

OREGON STATE PLAN ON AGING

October 1, 2021 – September 30, 2023



Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Connection
AIRS	Alliance of Information & Referral Systems
APD	Aging and People with Disabilities
APS	Adult Protective Services
AoA	Administration on Aging
CIL	Center for Independent Living
CMS	Centers for Medicare & Medicaid Services
CSSU	Community Services and Supports Unit
FFY	Federal Fiscal Year
GCSS	Governor's Commission on Senior Services
HCBS	Home & Community Based Services
I & R	Information & Referral
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual
LTCO	Long Term Care Ombudsman
LTSS	Long-term services and supports
MOU	Memorandum of Understanding
NFCSP	National Family Caregiver Support Program
NWD	No Wrong Door
OAA	Older Americans Act
OAAPS	Older Americans Act Performance System
OC	Options Counseling
ODC	Oregon Disabilities Commission
ODDS	Office of Developmental Disabilities Services
ODHS	Oregon Department of Human Services
OHA	Oregon Health Authority
OPI	Oregon Project Independence
ORS	Oregon Revised Statute
PCOC	Person-Centered Options Counseling
PCT	Person-Centered Thinking
PSA	Planning and Service Area
SHIBA	Senior Health Insurance Benefits Assistance
SMP	Senior Medicare Patrol
SNAP	Supplemental Nutrition Assistance Program
SUA	State Unit on Aging
VA	Veterans Affairs

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Oregon

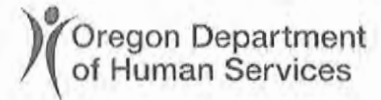
Kate Brown, Governor

Department of Human Services

Aging and People with Disabilities

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Verification of Intent

The State Plan on Aging (hereinafter referred to as the State Plan) reflects Oregon's plan to respond to the needs of older Oregonians and to the changes in the long-term services and supports delivery system required to address these needs.

The State Plan is hereby submitted for the State of Oregon for the period October 1, 2021 through September 30, 2023. It includes all assurances and plans to be conducted by the Aging and People with Disabilities (APD) program of the Oregon Department of Human Services (ODHS) under the provisions of the Older Americans Act, as amended, during the period identified above. The State Plan is submitted to the Federal government in compliance with all relevant Federal statutory requirements and assurances.

The APD program of ODHS, in its function as the State Unit on Aging, has been given the authority to develop and administer the State Plan in accordance with all requirements of the Older Americans Act and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and to serve as the effective and visible advocate for older Oregonians. The Director of the APD program, as the effective head of the Oregon State Unit on Aging, has been delegated signature authority by the Governor for purposes such as submission of this document.

This plan is hereby approved by the Director of the APD program, on behalf of the Governor, and constitutes authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging. When the State Plan is approved, the State of Oregon receives Federal funds to administer the State Plan. These funds are matched with State and local funds.

Sincerely,

Michael McCormick, Interim Director
Aging and People with Disabilities
Oregon Department of Human Services

"Safety, health and independence for all Oregonians"
An Equal Opportunity Employer

Executive Summary

The Oregon Department of Human Services' (ODHS') mission is to help Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. ODHS' Office of Aging and People with Disabilities (APD) develops a State Plan on Aging, as required under the Older Americans Act of 1965, as amended. The Plan is a contract with the Administration on Aging (AoA), a part of the U.S. Department of Health and Human Services' Administration for Community Living (ACL), and allows Oregon to receive funds under the Act. The Plan also provides a vision and direction for Oregon's aging network and provides the State an opportunity to share its priorities and strategies over the next two years for improving the lives of older Oregonians, people with disabilities and caregivers.

APD is accountable for the implementation of programs for older adults and people with disabilities in Oregon including the Older Americans Act, Medicaid long term services and supports, adult protective services and licensing of long term care facilities. The Community Services and Supports Unit (CSSU), a part of APD, is responsible for implementing Older Americans Act (OAA) programs and will do this by working collaboratively with older adults, family caregivers, Oregon's 16 Area Agencies on Aging (AAAs), the network of Aging and Disability Resource Connection (ADRC) agencies, the Indian Tribes of Oregon, other public-private partnerships and our federal and state government partners.

APD works closely with Oregon's AAAs to create a comprehensive package of services. AAAs provide information and a wide array of services to older adults and people with disabilities in all areas of Oregon, while APD coordinates distribution of federal funds, provides training and technical assistance and ensures statewide oversight and coordination for OAA programs. APD also oversees Oregon Project Independence (OPI), which is managed by all AAAs in Oregon. OPI is a state-funded program providing in-home services to older adults and individuals with dementia who need assistance to remain in their own homes and delay or avoid needing Medicaid long term services and supports.

This Plan articulates Oregon's vision to serve older adults over the next two years, and the State identifies two focus areas: (1) strengthening its work on service equity, to be more culturally and linguistically responsive to Oregon's growing diversity; and (2) creating a roadmap of recovery out of the COVID-19 pandemic, to meet the needs of older adults through the return of in-person services as well as strategically employing lessons learned to reach more older adults through remote or virtual platforms to provide services and supports.

Oregon's older adult population is more diverse than at any other point in the state's history. Yet because of its history of racial discrimination and other forms of political, economic, and social exclusion, there are glaring disparities experienced by communities of color, Oregon's Tribes and tribal members, lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) communities, and immigrant communities. These communities may not trust the government, or Oregon's service system for older adults has not effectively established connections or engaged in outreach that reaches these populations to ensure awareness of available services. Oregon's focus on service equity aims to build upon relationships with these groups to gain trust and to provide appropriate outreach about available services.

During the pandemic, Oregon’s system of services and supports has found innovative ways to deliver services remotely – from home-delivered meals to remote wellness courses and hotlines to assist older adults experiencing social isolation and loneliness. With this experience during the pandemic, and the expected recovery from the pandemic over the next two years, Oregon is focused on multiple efforts to bring back service delivery in its pre-pandemic in-person format, while taking lessons learned from the pandemic to reach more older adults who are experiencing isolation and who may benefit from the remote service delivery methods developed quickly during the pandemic.

This State Plan sets forth eight focus areas:

- Service Equity
- COVID-19 Recovery
- Nutrition Services
- Health Promotion and Disease Prevention
- National Family Caregiving Program
- American Indian Programs and Title III/VI Coordination
- Participant-Directed/Person-Centered Planning
- Legal Assistance and Elder Rights Protection Programs

Specific objectives, strategies and outcomes are provided for each of these areas, and these are directly related to APD’s long term goals. Further, Service Equity and COVID-19 Recovery will inform the efforts in the other six focus areas listed above.

APD is committed to implementing this Plan with all of its partners. Addressing the current social inequities and recovery from the COVID pandemic present significant challenges, but it is paramount that Oregon embrace the opportunities in doing this significant work for Oregon’s older adults. In this context of building trust and recovering from the pandemic, we believe these goals, objectives, strategies and outcomes will improve our services, supports, partnerships, and most importantly, the experiences of older adults accessing our network in Oregon.

Introduction

This State Plan on Aging is Oregon’s Office of Aging and People with Disabilities’ (APD) framework to respond to the needs and life goals of older Oregonians over the next two years, working collaboratively with Oregon’s Area Agencies on Aging (AAAs) and other community partners. The Plan is a roadmap describing the vision for the future, priorities and focus areas, goals, and specific strategies to meet each of these goals. The Plan is rooted in a set of principles and corresponding outcomes to those principles – that older Oregonians experience person-centered and person-directed services and supports that help maintain independence, promote safety, honor choice, respect cultural preferences and uphold dignity. The Plan does not include all the activities of APD, and implementation plans will be developed in each of the two years to identify specific activities advancing the Plan’s goals. Once approved by the federal Administration for Community Living (ACL), this Plan provides an account of the use of federal funds, matched with state and local funds, to support programs and services helping older Oregonians access services and supports in all communities across the state.

Organizational structure, programs, and key partnerships

Oregon’s Community Services and Supports Unit (CSSU) is a part of the Oregon Department of Human Services’ Office of Aging and People with Disabilities (ODHS/APD). APD is responsible for the design, implementation, and delivery of programs and services for older Oregonians and younger adults with physical disabilities and serves as the State Unit on Aging. In addition to administering Older Americans Act (OAA) programs, APD oversees Medicaid long term services and supports (LTSS), older adult abuse prevention and adult protective services investigations, and licensing of long-term care facilities in Oregon.

Oregon statute mandates policies and a state agency that will ensure “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” (See Oregon Revised Statute Chapter 410 in Appendix F). Programs provided under the Older Americans Act – as well as several other programs and services provided by ODHS – are available to residents regardless of citizenship or residency status. ODHS also holds these values in its Mission, “To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.” Also, in keeping with this statutory mandate, APD’s vision is that, “Oregon’s older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences, and uphold dignity.”

APD is responsible for implementing OAA programs and other services and supports, including Oregon’s Aging and Disability Resource Connection (ADRC) and the state-funded Oregon Project Independence (OPI) program (See Appendix G for more information on OPI). APD coordinates the distribution of federal funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA and related programs, while the AAAs provide or contract for direct services and service delivery to older adults and people with disabilities in communities across Oregon.

Two models of AAAs exist in Oregon:

- Twelve AAAs primarily administer OAA and OPI programs for their planning and service areas (PSAs). Within the Type A PSAs, local APD offices administer Medicaid, financial eligibility and financial assistance programs, adult protective services, and regulatory programs.
- Four AAAs also administer OAA and OPI programs, but they also coordinate Medicaid eligibility and service plans, financial assistance programs, and adult protective services and some licensing programs for their respective PSAs.

APD approached the State Plan as a chance to more closely align its ongoing work with broader program goals, particularly around service equity, and with priorities identified by local communities during the AAA Area Plan development process. Oregon’s AAAs developed and completed Area Plans in 2020/2021 for the period of July 1, 2021 – June 30, 2025. This State Plan on Aging effectively incorporates the 16 Area Plans direct delivery of Oregon’s aging services, especially OAA programs. Much of what is included in the 16 Area Plans reflects local input from partners and consumers. As a result, the plans represent the identified local needs for delivery of these programs.

APD also works to address issues relating to housing, transportation, prevention services, abuse prevention, and more recently, responses to the COVID-19 pandemic. Since 2013, state funding has provided statewide training for paid and family caregivers through Oregon Care Partners, which is promoted through AAAs and the ADRC. APD’s work also encompasses equity so that services offered through the AAAs are linked to APD’s overall strategies to make services known to and easily accessible to communities that have been oppressed by systems that were created on a foundation of discrimination and exclusion. This includes older adults from communities of color, the Federally Recognized Tribes in Oregon, LGBTQIA+ communities, immigrant communities, communities within which English is not the first language and older adults not well served by our system in rural and frontier areas of the state.

APD has coordinated closely with the Oregon Health Authority (OHA) regarding mental and behavioral health, as well as public health efforts, that impact older adults. OHA is Oregon’s single state Medicaid agency. OHA received funding in 2015 to develop a statewide network of older adult behavioral health specialists who work closely with AAAs, APD offices, community mental health agencies and others to develop closer coordination and support for older adults experiencing mental health needs. OHA’s Public Health Division and APD have collaborated on various initiatives to address chronic disease prevention and management, falls prevention, immunizations, oral health, and many initiatives addressing the COVID-19 pandemic crisis that disproportionately affects older adults. With the ongoing effects of COVID-19, these partnerships are undergoing changes and, once capacity within APD is reconstituted, work will proceed with lessons learned as the transition to recovery is made after the pandemic eases.

APD also works with other partners in statewide aging services, aging advocacy, and long-term services and supports organizations and agencies. These public-private partnerships are critical to engaging in ongoing issues on aging, including respite supports, the growing impact of Alzheimer’s disease and other dementias, and access to housing and transportation services.

State Priorities & Focus Areas

Oregon Priorities

APD worked closely with an advisory workgroup to create goals, objectives, strategies and outcomes for state and federally required focus areas in this State Plan. The advisory workgroup represented AAAs, commissioners, Title VI grantees, advocates, and state staff. The advisory workgroup considered many issues facing older Oregonians, especially over the last year. The reason for having a two-year Plan is that APD, AAAs, and other partners can set goals and navigate strategies to create stronger relationships (as well as build new relationships) with communities that have historically been and are currently not well represented in Oregon's aging system, and to have a focused, short term set of goals, objectives, strategies and outcomes to recover from the pandemic. These two themes of service equity and post-pandemic recovery are also present in the federally required focus areas.

Oregon's older adult population is not only growing as a proportion of the state's overall population; it is also becoming more diverse, and the programs and services need to better respond to the diverse cultural and linguistic needs and preferences of older adults, including accessibility to programs and services and language access. As Oregon will still experience challenges of the pandemic over the next two years, improving upon service delivery, addressing crucial issues of social isolation and loneliness, and developing a post-pandemic system of services and supports will be paramount in charting the future.

The advisory workgroup discussed several other issues within service equity and the pandemic, and how they tie to longer term issues addressed in this Plan and will likely be addressed in future State Plans. These issues include lessons learned from the pandemic, mental health and addiction services for older adults, services for individuals with needs for cognitive assistance, older Oregonians who are aging with HIV/AIDS, various levels of assistance with decision making (such as alternatives to guardianships and conservatorships), culturally responsive services for LGBTQIA+ and Two Spirit older adults, and considerations for services, needs and life goals that may differ among different age cohorts of older adults. As part of the focus on service equity, the Advisory workgroup identified strengthening linguistically responsive services, including the wide translation of materials into languages used by Oregonians, and service delivery provided to consumers in their preferred language.

In identifying the overarching focus on service equity and serving older adults both throughout the pandemic and the recovery process, the Plan is working in concert with APD's vision and goals as established in APD's Strategic Plan:

APD Vision: Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

APD Goals:

- Well-being: Older adults and people with disabilities feel safe and experience their best quality of life.
- Accessibility: Oregonians can readily and consistently access services and supports to meet their needs.
- Quality outcomes: Oregonians engage in services and supports that are preventative, evidence-informed, and lead to quality outcomes.
- Service equity: Oregonians experience programs, services, and supports that are designed, improved, and responsive to historical inequities, current disparities, and individual experiences.
- Engagement: Consumers are empowered by information, communication, and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

State Focus Areas

Goal: Commit to providing culturally and linguistically responsive services.

Service Equity Focus Area

Oregon's older adult population is more diverse than any other time in the state's history, and this trend will continue as older adults make up more and more of Oregon's population. However, Oregon's public system supporting older adults has a long journey to take in developing services, programs, and supports to meet the diverse needs of its populations. Because of Oregon's history of racial discrimination and other forms of social exclusion, there are current economic, political, health and social disparities experienced by people of color, Oregon Tribal members, LGBTQIA+ communities, and immigrant communities that must inform and drive efforts to improve access and quality of services for all older adults.

Because of this history and current disparities, these communities may not trust Oregon's system of services and supports for older adults, and, when attempting to access services, may encounter significant barriers that discourage future access to the system. Many communities or groups not adequately served by our system may not know that these services exist, making targeted outreach and communication in a culturally and linguistically responsive manner of paramount importance.

In a vision of the future, service equity is not a separate consideration; rather it is built into the everyday work of designing and delivering programs, services and supports to Oregon's older adults. This Plan intentionally embeds service equity into all of the State and the federally mandated focus areas. However, given that Oregon's system has much work to do, this Plan includes a State focus area on service equity.

The Advisory workgroup emphasized the importance of building relationships as a starting point in service equity work. In building upon existing relationships at the state and local levels, and forming new relationships with communities and groups who have not accessed services, the intention is to establish through outreach, commitment, and follow up a relationship of trust that hopefully begins repair work to undo Oregon's history of discrimination and exclusion.

With this emphasis on building relationships and working to build trust, this Plan commits to future intentional work in service equity, with objectives to build up resources for translation, creation and maintenance of service equity plans, and a statewide needs assessment to inform future planning for the next State Plan on Aging. Specific efforts already underway include the integration of Race, Ethnicity, Language and Disability (REAL+D) data into Oregon’s ADRC and OAA client management software, and the completion of a survey of LGBTQIA+ older adults in Oregon in 2021. Results of that survey will be available by the beginning of this State Plan period for planning, program development and community education to address service and health needs and support the strengths of LGBTQIA+ older adults in Oregon.

Objectives, strategies, and outcomes

Objective 1: Establish and build upon relationships with groups and organizations who have not historically been or are currently not adequately served by Oregon’s aging system, including Older Americans Act programs and services.

Strategies:

- Assess current relationships with local and statewide organizations that represent and advocate for communities of color, immigrant communities, Oregon’s Tribes, LGBTQIA+ communities, and other Oregon residents who are not well served in Oregon’s aging system and Older Americans Act programs and services.
- On a statewide and local level, increase and improve collection of data identifying the specific demographics of people being served in, and the workforce for, OAA programs, and compare with Oregon’s overall population demographics to identify disparities in OAA program access. REAL+D data will be integrated into the statewide ADRC/OAA client management software system and other data sources will be identified or developed to collect workforce demographic data. Share data with AAAs and other partners.
- Contact and meet with leaders of communities not well served in Oregon’s aging system to establish and build relationships of collaboration and partnership.
- Develop strategies of broader community outreach, in conjunction with organizations and groups, working to identify or enlist trusted local champions or “cultural ambassadors.”
- Invite community leaders and members to future local and statewide strategic planning for strengthening and improving inclusive programs and services, while dismantling barriers to access identified in collaboration with these communities.

Outcomes:

- Documentation and assessment of relationships already established, and relationships that need to be established and built among communities that have been oppressed by Oregon’s historical systems of discrimination and exclusion.
- Ability to use service and other data to identify specific communities who are not adequately served by Oregon’s aging system.
- Stronger communication and feedback of community voices on the barriers to access and strategies to improve the accessibility of services.

- A sustained network of collaboration and inclusive strategic planning that accounts for the diverse needs and preferences for Oregon’s older adults who access Older Americans Act and other services and supports, and documentation of meetings, hosted events, and contacts with populations not well served by Oregon’s aging system.

Objective 2: Build upon capacity for language translation and real time interpretation to improve access to programs for older adults who do not use English as their first language or who may be in linguistically isolated households.

Strategies:

- Create an inventory of written materials that are available to older adults statewide (published by ODHS and available to all area agencies on aging in the state); create a strategy to have these materials translated into at least the ten most commonly used languages in the state (and add more languages upon request).
- Convene a translation workgroup to assess local and statewide capacities to translate materials distributed in local communities, and propose a mechanism to provide a centralized resource for translation services, including adapting materials to meet the needs of consumers with different levels of literacy within their preferred language, and a list of common best practices for providing translated materials at the local area agency level. Specific best practices to serve older adults who are linguistically isolated (in households where no one over the age of 14 speaks English) will also be developed.

Outcomes:

- Oregon will have all OAA, ADRC, Medicaid and OPI written program materials translated into at least the ten most used spoken, written and read languages in the state.
- The state will have a strategy to create a hub for translation of locally produced written materials and a resource plan to maintain and sustain this resource.
- The state will have a centralized list of best practices for local and statewide partners to provide high-quality real-time interpretation services.

Objective 3: The state will work with local AAA partners to create, maintain, and sustain service equity plans to meet local needs and preferences in each area agency on aging in Oregon.

Strategies:

- Coordinate a working group with all local agencies to identify current efforts and best practices.
- In collaboration, draft a framework to have local plans that address service equity work identified by and unique to each local agency.

Outcomes:

- The state and local agencies will have a shared understanding on service equity plans in terms of their structure and systems of tracking work to address current inequities.
- Each area agency will have its unique service equity plan that identifies objectives and creates timelines for addressing local needs.

Objective 4: Conduct a statewide needs assessment to address service gaps in advance of the creation of the next State Plan on Aging.

Strategies:

- Document gaps identified in local Area Plans on aging and other local partners' plans (such as Centers for Independent Living).
- Develop a statement of work and request for proposal for a statewide needs assessment, including an assessment of communities that are not well served by Oregon's aging system, in consultation with the area agencies and other stakeholder partners.
- Review results of the LGBTQIA+ survey and create actionable steps to address unmet needs identified in survey results.
- Begin work with a contracted entity to conduct the statewide needs assessment to build state focus areas for the next State Plan on Aging, as well as focus areas that may benefit consumers of individual area agencies.

Outcomes:

- A completed statewide needs assessment reflecting the voices of all older adults in Oregon, with a focus on service gaps and barriers facing older adults not well served by Oregon's aging system and gathering information on the desired or preferred services, and using tools to track and report out results from the statewide needs assessment.
- Development of a set of recommendations to inform the strategic planning for the next State Plan on Aging, as well as inform policy and program development.
- A template through which local area agencies can conduct future community needs assessments in their own areas to inform future Area Planning.

COVID-19 Recovery Focus Area

Goal: Transition programs, service delivery and policies out of the COVID-19 pandemic operations when it is safe to do so.

In March 2020, Oregon joined the rest of the nation in responding rapidly to the COVID-19 pandemic. Within days, services and supports offered under Older Americans Act programs shifted to remote delivery, as feasibly as possible. The pandemic exposed many struggles older adults were already experiencing, such as social isolation and loneliness, which were only exacerbated as individuals stayed at home to avoid risk of exposure to the coronavirus. Existing disparities in service levels across racial and economic lines were also heightened and highlighted. Further, many older adults either experienced or are at significant risk of homelessness. Those who are homeless experience even greater health and well-being risks during the pandemic and the recovery from the pandemic.

During the pandemic, Oregon's system has found ways to deliver services remotely. Congregate meal sites shifted quickly to home delivered meals or meal pick up sites if individuals had transportation to get them. Some in-person classes and programs became available through remote means if individuals had access to the internet. Phone hotlines and other resources were used to reach older adults who may not have had technology or internet access, including telephone reassurance. There were also new contracts with partners, participation in emergency

response efforts with local public health and other government entities, and active efforts in the distribution of personal protective equipment (PPE).

The experiences during the COVID-19 pandemic, and the anticipated recovery from the pandemic, are a significant reason for Oregon creating a short-term, two-year State Plan on Aging. Oregon and its local partners make COVID-19 recovery a state focus to take these lessons learned as a baseline for future planning of services and supports.

Objectives, strategies, and outcomes

Objective 1: Learn from the experiences of providing and receiving services and supports during the pandemic, with the intent for continuity of innovative services that were delivered during the pandemic, determining strategies to build on, and identifying strategies that did not have significant impacts.

Strategies:

- Collect pandemic specific strategies of remote or alternative service delivery models that worked well in all areas of the state, including urban, suburban, rural and frontier areas, to create an inventory of best practices.
- Survey local agencies and consumers on barriers to services during the pandemic.
- Collect practices and policies that agencies and consumers identify as new or beneficial, such as new delivery practices in nutrition programs, to retain after the pandemic.
- Collect and analyze data on the impact of the pandemic on consumer access and utilization of services.

Outcome:

- An inventory of lessons learned and policy recommendations that include strategies that worked well, and barriers encountered, with the purpose of continuing these practices after the pandemic.

Objective 2: Create a comprehensive set of policies, practices, and protocols to proactively respond to future emergencies, including public health emergencies, natural disasters or other disruptions in services and supports.

Strategies:

- In addition to the inventory in Objective 1, compile an inventory of practices and lessons learned specifically in response to the wildfires, ice storms, and flooding that occurred in 2020 in Oregon. This would include programs to help vulnerable populations to be safe and be prepared for future disasters.
- Create a list of best practices that may be common in any emergency, and a list of particular best practices that may be applied to future statewide emergencies and local or regional emergencies.
- Utilize the needs assessment in the Service Equity State Focus Area to get consumer perspectives on lessons learned, barriers encountered, and best practices to inform future preparations for emergency response.

Outcome:

- A comprehensive set of policies, practices, and protocols that can be ready to use at the next emergency encountered to assist local agencies and the state, so that they can access key resources and respond to barriers and needs of older adults. These policies, practices and protocols will be informed by the lessons learned during the pandemic regarding gaps in communication and service delivery.

Federally Required Focus Areas

ACL requires that the following focus areas be incorporated into the State Plan. These focus areas reflect those areas identified at the federal level as critical to the continued delivery of OAA and related programs. These programs are equally important to APD's work as those identified in the state focus areas.

Older Americans Act (OAA) Core Programs

OAA core programs are identified in legislation as mandatory services delivered by all states. The AAAs administer delivery of these programs at the local level. The programs include: OAA supportive services; nutrition programs; disease prevention and health promotion services; family caregiver support services; and elder rights programs. Services to Native American elders and coordination with tribally run OAA programs are also included. AAAs can also address other areas of need or develop other programs, based on local needs and priorities. For example, AAAs may devote funding toward transportation services at their discretion, although most of the ongoing support for transportation services in Oregon is through the Special Transportation Fund through the Oregon Department of Transportation (ODOT). The objectives and strategies outlined below will provide a roadmap to deliver services that achieve outcomes envisioned in the plan's overall focus on service equity and recovery from the COVID-19 pandemic.

Quality Management

Regarding program administration and supportive services, ODHS is designated by the OAA to monitor programs on a periodic basis and provide assurances that OAA grantees administer federal awards in compliance with federal requirements. APD has collaborated with the AAAs to promulgate standards for AAAs in OAA core programs and developed monitoring tools along with both a risk-based and routine monitoring schedule.

The AAA monitoring plan serves several purposes:

- To provide a framework of quality assurance (continuous quality improvement) for both APD and the AAAs;
- To strengthen relationships and the sharing of best practices between APD and the AAAs, and among AAAs;
- To celebrate best practices in service delivery;
- To identify and collectively correct areas of weakness at specific AAAs or statewide; and
- To comply with federal and state regulations.

APD believes that a self-reported monitoring system produces factual data and honest self-reflection. This method allows the state to leverage its capacity to conduct onsite and desk reviews, and AAAs are empowered to use their in-depth, expert knowledge of federal and state requirements for service delivery and fiscal control to perform regular, thorough monitoring of their programs and operations systems.

Nutrition Services

Nutrition services are a core program of the OAA. Good nutrition is essential in helping older adults and people with disabilities maintain their health and independence as they age. These programs include nutritious meals in

congregate settings or through home delivered meals five days a week. Other services include nutrition education, screening, assessment, and nutrition counseling. The OAA provides nutrition services to older adults regardless of income or disability. Those 60 years of age and older, their spouses of any age, and dependents with disabilities who live with them and accompany them to the meal site are eligible for nutrition services. Further, the OAA requires targeting services to those in “greatest social and economic need.”

During the COVID-19 pandemic, nutrition services quickly switched to a home delivered meals (HDM) model of service delivery. As Oregon emerges from the pandemic, the state will transition to congregate meals again, while strategically assessing and targeting HDMs to individuals who are not otherwise able to access meals at the congregate sites. Using improved demographic data, the state will provide truly culturally responsive and medically-tailored meals to Oregon’s increasingly diverse older adults who access services in these programs.

Health Promotion and Disease Prevention

Title IIID of the OAA was established in 1987 to support disease prevention and health promotion for older adults. Funding is based on Oregon’s share of the population aged 60 and over for programs that support healthy lifestyles and promote healthy behaviors. Priority is given to serving older adults living in medically-underserved areas of the state or those who are of the greatest social and economic need.

Like nutrition services, the COVID-19 pandemic led to the suspension of in-person programming for disease prevention and health promotion until it was deemed safe to return to this format. The pandemic presented many challenges for the older adults served in these programs, including the pervasiveness of social isolation and loneliness and adjustments that needed to be made in providing health and wellness programs remotely.

The state’s priorities for disease prevention and health promotion include a broad effort to increase programs to combat social isolation and loneliness and to create a framework in which, as the state moves out of the pandemic, the lessons learned from remote programs can be used more frequently in the future for older adults who may benefit from that format. Further, the state will prioritize the development of both in-person and remote and online programming that is culturally responsive to the needs of older adults in local areas, including programming in languages other than English.

National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) supports family caregivers, who provide the majority of long term care and support in our country. This program provides services that help caregivers enhance their own lives as well as their care receivers' lives. The purpose of the NFCSP is to assist family caregivers (and other unpaid caregivers in a person's life) in their expanding roles by providing support and services that can ease the emotional and physical stress they may experience in being a caregiver.

These support services include caregiver counseling, caregiver supplemental services, caregiver support programs, evidence-based caregiver training, respite care, and information for caregivers that links them to services within their community. Within the NFCSP, funds allocated for the program can serve older adults (not parents) age 55 and older providing care to children under the age of 18. In addition, older adults, including parents, can now receive services if they provide care for an adult age 18 to 59 with a disability.

The priorities of the state include transitioning family caregiver support programs to a hybrid of in person and remote programming as the state recovers from the COVID-19 pandemic. The state will continue to support the annual Native Caring Conference, for caregivers of Native Elders and relative caregivers of children from Northwest Indian Communities. Finally, the state plans to pursue an 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services, with one component being a limited monthly benefit to support family caregivers. If this Demonstration is approved, the state will work with local area agencies to target NFCSP services to those caregivers not in the Demonstration Waiver.

Aging and Disability Resource Connection (ADRC)

The ADRC of Oregon is a core component of our approach to coordinating long-term services and supports for seniors, people with disabilities, their families and caregivers. The ADRC is a national initiative supported by Oregon Department of Human Services (ODHS) leadership, federal partners at the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Veterans Affairs (VA). Federal grant and state funds supported the development of Oregon's statewide ADRC system. ADRCs provide free information and referral and options counseling services to people of all ages, incomes and abilities. Individuals can access information and resources and get connected to services by visiting one of the ADRC site locations across the state, by calling the statewide toll-free number at 1-855-ORE-ADRC (1-855-673-2372), or by going online to www.ADRCoforegon.org.

In Oregon, the ADRC is a collaborative, public-private partnership. ADRC partners in Oregon include the Centers for Independent Living, APD, AAAs, Veterans Services, Mental Health Services, tribal entities, coordinated care organizations, and other community-based entities serving older adults and people with disabilities.

As the No Wrong Door (coordinated access system) entry point for the long term services and supports system, ADRC core services support individuals and family caregivers to preserve their financial resources and remain independent longer by connecting them to less expensive service options in their community, delaying entry into

a more expensive long term care system. During the pandemic, ADRCs have connected consumers to COVID-19 related information and resources, conducted reassurance calls, screened for and addressed social isolation and loneliness, and provided vaccine access information and supports. Oregon received two federal ADRC COVID-19 grants to help fund some of these activities, and that work will continue through the pandemic recovery period.

Senior Community Service Employment Program

Another OAA program in Oregon is the Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA. This program serves people with low incomes who are 55 years old or older and have poor employment prospects. The program has two purposes: to provide useful community services and to foster individual economic self-sufficiency through training and job placement in unsubsidized jobs.

The Oregon SCSEP sub-grantee and national grantee, Easterseals Oregon, maintains relationships with the local AAAs to coordinate services and make appropriate referrals to one another. SCSEP participants have access to other Older Americans Act programs offered through the AAAs, including case management, nutrition, transportation, and housing services. AAAs refer individuals who may be eligible for SCSEP to the local projects for eligibility screening. This relationship benefits both SCSEP and AAAs by helping aging Oregonians maintain their independence as long as possible.

Objective 1: Readjust nutrition services post-COVID – moving back to congregate meals, reducing levels of HDMs to refocus on those who more closely meet HDM requirements.

Strategies:

- Support the AAAs as they move back to Congregate meals, following the guidance from OHA and ODHS.
- Work with AAAs to transition individuals who will no longer be eligible for HDMs back to congregate meal programs, as appropriate.

Outcomes:

- Prioritization of individuals who have the greatest need for HDMs.
- Full re-opening of congregate meal sites at the end of the two-year state plan.

Objective 2: Use a data-driven approach to refocus nutrition services on populations at highest risk and to increase culturally responsive services.

Strategies:

- Develop a system of regular reports, using OAA/ADRC data, to report on reach of nutrition programs by region, age, race/ethnicity, and gender.
- Analyze data on populations at greatest need/risk of malnutrition and work with AAAs to find ways to provide meals to these populations.
- Use demographic data and the community needs assessment to identify underserved populations to support AAAs in developing meals that are both culturally responsive and medically-tailored to meet the local needs and preferences of older adults in their areas.

- Increasing contracting efforts for culturally specific meal sites and vendors.

Outcomes:

- A robust, data-driven system for planning and administering meal programs to meet the cultural and medically-tailored needs of each area's populations served by these programs, including building on best practices to provide and deliver nutrition services that were developed during the emergency declaration of the pandemic.

Objective 3: Promote service equity to ensure inclusive access to disease prevention and health promotion programs and resources while resuming in person programs when it is safe to do so.

Strategies:

- Work with AAAs to identify the benefits of virtual programs as a way for different populations, particularly in rural areas, to access health promotion programs. Build on lessons learned during COVID to support a variety of program delivery options that can meet the needs of different communities and individuals.
- Promote efforts to target programs to those at highest risk in their communities, and to make programs available to tribal or non-English-speaking populations.
- Work with AAAs to establish a timeline for when in person programs can resume, based on county COVID cases and amount of the population that is vaccinated.

Outcomes:

- Full implementation and resumption of in-person programs with corresponding remote programs for older adults who are otherwise not able to attend in-person programming.
- Increased use of culturally specific disease prevention and health promotion programs in each local area for older adults who have not been well served by Oregon's aging system.

Objective 4: Partner with the Oregon Health Authority (OHA) to leverage resources within the State Health Improvement Plan, Healthier Together Oregon.

Strategies:

- Maintain and expand programs that address loneliness and increase social connection in older adults, including leveraging resources and partnering with OHA's Older Adult Behavioral Health Initiative.
- Expand reach of preventive health services through evidence-based and promising practices.

Outcome:

- An increase in participation in social isolation prevention and other preventive health programs and services for older adults.

Objective 5: Increase outreach and resources for family caregivers who have been inadequately served by our system or are at risk of not being able to maintain their caregiver role, putting the care recipient at risk of institutionalization.

Strategies:

- ODHS will continue its support for the annual Native Caring Conference.
- ODHS will pursue an 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services (CMS) to support family caregivers who have family members at risk of entering Medicaid-funded long term services and supports.
- If the Demonstration is implemented, ODHS will work with local areas to target more resources to family caregivers not eligible for the Demonstration or federally matched programs.
- Maintain remote services to family caregivers who benefit from this format, while re-implementing in-person services to family caregivers after the COVID-19 pandemic.

Outcomes:

- Coordination of new 1115 Demonstration waiver and OAA family caregiver programs to avoid duplication and provide referrals between each program.
- Re-instituted in-person services for family caregivers and full implementation of remote services to serve families who are unable to access in-person services.

Native American Programs and Title III/Title VI Coordination

Native Americans in Oregon live in all 36 counties, and the goal of the state is to ensure that all tribal elders are connected to services and information regardless of where they live in the state. Program delivery for tribal elders occurs primarily at the level of the AAAs and Title VI grantees (eligible Tribal organizations which receive OAA funds directly to provide a broad range of services to older Native Americans). All 16 Area Plans thus contain descriptions for coordination of services to tribal elders in their areas (referred to as Title III/Title VI Coordination).

Oregon and the Tribes within the state have launched the Tribal Navigator Program, which has created an opportunity for greater intergovernmental coordination between the state and Tribal organizations. As Oregon and the AAAs center their work on service equity and transitioning services to post-pandemic times, the relationship and the coordination with Oregon's Tribes and tribal organizations are positioned to develop further with these new resources and practices. (Refer to Appendix D for more on the TNP.)

Objective 6: Improve Title III/Title VI coordination through ongoing communication, collaboration, and working closely with the Tribal Navigator Program (TNP) at the state and local AAA levels.

Strategies:

- Continue to support bringing together Tribes, APD and AAA staff in the bi-annual Meet & Greet.
- Improve efforts to always include and hear the voice of Native Americans in department initiatives and policies.
- Expand the Regional Tribal and AAA Gatherings from one region to two others.

- Continue to support AAAs and Title VI programs/tribes in working together and coordinating OAA services to better serve tribal elders.

Outcomes:

- Local programs and statewide policies that are more responsive to the needs and preferences of Native American older adults.
- Measurable increase of coordination between AAAs and Tribal Navigators working in partnership with ODHS local offices.

Legal Assistance and Elder Rights Protection Programs

Refer to Elder Justice Focus Area.

ACL Discretionary Grants

ADRC/No Wrong Door System Business Case Development Grant

Oregon is a recipient of the federal ADRC/No Wrong Door System Business Case Development Grant, awarded by the Administration for Community Living (ACL) in September 2018. We were granted a no cost extension at the end of the initial two-year grant period, and we anticipate receiving another no cost extension to continue the work through August 2022.

Some of the planned work for this grant extension is to enhance ADRC/OAA software to support improved collection of race, ethnicity, language and disability data and sexual orientation and gender identity information. For ADRC services provided in 2020, 17% of the consumers receiving information and referral were racial or ethnic minorities and 30% were in rural/frontier communities. For consumers receiving options counseling services, 12% of those consumers were racial or ethnic minorities and 38% were in rural/frontier communities, which was a 5% increase over the prior year. Software enhancements and increased staff training will allow us to better understand and quantify who accesses the ADRC and strategize to increase its reach and acceptance with these targeted populations. We also intend to provide targeted training on ADRC services and appropriate referrals to options counseling with a goal of reaching Adult Protective Services (APS), ODHS Self-Sufficiency program, Vocational Rehabilitation, State Rehab. Council, APD Case Managers and Diversion/Transition specialists. Refer to Appendix E for objective, strategies, and outcomes for this grant.

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) is funded through May 31, 2023 by a grant from the Administration for Community Living (ACL). The program's mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors and abuse through outreach, counseling,

and education. The Oregon SMP promotes the ADRC toll-free phone number and website to connect Oregonians with SMP services. This approach supports Oregon's broader efforts to streamline access to aging network services under the No Wrong Door philosophy.

The Oregon SMP works in partnership with the Senior Health Insurance Benefits Assistance (SHIBA) program, the Office of the Long-Term Care Ombudsman (LTCO), and the Association of Oregon Centers for Independent Living (AOCIL) to achieve its mission. By leveraging the outreach mechanisms in place at each of these organizations, the Oregon SMP reaches a diverse audience of Medicare beneficiaries with information about SMP and other critical aging network services.

Selected 2021 Plan Objective:

SMP Year 4 Objective #1) Provide group education and one-on-one assistance to Medicare beneficiaries on a statewide basis.

Refer to Appendix E for the objectives and strategies for SMP.

Medicare Improvements for Patients and Providers Act (MIPPA)

Medicare Improvements for Patients and Providers Act (MIPPA) was enacted by Congress in 2008. The Oregon MIPPA project, currently funded through August 31, 2021 by a grant from the Administration for Community Living (ACL), aims to connect individuals who may be eligible for Medicare Savings Programs (MSP), which help pay for Medicare Part B, and Low Income Subsidy (LIS), a program that helps pay Medicare Part D premiums and reduces the cost of prescription drugs. MIPPA allocates federal funding for State Health Insurance Assistance Programs (SHIPs; known in Oregon as SHIBA), Area Agencies on Aging (AAA), and Aging and Disability Resource Connection (ADRC) to achieve its mission, and ODHS works in partnership with the SHIBA program and Multnomah County Aging, Disability and Veterans Services (MCADVS) to conduct outreach and provide assistance to eligible individuals in completing applications for MSP and LIS. The Oregon Medicare Savings Connect (OMSC) is a toll-free hotline maintained by MCADVS that is staffed by an outreach coordinator who specializes in MSP and LIS benefits.

Oregon intends to apply for the next MIPPA grant, which covers September 1, 2021 through August 31, 2022. If awarded, 2021 will be the first year in which Oregon's MIPPA project is administered solely by APD, as the Oregon SHIBA program transitioned from the Department of Consumer and Business Services (DCBS) to ODHS on July 1, 2021.

State Health Insurance Assistance Program (SHIP)/Oregon Senior Health Insurance Benefits Assistance (SHIBA)

SHIBA helps seniors and people with disabilities understand Medicare and their Medicare insurance options, and acts as an advocate for Medicare beneficiaries. SHIBA contracts with local entities, often Area Agencies on Aging (AAA), that recruit and train counselors who volunteer their time. These certified counselors provide free,

objective, comprehensive, and confidential help with Medicare and healthcare choices, including assistance with: Assessing health care coverage needs and options, determining general eligibility for health care coverage programs, and evaluating and comparing health insurance plans and programs.

The Oregon SHIBA transitioned from the DCBS to ODHS on July 1, 2021. The transition requires careful planning and coordination between agencies and other aging network service providers. During the first year of the transition period, ODHS will manage program operations to ensure sufficient staffing and capacity to continue providing quality SHIBA services while exploring additional opportunities to incorporate principles of service equity and supporting a return to pre-COVID-19 activities. The program moved because the APD delivery system, including AAAs and the Aging and Disability Resource Connection (ADRC), provides information and assistance to seniors and people with disabilities through a statewide network; many of the AAAs already administer SHIBA contracts at the local level; and aligning Medicare education and advocacy in APD will help people access Medicare services as a primary resource before accessing Medicaid and state funded programs.

Refer to Appendix E for objectives and strategies for the SHIP Grant.

Participant-Directed/Person-Centered Planning

Oregon has a longstanding commitment to providing individualized person-centered services and planning. Oregon's use of trained Information and Referral and Options Counseling specialists in the Aging and Disability Resource Connection (ADRC) provides objective screening and advice regarding a myriad of community-based programs, Older Americans Act Programs, and Medicaid. Offering a wide-ranging variety of choices allows for individual flexibility in determining the services and options that will best meet a person's personal preferences and cultural needs.

Oregon Administrative Rule, 411-004-0030 Person-Centered Service Plans (Amended 7/1/2017) aligns with and requires compliance with CMS expectations regarding person-centered planning for home and community-based services (HCBS) Medicaid settings. Program policy dictates that all public materials are produced in the ten most frequent languages spoken (Traditional Chinese, Simplified Chinese, Arabic, Somali, Korean, Russian, Spanish, Vietnamese, Romanian, and Farsi). In addition, translation services are available state-wide, and bilingual workers are available in many local offices.

Oregon's philosophy emphasizes consumer choice and decision-making from initial contact through selected service options.

While having a strong foundation in providing person-centered services, APD is committed to providing best practice approaches and was awarded, along with 14 other states, a first ever technical assistance grant from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

An initial kick-off meeting was held in August 2019 to create a draft Oregon definition and beginning vision for enhancing Oregon’s commitment and focus on person-centered thinking and planning. Stakeholder engagement is an important Oregon value, and meetings with the Oregon Disabilities Commission and Governor’s Commission on Senior Services have provided opportunities for input and updates on this work. Additionally, Oregon participated in an NCAPPS webinar as a presenter on the topic of the importance of stakeholder engagement as part of person-centered philosophy.

Better person-centered practice is also intertwined in a separate major State Focus area for this Plan - service equity. By working at the person-level we can best meet cultural needs and expectations. This can include an understanding of cultural norms but also honor personal choices that may differ from the majority in the culture and allows for the uniqueness of the individual to drive planning.

One area where APD has been able to make significant progress is with Oregon’s nine federally recognized Tribes, through the Tribal Navigator Program (TNP). The TNP is a contract between APD and the tribe to hire and oversee a Navigator. The Navigator is usually a community member and from the tribe, allowing them to know the cultural and service needs of elders and members who are experiencing disabilities. Not only do the Navigators understand the circumstances of the elder or member they understand and know the Long-Term Care system. As such, they can act as a trusted guide to elders and members who otherwise may go without services due to historic and current traumas faced by government intervention. The TNP work has been shared with NCAPPS as a possible model that could be used with other Tribal Nations or cultural groups. (Refer to Appendix D for more on the TNP.)

APD invested in training NWD/ADRC and Medicaid policy makers and local office staff on University of Missouri at Kansas City (UMKC) LifeCourse Ambassador tools and concepts. Once trained, ambassadors were brought together for a series of three meetings to further explore the value and vision for use of person-centered tools, vision, and philosophy going forward.

Out of this process, it was identified that a major cultural shift in thinking and practice is needed to truly achieve the vision and potential of person-centered practice.

In addition to the above activities, APD participated in web-based meetings and provided formal feedback to the National Quality Forum (NQF) work in developing person-centered definitions and quality report.

Objective 1: The state will commit to a culture change and corresponding actions to transition services to a person-directed and person-centered foundation.

Strategies:

- Engage consumer and consumer advocate stakeholders on the vision of transforming case management and other services, such as options counseling, to a person-directed and person-centered lens.
- Solicit one APD and one AAA office to volunteer and to pilot person-directed and person-centered culture change and practices.
- Use lessons learned from the pilot, and all corresponding LifeCourse tools, to expand these practices statewide, in concert with a service equity lens.

Outcome:

- A system of programs and service delivery throughout the network of AAA and APD offices with a commitment to, and resources for (training, learning collaboratives, and other resources) the practice of person-directed and person-centered services and service planning.

Elder Justice

Legal Assistance and Elder Rights Protection Programs

Funding for legal assistance for Oregonians in greatest need and aged 60+ is authorized by Title III-B of the OAA; funding for adult protective services (APS) and long-term care ombudsman services (LTCO) comes from Title VII of the OAA. Federal funding passes through APD and is distributed to Oregon's 16 AAAs according to the population and geographic size of each AAA's service area, and to the LTCO central office in Salem.

APD collaborates with and monitors its regional offices and the AAAs to create and maintain opportunities for elders and other vulnerable persons to be safe. Together, they promote access to legal assistance, protective services and ombudsman advocacy assistance when safety, independence, access to necessary services, and other rights are threatened or compromised. There is no income test to access these services.

Legal Assistance

Funding allocations for legal assistance remain inadequate to serve all eligible consumers in Oregon. Funding is typically directed to specific legal service topics identified in the OAA and persons served are ideally “[targeted](#)” to receive help from legal aid organizations, being those with the greatest social and economic need.

For general information about legal issues for older adults, see [this web publication](#) available in five languages. Vulnerable Oregonians should be able to have referrals and access to [contact an attorney](#) when needed, and such legal services can be secured with standard fee, reduced fee, or pro bono (no fee) arrangements. There is no fee for III-B funded legal services. Additionally, advocacy and protection agencies and organizations such as Oregon's Department of Justice, Department of Consumer and Business Services, AARP, Disability Rights Oregon, public and private guardian and conservator organizations, and numerous law enforcement agencies engage in education and outreach efforts to promote equal access to legal services regardless of race, color, national origin, sex, sexual orientation, religion, and other protected classes. Legal services should ideally be delivered in a culturally responsive and trauma-informed manner.

Challenges for this two-year plan period include maintaining the health, security and dignity of Oregonians experiencing houselessness or anticipating being houseless on account of the 2020-21 national COVID-19 virus pandemic. While temporary moratoria on many eviction proceedings are in effect, it is foreseeable that many older adults will face eviction proceedings soon for being unable to pay rent.

For information on funded priority legal assistance services, and how to find a lawyer in your community, [click here](#). Information is also available through the [Oregon State Bar](#) or by calling the Aging and Disability Resource Connection at 1-855-673-2372.

Adult Protective Services

The [Oregon Adult Protective Service \(APS\) Program](#) operates under Oregon Revised Statutes (ORS) Chapter 124 and 125, and Chapter 410. It is administered by APD. Intake, screening, and investigations, as well as the provision of protective services are conducted by APS workers located at district offices throughout the state.

APS embraces a social model of intervention with a primary focus on offering safety and protection to the reported victim while balancing the duty to protect the person's rights to self-determination.

Anyone can report suspected abuse and neglect. If you think someone is in danger or being hurt, call 911 immediately. Reporting abuse can also be done through this statewide toll-free number: **1-855-503-SAFE (7233)**. Anyone, including mandatory reporters, can call this number to report abuse. Reports of abuse can also be called in to [local APD or AAA offices](#) around the state. Additional information and resources about the adult protective services program are in Appendix I.

Long-Term Care Ombudsman Services

Oregon's Office of the [Long-Term Care Ombudsman](#) (LTCO) is an independent state agency, separate from the Oregon Department of Human Services and APD. The LTCO serves all APD-licensed long-term care facility residents through complaint 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. The LTCO program is monitored by an advisory committee.

The LTCO program works to enhance the quality of life and improve the quality of care for facility residents. It is a free service available to residents, residents' family members, facility staff and the public. Certified (volunteer) ombudsmen and staff investigate and resolve a wide variety of resident concerns, including problems with medication, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans. Additional information about the LTCO program is in Appendix J.

Resources for current residents are [available here](#). Ombudsman contact information is at [this web page](#), or you can call 1-800-522-2602.

Reporting of Hate Crimes and Bias Incidents

Hate crimes and bias incidents are on the rise, both in Oregon and nationally. It is up to all Oregonians to make sure that everyone is safe in their community. In 2019, the Oregon legislature passed [Senate Bill 577](#), which updated Oregon's bias crime laws (formerly called intimidation), defined the new legal term bias incidents, created a victim-centered response hotline for reporting bias, requires law enforcement to refer all victims of bias incidents to support services, and streamlines data collection about bias occurring in Oregon.

For more information, see [this Oregon Department of Justice webpage](#). To report using Oregon's non-emergency bias response hotline, call 1-844-924-BIAS (2427). Interpreters are available.

Objective 1 (Title III-B): Promote and maintain effective OAA Title III-B funded legal services delivery in every Oregon county.

Strategies:

- APD and the AAAs, in collaboration with contracted legal service providers, will expand informational outreach to persons living in rural areas, on tribal reservations, and to persons whose first language is not English to raise awareness of legal assistance programs among more vulnerable consumers. Counties without III-B funded legal services in place will contract for those.
- Creation and monitoring of new service data will become available through enhanced reporting soon to be required by the Administration for Community Living.

Outcomes:

- More awareness of III-B funded legal services will lead to a year over year increase in legal service referrals to contractors, with all legal service contractors accepting cases in three or more different priority legal service areas.
- Data providing more meaningful (deidentified) information on the location and demographic data of consumers served, the legal topics of services provided, and the extent of services delivered.

Objective 2 (Title VII): Promote and maintain awareness and prevention of financial exploitation of older Oregonians.

Strategies:

- APD and AAA staff will collaborate with community partners and stakeholders, including multi-disciplinary teams in each county, to improve awareness of financial abuse and related crimes, and to inform consumers about best practices for maintaining or achieving physical safety and financial security from abuse, theft, fraud and other criminal practices.

Outcomes:

- APD and AAA offices will document elder financial exploitation outreach and education events and communications, leading to regular presentations in each Oregon county (in person or via remote, technological communication). Some materials and presentations will be provided in languages other than English and with sign language or other suitable accommodations, as applicable.

Appendix A – Public Feedback

APD consulted with the Governor’s Commission on Senior Services (GCSS) and Oregon Disabilities Commission (ODC) regarding Area Plan development. Members of the GCSS and ODC also helped APD review the submitted Area Plans and continued to advise and assist in State Plan development. A broader State Plan Advisory Workgroup was also formed, consisting of representatives from the GCSS, ODC, AAAs, the Long Term Care Ombudsman, the ODHS Tribal Affairs Director, a Title VI representative, ODHS’ Office of Equity and Multicultural Services staff and APD staff (See Appendix B). Smaller subgroups were also involved in the development and prioritization of specific program objectives. Input and recommendations from these groups, as well as broader recommendations from the full Advisory Workgroup, have been incorporated throughout the Plan, and additional input from the Advisory Workgroup was solicited on an early final draft of the Plan.

This State Plan was available on the APD website for public input throughout June 2021. Availability of the Plan and a request for comments was announced via news releases, the Secretary of State’s Bulletin, broad stakeholder email blasts, social media announcements, and notices to other interested parties and the general public. In addition, partners were contacted specifically with a Request to Comment, including the members of the GCSS and ODC, the Advisory workgroup, all 16 AAAs and Advisory Councils, Centers for Independent Living and Oregon’s State Independent Living Council (SILC), tribal entities, AAA contracted partners, and general APD stakeholders.

A public hearing was held virtually on June 28, 2021.

Public feedback was considered and incorporated into the final Plan.

Appendix B – State Plan Advisory Workgroup

2021–2023 State Plan on Aging Advisory Workgroup

Governor’s Commission on Senior Services & Oregon Disabilities Commission

James Davis

Mary Rita Hurley

Pam Latta

Randy Samuelson

Britta Willson

AAA representation

Tanya DeHart, NWSDS

Heidi Gehman, RVCOG

Rebecca Miller, WCDAMS

Jody Warnock, CAPECO

APD representation

Cara Hash (Clackamas/Canby)

Angel Moreno (Hermiston)

Nakeshia Knight-Coyle

Office of Equity and Multicultural Services

Rebecca Arce

LTCO

Fred Steele, LTCO

Tribal Affairs and Title VI Program

Adam Becenti, Director, ODHS Office of Tribal Affairs

Adrianna Brim, Cow Creek Band of Umpqua Tribe of Indians

APD Staff

Ann McQueen

Deb McQuin

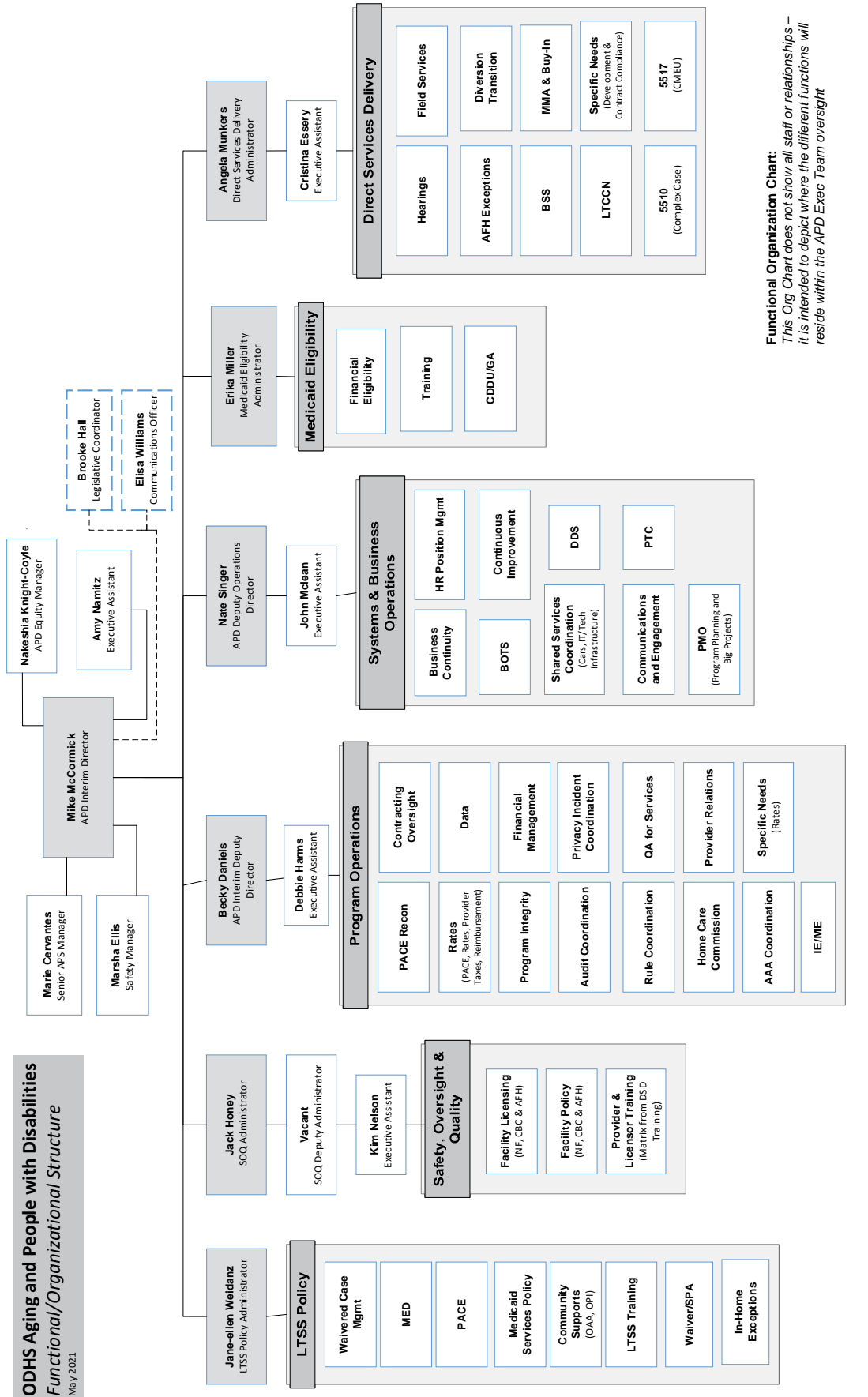
Max Brown

Bob Weir

Elizabeth Fields, PSU Intern

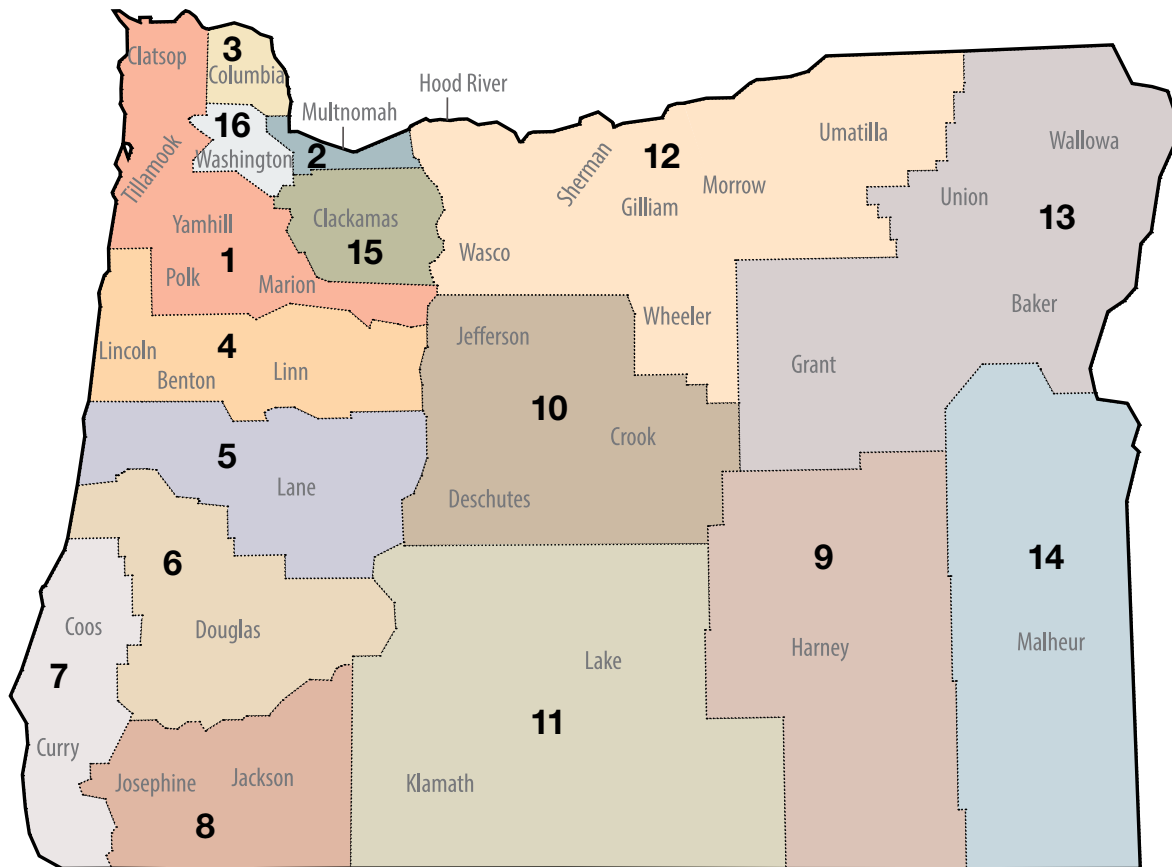
Appendix C – Organizational Charts

ODHS Aging and People with Disabilities Functional/Organizational Structure May 2021



Functional Organization Chart:
This Org Chart does not show all staff or relationships – it is intended to depict where the different functions will reside within the APD Exec Team oversight

Oregon Area Agencies on Aging Planning and Service Areas



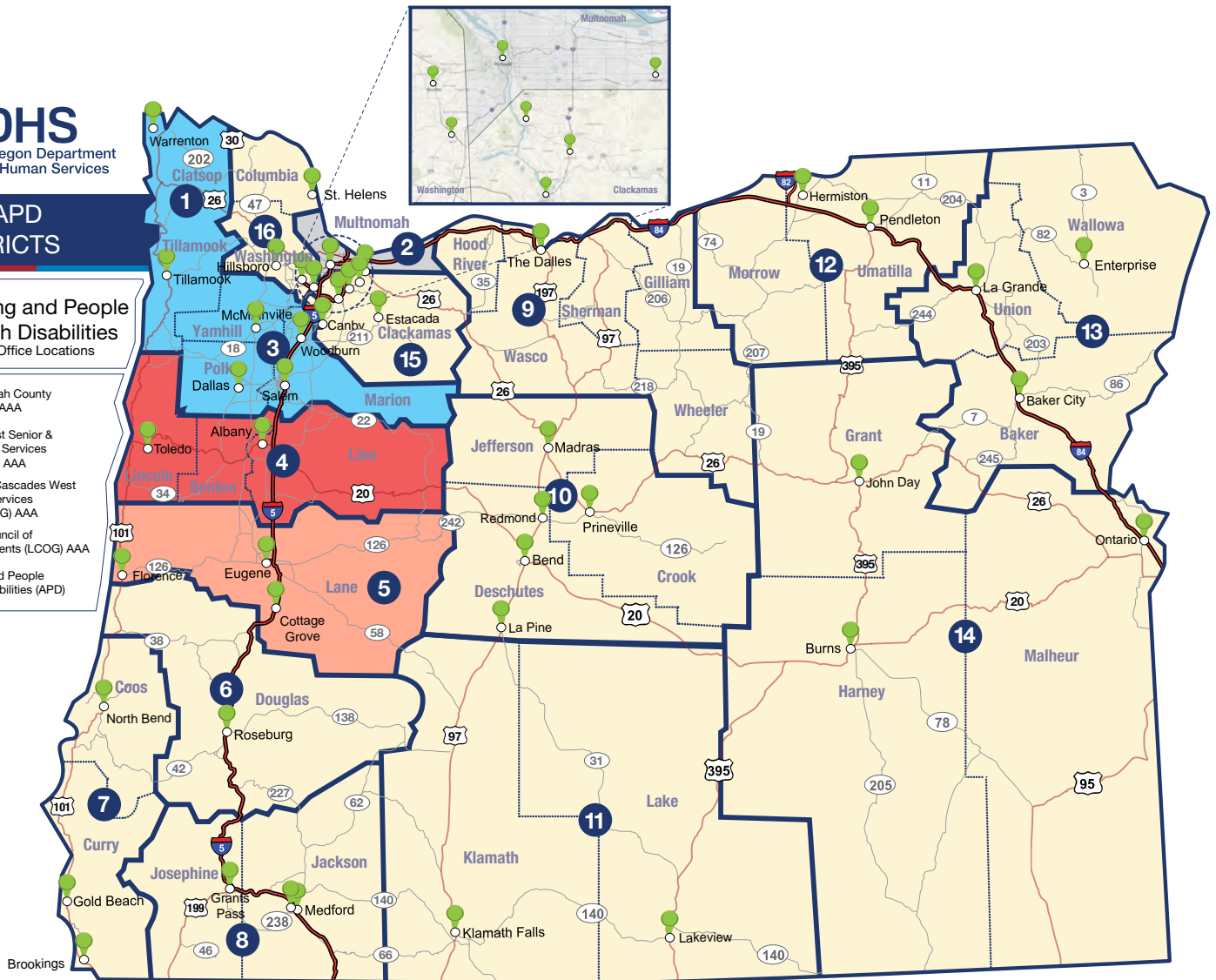
<p>1. NWSDS - (Type B Transfer) Northwest Senior & Disability Services</p>	<p>7. SCBEC - (Type A) South Coast Business Employment Corp.</p>	<p>12. CAPECO - (Type A) Community Action Program of East Central Oregon</p>
<p>2. MCADVS - (Type B Transfer) Multnomah County Aging, Disability & Veterans Services</p>	<p>8. RVCOG - (Type B Contract) Rogue Valley Council of Governments</p>	<p>13. CCNO - (Type A) Community Connection of NE Oregon</p>
<p>3. CAT - (Type A) Columbia Action Team</p>	<p>9. HCSCS - (Type A) Harney County Senior & Community Services Center</p>	<p>14. MCOACS - (Type A) Malheur Council on Aging and Community Services</p>
<p>4. OCWCOG - (Type B Transfer) Oregon Cascades West Council of Governments</p>	<p>10. COACO - (Type A) Council on Aging of Central Oregon</p>	<p>15. CCSS - (Type A) Clackamas County Social Services</p>
<p>5. LCOG - (Type B Transfer) Lane Council of Governments</p>	<p>11. KLCCOA - (Type A) Klamath & Lake Counties Council on Aging</p>	
<p>6. DCSS - (Type B Contract) Douglas County Senior Services</p>		<p>16. WCDAMS - (Type A) Washington County Disability Aging & Veteran Services</p>



DHS APD DISTRICTS

Aging and People with Disabilities Office Locations

- Multnomah County (MultiCo) AAA
- Northwest Senior & Disability Services (NWSDS) AAA
- Oregon Cascades West Senior Services (OCWCOG) AAA
- Lane Council of Governments (LCOG) AAA
- Aging and People with Disabilities (APD)



CF 9202 (8/2016)

Appendix D – Oregon Tribal Navigator Program

Oregon Tribal Navigator Program

In Oregon, the Office of Aging and People with Disabilities (APD) has had an opportunity to build and strengthen relationships with the nine federally recognized tribes across the state and the Urban Indian Health Center (UIHC) in Portland. When Oregonians experiencing aging and disabilities were asked what they wanted in their long-term services and supports, there was an overwhelming response to invest time, resources, and staff into providing equitable services to all who reside in Oregon.

Once APD staff and leadership began to build relationships with the tribes it became apparent that services were not accessible to tribal members. In addition, tribal staff felt that there was not a basis of trust for their members to even reach out to APD services. Through these conversations and the tribes' openness to discuss what improvements needed to be made, the Tribal Navigator Program (TNP) was created.

The TNP is new for Oregon and perhaps, new for the nation. The goal of the program is to provide tribal elders and adults with disabilities access to Long Term Services and Supports from a trusted tribal staff member. In this way, the elder or adult with a disability has their care needs, concerns and tribal practices and traditions centered throughout the process of engaging with Aging and People and with Disabilities (APD).

By having a tribal staff member present and acting as liaison on behalf of the tribal member, there is a basis of trust and cultural understanding that helps build better services from the start. This was the model being used by the Cow Creek Band of Umpqua Indians and a local APD office who had designated a single case manager to work directly with the Cow Creek members.

To implement the model across the state the tribes and UIHC who were interested in adopting the program began to meet with APD staff and leadership monthly to discuss how to move forward. The role of the Navigator and the case manager were agreed upon by the tribal entities and APD staff, and each contract was individually negotiated based on tribal law and the unique needs of each tribe. There were eight tribal entities involved in the creation of the program.

Through APD funding, the tribal entity enters a five-year contract to hire and oversee the Navigator. The Navigators and APD TNP administrators meet on a monthly basis to ensure that work is not overlapping, and the tribes are able to access the services and supports needed by their members. Each APD office has a single point of contact who works directly with the Navigator to continue to break down barriers and identify training needs for APD staff.

The Navigator's role is to initiate contact with tribal members and pre-screen them for the services they may be eligible for. Navigators are present for assessments and work alongside APD case managers to plan services and check in monthly on the status of members who are receiving services. Tribal Navigators are trained alongside APD case managers to understand our programs and processes inside and out.

In addition to building trust, assisting tribal members, and funding a position for the tribes, APD can improve all service streams for tribal members including, Adult Protective Services and background checks to increase the pool of homecare workers available to tribal members.

Appendix E – Discretionary Programs

ADRC/No Wrong Door System Business Case Development Grant

Objective, strategies, and outcomes

Objective: To be able to demonstrate the value of ADRC services to build a case for sustainability and to increase access to services offered by the statewide ADRC system.

Strategies:

- Enhance software to support improved user experience, functionality, and data collection needs for return on investment (ROI) calculations and follow-up and outcomes tracking.
- Enhance software to support improved data collection needs for Race, Ethnicity, Language and Disability (REAL+D) data and sexual orientation and gender identity information.
- Develop and implement ADRC program self-monitoring tool.
- Update ADRC program standards.
- Implement nightly data transfer from GetCare (ADRC system) to agency data warehouse to support reports generation and data analysis projects.
- Develop data dashboards to showcase the value of ADRC services.
- Provide targeted training on ADRC services and appropriate referrals to options counseling with a goal of reaching Adult Protective Services (APS), ODHS Self-Sufficiency program, Vocational Rehabilitation, State Rehab. Council, APD Case Managers and Diversion/Transition specialists.
- Develop and implement consumer satisfaction surveying for ADRC information and referral (I&R) and options counseling (OC) services.
- Conduct additional statewide marketing and outreach (tentative)

Outcomes:

- **ADRC Consumer Satisfaction Survey report:** Oregon will have a report on results of the ADRC consumer satisfaction survey that will help document benefits, outcomes, and consumer preferences and satisfaction with ADRC services linked to the business case ROI.
- **Expanded reach to serve more consumers:** Oregon will provide targeted training on ADRC services and appropriate referrals to options counseling with a goal of reaching Adult Protective Services (APS), ODHS Self-Sufficiency program, Vocational Rehabilitation, State Rehab. Council, and APD Case Managers and Diversion/Transition specialists with a goal of increasing options counseling enrollments.
- **Improved data collection, data retrieval, and quality assurance:** The ADRC of Oregon will have an enhanced software system supporting improved consumer demographics information recording and the ability to more systematically track and report consumer needs and outcomes information to support return on investment (ROI) calculations. Oregon will also have an established data warehouse and dashboard reports that will allow for more flexible usage of data to showcase the value of ADRC services, support quality assurance activities, the evaluation of ADRC services, and tracking of consumer service utilization

across the service system. ADRC staff will have received targeted training on system enhancements, data collection requirements, and quality assurance reporting tools with an anticipated outcome of improved data collection. Additionally, ADRC program standards will be reviewed and updated, and an ADRC program self-monitoring tool will be developed and implemented to support quality assurance and ensure program standards are being met.

SMP Grant

Goal

Educate beneficiaries about the economic and health-related consequences of Medicare fraud, errors, and abuse.

Outcome

Increase number reached through outreach and education events by 2% annually.

Objectives

- Provide group education and one-on-one assistance to Medicare beneficiaries on a statewide basis.
- Recruit, train, and retain a sufficient and effective workforce ready to provide high quality education and inquiry resolution.
- Monitor and assess SMP results on operational and quality measures.
- Position SMP to respond to changes in the programmatic landscape.

Key Tasks

- Conduct SMP individual interactions with consumers as appropriate on a statewide basis. This includes complex interactions in cases of possible fraud or abuse.
- All partners will perform SMP information distribution activities to inform their respective audience and the community at large about SMP.
- Each partner organization will conduct at least 20 outreach events per year. Presentations will reach 2% more people each year.
- Recruit and retain suitable SMP team members in accordance with VRPM policies to support SMP outreach and education efforts. Provide ongoing supervision and technical assistance as needed.
- Provide initial SMP training and refresher training to SMP team members as appropriate. Ensure SMP team members do not perform SMP roles outside of their qualifications. Document training completion for all team members.
- Monitor SMP performance on statewide level and by partner organization. Ensure partners are on track to meet desired outcomes and provide technical assistance as needed.
- Record all SMP interactions and activities in the SMP data management system, SIRS.
- Review performance and prepare semi-annual progress report.

- Ensure accuracy of all SMP data captured for previous calendar year and prepare OIG report.
- Attend national SMP calls and annual training meeting to stay informed of Medicare trends, both current and forecasted.

SHIP Grant

Goal

Statewide Medicare outreach, education and personalized counseling for Medicare beneficiaries and the caregivers through a trusted network of community partners and certified SHIBA in-kind and volunteer counselors.

Outcome

Increase five SHIP national performance measures by 2% annually

- PM 1: Beneficiary Contacts
- PM 2: Group Outreach Contacts
- PM 3: Medicare Beneficiaries Under 65
- PM 4: Total Hard-to-Reach Contacts
- PM 5: Enrollment Contacts

Objectives

- Raise consumer awareness about the SHIBA program and available services
- Recruit an adequate workforce of Medicare certified counselors (in-kind and volunteer)
- Assist more consumers each year
- Continuous process improvement of SHIBA program
- Innovate and share best practices that can be replicated by other SHIPs

Key Tasks

- Conduct SHIP PM2 and STARS qualifying group outreach and education activities (e.g. Med. 101s, other public presentations and exhibits)
- Conduct STARS qualifying media outreach and education activities (print and online mailings, brochures, fliers, print and online news articles, radio, TV, social media, web-events)
- Innovative idea: Bus and/or billboard ads for Medicare Annual Election Period and Medicare Advantage open enrollment.
- Establish partnerships, local counseling sites and a sufficient number of counselors to serve six currently under-represented counties (Baker, Grant, Lake, Malheur, Union, and Wallowa) prior to 2020 fall annual election period

- Recruit and retain SHIBA team members in accordance with ACL Volunteer Risk and Program Management (VRPM) policies to support SHIBA outreach and education efforts. Provide ongoing supervision and technical assistance as needed.
- Conduct monthly new volunteer recruitments using Volunteer Match and ads in local publications and radio
- Finalize plan for Medicare agent continuing education course
- Conduct STARS searches to ensure state staff and sponsors are entering data into STARS. Improve STARS data entry accuracy.
- Research use of webchat and other online one-on-one counseling assistance tools
- Increase number of SHIBA counselors (in-kind, paid or volunteer) and hours contributed to the program annually by 2%
- Conduct research for a Volunteer Management software tool to increase efficiency of workforce recruitment, onboarding, training and retention
- Pilot use of CSG Actuarial Medigap Quoting Tool to improve consumer information about Medicare Supplement current company and rate information.
- Research and prepare legislative concepts in support of state revenue for SHIBA
- Explore use of Virtual Medicare 101 and Medicare specific topic presentations to reach wider audiences and reduce travel time and expense
- Submit Community College outreach and education success strategy with SHIP TA Center library
- Submit SHIBA Helping Hand newsletters to SHIP TA Center library
- Plan and support the delivery of Medicare 101s or basics presentations in most common languages spoken other than English, each year expanding on an additional language and geographic area, e.g. Spanish, Vietnamese, Cantonese, Mandarin, and Russian

Appendix F – State Policy on Aging

Services for seniors and people with disabilities

(Generally)

410.010 State policy for seniors and people with disabilities.

(1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, 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.

(2) The Legislative Assembly declares that the policy of this state is to provide and encourage programs necessary to fulfill the commitment stated in subsection (1) of this section and that the purpose of policies stated in this section and ORS 410.020 is to provide a guide for the establishment and implementation of programs for older citizens and citizens with disabilities in this state. It further declares that the programs shall be initiated, promoted and developed through:

- (a) Volunteers and volunteer groups;
- (b) Partnership with local governmental agencies;
- (c) Coordinated efforts of state agencies;
- (d) Coordination and cooperation with federal programs;
- (e) Partnership with private health and social service agencies;

(f) A designated state agency that will encourage and work with older citizens and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for older Oregon citizens; and

(g) A designated state agency that will encourage and work with citizens with disabilities and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for Oregon citizens with disabilities.

(3) The Legislative Assembly declares that it shall be the policy of this state to give special attention to the special concerns of our most frail and vulnerable older citizens. Furthermore, it shall be the policy of this state to support strongly the full development and participation of citizens with disabilities in all aspects of social, political and community life.

(4) Recognizing the diversity in geography, economy and lifestyles in Oregon and the diversity of local senior citizen networks, the Legislative Assembly declares that it is the policy of this state to avoid complete uniformity in

planning and administering programs for older citizens and to encourage and emphasize local control to achieve the most effective blend of state and local authority, not precluding the ability of the state to perform its mandated responsibilities for planning and administration. Multipurpose senior centers may be considered as focal points for the delivery of services to older citizens in each community where practicable. Disability services should also be consolidated where possible to provide efficient and convenient delivery of services to citizens with disabilities. [1981 c.191 §1; 1985 c.180 §1; 1989 c.224 §70; 2007 c.70 §163]

410.020 Implementation of state policy.

In carrying out the policies stated in ORS 410.010, the state shall:

(1) Coordinate the effective and efficient provision of community services to older citizens and citizens with disabilities so that the services will be readily available to the greatest number over the widest geographic area; assure that information on these services is available in each locality, utilizing whenever possible existing information services; and assure that each new service receives maximum publicity at the time it is initiated.

(2) Assure that older citizens and citizens with disabilities retain the right of free choice in planning and managing their lives; by increasing the number of options in lifestyles available to older citizens and citizens with disabilities; by aiding older citizens and citizens with disabilities to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; by assuring that older citizens and citizens with disabilities are able to make informed choices regarding the delivery of in-home care services by providing information about their responsibilities as employers of in-home care providers or, alternatively, about the responsibilities of an in-home care agency to provide services; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen and citizen with a disability to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization.

(b) Encourage, by expansion of existing programs for older citizens and citizens with disabilities, by school programs, by meals-on-wheels, by counseling or by other means, public and private development of nutrition programs for older citizens and citizens with disabilities that prevent or minimize illness or social isolation.

(c) Assure that if institutionalization is necessary, the institution should be of the highest quality where the older citizen and citizen with a disability may live in dignity.

(d) Protect the older citizen and citizen with a disability from physical and mental abuse and from fraudulent practices.

(4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens and citizens with disabilities active and contributing members of society; and encourage full restorative services for those older citizens and citizens with disabilities who require institutional care to increase the possibility of their return to independent living.

(5) Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.

(6) In implementing subsections (1) to (5) of this section, develop and seek support for plans to assure access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income.

(7) Recognize the necessity for a variety of ways to help older citizens and citizens with disabilities maintain sufficient income to meet their needs.

(8) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and citizens with disabilities and to make accessible to them a broad range of services and programs, including social, health and religious services and programs.

(9) Encourage and develop meaningful employment opportunities for older citizens and citizens with disabilities in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens and citizens with disabilities in programs that affect citizens with disabilities.

(10) Involve older citizens and citizens with disabilities in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens and citizens with disabilities to be advisors to the Legislative Assembly, agencies and professional staff, the Legislative Assembly intends that whenever possible older citizens and citizens with disabilities should assist in the development of policies affecting their lives.

(11) Assure to older citizens and citizens with disabilities the right to pursue activities within the widest range of civic, cultural, entertainment and recreational opportunities by opening such opportunities to participation by older citizens and citizens with disabilities, by encouraging older citizens and citizens with disabilities to utilize their capabilities by participating in government and by assuring them the right to serve.

(12) Make public educational facilities available to older citizens and citizens with disabilities and their organizations so older citizens and citizens with disabilities may pursue their educational interests; and encourage all institutions of learning and other appropriate agencies to develop and provide by outreach as well as by traditional means special education programs to meet the needs and interests of older citizens by addressing the problems and opportunities of aging and by responding to older citizens' interests in liberal arts as well as their interests in hobby and recreation courses.

(13) Encourage the development of barrier-free construction and the removal of architectural barriers so that more facilities are accessible to older citizens and citizens with disabilities.

(14) Promote development of programs to educate persons who work with older citizens in gerontology and geriatrics and encourage qualified persons to seek such education.

(15) Encourage immediate application by both public and private agencies of knowledge acquired from research that can sustain and improve the health and happiness of older citizens and citizens with disabilities.

(16) Recognize that older citizens who retire should be able to do so in honor and dignity.

(17) Encourage and support:

- (a) Distribution of literature which accurately presents facts concerning aging and disabilities of citizens.
- (b) Efforts of schools, churches and other institutions, in teaching children and youth about the process of aging and disabilities of citizens so as to correct fallacies handed down from one generation to another.
- (c) Intergenerational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of individuals who are elderly or who have disabilities.
- (d) Correction of stereotyping of individuals who are elderly or who have disabilities in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies.
- (e) Efforts which show that many misconceptions and stereotypes have no basis in fact so older citizens and citizens with disabilities will be freed from the destructive tendency to socially conform by embracing these fallacies. [1981 c.191 §2; 1983 c.312 §2; 1985 c.180 §2; 1989 c.224 §71; 2007 c.70 §164; 2007 c.416 §1]

410.030 Legislative findings on long term care options.

The Legislative Assembly of the State of Oregon finds the following regarding older citizens and citizens with disabilities:

(1) That there are many older Oregonians and Oregonians with disabilities who face difficulties in maintaining self-care and independent living within the mainstream of life, and who have not yet exhausted their financial resources. These persons are often dependent upon providers of care for advice regarding 24-hour care. These persons and providers are not always aware of options to, or within, such care;

(2) That inappropriate or premature institutionalization of persons who have not exhausted their financial resources often leads to exhaustion of those resources, and to the expectation by these persons and providers that continued financing of inappropriate institutional care shall be available under Title XIX. However, under these circumstances, transfer of the person to appropriate, less costly noninstitutional or alternative institutional care, if available, is necessary in order that limited public funds can be utilized to provide appropriate care to as many persons in need as possible; and

(3) That to minimize the need for such disruptive transfers, it is in the interest of older Oregonians and Oregonians with disabilities and of providers of care that the Department of Human Services, or any designated state agency, develop plans for assuring access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income. [1983 c.312 §1; 1985 c.180 §3; 1989 c.224 §72; 2007 c.70 §165]

Appendix G – Oregon Project Independence

Oregon Project Independence (OPI) is a state-funded program providing in-home services to seniors who do not receive Medicaid-supported services. The Oregon Legislature established OPI in 1975 “to develop and place in effect a program of supportive services for persons age 60 or older.” The legislation required a fee for service based on ability to pay (see HB 2163, 1975). The goals were, and still are, to assist older persons in optimizing their personal resources and providing minimal in-home services to prevent or delay their entry into Medicaid long-term care. The primary focus of OPI is to promote quality of life, independent living, and reduce the risk of being institutionalized.

APD is responsible for administering OPI at the state level. AAAs are responsible for local planning and delivery of OPI services, including the amount and type of services. An assessment tool is used to help determine eligibility, and it indicates a Service Priority Level (SPL) corresponding to an individual’s level of functional impairment. (The lower the number the greater the need for care.)

AAAs may provide any of the following services to individuals eligible for OPI: case management (at no cost for OPI eligible individuals), home care, personal care, chore, home-delivered meals, assistive technology device, adult day care, registered nurse services, AAA administration, and other services authorized by the APD administrator or designee if the need has been justified. OPI services are provided on a sliding fee schedule based on self-reported income.

The Oregon Legislature allocates funds to OPI. For example, during the state fiscal biennium 2019-2021, the Legislature appropriated \$28.1 million, serving an average of 2100 individuals each month. It is expected that funding will continue at approximately the same level in the 2021-2023 biennium. Historically there are waiting lists in the majority of AAAs for the OPI Program, and funding is not dictated by need for this Oregon State Program. The OPI Expansion project continues to serve people with disabilities 19-59 years of age. It is administered by seven AAAs and serves an average of 300 individuals each month.

In addition, ODHS is pursuing an 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services (CMS) to expand OPI services. If approved, this could potentially add an additional 2250 consumers to OPI.

Appendix H – Demographics

An [interactive data map](https://geo.maps.arcgis.com/apps/webappviewer/index.html?id=3cd40dcbaf7349d8bc52048248d1655b) with detailed demographic data for all planning and service areas in Oregon can be found here: <https://geo.maps.arcgis.com/apps/webappviewer/index.html?id=3cd40dcbaf7349d8bc52048248d1655b>

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Crook County, Oregon	Curry County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	987,650	19,561	102,130	11,728	13,852	22,108	7,666	9,903
Median age (years)	69.2	69.4	69.1	68.9	68.5	70.1	69.3	70.4
RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.3%	98.8%	98.6%	98.5%	99.4%	96.7%	97.8%	96.6%
White	92.4%	95.4%	93.9%	96.0%	97.0%	93.5%	96.6%	94.5%
Black or African American	1.1%	0.1%	0.6%	0.0%	0.5%	0.1%	0.0%	0.4%
American Indian and Alaska Native	0.9%	0.4%	0.5%	0.7%	1.1%	1.7%	0.4%	1.0%
Asian	2.9%	2.7%	3.0%	1.0%	0.6%	0.9%	0.3%	0.5%
Native Hawaiian and Other Pacific Islander	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%
Some other race	0.8%	0.1%	0.4%	0.7%	0.2%	0.4%	0.5%	0.2%
Two or more races	1.7%	1.2%	1.4%	1.5%	0.6%	3.3%	2.2%	3.4%
Hispanic or Latino origin (of any race)	3.8%	2.0%	2.8%	2.4%	2.2%	2.5%	2.3%	2.3%
White alone, not Hispanic or Latino	89.8%	93.4%	91.8%	94.6%	95.0%	92.0%	94.8%	92.7%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	987,650	19,561	102,130	11,728	13,852	22,108	7,666	9,903
Living with grandchild(ren)	4.2%	2.5%	4.6%	3.4%	6.3%	4.3%	3.5%	1.0%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Crook County, Oregon	Curry County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Responsible for grandchild(ren)	1.1%	0.5%	0.9%	1.4%	1.9%	1.4%	1.1%	0.1%
DISABILITY STATUS								
Civilian non-institutionalized population	975,119	19,493	101,204	11,653	13,752	21,885	7,627	9,826
With any disability	31.7%	25.5%	27.0%	34.9%	33.5%	41.1%	36.0%	37.6%
No disability	68.3%	74.5%	73.0%	65.1%	66.5%	58.9%	64.0%	62.4%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	599,718	11,956	61,173	7,288	8,170	13,756	4,680	6,269
With earnings	45.3%	47.6%	48.6%	44.8%	43.1%	37.4%	43.0%	27.7%
Mean earnings (dollars)	\$65,332	\$71,151	\$81,958	\$49,114	\$60,892	\$53,758	\$50,397	\$52,301
With Social Security income	77.2%	73.7%	74.9%	78.1%	79.0%	83.3%	87.0%	86.2%
Mean Social Security income (dollars)	\$21,312	\$22,159	\$22,812	\$21,452	\$21,862	\$19,915	\$21,797	\$21,561
With Supplemental Security Income	6.1%	3.9%	4.8%	7.2%	5.6%	8.3%	6.5%	5.0%
Mean Supplemental Security Income (dollars)	\$10,151	\$8,826	\$9,848	\$10,821	\$9,032	\$10,048	\$10,922	\$12,123
With cash public assistance income	2.4%	1.7%	2.8%	2.2%	2.9%	2.1%	2.4%	1.5%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Crook County, Oregon	Curry County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Mean cash public assistance income (dollars)	\$2,980	\$1,684	\$3,308	\$2,261	\$3,270	\$1,748	\$1,554	\$1,742
With retirement income	47.1%	48.6%	49.3%	50.1%	52.6%	49.7%	50.7%	46.1%
Mean retirement income (dollars)	\$29,504	\$37,645	\$32,863	\$25,582	\$26,854	\$23,246	\$28,524	\$25,747
With Food Stamp/ SNAP benefits	12.6%	7.0%	8.2%	12.7%	14.1%	18.2%	17.1%	13.5%
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	975,114	19,493	101,204	11,653	13,752	21,885	7,627	9,826
Below 100 percent of the poverty level	8.7%	7.2%	7.1%	9.6%	7.0%	10.7%	4.9%	9.7%
100 to 149 percent of the poverty level	8.3%	5.9%	5.4%	9.8%	8.3%	11.5%	9.5%	9.6%
At or above 150 percent of the poverty level	82.9%	87.0%	87.6%	80.6%	84.7%	77.8%	85.6%	80.7%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Deschutes County, Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	987,650	50,406	36,684	62,676	29,274	18,928	96,131	18,465
Median age (years)	69.2	69.1	69.9	69.8	70.0	69.5	69.4	69.0
RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.3%	98.9%	97.8%	98.6%	98.4%	98.2%	98.1%	97.3%
White	92.4%	97.0%	95.4%	96.0%	96.3%	92.8%	94.9%	93.7%
Black or African American	1.1%	0.1%	0.2%	0.4%	0.3%	0.5%	0.5%	0.9%
American Indian and Alaska Native	0.9%	0.7%	1.0%	0.7%	1.0%	3.4%	0.7%	1.3%
Asian	2.9%	0.5%	0.8%	1.2%	0.5%	0.7%	1.2%	1.0%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%
Some other race	0.8%	0.4%	0.4%	0.2%	0.3%	0.7%	0.8%	0.2%
Two or more races	1.7%	1.1%	2.2%	1.4%	1.6%	1.8%	1.9%	2.7%
Hispanic or Latino origin (of any race)	3.8%	2.4%	2.5%	3.5%	3.1%	4.1%	2.5%	2.1%
White alone, not Hispanic or Latino	89.8%	95.1%	93.3%	93.0%	93.6%	90.3%	93.2%	92.0%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	987,650	50,406	36,684	62,676	29,274	18,928	96,131	18,465
Living with grandchild(ren)	4.2%	3.0%	4.6%	3.3%	4.0%	3.4%	3.2%	3.2%
Responsible for grandchild(ren)	1.1%	1.3%	1.9%	0.8%	1.6%	1.4%	0.7%	1.1%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Deschutes County, Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
DISABILITY STATUS								
Civilian non-institutionalized population	975,119	50,176	36,341	62,099	29,056	18,808	95,399	18,327
With any disability	31.7%	26.3%	35.7%	30.5%	33.2%	34.7%	33.0%	35.7%
No disability	68.3%	73.7%	64.3%	69.5%	66.8%	65.3%	67.0%	64.3%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	599,718	30,028	22,709	38,784	17,847	11,866	59,463	11,179
With earnings	45.3%	45.9%	36.8%	42.5%	37.3%	40.2%	44.2%	38.8%
Mean earnings (dollars)	\$65,332	\$67,816	\$48,124	\$58,140	\$45,943	\$46,844	\$59,511	\$48,295
With Social Security income	77.2%	77.2%	84.0%	80.2%	82.1%	81.0%	78.7%	83.6%
Mean Social Security income (dollars)	\$21,312	\$22,701	\$20,268	\$20,568	\$20,165	\$20,529	\$21,010	\$21,335
With Supplemental Security Income	6.1%	4.0%	7.9%	6.2%	6.4%	6.4%	6.6%	5.9%
Mean Supplemental Security Income (dollars)	\$10,151	\$10,365	\$10,987	\$9,430	\$11,592	\$12,137	\$9,636	\$8,876
With cash public assistance income	2.4%	1.3%	1.8%	1.6%	2.4%	1.8%	2.1%	1.9%
Mean cash public assistance income (dollars)	\$2,980	\$3,375	\$1,570	\$3,717	\$2,137	\$3,481	\$2,512	\$2,038
With retirement income	47.1%	48.3%	50.8%	44.1%	48.5%	43.5%	46.3%	45.9%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Deschutes County, Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Mean retirement income (dollars)	\$29,504	\$30,988	\$22,944	\$29,618	\$28,370	\$25,640	\$29,293	\$27,324
With Food Stamp/ SNAP benefits	12.6%	7.6%	15.7%	13.6%	15.7%	16.0%	14.6%	15.0%
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	975,114	50,176	36,341	62,099	29,056	18,808	95,399	18,327
Below 100 percent of the poverty level	8.7%	7.8%	8.4%	9.6%	11.8%	11.0%	10.2%	9.4%
100 to 149 percent of the poverty level	8.3%	5.7%	12.9%	9.3%	12.6%	9.9%	8.2%	10.6%
At or above 150 percent of the poverty level	82.9%	86.5%	78.6%	81.0%	75.6%	79.1%	81.6%	79.9%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Linn County, Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Union County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	987,650	31,272	73,467	151,501	19,877	9,040	16,296	7,140
Median age (years)	69.2	69.4	69.1	68.5	69.7	69.5	69.6	70.0

RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.3%	98.2%	97.6%	98.3%	98.6%	98.4%	98.0%	99.3%
White	92.4%	95.6%	92.5%	85.4%	93.8%	96.8%	90.4%	97.0%
Black or African American	1.1%	0.1%	0.6%	4.6%	0.7%	0.0%	0.4%	0.1%
American Indian and Alaska Native	0.9%	0.6%	0.6%	0.7%	1.6%	0.2%	3.0%	0.7%
Asian	2.9%	1.1%	1.9%	6.7%	1.0%	0.9%	0.9%	0.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.1%	0.3%	0.1%	0.1%	0.3%	0.5%
Some other race	0.8%	0.8%	1.9%	0.7%	1.4%	0.4%	3.0%	0.1%
Two or more races	1.7%	1.8%	2.4%	1.7%	1.4%	1.6%	2.0%	0.7%
Hispanic or Latino origin (of any race)	3.8%	2.6%	7.6%	3.4%	4.5%	1.7%	9.1%	1.1%
White alone, not Hispanic or Latino	89.8%	93.9%	87.9%	83.0%	91.0%	95.5%	85.5%	95.9%

RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	987,650	31,272	73,467	151,501	19,877	9,040	16,296	7,140
Living with grandchild(ren)	4.2%	4.6%	5.2%	4.4%	4.2%	1.5%	4.5%	3.4%
Responsible for grandchild(ren)	1.1%	1.5%	1.7%	0.8%	1.4%	0.7%	1.8%	1.3%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Linn County, Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Union County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
DISABILITY STATUS								
Civilian non-institutionalized population	975,119	30,888	71,942	148,690	19,649	8,975	15,529	7,004
With any disability	31.7%	37.3%	32.9%	31.3%	31.1%	33.5%	39.6%	33.6%
No disability	68.3%	62.7%	67.1%	68.7%	68.9%	66.5%	60.4%	66.4%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	599,718	18,725	43,782	93,940	11,902	5,465	9,767	4,379
With earnings	45.3%	44.3%	46.4%	48.5%	42.0%	37.4%	49.0%	44.7%
Mean earnings (dollars)	\$65,332	\$52,543	\$59,245	\$72,767	\$65,709	\$42,898	\$56,380	\$53,647
With Social Security income	77.2%	80.4%	77.2%	72.4%	78.7%	84.2%	78.8%	84.1%
Mean Social Security income (dollars)	\$21,312	\$20,970	\$21,247	\$20,615	\$21,143	\$21,752	\$20,765	\$20,401
With Supplemental Security Income	6.1%	7.9%	6.1%	7.5%	5.6%	6.3%	7.1%	5.6%
Mean Supplemental Security Income (dollars)	\$10,151	\$10,830	\$10,600	\$9,721	\$10,901	\$10,251	\$9,355	\$11,919
With cash public assistance income	2.4%	2.3%	3.6%	3.7%	1.6%	2.3%	3.0%	1.9%
Mean cash public assistance income (dollars)	\$2,980	\$2,887	\$3,788	\$2,837	\$3,392	\$1,593	\$4,161	\$2,120
With retirement income	47.1%	49.4%	51.1%	44.0%	53.5%	47.8%	41.9%	47.5%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Linn County, Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Union County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Mean retirement income (dollars)	\$29,504	\$28,143	\$30,422	\$31,637	\$32,557	\$28,393	\$24,160	\$22,812
With Food Stamp/ SNAP benefits	12.6%	14.6%	12.8%	15.3%	12.5%	11.2%	16.5%	10.6%

POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	975,114	30,888	71,942	148,685	19,649	8,975	15,529	7,004
Below 100 percent of the poverty level	8.7%	8.8%	7.9%	10.7%	7.4%	5.9%	10.7%	6.8%
100 to 149 percent of the poverty level	8.3%	9.9%	9.1%	8.2%	8.1%	7.2%	10.6%	12.2%
At or above 150 percent of the poverty level	82.9%	81.3%	83.0%	81.1%	84.5%	86.9%	78.7%	81.0%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Wasco County, Oregon	Washington County, Oregon	Yamhill County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate
Total population	987,650	7,118	109,527	24,274
Median age (years)	69.2	69.6	68.9	69.6
RACE AND HISPANIC OR LATINO ORIGIN				
One race	98.3%	97.4%	98.6%	98.2%
White	92.4%	94.1%	87.8%	94.0%
Black or African American	1.1%	0.2%	1.1%	0.3%
American Indian and Alaska Native	0.9%	1.5%	0.6%	0.8%
Asian	2.9%	0.7%	7.4%	1.2%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.2%	0.0%
Some other race	0.8%	1.1%	1.5%	1.9%
Two or more races	1.7%	2.6%	1.4%	1.8%
Hispanic or Latino origin (of any race)	3.8%	4.2%	5.1%	5.5%
White alone, not Hispanic or Latino	89.8%	91.3%	84.6%	90.9%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	987,650	7,118	109,527	24,274
Living with grandchild(ren)	4.2%	3.8%	5.3%	5.8%
Responsible for grandchild(ren)	1.1%	0.3%	0.9%	1.5%
DISABILITY STATUS				
Civilian non-institutionalized population	975,119	6,832	108,552	23,858
With any disability	31.7%	38.5%	27.0%	34.5%
No disability	68.3%	61.5%	73.0%	65.5%

Population 60 Years and over

2015–2019 American Community Survey, US Census Bureau

Subject	Oregon	Wasco County, Oregon	Washington County, Oregon	Yamhill County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)				
Households	599,718	4,214	64,656	14,494
With earnings	45.3%	42.5%	52.1%	45.7%
Mean earnings (dollars)	\$65,332	\$48,679	\$79,095	\$70,725
With Social Security income	77.2%	77.6%	71.7%	75.8%
Mean Social Security income (dollars)	\$21,312	\$20,897	\$22,623	\$22,138
With Supplemental Security Income	6.1%	7.9%	4.1%	6.9%
Mean Supplemental Security Income (dollars)	\$10,151	\$8,803	\$10,395	\$10,931
With cash public assistance income	2.4%	1.8%	1.9%	2.5%
Mean cash public assistance income (dollars)	\$2,980	\$1,736	\$3,677	\$2,452
With retirement income	47.1%	47.3%	45.7%	45.7%
Mean retirement income (dollars)	\$29,504	\$25,898	\$30,041	\$28,946
With Food Stamp/SNAP benefits	12.6%	17.8%	6.8%	12.3%
POVERTY STATUS IN THE PAST 12 MONTHS				
Population for whom poverty status is determined	975,114	6,832	108,552	23,858
Below 100 percent of the poverty level	8.7%	7.5%	6.0%	8.2%
100 to 149 percent of the poverty level	8.3%	10.5%	6.2%	8.0%
At or above 150 percent of the poverty level	82.9%	82.0%	87.7%	83.7%

Data not available for the following counties:

Baker, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Wallowa, and Wheeler

Oregon Demographics

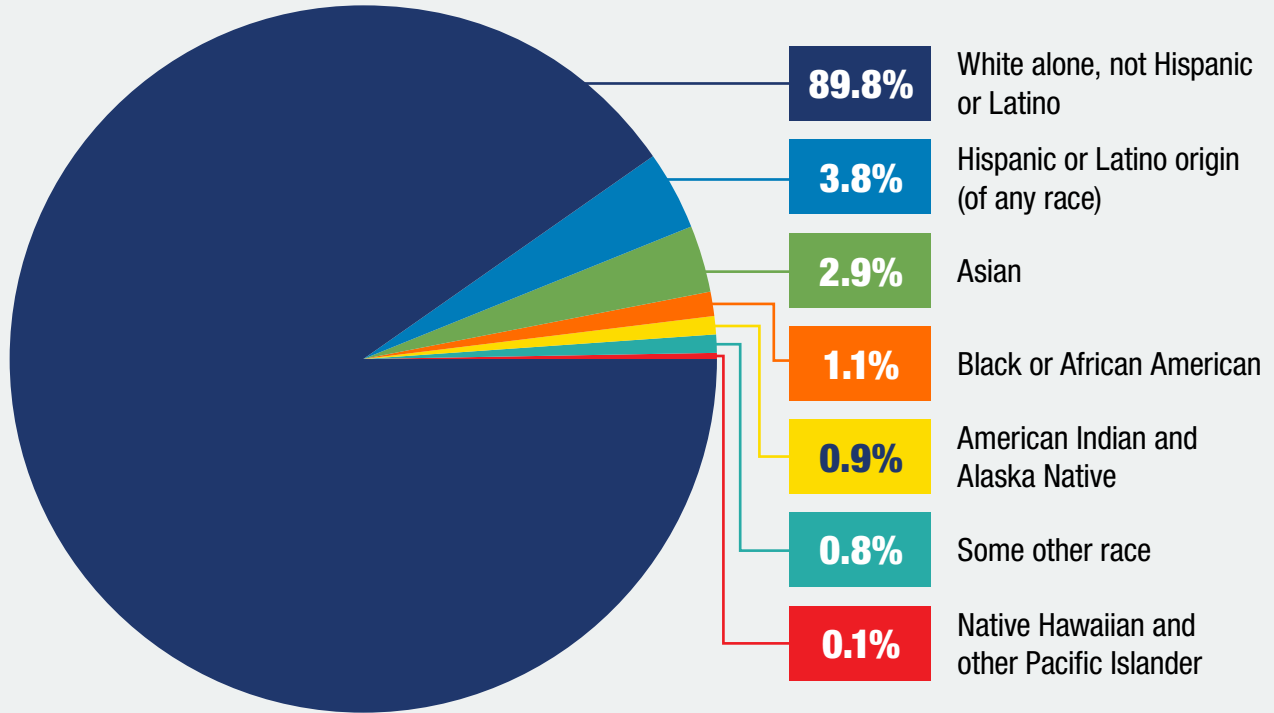


Table C.10 Elderly Population by Age Group

Year (July 1)	Ages 65+	% change from previous decade/yr.	Ages 65-74	% change from previous decade/yr.	Ages 75-84	% change from previous decade/yr.	Ages 85+	% change from previous decade/yr.
1980	305,841	---	185,863	---	91,137	---	28,841	---
1990	392,369	28.29%	224,772	20.93%	128,813	41.34%	38,784	34.48%
2000	439,239	11.95%	218,997	-2.57%	162,187	25.91%	58,055	49.69%
2001	442,558	0.76%	218,838	-0.07%	163,878	1.04%	59,843	3.08%
2002	445,890	0.75%	219,614	0.35%	165,109	0.75%	61,167	2.21%
2003	451,080	1.16%	222,361	1.25%	165,669	0.34%	63,050	3.08%
2004	456,984	1.31%	226,373	1.80%	165,842	0.10%	64,769	2.73%
2005	465,089	1.77%	231,926	2.45%	166,077	0.14%	67,087	3.58%
2006	475,596	2.26%	239,931	3.45%	165,787	-0.17%	69,877	4.16%
2007	487,657	2.54%	250,131	4.25%	165,148	-0.39%	72,379	3.58%
2008	502,959	3.14%	264,201	5.63%	164,354	-0.48%	74,403	2.80%
2009	517,502	2.89%	277,606	5.07%	163,513	-0.51%	76,383	2.66%
2010	532,062	2.81%	289,645	4.34%	164,159	0.40%	78,258	2.45%
2011	544,686	2.37%	300,402	3.71%	164,410	0.15%	79,874	2.06%
2012	569,493	4.55%	322,490	7.35%	165,727	0.80%	81,276	1.75%
2013	594,977	4.47%	344,125	6.71%	168,319	1.56%	82,533	1.55%
2014	619,639	4.15%	363,807	5.72%	172,422	2.44%	83,411	1.06%
2015	646,119	4.27%	384,842	5.78%	177,215	2.78%	84,062	0.78%
2016	673,402	4.22%	405,222	5.30%	183,115	3.33%	85,065	1.19%
2017	702,423	4.31%	425,581	5.02%	190,934	4.27%	85,908	0.99%
2018	732,916	4.34%	444,092	4.35%	202,239	5.92%	86,585	0.79%
2019	763,150	4.13%	462,285	4.10%	213,772	5.70%	87,094	0.59%
2020	793,392	3.96%	480,822	4.01%	224,184	4.87%	88,386	1.48%
2021	821,778	3.58%	498,422	3.66%	233,438	4.13%	89,917	1.73%
2022	849,805	3.41%	505,552	1.43%	252,387	8.12%	91,866	2.17%
2023	877,010	3.20%	512,140	1.30%	270,567	7.20%	94,303	2.65%
2024	901,858	2.83%	517,681	1.08%	286,678	5.95%	97,499	3.39%
2025	927,592	2.85%	523,055	1.04%	303,725	5.95%	100,813	3.40%
2026	951,513	2.58%	527,504	0.85%	319,396	5.16%	104,613	3.77%

Oregon Department of Administrative Services, Office of Economic Analysis
[Oregon's annual short-term population forecast through 2026](#)

Appendix I – Adult Protective Services

Oregon’s Adult Protective Services Program

Adult Protective Services (APS) investigates reports of abuse as defined in Oregon Administrative Rules (OAR) 411-020-0002, including physical abuse, neglect, abandonment, verbal or emotional abuse, financial exploitation, sexual abuse, involuntary seclusion, and wrongful use of a physical or chemical restraint.

APS investigation is the process of determining whether abuse (including neglect) occurred. The results of the investigation conclude whether the initial complaint is substantiated or unsubstantiated, or whether the results of the investigation are inconclusive. The APS worker will determine the facts of the case based on a fair and objective review of the available relevant evidence and conclude whether the preponderance (majority) of the evidence indicates whether the incident occurred and whether abuse is substantiated or unsubstantiated, or determine that the evidence is inconclusive. If the investigation is conducted within a facility, the final determination as to whether abuse occurred is determined by the APD Safety, Oversight and Quality (SOQ) regulatory unit.

To learn more about the Adult Protective Services program at Oregon DHS, we suggest you review these publications:

- APS Brochure: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/Documents/dhs2930-adult-protective-services-brochure.pdf>
- Brochure for those who are mandatory reporters: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de9373.pdf>
- Why Should I Care About Elder Abuse: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/Documents/Why-Should-I-Care-About-Elder-Abuse.pdf>
- Financial Exploitation Data Book: 2019: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DataBooks/2019-FE-Data-Book.pdf>
- APS 2020 Year in Review: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DataBooks/APS-2020-Data-Book.pdf>

Appendix J – Long-Term Care Ombudsman

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 ODHS. As required by Title VII of the OAA, and as further described in Oregon Revised Statutes at ORS 441.402–441.419, the LTCO serves all licensed long-term care facility residents through complaint investigation, resolution, and advocacy for improvement in resident care. The LTCO serves residents in nursing homes, residential care facilities, assisted living facilities, memory care communities, and adult foster care homes. As specified in ORS 441.417, the Residential Ombudsman and Public Guardianship Advisory Board monitors the program, with members appointed by the Governor and legislative leadership.

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.

Beyond complaint investigation and resolution, they also provide free consultations each year to individuals struggling with the complexities of the long-term care system. The program also advocates for improvements in the quality of life and quality of care through educational presentations to residents, facilities and communities, as well as working collaboratively with the legislature, other agencies, and the industry on systemic issues.

The Office of the Long-Term Care Ombudsman (LTCO), also works in partnership with Oregon’s 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.

The LTCO program has more than 150 certified volunteer ombudsmen across the state serving more than 45,000 beds in long-term care facilities.

Appendix K – Disaster and Emergency Preparedness

The Oregon Office of Emergency Management maintains a Comprehensive Emergency Operations Plan (CEMP). Each state department is responsible to develop and maintain policies and procedures (e.g., department emergency plans, standard operating procedures, Continuity of Operations Plans/Business Continuity Plans) in support of the State of Oregon Emergency Operations Plan.

The Oregon Department of Human Services (ODHS) has a primary responsibility to coordinate Mass Care operations (Emergency Support Function 6) with all county governments, supporting agencies, and non-governmental organizations during emergencies and disasters. ODHS will assist in addressing non-medical Mass Care, emergency assistance, emergency sheltering, feeding, hydration, and human service needs for all aging and disabled Oregonians.

The Oregon Department of Human Services has developed a robust Mass Care Operations system and team which works directly with the Director of Aging and People with Disabilities and their Safety Manager. Together they provide coordination, support and communication to AAA and local offices in all types of disasters. This support includes operational direction and facilitation between ODHS and other agency partners and local stakeholders.

ODHS is also responsible for the development of a recovery plan and/or procedures that allow for implementation of identified recovery roles and responsibilities. Detailed information on ODHS' role (Support Recovery Function 4) is found on page 58 of this document: https://www.oregon.gov/oem/Documents/OR_RECOVERY_PLAN_MARCH_2018.pdf

More information and a detailed directory of all volumes of the CEMP can be found here: https://www.oregon.gov/oem/emresources/Plans_Assessments/Pages/CEMP.aspx

Oregon's AAAs have emergency preparedness plans to ensure continuation of service delivery during an emergency. The plans are revised when needed to ensure they will meet the needs of the individuals they serve. As required by APD instructions to the AAAs, Area Plans on Aging had to include, at a minimum, the following elements in their emergency preparedness plans:

- Assessment of potential hazards;
- Chain of command;
- Communications plan;
- Continuity of operations plan (program-by-program or site-by-site);
- Agreements that detail how the AAA will coordinate activities with local and state emergency response agencies, relief organizations and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases; and
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

The APD management would lead and coordinate APD's role in maintaining continuity of service delivery during an emergency. For example, should there be a declared disaster anywhere in Oregon, APD, led by its manager, would consider applying for available AoA/ACL emergency funds.

Appendix L – Intrastate Funding Formula (IFF)

Oregon State Unit on Aging Intrastate Funding Formula

Oregon’s Older Americans Act (OAA) grant award, Oregon Project Independence, and Legislative special purpose appropriations are allocated to individual Area Agencies on Aging based on a combination of a Base Amount formula, a Land Area formula, and a Population formula on a biennial basis. OAA Sections 305(a)(2)(C) have been met, and criteria set forth in Sections 305(a)(2)(C)(i) and (ii) have been considered and factor weights in Oregon’s funding formula are based upon the most current census data released.

Summary

The *base amount formula* allocates a predetermined amount to each area agency.

The *land area formula* allocates a percentage based on the agency’s share of Oregon’s total square mileage:

- 5% of Older Americans Act award after subtracting base amount for applicable titles
- 5% of Oregon Project Independence appropriation

The method used to meet the needs for services in rural areas are percentages of the OAA allocation distribution based upon each AAA share of Oregon’s total square mileage. The land area formula is used in allocating Title III B, III E and VII funds and Oregon Project Independence.

The *population formula* bases an agency’s percentage of the grant allocation on the agency’s share of population factors compared to Oregon’s total for each factor. The amount allocated based on population is the total amount less allocations for base amount and/or land area where applicable.

The population factors overlap: For example, those who are 75+ are counted once in the 60+ factor and again in the 75+ factor. Those who are in poverty are counted once in the 60+ and again in this separate factor. Similarly, those who are a minority senior 65+ are counted twice (once in the 60+ and once in the factor for minority). The result is that those 75+, minority 65+, and poverty 65+ are weighted twice that of those 60+. If a senior were 75+, minority and in poverty, they would be counted in all four demographic factors.

The number of minority older Oregonians was used in calculating the allocations for Title IIIB, IIIC, IIIE and VII. Minority plus poverty was the primary factor used in allocating Title IIID Preventive Health funds. Each funding source has a separate allocation (supportive services, congregate meals, home delivered meals, family caregiver support, elder abuse prevention, preventive health, Oregon Project Independence and when applicable, Legislative special purpose appropriations). The chart below demonstrates how the three formulas are used to allocate the available funds for the seven programs.

	Biennial Base Amount	Land area	Population Formula 1	Population Formula 2	Population Formula 3
OAA Title IIIB: Supportive Services	\$55,000	5.0%	remaining 95%	Not used	Not used
OAA Title IIIC-1: Congregate Meals	Not Used	Not Used	100%	Not used	Not used
OAA Title IIIC-2: Home Delivered Meals	Not Used	Not Used	100%	Not used	Not used
OAA Title IIID: Preventive Health	\$3,000	Not Used	Not used	remaining 100%	Not used
Title IIIE: Family Caregiver Support	Not Used	5.0%	Not used	Not used	remaining 95%
Title VII: Elder Abuse Prevention	\$1,000	5.0%	remaining 95%	Not used	Not used
Oregon Project Independence	Not Used	5.0%	remaining 95%	Not used	Not used
Legislative Special Purpose Appropriation	Not Used	Varies depending upon purpose of funds: General use – 5% land, 95% population; health promotion use – \$3K base and Population Formula 2.			

Population Formula 1: (IIIB, IIIC-1, IIIC-2, VIIB, and OPI)

- A.) population 60 years and older, plus
- B.) population 75 years and older, plus
- C.) minority population 65 years and older, plus
- D.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Population Formula 2: (IIID)

- A.) population 75 years and older, plus
- B.) minority population 65 years and older, plus
- C.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Population Formula 3: (IIIE)

- A.) population 70 years and older, plus
- B.) minority population 65 years and older, plus
- C.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Minimum Congregate and Home Delivered Allocation:

Because both nutrition titles determine allocation on population alone, Oregon's least populated region tends to receive less than what it costs to provide minimum services. For this reason, a minimum was set for Harney County to guarantee continuation of services. Harney's minimum funding level for congregate meals is \$32,000 and \$4,000 for home delivered meals. If the population based factors provide less than the minimum to Harney and the minimum is allocated, the additional funding is taken out of all other AAAs funding. The remaining amount is distributed based on the population factors outlined above.

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18%
- Legal: 3%
- In-Home: 3%

Appendix M – State Plan Assurances

State plan assurances and required activities Older Americans Act, as amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of

older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(ll) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (l);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(l) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(ll) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(lll) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(l) identify the number of low income minority older individuals in the planning and service area;

(ll) describe the methods used to satisfy the service needs of such minority older individuals; and

(lll) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(l) older individuals residing in rural areas;

(ll) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(lll) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(lV) older individuals with severe disabilities;

(lV) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000. . .

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title

VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions

and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

X 

Signature of Authorized Official

8/18/2021

Date

Michael McCormick, Interim Director, APD
Printed Name and Title of Authorized Official

Appendix N – Information Requirements

Information requirements

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

State's Response:

Oregon's Intrastate Funding Formula is the basis for prioritizing how we serve older Oregonians with the greatest economic or social need (see Appendix L). The intrastate funding formula includes methods to distribute funds to minority, poverty and rural populations. Additionally, Oregon's AAAs were required to include a section in their 2021-2025 Area Plans specifically devoted to how individuals with the greatest economic or social need would be identified and prioritized to receive services in their areas.

Objectives and Strategies throughout the State Plan and in Focus Areas include methods/activities to assure those with greatest economic and social needs receive services that allow them to remain in their own communities and to achieve the well-being and independence they desire. Further, an overarching focus area and priority of this State Plan is to increase service equity across all services and programs statewide.

Methods/activities include:

- The Service Equity focus area includes objectives related to building and increasing relationships with groups and communities who may be underserved, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, as well as improving data collection to identify these groups, and use outcomes to better serve these populations.
- The Service Equity focus area also commits to building capacity for interpretation and translation to improve access to individuals who do not use English as their first language.
- The OAA Core Programs focus area embeds service equity throughout the objectives, including working to ensure inclusive access to disease prevention and health promotion programs and continuing to partner with OHA's State Health Improvement Plan to expand the reach of preventive health services and assure those with greatest need are identified and provided these services.
- The family caregiver support program will support the Native Caring Conference and will promote evidence-based caregiver support programs, delivered via telephone and telemedicine, which will

reach those in rural areas. A free, statewide loneliness line has been created for any older adult who wants or needs someone to talk with. This may be particularly helpful for older adults living in rural and frontier areas of the state, who are more at risk for isolation.

- APD will continue work to increase and improve Title III/Title VI coordination and relationships with the aim to increase and provide services to tribal elders in a culturally responsive manner. We have worked with AAAs and Tribes to organize “meet and greet” sessions to build and enhance relationships between AAAs and local tribes. Several of these sessions have already occurred, both statewide and in some regions, with excellent participation from both tribal leaders and AAA staff. Additional sessions will be scheduled to ensure each AAA has reached out to the Tribe(s) in their service areas. See also Appendix D for additional work through the Tribal Navigator Program.
- In implementing the OAA legal assistance program, APD, AAAs and contracted legal service providers apply the jointly-formulated and adopted Oregon Legal Assistance Program Standards to ensure services are primarily targeted to and delivered to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). The standards include OAA-compatible guidance on priority case types, outreach methods and equity-driven principals to ensure clients with the most need can be served appropriately.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

State’s Response:

The State assures that each Area Agency coordinates with us to both disseminate information related to our State’s assistive technology entity, Access Technologies, Inc. (ATI) and to access to assistive technology options in several ways. First, language to this effect is included in our contracts with each Area Agency, and there is an MOU in place between the ATI and Oregon DHS. In addition, ATI is included as a resource in the statewide ADRC database, ADRCs (which include AAAs) refer consumers to ATI, and the President of ATI is a member of the Statewide ADRC Advisory Council.

We work to connect Area Agencies and ATI on a variety of projects, such as an upcoming pilot project to get GrandPads in the hands of OAA consumers and to provide training to ensure consumers understand how to use the GrandPads. Multiple ADRCs have contracted with ATI for the ADRC COVID-19 Relief grant, and various other projects have been conducted in collaboration with ATI, including training staff and developing an AT guide to use with consumers. We also have AT-related marketing and public awareness tools, and we have hosted statewide, regional AT workshops in partnership with ATI and the Public Utility Commission in Oregon.

Oregon has been recognized by AARP for its work around Assistive Technology. We also recently provided an AT-related training series to some of our ADRC partners, paid for by the COVID-19 Relief grant.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

State's Response:

See Appendix K of this State Plan for a description of state and local emergency preparedness planning.

Section 307(a)(2)

The plan shall provide that the State agency will — ...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

State's Response:

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18%
- Legal: 3%
- In-Home: 3%

Section 307(a)(3)

The plan shall—

(B) with respect to services for older individuals residing in rural areas--

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

State’s Response:

The state assures that the Oregon Department of Human Services (ODHS) will spend not less than the amount expended in the fiscal year 2000 for services to older individuals residing in rural areas.

Included at the end of this Appendix is the 2021–2023 “Summary of Allocation and Funding Sources” that covers the federal fiscal years of 2022 – 2023 addressed by this State Plan. The summary incorporates the costs of providing rural services to the AAAs receiving such funds per the Intrastate Funding Formula.

See Appendix L for Oregon’s current Intrastate Funding Formula, which includes a description of the method used to provide services to older individuals in rural areas.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

State’s Response:

Oregon assures that the special needs of older individuals residing in rural areas are taken into consideration, in part through the Intrastate Funding Formula’s distribution for rural needs and also through appropriate collaborations with AAAs and their networks for delivering services to those in rural locations. AAAs are also required to provide assurance in their Area Plans that they will conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on older individuals residing in rural areas.

In the prior State Plan period, as part of the ADRC/NWD grant and focus area activities, APD convened regional ADRC meetings with partners to share information on ADRC and OAA services, to expand outreach, and to increase consumer awareness of and access to ADRC services through expanded coordination with statewide referral sources. Similar efforts will continue throughout this State Plan period. Marketing and outreach efforts also targeted rural areas of the state, including radio, television and transit avenues. For ADRC services provided in 2020, 38% of consumers receiving options counseling services were in rural/frontier communities, which was a 5% increase over the prior year.

As part of the ADRC Covid-19 relief grants, APD developed a variety of innovative vaccine plans that ensure delivery to Oregon’s rural and frontier communities, and those efforts will continue.

This State Plan also commits to future work with AAAs to identify the benefits of virtual programs as an option for different populations, particularly in rural areas, to access health promotion programs.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

State’s Response:

As provided on the Administration on Aging’s AGing Integrated Database (AGID), 2018 estimates indicate that 14,172 minority older individuals are below the poverty level in Oregon. It is unknown how many of these individuals have limited English proficiency, but according to the U.S. Census Bureau, 15.9 percent of Oregon’s population speaks a language other than English at home.

Oregon has identified methods to identify and provide services to low-income minority individuals who represent those in greatest economic and social need. Beyond the population formula component of the Intrastate Funding Formula, Oregon emphasizes collaborative partnerships at the state, regional and local levels to continually identify individuals in need of services. These partnerships and relationships were strengthened and expanded as a result of and in response to the Covid-19 pandemic, and these relationships will be leveraged to reach additional individuals in this State Plan period. Additionally, as described within this State Plan, an overarching Oregon priority is to increase service equity across all services and programs statewide.

Oregon is also requiring each AAA to collect Race, Ethnicity, Language and Disability (REAL+D) data for all consumers receiving OAA services starting September 1, 2021.

Section 307(a)(21)

The plan shall —

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

State’s Response:

Oregon assures that the Department of Human Services will pursue activities to increase older Native Americans’ access to all of ODHS’s aging programs and benefits. See OAA Core Programs focus area on Native American Programs and Title III/Title VI Coordination and Appendix D in this State Plan for a description of ways in which ODHS intends to implement the activities.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

State's Response:

See Appendix K of this State Plan for a description of state and local emergency preparedness planning.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State's Response:

See Appendix K of this State Plan for a description of state and local emergency preparedness planning. The Oregon Health Authority (OHA) is responsible for the state's public health emergency preparedness plan and programs. ODHS coordinates and collaborates with OHA.

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

(2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

(3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

(4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

(5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

(6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

- (i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order.

State's Response:

In accordance with the above-detailed requirements and as set forth in Section 705(a) of the Older Americans Act, as amended and reauthorized, this State Plan includes, in its various sections and appendices, descriptions of the manner in which the State Agency will carry out the requirements of §705(a) subparts (1 - 7) of the Act. Assurances are provided in Appendix M. The State has received and approved a separate Area Plan from each of its sixteen Area Agencies on Aging, with each Area Plan describing the program plans and goals for each core program in its planning and service area. This plan provides the following additional information:

- 1) The manner in which the State will carry out its OAA §705(a)(1) obligations is generally summarized in pages 14-22 of the State Plan and related appendices. There, the State addresses the core focus areas of quality management, nutrition services and programs, disease prevention and health promotion programs, and the family caregiver support program. See pages 28-31 regarding the legal assistance and elder rights protection programs. In addition, the State Agency complies with Oregon statutes, administrative rules, policies, and procedures as they relate to each program.
- 2) The manner in which the State will carry out its OAA §705(a)(2) obligations relating to public hearings and obtaining input from various interested persons and entities is generally summarized as applicable to each program in pages 14-22 of the State Plan and more particularly in appendices A and B. Each Oregon AAA has prepared an Area Plan compliant with these expectations. Much of what is included in the 16 Area Plans reflects local input from stakeholders, partners, and consumers. As a result, the plans represent the identified local needs for delivery of these programs. This State Plan on Aging effectively incorporates the 16 Area Plans to direct delivery of Oregon’s aging services, especially OAA programs.
- 3) The manner in which the State will carry out its OAA §705(a)(3) obligations relating to identifying and prioritizing statewide activities related to individual benefits and rights is generally summarized as applicable to each program in pages 14-31 of the State Plan and also in appendices B and F. Each Oregon AAA has prepared an Area Plan with goals and objectives intended to meet expectations.
- 4) The manner in which the State will carry out its OAA §705(a)(4) vulnerable elder rights activities is generally summarized as applicable to each program in pages 28-31 of the State Plan. The State Agency partners with Oregon’s Long-Term Care Ombudsman program and its [Oregon Adult Protective Service \(APS\) Program](#), as well as with other stakeholders, to coordinate protection activities for vulnerable persons across the state.
- 5) The manner in which the State will carry out its OAA §705(a)(5) obligations is generally summarized as applicable to Ombudsman entities in pages 29-30 of the State Plan and also in appendix J.
- 6) With respect to programs for the prevention of elder abuse, neglect, and exploitation, the manner in which the State will carry out its OAA §705(a)(6) obligations is briefly summarized as applicable to its adult protective services activities in pages 29-31 of the State Plan. Existing Oregon laws, as well as approved policies and procedures, place specific further requirements on the State’s adult protective services activities.

AAA 2021–2023 Funding Allocation, OAA, June 2021

Allocation Total	AAA	IIIB Support Services	IIIC1 Congregate Meals	IIIC2 Home-Delivered Meals	IIID Evidence-Based Health Promotion Services	IIIE Caregiver Services	VIIB Elder Abuse, Neglect & Exploitation Prevention Activities	Subtotal of OAA Titles	% of OAA Funds	Unspent '19-'21 Biennia OAA Funds	American Rescue Plan (ARP) IIIB Support Services	American Rescue Plan (ARP) IIIC1 Congregate Meals	American Rescue Plan (ARP) IIIC2 Home-Delivered Meals	American Rescue Plan (ARP) IIID Evidence-Based Health Promotion Services	American Rescue Plan (ARP) IIIE Caregiver Services	Subtotal of ARP Titles	% of ARP Funds	Unspent '19-'21 Biennia FFRA/CARES/ HDCS Funds
	CAPECO	\$400,852	\$446,193	\$233,730	\$24,736	\$180,356	\$4,380	\$1,290,247	3.7%	\$0	\$249,244	\$131,706	\$198,776	\$22,069	\$71,356	\$673,151	3.8%	\$295,401
	CAT	\$167,077	\$166,924	\$87,440	\$9,894	\$55,916	\$2,095	\$489,345	1.4%	\$0	\$117,946	\$49,272	\$74,364	\$9,048	\$22,123	\$272,753	1.5%	\$12,245
	CCNO	\$271,249	\$241,667	\$126,592	\$14,354	\$114,371	\$3,113	\$771,346	2.2%	\$0	\$176,453	\$71,334	\$107,661	\$12,961	\$45,250	\$413,659	2.3%	\$0
	CCSS	\$936,131	\$1,335,373	\$699,509	\$56,635	\$430,851	\$9,611	\$3,468,109	10.1%	\$0	\$549,876	\$394,171	\$594,898	\$50,054	\$170,462	\$1,759,461	10.0%	\$407,831
	COCO	\$598,678	\$777,685	\$407,375	\$38,350	\$283,781	\$6,313	\$2,112,181	6.1%	\$0	\$360,350	\$229,554	\$346,453	\$34,013	\$112,275	\$1,082,645	6.1%	\$132,676
	DCSSD	\$396,432	\$487,332	\$255,279	\$27,525	\$185,343	\$4,337	\$1,356,247	3.9%	\$0	\$246,761	\$143,849	\$217,102	\$24,516	\$73,329	\$705,557	4.0%	\$0
	HCSCS	\$120,809	\$32,001	\$15,677	\$4,426	\$34,594	\$1,643	\$209,150	0.6%	\$0	\$91,961	\$32,001	\$13,333	\$4,251	\$13,687	\$155,233	0.9%	\$0
	KLCCOA	\$307,710	\$288,383	\$151,064	\$17,571	\$135,534	\$3,470	\$903,733	2.6%	\$0	\$196,932	\$85,124	\$128,472	\$15,783	\$53,623	\$479,934	2.7%	\$0
	LCOG	\$882,975	\$1,235,286	\$647,080	\$59,316	\$434,884	\$9,091	\$3,268,631	9.5%	\$0	\$520,022	\$364,627	\$550,310	\$52,406	\$172,058	\$1,659,423	9.4%	\$84,950
	MCADVDS	\$1,307,259	\$1,913,381	\$1,002,287	\$99,445	\$656,167	\$13,237	\$4,991,777	14.5%	\$0	\$758,316	\$564,785	\$852,397	\$87,612	\$259,607	\$2,522,717	14.3%	\$150,000
	MCOACS	\$165,948	\$100,723	\$52,761	\$8,569	\$59,908	\$2,084	\$389,992	1.1%	\$0	\$117,312	\$29,732	\$44,871	\$7,885	\$23,702	\$223,502	1.3%	\$0
	NWSDS	\$1,226,215	\$1,760,442	\$922,173	\$90,514	\$622,602	\$12,445	\$4,634,391	13.5%	\$0	\$712,799	\$519,641	\$784,263	\$79,777	\$246,327	\$2,342,807	13.3%	\$0
	OCWCOG	\$651,164	\$884,776	\$463,473	\$44,874	\$317,230	\$6,826	\$2,368,344	6.9%	\$0	\$389,828	\$261,164	\$394,161	\$39,736	\$125,509	\$1,210,399	6.9%	\$157,101
	RVCOG	\$870,016	\$1,216,361	\$637,167	\$65,009	\$441,446	\$8,965	\$3,238,964	9.4%	\$0	\$512,743	\$359,041	\$541,880	\$57,401	\$174,654	\$1,645,720	9.3%	\$213,468
	SCBEC	\$329,846	\$398,092	\$208,533	\$23,187	\$149,496	\$3,686	\$1,112,840	3.2%	\$0	\$209,364	\$117,507	\$177,347	\$20,711	\$59,147	\$584,076	3.3%	\$197,100
	WCDAVS	\$1,010,319	\$1,456,912	\$763,175	\$74,702	\$494,323	\$10,336	\$3,809,767	11.1%	\$0	\$591,543	\$430,045	\$649,044	\$65,905	\$195,574	\$1,932,112	10.9%	\$714,666
Total Allocation		\$9,642,678	\$12,741,533	\$6,673,315	\$659,107	\$4,596,802	\$101,632	\$34,415,065	100%	\$0	\$5,801,450	\$3,783,555	\$5,675,332	\$584,128	\$1,818,684	\$17,663,149	100%	\$2,365,438

Number check (Rows 3 - 19) 9,642,678 12,741,531 6,673,315 659,107 4,596,802 101,632 34,415,065 -

Allocation Total	AAA	Nutrition Services Incentive Program	% of NSIP Funds	***19-'21 Unspent NSIP via IFF FYE 18 Meal Count	SUA admin funds provided to AAAs for IS/IT	Continued Seq. Mitig. SPA Funds	% of SPA Funds	Total OPI (Services to 60+ Alt/Dem.) Allocation	% of OPI Alloc.	Total OPI (Services to 19-59) Funds	% of OPI 19-59 Funds	Waivered XIX	Non-Waivered XIX	XIX Local Match	21-23 Allocation Total	% of ALL FUNDS Allocated	Expanding Access to COVID-19 Vaccines via the Aging Network Authority	% of OAA Funds
	CAPECO	\$149,296	4.7%	\$0	\$4,151	\$71,670	3.5%	\$411,576	3.9%	\$198,096	6.7%				\$3,093,588	0.8%	\$25,014	3.9%
	CAT	\$78,176	2.4%	\$0	\$2,000	\$26,812	1.3%	\$133,375	1.3%	\$0	0.0%				\$1,014,706	0.3%	\$8,106	1.3%
	CCNO	\$122,125	3.8%	\$0	\$2,169	\$38,818	1.9%	\$257,344	2.5%	\$0	0.0%				\$1,605,461	0.4%	\$15,640	2.5%
	CCSS	\$306,577	9.6%	\$0	\$7,293	\$214,495	10.5%	\$1,048,576	10.1%	\$0	0.0%				\$7,212,343	2.0%	\$63,728	10.1%
	COCO	\$143,418	4.5%	\$0	\$4,084	\$124,916	6.1%	\$646,995	6.2%	\$0	0.0%				\$4,246,915	1.2%	\$39,322	6.2%
	DCSSD	\$89,923	2.8%	\$0	\$3,572	\$78,278	3.8%	\$406,315	3.9%	\$0	0.0%		\$246,766		\$2,886,658	0.8%	\$24,694	3.9%
	HCSCS	\$17,217	0.5%	\$0	\$2,000	\$4,807	0.2%	\$78,315	0.8%	\$0	0.0%				\$466,722	0.1%	\$4,760	0.8%
	KLCCOA	\$121,646	3.8%	\$0	\$2,383	\$46,322	2.3%	\$300,734	2.9%	\$0	0.0%				\$1,854,751	0.5%	\$18,277	2.9%
	LCOG	\$252,985	7.9%	\$0	\$8,348	\$198,418	9.7%	\$985,318	9.4%	\$411,140	13.9%	\$9,538,888	\$44,155,151	\$1,749,714	\$62,312,967	16.9%	\$59,883	9.4%
	MCADVDS	\$706,394	22.1%	\$0	\$25,000	\$307,338	15.0%	\$1,490,230	14.3%	\$604,796	20.5%	\$17,707,728	\$94,121,288	\$19,931,711	\$142,558,978	38.6%	\$90,570	14.3%
	MCOACS	\$22,169	0.7%	\$0	\$2,000	\$16,179	0.8%	\$132,032	1.3%	\$0	0.0%				\$785,875	0.2%	\$8,024	1.3%
	NWSDS	\$357,420	11.2%	\$0	\$12,666	\$282,772	13.8%	\$1,393,787	13.4%	\$576,647	19.5%	\$13,232,861	\$59,994,028	\$2,311,161	\$85,138,540	23.1%	\$84,708	13.4%
	OCWCOG	\$205,910	6.4%	\$0	\$6,112	\$142,118	6.9%	\$709,456	6.8%	\$297,793	10.1%	\$2,070,005	\$29,572,916	\$900,000	\$37,640,154	10.2%	\$43,118	6.8%
	RVCOG	\$267,016	8.4%	\$0	\$8,452	\$195,379	9.5%	\$969,896	9.3%	\$404,551	13.7%		\$268,322		\$7,211,767	2.0%	\$58,946	9.3%
	SCBEC	\$162,007	5.1%	\$0	\$3,550	\$63,944	3.1%	\$327,076	3.1%	\$0	0.0%				\$2,450,593	0.7%	\$19,878	3.1%
	WCDAVS	\$194,546	6.1%	\$0	\$7,673	\$234,017	11.4%	\$1,136,863	10.9%	\$462,427	15.6%				\$8,492,070	2.3%	\$69,093	10.9%
Total Allocation		\$3,196,825	100%	\$0	\$101,453	\$2,046,283	100%	\$10,427,888	100%	\$2,955,450	100%	\$42,549,482	\$228,358,471	24,892,586	368,972,088	100%	#####	100.0%

Number check (Rows 3 - 19) 3,196,825 - 101,453 2,046,283 10,427,888 2,955,450 368,972,090

OREGON STATE PLAN ON AGING

October 1, 2021 – September 30, 2023

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