

HANDBOOK FOR DISABILITY SERVICES AND SENIOR ADVISORY COUNCILS



Rogue Valley Council of Governments
Area Agency on Aging
2025 Edition

Table of Contents

AAA Department Mission Statements	1
Federal and State Long-Term Support Services Structure	2
Rogue Valley Council of Governments.....	14
Departmental Organization Chart.....	14
RVCOG and ODHS APD Organizational Chart	15
Advisory Council Members	16
Disability Services Advisory Council.....	18
Senior Advisory Council	30
Other Organizations in the Aging and Disability Networks.....	46
RVCOG AAA Services Overview	55
Appendices.....	56
Activities of Daily Living (ADL)	57
Service Priority Levels	67
Public Meetings Law	69
Medicaid and Medicare and Everything in the Middle	71
Useful Links/Websites.....	74
AAA and District 8 APD Offices.....	75
AAA Glossary of Terms and Acronyms.....	78

AAA Department Mission Statements



Senior and Disability Services

To promote the dignity, quality of life, and self-determination of older adults and adults with disabilities.



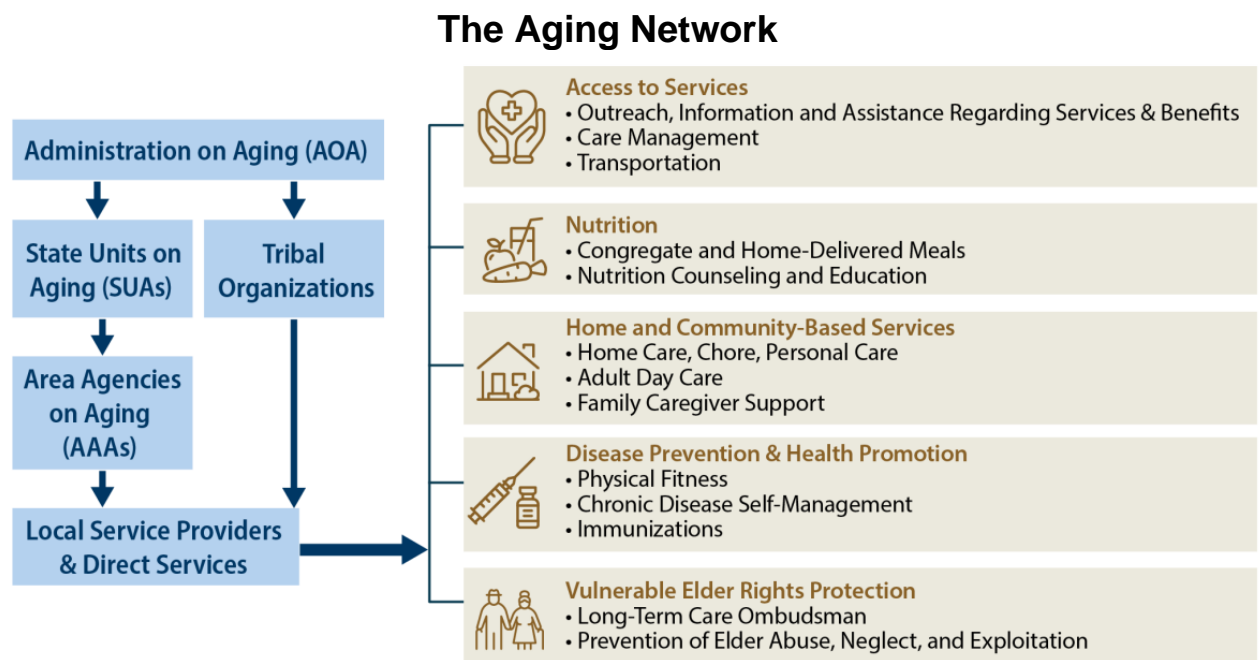
Food & Friends Meals on Wheels and Senior Meals

To strive to cultivate an equitable approach to improving the health, wellbeing, and independence of older adults and adults with disabilities through nutrition services, meaningful social connections, and opportunities for education.

Federal and State Long-Term Support Services Structure

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

The OAA created the structures at federal, state, and local levels to administer and plan the service programs that help our nation's older adults maintain their health and independence in their homes and communities. Federal funds appropriated under Title III of the Act are allocated among the state and territorial units based on the sixty and over population in each state. Each state then makes grants to their **Area Agencies on Aging (AAA)** to administer and support community-based care and services to individuals in long-term care institutions. There are 622 Area Agencies on Aging in the United States and 16 in Oregon.



Source: Prepared by the Congressional Research Service

Today this network includes the **Administration for Community Living (ACL)** which is a division of the federal Department of Health & Human Services. ACL brings together the **Administration on Aging (AoA)**, the

Office on Disability, and the **Administration on Intellectual and Developmental Disabilities** while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. The mission of ACL: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. AoA administers the **Older Americans Act (OAA)** and **Nutrition Services Incentive Program (NSIP)** throughout the US and its territories.

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

Area Agencies on Aging (AAAs), added to the OAA in 1973, are designated by CSSU for each of the state's PSAs. There can only be one Area Agency on Aging in each PSA. **Rogue Valley Council of Governments (RVCOG) is the designated AAA for Jackson and Josephine counties.**

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

The federal **Centers for Medicare and Medicaid Services (CMS)** are established under the **US Department of Health and Human Services.**

Through financial partnerships with the states, CMS administers **Medicaid**, a public assistance program for eligible, low-income older adults and adults with disabilities. Each state administers its own Medicaid program, establishes their own eligibility standards, determines the scope and types of services they will cover, and sets the rate of payment.

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

The ODHS, through its APD department, delivers Medicaid services to seniors and people with physical disabilities. RVCOG contracts with **APD District 8** to deliver **Medicaid Long-Term Care and Financial Assistance programs** in Jackson and Josephine Counties.

The **US Department of Agriculture Food and Nutrition Service** works with State agencies to deliver its **Supplemental Nutrition Assistance Program (SNAP)**. ODHS APD administers SNAP for seniors and adults with disabilities. In Jackson and Josephine Counties, services are delivered through local APD offices.

The State of Oregon funds the **Oregon Project Independence (OPI)** program with State General Funds. OPI service assessments and coordination are delivered through AAAs. OPI 60+ serves Oregonians aged 60 or older. Some people younger than age 60 with a diagnosis of Alzheimer's disease or other dementia may also be eligible for OPI 60+ services. OPI 19-59, a program that began in August 2014, provides services to adults with disabilities between the ages of 19-59 in some counties in Oregon. A new OPI program, OPI-Medicaid (OPI-M), began an in-house launch in mid-2024, with public launch anticipated in Spring of 2025. This new program was designed to leverage Medicaid funding to provide enhanced in-home OPI services.

In addition to the AAA network, Oregon has developed a statewide **Aging and Disability Resource Connection (ADRC)** to streamline access to and provide information about the range of public and private **long-term services and supports (LTSS)** options available to consumers. Nine ADRC regions involve partnerships between local APD offices, AAAs, Centers for

Independent Living (CILs), mental health and veterans' services agencies, and other local partners. The ADRC serves as the **No Wrong Door System (NWD)** of access for consumers seeking information and support LTSS and care needs.

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

OLDER AMERICANS ACT

The OAA provides for a wide range of social services and programs for America's older adults and their caregivers. It also provides a forward looking strategy that enhances our ability to modernize our nation's system of long-term care alongside our health care system, giving people greater choice, control, and independence as they age. The five OAA core services are: Supportive Services, Nutrition, Health & Wellness, Caregivers, and Elder Rights.



Supportive Services target the home and the community. Services are accessed through the ADRC and include information and referral, options counseling, in-home services, homemaker and chore services, transportation, case management, home modification and repair, and legal services. The intent is to assist the aging individual in maintaining their independence in the community for as long as effectively possible.

Nutrition Services give older adults and adults with disabilities the opportunity to receive balanced and nutritious meals in a congregate setting at meal sites throughout the region or, if qualifying, delivered to their home by a Meals on Wheels volunteer. The regular visits to home delivery participants provide a valuable safety check for homebound individuals.

Opportunities for socialization are a key component of the Nutrition Services program.

Health and Wellness programs provide evidence-based and evidence-informed behavioral health, disease prevention, and chronic condition sessions and workshops aimed at providing individuals with the tools to maintain their health, reduce their risk of developing chronic diseases, and manage their health to live as independently as possible.

Family Caregiver Programs help ensure that caregivers have the assistance and support needed to fulfill obligations to their care receivers in the best possible way. Support is available via one-on-one information and assistance sessions, respite reimbursement, and training workshops.

Elder Rights services include abuse prevention and long-term care ombudsman programs. Access to guardianship/conservatorship and other elder rights legal services is available by referrals through the ADRC.

On February 6, 2024, the ACL released a final rule to update the regulations implementing its OAA programs. The new regulations were effective March 15, 2024, but regulated entities have until October 1, 2025, to comply. Key provisions on the Final Rule are:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state, and local programs.
- Improves consistency of definitions and operations between state and tribal OAA programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how the funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local agency policies and procedures. For example, the final rule establishes expectations regarding conflicts of interest.
- Requires state agencies to establish flexible and streamlined processes for area agencies to receive approval for contracts and commercial relationships.
- Incorporates guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update to the OA regulations.
- Addresses emergency preparedness and response, incorporating

- lessons from the COVID-19 pandemic.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
 - Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
 - Updates definitions, modernizes requirements, and clarifies flexibilities within the senior nutrition programs. For example, the final rule allows for continuation of innovations utilized during the COVID-19 pandemic, such as carry-out meals provided under the congregate meals program, in certain circumstances.

In addition to OAA services, many AAAs provide **Veteran-Directed Care (VDC)** services, giving Veterans of all ages the opportunity to receive the Home and Community Based Services they need in a consumer-directed way. The program was developed through a partnership between the **Veterans Health Administration (VHA)** and ACL with the goal of enhancing home based supports for veterans.

WHAT IS AN AREA AGENCY ON AGING?

An **Area Agency on Aging (AAA)** is a public or private non-profit agency, designated by the state, to address the needs and concerns of older adults and adults with disabilities at the local level. AAAs are the “on-the-ground” organizations charged with helping vulnerable older adults and adults with disabilities live with independence and dignity in their homes and communities. All AAAs play a key role in planning, developing, coordinating, and delivering services. "Area Agency on Aging" is a generic term. Specific names of local Area Agencies on Aging may vary. Eldercare Locator (www.eldercare.acl.gov or 1-800-677-1116) can provide contact information for the AAA in each area. Of the 622 Area Agencies on Aging across the country, approximately two thirds are public/governmental agencies and one third are private non-profits.

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

The programs created to help support consumers in their homes and communities are customized to meet their individual needs. There is no one-size-fits-all about AAAs or the services they offer their consumers. AAAs

assess community needs and develop and fund programs that respond to those needs. They educate and provide direct assistance to consumers about available community resources for long-term services and supports. They serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost-effectiveness of services. They demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible.

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

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

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

Two models of AAAs exist in Oregon:

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

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

Transfer AAAs in Oregon. RVCOG is a Type B Contract AAA.

Types of AAAs in Oregon:

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

ROGUE VALLEY COUNCIL OF GOVERNMENTS (RVCOG)

What is a COG?

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

What is RVCOG?

As provided for in Chapter 190 of the Oregon Revised Statutes, RVCOG was established by its member governments in 1968 to operate in Jackson and Josephine Counties. Currently, RVCOG has 24 members including 15 local governments, special districts, and educational institutions. Inherent in the design of councils of governments, RVCOG is owned and operated by its member entities. Elected and appointed representatives from each of the

members serve on RVCOG's Board of Directors, which governs the organization. In addition to the Board, RVCOG's moving parts comprise an Executive Committee, professional staff, and a variety of permanent and temporary advisory committees of stakeholders, members of the public, and technical experts.

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

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



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

Providing Services

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

1. Long-term responsibility for implementing certain state and federal programs within Jackson and Josephine Counties, including the designated Older Americans Act Area Agency on Aging, the Aging and Disability Resource Connection (ADRC), and the Rogue Valley Metropolitan Planning Organization (RVMPO) and the Middle Rogue Metropolitan Planning Organization (MRMPO).
2. Collaboration with our members to obtain funding and cooperation from state, federal, and non-governmental entities to perform specific tasks. Involvement can originate as a request from local members or from state or federal agencies. A good example is RVCOG's facilitation of the Regional Problem Solving (RPS) process.
3. Direct contracts with our member jurisdictions for specific services. Examples include grant writing and administration, project management, and land use planning services.
4. On a limited basis, direct response to requests from the private sector and from individuals.

RVCOG Programs

RVCOG provides a wide variety of services, including but not limited to:

- Senior and Disability Services
 - Advocacy and Program Coordination & Development
 - Aging and Disability Resource Connection (ADRC)
 - Buried in Treasures (BIT)
 - Diabetes Prevention Program (DPP)
 - Chronic Disease Self-Management Education (CDSME)
 - Disaster Registry
 - Elder Abuse Prevention
 - Family Caregiver Programs
 - Powerful Tools for Caregivers

- Respite reimbursement
 - Information and Referral
 - In-Home Services
 - Oregon Project Independence - OPI 60+, OPI 19-59, and OPI-M
 - Veteran Directed Care
 - Lifelong Housing Certification
 - Options Counseling
 - OPAL (Options for People to Address Loneliness)
 - PEARLs (Program to Encourage Active Rewarding Lives)
 - Dementia Support Programs
- Senior Nutrition – Food & Friends
 - Congregate meal sites
 - Meals on Wheels home delivered meals
- Rogue Valley Public Service Academy (RVPSA)
- Natural Resources
 - Storm Water Planning and Assessment
 - Water Quality Monitoring (Total Maximum Daily Load (TMDL))
 - Riparian Restoration and Clean-up Events
 - Brownsfield Assessments
 - Invasive Weed Management
 - Environmental Assessments
- Planning Services
 - Land Use
 - Transportation (RVMPO & MRMPO)
 - Geographical Information Systems (GIS) Mapping
- Member Services
 - Administrative, Accounting, and Human Resources Services
 - IT Support Services
 - Grant Writing and Administration
 - Project Management
 - Labor Standards Compliance
 - RFP/RFQ Preparation

Although RVCOG's programs have evolved over the years as a response to new needs of members and changing funding sources, it has always maintained its fundamental role as a regional resource for technical expertise

and project management, as well as a collective voice for the region when working with the state or federal government.



Rogue Valley Council of Governments Departmental Organization Chart

Programs:

- Natural Resources
- Community Development
- Senior and Disability Services
- Food & Friends Senior Nutrition
- Transportation Planning
- Land Use Planning
- Technology Services
- General Administration – Human Resources, Information Technology, Finance

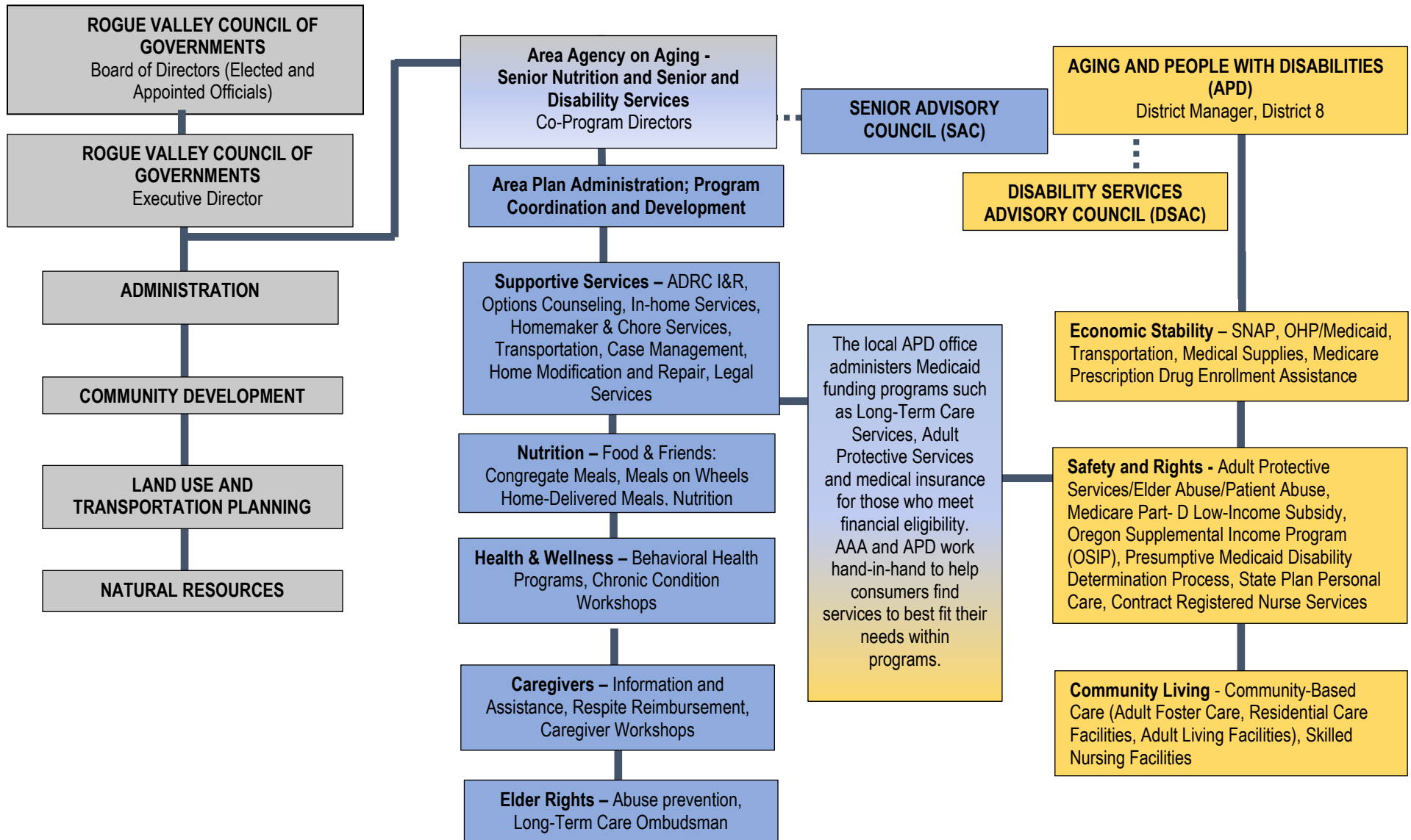
Metropolitan Planning Organizations:



Area Agency on Aging:



RVCOG and ODHS APD Organizational Chart



Advisory Council Members

Summary: Parallel, but Separately Mandated

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

WHO CREATED THE ADVISORY COUNCILS? Where does their authority come from? Note: The federal law, Americans with Disabilities Act, is civil rights legislation and does not provide funding of services for people with disabilities.	
<p>The Senior Advisory Councils were created in 1965 by the federal mandate of the Older Americans Act to give community input to Area Agencies on Aging (AAAs). The Older Americans Act provides certain services for people age 60 or over through a national network of AAAs.</p> <p>Congress ↓ Older Americans Act (federal legislation) ↓ Department of Health & Human Services ↓ Administration on Community Living (ACL) ↓ Oregon Department of Human Service (ODHS) ↓ Aging and People with Disabilities (State Unit on Aging: CSSU) ↓ Rogue Valley Council of Governments ↓ AAA, Senior Nutrition and Senior and Disability Services, Co-Directors ↓ * Senior Advisory Council</p>	<p>The Disability Services Advisory Councils were created in 1989 by Oregon State law, to advise Senior and Disabled Services Division, currently called Aging and People with Disabilities (APD), and local Disability (or Multi-) Services Offices. Some of those offices are under AAAs and some are directly under the state APD.</p> <p>Oregon State Legislature ↓ Senate Bills 875 & 955 (state legislation) ↓ Oregon Department of Human Services (ODHS) ↓ Aging and People with Disabilities (APD) ↓ AAA Directors, Title XIX Medicaid Long-Term Care ↓ Disability Services Offices ↓ * Disability Services Advisory Council</p>

**Aging & People with
Disabilities and Rogue Valley
Council of Governments
Area Agency on Aging**

**Disability Services
Advisory Council**

Disability Services Advisory Council

HISTORY

The Disability Services Advisory Council was created in 1989 by the passage of Senate Bill 875 during the 65th Oregon Legislative Assembly. SB 875 mandated that the Oregon Department of Human Services, Aging and People with Disabilities (ODHS/APD) would:

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

THE DISABILITY SERVICES ADVISORY COUNCIL PURPOSE PER SENATE BILL 875

To advise the Oregon Department of Human Services Aging and People with Disabilities and Rogue Valley Council of Governments Area Agency on Aging on:

- ◆ Basic policy guidelines for those clients receiving services;
- ◆ Reviewing and evaluating the effectiveness of the services provided by the ODHS/APD;
- ◆ Advocate for appropriate services; and
- ◆ Address other related topics, such as accessibility and transportation issues.

ADDITIONAL POTENTIAL ROLES:

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

QUALIFICATIONS FOR MEMBERSHIP

Persons who serve on the council should demonstrate:

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

COMPOSITION OF THE COUNCIL

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

GOVERNING RULES

Confidentiality

There may be times that the Disability Services Advisory Council will be exposed to confidential information. It will be the responsibility of the APD representative to so inform the council members and advise them of what information can be discussed outside of the meeting. Any violation of disclosure of the confidential information by a council member will result in removal of that member from the council.

Liability of Members

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

Permission to Represent the Council

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

No member of the Disability Services Advisory Council may represent or imply that they are a representative of ODHS Aging and People with Disabilities.

BY-LAWS AND POLICIES & PROCEDURES
For
DISABILITY SERVICES ADVISORY COUNCIL
Jackson and Josephine Counties
(Amended November 6, 2023)

DSAC BYLAWS

Title, Authority, Relationships

This Council shall be known as the Disability Services Advisory Council (DSAC) for Jackson and Josephine counties, hereinafter referred to as the Council. The Council is an advisory committee to the Oregon Department of Human Services, Aging and People with Disabilities (ODHS/APD) in partnership with Rogue Valley Council of Governments (RVCOG) Senior and Disability Services, which is the federally-designated Area Agency on Aging for Jackson and Josephine counties. The Council receives its authority from Senate Bill 875 (65th Oregon Legislative Assembly-1989 Regular Session), ORS. 410.210. The Council is subject to the provisions of ORS 92.610 to 92.690 (Public Meeting Laws) and the Americans with Disabilities Act (ADA).

Purpose

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

Responsibilities and Methods

1. To review current and new policy as it is developed. Policy shall be provided by the state and local offices. The Council will advise how policy could be improved and identify gaps in services.
2. To evaluate the effectiveness of the services being delivered to persons with disabilities.
3. To educate the public on APD responsibilities and functions.
4. To advise APD on developing good public relations at the local, county, state and national levels.
5. To advocate for the rights of individuals with disabilities, as defined and set forth in the Americans with Disabilities Act (ADA).
6. To review applications and make recommendations to the RVCOG Board of Directors on the selection of Council members and alternates when a vacancy occurs.

Meetings

1. The Council shall meet at least quarterly. The attendance must include the chairperson or vice chairperson or their designee.
2. Special meetings may be scheduled as needed. Members and alternates are to be given reasonable notice in advance of special meetings.
3. The meetings of the Council shall be conducted according to the Abbreviated Roberts Rules of Order attached to these by-laws.
4. Meeting accommodations shall be accessible as defined under the ADA.

Record Keeping

Written minutes and audio recordings are required.

Membership, Term of Office

1. There shall be a maximum of eleven Council members, a majority of whom shall be persons with disabilities. The Council shall continuously strive to maintain membership from each county.
2. Alternate members may be proposed, apply and be approved in the same manner as Council members. Alternate members may participate as Council members, but they may not vote except in the absence of Council members. Alternate members shall be counted for purposes of establishing a quorum.
3. If a conflict of interest exists because a Council or alternate member is associated with another agency, group or organization which may be affected by a decision being made by the Council, he/she will withhold voting and declare said conflict of interest.
4. Vacancies will be filled as follows: Upon motion made and with a favorable vote of the Council, an alternate member may fill a vacant position without repeating the application process; or a proposed member's application may be recommended to the RVCOG for consideration.
5. Council and alternate members shall be appointed for a three-year term. Council and alternate members are eligible for appointment to a maximum of three consecutive terms. After three consecutive terms, Council and alternate members shall not serve on the Council for at least one year before being eligible for reappointment.
6. The duty of a member or alternate member of the Council is to participate in the activities of the Council. This includes regularly attending meetings and reviewing information sent to Council members before or after meetings. The reason for this is that the perspective of every member is valued and important to the function of the Council. Votes of the Council should reflect as many members as possible.

However, the Council recognizes members may have challenges in health or circumstances that occasionally prevent participation. Communication with Chairperson or staff support person is important in such circumstances for a member to report their absence. See Absenteeism heading for the effects of missing meetings without notice.

Quorum and Voting

A quorum shall consist of three members. Motions carry with consensus of a majority of voters present. The chairperson may not vote on any issue except to break a tie. Upon request of any Council or voting alternate member the vote shall be made by ballot.

Absenteeism

If a Council or alternate member reports their absences, but must miss four consecutive meetings, then their membership will be inactivated. See Inactivated Members heading.

Leave of Absence

A member may request a leave of absence for up to four consecutive meetings with the plan to resume active service at the end of the leave of absence. During the leave period, their current term of service continues. The member-on-leave would be excused from attending meetings without the need to contact the Chairperson or staff support person each month to report their absence. Their member position will be held for them during the leave period.

If the member-on-leave can keep up on minutes and other information distributed to Council, it will make their return to active membership easier. If the member-on-leave is unable to return to active service following a leave of absence, the member would be inactivated for the rest of their term of service. That would open a Council member opportunity for another potential member to be seated in that place. The seat will be considered “filled” for this discussion when a new candidate has submitted a viable application, even if that application is pending a confirmation vote.

Inactivated Members

If during their current term period, an inactivated member becomes available to return to active service and a vacancy exists, the inactivated member may request to reactivate their membership (without a new application) by reporting their wish to reactivate to the Chair or staff support person and

asking if a vacancy exists. If a vacancy exists, they may return as an active member to finish the term of service they had originally been serving. If no vacancy exists, when the inactivated member wants to return to active service, then the inactivated member may assume the role of alternate member (without a new application) for the rest of their original term by attending meetings, but not voting on Council decisions.

If unable to return to either active membership or alternate membership before the end of their current term, the inactivated member's term will expire. They may reapply for future membership for a new term with a new application. If the term they were serving but unable to finish was their third consecutive term, the clock for one-year-off following three consecutive terms of service would still apply, with the one-year-off clock starting at the end of their original third term. If it was not their third when they could not finish their term that ran-out, they may simply reapply when ready for active service.

It is important to note that any interested person may attend DSAC meetings. Non-member interested persons are valued, but only members have voting responsibility.

Officers

Officers are the chairperson and vice chairperson. The chairperson and vice chairperson shall be elected annually in June.

Duties of Officers

The Chairperson shall:

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

The Vice Chairperson shall:

Carry out the duties of the chairperson in his or her absence; designate an alternate if unable to attend a meeting when covering for the chairperson; perform such other duties as the chairperson assigns.

Policy and Procedures

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

Amendments to By-Laws

By-laws may be amended by the following procedure:

1. Any proposed amendment shall be submitted, in writing or by recording, to the chairperson so it can be included on the agenda of the next meeting.
2. Any proposed amendment and the rationale for the changes shall be distributed to each Council and alternate member with the agenda at least one week prior to any meeting called for that purpose.
3. The Council will review and take action on the proposed amendment.

Adopted: Disability Services Advisory Council

Amended: June 19, 1995

Amended: February 9, 1998

Amended: July 19, 1999

Amended: December 20, 1999

Amended: February 28, 2000

Amended: June 19, 2000

Amended: October 24, 2007

Amended: June 1, 2020

Amended: December 6, 2021

Amended: September 12, 2022

Amended: October 3, 2022

Amended: November 6, 2023

DSAC Policies and Procedures Manual

Responsibilities and Methods

1. Suggestions for improved policy and identification of gaps in services will be written and forwarded to the District Manager of Aging and People with Disabilities, who will advise Aging and People with Disabilities and the Oregon Disabilities Commission's Services Committee.
2. Council and alternate members are encouraged to meet with clients and discuss the client's perceptions of how their needs are or are not being met.
3. Council and alternate members are encouraged to meet with other agencies, groups and organizations at local, state and national levels. Written summaries of such meetings are encouraged and should be forwarded to staff for distribution with the Council meeting agenda.
4. The Council shall ensure that new members are adequately oriented to the Council's work, function and history. The DSAC Orientation Manual will be periodically reviewed and discussed at Council meetings.
5. The Council shall annually have a planning meeting to set agendas, establish priorities, consider presentations, develop work committees, and prepare a budget. The annual planning meeting shall be the regularly scheduled August DSAC meeting.

Nomination and Election of New Members:

Applicants for membership may obtain an application and copy of the by-laws from staff or a DSAC member. The applicant may then complete the application and return it to staff for distribution to the full DSAC. At the next meeting, members shall review the application and have an opportunity to ask questions of the applicant(s). Applicants must attend two meetings and submit a completed application prior to any vote recommending them for membership.

Nomination and Election of Officers

Members may nominate themselves or other active voting members to serve as chair or vice chair. Elections will be held by secret ballot, phone poll, or email submission. Votes will be tallied by the responsible staff support person.

The current chair will abstain from the vote. If there is a tie, a run-off election will be held to break the tie. Should the run-off election result in another tie, the chair will vote to break the tie.

When elections are held during in person meetings, voting members will submit their votes by secret ballot. If all voting members are present, the results of the election will be announced then. When any voting members are absent, the staff support person responsible for tallying the votes will contact them by phone or email, considering that individual's stated preferences.

When elections are held outside of in person meetings, voting members will submit their votes via email, or phone to the designated staff support person. The staff support person will confirm receipt of the vote by returning an email or the phone call. If the voting member does not receive a confirming email or phone call within a week following their submitted vote, they will follow up right away to ensure their vote was received.

Meetings:

1. Information for DSAC consideration shall be disseminated to all Council and alternate members in a timely manner prior to meetings and shall be in an accessible format, as defined under ADA, to provide all Council and alternate members adequate preparation for meetings.
2. Minutes of all Council meetings will be prepared for review and provided to the APD District Manager, SDS Director and the APD Community Services & Supports Unit.
3. Council or alternate members in good standing shall have the right to vote on current agenda items by written or recorded proxy. Proxy votes shall be timely submitted to the Chairperson or staff prior to the meeting.

Record Keeping

Minutes should reflect all members present, all motions, any proposals, including resolutions and measures, and their dispositions. Minutes should also reflect the result of all votes, and the substance of any discussion matter. Recordings and writings may be preserved or destroyed according to ODHS policy then in effect.

Members' Responsibilities

1. Council and alternate members shall not speak for the Council without prior approval of the Council.
2. Items for inclusion on the agenda shall be communicated to the chairperson or staff in a timely manner.
3. Council and alternate members shall serve on committees according to their talents and available time.

4. One Council member shall be appointed to liaise information, business and requests between the Senior Advisory Council and DSAC.
5. One or more members shall attend the quarterly Oregon Association of Area Agencies on Aging and Disabilities (O4AD) conference. The attendee(s) shall report on the Council's interim activity to the chairs at their breakout session. An advance written summary of interim activity shall be timely provided to appropriate staff and officers.
6. Members should be attentive to issues and programs of concern or interest and of relevance to the Council. Suggestions for presentations at Council meetings should be communicated to the chair and staff for scheduling on future agendas.

Joint Disability and Senior Advisory Council Activities

DSAC officers will periodically meet with Senior Advisory Council members in order to assure synergy within SDS RVCOG programs. Council or alternate members may be appointed to serve on joint sub-committees which affect both persons living with disability and senior populations. The Council will occasionally meet together with the Senior Advisory Council on issues and at events which concern them both.

Adopted: Disability Services Advisory Council

Amended: June 19, 1995

Amended: February 9, 1998.

Amended: December 18, 2000

Amended: December 16, 2002

Amended: March 21, 2005

Amended: June 3, 2019

Amended: December 6, 2021

Amended: September 12, 2022

Amended: October 3, 2022

Amended: November 6, 2023

**Rogue Valley Council of
Governments
Area Agency on Aging**

**Senior Advisory
Council**

Senior Advisory Council

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

SENIOR ADVISORY COUNCIL MEMBERSHIP

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

SENIOR ADVISORY COUNCIL RESPONSIBILITIES

The responsibilities of the Senior Advisory Council include advising on:

- ◆ policy development;
- ◆ program planning;
- ◆ budgeting and allocation of funds;
- ◆ implementation and evaluation of the Area Plan (a detailed description of AAA programs and the RVCOG contract with the state);
- ◆ public relations;
- ◆ public information;
- ◆ advocacy for older adults;
- ◆ recommending Advisory Council member selection; and
- ◆ reporting and making program and policy recommendations to the RVCOG Board.

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

YES	NO	SENIOR ADVISORY COUNCIL ROLES AND RESPONSIBILITIES
	√	Have statutory and fiduciary responsibility for the organization.
	√	Have final decision-making authority for the organization, i.e., program plans, policies and functions, and budgeting and distribution of funds.
	√	Hire, supervise, discipline, and terminate AAA Program Directors.
	√	Audit the affairs of the organization to see that it is properly managed.
	√	Have responsibility for appointment and termination of Advisory Council members.
	√	Have or need directors' liability insurance.
√		Are subject to Public Meetings Law - <i>The scope of the Public Meetings Law extends even to private citizens, employees and others without any decision-making authority, when they serve on a group that is authorized to furnish advice to a public body.</i> State of Oregon, Department of Justice, Attorney General's 2024 Public Records and Meetings Manual
√		Advise and assist the RVCOG on all matters relating to the development and administration of the Area Plan as it relates to older persons (age 60 or older) including: program planning; formation of basic program policies; program decisions which affect the functioning of the AAA programs; coordination of existing social services; budgeting and distribution of monies; pooling of untapped resources within Jackson and Josephine counties; implementation and evaluation of the Area Plan; dissemination of information for the education of the public on AAA activities; development of good public relations at the local, state and national levels; and advocating on behalf of older persons.

√		Provide minutes of all Advisory Council meetings to the Executive Director of the RVCOG.
√		Interview candidates and make recommendations to the RVCOG Board on the selection of the members of the Advisory Council when a vacancy occurs.
√		Assist the RVCOG Executive Director in the selection of a AAA Program Directors when vacancies occur.

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

Title: Senior Advisory Council Member

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

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

Responsibilities:

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

Scope of Responsibility: Members serve in an advisory capacity to the AAA Program Directors, who are charged with implementation of programs. The reports and recommendations of the Advisory Council are communicated to the Board of Directors of the RVCOG. The RVCOG Board is responsible for approving recommendations from the Senior Advisory Council.

Time Commitment: Time commitment includes an initial 4 – 6 hours in program orientation and 4 – 6 hours per month in Council and committee meetings. Members serve for three years and may choose to continue for an additional three-year term. After serving two consecutive terms, SAC members must wait at least one year before submitting a new application for membership. Mileage and pre-approved expense reimbursement are available.

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

BYLAWS
RVCOG Board Approved August 28, 2024

**ROGUE VALLEY COUNCIL OF GOVERNMENTS AREA AGENCY ON
AGING AND DISABILITIES
SENIOR ADVISORY COUNCIL**

1. NAME

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

2. PURPOSE

The purpose of the Council is to advise, provide guidance and support, and assist the RVCOG in administration of Area Agency on Aging and Disabilities Services. As described and mandated by the Older Americans Act US Code of Federal Regulations Older Americans Act Regulations, Title 45, Vol 4, Sec 1321.57 and the Oregon Revised Statutes ORS 410.210 ORS 410.210, the purpose of the council is to provide citizen involvement, whose members provide a link between older adults and the Area Agency on Aging (RVCOG) to help ensure that programs and service delivery meet the needs of local older adults and adults with disabilities. The Council is fully committed to diversity, equity, and inclusion in principle and practice as referenced in the Diversity, Equity, and Inclusion (DEI) Statement (see section 10).

3. RESPONSIBILITIES

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

3.1.1 Program planning.

3.1.2 Formation of basic program policies.

3.1.3 Program decisions which affect the functioning of AAA Services at RVCOG.

3.1.4 Coordination of existing social services.

3.1.5 Budgeting and distribution of monies.

3.1.6 Pooling of untapped resources within Jackson and Josephine Counties.

3.1.7 Implementation and evaluation of the Area Plan.

3.1.8 Dissemination of information for the education of the public on AAA programs and activities.

3.1.9 Development of good public relations at the local, state and national levels.

3.1.10 Advocating on behalf of older adults and people with disabilities.

3.2 The Council is also responsible:

3.2.1 To provide a report of all Council meetings to the Executive Director of the RVCOG.

3.2.2 For interviewing candidates and making recommendations to RVCOG on the selection of the members of the Council when a vacancy occurs.

3.2.3 For assisting the Executive Director of RVCOG in the selection of AAA Program Directors when a vacancy occurs.

3.2.4 For acting as a grant review committee as needed for the RVCOG when grant applications related to the field of aging and disabilities are processed.

4. MEMBERSHIP

4.1 Individuals shall attend a minimum of two Council meetings prior to submitting an application for membership. The Executive Committee of the Council shall interview all applicants and recommend to the Council at the next meeting whether the applicant should be submitted to the RVCOG Board for membership. The members shall be appointed by the RVCOG Board.

4.2 The Council shall consist of a maximum of twenty-one volunteer members. The ratio of Jackson County to Josephine County membership shall be based on each county's proportion of area total population. Individuals living in the Rogue River / Wimer area have the option of being appointed to represent either Jackson or Josephine County.

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

4.3 One RVCOG Board member from Jackson County and one RVCOG Board member from Josephine County shall serve as ex-officio members of the Council. These members are in addition to the volunteer members of the Council.

4.4 Membership on the Council should strive to include:

4.4.1 Representatives from the various geographic areas of each county.

4.4.2 At least 50 percent older adults, including minority or underserved individuals who are participants or who are eligible to participate in AAA programs.

4.4.3 Representatives of older adults and people with disabilities.

- 4.4.4 Representatives of health care provider organizations, including providers of veterans' health care (if appropriate).
- 4.4.5 Representatives of supportive services providers' organizations.
- 4.4.6 Persons with leadership experience in the private and voluntary sectors.
- 4.4.7 Local elected officials.
- 4.4.8 The general public.
- 4.5 Any new members appointed to the Council will be appointed for a three-year term. If the new membership is filled between July 1 and December 31, July 1 of that fiscal year, regardless of duration, will count as the new member's first year.
- 4.6 A member is eligible for appointment to a maximum of two consecutive three-year terms. After two consecutive terms, a member shall be off a minimum of one year before being eligible to be appointed again to the Council.
- 4.7 Names of all persons recommended for appointment or reappointment shall be submitted to the RVCOG Board for each vacancy, along with a background statement on each person.
- 4.8 In its advisory capacity to RVCOG, a Special Government Body as defined in ORS 174.117, SAC members are subject to the regulations of ORS 244 – Government Ethics. Pursuant to ORS 244.120, the nature of all potential and actual conflicts of interest must be publicly disclosed prior to any discussion or action by the SAC. For all actual conflicts of interest, members must refrain from participating in any discussion or debate on the issue out of which the actual conflict arises or from voting on the issue, unless the vote is necessary to meet the minimum required number of votes to take official action. All questions regarding conflicts of interest should be referred to the RVCOG Executive Director. The RVCOG Board of Directors shall hold final responsibility for disposal instructions of any unresolved conflicts of interest.
- 4.9 Members who have three consecutive absences from the Council, three consecutive absences from committee meetings, have missed more than 1/3 of the meetings in the last fiscal year, or have missed two opportunities for orientation—either group or individual—shall be approached by a member of the Council Executive Committee to determine their desire to remain on the Council. The results of the discussion shall be reported to the Council. If it is determined that removal is the appropriate action, the Council shall report the decision to the RVCOG Board of Directors for consideration of removal.
- 4.10 There shall be no more than six alternate members, three from each county served. Alternate members shall be interviewed and recommended for appointment by the Council Development Committee or the Executive Committee if no Council Development Committee exists, recommended for appointment by the Council, and approved as alternates by the RVCOG Board. Alternate members

will participate as Council members, but they may not vote except with Council authorization and only during a Council member's absence. As necessary, at individual meetings, alternate members shall be counted for purposes of establishing a quorum at which time they can vote. An alternate member may fill a vacant position from her/his county without repeating the application process subject to their previous involvement in Council and subcommittee meetings. The Executive Committee will make the determination of which alternate member will come on next as a regular member in the event there is more than one alternate at the time a regular member vacancy comes open.

- 4.11 The Executive Committee may appoint a regular Council member with legitimate reasons (family or personal short-term illness) to step back to an alternate position for no longer than one year. During that time period the Executive Committee may appoint an alternate member to take that member's place. The 6-year limit will be suspended until the Council member returns as a regular member.

5. OFFICERS

- 5.1 The officers of the Council shall be elected at the June meeting and shall officially assume office in July. The term of office shall be from July 1 of the year in which they were elected through June 30 of the following year.
- 5.2 A member shall be limited to two consecutive one-year terms in any one office or sub-committee Chair position.
- 5.3 The officers of the Council shall be: a Chair and Vice Chair, elected by the Council.
- 5.4 The duties of the Chair are:
 - 5.4.1 To preside at Council and Executive Committee meetings.
 - 5.4.2 To appoint standing committee and special committee Chairs and/or Co-Chairs. Standing committee Chairs and/Co-Chairs will be regular members of the Council with the exception of the Advocacy Committee. The Council Chair may appoint an active member of the Disability Services Advisory Council (DSAC) to serve as Chair or Co-Chair of the Advocacy Committee.
 - 5.4.3 In collaboration with each committee's Chair and, if serving, Co- Chair, assign members to committees.
 - 5.4.4 To call special Council and Executive Committee meetings, as needed, to represent the Council before the Rogue Valley Council of Governments Board and other organizational bodies.
 - 5.4.5 To work constructively for the purpose of the Council and mission of the agency.
 - 5.4.6 To appoint a Council member or AAA staff as liaison to the DSAC.
 - 5.4.7 To sign, after Council review and approval, contract and statutorily required

RVCOG AAA Area Plans, Service Equity Plans and updates.

5.5 The duties of the Vice Chair are:

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

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

5.5.3 Other duties as assigned by the Chair.

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

5.7 In urgent or emergency situations, the Chair or Vice Chair may act on behalf of the Council upon approval of the majority of the Executive Committee, and RVCOG Executive Director or RVCOG AAA Director.

6. COMMITTEES

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

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

6.1.2 To advise and assist AAA staff in the preparation and revision of the long-range plans.

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

6.1.4 To advise and assist the staff in the preparation and implementation of the AAA administrative budget.

6.1.5 To review Council Bylaws biennially and as needed, recommend changes to the Council for review and to submit to the RVCOG Board for approval.

6.1.6 To report to the Council.

6.1.7 To collaborate with the SDS Program Director, Nutrition Program Director, and AAA staff to develop Advisory Council agendas.

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

6.2.1 Each standing committee shall be responsible for the following activities within

its area:

6.2.1.1 To be knowledgeable about the services and issues within their program area.

6.2.1.2 To report to the Executive Committee and Council.

6.2.2 Standing committee members serve for the agency fiscal year.

6.2.3 The Standing Committee Chair and, if serving, Co-Chair will appoint a substitute to perform the duties of the Chair in the absence of the Chair and, if any, Co-Chair.

6.2.4 The standing committees may include:

6.2.4.1 **Advocacy Committee** This committee is a joint committee of the Council and DSAC which will focus on engaging Council and DSAC members and the community in legislative advocacy in support of older adults and people with disabilities issues at the local, state and national level. The committee will be most active during the Oregon Legislative sessions. At any time, however, that funding or program issues emerge that need public education or advocacy measures, this committee will develop and help to execute the advocacy plan.

6.2.4.2 **Communications & Outreach Committee** This committee will focus on making RVCOG's AAA programs and services visible in the two-county area. Further, it will seek input about gaps in those services, while soliciting ideas for additional services, possible partnerships, and/or funding sources to meet the needs of seniors and adult people with disabilities in our communities. This committee will participate in public education activities.

6.2.4.3 **Council Development Committee** This committee's duties include: overseeing the nominations, interview and selection process, as well as recruitment, orientation, support and recognition activities of and for Council members. All members of the Council Development Committee shall be members of the Executive Committee. This committee may be held in conjunction with the Executive Committee or the Communication and Outreach Committee, as needed.

6.2.4.4 **Home and Community Based Care Committee** This committee, in partnership with Aging and People with Disabilities (APD), will identify issues related to home and community-based care and make recommendations to the Council for advocacy and action.

6.2.4.5 **Support Services Committee** This committee will assist staff to develop and evaluate processes and outcomes of RVCOG programs and services that are funded by the Older Americans Act (OAA), Oregon Project Independence (OPI) and any new programs or services. The Support

Services Committee serves in the capacity of the ADRC Advisory Committee and Nutrition Advisory Committee and may be held in conjunction with the Communication and Outreach Committee, as needed.

6.2.4.6 ADRC Advisory Committee The intent of this Committee is to provide direction to the ADRC on the needs of older adults and people with disabilities within the ADRC region; as well as actively participate in the program planning, goal setting, financial expenditure planning, program evaluation, and operation of the ADRC. This Committee will meet quarterly

6.2.4.7 Nutrition Advisory Committee As mandated by the Older Americans Act, the Nutrition Advisory Committee will convene once each quarter for 4 meetings annually. This committee will review and advise on all aspects of the Food & Friends Program, including evaluation of outcomes for the program and surveys of volunteers and meal recipients

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

6.4 Committee and Subcommittee membership will be approved by the Council Chair or Committee Chair and, if serving Co-Chair, to whom they answer. AAA staff members may serve as technical advisory, non-voting members. The Chair and, if serving Co-Chair, of the committee or subcommittee will be appointed by the Council Chair.

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

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

8. NON-MEMBER ADJUNCT PARTICIPATION

8.1 Non-members may be invited to participate as adjunct members to a standing or ad hoc committee, including be appointed as the Chair of an ad hoc committee, upon approval of the Executive Committee. Adjunct membership may be renewed or removed through approval of the Executive Committee. Such persons are voting members of the committees, but not the Council. If the new adjunct membership is filled during the middle of the year, July 1 of that fiscal year, regardless of duration, will count as the new member's first year.

9. MEETINGS

- 9.1 The Council shall meet at least six (6) times per year.
- 9.2 Meeting times and places shall be at the discretion of the Council.
- 9.3 Annual elections shall be held at the last regular meeting of the fiscal year in June.
- 9.4 A quorum shall consist of a simple majority of Members.
- 9.5 The meetings of the Council shall be conducted under Roberts Rules of Order (Newly Revised) except where they conflict with or contradict these Bylaws.
- 9.6 As needed, votes may be collected in person, verbally, in writing, or in a virtual setting.
- 9.7 Meetings must abide by State statute.

10. DIVERSITY, EQUITY AND INCLUSION (DEI) STATEMENT

Rogue Valley Council of Governments is fully committed to diversity, equity, and inclusion in principle and in practice. Diversity, equity, and inclusion are central to the organization's current and future success in engaging all staff, clients, caregivers, advisory council members, and policy makers in promoting equitable and inclusive programs and resources for older adults and adults with disabilities in Jackson and Josephine counties.

There shall be no barriers to full participation in our programs on the basis of gender, gender identity, gender expression, ethnicity, race, native or indigenous origin, age, generation, sexual orientation, culture, religion, belief system, marital status, parental status, socioeconomic status, language, accent, ability status, mental health, educational level or background, geography, nationality, work style, work experience, job role function, thinking style, personality type, physical appearance, political perspective or affiliation and/or any other characteristic that can be identified as recognizing or illustrating diversity.

Vision

To promote diverse, equitable and inclusive programs and resources for older adults and adults with disabilities in Jackson and Josephine counties.

Mission

We welcome people of all experiences, backgrounds and identities with dignity, integrity, respect and compassion. We will foster education, connect with marginalized and underrepresented groups, and create equitable outreach and services for our evolving community.

We agree with the State of Oregon's Definition of Diversity, Equity and Inclusion:

Diversity is the appreciation and prioritization of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for representation of

communities that are systematically underrepresented and under-resourced. These differences are strengths that maximize the organization's competitive advantage through innovation, effectiveness and adaptability.

Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

Inclusion is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.

Objectives:

- Develop and begin standardized DEI training for RVCOG staff, RVCOG Board and RVCOG AAA Council members to increase DEI awareness.
- Service Equity Plan for AAA consumers developed and submitted March 2022 and updated as needed and mandated by the state.
- Educate staff and Council members on Implicit Bias and Cultural Sensitivity to raise awareness and increase equity.
- Require AAA staff to attend SAGECare training to maintain Platinum Certification.
- Develop performance metrics and monitor for compliance.

RVCOG Core Values:

Service - We will provide an essential service in southern Oregon by responding promptly, efficiently, and effectively to the needs of the individuals, jurisdictions, and public agencies we serve.

Collaboration - We will dedicate ourselves to building and maintaining an atmosphere of camaraderie, cooperation, and collaboration, both inside and outside RVCOG.

Professionalism - We will consistently provide the highest quality of work possible, while also exercising strict neutrality in all that we do. As ambassadors of our organization, we will always be aware of the impact of our individual actions on RVCOG as a whole.

Stewardship - We will take full responsibility for our actions and decisions in making RVCOG and its programs as cost effective, efficient, and sustainable as possible.

Integrity - We will exhibit the highest level of integrity in all that we do. Our actions will be honest, ethical, unbiased, and fair.

11. AMENDMENTS

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

Revised:

08/30/1983	03/28/2001	01/27/2021
12/11/1984	08/28/2002	12/01/2021
05/14/1985	02/26/2003	10/26/2022
03/25/1987	08/27/2003	08/28/2024
04/27/1988	12/07/2005	
07/02/1990	10/27/2010	
01/27/1993	01/25/2012	
08/25/1999	05/28/2014	
02/23/2000	12/03/2014	
09/27/2000	03/28/2018	

**Rogue Valley Council of
Governments
Area Agency on Aging**

**Other Organizations in
the Aging and
Disability Networks**

Other Organizations in the Aging and Disability Networks

USAgging (formerly The National Association of Area Agencies on Aging (N4A))

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

USAgging primary mission is to build the capacity of its members – Area Agencies on Aging and Title VI Native American aging programs – to help older adults and people with disabilities live with optimal health, wellbeing, independence and dignity in their homes and communities for as long as possible.

USAgging also focuses on enhancing the Congressional, Administration's, and general public's understanding of the operations and achievements of Area Agencies. RVCOG is a member of USAgging.

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

USAgging's other initiatives include:

- Aging & Disability Business Institute
- Commit to Connect
- Community Care Corps
- Dementia Friendly America
- Disability Information and Access Line (DIAL)
- Eldercare Locator
- engAGED: The National Resource Center for Engaging Older Adults

- Housing and Services Resource Center
- National Aging and Disability Transportation Center

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

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

The Oregon Association of Area Agencies on Aging and Disabilities (O4AD) is one of the leading voices advocating for older adults and adults with disabilities in Oregon. O4AD advocates to protect the independence, dignity, choice, and safety of this population in Oregon.

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

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

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

The O4AD also provides:

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

- Advocacy, planning, program development, and service coordination at the local level.
 - Participation by older adults and adults with disabilities in the formulation and promotion of legislation and policy of value to seniors and persons with disabilities.
 - Promotion of effective communication between governmental bodies, agencies, providers, and other human services coalitions.
- Activities that help O4AD meet its objectives include:
- State-wide training conferences;
 - Quarterly Business Meetings;
 - Participation in Committees sponsored by Aging and People with Disabilities, internal, and other advocacy groups;
 - State-wide advocacy trainings, promotion of grass-roots efforts; and
 - Executive Committee Meetings every month, and full association meetings four times per year.

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

For further information, visit www.O4AD.org.

Governor's Commission on Senior Services

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

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

GCSS is made up of 21 appointed members; a majority of members must be age 60 or over and can serve up to two three-year terms.

The Commission:

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

Oregon Disabilities Commission

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

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

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

In order to carry out its mission, the Commission:

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

Oregon Long-Term Care Ombudsman

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

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

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

Centers for Independent Living

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

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

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

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

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

**Rogue Valley Council of
Governments
Area Agency on Aging**

**Services
Overview**

RVCOG AAA Services Overview

Area Agency on Aging (AAA) Five Core Services Provided to Seniors and Adults with Disabilities under the Older Americans Act (OAA)



**Rogue Valley Council of
Governments
Area Agency on Aging**

Appendices

Activities of Daily Living (ADL)

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

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

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

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

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

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

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

- **Bathing and personal hygiene.** This activity of daily living is comprised of two components which are bathing and personal hygiene. To be considered assist, the individual must require assistance in bathing or full assistance in hygiene. To be considered full assist, the individual must require full assistance in bathing.
 - Bathing means the tasks of washing the body, washing hair, using assistive devices if needed, or getting in and out of the bathtub or shower. For individuals who are confined to a bed, bathing is assessed without considering the need to get in or out of the bathtub or shower.
 - Assist: Even with assistive devices, the individual requires assistance of another person for a task of bathing at least one day each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.
 - Full Assist: Even with assistive devices, the individual is unable to accomplish any task of bathing without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.
 - Personal hygiene means the tasks of shaving, caring for the mouth, or assistance with the tasks of menstruation care.
 - Assist: Even with assistive devices, the individual requires assistance of another person for a task of personal hygiene at least one day each week totaling four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.
 - Full Assist: Even with assistive devices, the individual is unable to accomplish at least two personal hygiene tasks, without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks, every time the activity is attempted.

- **Cognition** refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. There are four components to cognition: self-preservation, decision-making, ability to make ones self-understood, and unsafe behaviors. For purposes of this rule, assist levels are defined within each of the four components. Individuals assessed as minimal assist may receive cognition hours as defined in OAR 411-030. For each assist level, individuals must have a

documented history of actions or behaviors demonstrating they need assistance with ensuring their health and safety.

- An individual's ability to manage any component of cognition, as defined in this rule, is assessed by how the individual is able to function without the assistance of another person.
- An individual is assessed based upon how the individual functions on prescribed medications. When assessing an individual who is refusing to take their medications, case managers must assess the individual's understanding of the risks and consequences of consciously refusing to take their medication. Case managers should not assess the impact of the individual's decisions related to taking their medication.
- The assessment time frame in OAR 411-015-0008 shall be expanded when assessing cognition. A documented history demonstrating the need for assistance that occurred more than 30 days prior to the assessment date shall be considered if need would likely reoccur in the absence of existing supports.
- An individual under age 65, with cognition needs driven by a mental illness, emotional disorder, or substance abuse disorder does not meet the criteria for service eligibility per OAR 411-015-0015.
- To assess an individual as meeting the assist criteria for cognition, an individual must require:
 - Substantial assistance in one of the four components of cognition;
 - Assistance in at least three of the four components of cognition; or
 - Minimal assistance in at least two of the four components of cognition.
- To meet the criteria for full assist in cognition an individual must require:
 - Full assistance in at least one of the four components of cognition; or
 - Substantial Assistance in at least two of the four components.
- The four components of cognition are:
 - **SELF PRESERVATION.** Self-Preservation means an individual's actions or behaviors reflect the individual's understanding of their health and safety needs and how to meet those needs. Self-preservation refers to an individual's ability to recognize and take action in a changing environment or a potentially harmful situation.

- Self-Preservation includes, but is not limited to an individual:
 - Being oriented to their community and surroundings such that they can find their way to their home or care setting;
 - Understanding how to safely use appliances;
 - Understanding how to take their medications;
 - Understanding how to protect themselves from abuse, neglect or exploitation; and
 - Understanding how to meet their basic health and safety needs.
- Self-preservation does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences of their actions.
- Self-preservation includes the following assistance types (see OAR 411-015-0005) unless otherwise indicated in the assist level:
 - Cueing;
 - Hands-on;
 - Monitoring;
 - Reassurance;
 - Redirection; and
 - Support.
- Minimal Assist: The individual needs assistance at least one day each month to ensure they are able to meet their basic health and safety needs because they are unable to act on the need for self-preservation or they are unable to understand the need for self-preservation. The need may be event specific.
- Substantial Assist: The individual requires assistance because they are unable to act on the need for self-preservation nor understand the need for self-preservation at least daily.
- Full Assist: The individual requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual is not able to be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.

- **DECISION-MAKING.** Decision-making means an individual's ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions.
 - Decision-making includes the following assistance types, unless otherwise indicated in the assist definitions:
 - Cueing;
 - Hands-on;
 - Monitoring;
 - Redirection; and
 - Support.
 - Minimal Assist: The individual requires assistance at least one day each month with decision-making the need may be event specific.
 - Substantial Assist: The individual requires assistance in decision-making and completion of ADL and IADL tasks at least daily.
 - Full Assist: The individual requires assistance throughout each day in order to make decisions, understand the tasks necessary to complete ADLs and IADLs critical to one's health and safety. The individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.
- **ABILITY TO MAKE SELF-UNDERSTOOD.** Ability to make self-understood means an individual's cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology. An individual with a cognitive impairment in this component demonstrates an inability to express themselves clearly to the point their needs cannot be met independently.
 - Ability to make self-understood does not include the need for assistance due to language barriers or physical limitations to communicate.

- Ability to make self-understood includes the following assistance types, unless otherwise indicated in the assist definitions:
 - Cueing;
 - Monitoring;
 - Reassurance;
 - Redirection; and
 - Support.
- Minimal Assist: The individual requires assistance at least one day each month in finding the right words or in finishing their thoughts to ensure their health and safety needs. The needs may be event specific.
- Substantial Assist: The individual requires assistance to communicate their health and safety needs at least daily.
- Full Assist: The individual requires assistance throughout each day to communicate and is rarely or never understood and cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. Full assist includes hands on assistance in addition to the assist definition included in paragraph (c). This does not include assistance types of support or monitoring.
- **CHALLENGING BEHAVIORS.** Challenging Behaviors means an individual exhibits behavior that negatively impact their own or to others' health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions.
 - Challenging behaviors include, but are not limited to, those behaviors that are verbally or physically aggressive and socially inappropriate or disruptive.
 - Challenging behaviors does not include the individual exhibiting behaviors when the individual understands the potential risks and consequences of their actions.
 - Challenging behaviors includes the following assistance types, unless otherwise indicated in the assist definitions:
 - Cueing;
 - Hands-on;
 - Monitoring; and
 - Redirection.

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

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

- Assist: Even with assistive devices, the individual requires hands-on assistance with a task of bowel care at least one day each week totaling four days per month during the assessment timeframe.
 - Full Assist: The individual requires hands-on assistance of another person to complete all tasks of bowel care every time the task is attempted, even with assistive devices.
 - Toileting means tasks requiring the hands-on assistance of another person to cleanse after elimination, change soiled incontinence supplies or soiled clothing, adjust clothing to enable elimination, or cue to prevent incontinence.
 - Assist: Even with assistive devices, the individual requires hands-on assistance from another person with a task of toileting or cueing to prevent incontinence at least one day each week totaling four days per month during the assessment timeframe.
 - Full Assist: The individual is unable to accomplish all tasks of toileting without the assistance of another person. This means the individual needs assistance of another person through all tasks of the activity, every time the activity is attempted.
- **Mobility** is comprised of two components, which are ambulation and transfer. In the mobility cluster only, assistance is categorized into three levels. To be considered Minimal Assist, the individual must require minimal assistance in ambulation. To be considered Substantial Assist, the individual must require substantial assistance with ambulation or an assist with transfer. To be considered Full Assist, the individual must require full assistance with ambulation or transfer.
 - Mobility does not include getting in and out of a motor vehicle, or getting in or out of a bathtub or shower.
 - Mobility, for the purposes of this rule, inside the home or care setting, means inside the entrance to the client's home or apartment unit or inside the care setting (as defined in OAR 411-015-0005). Courtyards, balconies, stairs or hallways exterior to the doorway of the home or apartment unit are not considered inside.
 - A history of falls with an inability to rise without the assistance of another person, or with negative physical health consequences, may be considered in assessing ambulation or transfer if they occur within the assessment time frame. Falls prior to the assessment time frame, or the need for prevention of falls alone, even if

- recommended by medical personnel, is not sufficient to qualify for assistance in ambulation or transfer.
- Ambulation means the activity of moving around both inside and outside the home or care setting. This includes assessing the individual's needs after taking into consideration their level of independence while using assistive devices such as walkers, canes, crutches, manual and electric wheelchairs, and motorized scooters. Ambulation does not include exercise or physical therapy.
 - Minimal Assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate outside the home or care setting at least once each week, totaling four days per month. The individual requires hands-on assistance from another person to ambulate inside their home or care setting less than one day each week.
 - Substantial Assist: Even with assistive devices the individual requires hands-on assistance from another person to ambulate inside their home or care setting at least one day each week totaling four days per month.
 - Full Assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate every time the activity is attempted. Individuals who are confined to bed are a full assist in ambulation.
 - **Transfer** means the tasks of moving to or from a chair, bed, toileting area, or wheelchair using assistive devices, if needed. This includes repositioning for individuals confined to bed or wheelchair. This assistance must be required because of the individual's physical limitations, not their physical location or personal preference. Assist: Even with assistive devices, the individual requires hands-on assistance with a task of transferring inside the home or care setting at least one day each week totaling at least four days per month. Full Assist: The individual requires hands-on assistance from another person every time the activity is attempted, even with assistive devices.

Service Priority Levels

Priority levels include groups of impairments and levels of impairments. Individuals with the most impairments are assessed at a higher priority level. As an example, individuals at level 1 have a much higher level of need than those at a level of 18.

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

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

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

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

Level 4 Requires Full Assistance in Elimination.

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

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

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

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

Level 9 Requires Assistance with Eating and Elimination.

Level 10 Requires Substantial Assistance with Mobility.

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

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

Level 13 Requires Assistance with Elimination.

Level 14 Requires Assistance with Eating.

Level 15 Requires Minimal Assistance with Mobility.

Level 16 Requires Full Assistance with Bathing or Dressing.

Level 17 Requires Assistance in Bathing or Dressing.

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

Public Meetings Law

Subject to Oregon's public meetings law:

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

Conducted under:

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

Guidelines:

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

- Facilitators will strive to help you know where we have been, where we are, and where we are going in the process.
- Members are responsible for their own learning. Staff will work to support that.
- Prepare for meetings. Agendas and minutes will be provided to members three to five days ahead.
- Your attendance at meetings is critical.
- Meetings will start and end on time. Members will be expected to return from breaks punctually.

Medicaid and Medicare and Everything in the Middle

Medicare -

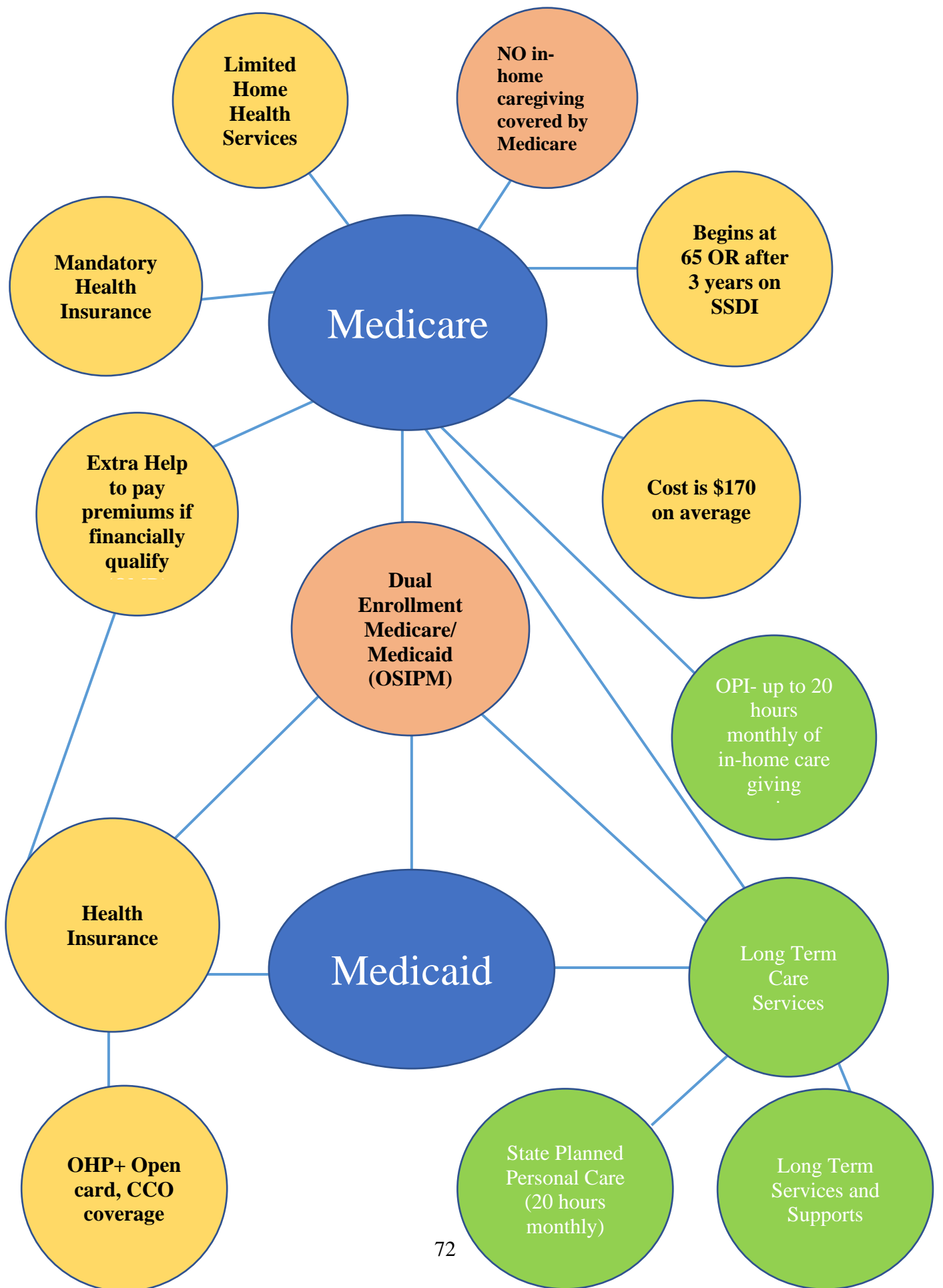
- **Health Insurance** that becomes MANDATORY for individuals or they may receive a Penalty.
- Begins at 65 years of age **OR** after a person is on Social Security Disability (SSDI) for 3 years
- Does NOT provide any Long-Term Care in home services. ONLY provides in home health which needs to be prescribed by a medical provider.
- Cost per month for health insurance for Medicare Part B for 2025 is \$185 per month and is automatically taken out of social security distributions
- The State of Oregon provides extra help for those who cannot afford their Medicare premiums. (This is known as Qualified Medicare Beneficiaries-QMB). Please see attached flyer on QMB that shows the difference between each level of assistance.
- In-home services available through Oregon Project Independence-
 - Up to six hours per week
 - Need at least one personal care need

Medicaid -

- Two arms of services - **Health Insurance** and **Long Term Services and Supports**.
- **Health insurance** - Low-income individuals and families could receive OHP+, Open Card or care through a Coordinated Care Organization (CCO).
- **Long Term Services and Supports**
 - State Planned Personal Care - consumer needs at least one personal care need and health insurance under OSIPM. Eligible up to 20 hours monthly (similar to OPI).
 - Long Term Services - consumer needs assistance with at least three personal care needs. Consumers may choose whether services can be in home or in a care facility (Assisted Living, Foster Home, etc.)

The Middle -

- Dual-Enrollment - Those who are extremely low income and/or have at least \$1 of SSI could be eligible for both Medicare and Medicaid health insurance. (This would be OSIPM (OHP+) and Medicare).
 - Medicare will be the primary insurance and OHP will cover the remaining.
 - In-home services would be through State Planned Personal Care or Long-Term Services and Supports depending on level of need.



2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	

Useful Links/Websites

AARP <https://www.aarp.org/>

ADRC of Oregon <https://adrcoforegon.org/consumersite/index.php>

USAgging <https://www.usaging.org/> (formerly N4A)

Oregon Association of Area Agencies on Aging and Disabilities
<http://www.o4ad.org/>

Administration for Community Living, Older Americans Act as
reauthorized in 2020: <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

Oregon Home Care Commission <https://www.oregon.gov/DHS/seniors-disabilities/hcc/Pages/index.aspx>

Oregon Public Meeting Law – ORS 192.620
<https://www.oregonlaws.org/ors/chapter/192>

Community Services and Supports Unit
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/index.aspx>

ORS 410 – Oregon’s law pertaining to senior and disability services
administered by ODHS.
https://www.oregonlegislature.gov/bills_laws/ors/ors410.html

Rogue Valley Council of Governments <http://rvcog.org/>

AAA and District 8 APD Offices

AAA – RVCOG
155 N 1st Street
PO Box 3275
Central Point, OR 97502
541-664-6674 – phone
541-664-7927 – fax
RVCOG.ORG

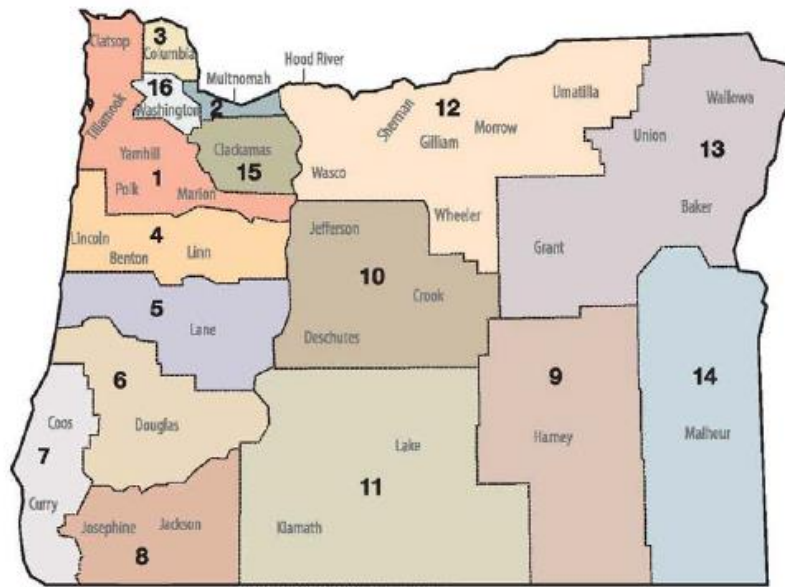
Grants Pass Aging & People with Disabilities (APD)*
2101 NW Hawthorne Avenue, Suite A
Grants Pass, OR 97526
541-474-3110 – phone
541-474-3125 – fax
800-633-6409 – toll free

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

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

*AAA staff are housed with APD staff at these locations.

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>16. WCDAVS - (Type A) Washington County Disability Aging & Veteran Services</p>
<p>6. DCSS - (Type B Contract) Douglas County Senior Services</p>		

**Area Agency on Aging/
Seniors and People with Disabilities
Field Office System
(AAA/SPD)**



AAA Glossary of Terms and Acronyms

III B (Supportive Services)

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

III C (Nutrition Services)

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

III C-1 (Congregate Nutrition Services)

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

III C-2 (Home-Delivered Nutrition Services)

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

III-D (Disease Prevention and Health Promotion Services)

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

III-E (Family Caregiver Services)

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

VI Part of Older Americans Act Title III providing for the delivery of nutrition, supportive and caregiver services to Native Americans, Native Alaskans, and Native Hawaiians.

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

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

AAA Area Agency on Aging

AARP A non-profit, non-partisan organization that empowers people to choose how they live as they age.

AB Aid to the Blind

Abuse

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

- Abandonment, which is the desertion or willfully forsaking of an elderly person or person with a disability or the withdrawal or neglect of duties and obligations owed a dependent adult by a caretaker or other person;
- Financial exploitation, which is the illegal or improper use of another individual's resources for personal profit or gain;
- Neglect, which is the failure (whether intentional, careless or due to inadequate experience, training or skill) to provide basic care or services when agreed to by legal, contractual or otherwise assumed responsibility;

- Physical abuse, which is use of excessive force, physical assault or physical contact with an individual including, but not limited to, hitting, slapping, biting, pinching or shoving;
- Psychological abuse resulting in emotional injury, which is the use of derogatory names or phrases or profanity, ridicule, harassment, coercion, threats or intimidation toward an individual or denial of civil rights; and
- Self-neglect is one's inability to understand the consequences of his or her actions or inaction that leads or may lead to harm or endangerment to himself/herself or another person.

Abuse investigation

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

Access Services

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

ACL Administration for Community Living

ACSP Accessibility Specialist

Action Request (AR)

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

Activities of Daily Living

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

Acute

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

A & D Alcohol and Drug

AD Aid to the Disabled

ADA Americans with Disabilities Act

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

Addictions and Mental Health (AMH)

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

ADL Activity of Daily Living

Administration on Aging (AOA)

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

Administration on Community Living (ACL)

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

ADRC

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

Adult Foster Care (Adult Foster Home, AFH)

A licensed group living facility for no more than five individuals in a private home setting. Services include room and board, personal care service, medical management help, recreational activities, and transportation. Homes are licensed for different levels of care and monitored by District 8 APD Title XIX staff.

Advisory Council

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

Advocacy

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

Advocacy Committee

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

AFH Adult Foster Home

AG Attorney General

Aging and Disability Resource Connection (ADRC)

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

Aging and People with Disabilities (APD)

Aging and People with Disabilities (APD), a program within Oregon's Department of Human Services (ODHS). Responsible for the administration of programs that increase the independence of and help protect older adults and people with disabilities. Its functions include abuse investigation, licensing of nursing facilities, and help in arranging and paying for in-home services. APD also handles in-home, group home and crisis services for people with developmental disabilities. Another APD function is eligibility determination for federal Social Security Disability Insurance benefits.

Aid to the Blind (AB)

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

Aid to the Disabled (AD)

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

ALF Assisted Living Facility

Allocation

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

Americans with Disabilities Act (ADA)

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

AmeriCorps

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

AMD Addictions and Mental Health

AoA Administration on Aging

APD Aging and People with Disabilities

APS Adult Protective Services

AR Action Request. Official communication within SPD Administration

Area Agency on Aging

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

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

Area Plan

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

Area Plan Administration

Under Agreement with the State, the RVCOG AAA is responsible for: implementing planned services; maintaining required records; fulfilling the requirements of Federal regulations, State rules, and State Unit Policies and Procedures; supporting the Advisory Councils / subcommittees; contract administration / monitoring, financial accounting, and quality assurance. RVCOG contracts with APD District 8 to deliver Medicaid Long-Term Care and Financial Assistance programs in Jackson and Josephine Counties. AAA and

APD's goal are to provide a seamless service system to older adults and adults with disabilities in the two-county area.

ASL American Sign Language for the deaf and hearing impaired.

Assisted Living Facility (ALF)

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

Attorney General (AG)

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

BIA Bureau of Indian Affairs

Bureau of Indian Affairs (BIA)

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

CAF Children, Adult, and Families Division

CAP Community Action Program

CAPS Client Assessment/Planning System

Caregiver Access to Assistance

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

Case management

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

Cash assistance

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

CBC Community-Based Care

CCO Coordinated Care Organization

CDBG Community Development Block Grant

Center for Independent Living (CIL)

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

Centers for Medicare and Medicaid Services (CMS)

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

Chronic

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

CIL Center for Independent Living

Client Assessment/Planning System (CAPS)

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

CMS Centers for Medicare and Medicaid Services

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

Code of Federal Regulations (CFR)

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

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

COLA Cost of Living Adjustment

Community based care (CBC)

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

Community focal point

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

Comprehensive and coordinated system

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

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

Congregate meals

Hot meals provided at congregate meal sites to eligible persons by nutrition service providers under the Older Americans Act. Food & Friends Meals on Wheels and Senior Meals provides this service in Jackson and Josephine Counties.

Conservatorship

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

Continuing Care Retirement Community (CCRC)

A housing community that provides different levels of care based on what each resident needs over time. This is sometimes called "life care" and can range from independent living in an apartment, to assisted living, to full-time care in a nursing home. Residents move from one setting to another based on their needs, but continue to live

as part of the community. Care in CCRCs is usually expensive. Generally, a CCRC requires a large payment before moving in and charges monthly fees. Care in a CCRC is not funded with public resources.

Continuum of Care

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

Coordinated Care Organization (CCO)

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

Corporation for National and Community Services

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

CSSU Community Services and Supports Unit (Oregon's State Unit on Aging)

DAS Oregon Department of Administrative Services

Deaf and Hard of Hearing Services (ODHHS)

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

Department of Administrative Services (DAS)

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

Department of Health and Human Services (DHHS) - US

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

Department of Human Services (ODHS) - Oregon

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

Department of Justice (DOJ)

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

Developmental Disability (DD)

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

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

Disability

An impairment of one or more major life activities. Federal and State Laws state that three pieces must exist for an individual to be classified as disabled: (1) The individual must be diagnosed with a disability (physical or mental); (2) The person must be considered by others to have a disability; (3) They must have a history of a disability. For example, a seizure surgery may stop seizures, but there remains a question about whether the disability is cured. History has a lot to do with community perception of a successful cure. Alcoholism and drug addiction are no longer considered disabilities for purposes of receiving Supplemental Security Income (SSI). Eligibility for many of the services offered through the Disability Services offices is based on SSI criteria.

Disability Services

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

Disability Services Office (DSO)

Aging and People with Disabilities branch in Medford.

Disability Services Advisory Council (DSAC)

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

Disaster Registry

In Jackson and Josephine Counties: Computerized data base with mapping capabilities used by emergency responders to locate individuals who need special assistance for evacuation in case of disaster. Older adults and adults with disabilities may register if they

could not evacuate on their own nor stay at home alone for three days or would need special notification of the disaster, due to a disability. To register, contact RVCOG Senior & Disability Services at (541) 664-6674. The map also includes layers with residential facilities and child care centers.

District 8 State administrative district including Jackson and Josephine counties.

DME Durable Medical Equipment

DOJ Oregon Department of Justice

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

DOL Department of Labor

DSAC Disability Services Advisory Council

DSO Disability Services Office

EBT Card

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

EC Enhanced Care

Economic Need, Greatest

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

Elder Abuse and Protective Services

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

ENL English as a non-native language.

ESL English as a second language.

Ethnicity

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

Evidence-Based Program

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

Family Caregiver (FCG)

Under the OAA National Family Caregiver Support Program (NFCSP), this term means an adult family member or another individual who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a

related disorder with neurological and organic brain dysfunctions. Also applies to an individual 55 and older who is caring for a family member 18 or younger.

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

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

Food & Friends

RVCOG's Meals on Wheels and Senior Meals program serving Jackson and Josephine Counties

GCSS

Governor's Commission on Senior Services

Governor's Commission on Senior Services (GCSS)

21-member governor-appointed commission. It is the official advisory body for Aging and People with Disabilities (APD) on senior issues. It provides advice on needs, recommends actions to meet the needs, and acts as an advocate for the elderly.

GPSDS Grants Pass Senior & Disability Services Office.

Grants Pass Senior & Disability Services Office (GPSDS)

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

Greatest economic need (Older Americans Act)

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

Greatest social need (Older Americans Act)

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

Guardianship

Legal proceeding that gives a person (called a guardian) power over all aspects of an incapacitated person's (called the protected person) life.

HASL (Handicap Awareness and Support League)

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

HC Home Care

HCBS

Home and Community Based Services - The Centers for Medicare and Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. States must ensure that their service providers are in compliance with the regulations.

HDM Home-Delivered Meals

Health and Medical Equipment

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

Health Maintenance Organization (HMO)

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

HMO Health Maintenance Organization

Home and Community-Based Waiver Services

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

Home Care

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

Home Care Commission

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

Home Care Worker

Home care workers provide in-home services, including but not limited to housecleaning, shopping, meal preparation, money

management, transportation, personal care and medication management. Home care workers are hired directly by the clients. Clients retain the right to hire home care workers of their choice including family members.

Home-Delivered Meals (HDMs)

Home-delivered meals provided to home-bound older adults and adults with disabilities by RVCOG's Food & Friends Meals on Wheels and Senior Meals program under Older Americans Act and Title XIX Medicaid.

Home Health Agency

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

Home Health Services

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

Homemaker/Home Care

Homecare services mean all those Activities of Daily Living (ADL) or Independent Activities of Daily Living (IADL) in-home services, requiring minimal to substantial assistance necessary to help clients achieve the greatest degree of independent functioning.

Hospice

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

HRSA

Health Resources and Services Administration (US)

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

I & A (OAA) Information and Assistance

I & R (OAA) Information and Referral.

ICF Intermediate care facility

Information and Assistance (I & A)

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

following activities: options counseling, assessment, problem solving, care coordination, advocacy, and follow-up.

Information and Referral (I & R)

The ADRC serves as the one stop for consumers, their friends and family members, and the community as they seek to find information about resources for those who are aging or have a disability. ADRC is designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual's specific needs, including options counseling, assessment, problem solving, care coordination, advocacy, and follow-up.

In-Home Services

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

In-Kind Resources (OAA)

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

INS Immigration and Naturalization Service (US)

K-Plan

A Medicaid state plan option authorized under the Affordable Care Act that provides services for Oregonians who want to stay in their home community and remain independent, healthy, and safe. Provides more extensive home and community based long term services and supports in lieu of more expensive institutional care.

Legal Assistance

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

LGBTQIA2S+ Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, Plus

LIEAP Low Income Energy Assistance Program

Long Term Care (LTC)

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

Long Term Care Ombudsman (LTCO)

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

Long Term Care system

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

Long Term Services and Supports (LTSS)

Millions of Americans, including children, adults, and seniors, need long-term care services as a result of disabling conditions and chronic illnesses. Medicaid is the primary payer across the nation for long-term care services. Medicaid allows for the coverage of these services through several vehicles and over a continuum of settings, ranging from institutional care to community based long-term services and supports. CMS is working in partnership with states, consumers and advocates, providers and other stakeholders to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.

LTSS Long Term Services and Supports**Low Income Energy Assistance Program (LIEAP)**

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

Low-income minorities (OAA)

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

LTC Long-term care

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

MDT Multi-Disciplinary Team

Meals on Wheels

Also known as home-delivered meals. Food & Friends is the Meals on Wheels provider for Jackson and Josephine Counties.

Means test

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

Medicaid

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

Medicaid Home-Delivered Meals

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

Medicare

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

Medicare HMOs

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

Medicare Risk Contract

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

Mental Commitment

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

MOU Memorandum of Understanding**Multi-Disciplinary Team (MDT)**

A multidisciplinary team may consist of but not be limited to personnel from the community mental health program, the community developmental disabilities program, the Department of Human

Services or a designee of the department, the Oregon Health Authority or a designee of the authority, the local area agency on aging, the district attorney's office, law enforcement, and an agency that advocates on behalf of individuals with disabilities, as well as others specially trained in the abuse of adults. The team develops and implements protocols and agreements for coordinating and delivering adult protective services.

NAPIS National Aging Program Information System

National Aging Program Information System (NAPIS)

Older Americans Act database which tracks client and service information.

National Council on Aging (NCOA)

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

NF Nursing Facility

NFCSP

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

No Wrong Door (NWD)

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

NSIP Nutrition Services Incentive Program

Nursing facility (NF)

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

Nutrition Education

Food & Friends Meals on Wheels outreach staff provide nutrition information to people in their homes as part of the home-delivered meals eligibility process.

Nutrition Services (OAA)

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

Nutrition Services Incentives Program (NSIP)

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

NWD No Wrong Door

O4AD Oregon Association of Area Agencies on Aging and Disability

OAA Older Americans Act

OAAPI Office of Adult Abuse Prevention and Investigations

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

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

OBAC Oregon Business and Aging Coalition

OC Options Counseling

OCB Oregon Commission for the Blind

ODC Oregon Disabilities Commission

ODDS Office of Developmental Disabilities Services

ODHHS Oregon Deaf and Hard of Hearing Services

OED Oregon Employment Department

Office of Adult Abuse Prevention and Investigations (OAAPI)

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

Office of Developmental Disabilities Services (ODDS)

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

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

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

OGA Oregon Gerontological Association

OHA Oregon Health Authority

OHP Oregon Health Plan

Older Americans Act (OAA)

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

OMMP Oregon Money Management Program

OPI Oregon Project Independence

Options Counseling

Counseling that supports informed long-term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community.

ORS Oregon Revised Statute

Oregon Administrative Rule (OAR)

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

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

Voluntary association representing the interests of the 16 Area Agencies on Aging in Oregon. Dues are paid by member agencies based on size of AAAs' operating budgets. The association represents the collective interests of AAAs to the Legislature and other public and private agencies and organizations. The association also sponsors quarterly meetings of AAAs and a biannual training conference.

Oregon Deaf and Hard of Hearing Services (ODHHS)

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

Oregon Disabilities Commission (ODC)

A Governor-appointed commission composed of 15 members broadly representative of major public and private agencies who are experienced in or have demonstrated particular interest in the needs of individuals with disabilities. The ODC acts as a coordinating link

between and among public and private organizations serving individuals with disabilities.

Oregon Gerontological Association (OGA)

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

Oregon Health Authority

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

Oregon Health Plan (OHP)

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

Oregon Home Care Commission

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

The Commission has four major responsibilities:

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

Oregon Project Independence (OPI)

State of Oregon program providing services to individuals aged 60 and older who are at risk of entering a nursing home and are not eligible for Medicaid. The program also provides services to those under the age of 60 who have been diagnosed as having Alzheimer's disease or a related disorder. Beginning in 2015, services were expanded to include adults aged 19 to 59. Recipients pay a portion of the cost of services, based on their income. In Summer of 2024, services began under OPI-Medicaid (OPI-M), developed to leverage Medicaid funding to provide a higher level of service for participants.

Oregon Relay

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

Oregon Revised Statute (ORS)

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

Oregon Supplemental Income Program (OSIP)

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

Oregon Trail Card

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

ORS Oregon Revised Statute

OSIP Oregon Supplemental Income Program

OVR Office of Vocational Rehabilitation Services

PAA Private admission assessment

PAS Pre-admission screening

PAS ARR Pre-admission screening and annual resident review

PASS Plan for Achieving Self Support

PCOC Person-Centered Options Counseling

PCT Person-Centered Thinking

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

Person-Centered Options Counseling (PCOC)

PCOC ensures that the consumer with long-term service and support needs directs the options counseling process. PCOC supports informed long-term services and supports decision making through assistance provided to individuals and families to help them

understand their strengths, needs, preferences and unique situation and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. It is essential that the PCOC staff get to know the consumer. It is more than information and referral. Emphasis is on relationship building, counseling and decision support.

Person-Centered Thinking

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

Person-Directed Services and Supports

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

Personal Care

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

PL Public Law

Plan for Achieving Self Support (PASS)

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

Planning and Service Area (PSA)

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

PMC Program Management Council**Point of Service (POS)**

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

POS Point of Service**PPO Preferred Provider Organization****Pre-admission Screening (PAS)**

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

Pre-admission Screening and Annual Resident Review (PAS ARR)

Screening and assessment process whose purpose is to assure that individuals with specialized mental health care needs are not inappropriately placed or kept in Medicaid certified nursing facilities without access to specialized services to meet their mental health needs.

Preferred Provider Organization (PPO)

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

Preventive Screening, Counseling, and Referral

A service definition used for Meals on Wheels Home-Delivered Meals Assessments and Reassessments.

Private Admission Assessment (PAA)

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

PSA Planning and Service Area

PSA Public Service Announcement

Public Assistance

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

Public Health (PH)

The part of the Oregon Health Authority (OHA) that provides public health services, such as monitoring drinking water quality and communicable disease outbreaks and inspecting restaurants. This division also maintains the state's vital records and immunization services and administers the Women, Infants, and Children (WIC) nutrition program, which delivers services to eligible individuals through county health departments.

QC Quality Control

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

Race

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

RCF Residential Care Facility

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

Representative Payee (or Rep Payee)

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

Request for Applications (RFA)

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

Request for Information (RFI)

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

Request for Proposals (RFP)

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

Request for Qualifications (RFQ)

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

Required Services

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

Residential Care Facility (RCF)

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

Respite

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

Retired Senior Volunteer Program (RSVP)

Program providing a variety of opportunities for retired persons aged 60 or over to participate more fully in the life of their community through significant volunteer service. Administered by Community Volunteer Network in Jackson County and UCAN in Josephine County.

Rogue Valley Council of Governments (RVCOG)

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

RSVP Retired and Senior Volunteer Program

RVCOG Rogue Valley Council of Governments

RVCOG Board of Directors

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

SAC Senior Advisory Council

Self Sufficiency

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

Senior Advisory Council (SAC)

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

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

Senior and Disability Services, an RVCOG AAA department, provides Aging and Disability Resource Connection (ADRC) and Oregon Project Independence (OPI) services, family caregiver support, behavioral health, and other health promotion/prevention programs.

Senior Health Insurance Benefits Assistance (SHIBA)

Volunteers assist older adults and family members to understand Medicare benefits.

Senior Services Office (SSO)

Aging and People with Disabilities office which offers comprehensive and coordinated Medicaid, Public Assistance, Adult Protective Services, and other services for older adults in Medford.

Service Equity

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

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

- Engagement, collaboration and trust with members of each diverse community based on mutual respect and trust.

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

SHIBA

Senior Health insurance Benefits Assistance. Volunteers assist seniors and family members to understand Medicare benefits. SHIBA is a statewide network of trained counselors who volunteer their time to educate and advocate for people of all ages who have Medicare. As part of the Oregon Department of Human Services, Medicare information and counseling services offered through SHIBA are a free public service.

SMIB Supplemental Medical Insurance Benefit

SNAP Supplemental Nutrition Assistance Program

SNF Skilled Nursing Facility

Social need, greatest (Older Americans Act)

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

Social Security Disability Insurance (SSDI)

Social Security insurance benefit received for disability, based on income paid into the system. No medical assistance is associated with this benefit. After two years of disability, the individual may buy Medicare benefits in the same way those 65 or older may.

Spousal Pay

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

SSDI Social Security Disability Insurance

SSI Supplemental Security Income

SSN Social Security Number

SSO Senior Services Office

State service priorities

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

SUA State Unit on Aging (Called the Community Services and Supports Unit (CSSU) in Oregon.)

Supplemental Medical Insurance Benefit (SMIB)

(Social Security Administration) Part B, Medicare.

Supplemental Nutrition Assistance Program (SNAP)

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

Supplemental Security Income (SSI)

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

Supportive Services

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

Survivability Scale

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

TANF

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

Target Groups

Under the OAA, special populations specifically targeted for receipt of older adult services.

Title III

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

Title VII

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

Title XIX

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

Title XIX Meals

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

Type A Agency

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

Type B Agency

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

UCAN

United Community Action Network

United Community Action Network (UCAN)

Community Action Program for Douglas and Josephine counties.

USAging

USAging is the national network of Area Agencies on Aging and advocates for Title VI Native American Aging programs. USAging was formerly known as n4a.

USDA United States Department of Agriculture**VA** Veterans Administration**VDC**

Veteran-Directed Care

Veteran-Directed Care (VDC)

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

Waiver

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