies and volunteers to teach classes. The Direct Services Supervisor provides coordination and oversight for the Powerful Tools, Living Well and PEARLs programs. She has been managing the volunteer-based Living Well program. RVCOG is utilizing her experience in marketing, community outreach and managing volunteer-based service delivery to strengthen and expand the current capacity of Powerful Tools.

RVCOG AAA also provides STAR-C, an evidence-based program that provides supports/skills for family care givers of Alzheimer's and related dementia clients.

RVCOG provides a grant which can be used to give a brief period of rest and relief for family members, guardians or others who are regular caregivers. Eligibility is determined by RVCOG Service Coordinators. Eligibility requirements include family caregivers who are caring for dependent adults, people with disabilities of all ages or family relatives 55 or older who are caring for children. Eligible family caregivers are reimbursed up to \$599 per calendar year.

Funding Source(s): OAA Title III E

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HEALTHY AGING

Goal:

To lead people to improved or maintained health.

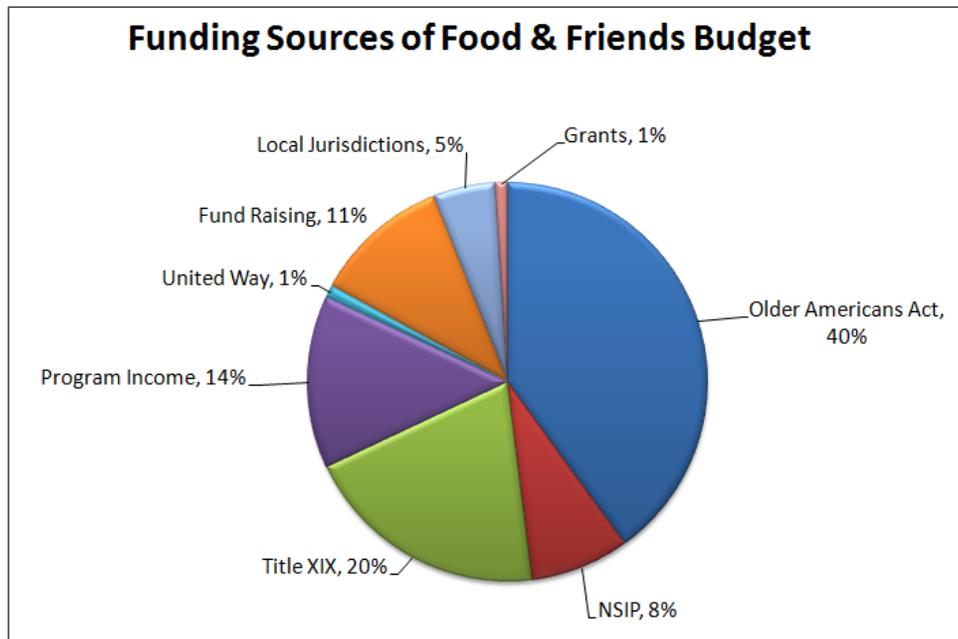


Food & Friends Senior Meal Program and Meals on Wheels

RVCOG AAA, through its Food & Friends program, provides approximately 1,000 meals daily to seniors 60 and older and adults with disabilities in the two-county area. Meals are prepared in a central kitchen located in Jackson County then transported to 12 combined congregate/home-delivered meal sites and 4 home-delivered meals-only sites where they are either packaged into home-delivered meals or served to meal participants who eat at the meal sites. Each meal complies with the Dietary Guidelines for Americans and provides a minimum of 33 percent of the current daily Recommended Dietary Reference Intake (DRI) established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

Congregate Meals

RVCOG AAA provides approximately 200 meals daily at 12 congregate meal sites in the two counties to seniors 60 and older and adults with disabilities residing in the two-county area.



Home-Delivered Meals

Approximately 250 volunteers deliver more than 800 home-delivered meals along 54 routes to home-bound seniors in the two-county area. In addition, trained volunteer drivers put into practice their training in “Maximizing Brief Encounters”, which allows them to perform regular safety checks on the clients they deliver meals to.

Nutrition Education

RVCOG plans to distribute a newsletter quarterly to all meal participants. Each publication includes nutrition and health education tips. RVCOG AAA meal site staff are educated regarding nutrition issues and supplied with approved educational materials to hand out and discuss with participants at meal sites as well as distribute and discuss with home-delivered meals participants. The newsletter will be on the website. In addition, Nutrition outreach staff will also provide information to people in their homes as part of the home-delivered meals eligibility process.

Living Well

RVCOG AAA offers Living Well, an evidence-based Chronic Disease Self-Management program which empowers clients to better manage their chronic

conditions. In 2013, RVCOG also added Living Well Diabetes Self-Management as well as Chronic Pain Self-Management. Living Well is a Stanford University-developed program that adheres to strict training and protocol standards established by Stanford to ensure high fidelity in program delivery.

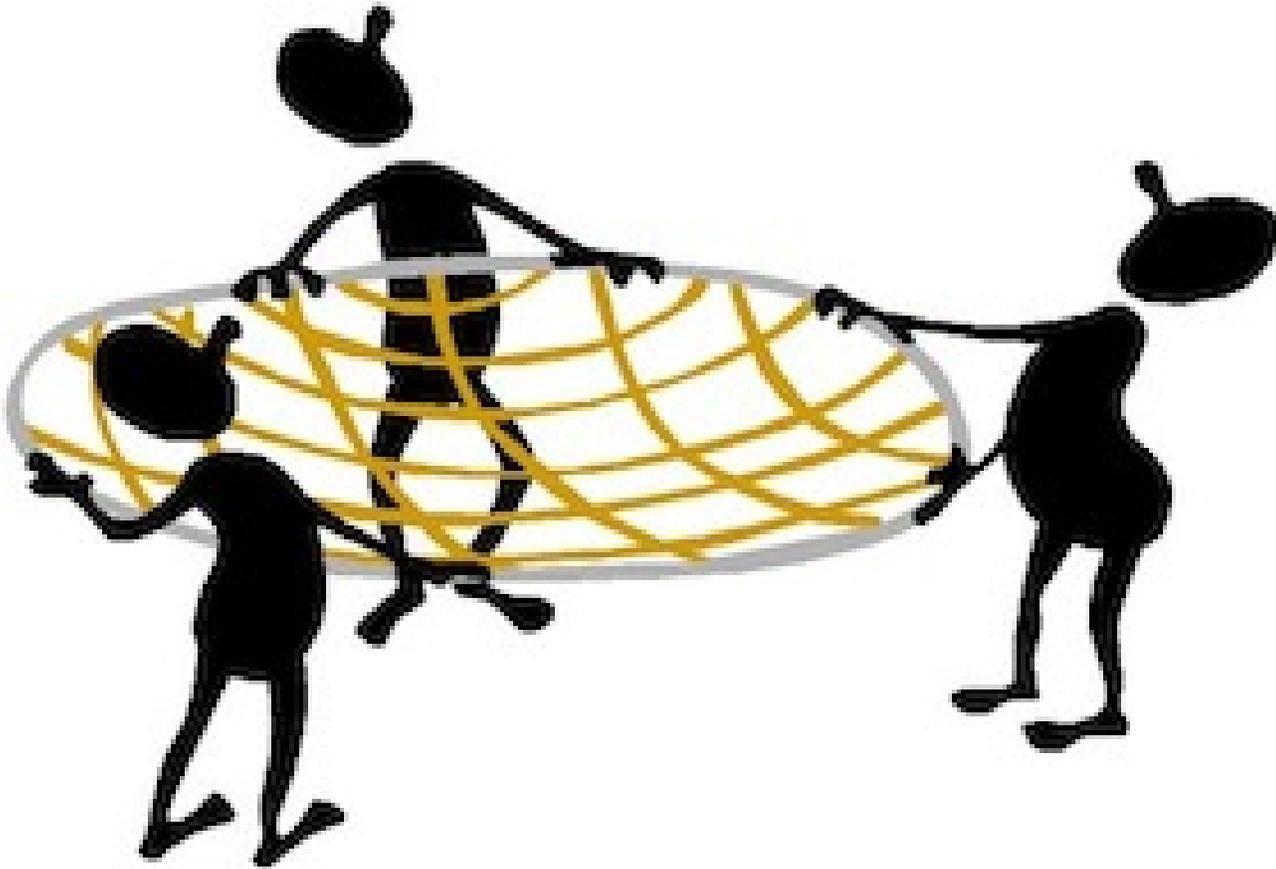
The program relies on Master Trainers trained by Stanford who then train leaders in the community who lead Living Well classes for 10-20 people with chronic conditions, diabetes (or pre-diabetes), or chronic pain. Along with certified Master Trainers, RVCOG AAA also has staff certified in more specialized areas including Diabetes Self-Management and Pain Self-Management.

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ECONOMIC STABILITY

Goal:

To ensure a person/family will gain a minimum level of financial stability.



Oregon Health Plan/Medicaid

The Title XIX APD District Manager oversees this state and federally funded program that provides medical coverage. RVCOG AAA, through its ADRC, is a gateway for older individuals and adults with disabilities in the area to access the Oregon Health Plan and Medicare supplemental coverage.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Supplemental Nutrition Assistance Program (SNAP)

RVCOG AAA is the portal for older residents and persons with disabilities to access SNAP. The APD Title XIX District Manager oversees use and expenditures of this federal program, formerly known as Food Stamps, administered by the US Department of Agriculture. The intent of the program is to improve the health and wellbeing of low-income individuals, elderly and people with disabilities, and other groups of people by providing a means to substantially meet their nutritional needs. SNAP benefits are issued via an electronic Oregon Trail Card.

Funding Source(s): USDA

Transportation

Transportation, both medical and non-medical, is available for clients through partnership with a local transportation brokerage through a contract with Oregon's Medicaid program. The Title XIX APD District Manager oversees use and expenditures of this program.

SDS RVCOG also contracts with the Rogue River Community Center to provide transportation for persons in rural areas around Rogue River. The services are provided by volunteers on a mileage reimbursement basis.

Funding Source(s): Title XIX of the US Social Security Act and OAA Title IIIB

Medical Supplies

Medical Supplies are available to Medicaid clients through programs residing within the Oregon Health Authority. Along with other programs available to Medicaid clients, APD staff administers this program locally. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Medicare Prescription Drug Program Enrollment Assistance

For prescription drug benefits offered through federal law to all Medicare recipients, APD Medicaid staff contact Medicaid clients or client representatives to determine if the prescription drug benefits program is understood; provide assistance in determining choices available; and provide assistance in completing application and other relevant paperwork. Funding Source(s): Title XIX of the US Social Security Act

Lifelong Housing Certificate

RVCOG AAA has developed the first certificate for Lifelong Housing in Oregon. Before a home can be Lifelong Housing certified, a set of specific design and construction standards must be attained for the home. The certificate assures a prospective home buyer or renter that the house will make aging an easier process in their home for many years to come.

Funding Source(s): AARP, OAA Title IIIB, Local Funds

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COMMUNITY LIVING

Goal:

To establish an ever-expanding array of Home- and Community-Based care options that are available to provide the most optimal level of care for the person/family.



In-Home Care

Assistance to persons who are having difficulty with one or more of the following activities of daily living—preparing meals; shopping for personal items; managing money; using the telephone; doing light housework; eating; dressing; bathing; toileting; and transferring—may secure assistance through two programs.

A. Medicaid-funded In-Home Services - Caregivers help with housekeeping, bill paying, meal preparation, medication management, bathing and other personal needs to a Medicaid-eligible client living in their own home. An individual may directly employ a caregiver or they may opt to have the Medicaid office suggest/assign a caregiving agency. This program is only available to persons whose income/resources fall within eligibility criteria and who exhibit a sufficient need for assistance in managing their Activities of Daily Living (ADL). A Client Assessment and Planning System (CA/PS) and financial assessment is done for the individual to determine their eligibility. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

B. Oregon Project Independence for seniors 60 and older and Oregon Project Independence for adults ages 19-59 with physical disabilities - Like the Medicaid in-home service, OPI provides in-home care to individuals who show a need to assist them in their ADLs and whose income/resources fall within eligibility criteria. OPI clients have a little too much income to qualify for Medicaid, but are at risk of institutional placement without help. Both financial and ADL assessments are done to determine both eligibility and priority level for each individual. Service coordinators provide support to each OPI client to ensure the care they receive is most appropriate for them and that any care transitions are supported. Like the Medicaid program, a person can choose to either directly employ the caregiver themselves (through the Home Care Commission) or have RVCOG AAA supply the caregiver through a contractor.

Funding Source(s): State General Funds

Community Based Services

While in-home care provides the highest level of independence for a person needing care, there are several other options that also provide a higher level of independence than a Skilled Nursing Facility. Including:

A. Adult Foster Care (AFH) - This provides an option that closely approximates the home environment. Adult Foster Care homes can serve up to five individuals. The

Title XIX APD District Manager oversees this program. Medicaid staff license and monitor the care of clients who live in adult foster care homes.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

B. Residential Care Facilities (RCF) - This option provides care for individuals in a residential setting. An RCF has six or more individuals in private or shared rooms. The Title XIX APD District Manager oversees this program. Medicaid staff determines eligibility for this service and monitors the care of clients who live in Residential Care Facilities.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

C. Assisted Living Facilities (ALF) - Clients have their own apartments with many shared services such as meal preparation. The Title XIX APD District Manager oversees this program. Medicaid staff determines eligibility for this service and monitors the care of clients who live in the ALF.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Skilled Nursing Facilities (SNF)

For individuals in need of more intensive support on a 24-hour basis, Medicaid staff of APD can provide access to people who meet financial and ADL eligibility criteria. The SNF is the least independent option, but is one that meets the needs of many individuals. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

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SAFETY and RIGHTS

Goal:

To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.



Disaster Registry

With the help of volunteers, RVCOG AAA maintains a Disaster Registry of frail elders and adults with physical, cognitive, or severe mental disabilities. Individuals may request an application or sign up via the Web at www.rvcog.org. The Disaster Registry was created after a 1999 flood in Jackson County, an event that highlighted the need for responders to be able to locate vulnerable people before and during a disaster. Funding Source(s): OAA Title IIIB

Guardianship/Conservatorship

The RVCOG AAA contracts with the Center for Nonprofit Legal Services to provide a guardianship/conservatorship program in Jackson County. The Center performs legal and financial transactions on behalf of a client based upon a legal transfer of responsibility (e.g., as part of protective services when appointed by court order)..

Funding Source(s): OAA Title IIIB

Legal Assistance

RVCOG AAA contracts for legal assistance services with:

- a. Center for Nonprofit Legal Services (CNPLS) - The agency is staffed by Oregon licensed attorneys who are organized into four specialty units: Housing/Consumer, Family, Public Benefits/Employment, and Individual Rights. Low-income persons and seniors with priority legal problems are accepted by the agency for direct legal representation. The senior case load is about 10-15% of the total workload. Services are provided based on priorities established by the RVCOG Senior Advisory Council.
- b. Oregon Law Center (OLC) - A senior law hotline service is provided by Oregon licensed attorneys. The hot line is staffed 3 hours per week. Seniors are not screened for income eligibility but are screened for conflicts with prior OLC clients as per the Oregon State Bar Disciplinary Rules. Additional free legal assistance is provided as needed on a case-by-case basis. Free training is provided four times a year on relevant topics of interest to seniors. Services are provided based on priorities established by the RVCOG Senior Advisory Council.

Funding Source(s): OAA Title IIIB

Adult Protective Services/Elder Abuse/Patient Abuse

Medicaid staff provide Adult Protective Services (APS) to aged, blind or individuals with disabilities 18 years of age or older. The intent of the program is to investigate and document allegations of abuse and provide protection and intervention on behalf of those adults who are unable to protect themselves from harm or neglect. These services are provided by APS staff in our Medford Senior Services and Grants Pass Senior and Disability Services Branches. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Elder Abuse Prevention

In FY 2010, an Adult Protective Services (APS) Emergency Fund was established to pay for such things as emergency shelter, transportation, food, medications, and clothing for seniors 60 and older in protective service situations. We continue to utilize the fund. The Senior Advisory Council in partnership with APD Adult Protective Services staff work to identify additional activities.

Funding Source(s): OAA Title VII

Medicare Part D Low-Income Subsidy Screenings/Referrals and Choice Counseling

Screen Medicare beneficiaries not already deemed eligible for Medicare Part D Low-Income Subsidy (LIS) and refer to the State of Oregon Department of Human Services or the Social Security Administration for LIS eligibility determination. Offer Medicare Part D choice counseling for people who are already eligible for both Medicare and Medicaid. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Oregon Supplemental Income Program (OSIP)

This means-tested program is for those 65 and older or those under 65 who have been determined disabled by Social Security Administration (SSA) criteria. Eligibility for OSIP qualifies the client for Medicaid. Medical benefits are provided through enrollment in a managed health care system or on a fee-for-service basis. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Presumptive Medicaid Disability Determination Process

The State of Oregon is required to make Medicaid disability determinations within ninety (90) days for applicants alleging a disability that would meet the Social Security Administration (SSA) disability requirements for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and, for whom the SSA has not made a disability determination. The disability determination is one of the requirements an applicant must meet in order to establish eligibility for the Oregon Supplemental Income Program. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

State Plan Personal Care

Supportive services which enable a Medicaid financially-eligible person to move into or remain in their own home. Services are limited to 20 hours per month per client. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Contract Registered Nurse Services

The Title XIX APD District Management Team provides day-to-day oversight and management of the Department of Human Services Contract RN program locally..

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

BEHAVIORAL HEALTH

Older Adult Behavioral Health Initiative (OABHS)

The state is investing in senior behavioral health to better meet the needs of older adults and people with disabilities by improving access to care, and by making sure that providers work together to provide coordinated, high-quality physical and behavioral health care. The goal is improved quality of life for older adults. And over time, through sharing and adoption of best practices, the cost of care should actually be reduced. This investment has placed 25 professionals who specialize in behavioral health for older adults in local and regional community mental health programs. Their role is to improve the ability of each community's behavioral health system to provide the type of services older adults need. They work closely with local aging services staff as well as primary care providers and hospitals. One of these professionals is employed with RVCOG as an Older Adult Behavioral Health Specialist.

PEARLS (Program to Encourage Active and Rewarding Lives for Seniors)

Evidence-based treatment program for seniors with depression. PEARLS is a community-based treatment program for older adults (and all-age adults with epilepsy) with minor depression or dysthymia, an ongoing low-grade depression. This brief intervention program is delivered in the home with 8 visits and 4 follow-up calls over a period of 6 to 8 months.

REACH OUT

In-home behavioral health assessment and referral services for older adults and people with disabilities. Clinical services are provided in Jackson County to seniors and people with disabilities. "REACH OUT" utilizes multiple community partners and lay community members to identify and refer clients who are not receiving adequate or supportive services. Clinicians go into the home and provide a comprehensive assessment utilizing standardized screening tools and a strengths-based approach; provide brief therapeutic services and referral services.



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Senior and Disability Services of Rogue Valley Council of Governments

Appendices



SENIOR & DISABILITY
SERVICES

A Department of RVCOG



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ACTIVITIES OF DAILY LIVING (ADL)

Activities of daily living (ADLs) are those personal functional activities required by all of us for continued well-being, which are essential for health and safety and include things like eating, dressing and grooming, bathing and personal hygiene, mobility, elimination, and cognition.

For many individuals with disabilities, assistance from other human beings to perform activities of daily living is a daily need. Whether the person experiences a physical or cognitive disability requiring some level of assistance from others, choice and control are fundamental to achieving successful outcomes.

Preserving one's sense of dignity and self-esteem when receiving services is something that must be learned, and requires patience, flexibility, and a commitment from both service provider and consumer. Building meaningful and mutually beneficial partnerships takes patience and hard work on everyone's part.

For the thousands of Oregonians who require ADL services, selecting competent providers and establishing effective working relationships is essential for living independently.

Oregon determines Medicaid eligibility for long term care services and for Oregon Project Independence services based on an individual's limitation of activities of daily living.

Activities of Daily Living (ADL) – OAR 411-015-0006

Temporarily Effective 10/01/2017 through 03/29/2018)

- **Evaluation** of the individual's need for assistance in activities of daily living is based on:
 - The individual's ability to complete activities components and tasks rather than the services provided;
 - How the individual functioned during the 30 days prior to the assessment date, with consideration of how the person is likely to function in the 30 days following the assessment date; and
 - Evidence of the actual or predicted need for assistance of another person within the assessment time frame, and it must not be based on possible or preventative needs.

- **Bathing and personal hygiene.** This activity of daily living is comprised of two components which are bathing and personal hygiene. To be considered assist, the individual must require assistance in bathing or full assistance in hygiene. To be considered full assist, the individual must require full assistance in bathing.

- Bathing means the tasks of washing the body, washing hair, using assistive devices if needed, or getting in and out of the bathtub or shower. For individuals who are confined to a bed, bathing is assessed without considering the need to get in or out of the bathtub or shower.
 - Assist: Even with assistive devices, the individual requires assistance of another person for a task of bathing at least one day each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.
 - Full Assist: Even with assistive devices, the individual is unable to accomplish any task of bathing without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.
- Personal hygiene means the tasks of shaving, caring for the mouth, or assistance with the tasks of menstruation care.
 - Assist: Even with assistive devices, the individual requires assistance of another person for a task of personal hygiene at least one day each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity
 - Full Assist: Even with assistive devices, the individual is unable to accomplish at least two personal hygiene tasks, without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks, every time the activity is attempted.
- **Cognition** refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. There are four components to cognition: self-preservation, decision-making, ability to make one's self-understood, and unsafe behaviors. For purposes of this rule, assist levels are defined within each of the four components. Individuals assessed as minimal assist may receive cognition hours as defined in OAR 411-030. For each assist level, individuals must have a documented history of actions or behaviors demonstrating they need assistance with ensuring their health and safety
 - An individual's ability to manage any component of cognition, as defined in this rule, is assessed by how the individual is able to function without the assistance of another person.
 - An individual is assessed based upon how the individual functions on prescribed medications. When assessing an individual who is refusing to take their medications, case managers must assess the individual's understanding of the risks and consequences of consciously refusing to take their medication. Case managers should not assess the impact of the individual's decisions related to taking their medication

- The assessment time frame in OAR 411-015-0008 shall be expanded when assessing cognition. A documented history demonstrating the need for assistance that occurred more than 30 days prior to the assessment date shall be considered if need would likely reoccur in the absence of existing supports
- An individual under age 65, with cognition needs driven by a mental illness, emotional disorder, or substance abuse disorder does not meet the criteria for service eligibility per OAR 411-015-0015.
- To assess an individual as meeting the assist criteria for cognition, an individual must require
 - Substantial assistance in one of the four components of cognition;
 - Assistance in at least three of the four components of cognition; or
 - Minimal assistance in at least two of the four components of cognition.
- To meet the criteria for full assist in cognition an individual must require:
 - Full assistance in at least one of the four components of cognition; or
 - Substantial Assistance in at least two of the four components.
- The four components of cognition are:
 - **SELF PRESERVATION.** Self-Preservation means an individual's actions or behaviors reflect the individual's understanding of their health and safety needs and how to meet those needs. Self-preservation refers to an individual's ability to recognize and take action in a changing environment or a potentially harmful situation.
 - Self-Preservation includes, but is not limited to an individual:
 - Being oriented to their community and surroundings such that they can find their way to their home or care setting.
 - Understanding how to safely use appliances.
 - Understanding how to take their medications.
 - Understanding how to protect themselves from abuse, neglect or exploitation.
 - Understanding how to meet their basic health and safety needs.
 - Self-preservation does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences of their actions.
 - Self-preservation includes the following assistance types (see OAR 411-015-0005) unless otherwise indicated in the assist level :
 - Cueing.
 - Hands-on.
 - Monitoring.
 - Reassurance.
 - Redirection.

- Support.
- Minimal Assist: The individual needs assistance at least one day each month to ensure they are able to meet their basic health and safety needs because they are unable to act on the need for self-preservation or they are unable to understand the need for self-preservation. The need may be event specific.
- Substantial Assist: The individual requires assistance because they are unable to act on the need for self-preservation nor understand the need for self-preservation at least daily.
- Full Assist: The individual requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual is not able to be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.
- **DECISION-MAKING.** Decision-making means an individual's ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions.
 - Decision-making includes the following assistance types, unless otherwise indicated in the assist definitions
 - Cueing.
 - Hands-on.
 - Monitoring.
 - Redirection.
 - Support
 - Minimal Assist: The individual requires assistance at least one day each month with decision-making the need may be event specific
 - Substantial Assist: The individual requires assistance in decision-making and completion of ADL and IADL tasks at least daily.
 - Full Assist: The individual requires assistance throughout each day in order to make decisions, understand the tasks necessary to complete ADLs and IADLs critical to one's health and safety. The individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.

- **ABILITY TO MAKE SELF-UNDERSTOOD.** Ability to make self-understood means an individual's cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology. An individual with a cognitive impairment in this component demonstrates an inability to express themselves clearly to the point their needs cannot be met independently.
 - Ability to make self-understood does not include the need for assistance due to language barriers or physical limitations to communicate.
 - Ability to make self-understood includes the following assistance types, unless otherwise indicated in the assist definitions:
 - Cueing.
 - Monitoring.
 - Reassurance.
 - Redirection.
 - Support.
 - Minimal Assist: The individual requires assistance at least one day each month in finding the right words or in finishing their thoughts to ensure their health and safety needs. The needs may be event specific.
 - Substantial Assist: The individual requires assistance to communicate their health and safety needs at least daily.
 - Full Assist: The individual requires assistance throughout each day to communicate and is rarely or never understood and cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. Full assist includes hands on assistance in addition to the assist definition included in paragraph (c). This does not include assistance types of support or monitoring.
- **CHALLENGING BEHAVIORS.** Challenging Behaviors means an individual exhibits behaviors that negatively impact their own or to others' health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions.
 - Challenging behaviors include, but are not limited to, those behaviors that are verbally or physically aggressive and socially inappropriate or disruptive.
 - Challenging behaviors does not include the individual exhibiting behaviors when the individual understands the potential risks and consequences of their actions.

- Challenging behaviors includes the following assistance types, unless otherwise indicated in the assist definitions:
 - Cueing
 - Hands-on
 - Monitoring
 - Redirection
- Minimal Assist: The individual requires assistance at least one day each month dealing with a behavior that may negatively impact their own or others' health or safety. The individual sometimes displays challenging behaviors, but can be distracted and is able to self-regulate behaviors with reassurance or cueing. Minimal assist includes reassurance assistance.
- Substantial Assist: The individual requires assistance in managing or mitigating their behaviors at least daily. The individual displays challenging behaviors and assistance is needed because the individual is unable to self-regulate the behaviors and does not understand the consequences of their behaviors.
- Full Assist: The individual displays challenging behaviors that require additional support to prevent significant harm to themselves or others. The individual needs constant assistance to the level that the individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of monitoring.
- **Dressing and Grooming:** This activity of daily living is comprised of two components; dressing and grooming. To be considered Assist, the individual must require assistance in dressing or full assistance in grooming. To be considered Full Assist the individuals must require full assistance in dressing.
 - Dressing means the tasks of putting on and taking off clothing or shoes and socks.
 - Assist: Even with assistive devices, the individual is unable to accomplish some tasks of dressing without the assistance of another person at least one time each week totaling four days per month. This means hands-on assistance, cueing, or standby presence during the activity.
 - Full Assist: Even with assistive devices, the individual is unable to accomplish any tasks of dressing without the assistance of another person. This means the individual needs hands-on assistance through all tasks of the activity, every time the activity is attempted.
 - Grooming means components of nail and hair care.

- Assist: Even with assistive devices, the individual is unable to accomplish tasks of grooming, without the assistance of another person at least one time each week totaling four days per month. This means hands-on assistance, cueing, or standby presence during the activity.
 - Full Assist: Even with assistive devices, the individual is unable to perform any tasks of grooming without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.
- **Eating** means the tasks of eating, feeding, nutritional IV set up, or feeding tube set-up by another person and may include using assistive devices.
 - Assist: When eating, the individual requires another person to be within sight and immediately available to actively provide hands-on assistance with feeding, special utensils, or immediate hands-on assistance to address choking, or cueing during the act of eating at least one time each week totaling four days per month during the assessment timeframe.
 - Full Assist: When eating, the individual always requires one-on-one assistance through all tasks of the activity for direct feeding, constant cueing to prevent choking or aspiration every time the activity is attempted.
- **Elimination** is comprised of three components, which are bladder, bowel, and toileting. To be considered assist, the individual must require assistance in at least one of the three components inside the home or care setting. To be considered full assist the individual must require full assistance in any of the three components inside the home or care setting. Dialysis care needs are not assessed as part of elimination.
 - Bladder means the tasks of catheter care and ostomy care
 - Assist: Even with assistive devices, the individual requires hands-on assistance with a task of bladder at least one day each week totaling four days per month during the assessment timeframe.
 - Full Assist: The individual requires hands-on assistance of another person to complete all tasks of bladder care every time the task is attempted even with assistive devices.
 - Bowel means the tasks of digital stimulation, suppository insertion, ostomy care, and enemas.
 - Assist: Even with assistive devices, the individual requires hands-on assistance with a task of bowel care at least one day each week totaling four days per month during the assessment timeframe.
 - Full Assist: The individual requires hands-on assistance of another person to complete all tasks of bowel care every time the task is attempted, even with assistive devices.

- Toileting means tasks requiring the hands-on assistance of another person to cleanse after elimination, change soiled incontinence supplies or soiled clothing, adjust clothing to enable elimination, or cue to prevent incontinence.
 - Assist: Even with assistive devices, the individual requires hands-on assistance from another person with a task of toileting or cueing to prevent incontinence at least one day each week totaling four days per month during the assessment timeframe.
 - Full Assist: The individual is unable to accomplish all tasks of toileting without the assistance of another person. This means the individual needs assistance of another person through all tasks of the activity, every time the activity is attempted.

- **Mobility** is comprised of two components, which are ambulation and transfer. In the mobility cluster only, assistance is categorized into three levels. To be considered Minimal Assist, the individual must require minimal assistance in ambulation. To be considered Substantial Assist, the individual must require substantial assistance with ambulation or an assist with transfer. To be considered Full Assist, the individual must require full assistance with ambulation or transfer.
 - Mobility does not include getting in and out of a motor vehicle, or getting in or out of a bathtub or shower.
 - Mobility, for the purposes of this rule, inside the home or care setting, means inside the entrance to the client's home or apartment unit or inside the care setting (as defined in OAR 411-015-0005). Courtyards, balconies, stairs or hallways exterior to the doorway of the home or apartment unit are not considered inside.
 - A history of falls with an inability to rise without the assistance of another person, or with negative physical health consequences, may be considered in assessing ambulation or transfer if they occur within the assessment time frame. Falls prior to the assessment time frame, or the need for prevention of falls alone, even if recommended by medical personnel, is not sufficient to qualify for assistance in ambulation or transfer.
 - Ambulation means the activity of moving around both inside and outside the home or care setting. This includes assessing the individual's needs after taking into consideration their level of independence while using assistive devices such as walkers, canes, crutches, manual and electric wheelchairs, and motorized scooters. Ambulation does not include exercise or physical therapy.
 - Minimal Assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate outside the home or care setting at least once each week, totaling four days per month. The individual requires hands-on assistance from another

person to ambulate inside their home or care setting less than one day each week.

- **Substantial Assist:** Even with assistive devices the individual requires hands-on assistance from another person to ambulate inside their home or care setting at least one day each week totaling four days per month.
 - **Full Assist:** Even with assistive devices, the individual requires hands-on assistance from another person to ambulate every time the activity is attempted. Individuals who are confined to bed are a full assist in ambulation.
- **Transfer** means the tasks of moving to or from a chair, bed, toileting area, or wheelchair using assistive devices, if needed. This includes repositioning for individuals confined to bed or wheelchair. This assistance must be required because of the individual's physical limitations, not their physical location or personal preference. **Assist:** Even with assistive devices, the individual requires hands-on assistance with a task of transferring inside the home or care setting at least one day each week totaling at least four days per month. **Full Assist:** The individual requires hands-on assistance from another person every time the activity is attempted, even with assistive devices.

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SERVICE PRIORITY LEVELS

Priority levels include groups of impairments and levels of impairments. Individuals with the most impairments are assessed at a higher priority level. As an example, individuals at level 1 have a much higher level of need than does a level 15 to 17.

To determine the service priority level, an individual must be found eligible, using the Department's standardized assessment tool, as meeting at least the requirements for Assist or Full Assist in activities of daily living as defined in OAR 411-015-0006, in the following order and as designated in OAR 411-015-0015.

Level 1 Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.

Level 2 Requires Full Assistance in Mobility, Eating and Cognition.

Level 3 Requires Full Assistance in Mobility, or Cognition, or Eating.

Level 4 Requires Full Assistance in Elimination.

Level 5 Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.

Level 6 Requires Substantial Assistance with Mobility and Assistance with Eating.

Level 7 Requires Substantial Assistance with Mobility and Assistance with Elimination.

Level 8 Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.

Level 9 Requires Assistance with Eating and Elimination.

Level 10 Requires Substantial Assistance with Mobility.

Level 11 Requires Minimal Assistance with Mobility and Assistance with Elimination.

Level 12 Requires Minimal Assistance with Mobility and Assistance with Eating.

Level 13 Requires Assistance with Elimination.

Level 14 Requires Assistance with Eating.

Level 15 Requires Minimal Assistance with Mobility.

Level 16 Requires Full Assistance with Bathing or Dressing.

Level 17 Requires Assistance in Bathing or Dressing.

Level 18 Independent in the above levels but requires structured living for supervision of complex medical problems or a complex medication regimen.

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A LITTLE ABOUT MEETINGS

Subject to Oregon's public meetings law:

- ◆ Oregon Revised Statute (ORS) Chapter 192 - Public and Private Records; Public Reports and Meetings Governing Body - authorized to advise the full board.

Conducted under:

- ◆ Roberts Rules of Order, except where they conflict with or contradict the Bylaws.

Guidelines:

- Listen to learn and understand. Be open to new learning. Be curious. Be willing to reconsider your understandings and beliefs, and look at others' perspectives.
- For the purpose of dialogue and decisions, leave organization and position at the door. Bring the best interests of people with disabilities, your expertise and your vision.
- Communicate honestly, responsibly and respectfully.
 - See that all have an equal opportunity to contribute – try not to overuse “air” time.
 - Don't interrupt.
 - Don't hold side conversations – if you have something to say, say it to the group as a whole.
- Help us stay focused and engaged.
 - Turn off/silence cell phones or pagers.
 - Identify issues that need to be tabled to be dealt with at a different time.
 - Let the chair/facilitators know if you have a concern or question that is not being addressed – including if you are tuning out and need a break.
- We will strive for consensus when possible, but use voting as per our bylaws when needed.
- Facilitators will strive to help you know where we have been, where we are, and where we are going in the process.
- Members are responsible for their own learning. Staff will work to support that.

- Prepare for meetings. Agendas and minutes will be provided to the committee 3 – 5 days ahead.
- Your attendance at meetings is critical.
- Meetings will start and end on time. Committee members will return from breaks punctually.

**SENIOR AND DISABILITY SERVICE ADVISORY COUNCILS
MEETING SCHEDULE – 10/23/2017**

Committee	Meeting Date / Time	Chairperson / RVCOG Staff
Senior Advisory Council (SAC)	1 st Monday, 12:30 - 2:30 p.m.	Sandy Theis, (541-601-5385) Sue Casavan, (541-423-1367) Chelsey Rowell, (541-423-1332)
SAC Executive Committee	4 th Tuesday, Quarterly (March, June, September, December) 1:00 – 2:30 p.m.	Sandy Theis, (541-601-5385) Sue Casavan, (541-423-1367) Chelsey Rowell, (541-423-1332)
Communications & Outreach Committee	1 st Monday, 11:00-12:00 p.m.	Anne Bellegia, (541-488-5611) Sue Casavan, (541-423-1367)
Support Services Committee	3 rd Tuesday 1:00 -3:00 p.m. Every month except July and December	Rosalie Caffrey, Berta Varble, (541-423-1384)
Nutrition Advisory Committee	3 rd Tuesday 1:00 -3:00 January, March, June, September	Rosalie Caffrey, (541-840-5722) Evelyn Kinsella, (541-423-1396) Berta Varble, (541-423-1384)
Advocacy Committee	2 nd Monday 1:00-3:00 p.m. As needed	John Curtis, (541-826-8026) Connie Saldana, (541-423-1383) Sue Casavan, (541-423-1367)
Disability Services Advisory Council	1 st Monday, 2:45 – 4:15 p.m.	George Adams, (541-441-5394) Denyce Gavin, (541-535-4955) Kathie Young, (541-776-6231) Sharen Yeager, (541-776-6232)
Council Development Committee	As Part of Executive Committee for now	Pat Jenkins, (541-415-0465) Sue Casavan, (541-423-1367)
ADRC Advisory Committee	3 rd Tuesday 1:00 -3:00 p.m. February, April, August, November	Rosalie Caffrey, (541-840-5722) Berta Varble, (541-423-1384)
"Ex-Officio" Staff	All Committees	Laura O'Bryon, (541-423-1394)

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MEDICAID/MEDICARE

both MEDICAID and MEDICARE help pay medical bills.

both MEDICAID AND MEDICARE are part of the Social Security Act. The Social Security Act was enacted in 1935.

MEDICAID -- often called Title 19 of the Social Security Act, was enacted in 1964.

MEDICARE -- often called Title 18 of the Social Security Act, was enacted in 1964.

*MEDICAID and MEDICARE can work together
but
MEDICAID AND MEDICARE are not the same.*

MEDICAID LONG-TERM CARE SERVICES for seniors and adult persons with disabilities in Jackson and Josephine counties are administered locally, by District 8 Aging and People with Disabilities, the Medicaid Long-Term Care and Financial Assistance programs.

MEDICAID HEALTH INSURANCE, OREGON HEALTH PLAN (OHP), is administered by Oregon Health Authority. Eligible individuals receive coordinated health care services through local Coordinated Care Organizations (CCOs) under the Affordable Care Act.

MEDICARE is a federal program accessed through www.medicare.gov or through the Social Security Administration office in Medford.

MEDICAID is an assistance program.

To qualify you must be aged, disabled or blind AND need financial help. Some low-income individuals and families are eligible, too. Money from federal and state taxes pays medical bills for people.

Medicaid pays for help to people with ***long term*** or permanent illness or disability. It also pays for professional care and rehabilitation.

MEDICAID is operated by state governments within federal guidelines.

MEDICARE is an insurance program.

Qualification determined by paying premiums and by age or disability.

Money from trust funds pays hospital and medical bills for entitled people.

Pay for short term rehabilitation, but not for chronic maintenance or long term illness or disability.

Medicare is operated by the federal government.

MEDICAID in all participating states pays for at least these services:

- * inpatient hospital care
- * outpatient hospital services
- * other laboratory and X-ray services
- * nursing facility services
- * physicians' services
- * home health care services

In Oregon, MEDICAID long term care also pays for:

- * prescribed drugs
- * medical transportation
- * long term care in nursing facility services
- * other rehabilitative services,
- * medical equipment, supplies, oxygen
- * community based long term care services:
 - * in-home
 - * adult foster care
 - * residential care
 - * assisted living
 - * home delivered meals

MEDICAID Oregon Health Plan for low-income people also pays for:

- * medical transportation
- * dental, vision and mental health services

MEDICARE hospital insurance (Part A) provides basic help with costs of:

- * inpatient hospital care
- * post-hospital skilled nursing facility care
- * home health care
- * hospice care

MEDICARE medical insurance (Part B) helps pay:

- * physicians' services
- * medical services and supplies
- * home health care services
- * outpatient hospital services, therapy, and other services.
- * Low-income subsidy for premiums and co-pays is available.

MEDICARE prescription drug coverage (Part D) pays for medications.

- * Low-income subsidy for premiums and co-pays is available.

MEDICARE is for almost everybody 65 or older regardless of income.

MEDICARE also insures disabled people under 65 who have been entitled to Social Security disability payments for at least two years, and certain others with permanent kidney failure.

**The 2017 Poverty Guidelines for the
48 Contiguous States and the District of Columbia**

Persons in family/household	Poverty guideline
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
For families/households with more than 8 persons, add \$4,180 for each additional person.	

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Useful Links/Websites

AARP.org

ADRCofOregon.org

N4A.org

O4AD.org

Older Americans Act as reauthorized in 2016:

<https://www.acl.gov/news-and-events/announcements-latest-news/older-americans-act-reauthorization-signed-law>

Oregon Home Care Commission

[Oregon.gov/DHS.Seniors-Disabilities/HCC/pages/index.aspx](https://www.oregon.gov/DHS.Seniors-Disabilities/HCC/pages/index.aspx)

Oregon Public Meeting Law – ORS 192.620

<https://www.oregonlaws.org/ors/chapter/192>

Oregon State Unit on Aging – The SUA provides a wealth of information on Older Americans, Oregon Project Independence, ADRC and other programs.

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/index.aspx>

ORS 410 – Oregon’s law dealing with senior and disability services administered by DHS.

https://www.oregonlegislature.gov/bills_laws/ors/ors410.html

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District 8 APD and AAA Offices

District 8 AAA
SDS RVCOG
155 N 1st Street
POB 3275
Central Point, OR 97502
541-664-6674 – p
541-664-7927 – f
RVCOG.ORG

Grants Pass Aging & People with Disabilities (APD)*
2101 NW Hawthorne Avenue, Suite A
Grants Pass, OR 97526
541-474-3110 - p
541-474-3125 - f
800-633-6409 – toll free

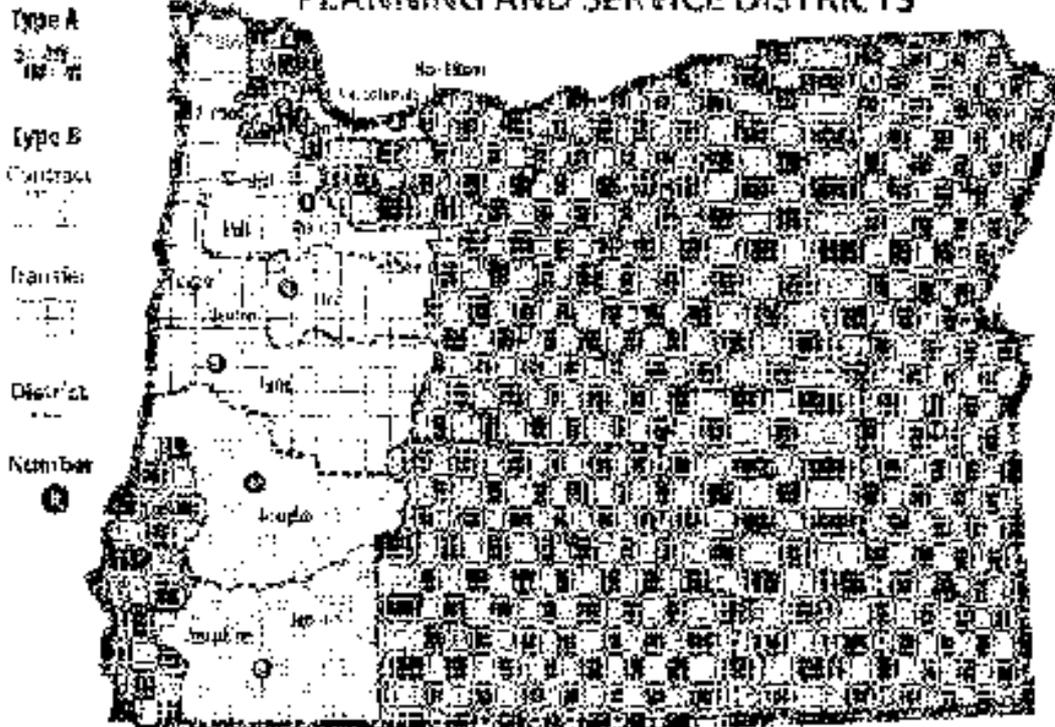
Medford Senior Services (APD)*
2860 State Street
Medford, OR 97504
541-776-6222 – p
541-772-2201 – f
866-405-6042 – toll free

Medford Disability Services Office (APD)*
28 W 6th St., Ste D
Medford, OR 97501
541-776-6210 – p
541-776-6251 – f
800-336-8204 – toll free

*District 8 AAA staff are housed with APD staff.

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AREA AGENCY ON AGING PLANNING AND SERVICE DISTRICTS



- | | | |
|--|--|--|
| 1 NWSDS
Northwest Senior & Disability
Services | 5 LCOG
Lane County of Governments | 11 KLCCOA
Klamath & Lake Counties
Council on Aging |
| 2 CAT
Community Action Team | 6 DCSS
Douglas County Senior
Services | 12 CAPECO
Community Action Program of
East Central Oregon |
| 2 CCSS
Clatsop County Senior
Services | 7 SCBEC
South Coast Business
Employment Corp. | 13 CCNO
Community Connection of NE
Oregon |
| 2 MCADVS
Multnomah County Aging
Disability & Veterans
Services | 8 RYCOG
Rogue Valley Council of
Governments | 14 HCSCS
Harney County Senior &
Community Services Center |
| 2 WCDAYS
Washington County Disability
Aging & Veteran Services | 9 MCCOG
Mild-Columbia Council of
Governments | 15 MCOACS
Molokai Council on Aging and
Community Services |
| 4 OCWCOD
Oregon Cascades West
Council of Governments | 10 COACO
Council on Aging of Central
Oregon | |

SENIOR AND DISABILITY OF SERVICES RVCOG GLOSSARY OF TERMS AND ACRONYMS

III B (Supportive Services)

Part of Older Americans Act Title III providing for supportive services to seniors.

III C (Nutrition Services)

Part of Older Americans Act Title III providing for nutrition services.

III C-1 (Congregate Nutrition Services)

Part of Older Americans Act Title III providing for service of hot meals and other nutrition services at congregate meal sites.

III C-2 (Home-Delivered Nutrition Services)

Part of Older Americans Act Title III providing for delivery of hot, cold, frozen, dried, canned, or supplemental foods meals to home-bound seniors.

III-D (Disease Prevention and Health Promotion Services)

Part of Older Americans Act Title III providing for disease prevention and health promotion services and information.

III-E (Family Caregiver Services)

Part of Older Americans Act Title III providing for support to caregivers.

VII A (Prevention of Elder Abuse, Neglect and Exploitation)

Part of Older Americans Act Title III providing for prevention of abuse, neglect, and exploitation of older individuals.

AAA

Area Agency on Aging

AARP

Previously known as American Association of Retired Persons

AB

Aid to the Blind

Abuse

There are several different types of abuse of older persons and persons with disabilities, including:

- Abandonment, which is the desertion or willfully forsaking of an elderly person or person with a disability or the withdrawal or neglect of duties and obligations owed a dependent adult by a caretaker or other person;
- Financial exploitation, which is the illegal or improper use of another individual's resources for personal profit or gain;
- Neglect, which is the failure (whether intentional, careless or due to inadequate experience, training or skill) to provide basic care or services when agreed to by legal, contractual or otherwise assumed responsibility;
- Physical abuse, which is use of excessive force, physical assault or physical contact with an individual including, but not limited to, hitting, slapping, biting, pinching or shoving;

- Psychological abuse resulting in emotional injury, which is the use of derogatory names or phrases or profanity, ridicule, harassment, coercion, threats or intimidation toward an individual or denial of civil rights; and
- Self-neglect is one's inability to understand the consequences of his or her actions or inaction that leads or may lead to harm or endangerment to himself/herself or another person.

Abuse investigation

In Oregon, provided by either AAAs or APD offices for elderly persons and persons with disabilities and residents of nursing facilities, adult foster homes, assisted living facilities or residential care facilities whenever an abuse complaint is received. Various state and federal laws define different aspects of abuse, abuse investigation, and reporting.

Access Services

Older Americans Act required services which provide access to other services. In Oregon, the following services are defined as access services: assisted transportation, case management, fee-based case management, interpreting/translation services, information and assistance, mental health screening and referral, newsletter, public outreach/education, and transportation.

ACL

Administration on Aging

ACSP

Accessibility Specialist

ACTION

The former name of the umbrella agency for federal volunteer programs including Retired Senior Volunteers Program (RSVP), Foster Grandparents, Senior Companions, Young Volunteers in ACTION, Drug Alliance, Students of Community Service, and VISTA. ACTION is now known as the Corporation for National and Community Service.

Action Request (AR)

Formal request for action issued by APD. ARs are time-sensitive and should be read and processed or assigned upon receipt. See www.dhs.state.or.us/policy/spd/transit/transmit.htm for access to ARs issued by APD.

Activities of Daily Living

Activities that individuals need to perform or have provided on a daily basis to maintain themselves in an environment. They cluster in the areas of bathing, cognition, dressing & grooming, eating, elimination, mobility, and transfer.

Acute

Of a disease or disease symptoms: beginning abruptly with marked intensity or sharpness, and then subsiding after a relatively short period of time; sharp or severe. Compare to chronic.

A & D

Alcohol and Drug

AD

Aid to the Disabled

ADA

Americans with Disabilities Act

ADC

Aid to Dependent Children, now TANF, Temporary Assistance to Needy Families.

Addictions and Mental Health (AMH)

A part of the Oregon Health Authority (OHA) responsible for delivering adults' and children's mental health and addiction services. Mental health services are delivered locally through community mental health departments and organizations, as well as through state-operated psychiatric hospitals in Salem, Portland and Pendleton. The division is responsible for delivering addiction prevention and treatment services in the areas of alcohol, tobacco, other drugs and problem gambling.

ADL

Activity of Daily Living

Addus HealthCare

Contractor providing home care and personal care services in Jackson and Josephine counties to eligible Oregon Project Independence and Title XIX Medicaid clients.

Administration on Aging (AOA)

Under the Administration for Community Living Division of the Federal Department of Health and Human Services, AoA administers the **Older Americans Act (OAA)** and **Nutritional Services Incentives Program (NSIP)** throughout the US and its territories.

Administration on Community Living (ACL)

ACL brings together the efforts and achievements of the Administration on Aging (AoA), the Administration on Intellectual and Developmental Disabilities (AIDD), and the Health and Human Services Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

ADRC

Nationally known as Aging and Disability Resource Centers. In Oregon, known as Aging and Disability Resource Connections.

Adult Foster Care (Adult Foster Home, AFH)

A licensed group living facility for no more than five individuals in a private home setting. Services include room and board, personal care service, medical management help, recreational activities, and transportation. Homes are

licensed for different levels of care and monitored by District 8 APD Title XIX staff.

Advisory Council

Voluntary group of citizens who provide information, guidance, advice, and support to SDS RVCOG to plan, develop, coordinate, and administer services. The RVCOG has advisory councils representing seniors and people with disabilities as well as for other programs such as water quality and transportation.

Advocacy

Monitor, evaluate and comment, as appropriate on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interest of older persons; consult with and support the State's LTC Ombudsman program; coordinate plans and activities to promote new or expanded benefits and opportunities for older persons.

Advocacy Committee

Joint committee of both the RVCOG Senior Advisory Council and Disability Services Advisory Council, which clarifies issues of concern in local, state, or national arenas, and then moves the issues forward through legislative advocacy, or other types of advocacy.

AFH

Adult Foster Home

AG

Attorney General

Aging and Disability Resource Connection (ADRC)

The Aging and Disability Resource Connection (ADRC) is a coordinated system of information dissemination and access for all persons seeking long-term support to minimize confusion, enhance individual choice and support informed decision making. AoA and the Centers for Medicare and Medicaid Services (CMS) cooperatively developed the ADRC concept to help states streamline access to public and private programs and resources for seniors, people with disabilities and their families.

Aging and People with Disabilities (APD)

Aging and People with Disabilities (APD), a program within Oregon's Department of Human Services (DHS). Responsible for the administration of programs that increase the independence of and help protect seniors and people with disabilities. Its functions include abuse investigation, licensing of nursing facilities, help in arranging and paying for in-home services, and Oregon Project Independence. Many of the services are provided to clients through local AAA offices. APD also handles in-home, group home and crisis services for people with developmental disabilities. Another APD function is eligibility determination for federal Social Security Disability Insurance benefits.

Aid to the Blind (AB)

Federal program category that provides cash benefits through SSI and Medicaid benefits to persons who meet federal criteria of being legally blind and who are within income and resources standards.

Aid to the Disabled (AD)

Federal program category that provides cash benefits through SSI and Medicaid benefits to children and to adults 18-64 who meet federal criteria of being "totally and permanently disabled" and who are within income and resource standards.

AIRS - Alliance of Information & Referral Systems

ALF

Assisted Living Facility

All Care In-Home Care Solutions

Contractor providing home care and personal care services in Jackson and Josephine counties to eligible Oregon Project Independence and Title XIX Medicaid clients.

Alliance of Information & Referral Systems

The Alliance of Information and Referral Systems is the professional membership association for community Information and Referral (I&R) and Information and Referral/Assistance (I&R/A) providers. ADRC staff provides I&R/A services according to standards established by AIRS.

Allocation

Specific amount of funds available from each funding source administered by Aging and People with Disabilities (APD) for which each AAA may apply. Funding is allocated based on a funding formula.

Americans with Disabilities Act (ADA)

Legislation passed by the US Congress in 1990 to prohibit discrimination against people with disabilities and to guarantee them equal access to employment, public services, public accommodations and telecommunications.

AmeriCorps

A division of the Corporation for National and Community Services, an independent federal agency. Its mission is to improve lives, strengthen communities and foster civic engagement through service and volunteering. AmeriCorps has three main programs: AmeriCorps State and National, AmeriCorps VISTA, and AmeriCorps National Civilian Community Corps.

AMD

Addictions and Mental Health

AoA

Administration on Aging

APD

Aging and People with Disabilities

APS

Adult Protective Services

AR

Action Request. Official communication within SPD Administration

Area Agency on Aging

1. Area Agency on Aging
2. Area Agency on Aging and Disability (Oregon)

The state-designated entity with which DHS contracts to meet the requirements of the OAA and ORS Chapter 410 in planning and providing services to the senior or senior and adults with disabilities population for a designated Planning and Service Area (PSA).

Area Plan

Written document containing a detailed statement of proposed budgets and activities required by Oregon seniors and people with disabilities in order for Area Agencies to qualify for funding.

Area Plan Administration

Under Agreement with the State, the RVCOG AAA is responsible for: implementing planned services; maintaining required records; fulfilling the requirements of Federal regulations, State rules, and State Unit Policies and Procedures; supporting the Advisory Councils / subcommittees; contract administration / monitoring, financial accounting, and quality assurance. The State also contracts with (and funds) RVCOG AAA to partner with the Medicaid Long-Term Care and Financial Assistance programs which are directly provided by District 8 APD. RVCOG AAA and APD's goal is to provide a seamless service system to seniors and people with disabilities in the two-county area. AAA Webpage maintenance is included here.

ASL

American Sign Language for the deaf and hearing impaired.

Assisted Living Facility (ALF)

A licensed private living quarters with 24-hour assistance, as needed, emphasizing independent living. An ALF must provide organized activities, dining and service options.

At risk elderly

A state program for older persons and person with disabilities whose target population is defined as those at risk of becoming dependent and needing significant public assistance in the near future in order to meet their daily living needs.

Attorney General

A statutory office within the Executive Branch of the state that serves as the chief legal office of the state, heading the Oregon Department of Justice with its six operating divisions. The Attorney General is responsible for adopting model rules of procedure appropriate for use by all public contracting agencies (state and local governments). The model rules focus on competitive procurement procedures.

BIA

Bureau of Indian Affairs

Bureau of Indian Affairs (BIA)

An agency of the US government, generally responsible for administering federal policy for Native Americans and Inuits. It shares some responsibilities, for example, in education and housing, with other federal agencies. One of the oldest federal agencies, the Bureau of Indian Affairs was created in 1824 by the War Department; it was added to the new US Department of the Interior in 1849.

CAF

Children, Adult and Families Division

CAP

Community Action Program

CAPS

Client Assessment/Planning System

Caregiver Access to Assistance

The Family Caregiver Support program is available to family caregivers who are caring for someone over the age of 60; who are caring for an individual not receiving a wage or salary for providing that care; who are caring for an individual who is not receiving assistance through an acute care setting; who are 55 or older and caring for children age 18 and younger; or who are any age and caring for an individual with Alzheimer's or other related disorders with neurological and organic brain dysfunctions. Family Caregiver Resource Specialists assist family caregivers by providing a place to start and information and assistance to caregiver resources in our area. They also help to develop a plan for care. Title III E Family Caregiver Funds are also used to fund ADRC I&R/A services to family caregivers.

Case management

A service providing entry, assessment, service implementation, and evaluation to persons in need. Case managers work with clients and/or families to develop individualized care plans to meet their social and health care needs.

Cash assistance

A state-funded program which provide cash payments to categorically eligible persons including the Oregon Supplemental Security Income Program (OSIP).

Cash-in-lieu

Cash payments by the US Department of Agriculture to AAA, via APD, in lieu of donated commodities for OAA nutrition programs. Now know as Nutritional Services Incentives Program (NSIP).

CBC

Community-Based Care

CCO

Coordinated Care Organization

CDBG

Community Development Block Grant

Center for Independent Living (CIL)

A private non-profit organization providing independent living skills, advocacy and other services to persons with disabilities, under the federal Rehabilitation Act, in partnership with the National Organization on Disabilities.

Centers for Medicare and Medicaid Services (CMS)

Under the federal Department of Health and Human Services, CMS is responsible for administering Medicare, Medicaid and several other health-related programs.

Center for Non-Profit Legal Services

Contractor providing certain legal assistance and guardian/conservator services in Jackson County, with Older Americans Act funds, to persons over 60. Also assists disabled adults and other low income individuals who meet their guidelines to obtain services.

CEP

Client-Employed Provider (former name for Home Care Worker)

Chronic

Related to a disease or disorder that develops slowly and persists for a long period of time, often for the remainder of the individual's lifetime. Glaucoma is an example of a disease that may develop gradually and insidiously or that may occur as an acute disorder marked by sudden severe pain, requiring emergency treatment. Compare to acute.

CIL

Center for Independent Living – HASL is a CIL.

Client Assessment/Planning System (CAPS)

A data system used by AAAs and APD field offices for completing a comprehensive and holistic client assessment. It is comprised of critical elements of the individual's physical, mental and social functioning, including identification of risk factors and outcome measurements. The CAPS calculates the individual's service priority status, level of care and service payment rates. It also accommodates client participation in care planning.

Client Employed Provider Program (CEP)

An in-home program wherein the care provider is directly employed by the Medicaid or Oregon Project Independence client. The CEP provider, or home care worker, delivers home care, personal care, companion or chore services, depending on the care plan negotiated between the client and case manager. The home care worker can be live-in or hourly.

CM

OAA Case Manager. OPI Case Managers are now called Service Coordinators.

CMS

Centers for Medicare and Medicaid Services

COBRA

The Consolidated Omnibus Reconciliation Act of 1985 (US law).

Code of Federal Regulations (CFR)

The codification of the general and permanent rules published in the Federal Register by the Executive Department and the agencies of the federal government.

COG

Council of Governments. A public agency organized voluntarily by two or more units of local government under the provisions of Oregon Revised Statute (ORS) 190.

COLA

Cost of Living Adjustment

Community Action Program (CAP)

Agencies designated to administer federal programs for the needy. ACCESS, Inc. in Jackson County and Umpqua Community Action Network (UCAN) in Josephine County are both CAPs.

Community based care (CBC)

A generic term for services provided outside of nursing homes to clients within the long-term-care system. Substitute care in residential care facilities (RCF's) and adult foster homes (AFH's) as well as in-home services are covered under this term. Other services covered by this term include home-delivered meals and medical services and supplies.

Community focal point

An Older Americans Act (OAA) requirement. Facility established to encourage the maximum collocation and coordination of services for older individuals.

Comprehensive and coordinated system

A planning and operations requirement under the Older Americans Act for providing all necessary supportive services, including nutrition services, in a manner designed to --

- (1) facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private organization;
- (2) develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
- (3) use available resources efficiently and with a minimum of duplication; and
- (4) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals on a voluntary basis.

Congregate meals

Hot meals provided at congregate meal sites to eligible persons by nutrition service providers under the Older Americans Act. Senior and Disability Services' Food & Friends (Meals on Wheels) provides this service in the Rogue Valley.

Conservatorship

Legal proceeding that gives a person (called a conservator) power over the property and finances of an incapacitated person (called the protected person).

Continuing Care Retirement Community (CCRC)

A housing community that provides different levels of care based on what each resident needs over time. This is sometimes called “life care” and can range from independent living in an apartment, to assisted living, to full-time care in a nursing home. Residents move from one setting to another based on their needs, but continue to live as part of the community. Care in CCRCs is usually expensive. Generally, a CCRC requires a large payment before moving in and charges monthly fees. Care in a CCRC is not funded with public resources.

Continuum of care

System of long-term services and supports which assist individuals with a variety of services in a variety of settings based on the care needs of the individual.

Contract agency

State-designated Area Agency type. Staff providing services for the Medicaid and Cash Assistance clients are state employees. The state contracts with the AAA to partner with these programs. RVCOC is a Type B Contract Area Agency on Aging.

Contracted services

Services provided to seniors and persons with disabilities by providers under contracts with Senior and Disability Services of RVCOC or APD.

Contractor

Service provider who offers services for eligible persons under contract with Senior and Disability Services of RVCOC or APD.

Contribution (OAA)

Voluntary private donation by an older person toward the cost of the service received under the Older Americans Act.

Coordinated Care Organization (CCO)

A network of all types of health care providers who work together in their local communities to provide patient-centered and team-focused care to reduced health disparities for people who receive health care coverage under the Oregon Health Plan (Medicaid).

Corporation for National and Community Services

An independent federal agency with the mission of improving lives, strengthening communities and fostering civic engagement through service and volunteering. Divisions of the Corporation include AmeriCorps, Senior Corps, and Learn and Serve America.

CRC/CRX

Criminal Records Check Pursuant to Oregon Law (ORS 181.534-537) and Oregon Administrative Rules (OAR 407.007, 0210-0370), AAAs are required to complete criminal records checks on their employees and volunteers.

DAS

Oregon Department of Administrative Services

Deaf and Hard of Hearing Services (ODHHS)

State of Oregon program that provides information and referral on deafness and hearing loss issues. Also provides training on: deaf awareness and sensitivity; and how to communicate with those with hearing loss; Americans with Disabilities Act compliance; and effective communications coordination.

Department of Administrative Services (DAS)

The central administrative agency of Oregon state government. It implements the policy and financial decisions of the Governor and the Oregon Legislature. It also sets and monitors standards of accountability to ensure that state government productively uses tax dollars.

Department of Health and Human Services (DHHS) - US

Federal administrative department within which the Administration on Community Living which includes the Administration on Aging is located.

Department of Human Services (DHS) - Oregon

The umbrella agency responsible for administering Oregon's human service program. Its mission is "helping people become independent, healthy and safe."

Department of Justice (DOJ)

The state agency responsible for providing general counsel and supervision of all civil actions and legal proceedings in which the state is a party or has an interest. It is also responsible for the operation of a number of programs, such as child support, crime victim compensation and consumer protection.

Dependent elderly

A term used by some AAAs including SDS RVCOG to define a target population of older persons needing significant assistance to meet their daily living needs because of lack of financial, social, physical, and/or emotional resources.

Developmental Disability (DD)

Cognitive or other disability affecting a person at birth or as a child up to 18 years of age.

DHHS

Department of Health and Human Services (Federal administrative department).

DHS

Department of Human Services

Direct Service

A service provided to clients by employees of an Area Agency on Aging. For example, case management and Food & Friends are direct services.

Disability

An impairment of one or more major life activities. Federal and State Laws state that three pieces must exist for an individual to be classified as disabled: (1) The individual must be diagnosed with a disability (physical or mental); (2) The person must be considered by others to have a disability; (3) He must have a history of a disability. For example, a seizure surgery may stop seizures, but

there remains a question about whether the disability is cured. History has a lot to do with community perception of a successful cure.

Alcoholism and drug addiction are no longer considered disabilities for purposes of receiving Supplemental Security Income (SSI). (9/96). Eligibility for many of the services offered through the Disability Services offices is based on SSI criteria.

Disability Services

A program providing Medicaid, public assistance and SNAP for persons, ages 18 – 64, with disabilities who meet state and federal eligibility guidelines.

Disability Services Office (DSO)

Aging and People with Disabilities branch in Medford.

Disability Services Advisory Council (DSAC)

A voluntary group of citizens that provides information, guidance, advice and support to the Rogue Valley Council of Governments for administering services for adults with disabilities aged 18 to 64. It advises on basic policy guidelines for those adults with disabilities receiving services in Jackson and Josephine Counties, reviews and evaluates the effectiveness of the services provided, as well as to advocate for individuals and issues of importance to the disability community.

Disaster Registry

In Jackson and Josephine Counties: Computerized data base with mapping capabilities used by emergency responders to locate individuals who need special assistance for evacuation in case of disaster. Frail elders and people with disabilities may register if they could not evacuate on their own nor stay at home alone for three days or would need special notification of the disaster, due to a disability. To register, contact Senior & Disability Services at (541) 664-6674. The map also includes layers with residential facilities and child care centers.

District 8

State administrative district including Jackson and Josephine counties.

DME

Durable Medical Equipment

DOES

Disabled Oregonians for Effective Services, an advocacy group.

DOJ

Oregon Department of Justice

DoL

Department of Labor, a US administrative agency responsible for employment and training programs. Administers the OAA Title V, Senior Community Service Employment program.

Donation (OAA)

Voluntary private donation towards an Older Americans Act program, not directly in response to receipt of a service, as opposed to program income, which is directly connected to receipt of a service. Donations can be used for local match; program income cannot be used for match.

DOL

Department of Labor

DRG

Diagnostically Related Group for health insurance purposes.

DSAC

Disability Services Advisory Council

DSO

Disability Services Office

EBT Card

Electronic benefit transfer card, the debit-type card (aka Oregon Trail Card) used to distribute SNAP benefits to eligible Oregonians.

EC

Enhanced Care

Economic Need, Greatest

Need resulting from having an income at or below poverty levels established by the U.S. Office of Management and Budget.

Elder Abuse and Protective Services

Investigation of reports of physical, emotional or financial abuse or neglect in nursing facilities, adult foster homes and the community, follow-up services, referrals and consultation.

Elderly in Economic or Social need (OAA)

Those who have limitations in their ability to meet their daily living needs because of economic or social factors with particular emphasis on low income minority individuals (Older Americans Act target populations).

Eligibility Worker

A job title no longer used by DHS. Now known as a "Public Service Representative 4." Employees in this classification determine financial eligibility for Medicaid, SNAP and related public assistance programs administered by DHS, its field offices, and contract agencies, like Type B AAAs. These workers also authorize the delivery of these services to eligible individuals.

ENL

English as a non-native language.

ESL

English as a second language.

Ethnicity

Ethnic quality or affiliation; of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin or background. For OAA information collection and reporting purposes, recipients of services are asked to self-identify if they are (1) Hispanic or Latino, or (2) not Hispanic or Latino.

Evidence-Based Program

A program that has been found, through research, to achieve a desired outcome such as Stanford University's Chronic Disease Self-Management Program.

Executive Committee (SDS RVCOG Senior Advisory Council)

Senior Advisory Council is comprised of Advisory Council chair, vice-chair, and subcommittee chairs.

Family Caregiver

Under the OAA National Family Caregiver Support Program (NFCSP), this term means an adult family member or another individual who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunctions. Also applies to an individual 60 and older who is caring for a family member 18 or younger.

FCG

Also known as NFCSP. OAA Title III E National Family Caregiver Support Program

FFY

Federal Fiscal Year – The FFY starts September 1 and ends October 30.

FIG Waiver Project

A 1979 federally-funded project administered by Oregon's Department of Human Resources. DHR chose five counties in southern Oregon for a waiver of Medicaid Title XIX regulations that allowed use of funds earmarked for nursing home care to be used for community-based long-term-care services. The project emphasized helping people avoid unnecessary institutionalization. In 1981, using the results of the FIG Waiver Project, senior advocates convinced the Oregon Legislature to establish the Senior Services Division with DHR and consolidate the administration of Medicaid, OAA and OPI programs in one administrative agency. APD's system is still modeled on the FIG Waiver Project.

Food & Friends

Meals on Wheels program serving Jackson and Josephine Counties

Frail Elderly (OAA)

Older Americans Act target population defined as those persons having a physical or mental disability (including having Alzheimer's disease or a related disorder with neurological or organic brain dysfunction), that restricts the ability of the individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.

FS

Food Stamps

GA

General Assistance

GCSS

Governor's Commission on Senior Services

Governor's Commission on Senior Services (GCSS)

21-member governor-appointed commission. It is the official advisory body for Aging and People with Disabilities (APD) on senior issues. It provides advice on

needs, recommends actions to meet the needs, and acts as an advocate for the elderly.

GPSDS

Grants Pass Senior & Disability Services Office.

Grants Pass Senior & Disability Services Office (GPSDS)

Branch office of APD that serves both seniors and people over 18 who have disabilities in Josephine County.

Greatest economic need (Older Americans Act)

Need resulting from having an income at or below poverty levels established by the U.S. Office of Management and Budget.

Greatest social need (Older Americans Act)

Need resulting from non-economic factors which include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

Guardianship

Legal proceeding that gives a person (called a guardian) power over all aspects of an incapacitated persons (called the protected person) life. Jackson County has a Public Guardian Program that is operated by The Center for NonProfit Legal Services for individuals who have no appropriate family to fill the role of guardian.

HASL (Handicap Awareness and Support League)

Center for independent living (CIL) which provides skills training, peer counseling, advocacy, transportation and other services for persons with disabilities. HASL also promotes public awareness of disability and accessibility issues and ADA consulting in both Jackson and Josephine Counties. (Also see Center for Independent Living)

HC

Home Care

HCBS

Home and Community Based Services - The Centers for Medicare and Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).

The purpose of these regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.

States must ensure that their service providers are in compliance with the regulations no later than March 2019, or June 2022, if the state is granted the three-year extension offered by CMS. To move each state's HCBS system into compliance, states must submit a Global Transition Plan detailing the steps the state will take to meet the deadline.

HDM

Home-Delivered Meals

Health and Medical Equipment

Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's independence in performing any activity of daily living.

Health Maintenance Organization (HMO)

An organized system of managed care that offers a specific comprehensive package of benefits to an enrolled population for a prepaid fee.

HMO

Health Maintenance Organization

Home and Community-Based Waiver Services

Services approved for Oregon by the Centers for Medicare and Medicaid Services (CMS) for aged and physically disabled person in accordance with Sections 1915 (c) and 115 of the Social Security Act.

Home Care

All those in-home services funded through Title XIX and Oregon Project Independence necessary to help clients achieve the greatest degree of independent functioning, which can be provided by a home care specialist, including assistance with all activities of daily living (ADL's), feeding, housekeeping and self-management activities.

Home Care Commission

The Oregon Constitution was amended in 2000 by the voters to create the Home Care Commission. The nine-member, Governor-appointed commission is responsible for ensuring high-quality home care services for the elderly and persons with disabilities who receive publicly-funded home and personal care in their residences.

Home Care Worker

Home care workers provide in-home services, including but not limited to housecleaning, shopping, meal preparation, money management, transportation, personal care and medication management. Home care workers are hired directly by the clients. Clients retain the right to hire home care workers of their choice including family members.

Home-Delivered Meals

Home-delivered meals provided to home-bound seniors and adults with disabilities by SDS RVCOG Food & Friends (Meals on Wheels) under Older Americans Act and Title XIX Medicaid.

Home Health Agency

A public or private agency licensed to provide coordinated home health services.

Home Health Services

Items and services furnished to an individual by a Home Health Agency on a visiting basis in place of temporary or permanent institutionalization, for the purpose of maintaining that individual at home.

Homemaker/Home Care

Homecare services means all those Activities of Daily Living (ADL) or Independent Activities of Daily Living (IADL) in-home services, requiring minimal to substantial assistance necessary to help clients achieve the greatest degree of independent functioning. Service is provided by in-home contract agencies: All Care In-Home Care Solutions and Addus Homecare.

Hospice

Programs providing non-medical support and assistance to terminally ill persons and their families.

HRSA

Health Resources and Services Administration (US)

HSCO

Human Services Coalition of Oregon is a Salem-based lobbying group for human services.

HUD

Department of Housing and Urban Development (US). The administrator of federal housing programs and related services for low-income individuals.

I & A (OAA)

Information and Assistance/Awareness

I & R (OAA)

Information and Referral.

ICF

Intermediate care facility

ILC

Independent Living Center. See current term: Center for Independent Living.

IM

Information Memorandum - Issued by APD to transmit information to AAAs and APD field offices regarding conferences, training and general information that do not require any specific action(s) by the recipient audience.

Independent Choices Program

Special Medicaid waiver program which allows participants to receive a cash grant based on a needs assessment. Participants then plan and obtain services that meet their needs using the grant.

Independent Practice Association (IPA)

An organization that contracts with a managed care plan to deliver services at a single capitation rate. The IPA then contracts with individual providers to provide the services, either on a capitated basis or on a fee-for-service basis.

Information and Assistance (I & A)

Under OAA, I&A provides individuals with current information on opportunities and services available to them within their communities, including information relating to assistive technology; assesses the problems and capacities of these individual; links them to the opportunities and services that are available; and, to the maximum extent practicable, ensures that they receive the services they need by establishing adequate follow-up procedures. I&A is intended to serve the entire community of older individuals in the Planning and Service Area (PSA). I&A is distinguished from I&R by the need for any of the following activities: options counseling, assessment, problem solving, care coordination, advocacy and follow-up.

Information and Referral (I & R)

Under OAA, One-stop shopping for information related to disability or services for individuals with disabilities, families, employers, and the community.

Information and Referral (I & R/A)

The ADRC serves as the one stop for consumers, their friends and family members, and the community as they seek to find information about resources for those who are aging or have a disability. ADRC is designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual's specific needs. Assistance is provided in accessing services when needed or requested. Services are available on the phone and by email in both Jackson and Josephine County.

In-Home Services

Services to help people remain in their own homes. Include: personal care, such as medication management and hygiene; and/or home care such as housekeeping, cooking, shopping, laundry; and/or home-delivered meals; and/or other services based on case manager assessment. May be provided by a provider from a contract agency or a client employed provider.

In-Kind Resources (OAA)

Non-cash (property or services) donations by non-federal third parties to a AAA or its contractors for services to the elderly under the Older Americans Act. It may be used as match in order to earn OAA funds.

INS

Immigration and Naturalization Service (US)

IPA

Independent Practice Association

K-Plan

A Medicaid state plan option authorized under the Affordable Care Act that provides services for Oregonians who want to stay in their home community and remain independent, healthy, and safe. Provides more extensive home and

community based long term services and supports in lieu of more expensive institutional care.

LASO

Legal Aid Services of Oregon

LEDS

Law Enforcement Data System (Oregon). A computerized system for gathering, retaining and disseminating data for use by law enforcement agencies.

Legal Assistance

Older Americans Act program providing legal advice, counseling, and representation provided by an attorney or other person under the supervision of an attorney.

LGBT

Lesbian, Gay, Bisexual, transgender

LIEAP

Low Income Energy Assistance Program

Long Term Care (LTC)

Extended care over a period of time provided to an individual with a chronic or permanent condition which requires ongoing nursing and/or assistance with activities of daily living. This care can be provided in a variety of settings from nursing homes to in-home by either paid or unpaid individuals.

Long Term Care Ombudsman (LTCO)

The State Long Term Care Ombudsman designates individuals who volunteer to monitor the well-being of nursing home and adult foster care residents and provide a mechanism for complaints to the licensing agency if deficiencies are noted.

Long Term Care system

The system through which APD and Type B AAA's provide required long term care services to individuals. Oregon's system provides a continuum of services in institutional and community settings to help individuals with long term need for nursing care and/or assistance with activities of daily living. Service locations include individuals' own homes, adult foster homes, residential care facilities, assisted living facilities, and nursing homes. Medicaid, OPI, and OAA provide case management for these services. See "Continuum of Care.

Long Term Services and Supports

Millions of Americans, including children, adults, and seniors, need long-term care services as a result of disabling conditions and chronic illnesses. Medicaid is the primary payer across the nation for long-term care services. Medicaid allows for the coverage of these services through several vehicles and over a continuum of settings, ranging from institutional care to community based long-term services and supports.

CMS is working in partnership with states, consumers and advocates, providers and other stakeholders to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice,

control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.

LTSS

Long Term Services and Supports

Low Income Energy Assistance Program (LIEAP)

Federal assistance administered locally by United Community Action Network (UCAN) and ACCESS, Inc. Provides assistance in paying for energy bills (Often utility bills) to low-income persons, including older persons.

Low-income minorities (OAA)

Older Americans Act target group defined as persons belonging to ethnic minorities whose incomes are at or below poverty levels established by the U.S. Office of Management and Budget.

LTC

Long term care

Match

Non-federal cash or in-kind resources that must be spent in order to earn federal funds.

MDT

Multi-Disciplinary Team

Meals on Wheels

Also know as home-delivered meals. Food & Friends for Jackson and Josephine Counties.

Means test

Use of a person's income or resources to determine their eligibility for services. (i.e., Medicaid)

Medicaid

Federal medical *assistance* program (Title XIX of the Social Security Act) partially funded by and administered by the state. Medicaid covers most medical needs including hospitals, doctors, nursing homes, medical supplies and prescriptions. It also covers Long-Term Care, including in-home and community-based care for individuals who would otherwise qualify for nursing home care. Also called "Title XIX" benefits.

Medicaid Home-Delivered Meals

Home-delivered meals provided by Food & Friends (Meals on Wheels) to eligible Medicaid and other entitlement program clients.

Medicare

The federal medical *insurance* program authorized by Title XVIII of the Social Security Act. Nearly all persons 65+ years of age, as well as individuals of all ages with disabilities, are eligible for Medicare. The hospital benefit Part A is mandatory. Part B (doctors and home health care) and Part D (prescription drugs) are voluntary components of the Medicare program.

Medicare HMOs

Health maintenance organizations that have entered into a contract with the Centers for Medicare and Medicaid (CMS) to provide Medicare-covered services to enrolled Medicare beneficiaries. May refer to any of three different types of contracts (risk, cost or health care prepayment plan), but usually refers to a risk contract.

Medicare Risk Contract

The most common form of Medicare HMO contract, in which contracting plans are required to provide all Medicare-covered services, and in addition are allowed to offer other services at no extra cost, or may require they be purchased via premium as a condition of enrollment.

Mental Commitment

Involuntary commitment of a person with a mental disorder who is a danger to self or others.

Mental Health Screening & Referral

A variety of behavioral health-related activities are provided under two separate agreements/(non-OAA) funding sources: 1) Jackson County Older Adults Behavioral Health Specialist Initiative and 2) State-funded program to assist older adults and people with disabilities in the community who may be experiencing struggles due to depression, anxiety and substance abuse.

MOU

Memorandum of Understanding

Multi-Disciplinary Team (MDT)

A multidisciplinary team may consist of but not be limited to personnel from the community mental health program, the community developmental disabilities program, the Department of Human Services or a designee of the department, the Oregon Health Authority or a designee of the authority, the local area agency on aging, the district attorney's office, law enforcement and an agency that advocates on behalf of individuals with disabilities, as well as others specially trained in the abuse of adults. The team develops and implements protocols and agreements for coordinating and delivering adult protective services.

MR/DD

Mentally Retarded/ Developmentally Disabled

N4A

National Association of Area Agencies on Aging

NAAAA

National Association of Area Agencies on Aging

NAPIS

National Aging Program Information System

National Aging Program Information System (NAPIS)

Older Americans Act database which tracks client and service information.

National Association of Area Agencies on Aging (N4A or NAAAA) Voluntary Association of Area Agencies on Aging representing the approximately 640 AAA's throughout the nation. Dues are paid by member agencies based on size of AAA's operating budget. The N4A represents the interests of seniors and AAA's to Congress and the Administration as well as other public and private agencies and organizations. The association also provides technical assistance to AAA's and sponsors an annual training conference.

National Council on Aging (NCOA)

A nonprofit service and advocacy organization headquartered in Washington, DC. Its mission is to improve the lives of older Americans.

NF

Nursing Facility

NFCSP

National Family Caregiver Support Program, a program authorized under Title III E of the Older Americans Act.

No Wrong Door (NWD)

The No Wrong Door (NWD) effort is sponsored by and promoted by the Centers for Medicare & Medicaid Services (CMS), Administration for Community Living (ACL), and Veterans Administration (VA). The purpose is to provide a streamlined system for citizens to learn about Oregon's many long term services and supports (LTSS) options that are available to them. Although this touches upon possible Medicaid services, given options, most people will select less costly, pro-independent options. As a result, the likelihood increases that people will simultaneously benefit from a greater personal quality of life while saving taxpayer dollars.

NSIP

Nutrition Services Incentives Program

Nursing facility (NF)

An establishment with permanent facilities that include inpatient beds; providing medical services, including nursing services but excluding surgical procedures; and which provide care and treatment for two or more unrelated residents. In this definition, nursing facility includes the terms "skilled nursing facility" and "intermediate care facility", but such definition shall not be construed to include facilities licensed and operated pursuant to any Oregon Revised Statute other than ORS 441.020(2).

Nursing home

Nursing facility.

Nutrition Committee

A committee established under the Senior Advisory Council, that provides policy direction to Food & Friends (Meals on Wheels), the senior nutrition program.

Nutrition Education

Home-delivered meals Outreach staff provide information to people in their homes as part of the home-delivered meals eligibility process. Food & Friends plans to distribute a newsletter quarterly to all meal participants. Each

publication includes nutrition and health education tips. F&F meal site staff are educated regarding nutrition issues and supplied with approved educational materials to hand out and discuss with participants at meal sites as well as distribute and discuss with home-delivered meals participants. The newsletter will be on the website.

Nutrition Services (OAA)

Older Americans Act program providing congregate meals, home-delivered meals, nutrition education, and other nutrition services to eligible seniors.

Nutrition Services Incentives Program (NSIP)

The Older American's Act (OAA) Nutrition Programs are administered by the U.S. Department of Health and Human Service's (DHHS) Administration on Aging (AoA). Under Section 311 of the OAA, the Nutrition Services Incentive Program (NSIP) rewards State Agencies on Aging and Indian Tribal Organizations that efficiently deliver nutritious meals to older adults. State Agencies on Aging and Indian Tribal Organizations may choose to receive part or all of that support in the form of USDA foods. The USDA foods portion of NSIP is funded through a transfer of funds from AoA to the Food and Nutrition Service's (FNS) Food Distribution Division.

Nutrition sites

Older Americans Act nutrition program congregate meal sites.

NWD

No Wrong Door

O4AD

Oregon Association of Area Agencies on Aging and Disability

OAA

1. Old Age Assistance
2. Older Americans Act

OAAAAD

Oregon Association of Area Agencies on Aging and Disability

OAAPI

Office of Adult Abuse Prevention and Investigations

OACCESS

See Oregon Access

OAR

Oregon Administrative Rule; a rule promulgated by a state agency to implement the provisions of a law enacted by the Oregon Legislature.

OASDI

Old Age, Survivors, and Disability Insurance (Social Security)

OBAC

Oregon Business and Aging Coalition

OC

Options Counseling

OCB

Oregon Commission for the Blind

OCOD

Oregon Conference on Disabilities.

ODC

Oregon Disabilities Commission

ODDS

Office of Developmental Disabilities Services

ODHHS

Oregon Deaf and Hard of Hearing Services

ODS

Oregon Disability Services

Oregon Dental Service (Health Plan)

OED

Oregon Employment Department

Office of Adult Abuse Prevention and Investigations (OAAPI)

Under Oregon's Department of Human Services, OAAPI's role is to support DHS/OHA programs and ensure that vulnerable Oregonians are safe where they live, work and play.

Office of Developmental Disabilities Services (ODDS)

Under Aging and People with Disabilities, ODDS strives to support choices of individuals with disabilities and their families within communities by promoting and providing services that are person-centered and directed, flexible, community inclusive, and supportive of the discovery and development of each individual's unique gifts, talents and abilities. We are committed to work toward service options to assure that people with developmental disabilities have the opportunity to have lives that are fulfilling and meaningful.

Office of Vocational Rehabilitation Services (OVRs) (aka: VOC Rehab)

A unit of DHS that provides vocational rehabilitation services to persons who are disabled and desire to return to work.

OGA

Oregon Gerontological Association

OHA

Oregon Health Authority

OHP

Oregon Health Plan

Old Age Assistance (OAA)

Federal program category that provides cash benefits through SSI and Medicaid benefits to persons 65 and older who are within income and resource standards.

Older Americans Act (OAA)

Federal Law providing services for older persons through programs and grants for social services, research and demonstration projects, and personnel training. Also authorizes the operation of Area Agencies on Aging.

OMMP

Oregon Money Management Program

ONPDA

Oregon Nutrition Project Directors Association

OPI

Oregon Project Independence

Options Counseling

Counseling that supports informed LTC decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. In addition, to OAA funding State General Fund No-Wrong-Door funding pays for this service. We hope this fiscal year to start capturing locally-matched Medicaid by utilizing these funds for match.

ORS

Oregon Revised Statute

Oregon ACCESS (OACCESS or ACCESS)

A single entry data system used for gathering client demographic information, completing a comprehensive and complete client assessment, calculating the individual's service priority status, level of care and service payment rates, and accommodates client participation in care planning. Includes OAA National Aging Program Information System (NAPIS) data and client billing.

Oregon Administrative Rule (OAR)

Rule developed by a State agency to clarify and carry out a State Statute or Federal law.

Oregon Association of Area Agencies on Aging and Disability (04AD)

Voluntary association representing the interests of the 17 Area Agencies on Aging in Oregon. Dues are paid by member agencies based on size of AAAs' operating budgets. The association represents the collective interests of AAAs to the Legislature and other public and private agencies and organizations. The association also sponsors quarterly meetings of AAAs and a biannual training conference.

Oregon Deaf and Hard of Hearing Services (ODHHS)

A DHS program which provides educational services, technical assistance services, information and referral services, and effective communication monitoring and coordination services concerning deafness and hard of hearing, with a focus on assisting DHS employees and providers improve the delivery of services to deaf and hard of hearing Oregonians.

Oregon Disabilities Commission (ODC)

15-person commission, appointed by the Governor, to advise the Department of Human Services, the Legislature and the Governor on issues which affect individuals with disabilities. It also advocates for the rights of people with disabilities and works for the enforcement of regulations that ensure the opportunity for equality and self-determination. In addition, the commission is

charged with educating the public about issues of concern to persons with disabilities and their families.

Oregon Gerontological Association (OGA)

Organization founded to facilitated educational opportunities, share and distribute current information about aging, and enrich the lives of older Oregonians.

Oregon Health Authority

Created in 2009 by the Oregon Legislature to maximize purchasing power by bringing most health-related programs such as PublicHealth, the Oregon Health Plan, HealthyKids, employee benefits and public-private partnerships under a single agency.

Oregon Health Plan (OHP)

A Medicaid waiver program designed to provide health services to Medicaid clients via Managed Health Care organizations based on a prioritized list of diagnoses. (The OHP is administered by DMAP.)

Oregon Home Care Commission

The Oregon Home Care Commission consists of nine commissioners appointed by the Governor for up to three (three-year) terms. Five are consumers of homecare services. The other four represent the Department of Human Services, the Governor's Commission on Senior Services, the Oregon Disabilities Commission, and the Oregon Association of Area Agencies on Aging and Disabilities.

The Commission has four major responsibilities:

- To define the qualifications of homecare and personal support workers;
- To create a statewide registry of homecare and personal support workers;
- To provide training opportunities for homecare and personal support workers and consumers; and
- To serve as the "employer of record" for purposes of collective bargaining for homecare and personal support workers who receive service payments that are from public funds.

Oregon Law Center

Contractor providing certain legal assistance in Josephine County, with Older Americans Act funds, to persons over 60. Also assists disabled adults who meet their guidelines to obtain services. Formerly known as Oregon Legal Services Corporation.

Oregon Legal Services Corporation

An agency providing legal services to low-income individuals in many parts of the state. The agency provides services to older person under contracts to some, but not all AAAs.

Oregon Project Independence (OPI)

State of Oregon program providing services to individuals 60 and older who are at risk of entering a nursing home and are not eligible for Medicaid. The

program also provides services to those under the age of 60 who have been diagnosed as having Alzheimer's disease or a related disorder. A pilot which started in 2015 is underway to explore expanding the program to people with physical disabilities between the age of 19 and 59. Recipients pay a portion of the cost of services, based on their income.

Oregon Relay

Oregon Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind, and speech-disabled. This service allows text-telephone (TTY) users to communicate with standard telephone users through specially trained relay operators. Anyone who wishes to use Oregon Relay simply dials the toll-free relay number (711) to connect with a relay operator. The relay operator will dial the requested number and relay the conversation between the two callers.

Oregon Revised Statute (ORS)

The law, as passed by the Legislature and signed by the Governor.

Oregon Supplemental Income Program (OSIP)

State funded cash assistance program which provides additional cash payments to persons receiving SSI.

Oregon Trail Card

An Oregon Trail Card is an Electronic Benefits Transfer (EBT) card and is similar to a debit card from a bank. It is what the Department of Human Services (DHS) uses to get benefits to clients. When individuals or families qualify for food or cash benefits, Oregon Trail accounts are set up for them. Benefits are deposited into the accounts each month. The Oregon Trail Card, along with a private, Personal Identification Number (PIN), is used to access benefits. Oregon Trail Cards are used mostly for food benefits from the [Supplemental Nutrition Assistance Program](#) (SNAP). They also are used for cash benefits through the [Temporary Assistance for Needy Families](#) (TANF) program

ORS

Oregon Revised Statute

OSIP

Oregon Supplemental Income Program

Other Cash (OAA)

All budgeted or expended cash resources used to operate an Older Americans Act program, except for program income, Older Americans Act funds, and cash match.

Other in-kind (OAA)

All budgeted or utilized in-kind resources used to operate an Older Americans Act program, except in-kind resources used as match.

Outreach

Older Americans Act program providing interventions initiated by a provider to identify clients and to encourage the use of existing services and benefits.

OVR

Office of Vocational Rehabilitation Services

PAA

Private admission assessment

PAS

Pre-admission screening

PAS ARR

Pre-admission screening and annual resident review

PASS

Plan for Achieving Self Support

PCOC

Person Centered Options Counseling

PCT

Person Centered Thinking

Person Centered Care

A way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring **care** to make sure it meets their needs.

Person Centered Options Counseling

PCOC ensures that the consumer with long-term service and support needs directs the PCOC process. PCOC supports informed long-term services and supports decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situation and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. It is essential that the PCOC staff get to know the consumer. It is more than information and referral. Emphasis is on relationship building, counseling and decision support.

Person Centered Thinking

Person-centered thinking is a philosophy behind service provision that supports positive control and self-direction of people's own lives.

Person Directed Services and Supports

Person-Directed Services and Supports Person-directed philosophies have long existed in Oregon statutory policy as a foundation for delivering services to older adults and individuals with disabilities, and Oregon's aging and disability service networks are committed to providing respectful and responsive services and supports. This approach takes into account individuals' preferences, needs, values, cultures and diverse backgrounds. Depending on the setting, this approach may be called patient-centered care, person-centered care, participant directed care, self-determination, and culture change. Regardless of the label used, the approach is based on keeping all decision making as close to individuals as possible and supporting their choices. The approach is based on ensuring the individual has accurate, objective information to make informed decisions.

Personal Care

Services funded through Title XIX and OPI and delivered in the client's home by qualified and trained providers. Personal Care Service means in-home services provided to maintain, strengthen, or restore an elderly individual's functioning in their own home when an individual is dependent in one or more Activities of Daily Living (ADLs), or when an individual requires substantial assistance, and one or more of the following conditions exist: Medical instability; Potential for skin breakdown or pressure ulcers; Multiple health problems or frailty with a strong possibility of deterioration; or Potential for increased self-care, but client instruction and support are needed to reach goals.

PL

Public Law

Plan for Achieving Self Support (PASS)

An SSI program designed to help individuals with disabilities return to work. The program allows an individual with a disability to maintain eligibility for SSI disability benefits while setting aside money and or things he or she owns to pay for items or services needed to achieve a specific work goal.

Planning and Service Area (PSA)

In order to participate in the Older Americans Act, each state must designate an agency as the State Unit on Aging (SUA). In Oregon, Department of Human Services (DHS) Aging and People with Disabilities (APD) is the designated SUA. The SUA is responsible for dividing the state into distinct Planning and Service Areas (PSAs). Area Agencies on Aging (AAAs) are designated by the SUA for each of the state's PSAs. There can only be one Area Agency on Aging in each PSA.

PMC

Program Management Council

Point of Service (POS)

Managed care plan which allows members to go outside of the plan's network of providers for care, typically accompanied by a higher member cost share for those services.

POS

Point of Service

PPO

Preferred Provider Organization

PSA

Planning and Service Area

Pre-admission Screening (PAS)

Evaluation by an RN or Case Manager of appropriate level of care for individuals considering entering nursing facilities; assistance to individuals and their families to make informed decisions about care alternatives available. For persons who are potentially eligible for Medicaid.

Pre-admission Screening and Annual Resident Review (PAS ARR) Screening and assessment process whose purpose is to assure that individuals with

specialized mental health care needs are not inappropriately placed or kept in Medicaid certified nursing facilities without access to specialized services to meet their mental health needs.

Preferred Provider Organization (PPO)

A Medicare PPO Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network . You pay more if you use doctors, hospitals, and providers outside of the network. Enrollees utilizing non-PPO providers receive a lower benefit level.

Preventive Screening, Counseling, and Referral

RVCOG AAA utilizes this service definition for Home-Delivered Meals Assessments and Reassessments.

Private Admission Assessment (PAA)

Evaluation of appropriate level of care for individuals considering nursing facilities; assistance to individuals and their families to make informed decisions about care alternatives available. For persons who have private resources to pay for their care.

Program Coordination

Activities include AAA liaison with other agencies and organizations serving the elderly; services development; and mobilization of non-OAA funds to enhance delivery of services to the elderly. Local Disaster Registry and Emergency Preparedness activities are included with Program Coordination & Development. \$2,000/Fiscal Year is allocated to LGBTQ activities. AAA is representing the needs of seniors and people with disabilities on a local transportation planning group.

Program income (OAA)

Voluntary private donation by an older person toward the cost of the service received under the Older Americans Act.

Program income (OPI)

Fee-for-service charged on a sliding fee schedule basis to all clients whose annual income exceeds a minimum established by APD.

Protective services

See elder abuse and protective services

PSA

Planning and Service Area
Public Service Announcement

Public Assistance

Cash, SNAP, medical and service assistance provided by a DHS agency or Type B AAA. In the Food Stamp/SNAP program, the term "PA" is used. It means "Public Assistance" but refers to only the cash and medical assistance programs.

Public Health (PH)

The part of the Oregon Health Authority (OHA) that provides public health services, such as monitoring drinking water quality and communicable disease outbreaks and inspecting restaurants. This division also maintains the state's

vital records and immunization services and administers the Women, Infants and Children (WIC) nutrition program, which delivers services to eligible individuals through county health departments.

QC

Quality Control

QMB

Qualified Medicare beneficiary; a special eligibility category for lower-income persons.

Race

A class or kind of people unified by a community of interests, habits or characteristics. Within the human species (*Homo sapiens*), there are major subdivisions or races. Members of the same race resemble one another more than do members of other races. For purposes of OAA information collection and reporting, racial groups are divided among American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and white.

RCF

Residential Care Facility

RDA

Recommended daily dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council.

Representative Payee (or Rep Payee)

Some people are not able to manage their own financial affairs. For these people, a relative, friend or other interested person can be appointed to handle Social Security matters. This person is called a representative payee. The benefits for the incompetent person are made payable to the representative payee on behalf of the incompetent person (establishing a payment in trust and fiduciary responsibility for the rep payee).

Request for Applications (RFA)

Under ORS 279.085, Special Procurements a solicitation that delineates service(s) to be delivered, duration, consideration and minimum qualifications.

Request for Information (RFI)

An activity used during a procurement process. It is used to solicit information and to aid in decision making. An RFI will not result in a contract. It is intended to gather information for future decision making.

Request for Proposals (RFP)

An activity used during a procurement process. An RFP is a written solicitation for competitive proposals where price and specifications are not the only considerations in determining award criteria. An RFP is intended to result in a contract.

Request for Qualifications (RFQ)

An activity used during a procurement process. An RFQ is a written document describing the following: (1) the type of services the procuring agency wishes to purchase, and (2) the procuring agency's qualification requirements for entities wishing to provide the desired services. An RFQ will not result in a contract, but is intended to establish a list of pre-qualified contractors allowed to submit proposals on a future RFP.

Required Services

OAA services providing access to other services (transportation, information and assistance, and outreach), legal assistance, in-home services, nutrition services, advocacy, program coordination/development, and OAA administration.

Residential Care Facility (RCF)

Group living facility licensed for more than five individuals. Includes room and board, personal care services, help with medical management, recreational activities, and transportation. Facilities are licensed and monitored by the State.

Respite

Older Americans Act program providing companionship, supervision, meal preparation, recreation, and socialization, and light assistance in activities of daily living service to those individuals who are functionally disabled and over the age of 60, providing relief to the primary care-giver.

Retired Senior Volunteer Program (RSVP)

Program providing a variety of opportunities for retired persons aged 60 or over to participate more fully in the life of their community through significant volunteer service. Administered by Community Volunteer Network in Jackson County and UCAN in Josephine County. SDS RVCOG contracts with Community Volunteer Network and UCAN to provide respite services in Jackson and Josephine counties with Older Americans Act funds.

Rogue River Community Center

Contractor providing outreach, information and assistance, and transportation in the Rogue River/Wimer area with Older Americans Act funds.

Rogue Valley Council of Governments (RVCOG)

Voluntary association of local general purpose governments and special districts serving as the designated Area Agency on Aging for Jackson and Josephine Counties (District 8 AAA).

Retired and Senior Volunteer Program (RSVP)

Provides respite in Jackson County, medical and some non-medical transportation through Call-a-Ride volunteers in both counties with Older Americans Act funds. Volunteers also offer health insurance counseling through SHIBA (Senior Health Insurance Benefits Assistance). RSVP is administered by Community Volunteer Network in Jackson County and by UCAN in Josephine County.

RSVP

Retired and Senior Volunteer Program

RVCOG

Rogue Valley Council of Governments

RVCOG Board of Directors

Governing body of Rogue Valley Council of Governments comprised of elected officials or their representatives from local governments which belong to the Rogue Valley Council of Governments.

RVCOG Disability Services Advisory Council (DSAC)

Rogue Valley Council of Governments' disability services advisory body.

RVCOG Senior Advisory Council (SAC)

Rogue Valley Council of Governments' senior services advisory body.

RVTD

Rogue Valley Transportation District

Rogue Valley Transportation District (RVTD)

The Rogue Valley Transportation District (RVTD) is a regional transportation agency located in Medford that operates the following programs: The Fixed Route System; The Valley Life; TransLink Call Center; RVTD's Transportation Demand Management (TDM) Program; A nationally recognized, interactive Bus marketing and education program; Bus and Trolley Lease Program; and Regional Transit Planning and Management Support to regional partners and stakeholders.

SAC

Senior Advisory Council

SAIF Corporation

State Accident Insurance Fund for disability insurance

Screening, Information and Assistance

APD helps people find appropriate resources and services through clarifying needs, making referrals and providing follow-up to ascertain whether their needs were met.

SDS RVCOG

Senior and Disability Services of Rogue Valley Council of Governments

Self Sufficiency

A department of DHS Children, Adults and Families (CAF), which administers financial and medical assistance to low-income families. Formerly called Adult and Family Services (AFS).

Senior Advisory Council (SAC) (Also RVCOG Senior Advisory Council)

A voluntary group of citizens that provides information, guidance, advice, and support to the Rogue Valley Council of Governments. It assists in planning, developing, coordinating and administering services to seniors in Josephine and Jackson Counties.

Senior and Disability Services of RVCOG (SDS or SDS RVCOG)

The Rogue Valley Council of Governments (RVCOG) has been the designated Older Americans Act Area Agency on Aging (AAA) for Jackson and Josephine Counties since 1974. The RVCOG is a voluntary association of local governments

including Jackson County, Josephine County, all thirteen municipalities located within the two-county area, and representatives from higher education and several special districts. Senior and Disability Services is RVCOG's largest department, with an annual budget of approximately \$5.6 million and 40-45 full and part-time staff. The RVCOG AAA, under an Intergovernmental Agreement with the State, partners with the Medicaid Long-Term Care and Financial Assistance programs which are directly provided by District 8 Aging and People with Disabilities (APD). District 8 APD services are delivered from three sites including a Senior Services site in Medford, a Disability Services site in Medford, and a site providing combined services in Grants Pass. Services include SNAP, medical coverage, medical supplies, and Adult Foster Care licensing, Adult Protective Services as well as eligibility and case management for clients enrolled in Medicaid Long Term Services and Supports (LTSS). RVCOG AAA is the lead agency for the Aging and Disability Resource Connection (ADRC) and provides Oregon Project Independence (OPI) services, a Nutrition program (Food & Friends), family caregiver support, behavioral health and other health promotion/prevention programs.

Senior Health Insurance Benefits Assistance (SHIBA)

Volunteers assist seniors and family members to understand Medicare benefits. program administered by Rogue Valley Manor Community Services.

Senior Medicare Patrol (SMP)

SMP volunteers work in their communities to provide education to Medicare and Medicaid beneficiaries, their family members and their caregivers about preventing health care fraud and abuse. The SMP seeks to empower beneficiaries through increased awareness and understanding of health care programs to protect them from the economic and health-related consequences of Medicare fraud, errors and abuse. The Oregon SMP provides services around the state through partnerships with the Senior Health Insurance Benefits Assistance (SHIBA) program, the Office of the Long-Term Care Ombudsman (LTCO) and the Association for Oregon Centers for Independent Living (AOCIL).

Senior Services Office (SSO)

Aging and People with Disabilities office which offers comprehensive and coordinated Medicaid, Public Assistance, Oregon Project Independence, and Older Americans Act services for the elderly in Medford.

Service Coordinator

"Service Coordination" means a service designed to individualize and integrate social and health care options with an individual being served. The goal of service coordination is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Service coordination is delivered by a Service Coordinator.

Service Equity

Service Equity Service Equity promotes, health, safety and independence for all Oregonians by adapting services and policies to eliminate discrimination and disparities. Service equity is a measure of results, not effort. Individual approaches which are free from bias or favoritism are used to achieve common outcomes for all. Service equity creates an environment of fairness and respect that values, attracts and supports diversity. DHS is committed to advancing service equity, and recognizes service equity as a Core Value of the agency.

A service system which advances the guiding principles of service equity includes actions such as:

- Engagement, collaboration and trust with members of each diverse community based on mutual respect and trust.
- Service provision for diverse populations in a culturally and linguistically responsive manner.
- Accessible long-term services and supports information is available in a variety of formats to meet individuals' diverse linguistic, literacy and communication needs in locations visited and available for underserved populations.
- Data collection and reporting allows for effective monitoring and meaningful evaluation of the quality and capacity of long term services and supports provided to diverse older adults and people with disabilities.

SHIBA

Senior Health insurance Benefits Assistance. Volunteers assist seniors and family members to understand Medicare benefits. Program is administered by Rogue Valley Manor Community Services in both Jackson and Josephine Counties.

SILC

State Independent Living Council

Single entry

A variety of services consolidated under one administrative unit to make it easier for individuals to obtain needed services.

SMIB

Supplemental Medical Insurance Benefit

SMP

Senior Medicare Patrol

SNAP

Supplemental Nutrition Assistance Program

SNF

Skilled Nursing Facility

Social need, greatest (Older Americans Act) -

Need resulting from non-economic factors which include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

Social Security Disability Insurance (SSDI)

Social Security insurance benefit received for disability, based on income paid into the system. No medical assistance is associated with this benefit. After two years of disability, the individual may buy Medicare benefits in the same way seniors may.

SORCC

Veterans Administration Southern Oregon Rehabilitation Center and Clinics (White City) formerly known as Veteran's Administration Domicillary.

SPD

Senior and Persons with Disabilities

Spousal Pay

State-funded program that pays a spouse for care over and above the usual and customary services one spouse would provide for another. The spouse receiving care must be very dependent and meet strict eligibility criteria.

SSDI

Social Security Disability Insurance

SSI

Supplemental Security Income

SSN

Social Security Number

SSO

Senior Services Office

State service priorities

Priorities used for receipt of services from state-funded programs by eligible clients. See survivability scale.

SUA

State Unit on Aging

Supplemental Medical Insurance Benefit (SMIB)

(Social Security Administration) Part B, Medicare.

Supplemental Nutrition Assistance Program (SNAP)

SNAP offers food benefits to eligible, low-income individuals and families. Formerly known as food stamps.

Supplemental Security Income (SSI)

Amended Title XVI of the Social Security Act, implemented in 1973, provides a basic level of cash assistance, as well as medical assistance through Medicaid, for individuals who meet the categorical criteria of aged, blind, or disabled (see Old Age Assistance, Aid to the Blind, Aid to the Disabled) and whose income and resources are within federal limits.

Supportive Services

Broad range of services necessary for the general welfare of older individuals which are required for provision by each Area on Aging under the Older Americans Act.

Survivability Scale

Scale devised by SPD to rank individuals in terms of their need for services. It utilizes the Client Assessment Program form to measure an individual's ability to survive without assistance. The scale goes from 1 to 18 with 18 being the lowest level of need and 1 being the highest.

TANF

Temporary Assistance to Needy Families: Federal funds administered through DHS Children, Adults and Families (CAF), also called "Welfare."

Target Groups

Under the OAA, special populations specifically targeted for receipt of Senior Services.

Title III

Older Americans Act title providing grants for state and community programs on aging.

Title VII

Older Americans Act title providing allotments for vulnerable elder rights and protection activities. Title VII-A specifically provides funding for elder abuse prevention activities. Family Caregiver Support title.

Title XIX

Social Security Act title providing for grants to states for medical assistance (Medicaid) for low-income people. (Administered at the federal level by CMS)

Title XIX Meals

Home-delivered meals provided by SDS RVCOG Food & Friends (Meals on Wheels) Program to eligible Medicaid and other entitlement program clients.

Translink

Managed by RVTD, Translink provides centralized medical ride reservations, scheduling of rides, dispatching, management reporting, and financial reporting for a five-county region for clients of the Department of Human Services.

Transportation (OAA)

Older Americans Act program providing regularly scheduled or on-demand rides from one location to another by public or personal vehicle.

Type A Agency

Area Agency on Aging providing services under the Older Americans Act and Oregon Project Independence and serving only the elderly (over 60). Type A AAAs can be sponsored by a governmental entity or can be a private non-profit organization. All staff are employees of the local AAA.

Type B Agency

Area Agency on Aging administering the Older Americans Act, Oregon Project Independence, Medicaid, Cash Assistance, and Food Stamps programs for the elderly. Type B AAAs can be one of two types; transfer or contract. Type B agencies must have a government sponsor.

UCAN

United Community Action Network

United Community Action Network (UCAN)

Community Action Program for Douglas and Josephine counties.

USDA

United States Department of Agriculture

VA

Veterans Administration

VA SORCC

Veterans Administration Southern Oregon Rehabilitation Center and Clinics

VD-HCBS

Veteran-Directed Home & Community Based Services

Veteran-Directed Home & Community Based Services

The Veterans Directed Home and Community Based Services (VD-HCBS) program is designed to allow veterans who are potential candidates for nursing home placement to receive that level of care in their homes, their caregivers' homes or in non-supportive, independent living communities. The program provides veterans with a budget and allows them to choose their own care providers in place of receiving care services from the VA health care system. In some cases, family members of the veteran can be paid for the care they provide.

VISTA

Volunteers in Service to America

Vocational Rehabilitation Division, Voc Rehab or VRD

Now Office Vocation Rehabilitation Services (OVRs).

Volunteer Program Coordination

Recruitment of volunteers and coordination of volunteer and senior participant activity.

Volunteers in Service to America (VISTA)

Administered through ACTION, an umbrella agency for federal volunteer programs, it is a full-time volunteer program for men and women 18 years of age and older from all backgrounds. The volunteers commit themselves to increasing the capabilities of low-income people to improve the conditions of their lives.

Waiver

Federal agreement allowing States to waive certain Medicaid regulations and provide additional flexibility in providing services.

WC

Workers' Compensation

Workers' Compensation

A system of insurance that reimburses an employer for damages that must be paid to an employee for injury occurring in the course of employment.

XIX

Title XIX (of Social Security Act) Medical Assistance - Medicaid.