

Request for Additional Information Response

Q1. The use of the term “control group” is inappropriate since there is no random assignment of volunteers for the demonstration into treatment or control groups. Therefore, please replace “control group” with “comparison group”.

A1. We agree. The change has been made throughout the application, attached as Exhibit A.

Q2. What is the rationale for allowing consumers to hire applicants with a record of potentially disqualifying crimes under Oregon law?

A2. Oregon’s Independent Choices demonstration project will empower consumers to direct their own care, and to purchase services to enhance their independence, choice, dignity and well being.

Oregon has recently revised its’ administrative rules related to criminal record checks. (The revised rule, effective November 1, 1998, is attached as Exhibit B.) In the revised rule, that State allows various types of facility providers to function as provider designees for purposes of the criminal record check determination. A “provider designee”, when confronted with evidence of a potentially disqualifying crime on the part of a proposed caregiver, has the ability to determine whether mitigating circumstances exist that allow the conviction to be set aside in determination of caregiver fitness. This ability has been allowed providers in recognition of their unique knowledge of the person seeking employment.

Under the Independent Choices program, the consumer becomes, for the first time, truly the employer of their care provider. As such, they deserve the same treatment that the revised rule affords other employers.

Q3. Please describe in more detail the content of the mandatory training programs required of the participants in this demonstration program.

A3. Oregon anticipates that the required consumer training program will include the following content areas:

Program concepts

The goals and objectives of the project

Review of program eligibility criteria

Cash benefit determination

Continuing participation

Disenrollment guidelines

Roles and responsibilities of project participants

Fiscal responsibilities of participants

Legal responsibilities of participants

Using the benefit: range of services; community resources; overview of recruitment and retention of providers

Criminal record checks

Community resource availability

Project evaluation activities

Project timeline

Information on right to hearings and appeals

Participants will also receive a program manual at the mandatory training session. The program manual will be available in alternative formats to accommodate the needs of consumers who have sensory impairments or who are non-English speaking. Content of the program manual will include:

1. Program Overview/Philosophy

2. Relationships of consumers and care providers:

Self-assessment and needs planning

Job description development

Recruitment, interviewing techniques and evaluation of qualifications of prospective providers

Hiring procedures: writing a job contract: “duties” and wages agreements, scheduling providers, benefits

Hiring family members as providers

Criminal record checks

Provider training

Supervising providers and evaluating performance

Firing providers

Universal safety precautions for in-home service providers
Problem solving/communications skills
Emergency/backup provider-services planning
Ongoing record keeping: provider time sheets, wages paid, payroll taxes withheld and saved; bank accounts; payroll tax payments

3. Financial and Legal Obligations

The Independent Choices bank account
Budget management
IRS requirements of employers of domestic workers
Setting up record keeping procedures
Payroll tax withholding and deposits, IRS filings
Determining payroll obligations for FUTA, SUTA and FICA
Proof of immigration status
Minimum wage laws – Federal and State
Workers' compensation insurance

4. Community Resources

Effect of program benefit on other programs or subsidies
One-on-one assistance /or training from community partners
Provider training
Library/Resource Centers

Q4. Please explain in more detail the constraints places on consumers for the use of accumulated funds. These funds, as described in the waiver application, may be used “to cover future expenses that do not have another funding source”. (Refer to page 18.) What type of future expenses would be permitted with accumulated funds?

A4. As stated in the waiver application, consumers may accumulate funds to cover future expenses that do not have another funding source and that will support the consumer’s ability to remain as independent as possible. Under its Home and Community-Based Services waiver, Oregon currently pays for limited environmental accessibility adaptations and personal emergency response systems.

Permissible expenditures of accumulated funds could include:

- Use of an alternative provider – for example, a massage therapist – whose services are not covered by the Oregon Health Plan.**

- **Several consumers with significant needs for attendant care might choose to share living quarters and care providers, with some resultant savings in provider wages. They may then choose to pool their funds towards purchase of an accessible vehicle, reducing their need for transportation services.**
- **A visually impaired consumer may choose to accumulate funds towards purchase of check and record keeping templates allowing her to pay her provider and keep required records without outside assistance.**
- **A consumer might use her funds to purchase a full swim pass at the local YMCA. Purchase of the full pass costs less than a per-use fee; the activity, itself, improves overall health and muscle tone.**

An advocate for persons with disabilities who is a potential project consumer recently attended a meeting about the project, and shared how she plans to spend her accumulated funds:

“Every year, in the late summer, I go back to Connecticut to visit my mother, who’s 86 years old. She’s beginning to get a little too old to help me with my bathing and toileting needs when I’m back to visit, and I hate to see her lay out her money to hire someone. I’ll use any money that I’m able to accumulate to pay for an attendant when I’m back for my visit.”

Q5. Page 15 of the waiver describes the monthly ADL hours authorized by Administrative Rule 411-30-070(1). What controls are in place to ensure that these hours are sufficient to provide adequate care to beneficiaries?

A5. Monthly ADL hours authorized are directly linked to the CAPS 360 assessment. From his or her assessment, the case manager enters data into a computerized model, that translates descriptive statements about clients into a need for “minimal”, “substantial” or “full” assistance. This same assessment tool and automated algorithm are also used for hours authorized in the Client-Employed Provider (CEP) Program, and for authorization of personal care services through a contract agency.

Case managers perform reassessments of clients every six months. The semi-annual reassessment allows for observation of the adequacy of the authorized ADL hours. The 360 assessment itself is needs-based, and

the reassessment consists both of interviewing the client to discuss her understanding of her needs and of direct observation of her ability to complete ADL tasks. The reassessment takes place in the client's home, allowing for direct observation of the outcomes of the service plan.

In addition to semi-annual reassessments, project consumers may request a reassessment at any time that they feel that the hours authorized, which are the basis of the cash benefit, are inadequate to provide needed care, or if their health condition changes.

Q6. How are new members (or potential members) notified of their eligibility, or of upcoming informational meetings?

A6. All clients in the project sites who were receiving Title XIX in-home services (the SDS client population eligible for program participation) were sent initial information about Oregon's Independent Choices Program in 1997. In 1998, these clients, along with any people who had since become eligible for Medicaid in-home services, were sent an update on the program and its status. At each site, potentially eligible clients also received (or will receive in November-December of 1998) an invitation to attend a local client information meeting. The meetings, lasting approximately 90 minutes, are held at different locations within the counties, and at different times of day, to be convenient to potential program participants. Free transportation is available, and translation of the presentation is available upon request. Additional program information is distributed at the meetings.

In the fall of 1998, ICP staff conducted training of case managers, intake and eligibility workers, and front desk staff at the three project sites. Handouts on the program were distributed, including extra client information packages identical to those handed out at the above mentioned meetings. As new clients come into the system who meet the eligibility criteria, both intake/eligibility workers and case managers will tell them about the Program and will supply written material and audio and video tapes of client information meetings. Braille and foreign language versions of the materials will be available upon request by local staff.

Q7(a). On page 23 of the waiver application, a sentence reads, "Resource and referral network information will also be made available in alternative

formats”. Please elaborate on the types of alternative formats being referred to.

A7(a). The Oregon Department of Human Resources accepts and affirms its responsibility to communicate information in a manner that does not disadvantage persons requiring alternate formats. The Department further assumes that individuals requiring alternate formats are in the best position to determine which format will be most effective for them.

The Department has established policy concerning the availability of alternative format information, including Large Print, Computer Disks, Braille, AudioTape and Oral Presentation. A copy of that policy is attached to this response as Exhibit C.

All Independent Choices project participant communication will fully adhere to this policy statement.

Additionally, the Senior and Disabled Services Division of the Department has established policy, through issuance of an Executive Letter, requiring:

- 1. That documents be written at a 6th grade level for readability.**
- 2. Listing of a TTY phone number with each voice phone number.**
- 3. Captioning of all films, videos and television activities.**

All Independent Choices project participant communications will additionally adhere to this policy attached as Exhibit D.

Q7(b). Also on this page, please describe the hearing mechanisms available to consumers who appeal decisions not allowing them to participate in the demonstration.

A7(b) Consumers who are denied the ability to participate in the Independent Choices demonstration have the right to a contested case hearing under Oregon Administrative Rules. Additionally, if SDSO or its partner site agencies do not take action on a consumer’s request to participate in the project within 45 days of the request, the consumer has the right to request a contested case hearing.

The person requesting the hearing must complete a Hearing Request form (Exhibit E). Workers in each office are available to help clients complete this request form. The hearing must be requested within 45 days of denial of participation.

Clients are offered up to two pre-hearing conferences. Pre-hearing conferences can serve to clarify any factual misunderstandings; to provide the client an opportunity to understand why program participation was denied; and to allow the Division an opportunity to review, and perhaps rescind its' denial based on additional information supplied by the client.

If a hearing is actually held, an impartial hearings officer conducts the proceedings, and issues a final report. The Division has a duty to assist the client with the hearing request, to provide qualified interpreters and to advise the client of any free legal services that are available to provide representation at the hearing.

The Hearings Officer must issue final orders within 90 days from the date of the hearing request. A client may request reconsideration or rehearing of a final order within 30 days of the date of service of the order.

The Oregon Administrative Rules defining this process are attached to this response as Exhibit F.

Q8. On page 26, the use of random audits to verify that consumers are meeting the “legal and fiscal responsibilities” of employers is discussed. Please explain in more detail how this audit process will work and what forms of verification will be required of consumers to ensure that cash provided to them is used for the purpose for which it is intended – i.e. to provide personal care services.

A8. While Oregon has not yet fully delineated all parts of the project audit program, we anticipate that:

- 1. A random sampling of 10% of consumers at each project site will be selected for audit semi-annually.**
- 2. Auditors will request access to records of the consumers Independent Choices bank accounts, and to payroll records for employees.**

(Providing access to these records is a condition of project participation.)

- 3. Auditors will reconcile records of the participants' bank accounts to provider payments made. Auditors will reconcile records of hours worked to actual wages paid. Auditors will (when appropriate) further request documentation of required payroll tax filings.**
- 4. If a consumer is accumulating unspent funds towards a purchase, auditors will request documentation showing that the local office has been informed of the consumer's intent.**

Q9. What happens to people who use up their cash allowance prematurely?

A9. Oregon's proposed Independent Choices program is built on the presumption that consumers are capable of self-direction of their care services, and should be allowed the opportunity to choose, arrange and pay for their care providers. We believe that consumers are also capable of scheduling their care providers to best meet their care needs, and that the consumer's choices may not always be the same as those of a government case manager.

We acknowledge, however, that there may be circumstances in which consumers use their cash benefits (appropriately or inappropriately) in a way that uses the benefit before caregivers have been fully paid. Consumers will be required to supply their providers with complaint procedures, including a local project staff person to contact in case of non-payment. If a provider complains that he or she has not been paid by a project consumer, partner site staff will contact the consumer and request copies of legally required time records, and of the canceled check or receipt that documents payment. Failure to provide the required documentation will be grounds for project disenrollment.

If a consumer does not pay a provider, her project participation shall end, and she shall begin to receive Medicaid long-term care services through an alternative service plan. SDSA shall reimburse the provider for the wages that were not paid. The reimbursement shall be recouped from the former consumer as a Medicaid overpayment.

Q10a. How does this program interact with the Medicare and Medicaid home health care benefits?

A10a. Participation in the Independent Choices program will not effect the utilization or availability of home health care benefits under Medicaid. Home health benefits under Medicaid are provided to client eligible for medical assistance, under a written Plan of Care ordered by the client’s physician. Independent Choices consumers will retain their eligibility for medical assistance.

Q10b. How does it interact with Medicare and Medicaid acute care managed benefits?

A10b. Oregon believes that while some few project participants may be seniors who are dually eligible, most participants will be younger adults with physical disabilities. Based on historic data, Oregon believes that 59% of these younger adults are also dually eligible for Medicare and Medicaid.

In September 1997, 84.84% of clients of the Senior and Disabled Services Division were enrolled in managed care plans under the Oregon Health plan. Medicaid managed care utilization in each of the three partner site locations is summarized below:

| Partner Site | Total Clients | Enrolled in managed care | Exempt from managed care enrollment |
|--------------------------|----------------------|---------------------------------|--|
| Clackamas | 4,014 | 3,029 | 789 |
| Coos | 2,388 | 2,134 | 85 |
| Jackson/Josephine | 5,732 | 5,054 | 308 |

Oregon anticipates that the project will not change utilization patterns of either Medicare and/or Medicaid managed care plans by consumers. Participation in the Independent Choices project will have no effect on the packages of covered beneficiary services offered by either Medicare or Medicaid managed care health plans.

Q10c. How does the program interact with existing state supports?

A10c. All project participants must meet Oregon’s financial eligibility for Medicaid services. Participation in the project will neither enhance nor reduce a participant’s access to existing state supports.

Q11. Describe how the calculation of the cash allowance is determined. What is the involvement of beneficiaries in this process?

A11. Oregon sees the Independent Choices project as an addition to its in-home services program that will allow clients more flexibility as they make lifestyle and long-term care choices. Since the project is an addition to the in-home services program and closely related to the Client Employed Provider (CEP) program, SDSA proposes to set the service payment amount in the same manner in which a service payment is calculated for CEP services. This reimbursement methodology will also allow the Division to ensure that the project is budget neutral when compared to current in-home services offered under the Section 1915(c) waiver.

After an initial assessment of a consumer of in-home services (either the CEP program, contract agency services or the Independent Choices Program) is completed, the potential client and the local office case manager consider in-home service options as well as architectural, technological and other community-based care resources to meet the service needs identified in the assessment process. The case manager presents alternative service plans to clients. In project partner sites, Independent Choices will be presented as an available service plan option, as will the existing CEP Program. The client indicates which of the service plans presented by the case manager seems most effective to her. In project partner sites, we anticipate that some clients will choose to participate in the demonstration project.

If a client chooses to participate in either the existing CEP program, or in the Independent Choices demonstration project, local office staff determine whether the client needs “minimal”, “substantial” or “full” assistance for Activity of Daily Living (ADL) and self-management tasks. These determinations are made based on the CAPS 360 assessment discussed above. “Minimal Assistance” means the client is able to perform a majority of a task, but requires some assistance. (OAR 411-30-002(23)) “Substantial Assistance” means a client can perform only a small portion of a task and requires assistance with the majority of a task. (OAR 411-30-002(34)). “Full Assistance” means that a client is unable to do any part of an activity of daily living or task; i.e. it must be done entirely by someone else. (OAR 411-30-002(14)). Category assignment of minimal, substantial or full is based on client

needs, as assessed through the CAPS 360 tool. Assignment to the proper category is made through the automated computer system.

Administrative Rule 411-30-070 (1) authorizes monthly ADL hours as follow:

| Task | Minimal assistance | Substantial assistance | Full assistance |
|----------------------------------|---------------------------|-------------------------------|------------------------|
| Eating | 5 hours | 20 hours | 30 hours |
| Dressing | 5 hours | 15 hours | 20 hours |
| Bathing/ Personal Hygiene | 10 hours | 15 hours | 25 hours |
| Mobility | 10 hours | 15 hours | 25 hours |
| Bowel and Bladder | 10 hours | 20 hours | 25 hours |
| Cognition | 5 hours | 10 hours | 20 hours |

Section (2) of the same rule authorizes maximum monthly hours for self-management tasks.

| Task | Minimal Assistance | Substantial Assistance | Full Assistance |
|---------------------------------|---------------------------|-------------------------------|------------------------|
| Medication management | 2 hours | 4 hours | 6 hours |
| Transportation or Escort | 2 hours | 3 hours | 5 hours |
| Meal preparation | | | |
| Breakfast | 4 hours | 8 hours | 12 hours |
| Lunch | 4 hours | 8 hours | 12 hours |
| Dinner | 8 hours | 16 hours | 24 hours |
| Shopping | 2 hours | 4 hours | 6 hours |
| Housecleaning | 5 hours | 10 hours | 20 hours |

The Division sets service payment rates for community based care providers under the authority of OAR 461-155-270. In-home service payments rates, as of March 1998, are \$6.50 per hour for minimal and substantial assistance hours, and \$ 6.72 per hour for full assistance hours. These service payment rates are scheduled to increase by a 3 percent cost of living adjustment effective for service on and after July 1, 1998. Actions taken by the 1997 Legislative Assembly require that

hourly rates for the CEP program be \$1.30 per hour higher than Oregon minimum wage. Oregon's minimum hourly wage will increase to \$6.50 per hour effective January 1, 1999; consequently, all assistance hours allocated under the rules described above will be paid at least \$7.80 per hour effective February 1999.

Case managers will apply the category of need determined through the CAPS 360 assessment to project consumers and to those persons who choose to participate in the CEP Program, and use that need category to determine service hours available for ADL and self-management tasks (OAR 411-30-070 (1) and (2))

Within the CEP program, the Division pays the employer FICA share of 7.65 percent of wage (OAR 411-30-060(10)(b)(A)). Service payments to Independent Choices participants will be increased by this amount, that would otherwise be paid by the Division, so that project participants can correctly make required FICA contributions on behalf of their employees. The employer share of Unemployment Tax that the Division currently pays in the CEP program will also increase Service payments to Project participants. (OAR 411-30-060(10)(b)(B)).

To recap, beneficiaries are involved in the assessment process, and in choosing between service plans as presented by the case manager. Beneficiaries are not involved in determination of the level of cash benefit to be received; that level is determined based on automated algorithms and on Oregon Administrative Rule.

Q12. How will the cash allowance be determined for beneficiaries who have no prior use of personal care services?

A12. Oregon intends to use the process described in question 11 both for clients currently receiving in-home services under the Section 1915(c) waiver who choose to participate in Independent Choices and for new clients who opt to participate in the Independent Choices program directly after establishing eligibility.

Q13. Will there be any limitation on the types of services a client can purchase? In what way will allowable services be expanded over the existing program?

A13. Clients participating in the demonstration are free to purchase services as they choose, as long as the service purchased meets a personal care need. The CEP program as it currently exists allows for purchase of housekeeping services or personal care services provided by another person(s). This demonstration proposes to expand the variety of services that can be purchased. Participants will be able to purchase non-traditional medical services like massage therapy or acupuncture. They can purchase adaptive devices that will assist with independence and are not currently covered by Medicaid.

Q14. What measures will be taken to deter fraud and abuse of the cash payment – both by the beneficiary and by the caretaker/provider?

A14. As stated in the response to question #8, Oregon plans to randomly audit 10% of project participants at each project site on a semi-annual basis. The audits will focus on consumer’s uses of the Independent Choices bank accounts, compliance with their legal and fiscal responsibilities as employers and use of any funds that consumers have accumulated. Local office project staff plans to maintain informal contact with project participant on a frequent basis, but no less than once every two months. These will be “check-in” calls; local office staff will discuss needed resources and steer participants towards assistance if needed. Local office staff will be directed to follow up on any statements that need additional explanation through home visits. Project participants will be involved with community resource groups and with the project evaluation staff from the Portland State University Institute on Aging on a frequent basis.

Fraud or abuse of the cash benefit, by either the consumer or the provider, will likely first manifest itself in the consumer’s declining health status. Early interventions, by the groups discussed above, will be employed as a deterrent to fraud and abuse.

Q15. What is the approval process for determining what is an allowable expense? Are there objective criteria for evaluating items that are not on pre-approved lists?

A15. Project consumers who are able to accumulate cash may retain this cash in a contingency fund. Consumers must designate the future personal care expense towards which the funds accumulate. Local

office project staff must agree with the consumer that the purchase will help the consumer to meet her personal care needs.

Oregon is developing an approval protocol for use by local office staff. We believe that in a consumer-directed environment, most (if not all) future purchases that consumers believe will contribute to meeting their personal care needs are valid uses of the cash benefit, and will be approved by the local office staff.

Oregon may issue a broad listing of approved items for which fund accumulation may be approved. Local partner sites will be encouraged to utilize a multiple person review process for items outside of the broad listing, and will be encouraged to include consumer input as a part of the review process.

Q16. Is there any situation in which paid caregivers could also be surrogate decision-makers?

A17. No. After a lengthy review of the issue, and discussion with consumer advocates, Oregon feels that allowing a paid caregiver to function as a surrogate decision-maker creates a higher risk of fraud and abuse. Therefore, surrogate decision-makers will not be allowed as paid caregivers for the person for whom they are the decision-maker.

Q17. The section entitled “uses of the cash benefit” suggests that clients will pay caregivers more than under current law. Why is that believed to be possible if the needs of the individual do not change, and the level of cash mirrors current need?

A17. Oregon believes that the method that it uses to determine the hours of service needed by a in-home services client, or for an Independent Choices project consumer, is a very close proxy to the time that the client actually requires assistance by another unskilled person to perform ADL activities. We base this belief on more than 17 years of program experience in our waived Client-Employed Provider Program.

We do not believe, however, that the wage rates that are set by the Division adequately reflect equitable wage payment for concerned, trained staff dealing with the State’s most vulnerable citizens. Wages

paid by the Division reflect the realities of the State budgetary process and competing influences for use of a static pool of money.

Wage rates that are paid by SDSD do not differentiate for provider training or experience. Nor do these wage rates take into account historically low unemployment rates in parts of the state, including the Clackamas County partner site location. Turnover rates among client employed providers were over 70% 2 years ago, which in part prompted the Legislative Assembly to take action to raise wages. Economic growth has been such, though, that even the substantial increase that was granted has not kept pace with wages offered by private businesses for other less stressful jobs – working in a fast food restaurant, for example.

We believe that project consumers may try to pay their providers higher wages and use fewer hours of service, because that's what their testimony to us has been. At a recent informational meeting about the project, one client who currently receives services through the CEP program shared that she had employed 5 different bath aides during the first 7 months of 1998. Every time she got the provider trained, someone else offered a quarter more per hour, and off went the provider. This client plans to use the self-direction and flexibility of the Independent Choices program to pay her bath aide a quarter more an hour once she's trained, and perhaps to raise the person's wage by 50 cents more after six months or a year. She thinks that a more experienced aide who knows how she wants the job performed will complete the task in a more efficient manner, allowing her the latitude to pay slightly more.

Q18. Please include a description of the quality assurance process, and any procedures available to consumers to file grievances or appeals. Will grievances and appeals include bases protected by appropriate civil rights law?

A18. Prior to project implementation, Oregon will develop a quality assurance plan focused towards Continuous Quality Improvement. Consumers will complete satisfaction surveys semi-annually. Community resource partners and local partner site staff will also be surveyed annually. Oregon will develop protocols defining corrective actions to be taken when deficiencies are identified, or when a consumer

indicates potentially problematic dissatisfaction with participation in the project.

Administrative rules being developed for the Independent Choices project allow consumers the ability to appeal any action taken with regard to the Independent Choices program. Independent Choices demonstration consumers also have the right to contested case hearings under Oregon Administrative Rules.

The person requesting the hearing must complete a Hearing Request form (Exhibit E). Workers in each office are available to help clients complete this request form. The hearing must be requested within 45 days of denial of participation.

Clients are offered up to two pre-hearing conferences. Pre-hearing conferences can serve to clarify any factual misunderstandings; to provide the client an opportunity to understand why program participation was denied; and to allow the Division an opportunity to review, and perhaps rescind its' denial based on additional information supplied by the client.

If a hearing is actually held, an impartial hearings officer conducts the proceedings, and issues a final report. The Division has a duty to assist the client with the hearing request, to provide qualified interpreters and to advise the client of any free legal services that are available to provide representation at the hearing.

The Hearings Officer must issue final orders within 90 days from the date of the hearing request. A client may request reconsideration or rehearing of a final order within 30 days of the date of service of the order.

The Oregon Administrative Rules defining this process are attached to this response as Exhibit F.

Oregon agrees that it will comply with all applicable Federal statutes relating to nondiscrimination. These include, but are not limited to the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Q19. Please describe how written materials, training programs, notices of information meetings, etc., will be made available to non-English speaking and sensory impaired individuals. Will nontraditional services unique to different cultures be included in the package of eligible services?

A19. Nontraditional services unique to different cultures may well be available through the program, since consumers are free to determine a package of services appropriate to their care needs.

The Independent Choices project, as designed, will not make any specific outreach efforts to different cultures due to the demographics of the state as a whole, and of the partner sites. As is apparent from the table below, the State and the partner sites are overwhelmingly of white, non-Hispanic ethnicity.

| Area | Total population¹ | Percentage White non-Hispanic | Percentage Hispanic | Percentage Other |
|------------------------|-------------------------------------|--------------------------------------|----------------------------|-------------------------|
| State of Oregon | 3,086,188 | 89.8% | 4.2% | 6.0% |
| Clackamas | 310,657 | 93.8% | 2.8% | 3.4% |
| Coos | 62,865 | 93.6% | 2.2% | 4.2% |
| Jackson | 162,749 | 92.6% | 4.4% | 3.0% |
| Josephine | 69,564 | 94.2% | 3.0% | 2.8% |

All information related to the project will be made available on request for non-English speaking consumers and for consumers who use ASL through an interpreter service.

Written materials, training programs, notices of information meetings, etc. will be provided to sensory impaired individuals according to policy set forth in SDDS Executive Letter 98-33 dated September 17, 1998 (Exhibit G). This policy outlines a plan for translation to Braille and audiotape through Independent Living Resources, Inc., and Braille Plus. A statement about the availability of alternate formats will be prominently displayed on forms and documents. If an alternate format is requested, the local office staff will send a copy of documents that

¹ Information supplied by 1994 Oregon Population Survey, Oregon Progress Board

need translation to the agencies listed. These agencies will then mail alternate formats directly to clients. The time frame listed for translation is 5 working days. Documents will also be available in large print (18 point or larger), or on computer disks in ASCII or word-processed text files. Videotapes of client information meetings will also be available for distribution.

In all cases, information will be made available through regular format initially, with a statement about the availability of alternate formats prominently displayed on forms and documents. Once a client has specified the need for a particular format, the requested format will be provided automatically any time that information is sent. When we do not know ahead about the need for alternate formats, they will be provided upon request.

Q20. Will race, national origin, disability, etc. information be collected as part of your data collection effort? If so, how will it be used?

A20. The Institute on Aging at Portland State University will use information gathered by the CAPS 360 assessment tool, which includes minority and language status questions, as well as disability status questions. The information gathered will be used to match treatment and comparison cases for controlling for the non-random assignment in the quasi-experimental design. Satisfaction, independence and quality of life improvement variables will likely be reported by some measure of disability.

No data that could be attributed to or identified by individual will be reported. No individual race, minority or disability status is to be revealed in the data compiled, which is expected to be on an aggregate basis or anonymous, if quotes are used, so no individual can be identified.

The University's Human Subjects Review Committee prior to engagement will review the research plan.