



# Oregon

John A. Kitzhaber, MD, Governor

## Department of Human Services

*Aging and People with Disabilities*

*State Unit on Aging*

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January 11, 2013

Rich Palmer  
Klamath Basin Senior Citizens  
Council  
700 Main Street, Suite 107  
Klamath Falls, OR 97601



Dear Rich:

I am pleased to inform you that the Klamath Basin Senior Citizens Council's Area Plan on Aging for 2013 – 2016 has been approved for the period January 1, 2013 through December 31, 2016.

The State Unit on Aging staff looks forward to working with you in the implementation of the Area Plan. If you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older Oregonians. Deb McCuin will continue as the SUA staff liaison to your agency.

Sincerely,

Elaine Young  
Manager, State Unit on Aging

Cc: Deb McCuin, SUA

**FINAL DRAFT**

**2013 – 2016**

**AREA PLAN**

**RECOMMENDATIONS**

**GOALS AND OBJECTIVES**

**AREA AGENCY ON AGING**

**DISTRICT 11**

**FOR KLAMATH AND LAKE**

**COUNTIES**

KLAMATH BASIN SENIOR CITIZENS' COUNCIL  
700 MAIN STREET, Suite 107  
KLAMATH FALLS, OREGON 97601

**KLAMATH BASIN SENIOR CITIZEN'S COUNCIL  
AREA AGENCY ON AGING  
DISTRICT 11  
FOR KLAMATH AND LAKE COUNTIES  
2013-2016 AREA PLAN**

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## **SECTION A – AREA AGENCY PLANNING AND PRIORITIES**

### **A – 1. Introduction:**

Klamath and Lake Counties are a single planning and service area (PSA) designated as an Area Agency on Aging (AAA), District 11 by the State of Oregon. The AAA functions as an entity responsible for system planning, advocacy, and grant making. The role of the AAA is established through federal law under the Older American's Act which was enacted in 1965.

The Klamath Basin Senior Citizen's Council (KBSCC) is a private, non-profit community based organization as defined by Section 501 (c) – (3) of The Internal Revenue Code, KBSCC was established in 1969 and is governed by a nine (9) member Volunteer Governing Board of Directors and receives program and service recommendations from a nine (9) member Advisory Council. Recommendations include service priorities, effectiveness of the service delivery systems and assistance in identifying any unmet needs.

The KBSCC/ AAA demonstrates its leadership responsibilities through planned actions designed to engage community members and service providers in fulfilling the goals and objectives of the agency's four year Area Plan. The AAA values the concept of shared leadership and takes initiative to form partnerships and motivate the talents, expertise and network in Klamath and Lake Counties.

The KBSCC/ AAA operates an office in downtown Klamath Falls that provides information to service providers and the public. The KBSCC/AAA has a connection to local news media representatives and takes opportunities to promote aging news and information.

The KBSCC/ AAA promotes community involvement through a nine member AAA Advisory Council. The Advisory Council provides guidance and input into the implementation of the four year Area Plan, and acts as an advocate to promote the interest of older adults, people with disabilities and family caregivers with special consideration given to serving low-income minority older persons. Advisory Council Membership strives to represent the diversity of the two counties they serve.

Other means by which the KBSCC/ AAA works to engage community input is through visits with consumers at service locations throughout the two counties. A provider based consumer satisfaction survey, interactions with the public through community resource fairs, other public events, outreach activities and a formal Klamath and Lake county wide need assessment conducted every four years, updated annually.

Klamath and Lake Counties are situated in Southern Central Oregon. Klamath County encompasses a land base of 6,135 square miles and Lake County with a land base of 8,030 square miles. The combined land base of the two counties which make up District 11 is 14,165 square miles.

In accordance with federal and state policy, KBSCC/AAA is required to help create and maintain a comprehensive and coordinated service delivery system to meet the needs of older and disabled people in Klamath and Lake Counties. KBSCC/AAA is required to develop an Area Plan on Aging and Disability Service. The Area Plan is a multi-year document, with annual updates.

- (1) The Plan identifies the needs of seniors and adults with disabilities, and describes the agency's plans for addressing these needs.
- (2) The Plan is a compliance document which provides the basis for the State of Oregon to contract with KBSCC/AAA for the delivery of a range of services to older people and people with disabilities.

The Klamath Basin Senior Citizens' Council /AAA have a full service office located in downtown Klamath Falls at 700 Main Street, Suite 107, Klamath Falls, OR 97601, (541) 205-5400, Fax (541) 205-5402.

## **A – 2 Mission, Vision, Values:**

The mission of the Klamath Basin Senior Citizens' Council is ***“To insure that the older population, low-income, minority groups and those with disabilities within Klamath and Lake Counties have the opportunity of pursuing choices, independence, dignity and quality of life.”*** KBSCC/AAA targets services to seniors with the greatest social and economic need. We continue to monitor and assess programs and services for the most efficient and effective means of providing assistance to eligible clients, especially those whose independence is most at risk. In addition, KBSCC/AAA strives to:

- Lead community planning efforts to meet future service needs of older adults
- Inspire the development of partnerships to work collaboratively on behalf of older adults
- Promote professional knowledge and development
- Serve as advocate for the development of community based services for older adults
- Promote a respect of social and cultural diversity
- Engage older adults and family caregivers in identifying service needs and priorities

Section A-2

The KBSCC/AAA further believes in the rights of older adults to live with dignity and with an adequate income in retirement, to have access to the best possible physical and mental health without regard to economic status and to be given opportunities for employment.

The AAA adopts the following values important to older adults:

- Quality of life

“I want to be treated with dignity and respect”

- Quality of care

“I want service providers to be knowledgeable, experienced and well trained”

- Access and affordability

“I want to be able to easily find services and be able to afford them”

- Choice and person – centered services

“I want to be in charge and have options presented to me”

- Lowest level of care

“I want to stay in my own home”

All together, this information provides the frame work within which the KBSCC/AAA carries out its duties and responsibilities.

## **A – 3 Planning and Review Process:**

The KBSCC/AAA Advisory Council played a critical role in representing the interests of the public and helped to develop the 2013-2016 four year Area Plan. The Council evaluated current program needs and made recommendations on future OAA Services based on funding requirements and current needs identified in the “Needs Assessment Survey”.

The KBSCC/AAA administrative staff and advisory council also did a thorough review of the prior 2008-2011 area plan dated June 19, 2008. This historical review was especially helpful to those newer council members and provided the necessary foundation to move forward.

In every effort to begin establishing priorities and to understand what had changed or shifted in recent years, we drafted and conducted a “Needs Assessment Survey” to be completed by seniors fifty-five years and over, family caregivers and residents with disabilities. The distribution and collection of the completed surveys was done through eleven Town Hall meetings held at various locations throughout Klamath and Lake Counties and presented by staff, council and board members. These surveys were broken down and evaluated by the AAA Advisory Council. (See Appendix C Public Process and the results of our town hall meetings in the surveys section).

Services recommended for funding in 2013-2016 were prioritized as follows:

1. Does the program reach the priority/populations, including those:
  - with low incomes
  - with disabilities
  - who are limited English speaking or have other language barriers
  - who are homebound or geographically isolated
  - who are culturally or socially isolated
2. Does the service fill a gap in the community?
3. Does the program support the individual's ability to remain in their own home as long as possible?

Section A-3

4. Does the program help accomplish the Area Plan goals and objectives?

The Town Hall meeting discussions included an educational component that lead to mutual understanding of many common issues state wide as well as those unique to Klamath and Lake Counties. Another important element in the planning process is going to be achieving and understanding of barriers to service providers.

In 2013 the KBSCC/AAA will convene a Leadership Summit that will be attended by service providers. The focus for this summit will be to exchange ideas on the system of service delivery in Klamath and Lake Counties with three goals:

- 1) Recognizing what is done well.
- 2) Understanding what improvements are needed.
- 3) Identifying issues and trends impacting the delivery of services.

The results of this summit will be analyzed by staff and approved by all Advisory Council members and will be open for further review and discussion at the scheduled Council and Board of Directors meetings.

## **A – 4 Prioritization of Discretionary Funding:**

Identification of administrative and service priorities and discretionary funding is an ongoing process of assessment and analysis. The aging services network diligently strives to meet service challenges in all areas of both counties. The KBSCC/ AAA mission, prior Area Plans, a variety of needs assessments conducted over the years, demographics analysis, public input, and review of the professional literature resonate recurring themes from which priorities are identified. As a result, the most careful outreach efforts along with accountable management practices have assured balanced outcomes in serving seniors.

As stated earlier in this plan, with regard to service priorities the community has been consistent throughout the years. Overwhelmingly, older adults identify services that meet their basic needs for food, housing, transportation, and access to health care as priorities.

It is required that the AAA allocates a minimum amount of funding in three service categories that are referred to under the Older American's Act as "adequate proportion." These three service categories fall within what is known as Title III B Services. The AAA determines the minimum amount of funding to these three service categories in percentages. The percentage set is based upon findings of the needs assessment, identification of alternative sources of funding, and through input from public hearings. A minimum percentage for funding of the three service categories for the 2013-2016 Area Plan will be set.

### **ACCESS**

Includes support services such as case management, transportation, outreach, information and assistance.

### **IN HOME SERVICES**

Includes personal care, homemaker, respite, adult daycare, visiting, minor home modifications.

### **LEGAL ASSISTANCE**

Includes Legal Consultation and Representation.

Section A-4

### **OTHER ALLOWABLE SERVICES**

All supportive services, other than meals, are allowable under OAA Title III-B. In addition to the federal priority services listed above KBSCC/AAA currently spends III-B funds on: KBSCC/AAA Administration.

The identification of priorities reflected in the Area Plan influence systems planning efforts and funding decisions. Planning efforts and funding decisions in turn are driven by the economic environment in which we work today. The years leading up to the " Great Recession of 2008" and the lingering effects of the recession require the KBSCC/ AAA to focus upon protection and maintenance of existing services funded by the AAA. With this in mind, the KBSCC/AAA will pursue a conservative approach in managing Older American's Act funds and adhere to funding decisions that protect and maintain existing services. The AAA does not anticipate an increase in funding and, at best, hopes for flat funding through the Older American's Act.

The 2013-2016 Area Plan priorities reflected above are organized in two overarching goals:

**Goal 1: System Planning**

The KBSCC/ AAA will promote opportunities for improving access and coordination of services in Klamath and Lake Counties.

**Goal 2: Advocacy**

The KBSCC/AAA will advocate for polices that support senior services in Klamath and Lake Counties.

Section A-4

**SECTION B – PLANNING AND SERVICE AREA PROFILE**

## **B – 1 Population Profile:**

Older Americans Act funding is a formula based upon the US Census and Office of Financial Management (OFM) projections. The formula is weighted and includes the same targeting indicators that drive our discretionary funding formula, i.e., number of square miles, number of people age sixty and over, etc. Demographics can assist an organization in designing their service delivery system.

An agency's own statistical information can assist in determining trends and growth which aid in adjusting staffing patterns and focusing efforts that correspond to those trends and growth rates.

### **Demographics-Klamath County General**

As of the census of 2008, there were 63,775 people, 25,205 households, and 17,290 families residing in the county. The population density was 11 people per square mile (4/km<sup>2</sup>). There were 28,883 housing units at an average density of 5 per square mile (2/km<sup>2</sup>). The racial makeup of the county was 87.33% White, 0.63% Black or African American, 4.19% Native American, 0.80% Asian, 0.12% Pacific Islander, 3.45% from other races, and 3.47% from two or more races. 7.78% of the population was Hispanic or Latino. 16.7% were of German, 10.8% Irish, 10.7% English and 9.8% United States or American ancestry according to Census 2000. 92.6% spoke English and 6.1% Spanish as their first language.

There were 25,205 households out of which 30.30% had children under the age of 18 living with them, 54.20% were married couples living together, 10.00% had a female householder with no husband present, and 31.40% were non-families. 25.30% of all households were made up of individuals and 10.40% had someone living alone who was 65 years of age or older. The average household size was 2.49 and the average family size was 2.95.

In the county, the population was spread out with 25.80% under the age of 18, 8.60% from 18 to 24, 25.50% from 25 to 44, 25.20% from 45 to 64, and 14.90% who were 65 years of age or older. The median age was 38 years. For every 100 females age 18 and over, there were 97.30 males.

The median income for a household in the county was \$31,537, and the median income for a family was \$38,171. Males had a median income of \$32,052 versus \$22,382 for females. The per capita income for the county was \$16,719.<sup>1</sup>

### **Demographics-Lake County General**

As of the census of 2008 there were 7,422 people, 3,084 households, and 2,152 families residing in the county. The population density was 1 person per square mile (0/km<sup>2</sup>). There were 3,999 housing units at an average density of 1 per square mile (0/km<sup>2</sup>). The racial makeup of the county was 90.97% White, 0.13% Black or African American, 2.06% Native American, 0.71% Asian, 0.13% Pacific Islander, 3.19% from other races, and 2.48% from two or more races. 5.44% of the population was Hispanic or Latino of any race. 14.1% were of Irish, 14.0% United States or American, 13.8%

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<sup>1</sup> Klamath County General "American Fact Finder" United States Census Bureau Retrieved 2008-01-31  
2013-2016 AREA PLAN

German and 11.8% English ancestry according to Census 2000. 95.9% spoke English and 3.6% Spanish as their first language.

There were 3,084 households out of which 29% had children under the age of 18 living with them, 58.60% were married couples living together, 7.50% had a female householder with no husband present, and 30.20% were non-families. 26.20% of all households were made up of individuals and 11.10% had someone living alone who was 65 years of age or older. The average household size was 2.39 and the average family size was 2.84.

In the county, the population was spread out with 24.90% under the age of 18, 5.10% from 18 to 24, 24.30% from 25 to 44, 28.10% from 45 to 64, and 17.70% who were 65 years of age or older. The median age was 43 years. For every 100 females there were 100.50 males. For every 100 females age 18 and over, there were 98.30 males.

The median income for a household in the county was \$29,506, and the median income for a family was \$36,182. Males had a median income of \$29,454 versus \$23,475 for females. The per capita income for the county was \$16,182. About 13.40% of families and 16.10% of the population were below the poverty line, including 20.40% of those under age 18 and 9.50% of those age 65 and over.<sup>2</sup>

<b>Characteristic</b>	<b>Klamath County</b>	<b>Lake County</b>
60 and over <sup>1</sup>	16,129	2265
Low Income <sup>2</sup>	982	87
Minority <sup>3</sup>	278	**26
Low income minority <sup>4</sup>	94	**
Disabled <sup>5</sup>	4,282	569
LEP <sup>6</sup>	136	0
Rural <sup>7</sup>	***	***
Native American Elders <sup>8</sup>	329	26
Native American Tribes	Klamath Tribe	

1=ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2006-2010 American Community Survey 5-Year Estimates

2= POVERTY STATUS IN THE PAST 12 MONTHS BY SEX BY AGE Universe: Population for whom poverty status is determined 2006-2010 American Community Survey 5-Year Estimates.

\*Only have estimates in age groups 65-74 and 75+. The 55-64 age groups include 1,255 people in Klamath and 162 in Lake.

3= SEX BY AGE by Ethnicity 2006-2010 American Community Survey 5-Year Estimates (\*only 65+)

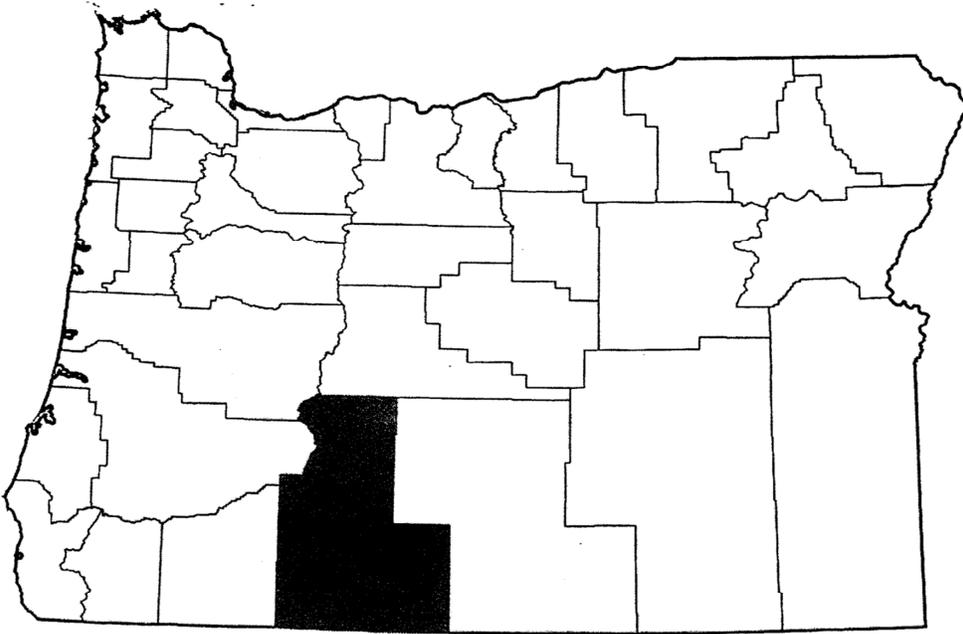
4=POVERTY STATUS IN THE PAST 12 MONTHS BY AGE by Ethnicity 2006-2010 American Community Survey 5-Year Estimates (\*only 65+). \*\*Sample too small.

<sup>2</sup> Lake County General "American Fact Finder" United States Census Bureau Retrieved 2008-01-31

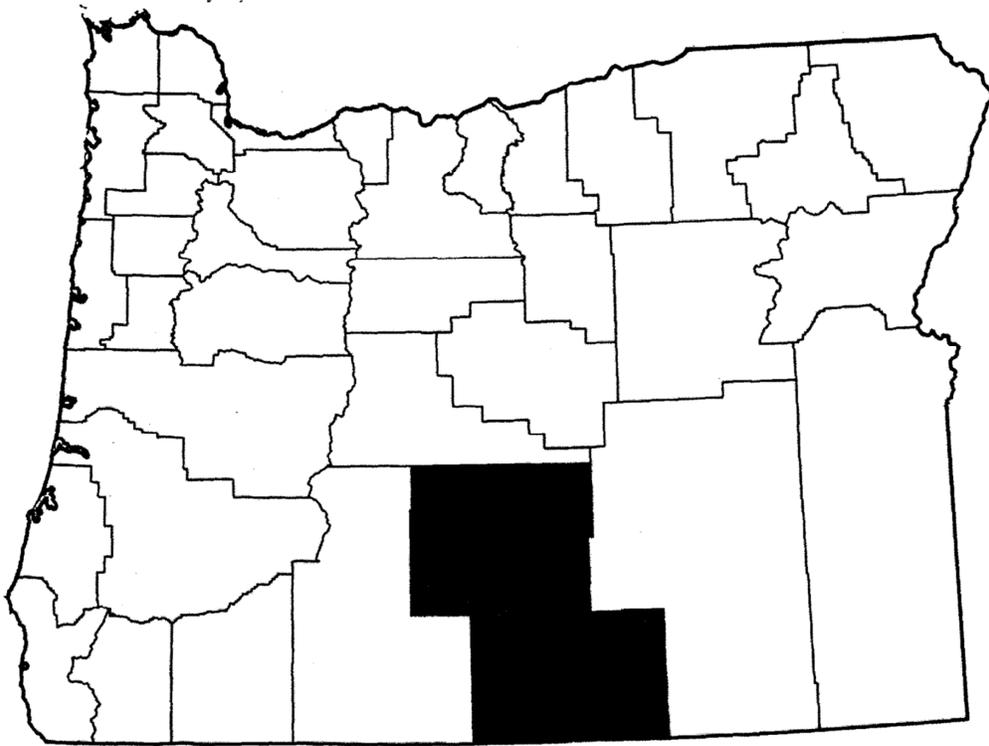
- 5= DISABILITY CHARACTERISTICS 2010 American Community Survey 1-Year Estimates (\*65+ only) Section B-1
- 6=AGE BY LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Universe: Population 5 years and over 2006-2010 American Community Survey 5-Year Estimates Source: U.S. Census Bureau, 2006-2010 American Community Survey. 65+ only and those indicated as “Speak English ‘not well’” or “Speak English ‘not at all’”.
- 7=\*\*\*No statistics available for rural designation by age for either 2000 Census nor Community Survey.
- 8= AGE by Ethnicity 2006-2010 American Community Survey 5-Year Estimates (\*only 65+)

Section B-1

KLAMATH COUNTY, OREGON



LAKE COUNTY, OREGON



## These are the results of our Town Hall Meeting surveys for the two counties:

<b>Klamath County</b>			
	Yes	No	
Are you over the age 55?	59	1	
If you answered NO above, are you a caregiver for a person over the age of 55?	3		
<b>Healthcare</b>			
	Yes	No	
1. a. Getting physical exams by a physician?	36	20	
1. b. If YES have your needs been satisfied?	26	4	
2. Getting a health screening at home, church, or elsewhere?	21	34	
3. Getting treatments for ailments?	29	24	
4. Paying for medical expenses?	26	27	
5. Getting help paying Medicare Premiums?	19	34	
6. Understanding health insurance benefits?	36	18	
7. Are you in need of dental care?	26	30	
8. Can you afford dental care?	17	38	
9. Do you go without medication because of lack of funds?	11	46	
10. Are you in need of eye care?	31	22	
11. Can you afford eye care?	26	32	
12. Do you have enough money for food?	45	11	
13. Can you afford to eat healthy foods?	41	15	
14. a. Do you have access to a senior meal site?	60		
14. b. Do you dine at this facility?	49	7	
15. If appropriate, who would you describe the food?	Good 39	Acceptable 15	Poor 1
16. If you do not have one, would you like to see a senior meal site in your community?	Yes 12	No 30	Not applicable 30
17. Do you see the benefits of a Senior Center?	Yes 52	No 3	
<b>Transportation</b>			
	Yes	No	
18. Do you have transportation for shopping?	55	3	
19. Do you have transportation to healthcare appointments?	54	5	
20. Do you have access to public transportation?	28	27	
21. do you have transportation to religious services?	44	13	
22. Can you get from your door to transportation?	47	7	
23. In your community, is there public transportation?	21	35	
<b>Homecare</b>			
	Yes	No	
24. Light House Keeping?	16	35	
25. Cooking	12	41	
26. Laundry	11	42	
27. Yard work	22	32	
28. Personal care such as bathing, grooming, etc.	7	45	
29. Minor home repairs	22	31	
30. Major home repairs	23	30	
31. Can you manage your monthly household expenses such as power bills, etc.?	46	8	
<b>Miscellaneous</b>			
	Yes	No	
32. Legal assistance	11	42	
33. Companionship	6	48	
34. Daily Money Management	6	49	
35. Secure Healthier Meals	11	37	
36. What other needs do you (or the person for whom you provide care) have that have not been mentioned? (Please describe)			Section B-1

Mental Health-1      Errands-3      Companship-1      Foster Care-1      Paying Bills-1      Storage-1  
 TV-1

37. a. Do you (or the person for whom you are providing care for) suffer from any of the following?	37. b. Are you being treated?	
	Yes	No
Alzheimer's	4	14
Depression	8	14
Diabetes	19	12
Hearing problems	19	12
Heart disease	7	15
High blood pressure	29	10
Mobility problems	17	12
Stroke	6	15
Vision Problems	24	12

38. Have you (or the person for whom you provide care) had a physical examination by a physician in the past 12 months?      Yes      No  
 34      7

39. Approximately, how much do you spend each month on medical care and drugs out of pocket? (not covered by insurance)					
\$4 to \$6 - 1	\$10 to \$15 - 3	\$20 - 1	\$35 - 1	\$40 - 2	\$60 - 3
\$63 - 1	\$50 - 2	\$100 - 4	\$150 - 1	\$300 to \$400 - 1	\$700 - 1
Tribe					

40. Do you participate in the senior citizen's center?      Yes      No  
 15      33

41. If yes, what types of services or activities attract you to this center?					
Bingo - 2	Meals - 11	Transportation - 1	Crafts - 3	Companionship-2	Exercise - 1
Games - 1	Socialization - 3	Assistance - 1	Local Center - 2		

42. How well informed are you about the many services provided for senior citizens within your community?      Not Informed      Poorly Informed      Somewhat informed      Well informed  
 8      5      29      9

43. Have you sought assistance from any of the following?      Yes      No      Not Sure

A. Area Agency on Aging / Klamath and Lake Counties	8	40	5
B. State of Oregon Seniors Program	16	34	3
C. Charitable organizations (Salvation Army or church food banks)	18	31	1
D. A family member	17	32	4
E. Friends	11	29	3
F. Professional help	10	33	1
G. Your local government	7	33	1
H. Senior Citizen Center	13	28	1
I. Utilities	14	28	1

44. Generally speaking, are you satisfied or dissatisfied with the services provided for senior citizens in your community?

Strongly Dis	Moderately Dis	Slightly Dis	Slightly Sat	Moderately Sat	Strongly Sat	Never Used
5	6	1	6	9	8	11

45. Overall, are you satisfied or dissatisfied with life in general?

Strongly Dis	Moderately Dis	Slightly Dis	Slightly Sat	Moderately Sat	Strongly Sat	Section B-1
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5	1	1	2	20	20
46. How frequently do you rely on others for assistance of any kind?					
Never	Hardly ever	Few days/ month	Few days/ week	Nearly every day	Every day
8	24	8	4	6	3

47. In the past, when seeking assistance with senior citizen services, what type of problems have you encountered?					
Fuel	Do not qualify	SHIBA Volunteer	K.Falls too far		

48. a. Do you need more assistance?				Yes	No
				10	38

48. b. If Yes, what type do you need?					
Job -1	Caregiver -1	Housework -1	Money for Meds - 1		

49. a. Are you disabled in any way?				Yes	No
				20	28

49. b. If Yes, in what way are you disabled?					
Emphysema -1	Driving - 2	Hearing - 2	Age - 1	PTSD-Lupus -1	
Shopping - 1	Blind - 2	Knees Hurt - 2	Walking - 7	Paralyzed - 1	
Back Problems - 3	Spinal Stenosis-1				

50. Do you drive a car?				Yes	No
				45	11

51. In what year were you born?					
1912	1921	1930	1939 -2	1948 - 3	1957
1913	1922	1931 - 2	1940 - 2	1949	1958
1914	1923	1932 - 1	1941 - 7	1950 - 1	
1915	1924	1933 - 2	1942 - 1	1951 - 2	
1916	1925	1934	1943 - 5	1952 - 1	
1917	1926 - 1	1935 - 1	1944 - 3	1953 - 1	
1918	1927	1936 -4	1945 - 1	1954	
1919	1928 - 2	1937 -3	1946 - 4	1955	
1920	1929 - 1	1938 - 2	1947 - 4	1956	

52. Do you live in an incorporated city or county?				City	County
				13	19

53. What is your marital status?			Married	Single	Divorced/Separate	Widowed
			25	7	9	9

54. Do you live in one of the following?			Own home	Traditional Apt.	Senior Apt.	Son's Home
			33	3		2

55. Do you believe that senior service funding should be shared by city and county government?				Yes	No
				35	14

56. Your Zip Code?		Chiloquin 97624-13	K. Falls 97601 - 9	K. Falls 97603 - 4	Beatty 97621 -4	Eagle Crk 97022-1
Bly 97622 - 15	White Salmon, WA	97672 - 1	Bonanza 97623-9			

57. To which racial group do you belong?		Hispanic	Black	White	Asian	Native American
		3		31	1	12

58. Are you:				Female	Male
				33	21

59. Would you be able to volunteer for fundraising for the Area Agency on Aging?				Yes	No
				11	45

60. Would you be interested in working part-time?				Yes	No
				12	44

**Lake County**

	Yes	No
Are you over the age 55?	17	
If you answered NO above, are you a caregiver for a person over the age of 55?		2

**Healthcare**

	Yes	No	
1. a. Getting physical exams by a physician?	11	7	
1. b. If YES have your needs been satisfied?	5	3	
2. Getting a health screening at home, church, or elsewhere?	5	12	
3. Getting treatments for ailments?	9	9	
4. Paying for medical expenses?	10	7	
5. Getting help paying Medicare Premiums?	6	11	
6. Understanding health insurance benefits?	9	6	
7. Are you in need of dental care?	10	7	
8. Can you afford dental care?	7	10	
9. Do you go without medication because of lack of funds?	4	14	
10. Are you in need of eye care?	7	11	
11. Can you afford eye care?	11	7	
12. Do you have enough money for food?	15	3	
13. Can you afford to eat healthy foods?	12	5	
14. a. Do you have access to a senior meal site?	14	4	
14. b. Do you dine at this facility?	14	2	
15. If appropriate, who would you describe the food?	Good 13	Acceptable 1	Poor 1 Not applicable
16. If you do not have one, would you like to see a senior meal site in your community?	Yes 7	No 1	
17. Do you see the benefits of a Senior Center?	Yes 11	No	

**Transportation**

	Yes	No
18. Do you have transportation for shopping?	15	2
19. Do you have transportation to healthcare appointments?	15	2
20. Do you have access to public transportation?	9	9
21. do you have transportation to religious services?	11	6
22. Can you get from your door to transportation?	15	3
23. In your community, is there public transportation?	5	12

**Homecare**

	Yes	No
24. Light House Keeping?	5	12
25. Cooking	3	14
26. Laundry	2	15
27. Yard work	6	11
28. Personal care such as bathing, grooming, etc.	1	15
29. Minor home repairs	5	11
30. Major home repairs	5	12
31. Can you manage your monthly household expenses such as power bills, etc.?	15	3

**Miscellaneous**

	Yes	No
32. Legal assistance	3	14
33. Companionship	5	11
34. Daily Money Management	2	16
35. Secure Healthier Meals	7	11
36. What other needs do you (or the person for whom you provide care) have		

that have not been mentioned? (Please describe)

firewood meals on wheels

37. a. Do you (or the person for whom you are providing care for) suffer from any of the following?	37. b. Are you being treated?	
	Yes	No
Alzheimer's	1	12
Depression	5	10
Diabetes	3	12
Hearing problems	11	6
Heart disease	7	8
High blood pressure	6	10
Mobility problems	4	11
Stroke	2	13
Vision Problems	8	7

38. Have you (or the person for whom you provide care) had a physical examination by a physician in the past 12 months?

Yes	No
13	3

39. Approximately, how much do you spend each month on medical care and drugs out of pocket? (not covered by insurance)					
\$40.00 - 1	\$50.00 - 1	\$20.00 - 1	\$30.00 - 1	\$200.00 - 3	\$100.00 - 1

40. Do you participate in the senior citizen's center?

Yes	No
1	5

41. If yes, what types of services or activities attract you to this center?
meals
companionship

42. How well informed are you about the many services provided for senior citizens within your community?

Not Informed	Poorly Informed	Somewhat informed	Well informed
5	1	5	2

43. Have you sought assistance from any of the following?

Yes	No	Not Sure
A. Area Agency on Aging / Klamath and Lake Counties	1	14
B. State of Oregon Seniors Program		14
C. Charitable organizations (Salvation Army or church food banks)	3	12
D. A family member	1	4
E. Friends	2	16
F. Professional help	2	15
G. Your local government	2	15
H. Senior Citizen Center		7
I. Utilities	2	14

44. Generally speaking, are you satisfied or dissatisfied with the services provided for senior citizens in your community?

Strongly Dis	Moderately Dis	Slightly Dis	Slightly Sat	Moderately Sat	Strongly Sat	Never Used
3	2	2	2	4	2	1

45. Overall, are you satisfied or dissatisfied with life in general? Section B-1



Are you over the age 55?	Yes 76	No 1	
If you answered NO above, are you a caregiver for a person over the age of 55?	3	2	
<b>Healthcare</b>			
1. a. Getting physical exams by a physician?	Yes 47	No 27	
1. b. If YES have your needs been satisfied?	31	7	
2. Getting a health screening at home, church, or elsewhere?	26	46	
3. Getting treatments for ailments?	38	33	
4. Paying for medical expenses?	36	34	
5. Getting help paying Medicare Premiums?	25	45	
6. Understanding health insurance benefits?	45	24	
7. Are you in need of dental care?	27	37	
8. Can you afford dental care?	24	48	
9. Do you go without medication because of lack of funds?	15	60	
10. Are you in need of eye care?	38	43	
11. Can you afford eye care?	41	39	
12. Do you have enough money for food?	60	14	
13. Can you afford to eat healthy foods?	53	20	
14. a. Do you have access to a senior meal site?	74	4	
14. b. Do you dine at this facility?	63	9	
15. If appropriate, who would you describe the food?	Good 52	Acceptable 16	Poor 2
16. If you do not have one, would you like to see a senior meal site in your community?	Yes 19	No 1	Not applicable 30
17. Do you see the benefits of a Senior Center?	Yes 63	No 3	
<b>Transportation</b>			
18. Do you have transportation for shopping?	Yes 70	No 5	
19. Do you have transportation to healthcare appointments?	69	7	
20. Do you have access to public transportation?	37	36	
21. Do you have transportation to religious services?	55	19	
22. Can you get from your door to transportation?	62	10	
23. In your community, is there public transportation?	26	47	
<b>Homecare</b>			
24. Light House Keeping?	Yes 21	No 47	
25. Cooking	15	55	
26. Laundry	13	57	
27. Yard work	28	43	
28. Personal care such as bathing, grooming, etc.	8	60	
29. Minor home repairs	27	42	
30. Major home repairs	28	42	
31. Can you manage your monthly household expenses such as power bills, etc.?	61	11	
<b>Miscellaneous</b>			
32. Legal assistance	Yes 14	No 56	
33. Companionship	11	59	
34. Daily Money Management	8	65	
35. Secure Healthier Meals	18	48	
36. What other needs do you (or the person for whom you provide care) have that have not been mentioned? (Please describe)			
firewood	meals	paying bills	storage
foster care	companionship	errands	mental health
television			

37. a. Do you (or the person for whom you are providing care for) suffer from any of the following?			37. b. Are you being treated?	
	Yes	No	Yes	No

Alzheimer's	5	26	4	9
Depression	13	24	11	9
Diabetes	22	24	17	11
Hearing problems	30	18	14	18
Heart disease	14	23	12	9
High blood pressure	35	20	30	8
Mobility problems	21	23	10	15
Stroke	8	28	6	10
Vision Problems	32	19	20	14

38. Have you (or the person for whom you provide care) had a physical examination by a physician in the past 12 months?	Yes	No
	47	10

39. Approximately, how much do you spend each month on medical care and drugs out of pocket? (not covered by insurance)			
\$40.00 - 3	\$50.00 - 3	\$20.00 - 2	\$30.00 - 2
\$200.00 - 1	\$100.00 - 5	\$300. to \$400. - 1	\$700.00 - 1
\$4 to \$6 - 1	\$60.00 - 3		

40. Do you participate in the senior citizen's center?	Yes	No
	16	38

41. If yes, what types of services or activities attract you to this center?		
Bingo	Meals	Transportation
Crafts	Companionship	Exercise
Games	Assistance	

42. How well informed are you about the many services provided for senior citizens within your community?	Not Informed	Poorly Informed	Somewhat informed	Well informed
	13	6	34	11

43. Have you sought assistance from any of the following?	Yes	No	Not Sure
A. Area Agency on Aging / Klamath and Lake Counties	9	54	7
B. State of Oregon Seniors Program	16	48	4
C. Charitable organizations (Salvation Army or church food banks)	21	43	1
D. A family member	18	35	5
E. Friends	13	45	5
F. Professional help	12	48	1
G. Your local government	9	48	1
H. Senior Citizen Center	13	35	10
I. Utilities	16	42	1

44. Generally speaking, are you satisfied or dissatisfied with the services provided for senior citizens in your community?	Strongly Dis	Moderately Dis	Slightly Dis	Slightly Sat	Moderately Sat	Strongly Sat	Never Used
	8	8	3	8	13	10	12

45. Overall, are you satisfied or dissatisfied with life in general?	Strongly Dis	Moderately Dis	Slightly Dis	Slightly Sat	Moderately Sat	Strongly Sat	Never Used
	6	1	1	4	26	28	

46. How frequently do you rely on others for assistance of any kind?	Never	Hardly ever	Few days/ month	Few days/ week	Nearly every day	Every day	Section B-1
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11	33	10	6	6	3
47. In the past, when seeking assistance with senior citizen services, what type of problems have you encountered?					
Fuel	SHIBA volunteer	K. Falls too far.	Do not qualify		

48. a. Do you need more assistance?	Yes	No
	13	44

48. b. If Yes, what type do you need?					
Job	Caregiver	Housework	Money for meds	Shopping	Paying utilities
Advocate for medical care					

49. a. Are you disabled in any way?	Yes	No
	25	37

49. b. If Yes, in what way are you disabled?					
Arthritis	Low back/legs	Emphysema	Blind	Hearing	PTSD
Lupus	Paralyzed	Age			
Spinal Stenosis	Walking				

50. Do you drive a car?	Yes	No
	59	14

51. In what year were you born?					
1912	1921	1930	1939 - 3	1948 - 5	1957
1913	1922	1931 - 2	1940 - 3	1949	1958
1914	1923	1932 - 1	1941 - 7	1950 - 2	
1915	1924	1933 - 3	1942 - 1	1951 - 2	
1916	1925 - 1	1934 - 1	1943 - 5	1952 - 1	
1917	1926 - 1	1935 - 1	1944 - 5	1953 - 2	
1918	1927	1936 - 4	1945 - 1	1954	
1919	1928 - 2	1937 - 3	1946 - 5	1955	
1920	1929 - 2	1938 - 4	1947 - 5	1956	

52. Do you live in an incorporated city or county?	City	County
	15	31

53. What is your marital status?	Married	Single	Divorced/Separate	Widowed
	33	10	12	12

54. Do you live in one of the following?	Own home	Traditional Apt.	Senior Apt.	Family member's home
	49	3		2

55. Do you believe that senior service funding should be shared by city and county government?	Yes	No
	43	18

56. Your Zip Code?
--------------------

57. To which racial group do you belong?	Hispanic	Black	White	Asian	Other	Native American
	3		42	1	4	12

58. Are you:	Female	Male
	42	28

59. Would you be able to volunteer for fundraising for the Area Agency on Aging?	Yes	No	Maybe
	11	62	1

60. Would you be interested in working part-time?	Yes	No
	12	60

## **B – 2 Target Population:**

The Older Americans Act requires that funds be targeted to older adults aged 60 and over with special emphasis on the following populations:

- older individuals residing in rural areas.
- older individuals with greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas).
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).
- older individuals with severe disabilities.
- older individuals with limited English proficiency.
- older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).
- older individuals at risk for institutional placement.

The Klamath and Lake County KBSCC/ AAA continue to fulfill the targeting requirements of the OAA in many ways. Methods for indentifying these targeted populations include periodic needs assessment, review of census information, and integration of services with other agencies. The KBSCC/ AAA coordinate services, planning and advocacy activities, as well as outreach efforts, with various community groups serving our client populations. KBSCC/ AAA staff participates in transportation planning, homeless task forces, mental health services, elder abuse prevention and other health care services.

The KBSCC/ AAA continue to work on increasing minority participation. One member of the KBSCC/AAA staff is bilingual which enables us to assist those who are non-English speaking not only daily but also at health fairs, and other senior events.

The KBSCC/AAA staff continually provides advice and technical assistance to our volunteers and other non-profit organizations striving to provide services in rural areas. Klamath and Lake Counties are geographical two of the largest counties in Oregon which is a barrier to services in rural areas. The KBSCC/AAA staff works closely with providers to enhance our network of senior service providers. A barrier the KBSCC/AAA faces in this endeavor is limited providers of some service. Ultimately, the delivery of services is contingent not only upon the availability of funding but also upon the presence of suitable providers willing and able to execute the contracts.

The identification of priorities and targeting the mandated populations is an ongoing process that is formally discussed and reviewed with the annual update of the Area Plan. Twice a year, KBSCC/ AAA staff will review Area Plan objectives. Objectives are altered, deleted, or added based on the feasibility of said objectives and on current community needs.

Section B-2

## **B – 3 AAA Administration and Services**

Listing of all programs and services offered to older persons and individuals with disabilities living in Klamath and Lake County that are included as part of KBSCC/AAA or its network of subcontractors.

<b>Services</b>	<b>Klamath Falls</b>	<b>Chiloquin</b>	<b>Bonanza</b>	<b>Malin</b>	<b>Bly</b>	<b>Beatty</b>	<b>La Pine</b>	<b>Lakeview</b>	<b>Paisley</b>	<b>Summers Lake</b>	<b>Christmas Valley</b>
<b>Information and Assistance</b>	X							X			
<b>Outreach</b>	X							X			
<b>Transportation</b>	X							X			
<b>Medical Transportation</b>	X							X			
<b>Congregate Meals</b>	X	X	X	X	X	X		X	X	X	X
<b>Home Delivered Meals</b>	X						X	X			
<b>Legal Assistance</b>	X							X			
<b>Counseling</b>	X							X			
<b>Elder Abuse Prevention</b>	X							X			
<b>Chore and Friendly Visitors Programs</b>	X							X			
<b>Family caregiver Support Program</b>	X							X			

<b>Caregiver Training</b>	X							X			
<b>Medication Management</b>	X							X			
<b>Ethnic Meal Sites</b>		X		X		X					

**Services to the Target Population-** The Older Americans Act requires programs to target individuals with the greatest need. These targets include individuals with greatest economic and social needs, who live in a rural location, are members of an ethnic minority group, and with special focus on those consumers who are at risk of institutional placement.

**Information and Assistance (I&A)** is the provision of services for older individuals that (1) provide current information on opportunities and services available within a community, including information related to assistive technology; (2) assess the problems and capabilities of individuals;(3) link the individuals to opportunities and services available and (4) ensure, to the maximum extent possible, that individuals receive the needed services and are aware of the opportunities available to them. Functions of I&A include information giving, service referral, assistance, client advocacy, and screening for referral to another agency for a comprehensive assessment. I&A programs are also responsible for program publicity and developing and maintaining a file of community resources available to seniors. This component involves one-to-one, rather than group, contact with clients. (Funded by Title III-B)

**Outreach** – provides outreach, information, Family Caregiver Support training, telephone reassurance and friendly visiting to elders in both Klamath and Lake Counties. We also provide limited outreach to older persons of other ethnic minorities or with limited English proficiently. Technical assistance is also provided to OAA Title VI American Indian Elder nutrition programs and cultural programs at two locations in Klamath County. (Funded by Title III-B)

**Transportation** services are designed to transport older persons to and from social services, medical and health care services, meal programs, senior centers, shopping and recreational activities to enable such services to be accessible to eligible individuals who have no other viable means of transportation. Personal assistance for those with limited physical mobility is provided. (STF- Special Transportation funding and Title III CI)

**Medical Transportation** – provides transportation to covered medical services for persons eligible for State medical assistance (Medicaid) who have no other means of transportation available, or whose available transportation services are inadequate or inappropriate to meet the client’s needs. (Funded by Medicare and Medicaid funding through Translink)

## **Nutrition**

1. Congregate Nutrition services – helps meet the complex nutritional needs of older persons who are nutritionally at risk by providing nutritionally sound, satisfying meals, and other nutritional services, including nutritional outreach and education, in a group setting.
2. Home-Delivered Meals – provides nutritious meals and other nutrition services to older persons, and persons eligible under Title XIX, who are homebound due to illness, incapacitating disability, or who are otherwise isolated. Services are intended to maintain and improve the health status of these individuals, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, or other residential care facilities.
3. Senior Farmers Market Program – provides fresh, locally grown produce to home delivered meal clients, through congregate meal programs, or through vouchers to be used at Farmers Markets throughout the region. (Nutritional Services are funded by Title III- C1 and Title III- C2 funding and other sources. Additional outside funding for rural Klamath County congregate meal sites are Klamath County Grant and United Way. Klamath Falls City Congregate meals are partially funded the city of Klamath Falls and United Way.)

**Senior Legal Assistance** – assists older persons in advocating for their rights, benefits, and entitlements. Services in non-criminal matters are provided by an attorney, focusing on priority areas of access to food and shelter and ranging from advice and drafting of simple legal documents. Services also include disseminating information about legal issues to older persons, service providers, and bar associations through lectures, group discussions, and the media. (Funded by Title IIIB)

**Counseling** – Lending a sympathetic ear to seniors and family members to resolve problems. (Funded by Title III-B)

**Elder Abuse Prevention** – Department of Human Services provides Adult Protective Services. APS evaluates alleged abuse, neglect, and exploitation of vulnerable adults. With the consent of vulnerable adult, APS assist the individual to obtain needed services. APS activities are constrained by statute.

They are not authorized to place individuals into protective custody, even for self-neglect. Referral to the mental health system for an evaluation is appropriate in some circumstances. The KBSCC/AAA staff sits on the Elder Abuse Prevention Council in Klamath County but they, too, have limited authority to detain individuals against their will. (Funded by Title VII-B)

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**Chore and Friendly Visitors Programs** – Volunteer services that assist seniors with small household tasks and contracts seniors that are home bound to provide personal support. (Funded by Title III-B & Title III-D)

**Family Caregiver Support Program** – A program designed to assist families and caregivers with training, information and referral services. (Funded by Title III-E)

**Caregiver Training** – provides training in a classroom setting in the fundamentals of care giving and continuing education training for care givers. (Funded by Title III-E)

**Medication Management** – provides assistance in accessing low cost on subsidized medications and screens for Medicare Part D subsidy eligibility for persons who are low income. In addition, provides education training and resources for older adults to manage their medications wisely.

### **Ethnic Meal sites**

The Tribal Commodities Office provides information on proper nutrition, storage and preparation of commodity food. Deliveries are provided monthly to senior citizens who meet eligibility requirements. A senior's nutrition project serves meals two times a week both in Chiloquin and in Beatty, which also gives seniors the opportunity to socialize. Technical assistance is also provided to OAA Title VI American Indian Elder Nutrition and Cultural Programs.

The KBSCC/AAA also serves the Latino community through a meal site in Malin, Klamath County that serves meals that accommodate the tastes and textures of the culture, and allows for this group to communicate fluently with one another in their native language.

## **B – 4 Community Services Not Provided by the AAA:**

This section describes services that are available in our area from providers other than the KBSCC/AAA or its contractors. Some of the programs are provided by for-profit and/or non-governmental agencies. When viewed in conjunction with AAA services provided through the KBSCC/AAA, the services identified here illustrate the range of long term care services and support offered to the elderly and adults with disabilities in the region. Not all need is addressed by AAA programs, and following services help meet the needs of elders. Though the number of resources is great, agencies are unable to meet the complete needs of elders in our two Counties due to lack of funding and other resources.

KBSCC/AAA recognizes that partnerships are crucial to leveraging resources and bridging service delivery gaps. We have had a long standing agreement with Oregon Division of Aging and People with Disabilities (APD). KBSCC/AAA has signed a Memorandum of Understanding (MOU) formalizing this partnership. The executed (MOU) clearly describing how the KBSCC/AAA coordinates with the local (APD) services. The executed (MOU) is included in Appendix G.

### **BASIC RESOURCES: FOOD**

#### **Klamath County**

Klamath Gospel Mission  
Hot meals served daily  
541-882-4895

#### **Tribal**

The Klamath Tribes  
541-783-2219

Oregon Family Nutrition Program  
Free if eligible for food stamps  
541-883-7173

### **BASIC RESOURCES: CLOTHING**

#### **Klamath County**

Hospice Thrift Shop Treasures  
541-880-0596

Klamath Falls Gospel Mission  
Furniture and clothing free  
541-8824895

Salvation Army  
Vouchers may be available  
541-882-5280

#### **Lake County**

Dorcas Depot  
12-4pm Wednesday  
541-576-2906

Heaven Sent Opportunity Shop  
Thursday 10-5pm  
541-947-4884

## **BASIC RESOURCES: HOUSING; UTILITY / WEATHERIZATION ASSISTANCE**

### **Klamath County**

Klamath & Lake Community  
Action Service  
Low income energy assistance  
541-882-3500

Oregon Telephone  
Assistance Program  
(For those on food stamps/  
Medicaid/OHP)  
800-848-4442

Klamath Lake Regional  
Center  
Weatherization  
541-8845589

Salvation Army  
Utilities  
541-882-5280

United Christian Ministries  
Tuesday Interviews at (9:30 to 11:00 am)  
1745 Main Street  
Klamath Falls, OR 97601  
No Phone Calls Please!

Oregon Human Development  
Weatherization  
541-8837188 (ext. 11)

### **Lake County**

Oregon Human Development  
Weatherization  
541-8837186 (ext.11)

Inner Court Family Center  
Utilities (Mon-Thurs 9-5pm)  
541-943-3551

Lake Co. Senior Center  
Utilities  
541-947-6035

## **BASIC RESOURCES: HOUSING: SHELTERS**

### **Klamath County**

Klamath Falls Gospel Mission  
Emergency shelter for homeless  
men, women with children  
541-882-4895

Klamath Crisis Center  
Shelter for women and children  
fleeing domestic violence  
541-884-0390

### **Lake County**

Lake county Crisis Center  
Shelter vouchers for women  
fleeing domestic violence  
800-338-7590

## **BASIC RESOURCES: HOUSING: RENTAL ASSISTANCE**

### **Klamath County**

Klamath Housing Authority  
541-884-0649

Salvation Army  
541-882-5280

### **Tribal**

The Klamath Tribes  
Low rent, weatherization  
541-783-2219  
800-524-9787

## **BASIC RESOURCES: HOUSING: TRANSITIONAL HOUSING**

### **Klamath and Lake Counties**

HUD/Klamath Housing Authority (Section 8)  
541-884-0649

### **Benefits/Other Assistance**

Social Security-SSDI, SSI SSB  
800-772-1213

### **Veterans Services**

Assistance in filing and following through  
with veteran benefits  
541-883-4274  
800-382-9296

### **DHS and SPD Self Sufficiency**

Food stamps, OHP application  
541-883-5511, 541-883-5551

### **Spokes**

Advocate for disability, issues/claims  
541-8837547

### **Oregon Legal Services**

Legal Aid Services of Oregon  
403 Pine Street, Suite 250  
Klamath Falls OR 97601  
541-882-2008, 888-250-9877

## COUNCILING

### Klamath County

Klamath County Mental Health  
541-882-7291

Lutheran Community Services  
541-8833471

### Lake County

Lake County Mental Health  
541-947-6021

### Tribal

Klamath Tribal Health and Family  
541-882-1487

## CRISIS

### Klamath County

Crisis Helpline  
Crisis referral services and  
Domestic violence  
541-884-0390  
800-452-3669

Sky lakes Medical Center  
Medical only  
541-883-6176

Klamath County Mental Health  
Mental health related Crisis  
541-882-7291

American Red Cross  
541-884-4125

### Lake County

Lake County Crisis Center  
541-947-2449  
800-338-7590

Lake County Mental Health  
541-947-6021

## EMERGENCY SERVICES

### Klamath County

Emergency  
9-1-1

Klamath Falls city Police  
541-883-5336

Klamath Falls City Police  
541-883-5336

### Lake County

Emergency  
9-1-1

Lake County Emergency Dispatch  
541-947-2504

Klamath County Sheriff  
541-883-5130

State Police Dispatch  
541-883-5711

Klamath County Fire Department  
District 4  
541-885-2058

Klamath County Fire Department  
District 1  
541-884-1670

## **MEDICAL/HEALTH**

### **Klamath County**

Basin Immediate Care  
541-883-2337

Klamath County Health Department  
541-8828849

Klamath Family Open Door Clinic  
541-851-8110

Veterans Clinic  
541-273-6206

### **Lake County**

North Lake Health Clinic  
541-576-2343

Lake County Public Health  
541-947-6045

Lake County District Hospital

Inter Court Family Center  
(Paisley Nurse's Station)  
541-882-1487

### **Tribal**

Klamath Tribal Health and Family Service  
541-882-1487

## **TRANSPORTATION**

Public Transportation  
541-883-2877

DAV (White City)  
541-273-0256

Dial-A-Ride  
Transportation service for  
Senior & Disabled  
541-883-2877

**Tribal**  
The Klamath Tribes  
541-882-1487  
800-522-6290

Klamath Basin Senior Center  
541-883-7171

## **SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES**

### **C – 1 Local Issue Areas, Older Americans Act and Statewide Issue Areas**

#### **ISSUE AREA: Successfully Building Aging Friendly Communities**

**PROFILE:** An aging friendly community is one where older adults are vitally involved, supported, and valued. They are in essence good places for older people to live. Older adults are viewed as resources, and interconnectedness is encouraged between all age groups in the community. In many ways, what makes a community aging friendly makes it friendly to all—affordable housing, access to health care, clean neighborhoods, safe streets, economic security, transportation, community accessibility, service opportunities and rich and diverse social and cultural activities. An aging friendly community is one where a person can reside their entire life, if desired, and contains physical and social infrastructure responsive to the changing needs and capabilities of community members as they age.

The need for aging friendly communities is becoming more important than ever because of changing demographic trends. By 2030, one in five Americans will be age 65 and older. The aging of the boomers will have a significant impact on all systems as they age in place. The overwhelming majority of older Americans will remain in their own homes and communities as they grow older. Older adults are less likely to change residence than other age groups. From 2008 to 2009, only 3.4% of older persons moved opposed to 13.8% of the under 65 population. 62.7% of the older movers stayed in the same county, 83.7% remained in the same state and only 16.3% moved out-of-state. This will mean a graying of suburbia in most urban areas, and rural parts of the county are currently seeing a growing older adult population and an outmigration of younger adults. <sup>1</sup>

Though this demographic shift will provide certain challenges, it will also provide immense opportunity. The boomer generation is healthier, better educated and more affluent than previous older populations. Recognizing this generation as a rich source of expertise and power for volunteerism, community enrichment and activism will be important in the coming years. <sup>2</sup>

<sup>1</sup>Scharlach, Andrew E. *Creating Aging friendly Communities*, *Generations*, Summer 2008 33(2), pg. 5-11.

<sup>2</sup> Administration on Aging, 2010, *A Profile of Older Americans*, 2010, ([http://www.aoa.gov/AoARoot/Aging\\_statistic/Profile/index.aspx](http://www.aoa.gov/AoARoot/Aging_statistic/Profile/index.aspx), accessed August 11.)

National Livable community organizations are partnering with aging organizations to take on aging readiness initiatives. One example is in the area of transportation – initiatives like Complete Streets focus on changing transportation infrastructure to make roads accessible to all forms of transportation for all ages. Almost 40% of Americans over the age of 50 say their neighborhoods lack adequate sidewalks, 55% report inadequate bike lanes or paths, and 48% have no comfortable place to wait for the bus. Older pedestrians were overrepresented in fatalities, while comprising 13% of the population, they accounted for 18% of the fatalities, in 2008. Proven methods to create complete streets for aging pedestrians include: retiming signals to account for slower walking speed, constructing median refuges or sidewalk bulb-outs to shorten crossing distances, and installing curb ramps, sidewalks, and bus shelters with seating. Improve lighting, signage, and pavement markings are among the measures that benefit drivers of any age, particularly older drivers. Organizations such as the Environmental Protection Agency, AARP, American Public Transit Association, American Public Health Association and others are becoming involved in Aging Readiness for Transportation---showing a greater awareness of the need for planning at a national level. Broader initiatives include these organizations as well as the Administration on Aging, the National League of Cities, the Partners for livable Communities, the MetLife Foundation and many others. <sup>3, 4</sup>

The 2006 reauthorization of the Older Americans Act directed Area Agencies on Aging to begin planning for the future needs of seniors in our communities. In response, KBSCC/AAA will begin planning efforts during the 2013-2016 timeframe to examine what would make Klamath and Lake Counties more aging friendly. During 2013, the KBCSS/AAA will work with the other partner agencies in our two counties to build local awareness of the need to prepare for aging communities. The audience will represent a broad sector of the counties identifying four major areas most important for targeting change:

1. Health Care Access,
2. Housing,
3. Transportation,
4. Employment.

The KBSCC/AAA will take the lead during the 2013-2016 planning period in hosting community forums in focusing on these four areas.

<sup>3</sup> Center for Inclusive design and Environmental Access 2009, *Rural Aging In Initiative: Rural Issues*, (<http://udeworld.com/rural-issues.html>, accessed August 2011).

<sup>4</sup> National Complete Streets Coalition, 2011, *Older Adults*, (<http://www.completestreets.org/complete-streets-fundamentals/factsheets/older-adults/>, accessed August 2011).

Though awareness and recognition of the need for aging friendly communities has slowly been increasing both locally and nationally, substantial work still needs to be accomplished in order to move the nation in the right direction. An update to a previous report measuring aging readiness in 2005, *Maturing of America II* was released in 2011 and provides an update on how cities, counties and states have changed. The report's major finding is that progress across the country has been delayed as cities, states and the nation struggled to stay afloat during the economic recession, beginning in December 2007. "Holding the Line" has been the trend in aging services, as local, state and national organizations are trying to ensure the existing service network is not dissolved to balance budgets.

The State of Oregon's experience reflects the experience across the nation as budgets shortfalls leave senior programs defending against major cuts or elimination.

**PROBLEM/NEED STATEMENT:** Efforts to develop aging friendly communities are important in the face of a rapidly aging population. By 2030, one out of five people in America will be over 65. The overwhelming majority of older Americans will age in place, meaning that existing communities need to look forward to how to tap into and care for the existing population as they age. In a budget environment where resources are scarce, a concerted effort to maintain and enhance service networks is needed more than ever before.

**GOAL:** In order to successfully build aging friendly communities, focus efforts on creating vibrant communities that are prepared to meet the needs and aspirations of older adults and individuals living with a disability.

**Objectives A:** Between January 1, 2013 and December 31, 2016, KBSCC/AAA and other partners will continue assessing how well communities help older adults remain healthy, live independently and lead productive lives. Outcome: The completion of a report summarizing the measurements of aging-friendliness in District 11.

**Objective B:** During the four-year planning period, facilitate efforts to use Information to raise awareness about aging issues and And drive a broad range of community-planning efforts. Outcome: The documenting of efforts to increase community Awareness of aging issues and creation of an action plan (s) to facilitate more aging-friendly communities for today and tomorrow.

**Objective C:** In anticipation of the increased demand for aging-related services, support the increase of reauthorization levels for all titles of the Older Americans Act (OAA) during the four-year-planning period. Outcome: An increase in funding levels for all titles of OAA during the 2013-2016 funding period.

**Objective D:** During the course of the four-year planning period, support increased federal funding through the Administration on Aging (AOA) to support community level work by KBSCC/AAA and its community partners in implementing living throughout District 11. Outcome: The creation and dissemination of a position support emergency preparedness activities for older adults and special needs populations living throughout District 11.

**Objective E:** Between January 1, 2013 and December 31, 2016 advocate and participate in activities that support the formation of a volunteer management grant program supporting the creation of volunteer management positions and training activities focused specifically on recruiting, placing and retaining of volunteers age fifty years and older. Outcome: The research, writing and dissemination of a position paper supporting the creation of a volunteer management grant program supporting the formation of volunteer management positions and training activities focused specifically on recruiting, placing and retaining of volunteers age fifty and older.

## **1. Family Caregivers:**

### **Profile:**

Families are the first responders to a person's need for help with a long care chronic condition. Families are generally willing and often able to contribute to important care needs, especially tasks which can require otherwise licensed assistance. While the traditional view of caregiver support focuses on the needs of the older adult in need of care, increasingly the role the older adult plays in caring for younger family members is gaining attention. Older people raising grandchildren or other relatives can put an additional strain on the family; made worse if failing health or chronic conditions limit or threaten these critical parent surrogates. If families are to be our first response to

crisis, then supporting families that accept this challenge and responsibility is valuable public policy. In Klamath and Lake Counties, family caregivers have access to a wide variety of support services, including information and assistance, support groups, training and education, counseling, respite care and supplemental services. The growing public recognition of caregiver challenges is helping caregivers to identify as such and seek needed assistance. Funding from the Federal Older Americans Act provides resources and services to support local efforts based on caregivers' expressed needs.

Service Partners play an important part in the AAA's role in providing outreach and awareness of culturally relevant services to Family Caregivers. To improve and expand access to caregiver information, support groups, and counseling service, KBSCC/AAA will continue to maintain and facilitate existing caregiver support groups, and work with community partners to create new groups. We will plan outreach efforts to increase employers' awareness of the impacts of family care giving on employees, and educate employers on available caregiver resources and coordinate caregiver services with community partners, including gaining access to caregiver services. KBSCC/AAA will continue to support community partners with the organization of regional conferences and retreats through provision of respite funds and outreach to caregivers and KBSCC/AAA and develop new partnerships with the Klamath Tribes to coordinate outreach and accessibility to services. We will explore opportunities to partner with Latino service organizations, to expand program access to cultural minority groups and continue to provide supplemental services to eligible caregiver families. The Program Manager and the Executive Director conduct outreach and public awareness at a number of Agency Committee meetings service group meetings and Health Fairs.

### **Target Groups of Older Americans at State Level:**

- **Limited English and ethnic caregivers including Native Americans:** The majority of these seniors are of Latino origin in Klamath and Lake Counties. To better serve individuals with limited English proficiency, KBSCC/AAA will help develop a Family Caregiver Resource Manual in English and Spanish.
- **Care givers will research the population to determine who is in the greatest economic and social need:** KBSCC/AAA and its contractors work to ensure that programs are available to population in the "greatest social and economic need", much still needs to be done to provide outreach to existing and emerging underserved populations, including: Limited English speaking caregivers, non-traditional family caregivers, Lesbian, Gay, Bi- Sexual and Transgender, those in greatest economic need, minority caregiver, grandparents raising grandchildren and older adults provider care to younger people with disabilities.

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- **Non-Traditional family Caregiver:** Lesbian, gay, bisexual and transgender seniors are at risk for social isolation and living with the emotional effects from year of discrimination and intolerance. They face unique barriers in gaining access to housing, healthcare, long-term care and other needed services. LGBT individuals in need of care cannot always rely on their families of origin due to relationship strains related to their sexual orientation. Additionally, because many were same-sex partnered their whole lives, they lose out on Social Security and pension benefits opposite-sex partner receive. Same-sex couples also lose out on the ability to take leave to care for each other under the Family Leave Act.
- **Grandparents Raising Children:** The number of grandparents raising grandchildren has increased substantially in the last decade, due to the increasing incidence of substance abuse, child abuse and neglect, abandonment, health problems, incarceration and other problems faced by young parents. Over the past decade, the number of children living in grandparent-headed households has increased. As the number of grandparent headed household's increases, there is a growing need for community organizations to provide support to the grandparents and grandchildren. Assistance should include an array services including respite, support groups and social opportunities to network with families in similar situations.
- **Older Individuals caring for Children of all ages with Disabilities:** Many older parents are raising their adult children (18+) with intellectual and developmental disabilities. As these parents age and they are no longer able to care for their child, more individuals will enter the service systems. This is putting stress on an already stretched budget.

**The eight core elements** of Family Caregiver Support Program (FCSP) are provided to caregivers of adults either directly by KBSCC/AAA or subcontracted to providers in the community. The following is a summary of how these elements are organized in our service area.

1. **Information and Assistance in group settings** is provided in both counties by Family Caregiver Resource Manager. In addition our community partners in each county provide information in group settings that also address the resources available to family caregivers within their community.
2. **Specialized Family Caregiver Information (one-to-one)** is provided by our Resource Manager to caregivers over the phone and in our office in Klamath Falls for both counties. This manager is responsible for screening and appropriate service based on the results of the screening and assessment process. Caregivers may complete the screening survey themselves or the Resource Manager may assist the caregiver to do so. For those caregivers who require an assessment, the Resource Manager will conduct an in-home assessment with the caregiver and care recipient, when appropriate. A plan will

be developed with the caregiver. The Resource Manager will complete the assessment and plan and conduct the consultation with the caregiver by phone, to review the plan and obtain the caregiver's approval. In some instances a second visit may be made, depending on the caregiver situation and staffing availability. The Resource Manager may link the caregiver to any outside or contracted services. A six month follow-up call is made to determine the effectiveness of the plan. In-home reassessments will be made annually for those caregivers

3. **Counseling Services** are provided to family caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes education and support on specific emotional issues experienced by caregivers, focus on problem solving, self care, stress management and positive change. Referrals to community service, including support groups and respite care.
4. **Training** is an important component of the KBSCC/AAA and is provided by KBSCC/AAA Resource Manager, contractors, and community providers. Our Resource Manager is a Powerful Tools Master Trainer.
5. **Support Groups** in both counties are supported by the program through the offering of information and assistance and group presentations. KBSSCC/AAA staff refers caregivers to existing support groups and assist in the development of new support groups in our communities.
6. **Respite Care** is provided in both counties through subcontracts with home care agencies and out-of-home facilities.
7. **Supplemental Services** include, Home Repair/Modifications and Errands provided by home care agencies and other purchases of services or support such as medical equipment, transportation, interpretation, consultation, etc.
8. **Grandparents and other relatives-** raising children are provided support through subcontracts with Family Caregiver Support Program, serving Klamath and Lake Counties. Services provided include assistance with kinship caregivers aged 55 or over to assist them with being more effective caregivers for children aged 18 or younger. Activities will include providing or arranging for transportation to support groups or other needed appointments, obtaining child care for group meetings, assisting the kinship caregivers in coping with emotional and physical stress of care giving, obtaining speakers for the group on requested/needed topics, making referrals to community resources, informing the community of unique needs of kinship caregivers, and recruiting new group participants.

## **2. Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)**

### **Profile:**

Senior Information and Assistance (I&A) is an important part of our local system of services for older adults and KBSCC/AAA continues to be an integral part of the access services provided in our communities. I&A services focus on the age 60+ population and provide a wide range of current information including referrals to appropriate services. The service is primarily provided over the phone, although walk-ins are welcome and in-person appointments are offered if the issues are complex or difficult to discuss by phone. KBSCC/AAA staff advocates for those who are unable to access services on their own, and screen callers for eligibility for specific services and programs such as Family Care Support services and Medicaid Personal Care.

The Aging and Disability Resource Center (ADRC) initiative is a collaborative effort of the Administration on Aging (AOA) and the Center for Medicaid Services (CMS) and is designated to streamline access to home and community supports and services for consumers of all ages, income and disabilities, and their families. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective and trusted information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services.

The following ADRC key service components are essential;

- Information, Referral & Awareness (including self-service)
- Options Counseling and Assistance
- Streamlined Eligibility Determination for Public Programs
- Person-centered Care Transitions Supports
- Continuous Quality Improvement

### **Problem/Need Statement:**

KBSCC/AAA Staff have experience working with the 60+ population and the resources available within the aging network. While I&A services provide a broad range of service information throughout the community, most people seek services when they are in crisis. It is our goal to provide information and resources prior to this time, so that people are aware of their options and can plan ahead.

In order to accomplish this, KBSCC/AAA will be partnering with the Central Oregon Council on Aging (COCOA) and the Mid Columbia Council of Governments as part of the newly regionalized ADRC for the area encompassing the Central Area of Oregon. This will ensure clients are well served in a comprehensive, consistent manner,

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COCOA as the lead Agency in this effort, will ensure AIRS certified staff and options counseling trained staff are available for all ADRC request and will support the KBSCC/AAA in assisting clients and caregivers.

In addition, partnering with existing agencies, including SPD, our local 211, the CIL (SPOKES) and other local disability organizations is a goal. Partnering to clarify roles and responsibilities, opportunity for shared resources and grant writing; shared technology will be explored going forward. We will develop and executed MOUs with the local agencies to support our ADRC efforts. We will also partner, with our local CCO in ensuring we have a place at the table for seniors in the development of this new system.

As an AAA we are without current or previous funding for ADRC, in addition to limited staff we have had challenges in supporting the training needs associated with AIRS certification. Also, the availability of options counseling training has been an ongoing issue. However, those challenges aside, we have found that the concept of supporting our community needs through our local senior centers and staff have been very effective and well received. As the needs and numbers of seniors and their caregivers increase, it will be critically important to identify funding resources for all ADRC's. As we look to partner to support other AAA's in their I&R efforts, allocations of resources. We are being creative with the funding, but it is not a sustainable methods of adding new, services or continuing to fund AIRS testing on travel for options counseling. KBSCC/AAA will continue to investigate, with partners and state, funding opportunities, including grants, fund development through our non-profit status, and economizing and regionalizing.

**Goal #1:**

**Provide information about resources and services available throughout Klamath and Lake Counties in multitude of formats in various media outlets in order to reach as many people as possible, while partnering with local exiting agencies through developing MOUS.**

**Objective1:** Transition data about community resources and services from the local database to the statewide ADRC Connections database. KBSCC/AAA staff will be responsible to keep local information current and the statewide information system/resource directory will be accessible from the KBSCC/AAA website.

Timeline: Ongoing

**Objective 2:** Develop a Web- Based Electronic Senior Resource Directory for Klamath and Lake Counties.

Timeline: December 31, 2013 – Ongoing

**Objective 3:** Publish “Did You Know” information articles in the Herald and News with high senior utilization (Active Seniors Section) which is read in both Klamath and Lake Counties.

Timeline: Monthly

**Objective 4:** Provide on-site I & A service seminars at senior centers and Tribal centers.

Timeline: Quarterly

**Objective 5:** Ensure the 2-1-1 information call center has current contact and program information about the services KBSCC/AAA provides.

Timeline: June 30, 2013 - Ongoing

## **Goal #2:**

**Secure adequate funding to provide a coordinated system of comprehensive information and services as an ADRC.**

**Objective 1:** In conjunction with Central Oregon Council on Aging (COCOA) and O4AD advocate with the Oregon State legislature to appropriate adequate funding to support ADRCs throughout the AAA system.

Timeline: Throughout the Legislative session - Ongoing

## **Goal #3:**

**Assess, align, and ready to become an ADRC.**

**Objective 1:** Conduct an ADRC readiness assessment to identify current strengths and areas of development.

Timeline: June 30, 2013 - Ongoing

**Objective 2:** Identify potential ADRC partnerships and explore strategies for partnering with other organizations serving older adults and adults with disabilities.

Timeline: Ongoing

**Objective 3:** Identify organizations and meet with individuals who are experts in the area of Developmental Disability Services to gain their perspectives on better reaching and serving this population.

Timeline: Ongoing

**Objective 4:** Identify expanded areas of training for staff, such as reverse mortgages, long term care insurance, issues and needs of younger disabled persons that may diverge from those typical to older adults.

Timeline: June 30, 2013 - Ongoing

**Objective 5:** Expand KBSCC/AAA website to include a wider range of services and resources available to all age groups.

Timeline: June 30, 2013 - Ongoing

### **3. Elder Rights and Legal Assistance**

**Profile:** Elder abuse has become an increasingly publicized issue in America, highlighting the prevalence, risk factors, and emotional effects of elder abuse. What is not publicly known is how to prevent abuse, and what services are available to those experiencing it. KBSCC/AAA serves as an advocate for elder rights and abuse prevention and as a service provider to vulnerable adults in Klamath and Lake Counties. Elder abuse affects an estimated 11% of older Americans, with little distinction across racial, ethnic, class or community line. It can occur anywhere: in the person's home, nursing homes, assisted living facilities, other institutional settings, and even in hospitals. Elders who experience abuse, neglect, or self-neglect face a considerably bigger risk of premature death than elders who have not been mistreated. KBSCC/AAA targets services to the most vulnerable populations including minorities, low-income, limited English speaking, isolated individuals, and those 75 and older.

The targeted senior population for legal services is the same as for all services offered through the AAA in accordance with the Older American's Act. The contract agreement specifically states that priority be given to those in greatest social and economic need, with particular attention to serving low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas. Provisions also include those with physical and mental disabilities.

The mission of KBSCC/AAA is to 'promote the quality of life and independence of disabled and older adults; Mission statements are typically broad and do not address specific programs. However, legal services, as a specific program of the AAA, advances this mission by providing legal advice, counseling, representation and education to older adults. Through this service, the quality of life and independence of our constituents are promoted by ensuring that their rights are maintained, abuse is prevented, and access to various entitlements and programs are sustained.

Klamath and Lake Counties both use Legal Aid for senior legal services. Legal services in Klamath County are also contracted through a Legal Attorney based in Klamath Falls. This Attorney also provides additional legal services to area seniors with estate planning needs that are not covered by OAA funded legal services.

As specified in the contractor's scope of service requirements, legal assistance as well as education and training must be provided to target senior population, with priority given to minority and low-income adults. Residents of long-term care and senior

housing facilities area also target an on-going effort to reach them is a priority.

Provisions also include those with:

- Isolation caused by cultural, racial or ethnic status.
- Social or geographic isolation.
- Older Native Americans.
- Isolated, abused, neglected, and/or exploited older individuals.
- Frail older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- Older individuals with disabilities.
- Caregivers as defined in Title III E.
- Lesbian, Gay, Bisexual, and Transgender Seniors.

The Aging People with Disabilities (APD) has the primary responsibility to educate the public and enforce elder abuse allegations in our PSA. The KBSCC/AAA member of the Multi Disciplinary Team in Klamath County with the District Attorney, County Sherriff, State Police, Tribal Authority and APD Case Managers which meets monthly. It is our desire to partner with SUA over the next four years to assist in educating service and the community about elder abuse, legal rights, obtaining legal assistance and addressing financial exploitation in our service area.

## **Problem/Need Statement**

Consumers access Title IIIB legal services by calling the KBSCC/AAA and utilize the services of the Senior Centers in both Klamath and Lake Counties to provide information and assistance. Staff makes subsequent referrals to the legal services provider. Clients also call the provider directly, make appointments, walk-in at the provider's office, or show up during onsite clinic hours. Due to the economic downturn, major legal issues on matters pertaining to economic security, primary centering on housing issues, have been observed. This includes eviction problems and foreclosures. Other legal issues regarding driver's license, automobile accidents, hoarding, small, claims and disability are also seen.

Systems fragmentation is another barrier to access legal services. Organizations working with older adults may not necessarily have the wherewithal to determine situations that call for legal action, and therefore miss the opportunity to refer client to legal services. To address this issue, during the 2013-2016 Area Planning Cycle, we will partner with other community based organizations to provide information regarding legal assistance.

Our legal services provider continues to assist an increasing number of older adults, and service many more clients than their contract requires. These additional services are provided pro- bono. Funding has remained static over the years with a large increase in requests and escalating costs.

**Goal #1:**

Outreach and public education on abuse prevention and understanding the warning signs of abuse.

**Objective 1:** Sponsor semi-annual training with local agencies and senior centers on elder abuse.

**Objective 2:** Semi-annual article in the Herald and News published in the “Active Seniors Section” providing information regarding legal assistance and elder abuse.

**Goal #2:**

Secure adequate funding to cover escalating costs and request for services.

**Objective 1:** Advocate with the state and other funding sources for additional funding.

#### **4. Health Promotion**

**Profile:**

Physical activity can have a profound positive impact on the lives of everyone, including older adults. Older people who participate in regular, moderate exercise generally have lower blood pressure and a healthier heart and lungs, stronger bones, better balance, better sleep, an improvement in their mood, and energy. In general, regular physical activity helps in maintaining the functional independence of older adults, as well as substantially reduces the risk of obesity, heart disease, diabetics, and some types of cancer.

Exercise helps older adults maintain balance and prevent falls, which is a major threat to the health and independence of people age 65 and older. Approximately one-third of older adults experience a fall each year, ten percent of which result in a serious injury that requires hospitalization and extended rehabilitation. Injury from falls frequently lead to fear of falling, sedentary behavior, impaired function, and lower quality of life. Falls are the leading cause of death due to unintentional injury among older adults. Falls related deaths and injuries can be prevented by addressing the number one risk factor-regular exercise.

KBSCC/AAA offers an array of health and wellness programs to help the region’s older population remain healthy and independent. Many community partners collaborate with us in the development and implementations of these programs.

KBSCC/AAA has taken the lead in applying for Oregon Living Well grant matching these funds with 111D funds. We have partnered with Klamath County Department of Public Health and the Oregon State University, Klamath Basin Research and Extension Center and Spokes Unlimited in this endeavor. We will continue over the

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planning period to target these evidence based programs partnering with these agencies to increase our participation in Living Well Programs.

### **Problem/Need Statement #1**

Although growing in number, not all individuals engage in regular exercise, despite its documented benefits. For those who do not take part in any physical activity, taking the first step toward developing a pattern of regular physical activity can be challenging, but is of utmost importance.

#### **Goal #1:**

**Improve the health and quality of life of older adults through daily physical activity through some of our service providers. Provide information and opportunities to encourage that physical activity and fitness become part of regular healthy behavioral patterns. By promoting healthy aging, the need for long term care services will be delayed.**

**Objective 1:** KBSCC/AAA will support a public wellness campaign, promoting physical activity, through a variety of media outlets.

Timeline: Quarterly

**Objective 2:** KBSCC/AAA will focus our Health Promotion/Disease Prevention on projects that promote physical activity and/or fall prevention, prioritizing the funding of evidence-based intervention.

Timeline: Ongoing

**Objective 3:** KBSCC/AAA will actively participate in local and statewide fall prevention coalitions and support and encourage the development of exercise and fall prevention programs throughout our PSA.

Timeline: Ongoing, and as opportunities occur

**Objective 4:** Post information about walking trails and opportunities and/ or events that promote physical activity on KBSCC/AAA website.

Timeline: Ongoing

**Objective 5:** Advocate for social and recreational programming adapted to support people as they age and partner with our senior centers.

Timeline: Ongoing as opportunities arise

## **Profile Area #2:**

Today, people are living longer, and gum disease has supplanted tooth decay as the most common cause of tooth loss in adults. The disease affects about 80 percent of Americans over age 65, according to the American Dental Association. At the turn of the last millennium, then-U.S. Surgeon General David Satcher called periodontal disease the “silent epidemic” in his landmark report. (*Oral Health in America*). A growing body of research suggest that periodontal disease may play a role in a variety of systemic health problems as wide ranging as diabetes, respiratory illness, pregnancy complications and heart disease.

## **Problem/Need Statement #2:**

Oral health care is expensive. It is not covered by Medicare and minimally covered by Medicaid. And for those who do have Medicaid, finding an oral health provider to accept Medicaid reimbursement is extremely difficult. If supplemental oral health insurance carriers can be identified, the premiums are often prohibitive. Therefore, many seniors and adults with disabilities go without preventive, as well as medically necessary, dental care. As a result, oral and physical health frequently declines.

## **Goal #2:**

**Improve the oral health of older adults with disabilities.**

**Objective 1:** KBSCC/AAA staff will write an article for the “Active Seniors Section” in The Herald and News that provides information about free and low-cost dental care programs and providers. We will also sponsor an annual presentation in each county at the two senior centers.

Timeline: Article semi-annually, presentation annually

## **Profile Area #3:**

Federal initiatives have highlighted the need to focus vaccination resources on adults. Vaccination has proven to be an effective strategy to reduce illness and deaths due to influenza and pneumococcal disease. With the aging of the U.S. population, increasing numbers of adults will be at risk for these major causes of illness and death. Persons with high-risk conditions (i.e. heart disease, diabetes and chronic respiratory disease) remain at increase risk for influenza and pneumonia, as do persons living in institutional settings.

### **Problem/Need Statement #3:**

Influenza and pneumococcal vaccines are covered by Medicare; thus vaccinating greater numbers of adults aged 65 years and older is financially feasible for individuals. Continuing education of providers and the community is needed to increase awareness of and demand for adult vaccination services. Opportunities for vaccination outside of primary care and other traditional health care settings could be increased to reach adults who do not routinely access primary care.

### **Goal #3:**

**Increase the awareness of older and high-risk adults about the importance and availability of influenza and pneumococcal vaccines; increase the number of older adults who receive influenza and pneumococcal vaccines.**

**Objective 1:** KBSCC/AAA will support a public wellness campaign, through a variety of media outlets including the KBSCC/AAA website, promoting information the importance of and availability of influenza and pneumococcal vaccines.

Timeline: Annually

**Objective 2:** KBSCC/AAA staff will write an article for the “Active Seniors Section” in The Herald and News about influenza and pneumococcal vaccines.

Timeline; Annually

## **5. Older Native Americans**

### **Profile:**

The Klamath, Modoc and Yahooskin form The Klamath Tribes. Their tribal headquarters is located in the town of Chiloquin in Klamath County. The KBSCC/AAA contracts with the tribe to operate two congregate meal sites one in Chiloquin and the other in Beatty. Both are in Klamath County.

### **Problem/Need Statement:**

Often Tribes care for their own, and proudly serve their members with Title VI programs including health services, home care, and family caregiver support and nutrition services. However, there continues to be some barriers that limit Tribal awareness and use of programs available in the larger community. KBSCC/AAA has had some successes in outreach to Tribal Elders, through the visits to The Tribal center and also interaction with case managers. Tribal and KBSCC/AAA Administrative Staff have met regularly for the past year to share information and build good will,

however continued relationship building is necessary. Cultural barriers may keep Tribal Elders from making full use of locally available services and programs.

**Goal:**

**To successfully build aging friendly communities KBSCC/AAA will consult and collaborate with Representatives from the Klamath Tribes and Native American Communities in order to ensure quality and comprehensive planning and service delivery to all aging Native Americans.**

**Objective 1:** Regularly meet with Representatives from The Klamath Tribe. Discuss challenges and successes of past coordination efforts and improve upon current and future coordination and collaboration between KBSCC/AAA and the Tribal Community.

Timeline: Ongoing

**Objective 2:** Recruit a Board of Directors member from the Klamath Tribe to sit on the KBSCC/AAA Board.

Timeline: March 1, 2013

## **6. Nutrition Services**

The congregate Meal Program successfully targets seniors who are older, low income, and more likely to live alone, live in rural areas, be minorities, and be medically vulnerable. The meal programs are offered in community centers, churches, and sites such as grange halls and local restaurants. Congregate nutrition services improve the health of participants and prevent more costly interventions. The congregate meal programs also provide older people with positive contacts at the group meal sites and physical activity programs.

Home delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow them to stay in their homes and communities. Recipients of home-delivered meals are typically older persons living alone, have annual incomes below \$11,000, and have multiple chronic health conditions.

Adequate nutrition is essential for healthy aging and the prevention or delay of chronic disease and disease-related disabilities. The cost of a one year supply of home delivered meals equals about the cost of one day in the hospital.

The need for adequate food and nutrition services by at risk older adults currently exceeds the resources of the existing programs. Funding has yet to keep up with the demand of the growing senior population.

As well, national funding sources have not kept pace as food, transportation, and labor costs continue to rise. Currently, several of our nutrition contractors are faced with dilemma of finding ways to best serve our aging population with less funding. They are looking at many cost-saving measures like, cutting back on the number of days that hot meals can be delivered or served.

Klamath County is rich in Latino diversity. This challenges providers to integrate seniors of ethnic backgrounds and Native Americans with meal sites that have not historically been very ethnically diverse. There is a challenge of meal planning to accommodate all taste and textures and overcoming social barriers that are further complicated by the inability for different language groups to communicate fluently with one another.

As home delivery meals serve the most vulnerable population, KBSCC/AAA is making this a priority. Home delivered meals are much more costly than congregate meals due to transportation cost and the limited numbers of volunteers to deliver meals. Individuals receiving home delivered meals historically donate at a much lower rate than for congregate meals, thereby reducing the number of meals that may be served.

KBSCC/AAA and nutrition providers are making efforts to educate seniors on nutritional health and physical activity. To be effective, programs must incorporate methods to encourage behavior change. To do so, nutrition education must be provided on a continuous basis to OAA Nutrition Program participants. Each congregate meal nutrition site shall provide nutrition education at a minimum of once each quarter. Home delivered meals shall provide nutrition education one time per year when the required minimum nutrition risk assessment occurs.

Nutrition education goes beyond providing information alone; distributing newsletter or brochures that contain nutrition information from a trusted source is accompanied by instruction to a group or individual. In a congregate setting, this includes reviewing main concepts of nutrition education materials prior to the meal. In a home setting, this includes reviewing educational materials that relate to the annual nutrition risk assessment or other relevant nutrition education topics with a homebound client.

All of our meals meet the requirements for calorie intake and nutrition standards. All menus are approved by the dietician from Sky Lakes Medical Center. The dietician from the Oregon State University Research and Extension Center provides quarterly nutrition education in the form of a pre-lunch educational workshop. The workshops and the topics are arranged at the beginning of each quarter.

**Goal:**

KBSCC/AAA will continue to address the nutritional well/being of seniors and disabled persons by supporting nutrition programs and advocate to enhance public awareness and support of the benefits of nutritional well/being for older and/or disabled persons using Title III C funds.

**Objective 1:**

KBSCC/AAA will work with nutrition contractors to address the reduction in funding, making home delivered meals first priority, and to determine changes in service that will provide the greatest benefit to vulnerable adults.

Timeline: Ongoing

**Objective 2:**

KBSCC/AAA will coordinate with the nutritional contractors to develop strategies to improve the nutritional health of the vulnerable rural senior population including a large Latino and Native American population.

Timeline: Ongoing

**Objective 3:**

KBSCC/AAA will encourage nutrition contractors to continuously recruit volunteers for meal delivery and congregate sites.

Timeline: Ongoing

**Objective 4:**

KBSCC/AAA will share with nutrition providers and expand distribution of nutritional material designed to educate seniors and the general population on good nutritional health.

Timeline: Ongoing

**Objective 5:**

KBSCC/AAA will participate in transportation meetings throughout the PSA to strategize on methods that will assist with coordination of transportation to meal sites for seniors who live in rural areas where transport services are not available.

Timeline: Ongoing

**Objective 6:**

KBSCC/AAA will sponsor annual nutrition contractors meetings, providing technical assistance and explore where KBSCC/AAA can provide assistance and will develop contingency plans in conjunction will contractors.

Timeline: Spring

## **7. Other Issue Areas – any other issue area of the AAA’s choosing.**

### **Format for Issue Areas:**

While going through the planning and service process working to identifying resources and gaps in services through Town Hall meetings we uncovered two major needs areas that were either under- served or had no service at all. The locations mentioned are Crescent located in Northern Klamath County. Crescent is central to two other communities, Gilchrist and Chemult are also without services. The other community mentioned has limited meal services only. Christmas Valley, located in North/ East Lake County, serves congregate meals only twice a month. There is a new Senior Center that has been approved for the area with construction starting in 2013.

### **Profile of the Issue**

Christmas Valley is an unincorporated community in Lake County. The valley is largely a hay farming community, though a group of small vegetable and poultry farmers and artisans have organized and collaborated through the seasonal Tumbleweed Farmers and Crafters Market. The community is perhaps best known by off road and all terrain vehicle enthusiasts who ride in the Christmas Valley sand dunes.

The total population of Christmas Valley is 991 evenly split between male and female and predominately white. The population over forty is 366 (37%) and over 65 are 165 (17%). Average household income is less than \$40,000 per year with an unemployment rate of 4% but 411 or 52% are not in the labor force.

Gilchrist is an unincorporated community of Klamath County on US Route 97, south of Bend. The total population is 496 and evenly split between male and female and predominately white. The population over 65 is 150. Average household income is \$36,761 per year with an unemployment rate of 10.57%.

Chemult is an unincorporated community established in 1924 in Klamath County on US Route 97. Amtrak’s Coast Starlight stops there daily and is connected by shuttle to Bend. There is also a Winema National Forest ranger station within the community. The total population is 279 and 75% male. The population over 65 is 50%. Average household income is \$32,000.

Crescent is an unincorporated community in Klamath County. Crescent is located along US Route 97, 47 miles South, Southwest of Bend. The total population of Crescent is 770 evenly split between male and female and almost 100% white. The population over 65 numbers 191, average household income is \$36,409 per year with an unemployment rate of 10.28%.

## **Problem/Need Statement**

Crescent has a well organized Community Center with a kitchen facility that, with organization and some funding, could service the Crescent, Gilchrist, Chemult\_area with both congregate and home delivered meals. At this time there are no AAA services to the seniors in this area.

Christmas Valley, seniors are currently served a congregate meal twice a month at the Lakeside Terrace Café funded by the KBSCC/AAA and client donations. With some planning, client leadership and more volunteers, KBSCC/AAA could increase our service in this area of rural Lake County that is in need.

### **Goals:**

- #1. KBSCC/AAA in conjunction with the Board of Directors of the Crescent Community Center will establish a volunteer directed congregate and home delivered meal program for the area.
- #2. Motivate the Crescent Community Center to bring their kitchen up to county standards.
- #3. Help develop a volunteer workforce amongst the membership of the Crescent Community Center to run both the congregate and home delivered meal programs.
- #4. KBSCC/AAA to work with the backers of the new senior center in Christmas Valley to support AAA programs.

### **Objectives:**

- #1. Establish organized meal programs in the Crescent area.
- #2. Establish a volunteer workforce in the Crescent area.
- #3. Expand the meal program in Christmas Valley.
- #4. Establish volunteer workforce in Christmas Valley.
- #5. Work with the Lake County Commissioners to get County grant money to help support the rural meal programs.

**SECTION D – AREA PLAN BUDGET**

**Please See Attachment**

## **SECTION E - SERVICES AND METHOD OF SERVICE DELIVERY**

### **E – 1 Services provided to OAA and/or OPI clients:**

The AAA is required to provide comprehensive and coordinated community base services designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities.

Please see Attachment C.

## **E - 2 Administration of Oregon Project Independence:**

Below is information regarding procedures used by the KBSCC/AAA and our designated contractors in the administration of the Oregon Project Independence Program (OPI).

- A.** The Case Manager conducts an assessment within 2-3 days of a referral and from assessment a care plan is developed and provided to the contractor. The contractor has 5 calendar days from the referral on non-emergency cases and 24 hours from referral for emergency cases to respond and provide services.
- B.** The screening evaluation determines what kind of services the client needs. The Case Manager checks to see whether the client is low-income for Medicaid services or needs home delivered meals, or refers the client to other community programs like Respite, exercise classes etc. The Case Manager performs the initial evaluation using the CA/PS forms and re-evaluates every 6 months for home care and every 3 months for personal care to see if any changes are needed.
- C.** Eligibility is determined through an in-home assessment. This is based on observation and information gathered from the client, physician and/or family members. Completing the Client Assessment and Planning System (CA/PS) form will provide information on medical, mobility and the support systems for the person and is used to determine the client's service eligibility level.
- D.** Case management is the program which helps seniors to make cost-effective and appropriate decisions regarding their care needs. Case management includes assessment of individual/family needs, problems, and resources; care planning and arrangement of the provision of formal and informal services; ongoing monitoring to assure service are appropriately delivered; and reassessment to adjust care plans to changing needs.

When a Case Manager receives a referral from either the client, family, friend or another agency, they have 24 hours to make telephone contact to schedule a home visit to do the needs assessment. When needs are determined, the Case Manager then looks at providers for the needed services. This might entail assisting in the creation or enrichment of an existing natural supporting system; helping to engage neighbors, friends or family members, fellow church goers, or friendly visitors on the person's behalf. Gathering information about financial status is required to make appropriate referrals to the formal systems.

The Case Manager's role is to support the natural system, not to replace it. This support includes helping to find equipment, such as a bath bench, or other items,

Section E – 2

that makes it easier to care for the client. The Case Manager then looks for formal service systems for those services that cannot be met by the informal system. The formal systems include services such as home health, transportation, congregate meals, home delivered meals etc. The formal system can be challenged, due to lack of resources or service gaps, and complexity in accessing services. This requires creative problem-solving on the needed services. Once the plan is in place, the Case Manager's job is to monitor and adjust the care plan as the needs change.

**Monitoring and Reassessment** Monitoring the plan takes two forms. First, there is monitoring the status of the client and second, there is monitoring the adequacy of services provided under the plan. Annual reassessment should occur for all clients. Formal reassessments should also be triggered by specific events such as a hospitalization, when an application for alternative care is made, or when a provider or other call with concerns. These reassessments will always include Veterans Administration involvement if the client has any military service background.

- E.** Priority is based on Activities of Daily Living (ADL's). Persons who need assistance in the following ADL's will have higher priority, 1. Mobility, 2. Eating, 3. Bowel/Bladder, 4. Bathing/ Personal Hygiene, 5. Dressing/Grooming, 6. Cognition.
- F.** Cases will be denied when they are receiving duplicate Medicaid services or when they do not meet the established priority level. Service reductions are based on need and available funding for the services. Cases are terminated when they no longer have a need for OPI services, move to an alternative care setting, when they pass away, or there are no funds available. Applicants and clients will be notified in writing of adverse action and of their rights to a hearing. KBSCC/AAA has established procedures and notice letter.
- G.** At the time of the initial intake, clients are advised of their rights to dispute a decision made by the agency regarding their care requests or to file a complaint regarding the services they are receiving. They are given copies of the Grievance Rights and Procedures and Consumer complaint Procedures. If someone wishes to exercise their grievance rights, they need to notify the Program Manager by phone within 10 days and ask for a meeting as described below.

### **Appeal Process**

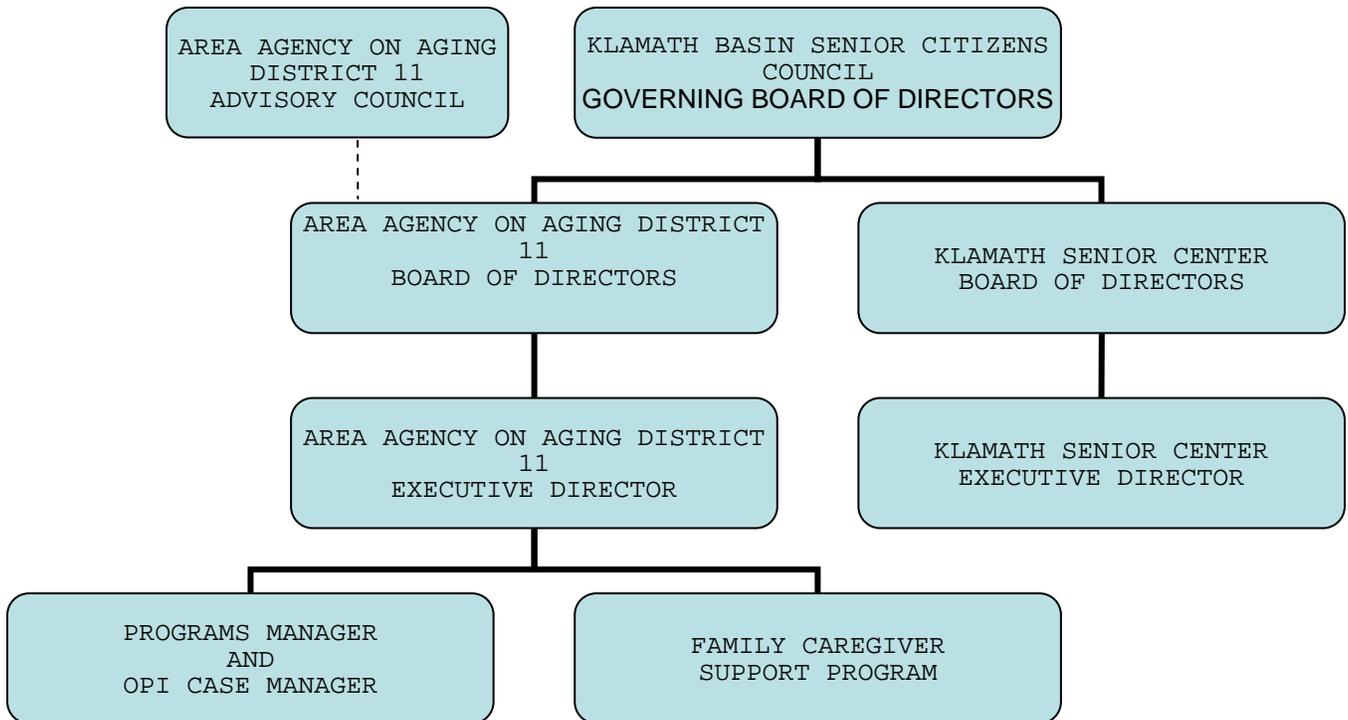
The following process will be used in resolving differences of opinion between the client and/or client representative and local OPI agency.

1. The client is responsible for contacting the Case Manager within 10 working days of receiving reduction/termination notice.
2. The Case Manager will discuss the situation and attempt to reach a mutually acceptable solution with client.
3. If the client and Case Manager fail to resolve the situation, the Case Manager or client may contact Program Manager.
4. The Program Manager will arrange a staffing within 10 working days with the client and the Case Manager and attempt to reach a mutually acceptable agreement.
5. If the client, Case Manager or Program Manager fail to reach a mutually acceptable solution, the Program Manager will immediately notify the Executive Director. If the Program Manager fails to contact the Executive Director within 5 working days, the client may contact the Executive Director.
6. The Executive Director will immediately review the situation with the Program Manager, Case Manager and the client and attempt to reach a mutually acceptable agreement.
7. If the client, Case Manager, Program Manager and Executive Director fail to reach a mutually acceptable solution, the Executive Director will contact APD for an Administrative review within 7 working days.

- H.** Case Managers gather financial information at the time of the initial assessment. Gross income minus medical expenses equals the net income. The monthly net income is used to determine the fee using fee schedule established by Federal Register. KBSCC/AAA's contractor Assured Quality Care bills the clients once a month for the services provided. Clients send their payments to Assured Quality Care where they are logged in and recorded to each clients account. The fees are used to expand services in the district. Fees collected are used before OPI funds are requested each month on the OPI 148 reporting form. For those clients not charged a monthly service fee, a \$5.00 minimum annual service fee is required at the time of the initial assessment as well as at the annual in-home assessment with the Case Manager (per ORS411Division 32 revision of 11-1-06).
- I.** If the payment is not received from a client, they are billed again. If payment is not received after the second bill, the Case Manager contacts the client to set up a payment schedule. If payment is still not received, it is our policy to terminate services until payment is made. If there are circumstances of extreme hardship, the case may be referred to the KBSCC/AAA, Executive Director who may waive the fee.

# APPENDICES

## Appendix A Organizational Chart



## Appendix B Advisory Council

**KLAMATH BASIN SENIOR CITIZENS' COUNCIL  
541-205-5400  
ADVISORY COUNCIL  
2012 - 2013**

Terms are from July 1<sup>st</sup> through June 30<sup>th</sup>

**OFFICERS:**

<b>Skip Walther, Chair</b>	541-850-8058 (H)
<b>Pat Hurst, Vice Chair</b>	541-882-7019 (H)
<b>Carol Doty, Secretary</b>	541-850-8844 (H)

**TERM TO EXPIRE 2013**

<b>Pat Hurst</b> (Court Visitor)	541-882-7019(H)	5709 Airway Dr.	Klamath Falls, OR 97603
<b>Charles Tveit</b> (Hospital Administrator)	541-947-7309 (O) 541-947-0295 (H)	700 S. J. Street	Lakeview, OR 97630
<b>Vacancy</b>			

**TERM TO EXPIRE 2014**

<b>Christy Davis</b> (Librarian)	541-850-0612 (H) 541-882-8894 (O) ext. 23	219 Pine Street	Klamath Falls, OR 97601
<b>Carol Doty</b> (Community Service)	541-850-8844 (H)	894 Westview Dr.	Klamath Falls, OR 97603
<b>Cheryl Hukill</b> (Government)	541-883-1210 (H) 541-883-5100 (O)	3830 Hal Court	Klamath Falls, OR 97603

**TERM TO EXPIRE 2015**

<b>H.F. Skip Walther</b> (Ministerial)	541-850-8058 (H)	1340 Madison St. #13	Klamath Falls, OR 97603
<b>Christina Fritschi</b> (SPOKES Unlimited)	541-883-7547 (W)	1006 Main Street	Klamath Falls, OR 97601
<b>Elton King</b> (SPD)	541-417-1811 (C)	108 E Street	Lakeview, Or 97630

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Age – 60 or over	3
Rural	8
Minority	0
Disability	1

## **Appendix B Governing Body**

### **Board of Directors**

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Phone</b>	<b>Term Expires</b>
Charlene Poff	President	P.O. Box 897, Keno, OR 97627	541-884-0688	2015
Colette Fleck	Vice President	1620 Ridgecrest Dr., KFO, 97601	541-884-3059	2015
Renee Hernandez	Secretary	316 W Oregon Ave., KFO 97601	541-882-9426	2015
Dar Watson	Treasurer	2960 Maywood Drive, KFO, 97603	541-850-2344	2014
Fern Robinson	Member	6246 Alva Ave., KFO, 97603	541-884-4445	2014
Ernie Palmer	Member	1130 Adams, KFO, 97601	541-891-0118	2016
Paul Stuart	Member	5445 Independence Ave., KFO, 97603	541-892-7149	2016
Zelda Langdale	Member	1510 Wade Circle, KFO, 97601	541-884-1479	2016
Vacancy 1				

## **Appendix C Public Process**

### **Community Forums and Planning meetings:**

Eleven Community Forums with specific subject matters were held in Klamath and Lake Counties to address issues relating to AAA programs and service delivery. Posters were placed at meal sites and in public locations.

Board Members of the two Senior Centers in both Klamath and Lake Counties and KBSCC/AAA Advisory Council promoted and participated in most of these Forums. The Forums worked to identify resources and gaps in services in the following areas:

- Access to information
- Family Caregiver
- Health Care Access
- Home Quality Care
- Nutrition
- Transportation

## **Appendix C Public Process**

FISCAL YEAR	DATE	LOCATION	ATTENDANCE
2012-2013	3-19-2012	Lakeview Senior Center Lakeview, OR	44
2012-2013	03-01-2012	Klamath Senior Center Klamath Falls, OR	86
2012-2013	05-02-2012	Bly Grade School Bly, OR	37
2012-2013	05-20-2012	Crescent Community Center Covering Crescent, Gilchrist, La Pine and Chemult, OR	62
2012-2013	06-18-2012	The Homestead Restaurant Paisley, OR	9
2012-2013	06-19-2012	Lakeside Terrace Café Christmas Valley, OR	31
2012-2013	06-19-2012	Fort Rock Restaurant and Pub Fort Rock, OR	0
2012-2013	06-28-2012	Erwin Weiser Memorial Center Beatty, OR	19
2012-2013	07-11-2012	Chiloquin Tribal Center Chiloquin, OR	22
2012-2013	07-24-2012	Longhorn Restaurant Bonanza, OR	42
2012-2013	06-18-2012	The Lodge at Summers Lake, Summers Lake, OR	29

## Appendix D Report on Accomplishments from 2011-2012 Area Plan Update

Listed below is a report in the KBSCC/AAA's activities and accomplishments for each goal and objective that was included in the Area Plan dated 2008 – 2011.

**Objective A:**

To meet with both the Board of Directors and Advisory Council members to keep them aware of any changes in rules and regulations pertaining to OAA and State funded programs.

**Task # 1:**

Monthly meetings including providing copies of proposed rule changes and/or changes in Federal regulations.

**Accomplishments:**

Ongoing

**Objective B:**

To increase awareness of needs of a growing population by continued advocacy at all levels and through use of the Agency News Letter 4 x per year and meetings with elected officials a minimum of 6 x per year. We also meet with seniors at our congregate meal sites in the smaller communities at least 2 x per year.

**Task # 2:**

Through attending public hearings, meetings with other agencies, elected officials, and by actively supporting the Ombudsman Program and by attending State Unit Meetings.

**Accomplishments:**

Partnered with the Herald and News to publish "Active Seniors" section as a monthly supplement to the daily newspaper on the first Tuesday of the month.

**Objective C:**

To provide and keep current the handbook developed to assist Council members of their role and responsibilities under the OAA and State funded programs and services and meet together with the Advisory Council monthly. New members will be provided a hand book.

**Task # 3:**

On-going and carried forward.

**Objective D:**

To advocate with the State Legislatures, County Commissioners, and the United Way Allocations Committee. Monitor local, internal and other agency funding resources.

**Task # 4:**

Hold meetings with elected officials on a regular basis to keep an open dialog on the need for increased funding in order to keep pace with a growing population.

**Accomplishments:**

On-going and carried forward.

**Objective E:**

Develop schedule monthly meetings rotating the meetings between the Senior Center and SPD office.

**Task # 5:**

Continued working with DHS staff to improve on services and delivery of services to mutual client.

**Accomplishments:**

This task was not accomplished during the planning period but is addressed in the 2013 – 2016 plan.

**Objective F:**

To keep seniors, tribal members and those living in the smaller rural communities of Klamath and Lake Counties more aware of programs and services.

**Task # 6:**

Meetings with other community agencies/organizations including local State offices and through sharing of information on programs and services and through public service announcements in the local newspaper.

**Accomplishments:**

This is an on-going activity and re-addressed in the 2013 – 2016 plan.

**Objective G:**

To develop an open dialog that promotes senior issues with the development of programs and services to meet their needs. Measurement by increases and changes in newly developed services.

**Task # 7:**

Continue identifying and linking service providers in support of common objectives including planning, and service resources on an on-going basis.

**Accomplishments:**

This is an on-going work in-progress and will continue through-out the 2013 – 2016 planning period.

**Objective H:**

To improve the Board of Directors and Advisory Council awareness of the changing needs of the senior population.

**Task # 8:**

Through monthly meetings with both the Advisory Council and Board of Directors.

**Accomplishments:**

This is an on-going activity and will be continued through-out the 2013 – 2016 plan.

**Objective I:**

To hold monthly meetings with other groups and organizations for the purpose of exchanging ideas. To increase awareness of other programs and services through an array of brochures, pamphlets and flyers.

**Task # 9:**

Meet on a quarterly basis to discuss programs and services. Provide space for literature in our lobby.

**Accomplishments:**

This task was not accomplished during the planning period but is addressed in the 2013 – 2016 plan.

**Objective J:**

Hold monthly meetings between the Board of Directors Budget/Finance Committee, Executive Director, Board President and Fiscal Manager to resolve any issues in Financial reporting.

**Task # 10:**

Meetings will be held with the Board of Directors, Budget/Finance Review Committee, Executive Director and the Agency's Fiscal Department.

**Accomplishments:**

This is an on-going activity and the practice will continue during the 2013 – 2016 plan.

**Appendix E Emergency Preparedness Plan**

## Klamath and Lake Counties

Potential Hazards: Flood, Fire and widespread power outages

Chain of Command: Klamath and Lake County Managers will contract the two county's Emergency Preparedness managers.

Communication Plan: The Red Cross and the county will contract the Klamath or Lake County Manager or both depending on the circumstance to discuss procedures to follow; transportation issues, shelter issues and preparing emergency food. Federal regulations stipulate that our public transportation vehicles can be seized by emergency service officials to respond to a disaster. If ever needed, our senior center and kitchens will become emergency food and shelter sites per signed agreements with the Red Cross.

Continuity of Operations: KBSCC/AAA's transportation program will be suspended in case of an emergency mentioned above so that our vehicles can be utilized to transport vulnerable populations to safety. Our congregate Meals and Meals-on-wheels programs will be suspended to focus on shelter site and food prep site.

Agreements: Agreements have been reached with the Red Cross and the County to perform the duties listed above.

Vulnerable Populations: In Klamath and Lake Counties we have identified our vulnerable population as frail elderly; homebound and Meals-on-Wheels clients. KBSCC/AAA has contact information, names, addresses, etc. on each of these vulnerable populations. This list will be kept off site by the County Managers and the Oregon Project Independence Coordinator. This population can then be tracked down and escorted to safety in case of an emergency.

The KBSCC/AAA is in the process of going through a re-organization. This Emergency Plan will be updated and completed in conjunction with City, County and Red Cross participation by June 30, 2013.

## **Appendix F List of Designated Focal Points (OAA Section 306 (a)(3)(B))**

A community center, senior center, or multi- purpose center/ facility established to encourage the maximum co-location and coordination of services for older individuals. (OAA102) (a)(21) and 306 (A)(3)(A)

- Klamath Basin Senior Citizens' Council/Area Agency on Aging District 11 for Klamath and Lake Counties.  
700 Main Street  
Suite 107  
Klamath Falls, OR 97601  
(541) 205-5400, Fax (541) 205-5402
- Klamath Basin Senior Citizens' Center  
2045 Arthur Street  
Klamath Falls, OR 97603  
(541) 883-7171, Fax (541) 8837175
- Lake County Senior Citizens' Center
- 11 North "G" Streets  
Lakeview, OR 97630  
(541)947-6035, Fax (541)
- Chiloquin  
The Klamath Tribe (Native Americans)  
PO Box 436  
Chiloquin, OR 97624  
(541)783-2219
- Beatty (Erwin Weiser Memorial Center)  
The Klamath Tribe (Native American)  
PO Box 486  
Chiloquin, OR 97624  
(541) 783-2219

#### Rural Mini focal Points

- Bly Grade School

Meter Street  
Bly, OR 97622  
(541) 353-2207

- Bonanza  
Long Horn Saloon and Restaurant  
PO Box 458  
Bonanza, OR 97623  
(541)545-1209
- Malin  
Papa Tansy's Restaurant  
Boardway & Rosicky  
Malin, OR 97632  
(541) 723-2441

Rural Mini Focal Points  
Lake County

- Christmas Valley  
Lakeside Terrace Café  
Christmas Valley Highway  
Christmas Valley, OR 97641  
(541) 576-2510
- Summers Lake  
The Lodge at Summers Lake  
53460 Highways 31  
Summers Lake, OR 97640
- Paisley  
The Homestead Restaurant  
Paisley, OR 97636  
(541) 943-3181

## **Appendix G Partner Memorandums of Understanding**

### **Memorandum of Understanding Between Oregon Department of Human Service And Aging & People with Disabilities, Klamath & Lake Counties**

#### **Purpose**

Klamath Basin Senior Citizens' Council (KBSCC/AAA) and the Oregon Department of Human Service, Division of Aging and People with Disabilities in Southern Eastern Oregon, Hereinafter APD, agree that adults with chronic illnesses, who may be served by Oregon Medicaid program should:

- Have access to an unbiased assessment of their needs.
- Be informed of available services options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to methods(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

#### **Scope of Agreement**

##### **APD agrees to:**

- Provide training to KBSCC/AAA personnel regarding services and eligibility criteria established and/or administered by APD on an on-going basis.
- Refer individuals to KBSCC/AAA for assessment, case management and/or service delivery as deemed mutually appropriate by APD and KBSCC/AAA personnel, with the consent of the client.
- To provide a knowledgeable representative who will attend the KBSCC/AAA bi-monthly Advisory Council to provide an update of the current APD operations and policies.
- Work with KBSCC/AAA Case Manager and Aging and Disability Resource Center to process in a timely manner medical and financial eligibility determinations for Medicaid waiver services for adults.
- Consults with KBSCC/AAA personnel and administration to address system(s) quality and effectiveness.
- Provide KBSCC/AAA with appropriate application forms for Medically Needy, Waiver, Long Term Care and Medicare Supplement programs.
- Receive applications from KBSCC/AAA by fax and resister them in appropriate Medicaid category. The register number will be entered on the application form and faxed back to KBSCC/AAA within three(3) working days.
- Conduct eligibility financial assessment in days of receiving information necessary for state services application.

**KBSCC/AAA agrees to:**

- Provide training to APD personnel regarding services and eligibility criteria established and/or administered by KBSCC/AAA on an –ongoing basis.
- Accept referrals of adult individuals made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with the KBSCC/AAA capacity to do so.
- To work with the APD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by APD.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.
- To refer all potential Medicaid clients identified by the SHIBA program, Case Managers or Senior Helpline to APD for eligibility assessment.

This memorandum of understanding may be modified at any time upon the written agreement of the principals. The memorandum of understanding shall be considered in force unless terminated by either of the principals giving duty (30) days written notice and specifying the date thereof.

In witness whereof, the principals hereto have caused this memorandum of understanding to be signed by their duty authorized representatives.

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For KBSCC/AAA

For APD

---

Date

Date

Note: Signed copy being sent as a separate attachment.

**Appendix H Statement of Assurances and Verification of Intent**

For the period of January 1, 2013 through December 31, 2016, the KBSCC/AAA accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, KBSCC/AAA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The KBSCC/AAA assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans; and d) older individuals with limited English-speaking ability.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low income minority individuals residing in rural areas and meet specific objectives established by KBSCC/AAA for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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 significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are 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 the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; 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.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The KBSCC/AAA shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the KBSCC/AAA to be most effective in informing the public, service providers, advocacy groups, etc.

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Date

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Director, KBSCC/AAA  
Richard M. Palmer

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Date

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Advisory Council Chair  
H. F Skip Walther

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Date

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Legal Contractor Authority

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Title

## SERVICE MATRIX and DELIVERY METHOD

**Instruction:** Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

<input checked="" type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Assured Quality Home Care Inc. (For profit) 905 Main St. Klamath Falls, OR 97601 Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Assured Quality Home Care Inc. (For profit) 905 Main St. Klamath Falls, OR 97601 Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#3a Chore</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds

**#4 Home-Delivered Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#5 Adult Day Care/Adult Day Health**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Bonnie Lam Attorney at Law (For profit)  
111 N. 7<sup>th</sup> St  
Klamath Falls, OR 97601

Legal Aid Services of Oregon  
403 Pine St.  
Klamath Falls, OR 97601

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#15/15a Information for Caregivers**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#16/16a Caregiver Access Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#20-3 Program Coordination & Development**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-1 Home Repair/Modification**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-4 Respite Care (IIB/OPI)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-5/30-5a Caregiver Respite**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-6/30-6a Caregiver Support Groups**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#30-7/30-7a Caregiver Supplemental Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-2 Physical Activity and Falls Prevention**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-3 Preventive Screening, Counseling and Referral**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-4 Mental Health Screening and Referral**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-5 Health & Medical Equipment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-3 Elder Abuse Awareness and Prevention**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-4 Crime Prevention/Home Safety**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#50-5 Long Term Care Ombudsman**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-2a/70-2b Caregiver Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-8 Fee-based Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-9/70-9a Caregiver Training**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#70-10 Public Outreach/Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#71 Chronic Disease Prevention, Management/Education**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

**#72 Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

**#73/73a Caregiver Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

**#80-1 Senior Center Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

**#80-4 Financial Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

**#80-5 Money Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**#Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

**Memorandum of Understanding  
Between  
Oregon Department of Human Service  
And  
Aging & People with Disabilities, Klamath & Lake Counties**

**Purpose**

Klamath Basin Senior Citizens' Council (KBSCC/AAA) and the Oregon Department of Human Service, Division of Aging and People with Disabilities in Southern Eastern Oregon, Hereinafter APD, agree that adults with chronic illnesses, who may be served by Oregon Medicaid program should:

- Have access to an unbiased assessment of their needs.
- Be informed of available services options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

**Scope of Agreement**

**APD agrees to:**

- Provide training to KBSCC/AAA personnel regarding services and eligibility criteria established and/or administered by APD on an on-going basis.
- Refer individuals to KBSCC/AAA for assessment, case management and/or service delivery as deemed mutually appropriate by APD and KBSCC/AAA personnel, with the consent of the client.
- To provide a knowledgeable representative who will attend the KBSCC/AAA bi-monthly Advisory Council to provide an update of the current APD operations and policies.
- Work with KBSCC/AAA Case Manager and Aging and Disability Resource Center to process in a timely manner medical and financial eligibility determinations for Medicaid waiver services for adults.
- Consults with KBSCC/AAA personnel and administration to address system(s) quality and effectiveness.
- Provide KBSCC/AAA with appropriate application forms for Medically Needy, Waiver, Long Term Care and Medicare Supplement programs.

- Receive applications from KBSCC/AAA by fax and resister them in appropriate Medicaid category. The register number will be entered on the application form and faxed back to KBSCC/AAA within three(3) working days.
- Conduct eligibility financial assessment in days of receiving information necessary for state services application.

**KBSCC/AAA agrees to:**

- Provide training to APD personnel regarding services and eligibility criteria established and/or administered by KBSCC/AAA on an –ongoing basis.
- Accept referrals of adult individuals made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with the KBSCC/AAA capacity to do so.
- To work with the APD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by APD.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.
- To refer all potential Medicaid clients identified by the SHIBA program, Case Managers or Senior Helpline to APD for eligibility assessment.

This memorandum of understanding may be modified at any time upon the written agreement of the principals. The memorandum of understanding shall be considered in force unless terminated by either of the principals giving duty (30) days written notice and specifying the date thereof.

In witness whereof, the principals hereto have caused this memorandum of understanding to be signed by their duty authorized representatives.



For KBSCC/AAA

12/17/12  
Date



For APD

12/17/12  
Date