

OREGON STATE PLAN ON AGING

October 1, 2023 – September 30, 2026

DRAFT

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Acronyms

| | |
|-----------------|---|
| AAA..... | Area Agency on Aging |
| ACL..... | Administration for Community Living |
| ADRC..... | Aging and Disability Resource Connection |
| AIRS..... | Alliance of Information & Referral Systems |
| APD..... | Aging and People with Disabilities |
| APS..... | Adult Protective Services |
| AoA..... | Administration on Aging |
| CIL..... | Center for Independent Living |
| CMS..... | Centers for Medicare & Medicaid Services |
| CSSU..... | Community Services and Supports Unit |
| FFY..... | Federal Fiscal Year |
| GCSS..... | Governor’s Commission on Senior Services |
| HCBS..... | Home & Community Based Services |
| I & R..... | Information & Referral |
| LGBTQIA2S+..... | Lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit |
| LTCO..... | Long Term Care Ombudsman |
| LTSS..... | Long-term services and supports |
| NFCSP..... | National Family Caregiver Support Program |
| NWD..... | No Wrong Door |
| OAA..... | Older Americans Act |
| OAAPS..... | Older Americans Act Performance System |
| OC..... | Options Counseling |
| ODC..... | Oregon Disabilities Commission |
| ODHHS..... | Oregon Deaf and Hard of Hearing Services |
| ODHS..... | Oregon Department of Human Services |
| OHA..... | Oregon Health Authority |
| OHCS..... | Oregon Housing and Community Services |
| OPI..... | Oregon Project Independence |
| ORS..... | Oregon Revised Statute |
| PSA..... | Planning and Service Area |
| REAL+D..... | Race, Ethnicity, Language and Disability |
| SHIBA..... | Senior Health Insurance Benefits Assistance |
| SMP..... | Senior Medicare Patrol |
| SNAP..... | Supplemental Nutrition Assistance Program |
| SOGIE..... | Sexual Orientation, Gender Identity, and Expression |
| SUA..... | State Unit on Aging |
| VA..... | Veterans Affairs |



Oregon

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Verification of Intent

The State Plan on Aging for the State of Oregon (hereinafter referred to as the State Plan) is hereby submitted for the three-year period of October 1, 2023 through September 30, 2026.

The plan includes assurances and plans to be conducted by the Aging and People with Disabilities (APD) office of the Oregon Department of Human Services under the relevant provisions of the Older Americans Act, as amended in 2020.

The APD program, in its function as the State Unit on Aging, has been given the authority to develop and administer the State Plan in accordance with all of the requirements of the Older Americans Act and is primarily responsible for State activities related to the purpose of the Act, including the development of comprehensive and coordinated systems for delivery of supportive services, such as multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older adults and family caregivers in Oregon.

The Director of the APD program, as the effective head of the Oregon State Unit on Aging, has been delegated signature authority by the Governor for purposes such as submission of this document. This plan is hereby approved by the Director of APD, on behalf of the Governor, and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

Sincerely,

Nakeshia Knight-Coyle
Director, Aging and People with Disabilities
Oregon Department of Human Services

"Safety, health and independence for all Oregonians"

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DHS 0198 (01/2023)

Executive Summary

The Oregon Department of Human Services' (ODHS') mission is to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. It is the vision of ODHS' Office of Aging and People with Disabilities (APD) that Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

APD develops a State Plan on Aging, as required under the Older Americans Act of 1965, as amended. The Plan is a contract with the Administration on Aging (AoA), a part of the U.S. Department of Health and Human Services' Administration for Community Living (ACL) and allows Oregon to receive funds under the Act. This Plan provides a vision and direction for Oregon's aging network and provides the State an opportunity to share its goals, objectives, and strategies over the next three years to improve the lives of older adults, people with disabilities and caregivers.

APD is accountable for the implementation of programs for older adults and people with disabilities in Oregon including the Older Americans Act, Medicaid long term services and supports, adult protective services and licensing of long term care facilities. The Community Services and Supports Unit (CSSU), a part of APD, is responsible for administering Older Americans Act (OAA) programs and will do this by working collaboratively with older adults, family caregivers, Oregon's 16 Area Agencies on Aging (AAAs), the network of Aging and Disability Resource Connection (ADRC) agencies, the 9 federally recognized Tribes of Oregon and other tribal entities, Centers for Independent Living, public-private partnerships and our federal and state government partners.

APD works closely with Oregon's AAAs to create a comprehensive array of services. AAAs provide information and a wide range of services to older adults and people with disabilities in all areas of Oregon, while APD coordinates distribution of federal funds, provides training and technical assistance and ensures statewide oversight and coordination for OAA programs. APD also oversees Oregon Project Independence (OPI) and the OPI Expansion project. OPI is a state-funded program managed by all AAAs in Oregon providing in-home services to older adults and individuals

with dementia who need assistance to remain in their own homes and delay or avoid needing Medicaid long term services and supports. The OPI Expansion project serves younger people with disabilities and is administered by seven AAAs.

This Plan articulates Oregon's vision to serve older adults over the next three years. This Plan's overall vision is to help contribute to making Oregon an age-friendly and dementia-friendly state, in its capacity of implementing the Plan's goals, objectives, strategies, and measurable outcomes around OAA programs and other initiatives and partnerships across Oregon's aging network. While this State Plan on Aging cannot marshal all of the resources necessary to make Oregon an age-friendly and dementia-friendly state, there are opportunities within its scope to partner, collaborate, and complement the resources and advocacy other statewide and local organizations commit to this vision.

Oregon's older adult population faces many challenges in the immediate future. Like other age groups in the state, many older adults struggle with the affordability of housing, food insecurity, and a growing number of people aging in Oregon are leaving the workforce with fewer assets and resources than previous generations. Many older adults from communities of color, the nine Tribes of Oregon and tribal members, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and two-spirit (LGBTQIA2S+) communities, and immigrant communities have experienced lived and intergenerational trauma and inequities borne by systemic racism and other forms of social discrimination. Oregon faces a workforce crisis in direct care and social services, further weakening the capacity to meet growing demand. And, as the COVID pandemic made even more clear, older adults are disproportionately affected by social isolation and loneliness.

This State Plan proposes to work toward a more age-friendly and dementia-friendly Oregon by addressing the five federally required focus areas:

- OAA programs
- COVID-19 recovery
- Equity
- Access to home and community based services (HCBS)
- Caregiving

There is a goal oriented toward an age-friendly and dementia-friendly Oregon in each of the five focus areas, and a set of objectives, strategies and outcomes that will chart Oregon's work over the next three years.

APD is committed to implementing this Plan with its partners. This Plan reflects work being done not only by state and local partners, but within the area plans of Oregon's AAAs, which have identified key priorities such as increasing outreach and information on resources in the aging network to older adults, reaching communities affected by systemic racism and other forms of social discrimination, and empowering older adults to not only live independently, but to help others in their communities interdependently.

Although the challenges facing Oregon's older adults are many, this Plan not only articulates goals, objectives, strategies and outcomes oriented toward an age-friendly and dementia-friendly state; it also assumes that older adults are an asset to their communities and their state. What follows is a State Plan that articulates what programs and services can do *for* Oregon's older adults, including how these programs, services, and activities *empower* older adults for the benefit of their communities and for the state. This Plan offers, in its scope and capacity, one part of the roadmap along which Oregon may become an age-friendly and dementia-friendly state.

Introduction

This State Plan on Aging is Oregon's Office of Aging and People with Disabilities' (APD) roadmap addressing the needs and life goals of older adults over the next three years in collaboration with Oregon's Area Agencies on Aging (AAAs) and other community partners. The Plan is rooted in a set of principles and corresponding outcomes to those principles – that older adults in Oregon get services and supports that are meaningful to them, and help maintain independence, promote safety, honor choice, respect cultural preferences and uphold dignity. Upon approval by the federal Administration for Community Living (ACL), this Plan provides an account of the use of federal funds, matched with state and local funds, to support programs and services helping older Oregonians access services and supports in all communities across the state.

Organizational structure, programs, and key partnerships

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

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

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

Two models of AAAs exist in Oregon:

- Twelve AAAs primarily administer OAA and OPI programs for their planning and service areas (PSAs). Most of these AAAs are Type A

AAAs. Within the Type A PSAs, local APD offices administer Medicaid, financial eligibility and financial assistance programs, adult protective services, and regulatory programs. Two AAAs are Type B-Contract AAAs, which have APD offices administer Medicaid, financial eligibility and financial assistance programs, adult protective services, and regulatory programs.

- Four AAAs also administer OAA and OPI programs, but they also coordinate Medicaid eligibility and service plans, financial assistance programs, adult protective services and some licensing programs for their respective PSAs. These are Type B-Transfer AAAs.

APD also works to address issues relating to housing, transportation, prevention services, abuse prevention, and more recently, responses to the COVID-19 pandemic. Since 2013, state funding has provided statewide training for paid and family caregivers through Oregon Care Partners, which is promoted through AAAs and the ADRC. APD's work also encompasses equity so that services offered through the AAAs are linked to APD's overall strategies to make services known to and easily accessible to communities that have been oppressed by systems that were created on a foundation of discrimination and exclusion. This includes older adults from communities of color, the nine federally recognized Tribes and other Native American elders in Oregon, LGBTQIA2S+ communities, immigrant communities, communities within which English is not the first language and older adults not well served by our system in rural and frontier areas of the state.

APD has coordinated closely with the Oregon Health Authority (OHA) regarding mental and behavioral health, as well as public health efforts, that impact older adults. OHA is Oregon's single state Medicaid agency. OHA received funding in 2015 to develop a statewide network of older adult behavioral health specialists who work closely with AAAs, APD offices, community mental health agencies and others to develop closer coordination and support for older adults experiencing mental health needs. OHA's Public Health Division and APD have collaborated on various initiatives to address chronic disease prevention and management, falls prevention, immunizations, oral health, and many initiatives addressing the COVID-19 pandemic crisis that disproportionately affects older adults.

APD also works with other partners in statewide aging services, aging advocacy, and long-term services and supports organizations and

agencies. These public-private partnerships are critical to engaging in ongoing issues on aging, including respite supports, the growing impact of Alzheimer's disease and other dementias, and access to housing and transportation services.

Toward an Age-Friendly and Dementia-Friendly Oregon

The World Health Organization defines age-friendly environments as places that foster healthy and active aging. These places and environments enable older people to “age safely in a place that is right for them, be free from poverty, continue to develop personally, and to contribute to their communities while retaining autonomy, health and dignity.” In short, an age-friendly state is a great place in which to grow old. Dementia-friendly communities enhance the ability of people living with dementia to remain in their community and engage and thrive in day to day living. Dementia-friendly communities are equipped to support people living with dementia and their caregivers. When the places we live are more livable and better able to support older adults, they improve the quality of life for people of all ages.

This Plan provides a framework contributing, through OAA programs, to the goal of making Oregon an age-friendly and dementia-friendly state. Oregon's demographics are quickly changing. By 2034, for the first time in state history, older adults age 65 and older will be a larger age demographic than people age 18 and younger in Oregon. Oregon's population is also growing more racially and ethnically diverse, and it is projected that people of color will comprise 45% of Oregon's older adult population by the year 2050.

As with other states, Oregon's capacity to serve older adults faces several challenges. Housing and houselessness place many older adults at risk, and this issue now affects all corners of the state. Food insecurity affects many older adults, made even more urgent by the end of the emergency allotment for the Supplemental Nutrition Assistance Program (SNAP) in February 2023. More older adults are leaving the workforce with fewer assets and savings, which will create an increased demand for services and supports for OAA programs and other programs available in Oregon. Like other states, Oregon faces a workforce crisis in direct care and social services, further weakening the capacity to meet growing demand.

The COVID pandemic made even more clear that older adults are disproportionately affected by social isolation and loneliness. In the wake of the pandemic, as before the pandemic, older adults of color, LGBTQIA2S+ older adults, and rural older adults experience even greater disparities in social isolation, as well as income, resources, and overall health.

The growing needs, challenges, and social and economic barriers experienced among Oregon's older adult population have been documented through a variety of sources, such as the [local area plans](#) of Oregon's AAAs (incorporated by reference here), AARP's Oregon Age-Friendly Listening Tour and Vital Voices Survey, [Oregon's LGBTQ+ Older Adult Survey Report](#) (incorporated by reference), and past National Core Indicators for Aging and Disability (NCI-AD) surveys. These assessed needs include older adults experiencing greater economic insecurity, insecurity with housing and nutrition, barriers to accessing transportation and medical care, and discrimination, abuse, depression, and social isolation and loneliness. For example, the Oregon LGBTQ+ Older Adult Survey reported that 60 percent of respondents experienced discrimination in the past year. Twenty-four percent of respondents reported being victims of elder abuse and most did not report it for reasons such as distrust of authorities, a feeling of being ashamed, not knowing how to report, or fear of disclosing their identity. Older adults in rural communities report many challenges to accessing medical care, nutritious food, and caregiver services.

The challenges facing older adults in Oregon are many, and this Plan has a vision to meet these challenges through its framework contributing to a broader effort of making Oregon an age-friendly and dementia-friendly state. The Plan's structure is around the federally mandated focus areas of OAA programs, COVID-19 recovery, equity, access to home and community-based services (HCBS) and caregiving. The Plan has a goal oriented toward an age-friendly and dementia-friendly Oregon in each of the five focus areas, and a set of objectives, strategies and outcomes that will chart Oregon's work over the next three years.

A corresponding theme to the Plan includes an emphasis on aging as an asset and the contributions that older adults served by the Plan make toward an age-friendly and dementia-friendly Oregon. While some objectives and strategies discuss services to support older adults facing the challenges outlined above, many objectives and strategies also leverage

the resources that older adults bring to addressing these issues, such as the role of volunteers and peer supports. Also, the proposed activities in this Plan are intended to provide resources and services that empower older adults not only to live *independently*, but to actively participate and contribute to society *interdependently*, with the aim of building a more age-friendly and dementia-friendly state.

This Plan cannot fully address the challenges outlined above, nor can it provide a comprehensive set of objectives, strategies, and outcomes to affect an age-friendly and dementia-friendly Oregon in this three-year timeframe. However, in the Plan's purview of work and with extensive partnerships across the OAA and broader aging network, these collaborative efforts will make a contribution towards addressing these challenges and, ultimately, realizing this vision of an age-friendly and dementia-friendly Oregon.

State and Federal Priorities

APD worked closely with an advisory workgroup to identify priorities and focus areas and to create goals, objectives, strategies and outcomes for the focus areas in this State Plan. The advisory workgroup represented AAAs, Commissioners, Title VI grantees, LTCO, community members and advocates, and state staff. The advisory workgroup considered many issues facing older Oregonians, especially over the last two years. This Plan adopts the federally required focus areas, organized around the vision of an age-friendly and dementia-friendly Oregon. Each focus area's objectives, strategies, and measurable outcomes are organized around a goal related to the focus area. These goals are:

- **Older Americans Act (OAA) Core Programs:** Contribute to making Oregon an age-friendly and dementia-friendly state.
- **COVID-19:** Build upon best practices and lessons learned during the pandemic to contribute to Oregon being an age-friendly and dementia-friendly state.
- **Equity:** Build capacity for culturally and linguistically responsive services in an age-friendly and dementia-friendly Oregon.
- **Expanding Access to Home and Community Based Services:** Support an age-friendly and dementia-friendly Oregon that provides

older adults with a safe home and community that promotes their well-being.

- **Caregiving:** Cultivate a strong family and community support system to maintain and improve wellbeing for caregivers and older relative caregivers (Grandfamilies and Kinship Families), to support an age-friendly and dementia-friendly Oregon.

Focus Areas

The federal Administration for Community Living (ACL) requires that the following focus areas be incorporated into the State Plan. The Department has aligned State Plan goals, objectives and strategies with specific areas required by ACL, which are indicated by this symbol: ▲.

Older Americans Act (OAA) Core Programs

GOAL 1: ▲ Contribute to making Oregon an age-friendly and dementia-friendly state.

Older adults in Oregon are facing significant challenges, especially older adults with the greatest economic and social needs. The term “greatest economic need” means the need resulting from an income level at or below the poverty line. Those with the greatest social need include older adults within communities of color, immigrant communities, LGBTQIA2S+ persons, rural and frontier communities, indigenous communities, members of religious minorities, persons with disabilities, and in communities in which English is not the primary language used. This Plan proposes to prioritize information, outreach, and new ways to deliver core OAA services to these communities, including the ongoing efforts to coordinate Title III and Title VI services. Moreover, and especially post-COVID, older adults in these communities face disproportionate risks in the areas of housing, safety, and access to legal services. This Plan places special emphasis on providing information and assistance to older adults at risk in these areas in an effort to make Oregon an age-friendly and dementia-friendly state.

OBJECTIVE 1.1: Support older adults who are housing insecure [i.e., older adults without housing or at risk of losing their housing.](#)

STRATEGIES/ ACTION STEPS:

- 1.a. Increase ADRC capacity to identify and make appropriate referrals for older adults who are housing insecure.
- 1.b. ▲ Work with OAA legal assistance providers to prioritize cases involving housing insecurity received via targeted referrals from the ADRC and AAAs. Partner with legal assistance providers to prevent unnecessary move outs and evictions.
- 1.c. Support the work of APD Housing Navigators and collaborate to ensure that Navigators are trained on LGBTQIA2S+ issues of concern and provide services that are responsive to the needs of that population.
- 1.d. APD and AAAs will collaborate with OHA, OHCS, community partners, and advocates to strengthen cross agency education and strategic initiative development (particularly focusing on older adult housing needs and bringing an aging lens to efforts), leverage support for affordable and accessible elder housing, and collect and share best practices.
- 1.e. Work towards supporting efforts for Oregon becoming an Age-Friendly state.

OUTCOMES:

- Increase in trained ADRC staff and 1% annual increase in resources related to housing listed in the ADRC resource database.
- Annual increase in number of legal representation/advice cases involving housing accepted by OAA legal assistance providers in years two and three of this Plan.
- Maintenance of existing housing for older adults, as a preventive measure, and long term decrease in unnecessary move outs and evictions.
- Completion of training for all Housing Navigators on housing issues and issues affecting LGBTQIA2S+ older adults.
- Collaborative cross-sector education and advocacy leads to increased housing stock, or planned projects, of accessible/affordable and inclusive housing for older adults in all areas of the state, specifically focused on underserved rural communities.
- Oregon becomes an Age-Friendly state.

OBJECTIVE 1.2: ▲ Increase collaboration to improve elder justice and safety.

STRATEGIES/ACTION STEPS:

- 2.a. ▲ APD (APS, CSSU and Safety, Oversight and Quality (SOQ)) and AAAs, in collaboration with community partners, the Office of the Long Term Care Ombudsman and legal assistance providers, will work to develop informational outreach to vulnerable older adults in independent living/housing and long term care settings on elder abuse prevention and how to access available resources.
- 2.b. ▲ Strengthen relationships with partner organizations and other State agencies to leverage support for elder justice and safety. Work to expand or strengthen partnerships between the Elder Law Section of the Oregon State Bar and contracted OAA legal assistance providers.
- 2.c. ▲ APD will hire a legal services developer.
- 2.d. ▲ APD and AAA staff will collaborate with community partners, including Multidisciplinary Teams (county-based investigative and assessment team that coordinates and collaborates for allegations of adult abuse and self-neglect) in each county, to improve awareness of financial abuse and related crimes, and to inform consumers about best practices for maintaining or achieving physical safety and financial security from abuse, theft, fraud, and other criminal practices.
- 2.e. ▲ Increase awareness of safety and justice issues for older adults among first responders, including education on appropriately identifying, approaching and interacting with individuals living with dementia in the community. ~~Increase awareness of safety and justice issues for older adults among law enforcement agencies, including education on safety concerns for those living with dementia in the community.~~
- 2.f. Continue collaboration with Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) working to improve adult guardianship in Oregon.
- 2.g. ▲ Increase ADRC capacity to identify and make appropriate referrals for older adults at risk of financial exploitation.
- 2.h. ▲ Work to identify, develop and implement non-traditional outreach and education efforts regarding elder abuse and reporting for older adults in greatest social need. Focus on outreach and education from inside communities, in partnership with trusted local leaders or peers.
- 2.i. ▲ APD and AAAs, in collaboration with contracted legal service providers, will expand informational outreach to persons living in rural areas, on tribal reservations and lands, and to persons whose first language is not English to raise awareness and utilization of legal assistance programs among more vulnerable consumers.

OUTCOMES:

- Increase in information provided and outreach activities conducted with residents of long term care settings, independent living communities and other non-licensed residential settings for older adults.
- Outreach and engagement with law enforcement on issues related to individuals experiencing dementia and living in the community.
- Annual increase in legal services access and utilization by older adults in communities who are not currently adequately served by Oregon's aging system, including communities of color, rural communities, communities in which English is not the primary language, Tribal elders, and LGBTQIA2S+ older adults.
- Expand community resources and awareness of safety and justice issues elder adults may encounter.
- Enhanced detection, responsiveness, and mitigation of elder abuse.

OBJECTIVE 1.3: ▲ Strengthen Title III and Title VI coordination, at the state and local levels.

STRATEGIES/ACTION STEPS:

- 3.a. ▲ Support and encourage efforts to coordinate culturally responsive needs assessment activities and data gathering across Tribal programs, AAAs and APD.
- 3.b. Develop informational and reference materials about the purpose, funding, and similarities and differences between Title III and Title VI programs, and Oregon specific examples of coordination.
- 3.c. ▲ Continue to support bringing together Tribes, APD and AAA staff in the bi-annual Meet & Greets.
- 3.d. Improve efforts to always include and hear the voice of Native Americans in department initiatives and policies.
- 3.e. ▲ Expand Regional Tribal and AAA Gatherings to two additional regions.
- 3.f. ▲ Continue to encourage and support AAAs and Title VI programs in working together and coordinating OAA services to better serve tribal elders.

OUTCOMES:

- Local programs and statewide policies that are more responsive to the needs and preferences of Native American elders, as reported by Tribal and Title VI leadership.
- Annual statewide increase in coordination activities and/or meetings between AAAs, Title VI grantees and Tribal Navigators.
- Measurable increase in Tribal elders accessing OAA and APD services.

OBJECTIVE 1.4: ▲ Increase public knowledge, and knowledge among professionals serving older adults, of services and supports available for all older adults, with emphasis on reaching populations in greatest economic and social need (with particular attention to older adults living with HIV/AIDS, Holocaust survivors and those at risk for institutional placement).

STRATEGIES/ACTION STEPS:

- 4.a. ▲ Raise awareness and distribute information, via targeted ADRC marketing and outreach campaigns, about available services and resources.
- 4.b. APD will continue to support ADRC statewide infrastructure.
- 4.c. ▲ Provide training to ADRC, AAA and Medicaid staff on dementia awareness and available resources and provide training to designated staff for screening for fall-related brain injury.
- 4.d. Raise awareness of and promote Options Counseling services to individuals with a new dementia diagnosis or who are caregivers of someone with dementia.

OUTCOMES:

- Outreach to identified priority populations increased 5% annually over the course of this Plan.
- Increase in ADRC database resource listings for the priority populations (older adults living with HIV/AIDS, Holocaust survivors, individuals experiencing a dementia diagnosis, and individuals at risk of institutionalization).
- Five percent annual increase in ADRC contacts from individuals identifying in one or more of the priority populations.

OBJECTIVE 1.5: ▲ Develop age-friendly and dementia-friendly programs inclusive of populations with greatest social need.

STRATEGIES/ACTION STEPS:

- 5.a. ▲ Develop a system of regular reports, using OAA/ADRC data, to report on utilization of nutrition and other OAA/ADRC services by region, age, race/ethnicity, ~~and~~ gender, and cognitive status.
- 5.b. Use population and other available data, in conjunction with information gathered above, to identify populations who are not currently adequately served by Oregon's aging system.
- 5.c. ▲ Use a data-driven approach to focus nutrition services on populations at highest risk of malnutrition and greatest social need and pilot three new culturally responsive nutrition services, including at least one intergenerational program. Share learning across the aging network.
- 5.d. ▲ In partnership with local LGBTQIA2S+ community organizations and advocates, APD will develop and implement an Action Plan to address strengths, needs and gaps identified by the [Oregon LGBTQ+ Older Adult Survey](#).
- 5.e. Explore and support inclusion of dementia specific interventions (e.g., music and memory) in the Medicaid LTSS service array.

OUTCOMES:

- Enhanced analytics to promote data driven decisions that improve outreach and services for specific populations.
- Development and completion of periodic reports on OAA service utilization by race, ethnicity, and gender.
- Completion of three pilot programs testing new, culturally responsive nutritional services.
- Completion and written report on initial implementation of the Action Plan addressing the strengths, needs, and gaps identified by the Oregon LGBTQ+ Older Adult Survey.
- Increase inclusivity of dementia specific interventions for populations who are not currently adequately served by Oregon's aging system.

COVID-19

GOAL 2: ▲ Build upon best practices and lessons learned during the pandemic to contribute to Oregon being an age-friendly and dementia-friendly state.

In building objectives, strategies and measurable outcomes in the wake of the COVID-19 pandemic, this Plan draws from lessons learned to address an array of issues and risks facing Oregon's older adults. For one, Oregon's older adults have experienced wildfires, adverse weather, drought conditions, and other emergencies in addition to the public health emergency that COVID-19 wrought. This Plan undertakes work to ensure the aging network is at the center of emergency preparedness planning, and that Oregon advocate to older adults who may be at the highest risk, such as older adults living with dementia. This Plan also includes efforts to combat and address social isolation and loneliness, leverage older adults as volunteers and contributors to their communities, and improve behavioral health supports for older adults with behavioral health, substance use, or suicide ideation risks.

OBJECTIVE 2.1: ▲ Develop programs, including intergenerational programs, aimed at reducing social isolation and feelings of loneliness among older adults.

STRATEGIES/ACTION STEPS:

- 1.a. ▲ In partnership with Oregon's Statewide Assistive Technology Program, educate staff and consumers about assistive technology, the state assistive technology entity and access to assistive technology options for serving older individuals.
- 1.b. ▲ In collaboration with Oregon's Statewide Assistive Technology Program and community partners, disseminate information about the state assistive technology entity and access to assistive technology options for serving older individuals.
- 1.c. ▲ Increase ADRC capacity to identify and make appropriate referrals for older adults at risk of social isolation.
- 1.d. ▲ AAAs, in cooperation with government officials, State agencies, and tribal organizations, educate and make recommendations to policy makers on the need for increased and affordable broadband access to meet the needs of older individuals relative to health services, public safety, recreation, education, civic engagement, emergency preparedness, and use of assistive technology devices and services to address and decrease social isolation.
- 1.e. ▲ Explore programs and best practices that use an intergenerational approach to connect youth, students, and other volunteers with older adults to learn and navigate technology and foster opportunities for

older adults to serve as mentors. Share learning across the aging network.

- 1.f. ▲ Analyze data collected from the ADRC Technology Pilot Project and the Medicaid GrandPad Pilot to evaluate the effectiveness of the technologies to enhance social interaction and reduce feelings of loneliness. If the findings are positive, use the information to advocate for ongoing funding and/or program development.
- 1.g. ▲ Educate and increase understanding of the LGBTQIA2S+ community's specific needs with staff who work the Oregon Senior Loneliness Line and Warmline.
- 1.h. ▲ Work with AAAs and other organizations to support and expand current effective and/or evidence-informed locally established programs to reduce social isolation statewide. Share learnings across the aging network.

OUTCOMES:

- Steady annual increase in referrals from ADRC and APD staff to ATI (Oregon's Statewide Assistive Technology Program) related to assistive technology and resources to combat social isolation and loneliness.
- Implementation of two pilot intergenerational programs related to training on technology and youth mentorship.
- Training to all Oregon Senior Loneliness Line staff on understanding LGBTQIA2S+ community member's specific needs.
- Expansion of current effective and/or evidence-informed programs to reduce social isolation to 1-3 additional AAAs statewide.
- Reduction in social isolation and feelings of loneliness among older adults.

OBJECTIVE 2.2: Build a preventive and early intervention network for older adults with behavioral health and substance use risks, including suicidal ideation and screening for suicide risk.

STRATEGIES/ACTION STEPS:

- 2.a. APD, in coordination with AAAs and OHA, will engage in and support public awareness activities to increase the understanding of mental health and substance-use disorders in older adults.
- 2.b. AAAs, to the extent possible, will develop and strengthen partnerships with mental health and recovery/harm reduction advocates in the

community, encouraging a focus on older adults, and will support trained volunteers to assist older adults to navigate and access behavioral health and substance use resources and supports.

- 2.c. ▲ Increase capacity across the ADRC and aging network to better identify older adults who are at-risk or experiencing mental health challenges, substance use and/or suicidal ideation to provide appropriate referrals and assistance to access available behavioral health and substance use resources and supports.
- 2.d. ▲ Increase training of APD and aging network frontline staff and volunteers in mental health first aid and suicide prevention steps to increase capacity and capability for staff to assist and identify staff who can intervene and screen for suicide risk more immediately.
- 2.e. ▲ Partner with OHA to implement initiatives and strategies in the Adult Suicide Intervention and Prevention Plan to address the high level of suicidal ideation in LGBTQIA2S+ older adults [and those with a diagnosis of Alzheimer's or other dementia](#), including community education on the issues.

OUTCOMES:

- Public awareness activities to increase understanding of mental health and substance-use disorders in older adults.
- APD and aging network frontline staff and volunteers are trained in mental health first aid and suicide prevention steps.
- Oregon will recognize a reduction in the number of older individuals meeting criteria for civil commitment in the State.
- Fewer older adults will lose their lives to both suicide and overdose in Oregon.
- The State will see fewer older adults transition from independence to institutional living.

OBJECTIVE 2.3: ▲ Deepen connections with community partners to develop disaster preparedness and disaster relief plans that are age- and dementia-responsive.

STRATEGIES/ACTION STEPS:

- 3.a. ▲ In collaboration with the Office of Resilience and Emergency Management (OREM), Tribal Title VI Directors, and community partners, continue to identify underserved rural populations, particularly Tribal elders, to increase disaster preparedness and response

capabilities. Use clear and inclusive messaging with age-friendly communication vehicles that are not specific technology dependent.

- 3.b. Work with state and local emergency planning officials to increase understanding and provide guidance on the challenges of preparedness and evacuation for those living with and caring for someone with dementia.
- 3.c. ▲ Develop, share, and implement “mapping systems” to identify at-risk older adults in the community and share information with local emergency management in the event of a disaster, as appropriate. Expand mapping systems to those receiving OAA services.

OUTCOMES:

- Increase in communication and messaging for emergency preparedness to underserved rural populations, including messaging to Tribal elders.
- Instate disaster preparedness and disaster relief plans that are age- and dementia-responsive across the continuum of services for older adults.
- Implementation of “mapping system” of at-risk older adults.

OBJECTIVE 2.4: Support and increase volunteer networks and opportunities.

STRATEGIES/ACTION STEPS:

- 4.a. In collaboration with AAAs, advocacy organizations, CBOs, community partners and others, support development of a statewide volunteer strategy, including identifying opportunities for remote volunteerism and identification of protocols to support and protect volunteers.
- 4.b. Identify effective strategies and models that can be scaled up to increase utilization of trained volunteers to provide needed supports and direct services to older adults and share learning across the aging network.

OUTCOMES:

- Finalize and implement a statewide volunteer strategy for local organizations to use, including recommendations for remote and virtual volunteer connections to isolated and at-risk older adults.
- Increase the number of volunteers.

Equity

GOAL 3: ▲ Build capacity for culturally- and linguistically- responsive services in an age-friendly and dementia-friendly Oregon.

Oregon's older adult population is growing more diverse, and this Plan strives to work on objectives and strategies that improve OAA services and supports to meet the needs and preferences of older adults in many of Oregon's communities. Services that will be of particular focus in this Plan include nutrition programs, the ADRC network, caregiving, health and wellness programs, legal services (as also aforementioned in the OAA focus area), and the SCSEP program. In so doing, this Plan will use data collection to track its progress toward measurable outcomes and emphasize building relationships with communities who are not currently adequately served by Oregon's aging system with the aim of building an inclusive age-friendly and dementia-friendly Oregon.

Program units across APD, including central office units, APD districts and the Community Services and Support Unit (CSSU), have completed Service Equity Plans. Service Equity Plans provide language behind our intention to provide equitable and person-centered services to older adults and people with physical disabilities living in Oregon. Oregon's AAAs have also completed Service Equity Plans, as part of the equity work delineated in the 2021-2023 State Plan on Aging. AAAs will continue to implement those local plans during this Plan period with the intention that the work will be built into the everyday work of designing and delivering programs, service and supports. The CSSU Service Equity Plan is incorporated by reference into this Plan.

OBJECTIVE 3.1: ▲ Enhance data collection and program evaluation to be inclusive of all populations who are not currently adequately served by Oregon's aging system, including LGBTQIA2S+, Native American elders and older adults living with HIV/AIDS. (Note: Data collection will not include questions about a person's HIV/AIDS status.)

STRATEGIES/ACTION STEPS:

- 1.a. ▲ On statewide and local levels, increase and continue to improve collection of data identifying the specific demographics of people being served in OAA and ADRC programs and compare with Oregon's

overall population demographics to identify disparities in program access. Utilize REAL+D and SOGIE data as well as data available across ODHS, other state agencies and academic institutions. Share data with AAAs and other partners.

- 1.b. ▲ Analyze data to inform on utilization of programs and services, and for program evaluation and improvement, [and to reduce barriers to OAA core services](#).
- 1.c. Reevaluate and update the standardized Oregon Project Independence (OPI) Waitlist Tool to include prioritization of marginalized populations and those who are not currently adequately served by Oregon's aging system.

OUTCOMES:

- Increase in collection of REAL+D and SOGIE data year over year and reduction in amount/percent of missing demographic data.
- Use of service and other data to identify specific communities who are not adequately served by Oregon's aging system.
- Update OPI Waitlist Tool.
- Improve inclusivity of programs and services for all older adults.

OBJECTIVE 3.2: ▲ Establish and build upon relationships with communities and organizations who are not currently adequately served by Oregon's aging system, including Older Americans Act programs and services.

STRATEGIES/ACTION STEPS:

- 2.a ▲ Assess current relationships with local and statewide organizations that represent and advocate for communities of color, immigrant communities, the nine Tribes of Oregon and other Tribal elders, LGBTQIA2S+ communities, and other Oregon residents who are not well served in Oregon's aging system and Older Americans Act programs and services.
- 2.b. ▲ Collaborate across all ODHS programs to develop and implement a coordinated plan to engage and partner with organizations and leaders of communities not well served in Oregon's aging system.
- 2.c. Include community leaders and members in strategic planning to strengthen and improve inclusive programs and services specific to community needs, while dismantling barriers to access as identified by these communities.

OUTCOMES:

- Increase community engagement with communities and organizations who are not currently adequately served by Oregon's aging system, at APD and AAA levels.
- A sustained network of collaboration and inclusive strategic planning that accounts for the diverse needs and preferences for Oregon's older adults who access Older Americans Act and other services and supports, and increase in meetings, hosted events, and contacts with populations not well served by Oregon's aging system.

OBJECTIVE 3.3: ▲ Create strategies to lower barriers to core OAA programs for older adults experiencing systemic racism and other forms of social discrimination.

STRATEGIES/ACTION STEPS:

- 3.a. Partner with AAAs to ensure that AAA Senior Advisory Councils have diverse membership to ensure representation and diversity and include members from communities who are currently not adequately served by Oregon's aging system.
- 3.b. Incentivize and increase recruitment and development of providers from populations and communities who are not currently adequately served by Oregon's aging system.
- 3.c. ▲ Identify and address social determinants of health and equity challenges that result in high prevalence of dementia in Black and Latinx communities.
- 3.d. Maintain and strengthen relationships between Oregon SCSEP sub-grantee and AAAs to coordinate services and make appropriate cross referrals.

OUTCOMES:

- Increase in racial, ethnic, linguistic, ability, and other diversity on AAA Senior Advisory Councils, enabling stronger communication and feedback of community voices on the barriers to access and strategies to improve the accessibility of services.
- Increase in providers and key contacts within populations and communities who are not currently adequately served by Oregon's aging system.

- Increase in resources and outreach to communities of color on services related to social determinants of health, including resources related to dementia and dementia awareness.
- Coordinated services and cross referrals between Oregon SCSEP sub-grantee and AAAs.

OBJECTIVE 3.4: ▲ Strengthen ADRC capacity to reach older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS. Focus on intersectionality and increasing service capacity in rural/frontier areas.

STRATEGIES/ACTION STEPS:

- 4.a. Ensure the ADRC resource database has robust and appropriate resources that serve these specific populations across the state.
- 4.b. Ensure ADRC and AAA staff receive training on how to search the database to find specific resources and are knowledgeable of the resources available to support these populations.
- 4.c. Explore and identify training, outreach, incentives, and other methods to increase resources available in rural and frontier areas.
- 4.d. Identify and build relationships with organizations, community groups and community members, statewide and locally, who serve these populations to identify potential and “hidden” resources in rural and frontier areas.

OUTCOMES:

- Increase outreach to and communication with community leaders of key populations.
- Increase in training of staff and resources added to address the needs and preferences of identified populations.
- Increase utilization of OAA services by older adults in rural areas, who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS.

OBJECTIVE 3.5: Build upon culturally and nutritionally responsive meals in congregate and home delivered meal programs.

STRATEGIES/ACTION STEPS:

- 5.a. ▲ Partner with AAAs to develop meals that are culturally responsive to meet the diverse local needs and preferences of older adults in their areas.
- 5.b. Increase training, support and contracting efforts for culturally specific meal sites and vendors to build capacity and increase the pool of vendors/providers across multiple demographics.
- 5.c. APD and AAAs will signal commitment to inclusion by updating marketing materials and educational resources to be diverse and culturally responsive to the community in the use of images of racially diverse and LGBTQIA2S+ persons and by displaying inclusive and culturally representative language and graphics in visible parts of the organization or space.
- 5.d. ▲ Expand outreach for SNAP benefits and eligibility to older adults.
- 5.e. [Support adoption of the Elderly Simplified Application Project \(ESAP\) demonstration project in Oregon.](#)
- 5.ef. Develop a pilot to eliminate barriers for Medicaid consumers accessing home delivered meals.

OUTCOMES:

- Increase in number of congregate sites and home delivered meal programs that are culturally responsive.
- Increase in number of older adults accessing meal programs that are culturally responsive.
- Increase in number of contracts and partnerships with culturally specific vendors/providers and meal sites.
- Inclusive and representative language and graphics displayed and used across the aging network.
- Increase SNAP awareness and utilization among older adults.

OBJECTIVE 3.6: Build upon capacity for auxiliary aids, alternate format, and language access services to remove barriers to effective communication for older adults.

STRATEGIES/ACTION STEPS:

- 6.a Identify gaps in providing auxiliary aids, alternate format, and language access services to older adults. Propose a mechanism to provide funding and a centralized resource for providing auxiliary aids, alternate format, and language access services.

- 6.b. Partner with Oregon Deaf and Hard of Hearing Services (ODHHS) to identify and improve methods to communicate with older adults who are Hard of Hearing, Deaf, or DeafBlind and to acquire and implement auxiliary aids, technology, or other infrastructure/environmental modifications to make programs, services and spaces more accessible for these individuals.
- 6.c. Identify best practices that can be shared and leveraged across the aging network.

OUTCOMES:

- The state will ensure that local and statewide partners can equitably serve older adults with different communication needs by providing supports such as: interpreters, translations, virtual meeting access, CART captioning, large print, Braille materials, video, audio recordings, or any other method of ensuring effective communication for the people who need it.

Expanding Access to Home and Community Based Services (HCBS)

GOAL 4: ▲ Support an age-friendly and dementia-friendly Oregon that provides older adults with a safe home and community that promotes their well-being.

Oregon is a national leader in home and community based services for older adults, both those who access services through Medicaid and for those who get services through private pay. Unlike many states, Oregon does not have Medicaid managed care models for long term services and supports, and long term services and supports are not integrated into Medicaid medical services. However, there is a long-standing commitment to coordination between the medical and long term services and supports systems under Medicaid, and for this Plan, the proposed objectives and strategies focus on new initiatives, health and wellness programs, and an attention to building provider capacity so that older adults can have more access to home and community based services in a more age-friendly and dementia-friendly Oregon. The vision of these services is to address the needs and preferences of the whole person - their physical, mental and behavioral health - and provide the supports they choose to achieve what they consider their own well-being. This includes initiatives through which

older adults can help each other (such as peer supports) and their communities, just as the communities can empower them with a more accessible system of home and community based services and supports.

OBJECTIVE 4.1: ▲ In partnership with APD, the AAAs, and OHA (the single state Medicaid agency), plan and implement the 1115 waiver expanding Oregon Project Independence (OPI) and [creating a Family Caregiver Assistance Program \(FCAP\) supporting caregivers](#) that enhances in-home long term services and supports and assists individuals at risk of institutionalized care and Medicaid-funded long term services and supports.

STRATEGIES/ACTION STEPS:

- 1.a. Once approved, assist current OPI-eligible consumers and those on the waitlist in accessing 1115 waiver services.
- 1.b. Provide information to and assist current family caregivers using the OAA Family Caregiver Support Program who may be able to access more resources with the [Family Caregiver Assistance Program 1115 waiver](#).
- 1.c. Increase outreach to older adults who are not eligible for federally matched programs but who may qualify for original OPI services and services under the Family Caregiver Support Program.
- 1.d. Address chosen families (LGBTQIA2S+), kinless elders (rural) and others, in training for these programs so that they are inclusive.

OUTCOMES:

- Implementation of 1115 Waiver allowing OPI-eligible consumers to access 1115 waiver services.
- Expand utilization of [caregiver supports Family Caregiver Assistance Program](#).
- Expand utilization of OPI services under the Family Caregiver Support Program.
- Improve inclusivity of 1115 waiver services.
- Increase utilization of 1115 waiver [and FCAP](#) services and increase of new enrollees for OPI and OAA family caregiver services.
- Implementation of caregiver training targeted to caregivers of kinless older adults and older adults in chosen families.

OBJECTIVE 4.2: Increase outreach and community partner efforts to grow community based HCBS capacity - with the primary emphasis on

individuals remaining in their own home - in rural and frontier areas of Oregon, such as direct care workforce recruitment, volunteer networks, and adult day services.

STRATEGIES/ACTION STEPS:

- 2.a Support and incentivize an expanded service array (e.g., therapy, social services, nursing services, specialized therapeutic activities) for Adult Day Services providers.
- 2.b. Increase training, support and contracting efforts for potential Adult Day Services providers to build capacity and increase the pool of vendors/providers.
- 2.c. Support establishing culturally and linguistically specific Adult Day Care Services to meet the needs of older adults who speak limited English and have specific cultural preferences.
- [2.d. Support dementia capable training for Adult Day Services providers to build capacity.](#)
- 2.e. In collaboration with AAAs, CBOs and advocacy organizations, work to grow age-friendly support programs, such as neighbors helping/supporting neighbors and “Village” models. Enhance methods to connect people, particularly those marginalized in their communities, in peer-to-peer networks across the state. Include faith-based efforts and organizations in networks and volunteer efforts.
- 2.f. In collaboration with the Oregon Home Care Commission, Workforce Investment Councils, community organizations and advocates, APD and AAAs will continue workforce recruitment efforts, particularly in rural and frontier areas of Oregon.

OUTCOMES:

- Additional culturally and linguistically specific Adult Day Care Services to meet the needs of older adults who speak limited English and have specific cultural preferences.
- Increase in volunteer networks that provide one or more models of peer supports or peer help including models (telephonic, virtual, or other) that connect older adults across the state who might be minorities or otherwise marginalized in their own communities.
- Increase capacity for communities to meet HCBS needs of their older adult population.

OBJECTIVE 4.3: ▲ Promote integrated health and wellness programs that address older adults’ physical and behavioral health needs (taking a whole-

person approach), with an emphasis on screening for immunization status to mitigate vaccine-preventable infectious diseases, in a culturally responsive manner.

STRATEGIES/ACTION STEPS:

- 3.a. Using available data, and in collaboration with specific community organizations and service providers, identify disparities in utilization of OAA funded health and wellness programs among older adults with the greatest social and economic needs, with particular emphasis on identifying disparities of older adults living with HIV/AIDS.
- 3.b. APD and AAAs will create and implement an outreach and engagement plan with any community whose older adult populations may not be accessing health and wellness programs, based on disparities identified.
- 3.c. Integrate culturally responsive changes in OAA funded health and wellness programs offered to the community at large.

OUTCOMES:

- Identification of disparities in utilization of health and wellness programs among older adults with the greatest social and economic needs.
- Increase participation of older adults who are not currently adequately served by Oregon's aging system in health and wellness programs.
- Equitable and inclusive health and wellness programming for all older Oregonians.
- Improve health and wellness of older Oregonians.

Caregiving

GOAL 5: Cultivate a strong family and community support system to maintain and improve wellbeing for caregivers and older relative caregivers (Grandfamilies and Kinship Families), to support an age-friendly and dementia-friendly Oregon.

Caregivers are fundamental in this Plan's theme of making Oregon a more age-friendly and dementia-friendly state. This Plan proposes a set of initiatives for caregivers to have information on key services under the OAA (such as health and wellness, nutrition, safety, and abuse prevention), and places an emphasis not only on family caregivers, but on older adults who

may not have any kin in their communities and have caregiving needs met by friends, neighbors, or trusted peers in their everyday lives. This Plan places emphasis on outreach to rural communities and communities of color, communities within which family caregivers as well as caregivers for those without kin are essential in making Oregon a more age-friendly and dementia-friendly state.

(**Note:** See [2022 National Strategy to Support Family Caregivers: Actions for States, Communities, and Others](#))

OBJECTIVE 5.1: Empower family and unpaid caregivers with information, education, and supports to improve and enhance older adult health, wellness, and abuse prevention and detection.

STRATEGIES/ACTION STEPS:

- 1.a. Provide education and support to caregivers to care for their own health. Explore and identify non-traditional approaches to help caregivers support their own health needs and share learning across the aging network.
- 1.b. APD/APS and AAAs increase outreach and training on elder abuse and prevention for family and unpaid caregivers and care recipients, with particular attention to older adults in rural areas, in communities of color, immigrant communities, older adults for whom English is not their primary language, and LGBTQIA2S+ older adults.
- 1.c. Increase statewide availability of training and supports for those caring for someone with Alzheimer’s or other dementia.

OUTCOMES:

- Increase resources, outreach and training for caregivers and consumers on caregiver health and wellness, elder abuse prevention that is culturally and linguistically responsive, and caregiving for older adults experiencing Alzheimer’s disease or other forms of dementia.
- More informed family and unpaid caregivers who improve and enhance older adult health, wellness, abuse prevention and detection, and other needs.

OBJECTIVE 5.2: Develop or scale currently effective volunteer programs to connect peers with older adults who have no kin or relationships in their communities, particularly in rural communities.

STRATEGIES/ACTION STEPS:

- 2.a. ▲ Identify and use key recommendations from the RAISE Family Caregiver Advisory Council's 2022 report that can be applied to services and supports for volunteer caregivers for older adults who have no kin or relationships in their communities.
- 2.b. Explore opportunities to leverage existing programs, such as [churchfaith](#)-based volunteer networks or local law enforcement medication delivery services, to create "wellness check" programs to maintain health and safety for vulnerable community members.

OUTCOMES:

- Expand services, supports, and resources for peers and/or volunteer caregivers who care for older adults with no kin or relationships in their communities.
- Increase number of volunteers serving older Oregonians.

OBJECTIVE 5.3: Strengthen marketing and outreach regarding available services and supports to family and unpaid caregiver supports, including outreach to older adult partners in rural areas, in communities of color, immigrant communities, older adults for whom English is not their primary language, and LGBTQIA2S+ older adults.

STRATEGIES/ACTION STEPS:

- 3.a. APD, in collaboration with AAAs, Tribal Councils, community leaders, community based organizations, hospitals and school districts, develop locally focused public outreach campaigns that align with the national caregiver awareness campaign.
- 3.b. Collaborate with community partners to create or bolster "community ambassador programs" to improve access to information and services for family and volunteer caregivers from communities who are not currently adequately served by Oregon's aging system.
- 3.c. Utilize CCTV in outreach efforts to family caregivers.

OUTCOMES:

- Increase in culturally responsive outreach and communication for family and unpaid caregivers.
- Improve access to information and services for family and unpaid caregivers from communities who are not currently adequately served by Oregon's aging system.

OBJECTIVE 5.4: ▲ Provide resources and support to family caregivers in populations who are not currently adequately served by Oregon’s aging system and document best practices that are identified in these initiatives.

STRATEGIES/ACTION STEPS:

- 4.a. ODHS will continue its support for the annual Native Caring Conference.
- 4.b. Support and provide opportunities for culturally and linguistically specific caregiver support programs.
- 4.c. Host caregiver trainings and support groups for LGBTQIA2S+ caregivers and caregivers of LGBTQIA2S+ older adults, utilizing virtual and remote options as well as in person options.
- 4.d. Maintain best practices in remote and virtual services to family caregivers who benefit from this format, while re-implementing in-person services to family caregivers after the COVID-19 pandemic.

OUTCOMES:

- Increase in older adults and unpaid caregivers from communities who are not currently adequately served by Oregon’s aging system utilizing caregiver programming, including programs that provide training and resources for caregivers caring for older adults with dementia.
- Optimize care provided to older Oregonians through improved tools and resources for key groups of caregivers.

Quality Management

Regarding program administration and supportive services, ODHS is required by the OAA to assure that OAA grantees (area agencies on aging) administer federal awards in compliance with federal requirements and that resources are used to carry out the mission described for area agencies. ODHS invests APD in monitoring the performance of OAA-funded programs. APD has collaborated with the AAAs to promulgate standards for AAAs in OAA core programs and developed monitoring tools along with both a risk-based and routine monitoring schedule.

The AAA monitoring plan serves several purposes:

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

Through this collaborative monitoring program with APD and the AAAs, Oregon has created a self-reported monitoring system that produces insightful data on outcomes and honest self-reflection. This method allows the state to leverage its capacity to conduct onsite and desk reviews, and AAAs are empowered to use their in-depth, expert knowledge of federal and state requirements for service delivery and fiscal control to perform regular, thorough monitoring of their programs and operations systems.

Additionally, CSSU conducts quality assurance/quality improvement reviews using data on utilization of services provided and demographic data on persons receiving services and works collectively and individually with AAAs to provide targeted technical assistance. These reviews also identify areas of need with respect to overall data collection efforts. CSSU is also developing a set of data dashboards which will allow the state and AAAs to review a broad range of data points at granular local and statewide levels. These dashboards are also being designed to integrate overall population level data to identify and compare the percentage of people with greatest economic and social need against program utilization.

Using the principles and practices of this monitoring program and ongoing QA/QI efforts, the objectives and strategies under each of the above goals in each focus area propose measurable outcomes that will monitor progress of the work outlined in this Plan over the next three years.

Legal Assistance and Elder Rights Protection Programs

Funding for legal assistance for Oregonians in greatest need and aged 60+ is authorized by Title III-B of the OAA; funding for adult protective services

(APS) and long-term care ombudsman services (LTCO) comes from Title VII of the OAA. Federal funding passes through APD and is distributed to Oregon's 16 AAAs according to the population and geographic size of each AAA's service area, and to the LTCO central office in Salem.

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

Legal Assistance

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

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

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

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

For more information regarding Oregon’s Adult Protective Services see Appendix I.

For more information about the Oregon Long Term Care Ombudsman and services see Appendix J.

Reporting of Hate Crimes and Bias Incidents

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

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

Conclusion

This State Plan, with its goals, objectives, strategies, and outcomes, represents a vision, along with other efforts and other resources of local and statewide partners, to make Oregon a more age-friendly and dementia-friendly state. The Plan envisions this work through Oregon’s OAA programs, COVID recovery efforts, commitment to equity, increasing access to HCBS services, and supports for both paid and unpaid caregivers. More importantly, it centers older adults as full participants in their communities and in their state, so that an age-friendly and dementia-friendly state is not made only *for* older adults, but also *by* older adults, along with their multigenerational family members, friends, and others in their communities.

DRAFT

Appendix A - Public Feedback

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

This State Plan ~~was~~ will be available on the APD website for public input throughout June 2023. Availability of the Plan and a request for comments was announced via news releases, the Secretary of State's Bulletin, broad partner organization email blasts, ~~social media announcements~~, and notices to other interested parties and the general public. In addition, partners were contacted specifically with a Request to Comment, including the members of the GCSS and ODC, the Advisory workgroup, all 16 AAAs and Advisory Councils, Centers for Independent Living and Oregon's State Independent Living Council (SILC), tribal entities, AAA contracted partners, and general APD partners.

A public hearing ~~was~~ will be held virtually on June 26, 2023.

Public feedback ~~was~~ will be considered and incorporated into the final Plan. Comments that were not specifically applicable to the Plan were forwarded or referred to other program or policy units in APD for consideration. Some recommendations were not incorporated into the Plan as the activities are outside the scope of the OAA.

Appendix B - State Plan Advisory Workgroup

2023-2026 State Plan on Aging Advisory Workgroup

Governor's Commission on Senior Services (GCSS) & Oregon Disabilities Commission (ODC)

Jay Bloom – GCSS

Mary Jo Carpenter – GCSS

LeRoy Patton - GCSS

Timothy Roessel - ODC

AAA representation

Marisa Andrews - Lane Council of Governments

Dan Curtiss - Community Action Program of East Central Oregon

Katie Merola - Rogue Valley Council of Governments

Kati Tilton - Clackamas County Social Services

Community Members

Jim Clay - Cascade AIDS Project

Patty Falkenstein – Non-government partner

Stephanie Hooper – AGE+

Liz James - Oregon LGBTQ+ Aging Coalition

Krishna Koirala - Asian & Pacific Islander communities

Nataliia Popova - Immigrant/Slavic communities

APD representation

Kimberly Norton - District 13/14 (Eastern OR)

Shannon Hunter – APD District 7 (South Coast)

Office of the Long-Term Care Ombudsman

Fred Steele, LTCO

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Laura Hunker – APD Tribal Affairs Consultant

APD Staff

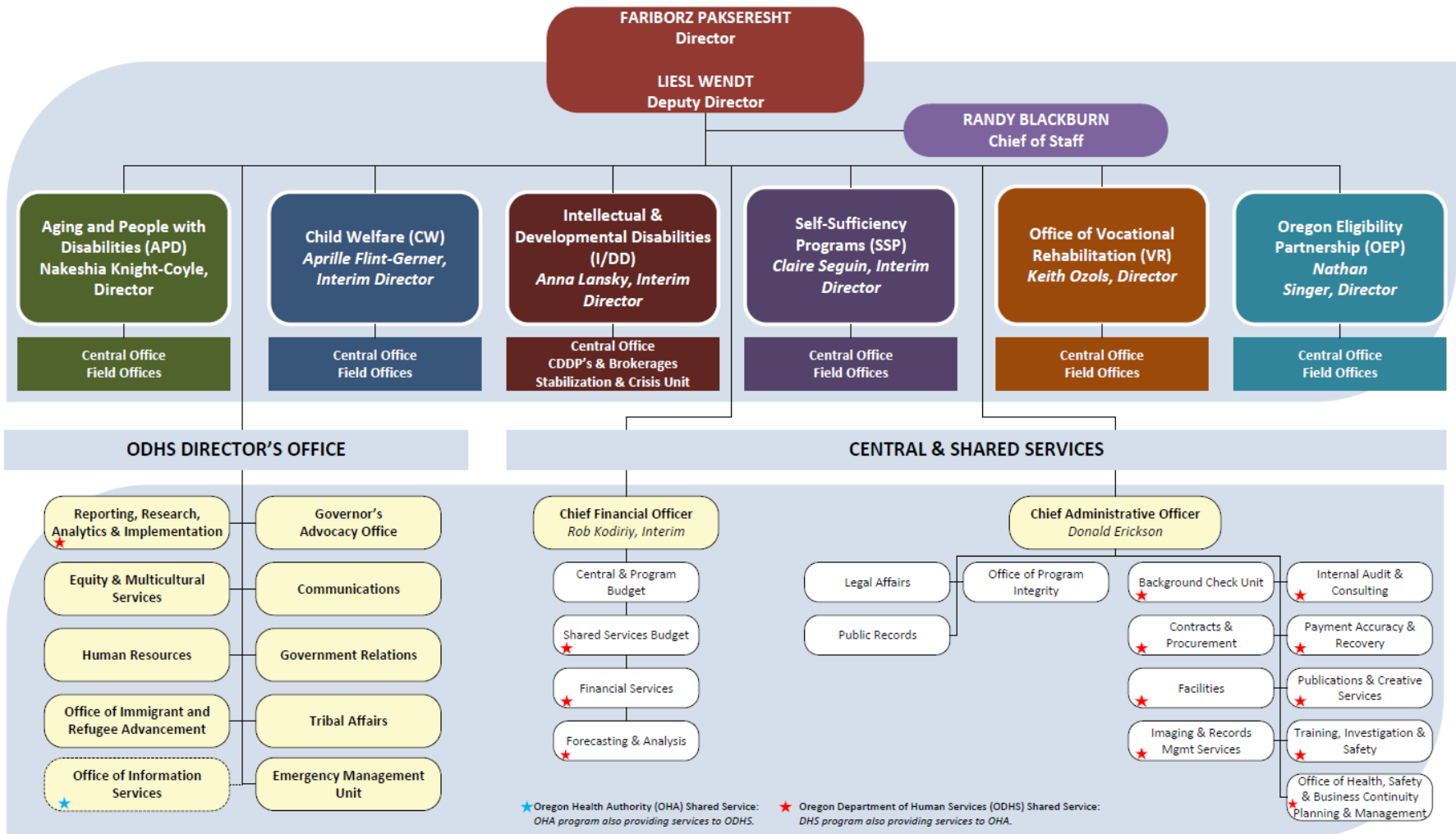
Rodney Schroeder
Deb McCuin
Scott Spencer
Max Brown

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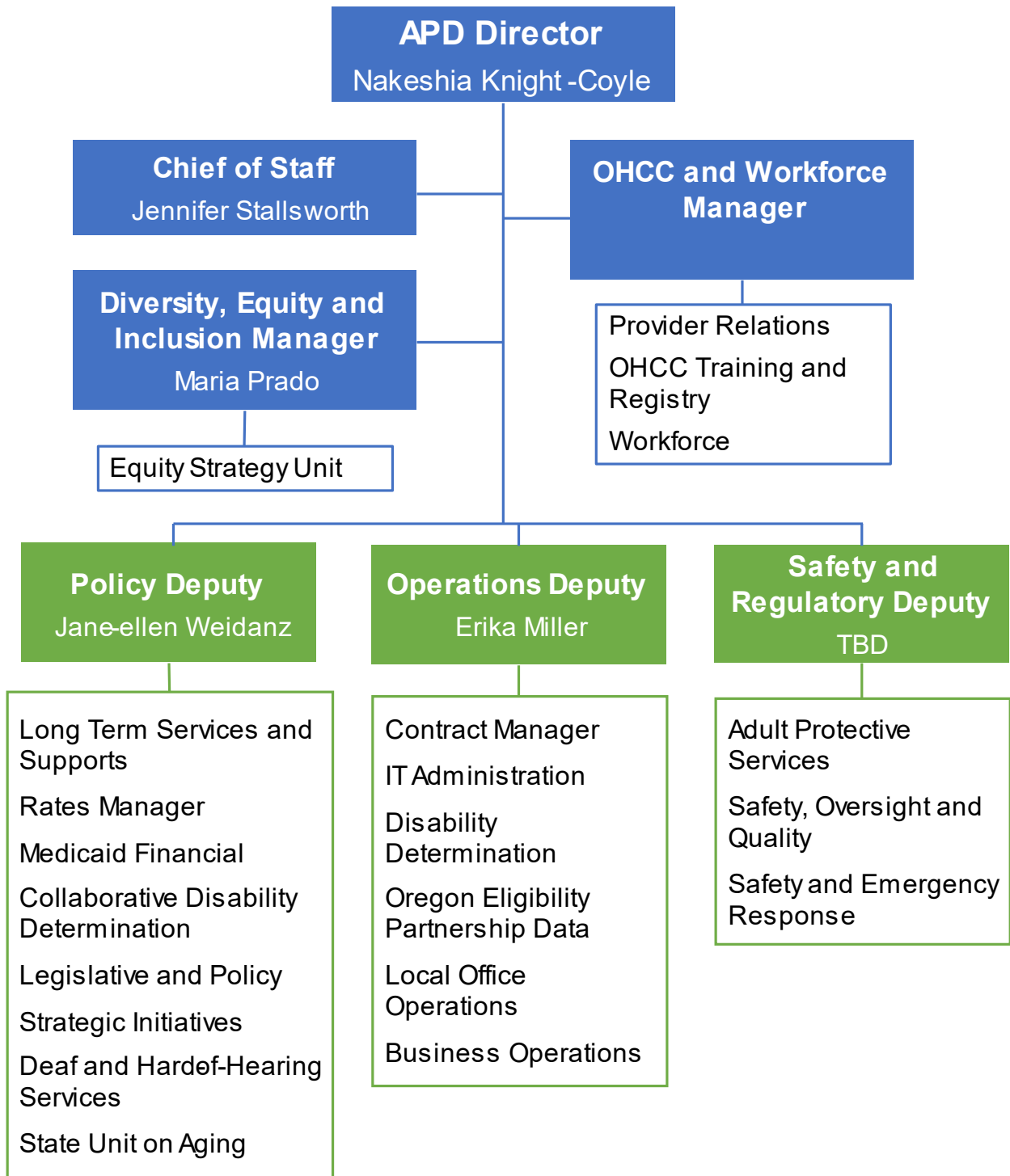
Appendix C - Organizational Charts

OREGON DEPARTMENT OF HUMAN SERVICES (ODHS)

LAST UPDATED 01/31/2023

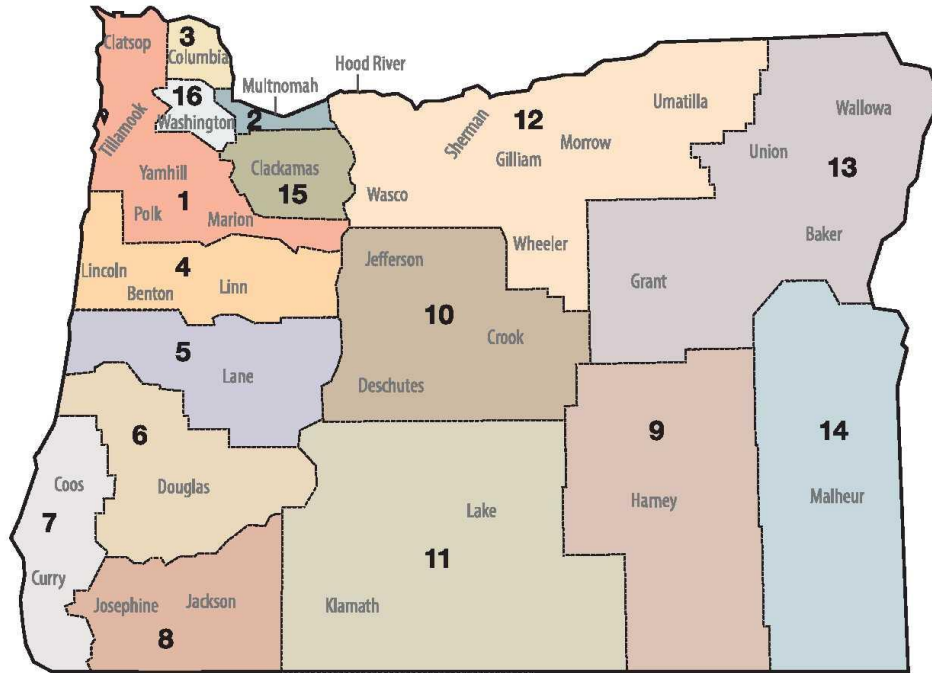


APD Leadership team



February 1, 2023

Oregon Area Agencies on Aging Planning and Service Areas



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

Appendix D – Oregon Tribal Navigator Program

Oregon Tribal Navigator Program

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

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

The TNP was a new concept for both APD and maybe even the Nation. The goal of the program is to provide tribal elders and adults with disabilities access to Long Term Services and Supports from a trusted tribal staff member. In this way, the elder or adult with a disability has their care needs, concerns and tribal practices and traditions centered throughout the process of engaging with APD.

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

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

tribal law and the unique needs of each tribe. There were eight tribal entities involved in the creation of the program.

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

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

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

To date, APD has contacts with six of the nine Tribes of Oregon, one UIHC and one nonprofit agency. The following Tribes have Tribal Navigators:

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
Confederated Tribes of Warm Springs
Confederated Tribes of Grand Ronde
Confederated Tribes of the Umatilla Indian Reservation
Coquille Indian Tribe
Cow Creek Band of Umpqua Tribe of Indians

The Urban Indian Health Center is Native American Rehabilitation Association.

The nonprofit agency is Next Door, Inc. serving Celilo Village and the Lieu Villages in the Columbia River Gorge.

Appendix E – SCSEP & Discretionary Programs

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is funded under Title V of the Older Americans Act (OAA). SCSEP is a community service and work-based job training program that provides training for low-income, unemployed older adults. SCSEP participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. The dual goals of the program are to promote useful community service employment activities and to move SCSEP participants into unsubsidized employment so they can achieve economic self-sufficiency.

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

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

SHIBA helps seniors and people with disabilities understand Medicare and their Medicare insurance options, and acts as an advocate for Medicare beneficiaries. SHIBA contracts with local entities, often Area Agencies on Aging (AAA), that recruit and train counselors who volunteer their time. These certified counselors provide free, objective, comprehensive, and confidential help with Medicare and healthcare choices, including assistance with: Assessing health care coverage needs and options, determining general eligibility for health care coverage programs, and evaluating and comparing health insurance plans and programs.

The Oregon SHIBA transitioned from the Department of Consumer and Business Services (DCBS) to ODHS on July 1, 2021.

SHIBA grant details:

Goal

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

Objectives

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

Key Tasks

- Conduct SHIP and STARS qualifying group outreach and education activities.
- Conduct STARS qualifying media outreach and educational activities.
- Establish formal partnerships, local counseling sites and a sufficient number of counselors to serve six currently under-represented counties.
- Recruit and retain SHIBA team members. Provide ongoing supervision and technical assistance as needed.
- Conduct monthly new volunteer recruitment using Volunteer Match and ads in local publications.
- Conduct STARS searches to ensure staff and sponsors are entering data into STARS to improve data entry accuracy.
- Conduct virtual Medicare 101 and Medicare specific topic presentations to reach wider audiences and reduce travel time/expenses.

Outcome

Increase national SHIP performance measures by 2% annually.

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) is funded through May 31, 2028 by a grant from the Administration for Community Living (ACL). The program's mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors and abuse through outreach, counseling, and education. The Oregon SMP promotes the ADRC toll-free phone number and website to connect Oregonians with SMP services. This approach supports Oregon's broader efforts to streamline access to aging network services under the No Wrong Door philosophy.

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

SMP Grant Details:

Goal

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

Objectives

- Provide group education and one-on-one assistance to Medicare beneficiaries on a statewide basis, with a specific emphasis on those with greatest need.
- Recruit, train, and retain a diverse, sufficient, effective, and representative workforce equipped to provide high quality education and one-on-one support.
- Monitor and assess SMP results through operational and quality measures.
- Position SMP to nimbly and effectively respond to changes in the programmatic landscape.

Key Tasks

- Conduct SMP individual interactions with consumers as appropriate on a statewide basis. This includes complex interactions in cases of possible fraud or abuse.

- All partners will perform SMP information distribution activities to educate their respective audience and the community at large about SMP.
- Partner organizations will provide group education to Medicare beneficiaries about how to prevent, detect, and report health care fraud.
- Recruit and retain suitable SMP team members in accordance with Volunteer Risk and Program Management (VRPM) policies to support SMP outreach and education efforts. Provide ongoing supervision and technical assistance as needed.
- Provide initial SMP training and refresher training to SMP team members as appropriate. Ensure SMP team members do not perform SMP roles outside of their qualifications. Document training completion for all team members.
- Monitor SMP performance on statewide level and by partner organization. Ensure partners are on track to meet desired outcomes and provide technical assistance as needed.
- Record all SMP interactions and activities in the SMP data management system, SIRS.
- Review performance and prepare semi-annual progress report.
- Ensure accuracy of all SMP data captured for previous calendar year and prepare OIG report.
- Attend national SMP calls and annual training meeting to stay informed of Medicare trends, both current and projected.

Outcome

Increase number reached by 2% annually.

6/1/23-5/31/24: 16,388

6/1/24-5/31/25: 16,716

6/1/25-5/31/26: 17,050

6/1/26-5/31/27: 17,391

Medicare Improvements for Patients and Providers Act (MIPPA)

Medicare Improvements for Patients and Providers Act (MIPPA) was enacted by Congress in 2008. The Oregon MIPPA project, currently approved through August 31, 2024 by a grant from the Administration for Community Living (ACL), aims to connect individuals who may be eligible

for Medicare Savings Programs (MSP), which help pay for Medicare Part B, and Low Income Subsidy (LIS), a program that helps pay Medicare Part D premiums and reduces the cost of prescription drugs. MIPPA allocates federal funding for State Health Insurance Assistance Programs (SHIPs; known in Oregon as SHIBA), Area Agencies on Aging (AAA), and Aging and Disability Resource Connection (ADRC) to achieve its mission, and ODHS works in partnership with the SHIBA program and Multnomah County Aging, Disability and Veterans Services (MCADVS) to conduct outreach and provide assistance to eligible individuals in completing applications for MSP and LIS. The Oregon Medicare Savings Connect (OMSC) is a toll-free hotline maintained by MCADVS that is staffed by an outreach coordinator who specializes in MSP and LIS benefits.

MIPPA Grant Details:

Goal

Reach low-income and hard to reach Oregonians who are likely eligible for but not receiving Medicare Savings Program (MSP) or Part D Low-Income Subsidy benefits.

Objectives

- Using SSA leads data, NCOA data visualization tools, and other resources, conduct enhanced LIS and MSP outreach activities for individuals and partners.
- Execute plan for targeted outreach to ensure partners are engaged and educated about the project.
- Provide statewide toll-free line (Oregon Medicare Savings Connect) for beneficiaries and their contacts to connect with telephone application assistance for LIS and MSP.
- Through collaboration among primary partners, ensure oversight and tracking of project.

Key Tasks

- Conduct 1:1 outreach through mail and telephone calls, provide direct MSP application assistance to beneficiaries, and follow-up as needed.
- Conduct targeted outreach to underserved rural areas, to ZIP codes with a high number of low-income beneficiaries, to tribal entities, to beneficiaries who speak a language other than English, and to beneficiaries who are under 65.

- Design and print multi-language materials, press releases, and drop-in articles that can be easily modified and used by local partners for LIS outreach and prevention/wellness education.
- Provide master training and materials for designated SHIBA/AAA/ADRC partners so they can participate in in-person or virtual outreach activities in their communities.
- Conduct webinar to educate ADRCs and AAA staff about LIS/MSP and clarify how to assist and refer clients.
- Identify high density areas using most current data and contact local partner agencies to organize in-person or virtual events.
- Conduct education campaign with APD case managers and staff via newsletters, official transmittals, and optional recorded webinar to explain more about MIPPA and how it fits with APD mission and daily work.
- Engage partners from previous years (for example: food banks, senior centers, meal sites) and focus on currently targeted partners to widely publicize LIS/MSP benefits and availability of the toll-free line.
- ADRCs, SHIBA sites, AAAs and Medicaid branch offices connect individuals to appropriate services across the aging network.
- Reach out to information and referral sources (211, CILs, ADRC) to foster awareness of programs and toll-free line.
- Ensure that all SHIBA sites have MSP/LIS and prevention/wellness materials to distribute at fall enrollment in-person or virtual counseling sessions.
- Monthly conference calls with key partners to track progress.
- Complete semi-annual and other grant reporting and share data with project partners.
- Arrange and facilitate monthly conference calls with local SHIBA sponsors and quarterly conference calls with regional AAAs and ADRCs to track and coordinate efforts.

Outcomes

- Overall MIPPA Contacts: 8,060 (reflects a 1% annual increase)
 - MIPPA Target Populations: 4,290
 - Contacts with Applications Submitted: 315
- Overall Persons Reached through Outreach: 5,345

Appendix F - State Policy on Aging

SERVICES FOR SENIORS AND PEOPLE WITH DISABILITIES

(Generally)

410.010 State policy for seniors and people with disabilities.

(1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

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

- (a) Volunteers and volunteer groups;
- (b) Partnership with local governmental agencies;
- (c) Coordinated efforts of state agencies;
- (d) Coordination and cooperation with federal programs;
- (e) Partnership with private health and social service agencies;
- (f) A designated state agency that will encourage and work with older citizens and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for older Oregon citizens; and
- (g) A designated state agency that will encourage and work with citizens with disabilities and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for Oregon citizens with disabilities.

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

(4) Recognizing the diversity in geography, economy and lifestyles in Oregon and the diversity of local senior citizen networks, the Legislative

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

410.020 Implementation of state policy.

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

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

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

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

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

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

- (c) Assure that if institutionalization is necessary, the institution should be of the highest quality where the older citizen and citizen with a disability may live in dignity.
 - (d) Protect the older citizen and citizen with a disability from physical and mental abuse and from fraudulent practices.
- (4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens and citizens with disabilities active and contributing members of society; and encourage full restorative services for those older citizens and citizens with disabilities who require institutional care to increase the possibility of their return to independent living.
- (5) Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.
- (6) In implementing subsections (1) to (5) of this section, develop and seek support for plans to assure access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income.
- (7) Recognize the necessity for a variety of ways to help older citizens and citizens with disabilities maintain sufficient income to meet their needs.
- (8) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and citizens with disabilities and to make accessible to them a broad range of services and programs, including social, health and religious services and programs.
- (9) Encourage and develop meaningful employment opportunities for older citizens and citizens with disabilities in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens and citizens with disabilities in programs that affect citizens with disabilities.
- (10) Involve older citizens and citizens with disabilities in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens and citizens with disabilities to be advisors to the Legislative Assembly, agencies and professional staff, the Legislative Assembly intends that whenever possible older citizens and citizens with disabilities should assist in the development of policies affecting their lives.
- (11) Assure to older citizens and citizens with disabilities the right to pursue activities within the widest range of civic, cultural, entertainment and recreational opportunities by opening such opportunities to participation by older citizens and citizens with disabilities, by encouraging older citizens

and citizens with disabilities to utilize their capabilities by participating in government and by assuring them the right to serve.

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

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

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

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

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

(17) Encourage and support:

(a) Distribution of literature which accurately presents facts concerning aging and disabilities of citizens.

(b) Efforts of schools, churches and other institutions, in teaching children and youth about the process of aging and disabilities of citizens so as to correct fallacies handed down from one generation to another.

(c) Intergenerational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of individuals who are elderly or who have disabilities.

(d) Correction of stereotyping of individuals who are elderly or who have disabilities in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies.

- (e) Efforts which show that many misconceptions and stereotypes have no basis in fact so older citizens and citizens with disabilities will be freed from the destructive tendency to socially conform by embracing these fallacies. [1981 c.191 §2; 1983 c.312 §2; 1985 c.180 §2; 1989 c.224 §71; 2007 c.70 §164; 2007 c.416 §1]

410.030 Legislative findings on long term care options. The Legislative Assembly of the State of Oregon finds the following regarding older citizens and citizens with disabilities:

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

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

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

Appendix G – Oregon Project Independence

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

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

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

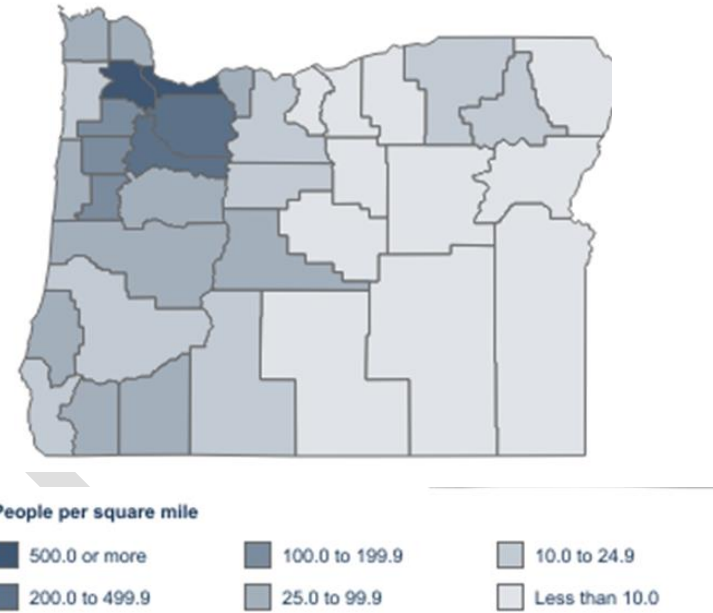
The Oregon Legislature allocates funds to OPI. For example, during the state fiscal biennium 2021-2023, the Legislature appropriated \$28.1 million, serving an average of 1700 individuals each month. Historically there are waiting lists in the majority of AAAs for the OPI Program, and funding is not dictated by need for this Oregon State Program. The OPI Expansion project continues to serve people with disabilities 19-59 years of age. It is administered by seven AAAs and serves an average of 160 individuals each month.

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

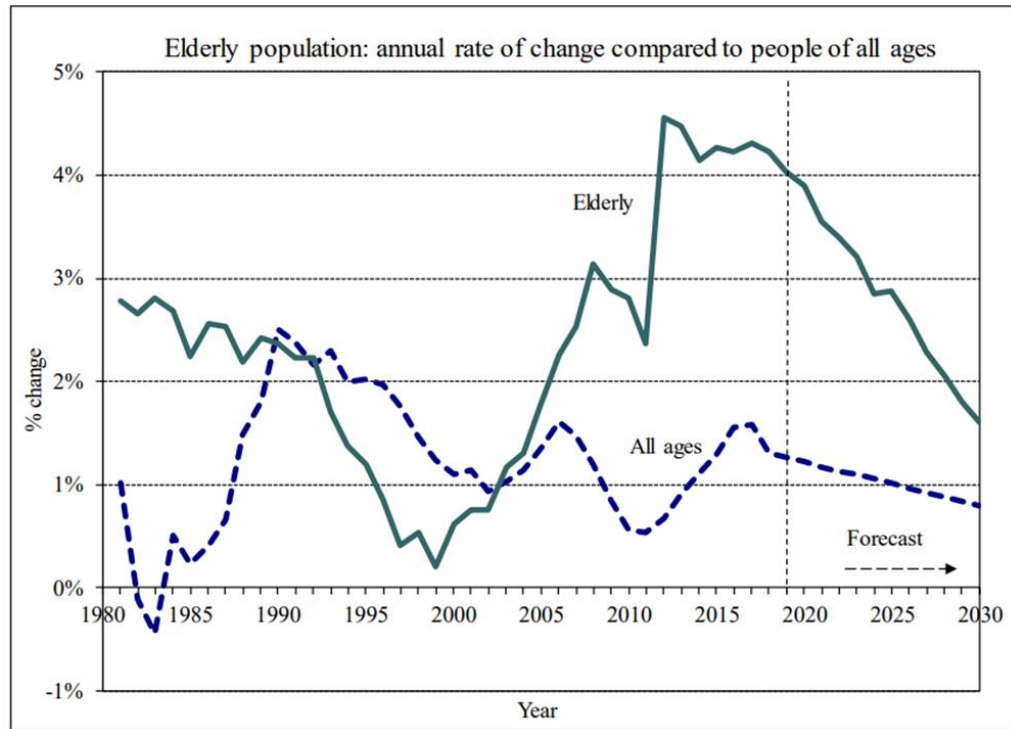
Appendix H – Demographics

| | |
|---|---|
| Total Population (2020) 4,237,256 | Housing Units (2020) 1,813,747 |
| Numeric Change in Population (2010-2020) 406,182 | Housing Unit Vacancy Rate (2020) 7.8% |
| Percent Change in Population (2010-2020) 10.6% | Percent Change in Housing Units (2010-2020) 8.2% |

Population Density in Oregon Counties: 2020
Source: Census.gov

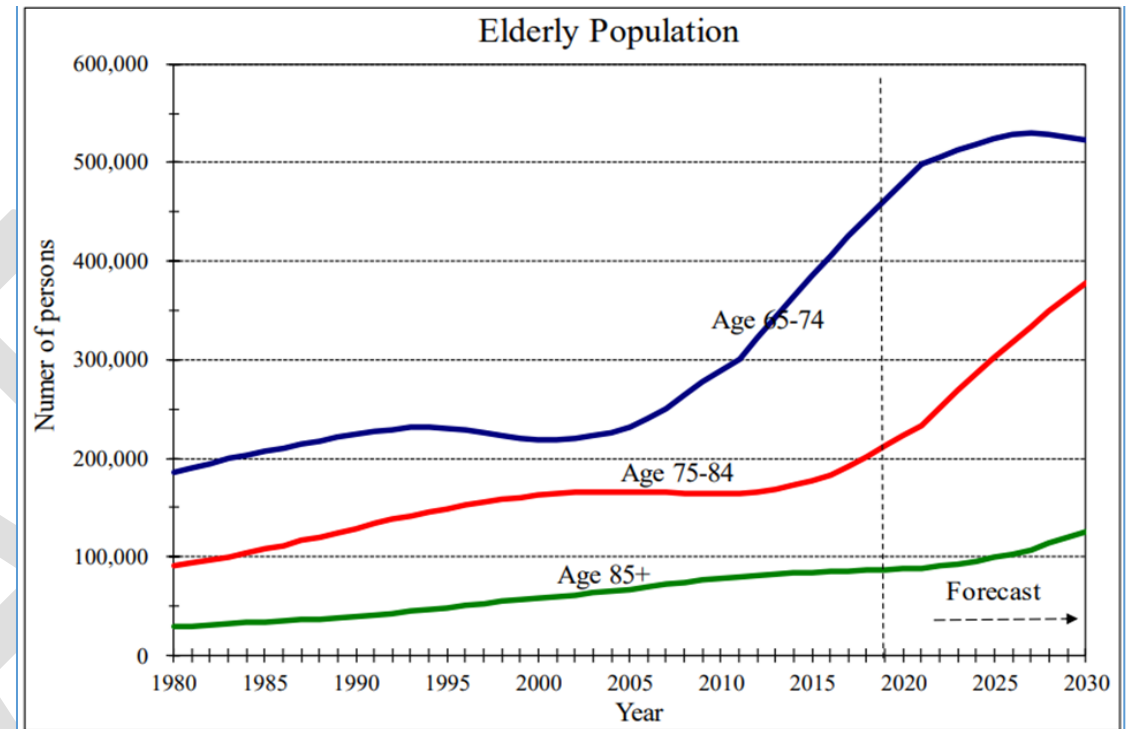


People per square mile in Oregon's counties
Source: Census.gov



Oregon's annual rate of change of older individuals is experiencing a sharper decline than the rate of change for people of all ages, with forecasts from Oregon's Office of Economics showing that trend continuing into 2030.

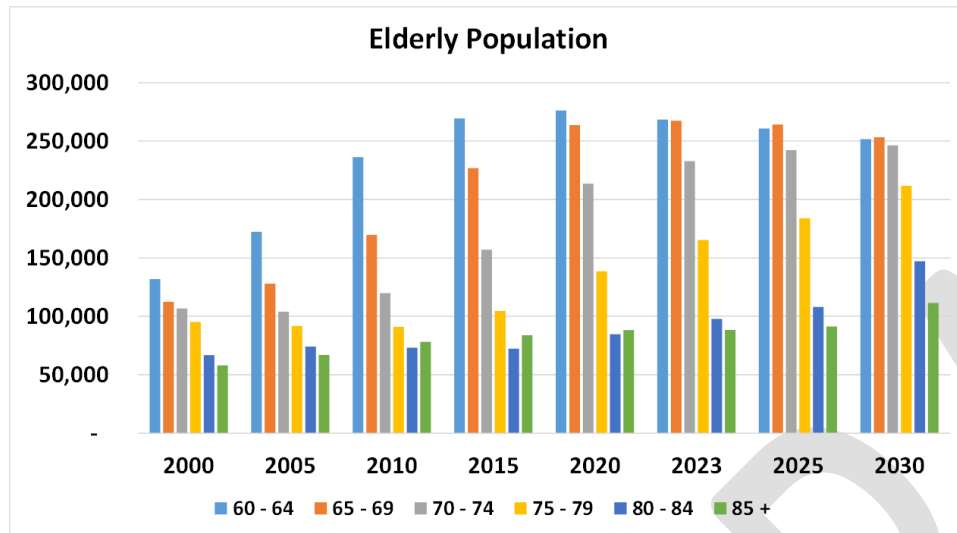
Source: Census.gov Oregon Office of Economic Analysis



- All age groups of Oregon's older population are experiencing growth going into 2020.
- Age groups 65-74 are forecasted to experience a slowing growth rate going into 2030.

Source: Census.gov and Oregon Office of Economic Analysis

2023 Older Adult Population



- The makeup of Oregon's older population is growing as a whole.
- Age groups 60 - 74 experienced the most rapid growth from 2000 – 2020.
- Forecasts from Oregon's Office of Economics show those groups evening out into 2030.
- Age groups 75 – 85+ are growing, but at a slower rate compared to age groups 60 – 74.

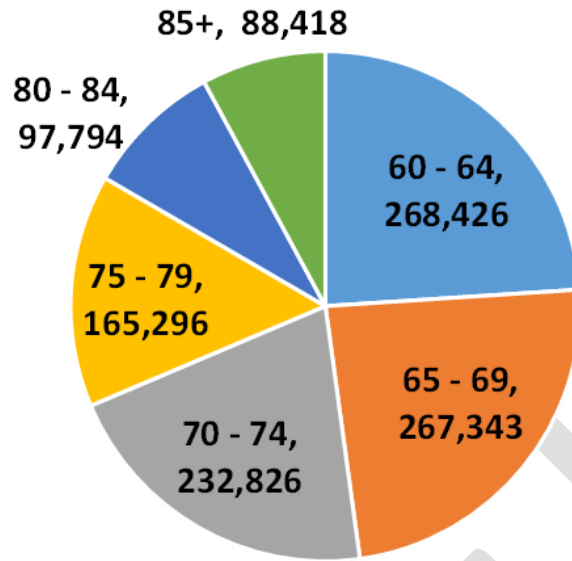
Source: U.S. Census Bureau

| Race and Hispanic Origin | Percentage |
|--|------------|
| White alone, percent | 86.20% |
| Black or African American alone, percent(a) | 2.30% |
| American Indian and Alaska Native alone, percent(a) | 1.90% |
| Asian alone, percent(a) | 5.00% |
| Native Hawaiian and Other Pacific Islander alone, percent(a) | 0.50% |
| Two or More Races, percent | 4.20% |

The Racial/Hispanic origin makeup of Oregon's older population is majority White followed by Asian, individuals who reported to be two or more races, then Black/African American, American Indian and Alaska Native, with Native Hawaiian and other Pacific Islander making up the smallest portion.

Source: U.S. Census Bureau

Make up of Oregon's Older Adult Population



Oregon currently has just over 1.1 million people ages 60 and up; Comprised of ages 60-64 at 24%, 65-69 at 24%, 70-74 at 21%, 75-79 at 15%, 80-84 and 85+ both at 8%.

Source: U.S. Census Bureau

| | Total | | 60 years and over | | |
|---|-----------|-----------------|-------------------|---------|-----------------|
| | Estimate | Margin of Error | Estimate | | Margin of Error |
| LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH | | | | | |
| Population 5 years and over | 4,035,825 | ±1,845 | 1,065,643 | | ±6,498 |
| English only | 84.8% | ±0.4 | 91.20% | 971,866 | ±0.5 |
| Language other than English | 15.2% | ±0.4 | 8.80% | 93,777 | ±0.5 |
| Speak English less than "very well" | 5.4% | ±0.2 | 4.50% | 47,954 | ±0.4 |

| | Total | | 60 years and over | | |
|--|-----------|-----------------|-------------------|---------|-----------------|
| | Estimate | Margin of Error | Estimate | | Margin of Error |
| POVERTY STATUS IN THE PAST 12 MONTHS | | | | | |
| Population for whom poverty status is determined | 4,166,362 | ±3,611 | 1,053,802 | | ±6,585 |
| Below 100 percent of the poverty level | 12.2% | ±0.4 | 10.60% | 111,703 | ±0.5 |
| 100 to 149 percent of the poverty level | 8.0% | ±0.4 | 7.30% | 76,928 | ±0.5 |
| At or above 150 percent of the poverty level | 79.8% | ±0.6 | 82.10% | 865,171 | ±0.8 |

Source: U.S. Census Bureau; American Community Survey 2020

- While most Oregonians speak English, there is a significant portion of the older adult population who primarily speak languages other than English.
- Just over 10% or 111,000 older Oregonians are living below 100% of the Federal Poverty Level (FPL). Over 7% or just under 77,000 elderly Oregonians fall between 100 – 149% of the FPL.

Data on Oregon's Older Adult Population

Source: U.S. Census Bureau Public Use Microdata Sample (PUMS)

| Race/Ethnicity | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--------------------------------------|----------|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | White | 898,623 | 226,170 | 419,633 | 188,184 | 64,636 |
| Black or African American | 10,700 | 3,124 | 5,435 | 1,931 | 210 | 7,576 | |
| American Indian and Alaska Native | 6,095 | 2,216 | 2,813 | 871 | 195 | 3,879 | |
| Asian | 33,276 | 9,525 | 14,715 | 6,697 | 2,339 | 23,751 | |
| Native Hawaiian and Pacific Islander | 2,017 | 995 | 791 | 199 | 32 | 1,022 | |
| Other race | 6,929 | 2,509 | 3,222 | 730 | 468 | 4,420 | |
| Two or more major race groups | 38,776 | 11,663 | 16,688 | 8,579 | 1,846 | 27,113 | |
| Spanish/Hispanic/Latino descent | 49,393 | 17,957 | 21,936 | 8,168 | 1,332 | 31,436 | |

| Living Alone | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--------------|----------|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | Living Alone | 251,442 | 52,416 | 105,902 | 62,977 | 30,147 |

| Education | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|-------------------------------------|----------|---|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | High school graduate (includes equivalency) | 240,102 | 65,209 | 98,618 | 54,217 | 22,058 |
| Regular high school graduate | 203,821 | 51,583 | 83,525 | 47,981 | 20,732 | 152,238 | |
| GED or other high school credential | 36,281 | 13,626 | 15,093 | 6,236 | 1,326 | 22,655 | |
| Some college or associate's degree | 374,709 | 96,532 | 190,385 | 70,612 | 17,180 | 278,177 | |
| Bachelor's degree or higher | 353,455 | 89,162 | 169,384 | 71,488 | 23,421 | 264,293 | |

| Marital Status | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|----------------|---------------|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | Widowed | 143,851 | 16,355 | 44,821 | 49,334 | 33,341 | 127,496 |
| | Divorced | 196,379 | 58,879 | 91,014 | 36,443 | 10,043 | 137,500 |
| | Separated | 11,689 | 4,985 | 5,278 | 1,202 | 224 | 6,704 |
| | Never Married | 65,697 | 25,546 | 30,727 | 7,370 | 2,054 | 40,151 |

| Disability Status | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|-------------------|--|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | Hearing disability | 133,553 | 18,957 | 45,779 | 40,407 | 28,410 | 114,596 |
| | Vision disability | 55,966 | 11,746 | 16,977 | 13,661 | 13,582 | 44,220 |
| | Independent living disability | 110,755 | 17,222 | 32,781 | 33,460 | 27,292 | 93,533 |
| | Ambulatory disability | 183,969 | 35,803 | 63,960 | 51,421 | 32,785 | 148,166 |
| | Cognitive difficulty | 85,322 | 21,796 | 27,047 | 21,719 | 14,760 | 63,526 |
| | Two or more types, includes self-care disability | 64,221 | 11,381 | 20,211 | 16,676 | 15,953 | 52,840 |
| | Two or more types, does not include self-care disability | 95,750 | 18,519 | 29,028 | 28,546 | 19,657 | 77,231 |
| | No disability | 736,772 | 213,068 | 370,758 | 130,190 | 22,756 | 523,704 |

| Employment Status | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|-------------------|--------------------|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | Unemployed | 16,433 | 9,301 | 5,966 | 1,166 | 0 | 7,132 |
| | Non-civilian | 0 | 0 | 0 | 0 | 0 | 0 |
| | Not in labor force | 759,548 | 120,548 | 370,500 | 198,338 | 70,162 | 639,000 |

| Grandparents Responsibility | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--|----------|--|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | Grandparents responsible for own grandchildren, more than 1 year | 9,835 | 3,142 | 5,458 | 850 | 385 |
| Grandparents not responsible for own grandchildren | 36,058 | 11,377 | 17,972 | 5,984 | 725 | 24,681 | |
| Grandparents not living with own grandchildren | 999,571 | 259,461 | 461,643 | 208,519 | 69,948 | 740,110 | |

| Householder Relationship | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--|----------|---------------------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | Spouses (includes unmarried partners) | 310,911 | 87,472 | 153,440 | 58,377 | 11,622 |
| Spouses - Same Sex (includes unmarried partners) | 5,518 | 2,343 | 2,431 | 697 | 47 | 3,175 | |
| Spouses - Opposite Sex (includes unmarried partners) | 305,393 | 85,129 | 151,009 | 57,680 | 11,575 | 220,264 | |
| Sons or daughters | 8,459 | 5,788 | 2,589 | 82 | 0 | 2,671 | |
| Biological sons or daughters | 7,968 | 5,522 | 2,364 | 82 | 0 | 2,446 | |
| Adopted sons or daughters | 166 | 79 | 87 | 0 | 0 | 87 | |
| Step sons or daughters | 325 | 187 | 138 | 0 | 0 | 138 | |
| Other relatives | 61,317 | 13,222 | 24,741 | 13,964 | 9,390 | 48,095 | |
| Nonrelatives (excludes unmarried partners) | 21,336 | 8,747 | 8,725 | 2,433 | 1,431 | 12,589 | |

| Householder Family Type | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--|----------|-------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | | Married couple families | 633,626 | 167,707 | 313,606 | 123,551 | 28,762 |
| Family male householder, no wife present | 28,761 | 10,388 | 10,789 | 4,418 | 3,166 | 18,373 | |
| Family female householder, no husband present | 69,953 | 21,363 | 26,592 | 15,268 | 6,730 | 48,590 | |
| Nonfamily male householder, living alone | 89,544 | 21,693 | 39,899 | 18,756 | 9,196 | 67,851 | |
| Nonfamily female householder, living alone | 161,898 | 30,723 | 66,003 | 44,221 | 20,951 | 131,175 | |
| Nonfamily female householder, not living alone | 33,114 | 11,955 | 15,887 | 3,772 | 1,500 | 21,159 | |

| Poverty Status | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|----------------|------------------------------|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | Minority below poverty level | 19,204 | 7,352 | 7,784 | 3,285 | 783 | 11,852 |
| | 125% of poverty | 143,874 | 46,442 | 56,848 | 30,002 | 10,582 | 97,432 |
| | 150% of poverty | 182,978 | 54,382 | 72,856 | 40,546 | 15,194 | 128,596 |
| | 200% of poverty | 268,127 | 73,604 | 111,212 | 60,996 | 22,315 | 194,523 |
| | 300% of poverty | 419,591 | 106,188 | 177,084 | 100,123 | 36,196 | 313,403 |

| Householder Family Type and Poverty Status | Category | Age 60 and Above Count | Age 60 to 64 Count | Age 65 to 74 Count | Age 75 to 84 Count | Age 85 and Above Count | Age 65 and Above Count |
|--|--|------------------------|--------------------|--------------------|--------------------|------------------------|------------------------|
| | Family, male householder, no wife present, below poverty level | 2,286 | 966 | 477 | 564 | 279 | 1,320 |
| | Family, female householder, no husband present, below poverty level | 5,793 | 2,580 | 1,695 | 1,193 | 325 | 3,213 |
| | Nonfamily, male householder, living alone, below poverty level | 17,908 | 6,634 | 6,463 | 3,126 | 1,685 | 11,274 |
| | Nonfamily, male householder, not living alone, below poverty level | 6,129 | 3,391 | 1,613 | 926 | 199 | 2,738 |
| | Nonfamily, female householder, living alone, below poverty level | 33,291 | 9,303 | 12,477 | 8,530 | 2,981 | 23,988 |
| | Nonfamily, female householder, not living alone, below poverty level | 9,835 | 4,349 | 4,104 | 935 | 447 | 5,486 |

Appendix I – Adult Protective Services

Oregon’s Adult Protective Services Program

Background:

Oregon’s Adult Protective Services (APS) staff, located in state offices and Area Agencies on Aging, investigate reports of abuse as defined in Oregon Administrative Rules (OAR) 411-020-0002, including physical abuse, neglect, abandonment, verbal or emotional abuse, financial exploitation, sexual abuse, involuntary seclusion, and wrongful use of a physical or chemical restraint. They also provide assessment and intervention when reports of self-neglect are received.

Adult Protective Services Investigation:

APS investigation is the process of determining whether abuse as defined above occurred. The results of the investigation conclude whether the initial complaint is substantiated, unsubstantiated, inconclusive, or cannot be completed for jurisdictional or other reasons (Administrative Closure). After a complete and thorough investigation, the APS worker determines the facts of the case based on a fair and objective review of the available relevant evidence and concludes whether the preponderance (majority) of the evidence indicates whether the allegation of abuse occurred. If the investigation is conducted within a facility, the final determination as to whether abuse occurred is determined by the APD Safety, Oversight and Quality (SOQ) regulatory unit.

Adult Protective Services Program Specifics – Financial Exploitation and Complex Case Investigation:

Oregon APS has historically been a leader across the country when it comes to spotting and detecting financial exploitation. Oregon APS has assisted the Oregon Banker’s Association and partnered with American Association of Retired Persons (AARP) (National) to develop and maintain AARP’s Banksafe program, which continues to train frontline bankers as well as managers, compliance officers and fraud departments on how to detect and prevent financial exploitation and other forms of abuse of older adults. Oregon APS provides ongoing outreach and training to both professionals and older adults on how to protect themselves from fraud and scams. Oregon APS trains new APS investigators on key elements of

exploitation such as undue influence, Power of Attorney abuse, drug diversion and scams.

Oregon APS partners with the Department of Public Safety Standards and Training, the department responsible for training Oregon Law Enforcement, providing specialized training in Elder Abuse. This partnership is critical in ensuring Oregon Law Enforcement have the necessary training needed to identify and respond to Elder Abuse. Oregon APS has partnered with Oregon's Department of Justice, Construction Contractors Board and Department of Consumer and Business Services, as well as AARP and the Federal Trade Commission, to provide yearly Scam Jam trainings, covering each section of the state to provide outreach to older adults who may be vulnerable to financial exploitation.

The Oregon APS program also has a Complex Case Investigator who is a subject matter expert in self-neglect. This position works as a statewide resource for APS staff regarding self-neglect and navigating the least restrictive options for consumers needing support. This position also serves as the statewide contact for requests for guardianship/conservatorship, providing options to safeguard persons from risk while balancing their right to self-determination.

Service Equity – Ongoing Work:

Aging and People with Disabilities (APD) envisions Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.

APD has a Service Equity Advisory Committee along with dedicated staff and resources to ensure each district and Central Office Unit has a Service Equity Plan, that evaluates language access for consumers, models ADA Compliance, and invests in building relationships with the communities who are not currently adequately served by Oregon's aging system.

Oregon's APS staff have all participated in the development of Service Equity Plans. These plans outline how we continue the critical work of identifying and removing the barriers to services that impact Oregonian's living in their communities. Although these plans are specific to the needs

of each community, they all use the following guiding principles to provide a broad lens by which our goals are achieved:

1. Engaging Communities.
2. Data and Evidence-Based Practice.
3. Developing Champions.
4. Directing Investments and Resources.
5. Customizing Services.
6. Creating Dialogue.

Adult Protective Services Program – Ongoing Enhancement to Services:

In recent years, Oregon APS has been awarded grant funds by the Administration for Community Living to enhance adult protective services.

Funds from the Coronavirus Response and Relief Supplemental Appropriations Act Grant (**CRRSA**) are being used to strengthen Oregon APS in four areas, to:

1. Contract with an expert neuropsychiatrist/clinician to develop an approach and training/education plan for APS to better assist adults who have decisional capacity deficits. Many of the adults we serve need assistance with decision making when no other support structure exists. COVID-19 has complicated this issue considerably as there is limited face-to-face contact, so strengthening assessment strategies is included in this work. Beyond assessing decisional capacity, this expert will help APS design policy/practice in the whole area of assessing self-neglect in a 'distanced' environment and weighing risk when deciding whether/how to visit face-to-face or remotely.
2. Strengthen and enhance Oregon's "Fundamentals of APS" education/training plan, to better advise APS Specialists on how to approach their work when traditional APS approaches may not be possible due to COVID-19. Special focus on Safety and Enhanced Cognitive Interviewing, development of subsequent training courses based on needs assessment, and development of on-line courses due to COVID-19 restrictions.
3. Create a targeted outreach plan for older adults, as a preventive measure to avoid scams and fraud. The plan will include assessment

- of the current state and development of new educational materials for gatekeepers in the community, using social media, radio, and print.
4. Develop a lessons-learned blueprint for the future. Perform data analysis and trend comparison pre and post COVID-19, examining the change in abuse reporting and analyzing how to avoid future declines in reporting. Examine the impact of reduced face to face interviews, contacts, and any barriers to completing an investigation.

Under the American Rescue Plan Act Grant (**ARPA**), Oregon APS is focused on three key areas:

1. **Statutory/Equity Framework Analysis & Plan:** This project area will include a review of Oregon statutes, collaborating with community and program partners to identify gaps in statutory protection, areas of invalid, outdated assumptions or barriers to an equitable system. The project plan will include a 3-5-year APS Program roadmap for implementation of recommendations and other activities designed to improve the APS program.
2. **Training Investment:** This project area is focused on an investment in training for APS Specialists and APS Supervisors. The scope of training will include a needs assessment, encompass all standard activities of APS practice plus development of specialized training in targeted areas, development of on-line curriculum and/or hybrid delivery methods and creation of a training library catalog for future use.
3. **Data Collection/Reporting System Investment:** This project area is focused on Oregon's Centralized Abuse Management (CAM) System, the data collection requirements for the National Adult Maltreatment Reporting System (NAMRS), and compliance with legislative mandates related to standard collection of race, ethnicity, language and disability (REALD) data. This will include developing standards for the appropriate approach and collection of data, guidelines for the documentation of data in the CAM system and assisting with requirements or enhancements to the CAM system to support the Statutory/Equity Framework Analysis & Plan.

Additional Information:

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

- APS Brochure: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2930.pdf>
- Brochure for those who are mandatory reporters: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de9373.pdf>
- Why Should I Care About Elder Abuse: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/Documents/Why-Should-I-Care-About-Elder-Abuse.pdf>
- APS 2020 Year in Review: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DataBooks/APS-2020-Data-Book.pdf>

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Appendix J – Long-Term Care Ombudsman

Oregon Long-Term Care Ombudsman

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

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

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

The Office of the Long-Term Care Ombudsman (LTCO) also works in partnership with Oregon's SMP project. Some LTCO-certified volunteer ombudsmen are cross-trained to provide education about Medicare-related fraud.

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

Appendix K - Disaster and Emergency Preparedness

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

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

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

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

https://www.oregon.gov/oem/Documents/OR_RECOVERY_PLAN_MARCH_2018.pdf

More information and a detailed directory of all volumes of the CEMP can be found here:

https://www.oregon.gov/oem/emresources/Plans_Assessments/Pages/CEMP.aspx

Oregon's AAAs have emergency preparedness plans to ensure continuation of service delivery during an emergency. The plans are

revised when needed to ensure they will meet the needs of the individuals they serve. As required by APD instructions to the AAAs, Area Plans on Aging had to include, at a minimum, the following elements in their emergency preparedness plans:

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

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

Appendix L - Intrastate Funding Formula (IFF)

Oregon State Unit on Aging Intrastate Funding Formula

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

Summary

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

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

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

The method used to meet the needs for services in rural areas are percentages of the OAA allocation distribution based upon each AAA share of Oregon's total square mileage. The land area formula is used in allocating Title IIIB, IIIE, VII Ch. 3 funds and Oregon Project Independence.

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

The population factors overlap: For example, those who are 75+ are counted once in the 60+ factor and again in the 75+ factor. Those who are in poverty are counted once in the 60+ and again in this separate factor. Similarly, those who are a minority senior 65+ are counted twice (once in the 60+ and once in the factor for minority). The result is that those 75+,

minority 65+, and poverty 65+ are weighted twice that of those 60+. If a senior were 75+, minority and in poverty, they would be counted in all four demographic factors.

The number of minority older Oregonians was used in calculating the allocations for Title IIIB, IIIC, IIIE and VII Ch. 3. Minority plus poverty was the primary factor used in allocating Title IIID Preventive Health funds. Each funding source has a separate allocation (supportive services, congregate meals, home delivered meals, family caregiver support, elder abuse prevention, preventive health, Oregon Project Independence and when applicable, Legislative special purpose appropriations). The chart below demonstrates how the three formulas are used to allocate the available funds for the seven programs.

| | Biennial Base Amount | Land Area | Population Formula 1 | Population Formula 2 | Population Formula 3 |
|---|-----------------------------|------------------|-----------------------------|-----------------------------|-----------------------------|
| OAA Title IIIB: Supportive Services | \$55,000 | 5.0% | remaining 95% | Not used | Not used |
| OAA Title IIIC-1: Congregate Meals | \$20,000 | Not Used | remaining 100% | Not used | Not used |
| OAA Title IIIC-2: Home Delivered Meals | \$5,000 | Not Used | remaining 100% | Not used | Not used |
| OAA Title IIID: Preventive Health | \$3,000 | Not Used | Not used | remaining 100% | Not used |
| Title IIIE: Family Caregiver Support | Not Used | 5.0% | Not used | Not used | remaining 95% |
| Title VII Ch. 3: Elder Abuse Prevention | \$1,000 | 5.0% | remaining 95% | Not used | Not used |

| | Biennial Base Amount | Land Area | Population Formula 1 | Population Formula 2 | Population Formula 3 |
|---|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|
| Oregon Project Independence | Not Used | 5.0% | remaining 95% | Not used | Not used |
| Legislative Special Purpose Appropriation | Not Used | Varies depending upon purpose of funds: General use – 5% land, 95% population; health promotion use – \$3K base and Population Formula 2. | | | |

Population Formula 1: (IIIB, IIIC-1, IIIC-2, VII Ch. 3, and OPI)

- a. population 60 years and older, plus
- b. population 75 years and older, plus
- c. minority population 65 years and older, plus
- d. poverty population 65 years and older with incomes below 125% of federal poverty level.

IIIB

Fixed Biennial Region Base of \$55,000 + Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95 {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

IIIC1

Fixed Biennial Region Base of \$20,000 + population combined percentage of *100% {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

IIIC2

Fixed Biennial Region Base of \$5,000 + population combined percentage of *100% {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

VII Chapter 3

Fixed Biennial Region Base of \$1,000 + Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95 {region metric/state metric}, (60 years and older) + (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

Population Formula 2: (IIID)

- a. population 75 years and older, plus
- b. minority population 65 years and older, plus
- c. poverty population 65 years and older with incomes below 125% of federal poverty level.

Fixed Biennial Region Base of \$3,000 + population combined percentage of *100%, {region metric/state metric}, (75 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

Population Formula 3: (IIIE)

- a. population 70 years and older, plus
- b. minority population 65 years and older, plus
- c. poverty population 65 years and older with incomes below 125% of federal poverty level.

Oregon State Land Square Mile base percentage of *.05 {region metric/state metric} + population combined percentage of *.95, (70 years and older) + (minority population 65 years and older) + (poverty population 65 years and older with incomes below 125% federal poverty level), {region metric/state metric}=total award.

Base Congregate and Home Delivered Allocation:

Because both nutrition titles determine allocation on population alone, Oregon's least populated regions can receive less than the cost to provide minimum services. For this reason, a base amount is used for the allocation AAAs receive for Congregate Meals (Title IIIC1) and Home Delivered Meals (Title IIIC2). There is a base of \$20,000 for Congregate Meals and a base of \$5,000 for Home Delivered Meals. The remaining amount is distributed based on the population factors outlined above.

State deductions from Title III Funds:

Prior to distribution to AAAs under the IFF, the State deducts 5% of the Title III allocation for State Plan Administration. The State also holds \$56,914 per fiscal year from the Title IIIB allocation to distribute to the Long Term Care Ombudsman program. The remainder is then distributed to AAAs via the IFF.

Nutrition Services Incentive Program (NSIP) fund distribution:

Oregon disburses NSIP funds to AAA nutrition service programs, and the funding is a proportional share based upon the number of eligible meals served in the prior year. NSIP eligible meals are those meals served to an individual who is qualified to receive services as defined in the OAA. Oregon has chosen, based on technical assistance from the US Administration on Aging, to include all OAA and traditional Oregon Project Independence (OPI) congregate and home-delivered meals as NSIP eligible meals.

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

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

Examples of funding by Planning and Service Area (PSA)

| With Title IIIC Base Allocation | | | | | | | | | | |
|---------------------------------|-----------------------|------------------------|----------------------------|---|-------------------------|---|------------------------|----------------|--------------------------------------|----------------|
| AAA | IIIB Support Services | IIIC1 Congregate Meals | IIIC2 Home-Delivered Meals | IIID Evidence-Based Health Promotion Services | IIIE Caregiver Services | VII Elder Abuse, Neglect & Exploitation Prevention Activities | Subtotal of OAA Titles | % of OAA Funds | Nutrition Services Incentive Program | % of OAA Funds |
| CFDA # | 93.044 | 93.045 | 93.045 | 93.043 | 93.052 | 93.042 | | | 93.053 | |
| CAPECO | \$402,464 | \$457,226 | \$243,436 | \$24,711 | \$184,983 | \$4,380 | \$1,317,200 | 3.8% | \$148,558 | 4.7% |
| CAT | \$167,599 | \$183,570 | \$94,201 | \$9,886 | \$57,350 | \$2,095 | \$514,701 | 1.5% | \$77,790 | 2.4% |
| CCNO | \$272,257 | \$256,810 | \$134,142 | \$14,340 | \$117,305 | \$3,113 | \$797,966 | 2.3% | \$121,521 | 3.8% |
| CCSS | \$940,238 | \$1,328,537 | \$718,596 | \$56,573 | \$441,903 | \$9,611 | \$3,495,458 | 10.0% | \$305,062 | 9.6% |
| COCOA | \$601,212 | \$782,056 | \$420,579 | \$38,309 | \$291,060 | \$6,313 | \$2,139,529 | 6.1% | \$142,709 | 4.5% |
| DCSSD | \$398,023 | \$497,538 | \$265,420 | \$27,497 | \$190,097 | \$4,337 | \$1,382,912 | 4.0% | \$89,478 | 2.8% |
| HCSCS | \$121,116 | \$49,327 | \$20,993 | \$4,425 | \$35,482 | \$1,643 | \$232,985 | 0.7% | \$17,132 | 0.5% |
| KLCCOA | \$308,888 | \$302,587 | \$159,106 | \$17,554 | \$139,011 | \$3,470 | \$930,616 | 2.7% | \$121,045 | 3.8% |
| LCOG | \$886,834 | \$1,230,461 | \$665,111 | \$59,251 | \$446,040 | \$9,091 | \$3,296,787 | 9.5% | \$251,734 | 7.9% |
| MCADVDS | \$1,313,096 | \$1,894,931 | \$1,027,470 | \$99,334 | \$672,999 | \$13,237 | \$5,021,067 | 14.4% | \$702,903 | 22.1% |
| MCOACS | \$166,465 | \$118,698 | \$58,824 | \$8,562 | \$61,445 | \$2,084 | \$416,077 | 1.2% | \$22,059 | 0.7% |
| NWSDS | \$1,231,674 | \$1,745,063 | \$945,744 | \$90,413 | \$638,573 | \$12,445 | \$4,663,913 | 13.4% | \$355,654 | 11.2% |
| OCWCOG | \$653,943 | \$886,996 | \$477,807 | \$44,825 | \$325,368 | \$6,826 | \$2,395,765 | 6.9% | \$204,893 | 6.4% |
| RVCOG | \$873,814 | \$1,211,917 | \$654,998 | \$64,938 | \$452,770 | \$8,965 | \$3,267,403 | 9.4% | \$265,696 | 8.4% |
| SCBEC | \$331,127 | \$410,092 | \$217,732 | \$23,164 | \$153,331 | \$3,686 | \$1,139,132 | 3.3% | \$161,207 | 5.1% |
| WCDAVS | \$1,014,772 | \$1,447,634 | \$783,544 | \$74,619 | \$507,003 | \$10,336 | \$3,837,908 | 11.0% | \$193,585 | 6.1% |
| Total | \$9,683,521 | \$12,803,443 | \$6,887,703 | \$658,401 | \$4,714,720 | \$101,632 | \$34,849,420 | 100.0% | \$3,181,026 | 100.0% |

All OAA allocations with proposed base (Biennial allocation figures)

No Title IIIC Base Allocation

| AAA | IIIB Support Services | IIIC1 Congregate Meals | IIIC2 Home- Delivered Meals | IIID Evidence- Based Health Promotion Services | IIIE Caregiver Services | VII Elder Abuse, Neglect & Exploitation Prevention Activities | Subtotal of OAA Titles | % of OAA Funds | Nutrition Services Incentive Program | % of OAA Funds |
|--------------|-----------------------------|------------------------------|--------------------------------------|---|-------------------------------|---|---------------------------------|-------------------------|---|-------------------------|
| CFDA # | 93.044 | 93.045 | 93.045 | 93.043 | 93.052 | 93.042 | | | 93.053 | |
| CAPECO | \$402,464 | \$448,367 | \$241,238 | \$24,711 | \$184,983 | \$4,380 | \$1,306,143 | 3.7% | \$148,558 | 4.7% |
| CAT | \$167,599 | \$167,738 | \$90,249 | \$9,886 | \$57,350 | \$2,095 | \$494,917 | 1.4% | \$77,790 | 2.4% |
| CCNO | \$272,257 | \$242,844 | \$130,659 | \$14,340 | \$117,305 | \$3,113 | \$780,517 | 2.2% | \$121,521 | 3.8% |
| CCSS | \$940,238 | \$1,341,878 | \$721,981 | \$56,573 | \$441,903 | \$9,611 | \$3,512,184 | 10.1% | \$305,062 | 9.6% |
| COCOA | \$601,212 | \$781,473 | \$420,462 | \$38,309 | \$291,060 | \$6,313 | \$2,138,829 | 6.1% | \$142,709 | 4.5% |
| DCSSD | \$398,023 | \$489,705 | \$263,480 | \$27,497 | \$190,097 | \$4,337 | \$1,373,139 | 3.9% | \$89,478 | 2.8% |
| HCSCS | \$121,116 | \$32,001 | \$16,181 | \$4,425 | \$35,482 | \$1,643 | \$210,847 | 0.6% | \$17,132 | 0.5% |
| KLCCOA | \$308,888 | \$289,788 | \$155,917 | \$17,554 | \$139,011 | \$3,470 | \$914,628 | 2.6% | \$121,045 | 3.8% |
| LCOG | \$886,834 | \$1,241,303 | \$667,868 | \$59,251 | \$446,040 | \$9,091 | \$3,310,386 | 9.5% | \$251,734 | 7.9% |
| MCADVDS | \$1,313,096 | \$1,922,702 | \$1,034,488 | \$99,334 | \$672,999 | \$13,237 | \$5,055,856 | 14.5% | \$702,903 | 22.1% |
| MCOACS | \$166,465 | \$101,213 | \$54,456 | \$8,562 | \$61,445 | \$2,084 | \$394,224 | 1.1% | \$22,059 | 0.7% |
| NWSDS | \$1,231,674 | \$1,769,017 | \$951,799 | \$90,413 | \$638,573 | \$12,445 | \$4,693,922 | 13.5% | \$355,654 | 11.2% |
| OCWCOG | \$653,943 | \$889,086 | \$478,363 | \$44,825 | \$325,368 | \$6,826 | \$2,398,411 | 6.9% | \$204,893 | 6.4% |
| RVCOG | \$873,814 | \$1,222,287 | \$657,637 | \$64,938 | \$452,770 | \$8,965 | \$3,280,412 | 9.4% | \$265,696 | 8.4% |
| SCBEC | \$331,127 | \$400,031 | \$215,232 | \$23,164 | \$153,331 | \$3,686 | \$1,126,571 | 3.2% | \$161,207 | 5.1% |
| WCDAVS | \$1,014,772 | \$1,464,009 | \$787,693 | \$74,619 | \$507,003 | \$10,336 | \$3,858,432 | 11.1% | \$193,585 | 6.1% |
| Total | \$9,683,521 | \$12,803,442 | \$6,887,703 | \$658,401 | \$4,714,720 | \$101,632 | \$34,849,419 | 100.0% | \$3,181,026 | 100.0% |

All current OAA allocations without a base (Biennial allocation figures)

Appendix M - State Plan Assurances

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

(G)

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

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

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

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

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

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

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

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

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

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

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

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3)

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

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

(4)

(A)

(i)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals

with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

(C)

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

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

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

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

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

- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify

such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9)

(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds

appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b)

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

(2) Such assessment may include—

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

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

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

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

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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)

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

under such Acts and older individuals participating in programs authorized by this title.

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

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

(f)

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

(2)

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)

(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a

period not to exceed 180 days, except as provided in subparagraph (B).

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

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

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

Sec. 307, STATE PLANS

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

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

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

(7)

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency

or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

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

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

(8)

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

(27)

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

(B) Such assessment may include—

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

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with

area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

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

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

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

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

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

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

(b) (3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the

employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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



Nakeshia Knight-Coyle, APD Director

5/25/2023

Date

Appendix N - Information Requirements

INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

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

State's Response:

Oregon's Intrastate Funding Formula (IFF) is the basis for prioritizing how we serve older Oregonians with the greatest economic or social need (see Appendix L). The intrastate funding formula includes methods to distribute funds to minority, poverty and rural populations. In 2022, APD in consultation with the AAA network, underwent a public process to revise the IFF to use a base, or minimum, amount for the allocation each AAA receives for Congregate Meals (Title IIIC1) and Home Delivered Meals (Title IIIC2). Changing the IFF to include a standard base allocation for all AAAs increased the nutrition program funding for nine AAAs representing less populated areas (most of whom are serving largely rural and frontier areas of the state). This means that those AAAs have more funding to provide home delivered meals and meals provided in congregate sites (like senior centers). This IFF revision was approved by ACL and became effective on January 1, 2023. Additionally, Oregon's AAAs were required to include a section in their 2021-2025 Area Plans specifically devoted to how individuals with the greatest economic or social need would be identified and prioritized to receive services in their areas.

Objectives and Strategies throughout the State Plan and in Focus Areas include methods/activities to assure those with greatest economic and social needs receive services that allow them to remain in their own communities and to

achieve the well-being and independence they desire. Further, a focus area and priority of this State Plan is to increase service equity across all services and programs statewide.

Methods/activities include:

- **The Service Equity focus area includes objectives related to building and increasing relationships with groups and communities who are not currently adequately served by Oregon’s aging system, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, as well as enhancing and improving data collection to identify these groups, and use outcomes to better serve these populations.**
- **CSSU is developing a set of data dashboards which will allow the state and AAAs to review a broad range of data points at granular local and statewide levels. These dashboards are also being designed to integrate overall population level data to identify and compare the percentage of people with greatest economic and social need against program utilization.**
- **The Service Equity focus area also commits to creating strategies to lower barriers to core OAA programs for older adults experiencing systemic racism and other forms of social discrimination, strengthening capacity to reach older adults and increase service capacity in rural/frontier areas, and building capacity for auxiliary aids, alternate format, and language access services to remove barriers to effective communication for older adults.**
- **This Plan, particularly the OAA Core Programs focus area, embeds service equity throughout the objectives and prioritizes information, outreach, and new ways to deliver core OAA services to older adults with greatest economic and social needs, including the ongoing efforts to coordinate Title III and Title VI services.**
- **The family caregiver support program will support the Native Caring Conference and will promote evidence-based caregiver support programs delivered via remote and virtual means to increase reach to those in rural areas and to those who may be culturally isolated. Efforts will be made to strengthen marketing and outreach regarding available services and supports to family and unpaid caregiver supports, particularly to populations who are not currently adequately served by Oregon’s aging system.**
- **Oregon created a free, statewide loneliness line for any older adult who wants or needs someone to talk with. This Plan includes activities to**

educate and increase understanding of the LGBTQIA2S+ community's specific needs with staff who work the Oregon Senior Loneliness Line and Warmline to reach this population in greatest social need who are more at risk for isolation. APD and community partners will also develop and implement an Action Plan to address strengths, needs and gaps identified by the Oregon LGBTQ+ Older Adult Survey.

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

Section 306(a)(6)(I)

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

State's Response:

The State assures that each Area Agency coordinates with us to both disseminate information related to our State's assistive technology entity, Access

Technologies, Inc. (ATI), and to access to assistive technology (AT) options in several ways. First, language to this effect is included in our contracts with each Area Agency, and there is an MOU in place between the ATI and Oregon DHS. In addition, ATI is included as a resource in the statewide ADRC database, ADRCs (which include AAAs) refer consumers to ATI, and the President of ATI is a member of the Statewide ADRC Advisory Council.

We partnered/contracted with ATI on a pilot project to get technology (robotic pets, iPads, and laptops) in the hands of ADRC consumers experiencing social isolation and loneliness and to provide training to ensure consumers understand how to use the technology. We also have an Assistive Technology guide available for options counselors to use when talking with consumers about AT options and we have copies of an AT poster developed in collaboration with ATI which we distribute to partners in support of marketing and public awareness. We have developed a strong partnership with ATI, and they were involved in developing the planned objectives in this state plan to support continued collaboration, support, and engagement with the AAAs/ADRCs.

See also Objective 2.1, Strategies 1.a. and 1.b.

Section 306(a)(17)

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

State's Response:

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

Section 307(a)(2)

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

(B) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such

area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

State's Response:

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

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

Section 307(a)(3)

The plan shall—

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

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

State's Response:

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

Included at the end of this Appendix is the 2023–2025 “Summary of Allocation and Funding Sources” that covers the federal fiscal years of 2024 – 2025 addressed by this State Plan. The summary incorporates the costs of providing rural services to the AAAs receiving such funds per the Intrastate Funding Formula.

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

Section 307(a)(10)

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

State’s Response:

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

Oregon specifies that individuals with greatest social need include older adults in rural and frontier communities. This Plan proposes to prioritize information, outreach, and new ways to deliver core OAA services to these communities. For example, the Caregiver focus area places emphasis on outreach to rural communities, where older adults can often be kinless. This State Plan also commits to future work with AAAs to identify the benefits of virtual programs as an option for different populations, particularly in rural areas, to access OAA and other programs and services.

In addition to the State’s response to Section 305(a)(2)(E) requirements, see also:

- Objective 1.2, Strategy 2.i
- Objective 2.3, Strategy 3.a
- Objective 3.4
- Objective 4.1
- Objective 4.2
- Objective 5.1
- Objective 5.2
- Objective 5.3

Section 307(a)(14)

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

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

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

State's Response:

Tabulations from the 2020 American Community Survey (ACS) Demographic and Household Data 1-Year Public Use 5% Microdata Sample (PUMS) estimate that 19,204 minority older individuals are below the poverty level in Oregon. It is unknown how many of these individuals have limited English proficiency, but according to U.S. Census Bureau estimates (American Community Survey 2020) 4.5 percent, or 47,954 of Oregon's older individuals speak English less than "very well."

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

Aging and People with Disabilities and Area Agencies on Aging were also required by state law to begin to collect Race, Ethnicity, Language and Disability (REAL+D) data for all consumers beginning September 1, 2021. This data allows for analysis of the utilization of OAA services and comparison to overall population data to assess reach and effectiveness of service delivery to minority and low income older Oregonians.

Section 307(a)(21)

The plan shall —

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

State's Response:

Oregon assures that the Oregon Department of Human Services will pursue activities to increase older Native Americans' access to all of ODHS's aging programs and benefits. See OAA Core Programs focus area on Native American Programs and Title III/Title VI Coordination (Objective 1.3) and Appendix D in this State Plan for a description of ways in which ODHS intends to implement the activities.

See also:

Objective 1.2, Strategy 2.h.

Objective 2.3, Strategy 3.a.

Objective 3.2

Objective 5.4, Strategy 4.a.

Section 307(a)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies

on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State's Response:

Oregon currently has just over 1.1 million people ages 60 and older, with almost half of those being 69 years or younger. All age groups of Oregon's older population are experiencing growth although age groups 65 - 74 are forecasted to experience a slowing growth rate going into 2030. Age groups 75 – 85+ are growing, but at a slower rate compared to age groups 60 – 74. The 85+ age group is expected to have a greater growth rate in Oregon going into and past 2030.

Just over 10% or 111,000 older Oregonians are living below 100% of the Federal Poverty Level (FPL). Over 7% or just under 77,000 elderly Oregonians fall between 100 – 149% of the FPL.

With these projected demographic changes, Oregon faces challenges in meeting the growing demand for services and supports. Overall, about 70 percent of older adults age 65 and older will need long term services and supports in their lifetime, and of those, nearly 20 percent will need these services for five or more years. Oregon's population of individuals experiencing dementia is projected to increase by 22 percent between 2020 and 2025. With the high incidence of dementia for individuals age 85 and older, and the anticipated growth of the 85+ age group after 2030 in Oregon, the need for services and supports will increase.

Oregon's Plan acknowledges the need to partner with local Area Agencies on Aging to serve older adults, especially communities with the greatest economic and social needs. This includes key OAA programs and other initiatives that help individuals live independently in their communities as long as possible with the person-centered and culturally and linguistically responsive services they need.

However, the changing demographics and the projected growing demand for services are coupled with the direct care workforce crisis in Oregon. Among the paid direct care workforce, an overwhelming majority are women, one in six are immigrants, one in three are people of color, and about one in four are age 55 or

older. Workforce recruitment and retention are challenged by lower pay and benefits relative to other jobs in the economy, and nearly half of the direct care workforce rely on public assistance in Oregon. These trends call for strategies to strengthen and sustain the direct care workforce, while building upon the preventative and early intervention services and supports described in the Plan to assist individuals before they need paid services and supports.

Section 307(a)(28)

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

State’s Response:

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

Section 307(a)(29)

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

State’s Response:

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

Section 705(a) ELIGIBILITY —

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—*
 - (i) if all parties to such complaint consent in writing to the release of such information;*
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) upon court order.*

State's Response:

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

- 1) The manner in which the State will carry out its OAA §705(a)(1) obligations is generally summarized in pages 9-32 of the State Plan and related appendices. There, the State addresses the core focus areas of quality management, OAA core programs, COVID-19 lessons and related activities, equity, expanding access to HCBS services and caregiving. See pages 30-32 as well as Objective 1.2 and strategies regarding the legal assistance and elder rights protection programs. In addition, the State Agency complies with Oregon statutes, administrative rules, policies, and procedures as they relate to each program.**
- 2) The manner in which the State will carry out its OAA §705(a)(2) obligations relating to public hearings and obtaining input from various interested persons and entities is generally summarized as applicable to each program in pages 9-32 of the State Plan and more particularly in appendices A and B. Each Oregon AAA has prepared an Area Plan**

compliant with these expectations. Much of what is included in the 16 Area Plans reflects local input from, partners, advocates and consumers. As a result, the plans represent the identified local needs for delivery of these programs. This State Plan on Aging effectively incorporates the 16 Area Plans to direct delivery of Oregon's aging services, especially OAA programs.

- 3) The manner in which the State will carry out its OAA §705(a)(3) obligations relating to identifying and prioritizing statewide activities related to individual benefits and rights is generally summarized as applicable to each program in pages 9-32 of the State Plan and also in appendices B and F. Each Oregon AAA has prepared an Area Plan with goals and objectives intended to meet expectations.
- 4) The manner in which the State will carry out its OAA §705(a)(4) vulnerable elder rights activities is generally summarized as applicable to each program in objective 1.2, pages 30-32 of the State Plan and also in appendices I and J. The State Agency partners with Oregon's Long-Term Care Ombudsman program and its [Oregon Adult Protective Service \(APS\) Program](#), as well as with other community partners, to coordinate protection activities for vulnerable persons across the state.
- 5) The manner in which the State will carry out its OAA §705(a)(5) obligations is generally summarized as applicable to Ombudsman entities in pages 30-32 of the State Plan and also in appendix J.
- 6) With respect to programs for the prevention of elder abuse, neglect, and exploitation, the manner in which the State will carry out its OAA §705(a)(6) obligations is briefly summarized as applicable to its adult protective services activities in pages 30-31 of the State Plan and also in appendix I. Existing Oregon laws, as well as approved policies and procedures, place specific further requirements on the State's adult protective services activities.

Table below to be replaced with 2023–2025 AAA Funding Allocation when available

AAA 2021-2023
FUNDING ALLOCATION
OAA

| Allocation Total | AAA | IB Support Services | IE1 Congregate Meals | IE2 Home-Delivered Meals | IE3 Evidence-Based Health Promotion Services | IE4 Caraplace Services | WIB Elder Abuse, Neglect & Exploitation Prevention Activities | Subtotal of OAA Titles | % of OAA Funds | Unspent OAA Funds | American Rescue Plan (ARP) IE1 Support Services | American Rescue Plan (ARP) IE2 Congregate Meals | American Rescue Plan (ARP) IE3 Home-Delivered Meals | American Rescue Plan (ARP) IE4 Evidence-Based Health Promotion Services | American Rescue Plan (ARP) IE5 Caraplace Services | Subtotal of ARP Titles | % of ARP Funds | Unspent '20-21 Funds | Nutrition Services Programs | % of NSIP | Unspent NSIP via FYE 18 | SIA admin funds provided to AAA | Continued Sec. Mtg. SPA | % of SPA | Total OPI (Services to SOA Allocation) | % of OPI | Total OPI (Services to OPI) | % of OPI | Waivered XIB | Non-Waiverd XIB | XIB Local Match | FYE 23 Allocation Total | % of All FUNDS Allocated | Contract Number | Expanding Access to COVID-19 Vaccines via the Aging Network | % of OAA Funds | Contract Number | |
|------------------|-------------------------|---------------------|----------------------|--------------------------|--|------------------------|---|------------------------|----------------|-------------------|---|---|---|---|---|------------------------|----------------|----------------------|-----------------------------|-------------|-------------------------|---------------------------------|-------------------------|-------------|--|------------------|-----------------------------|---------------------|---------------------|-------------------|---------------------|-------------------------|--------------------------|-----------------|---|----------------|-----------------|--------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CAPECO |
| | CAPECO | \$400,852 | \$446,193 | \$233,730 | \$24,736 | \$180,356 | \$4,380 | \$1,290,247 | 3.7% | \$0 | \$249,244 | \$131,706 | \$108,776 | \$22,060 | \$71,356 | \$673,753 | 3.8% | \$295,401 | \$149,286 | 4.7% | \$0 | \$4,151 | \$71,670 | 3.5% | \$411,576 | 3.9% | \$198,096 | 6.7% | | | | \$1,093,588 | 0.8% | | \$25,014 | 3.9% | | |
| | CAT | \$167,077 | \$166,924 | \$87,440 | \$9,894 | \$51,916 | \$2,095 | \$489,345 | 1.4% | \$0 | \$117,946 | \$49,272 | \$74,364 | \$9,048 | \$22,123 | \$272,753 | 1.5% | \$12,245 | \$78,176 | 2.4% | \$0 | \$2,000 | \$26,812 | 1.3% | \$133,375 | 1.3% | \$0 | \$0.0% | | | | \$1,014,706 | 0.3% | | \$8,106 | 1.3% | | |
| | CCNO | \$271,249 | \$243,467 | \$129,592 | \$14,354 | \$134,371 | \$3,113 | \$771,346 | 2.2% | \$0 | \$176,453 | \$76,134 | \$107,461 | \$12,961 | \$46,250 | \$413,659 | 2.3% | \$0 | \$122,125 | 3.8% | \$0 | \$2,169 | \$24,818 | 1.9% | \$257,344 | 2.5% | \$0 | \$0.0% | | | | \$1,605,461 | 0.4% | | \$15,440 | 2.5% | | |
| | CCSI | \$936,131 | \$1,135,373 | \$699,509 | \$16,435 | \$420,851 | \$9,611 | \$3,468,109 | 10.1% | \$0 | \$549,876 | \$396,171 | \$204,898 | \$50,054 | \$176,463 | \$1,759,463 | 10.0% | \$407,811 | \$396,177 | 9.8% | \$0 | \$7,233 | \$214,406 | 10.5% | \$1,048,576 | 10.1% | \$0 | \$0.0% | | | | \$7,212,243 | 2.0% | | \$61,728 | 10.1% | | |
| | COODA | \$298,478 | \$777,685 | \$467,375 | \$38,350 | \$283,781 | \$6,313 | \$2,112,181 | 6.1% | \$0 | \$340,350 | \$229,554 | \$346,453 | \$34,013 | \$112,275 | \$1,082,445 | 6.1% | \$132,676 | \$143,418 | 4.5% | \$0 | \$4,084 | \$124,916 | 6.1% | \$646,995 | 6.2% | \$0 | \$0.0% | | | | \$4,246,515 | 1.2% | | \$39,322 | 6.2% | | |
| | DCSD | \$396,432 | \$487,332 | \$255,279 | \$27,325 | \$185,343 | \$4,337 | \$1,356,247 | 3.9% | \$0 | \$346,761 | \$143,849 | \$217,102 | \$24,516 | \$73,329 | \$705,557 | 4.0% | \$0 | \$89,923 | 2.8% | \$0 | \$3,572 | \$78,278 | 3.8% | \$406,315 | 3.9% | \$0 | \$0.0% | \$246,766 | | | \$3,886,658 | 0.8% | | \$24,694 | 3.9% | | |
| | HCSCS | \$120,800 | \$32,001 | \$15,677 | \$4,426 | \$34,594 | \$1,643 | \$209,150 | 0.6% | \$0 | \$91,961 | \$32,001 | \$13,333 | \$4,251 | \$13,687 | \$155,233 | 0.9% | \$0 | \$17,217 | 0.5% | \$0 | \$2,000 | \$4,807 | 0.2% | \$78,315 | 0.8% | \$0 | \$0.0% | | | | \$466,722 | 0.1% | | \$4,760 | 0.8% | | |
| | ILCOOA | \$307,710 | \$288,383 | \$151,064 | \$17,571 | \$135,534 | \$3,470 | \$903,733 | 2.6% | \$0 | \$196,932 | \$85,124 | \$128,472 | \$15,783 | \$53,623 | \$479,934 | 2.7% | \$0 | \$121,646 | 3.8% | \$0 | \$2,383 | \$46,322 | 2.3% | \$300,734 | 2.9% | \$0 | \$0.0% | | | | \$1,854,751 | 0.5% | | \$18,277 | 2.9% | | |
| | LCOG | \$882,975 | \$1,235,286 | \$647,080 | \$59,316 | \$434,884 | \$9,091 | \$3,268,631 | 9.5% | \$0 | \$520,022 | \$364,627 | \$550,310 | \$52,406 | \$177,058 | \$1,659,423 | 9.4% | \$84,950 | \$252,985 | 7.9% | \$0 | \$8,348 | \$198,418 | 9.7% | \$985,318 | 9.4% | \$411,140 | 13.9% | \$9,538,888 | \$44,155,151 | \$1,749,714 | \$62,312,967 | 16.9% | | \$59,883 | 0.4% | | |
| | MCAWDVS | \$1,307,259 | \$1,913,381 | \$1,002,287 | \$99,445 | \$654,167 | \$13,237 | \$4,991,777 | 14.5% | \$0 | \$758,316 | \$564,785 | \$692,397 | \$87,612 | \$259,607 | \$2,522,717 | 14.3% | \$150,000 | \$706,394 | 22.1% | \$0 | \$25,000 | \$307,338 | 15.0% | \$1,490,230 | 14.3% | \$604,796 | 20.5% | \$17,707,728 | \$94,121,288 | \$19,931,711 | \$142,558,978 | 38.6% | | \$90,570 | 14.3% | | |
| | MCOACS | \$165,948 | \$160,723 | \$52,743 | \$8,569 | \$59,908 | \$1,064 | \$389,992 | 1.1% | \$0 | \$117,312 | \$29,732 | \$44,471 | \$7,895 | \$29,702 | \$223,502 | 1.3% | \$0 | \$22,169 | 0.7% | \$0 | \$2,000 | \$14,179 | 0.8% | \$132,032 | 1.3% | \$0 | \$0.0% | | | | \$789,875 | 0.2% | | \$8,034 | 1.3% | | |
| | NWSDS | \$1,226,215 | \$1,760,842 | \$922,173 | \$90,514 | \$622,002 | \$12,445 | \$4,634,391 | 13.5% | \$0 | \$712,799 | \$519,641 | \$784,263 | \$79,777 | \$244,327 | \$2,342,807 | 13.3% | \$0 | \$327,420 | 11.2% | \$0 | \$12,646 | \$382,772 | 13.8% | \$1,393,787 | 13.4% | \$576,647 | 19.5% | \$13,232,861 | \$59,994,028 | \$2,311,161 | \$45,138,540 | 11.4% | | \$84,708 | 11.4% | | |
| | OCWCOG | \$651,164 | \$884,776 | \$463,473 | \$44,874 | \$317,230 | \$6,826 | \$2,368,344 | 6.9% | \$0 | \$389,828 | \$261,164 | \$394,161 | \$39,736 | \$125,509 | \$1,210,399 | 6.9% | \$157,101 | \$265,910 | 6.8% | \$0 | \$6,112 | \$142,118 | 6.9% | \$709,456 | 6.8% | \$297,793 | 10.1% | \$2,070,005 | \$29,572,816 | \$900,000 | \$37,640,154 | 10.2% | | \$43,118 | 6.8% | | |
| | RVCOG | \$870,016 | \$1,216,361 | \$637,167 | \$65,009 | \$441,446 | \$8,965 | \$3,238,964 | 9.4% | \$0 | \$512,743 | \$359,041 | \$541,880 | \$57,401 | \$174,654 | \$1,645,730 | 9.3% | \$213,468 | \$267,016 | 8.4% | \$0 | \$8,452 | \$195,379 | 9.5% | \$969,896 | 9.3% | \$404,551 | 13.7% | \$268,322 | | | \$7,211,767 | 2.0% | | \$58,946 | 9.3% | | |
| | SCREC | \$329,846 | \$398,092 | \$208,533 | \$23,187 | \$149,496 | \$3,686 | \$1,112,840 | 3.2% | \$0 | \$209,364 | \$117,507 | \$177,347 | \$20,711 | \$59,147 | \$584,076 | 3.3% | \$197,100 | \$162,007 | 5.1% | \$0 | \$3,550 | \$63,944 | 3.1% | \$327,076 | 3.1% | \$0 | \$0.0% | | | | \$2,450,593 | 0.7% | | \$19,878 | 3.1% | | |
| | WCDAVS | \$1,010,319 | \$1,456,912 | \$763,175 | \$74,792 | \$494,323 | \$10,336 | \$3,806,787 | 11.1% | \$0 | \$591,543 | \$430,045 | \$649,044 | \$65,905 | \$195,574 | \$1,932,112 | 10.9% | \$714,666 | \$194,546 | 6.1% | \$0 | \$7,673 | \$234,017 | 11.4% | \$1,136,863 | 10.9% | \$462,427 | 15.6% | | | | \$8,492,070 | 2.3% | | \$69,093 | 10.9% | | |
| | Total Allocation | \$9,642,678 | \$12,741,532 | \$6,673,315 | \$659,107 | \$4,596,802 | 101,632 | \$44,415,065 | 100% | \$0 | \$5,801,450 | \$3,783,555 | \$5,675,332 | \$584,128 | \$1,818,684 | \$17,663,149 | 100% | \$2,365,438 | \$1,196,825 | 100% | \$0 | \$101,453 | \$2,046,283 | 100% | \$10,427,889 | 2,955,450 | 100% | \$42,549,482 | \$28,358,471 | 24,892,586 | \$68,972,090 | 100% | ***** | 100.0% | | | | |