PART 1 - PY 2021
CERTIFICATION, SIGNATURES, AND ASSURANCES

ANNUAL UPDATE

Agency Information and Certification Page

AREA AGENCY ON AGING (AAA) INFORMATION

Legal Name of Agency:	Council on Aging of Southwestern Ohio		
Mailing Address:	175 Tri County Parkway, Cincinnati, Ohio 45246		
Phone Number:	513-721-1025	**Federal ID Number:**	31-0807186

CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the PY 2021 Annual Update documents:

☒ Include all required certifications, signatures, assurances, and plans to be followed by the AAA under provisions of the Older Americans Act (OAA).

☒ Have been developed in accordance with all rules and regulations specified under OAA and related State of Ohio policies.

☒ Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the planning and service area (PSA).

☒ Incorporate the comments and recommendations of the AAA's Advisory Council.

☒ Have been reviewed and approved by the AAA's Board of Directors and respective governing bodies.

☒ I certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.

☒ I further certify that I understand the AAA is responsible for the development and implementation of the Area Plan on Aging and for ensuring compliance with the included assurances.

☒ I have reviewed and approved this PY 2021 Annual Update.

Agency Signature Page

President, Board of Directors

Name: Cynthia Wright Sellers

Signature:

Date: 10/27/2020

Chair, Advisory Council

Name: John McCarthy

Signature:

Date: 10/27/2020

Executive Director, Area Agency on Aging

Name: Suzanne Burke

Signature:

Date: 10/27/2020

Older Americans Act: Section 306
Area Plan AAA Assurances

The AAA assures the following:

1. The AAA assures that it will provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area (PSA) covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need. (§306(a)(1))

2. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 105-SVC-01, OAA Required Funding Allocations, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

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

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

c) Legal assistance.

The AAA assures it will report annually to ODA in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))

3. The AAA assures it will designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point. The AAA assures that it will specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point designated. (§306(a)(3))

4. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. The AAA assures that it will include specific objectives for providing services to low-income minority older individuals, individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan (§306(a)(4)(A)(i))

5. Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

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

   b) To the maximum extent possible, provides services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

   c) Meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))

6. The AAA assures, with respect to the fiscal year preceding the fiscal year for which such plan is prepared, it will:

   a) Identify the number of low-income minority older individuals in the planning and service area;

   b) Describe the methods used to satisfy the service needs of such minority older individuals; and

c) Provide information on the extent to which the AAA met the objectives. (§306(a)(4)(iii))

7. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

   a) Older individuals residing in rural areas;

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

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

   d) Older individuals with severe disabilities;

   e) Older individuals with limited English proficiency;

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

   g) Older individuals at risk for institutional placement, specifically including survivors of Holocaust.

   The AAA assures it will inform the older individuals identified above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))

8. The AAA assures it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))

9. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).

10. The AAA assures that it will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan. The AAA assures it will serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals. (§306(a)(6))

11. The AAA assures that where possible, it enters into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on voluntary basis in the delivery of such services to children, adults, and families. (§306(a)(6)(C))

12. The AAA assures if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:

    a) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; (§306(a)(6)(C)(i))

    b) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; (§306(a)(6)(C)(ii)), and

    c) Make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings. (§306(a)(6)(C)(iii))

13. The AAA assures it will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this chapter, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. (§306(a)(6)(D))

14. The AAA assures it will establish effective and efficient procedures for the coordination of entities conducting programs that receive assistance under this chapter within the planning and service area served by the AAA and entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in OAA Section 203(b) within the area. (§306(a)(6)(E))

15. The AAA assures that in coordination with ODA and with the State agency responsible for mental and behavioral health services, increase public awareness of

mental and behavioral health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental and behavioral health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations. (§306(a)(6)(F))

16. The AAA assures that if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this chapter. (§306(a)(6)(G))

17. The AAA assures that in coordination with ODA and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation as appropriate. (§306(a)(6)(H))

18. The AAA assures that to the extent feasible, it will coordinate with ODA to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals. (§306(a)(6)(I))

19. The AAA assures that it will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their caregivers, by:

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

    b) Conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-base settings; and, target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

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

    d) Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging

itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. (§306(a)(7))

20. The AAA assures that case management services provided under this Title will:

    a) Not duplicate case management services provided through other Federal and State programs;

    b) Be coordinated with services provided through other Federal and State programs;

    c) Be provided by the public agency or a nonprofit private agency that:

        I. Gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;

        II. Gives each individual a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

        III. Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

        IV. Is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii). ((§306(a)(8))

21. The AAA assures, in carrying out the State Long-Term Care Ombudsman program under OAA Section 307(A)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title. The AAA assures that funds made available pursuant to section 712 shall b used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712. ((§306(a)(9))

22. The AAA assures it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title. ((§306(a)(10))

23. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:

    a) Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA

will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

b) An assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

c) An assurance that the AAA 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, whom are older Native Americans. (§306(a)(11))

24. The AAA assures it will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in OAA Section 2013(b) with the planning and service area. (§306(a)(12))

25. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)(13)(A))

26. The AAA assures it will disclose to the Assistant Secretary and the State Agency:

a) The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and

b) The nature of such contract or such relationship. (§306(a)(13)(B))

27. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))

28. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))

29. The AAA assures it will, on the request of the Assistance Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))

30. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

31. The AAA assures that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(4)(A)(i) and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212. (§306(a)(15))

32. The AAA assures to provide, to the extent feasible, for the furnishing of services under this chapter, consistent with self-directed care. (§306(a)(16))

33. The AAA assures it will include information detailing how it will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. (§306(a)(17))

34. The AAA assures it will collect data to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and the effectiveness of the programs, policies, and services provided by such AAAs in assisting individuals. (§306(a)(18))

35. The AAA assures it will use outreach efforts that will identify older individuals eligible for assistance under OAA, with special emphasis on those older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

I certify that I read the above and comply with the Assurance: ☒ **Initial** _____

Certification Regarding Department Suspension, Ineligibility, and Voluntary Exclusion Pursuant to 45 CFR Part 76

45 CFR Part 76 adopts a governmentwide system of debarment and suspension for HHS non-procurement activities (76.100) to ensure the integrity of federal programs by conducting business only with responsible persons (76.110 (a)). A federal agency uses the non-procurement debarment and suspension system to exclude from federal programs persons who are not presently responsible (76.110 (b)).

The AAA certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (766.355)

Where the AAA is unable to verify to any of the statements in this certification, such as AAA shall attach an explanation to this proposal.

I certify that I read the above and comply with the Assurance: ☒ **Initial** _____

Certification for Contracts, Grants, Loans & Cooperative Agreements Pursuant to 31 U.S. Code Section 1352

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been or will be paid, by or on behalf of, the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclosure accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employer of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to ensure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that I read the above and comply with the Assurance: ☒ **Initial** _____

Assurance of Compliance with Non-Discrimination Laws and Regulations

The AAA provides this assurance in consideration for and for the purpose of obtaining Federal grants, loans, contracts, property, discounts, or other Federal financial assistance from the U.S. Department of Health and Human Services (HHS).

The AAA assures the compliance with the following:

1. **Title VI of the Civil Rights Act of 1964,** as amended (codified at 42 U.S.C. § 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services(45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. **Section 504 of the Rehabilitation Act of 1973**, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. **Title IX of the Education Amendments of 1972**, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. **The Age Discrimination Act of 1975,** as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91),to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department

5. **Section 1557 of the Patient Protection and Affordable Care Act,** as amended (codified at 42 U.S.C. § 18116),and all requirements imposed by or pursuant to

the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

6. As applicable, **the Church Amendments**, as amended (codified at 42 U.S.C. § 300a-7), the Coats-Snowe Amendment (codified a t 42 U.S.C. § 238n), the Weldon Amendment (e.g., Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2019, Div. B., sec. 507(d), Pub. L. No. 115-245, 132 Stat. 2981, 3118 (Sept. 28, 2018), as extended by the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019, Pub. L. No. 116-59, Div. A., sec. 101(8), 133 Stat. 1093, 1094 (Sept. 27, 2019)), Section 1553 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18113), and Section 1303(b)(4) of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18023(b)(4)), and other Federal conscience and anti-discrimination laws, including but not limited to those listed at https://www.hhs.gov/conscience/conscience-protections, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 88), to the end that the rights of conscience are protected and associated discrimination and coercion are prohibited, in any program or activity for which the Applicant receives Federal financial assistance or other Federal funds from the Department for which the Federal conscience and anti-discrimination laws and 45 C.F.R. Part 88 apply.

The AAA agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the AA, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the AAA by the Department, this assurance shall obligate the AAA, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the AAA for the period during which it retains ownership or possession of the property. The AAA further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

I certify that I read the above and comply with the Assurance: ☒ **Initial** _____

PART 2 - PY 2021
PY 2019-2022 STRATEGIC AREA PLAN ANNUAL UPDATE

ANNUAL UPDATE

AAA: 1	Council on Aging of Southwestern Ohio, Inc.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

GOAL 1: Older Ohioans, adults with disabilities and their caregivers will be able to make person-centered decisions through seamless access to information and advocacy services.

ACCESS TO INFORMATION

OBJ:1-1

Objective 1: Develop standards and measures for quality and performance regarding operation, information and resources for a consistent front-door experience for consumers.

Year One Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 1.1.1: Active - In Plan Year 1, COA partnered with AAA7 and AAA9 to create standards that support consistency when providing information and resources to customers utilizing our Aging and Disability Resource Center (ADRC). This includes standardized documentation templates and performance measures for staff using the OBLTSS system. Because standardization and consistency are moving targets in our ever-changing environment, we expect our work in this area to continue through the four-year plan. In Plan Year 2, we plan to emphasize the local ADRC and 1-800# during community engagement activities with the public and community partners.

Strategy 1.1.2 : Active - In Plan Year 1, COA implemented performance measurements related to average queue wait times, call abandonment rates and percentage of calls answered to track inbound and outbound calls. We will continue working on this strategy in Plan Year 2 with our phone vendor as we explore available technology to improve menu selections, reduce hold times and possibly offer automated call-back options to our customers. We will explore other technology solutions like 'live chats' and scheduling software to enhance the customer service experience.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 1.1.1: Active - COA's Communications Department has ensured the agency's main number (513) 721-1025 is published with each COA brochure and handout, is included in our Speaker's Bureau toolkit and is published on our website. In response to the COVID-19 pandemic, COA has engaged in several additional outreach activities which includes information about contacting our Aging and Disability Resource Center for assistance. We have worked directly with partner agencies to encourage them to have their clients and members call our ADRC if they need assistance locating resources and/or services. Outreach activities include advertising in social/local media, providing educational materials to senior housing bulidings and mailing wellness kits to targeted areas Universal Asseswhich all include the phone number to reach our ADRC. **Strategy 1.1.1.2: Active -** ADRC began piloting a new process called "universal assessments" that streamlines the ADRC and assessment process and better leverages the county levy program funding into the ADRC process. The Universal Assessment is currently in a pilot stage, and is expected to lead to better customer service, and fewer re-assessments by eliminating false positives from individuals who appeared to not be eligible for PASSPORT and were not appropriate for the Elderly Services Program. This pilot will continue into the next program year. **Strategy 1.1.2: Active** - In program year two, COA facilitated an employee focus group to discuss phone system functionality needs for each department. COA met with several phone vendors to discuss phone technology options available to improve customer service in our various call centers, including ADRC. We also researched scheduling software to improve efficiency with scheduling Level of Care and PASSPORT/ALW assessment appointments. We purchased Skedulo, a software product that allows us to schedule appointments using drive time coordinates to ensure appointments are clustered in close proximity whenever possible to minimize drive time. This scheduling efficiency will create opportunities for additional daily appointments which will allow clients to be assessed and services to begin quicker. This system also allows for automated call-ahead appointment reminders to help minimize 'no-show' assessment appointments. The ADRC department is training now and user acceptance testing will follow with a tentative 'go-live' date in October 2020. We added a call-back feature to our ADRC call center as another opportunity to improve customer service. The call-back feature allows callers to save their place in line and get a return call when the next Specialist is available. This along with changing our phone menus to allow callers to self-select where they want their call to go has reduced our abandoned call rate. We have added fax to e-mail technology in our ADRC to improve timely responses to faxed referrals. This technology was added effective 2.1.20 when the Cincinnati Fire Department pilot began. **Strategy 1.1.2.1: Active** - Due to the pandemic and ongoing recovery efforts, COA and ODA have not scheduled time to develop and implement measures together.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	1.1.1	Standardize the brand of the ADRN that re-introduces the ADRN as the one-stop solution for older adults' information, assistance and connection to services and supports. (1.1.4)		AAA7, AAA9			% of completion	50%	100%	X	X		
Active	1.1.1.2		Identify and leverage available funding resources to expand and support a comprehensive ADRN structure. (1.1.1.2)				% of dollars increased		Not available - pilot project	X	X		
Active	1.1.2	Implement standards and measures for quality and performance of ADRN operations for a consistent front-door experience for consumers. (1.1.2)		Cincinnati Bell			100% Completion of dashboard. We re suggesting the measurement for Plan Year 2 be changed to capture additional technology solutions explored to support ADRN.		3 new technology features/systems added		X	X	
Active	1.1.2.1		Partner with ODA to develop and implement quality and performance measures for the ADRNs. (1.1.2.1)				Completion of dashboard		50%		X	X	
Active	1.1.2.2		Partner with ODA to develop and implement standards for an onboarding training for new ADRN staff and refresher training for existing ADRN staff as well as for single-entry points staffs on all available services for older adults (e.g., Medicaid, Older Americans Act and other community-based services such as SNAP) to ensure that appropriate resources and referrals are made. (1.1.2.2)				# of trainings completed		Trainings proposed to begin next year			X	X
Active	1.1.2.3		Implement identified front-door improvements to attain quality standards. (1.1.2.3)				% of improvements implemented		7 improvements have been implemented or will be by 12.31.20.	X	X	X	X
	OUT:1-1-a	Outcome 1-1-a: Due to the completion of its assessment, analyses and plan, Ohio is well-positioned to implement performance expectations and quality standards for its ADRN.					Completion of assessment, analyses and plan						
	OUT:1-1-b	Outcome 1-1-b: AAAs and ADRN members have adopted the standards as evidenced by progress shown by indicators of a quality dashboard.					Indicators on a quality dashboard						

OBJ:1-3

ADVOCACY

Objective 3: Heighten awareness of the needs and priorities of Ohio's older adults and people with disabilities with community, government, non-profit and private sector entities to achieve inclusion in decision-making opportunities that inform policies, infrastructure development processes, and strategic plans.

Year One Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 1.3.1: **Active** - COA is represented on several local boards and committees in our five-county region to enhance collaborative partnerships, heighten awareness of the needs and priorities of our older adults and communicate regularly with elected officials at the county, state and federal level. She represented COA by participating on 9 committees in Plan Year 1 advocating for a combination of legislation changes and local community supports to enhance the quality life and provide opportunities for older adults and disabled individuals to live independently in their communities. Suzanne Burke is serving along with a diverse group of community stakeholders on the City of Cincinnati property tax workgroup to study trends related to property taxes, especially the issue of rising property taxes in areas experiencing significant levels of development. The purpose is to make recommendations to City Council to keep senior citizens in their homes. COA did research on models used by other states to protect low income seniors from rising property taxes, and brought in Bob Applebaum to educate the workgroup on the impact of the rising senior popluation in our communities. This work will continue in plan year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 1.3.1: Active - COA continues to participate on several local boards and committees in our five-county region to enhance collaborative partnerships, heighten awareness of the needs and priorities of our older adults and communicate regularly with elected officials at the county, state and federal level. COA's Government Relations Manager participated in committees in Plan Year 2 advocating for a combination of legislation changes and local community supports to enhance the quality of life and provide opportunities for older adults and those with disabilities to live independently in their communities. Our CEO is serving along with a diverse group of community stakeholders on the City of Cincinnati property tax workgroup to study trends related to property taxes. Several meetings and initiatives that began prior to the pandemic have been delayed due to pandemic and ongoing recovery efforts. COA's COVID-19 Response Team updates are shared with chambers of commerces, emergency management agencies (EMA), health departments and couny officials in our 5-county region. Since March 2020, much of our advocacy is related to the specific needs of older adults due to the pandemic. Ken Wilson was appointed as a member of the Region 3 MAC COVID response team representing the needs of seniors living in the community during COVID 19. He Co-Chairs the Congregate Care committee working to protect seniors in a variety of congregate settings including assisted living, senior housing, and nursing faciliities. **Strategy 1.3.1.1: Active -** COA participated with planning the 30-year Americans with Disabilities Act (ADA) celeberation. The event was held virtually throughout the month of July and included a panel award ceremony, honk and waves, and the distribution of educational materials through the Cincy 50+ Celebration and steering committee. During the pandemic, COA continues to partner with county EMAs to make sure clients, care managers and contracted providers have the personal protective equipment (PPE) needed to safely continue to provide services to our aging population. COA partnered with the Clinton County EMA with their CodeRed project that provided daily robo calls to clients that wanted someone to check in on them. **Strategy 1.4.2.1: Active -** COA joined the Clermont County I-Team on January 25, 2020 and the Butler County I-Team on February 7, 2020 to make sure COA is involved with local efforts intended to educate the public about APS, develop prevention campaigns and recommend services and supports when appropriate . The pandemic has caused many of these meetings to be cancelled. **Strategy no # assigned: Active -** COA's Government Relations Manager met with regional candidates Chris Monzel, Jean Schmidt and Joe Dills to create awareness about the aging network and the importance of legislation and funding to sustain the network and enhance the lives of older Ohioans.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	1.3.1	Heighten awareness of the needs and priorities of Ohio's older adults to achieve inclusion in state, regional and community decision-making opportunities. (1.3.1)			Ohio Aging and Disability Coalition; Ohio Public Transit Association; Safe and Affordable Housing; Coalition on Homelessness and Housing in Ohio; Mental Health Advocacy and Coalition; various Chambers of Commerce in southwest Ohio; Tri State Triad; Financial Fraud Task Force; OKI; elected officials	Includes partners in year one along with local EMAs, Health Departments, BOCC, Chamber of Commerce,	# of groups of which AAA is an active member and voice for older adults	9	Several, did not keep track	X	X	X	X
Active	1.3.1.1		Actively engage in subcommittees, coalitions, chambers of commerce, and partnerships to ensure inclusion of older adults needs and priorities. (1.3.1.1)				# of partnerships formed		11 partnerships formed	X	X	X	X
Active	1.4.2.1		Represent the aging network during policy discussions and initiatives that support elder abuse response resources and services.(1.4.2.1)				# of meetings attended		Unable to determine. Meetings have been in-person, online and via phone calls.			X	X
Active			Continually improve relations with elected officials and key community stakeholders.				# of meetings attended		3 with potential candidates, many with existing community stakeholders	X	X	X	X
Not Started	OUT:1-3	Outcome: The number of older adult-related action items included in other state-level plans will increase.					# of local/community action plan for which older adults issues have been added						

AAA:	Council on Aging of Southwestern Ohio, Inc.

POPULATION HEALTH

GOAL 2: Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.

CHRONIC DISEASE MANAGEMENT AND PREVENTION

OBJ:2-1 **Objective 1: Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter the quality of their lives.**

Year One Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

2.1.1: Active - COA provided 14 Healthy U/Diabetes Self-Management Program (DSMP) workshops, 6 Healthy U/Chronic Disease Self-Management (CDSMP) workshops and 26 Steady U/Matter of Balance workshops so far in Plan Year 1. COA began a pilot program this year with a Medicare Advantage Plan to provide complex care management for substance use disorder members who also have multiple chronic health conditions. This pilot will continue another year.

2.1.3: Active - Along with promoting our self-management workshops at health fairs, community outreach activities and through social media, COA sponsored a leader to become a Master Trainer in CDSMP in Plan Year 1. Information about program year 2020 Evidenced-Based Health Education programs funded by Title III was sent out through our provider services network with the intent of reaching more organizations. Not only did we increase the number of site partners for our workshops, we were successful in partnering with Tri Health, a large health care system in our region. COA is changing our business model for Title III Evidence-Based Health Education in Plan Year 2 to a hybrid approach of contracting for master trainer services and providing the administrative program support in-house. Our challenge in Plan Year 2 is to expand programming in Clinton and Clermont counties.

2.1.6: Active – COA participated in the Collaborative Network with UC that is research based in technology advancements for the aging population. COA developed an Innovations Lab in-house that allowed us to partner with other entities to explore emerging technology. We will continue our technology exploration in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 2.1.1: Active - COA completed 23 Healthy U and Steady U workshops prior to the pandemic. We also had 11 workshops in progress that were cancelled in March 2020 due to the pandemic. The Self-Management Resource Center (SMRC) introduced virtual Healthy U programming in June 2020. COA embraced the virtual platforms and spent June, July and August preparing to launch our Wellness programming virtually. We identifed a virtual platform, trained our Volunteer Leaders, created an online registration process, began host site sponsor recruitment and program marketing. We currently have 3 phone workshops scheduled to complete before 9.30.20. We have 2 online workshops that were started this program year (Aug and September), but will not be completed until October (next program year). We have 9 workshops scheduled to begin in October 2020. COA also had 13 Volunteer Leaders crossed trained by SMRC to facilitate the Chronic Pain Self-Management Program in July 2020 through a SOR Grant opportunity with ODA. By adding Chronic Pain, COA now offers 4 evidence-based health education programs to our 5-county region. COA continues to provide complex chronic condition care management through our Positive Choices program with a Medicare Adventage Plan for members with substance use disorders and high utilizer populations.**Strategy 2.1.1.2: Completed -** Health and Wellness programs were suspended in March 2020 because of the pandemic. These programs were made available as online and telephone models. COA launched our first virtual workshops in August 2020. A presentation was made at an ADRC staff meeting to review free Health and Wellness programs offered through COA. The presentation included an explanation of online and phone workshops and the process for registering individuals while they are on the phone. **Strategy 2.1.1.6: Active -** In September 2020, COA and other AAAs partnered with ODA to form a workgroup to review the data we collect through our evidence-based workshops and determine if there is an opportunity to expand the data collection to better document participant feedback and program successes within Workshop Wizard in hopes that better documentation of behavior changes to support better health outcomes could provide opportunities for additional funding. **Strategy 2.1.3: Active -** In November 2019, COA had 2 employees certified as Master Trainers for the Steady U Program: A Matter of Balance. The pandemic prevented these individuals from attending training to become Master Trainers for Healthy U programs. We hope they will accomplish this during the next program year. COA contracts for Healthy U Master Trainer services currently. In November and December 2019, COA trained 17 community members to become Healthy U Volunteer Leaders. Unfortunately, life events created by the

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	2.1.1	Take steps to promote and offer interventions that assist older adults in prevention of chronic disease. (2.1.1)	Continue to develop partnerships with community based sites and health care integration opportunities for CDSMP and DSMP workshops		TriHealth; VA; M. E. Lyons YMCA; Madeira Municipal; GMV Butler Co. YMCA; Colerain Senior Center; Journey to Hope; Trinity Lutheran Church; Mayerson JCC; New Jerusalem Baptist Church, St. Simon of Cyrene; 741 Senior Center; Stonebridge, Clippard YMCA; St. Marks Church; Cincinnati Recreation Center		# of actions taken: Total of 47 workshops completed		23 workshops completed, 11 cancelled because of COVID-19, 4 are in progress now	X	X	X	X
Completed	2.1.1.2		Train Front Door staff to educate and refer consumers on available health and wellness programs. (2.1.1.2)				% of ADRC Staff trained		100%		X		
Active	2.1.1.6		Implement and optimize data collection system for evidence-based programs. (2.1.1.6)				Implementation completed					X	X

Active	2.1.3	Enhance education, awareness and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs.(2.1.3)	COA participates in health fairs and outreach activities to promote CDSMP and DSMP. COA sponsored a leader to attend MT for CDSMP. This is an additional MT for Leader Trainings. COA hosted one Leader Training for CDSMP. COA participated in a MRLC through NCOA that provides the framework for Medicare Reimbursement for future sustainablity of DSMP.		TriHealth; VA; M. E. Lyons YMCA; Madeira Municipal; GMV Butler Co. YMCA; Colerain Senior Center; Journey to Hope; Trinity Lutheran Church; Mayerson JCC; New Jerusalem Baptist Church, St. Simon of Cyrene; 741 Senior Center; Stonebridge, Clippard YMCA; St. Marks Church; Cincinnati Recreation Center		Additonal sites were added for TriHealth and VA.		2 COA employees certified to be Master Trainers for MOB; 10 new Volunteer Leaders currenlty active; roll-out of virtual programs	X	X	X	X
Completed	2.1.3.1		Determine where needs exist for training sites and take steps to grow sites and trainers in those communities (2.1.3.1)				# of health and wellness sites added to the Aging Network.		Virtual workshops allow access for participants in our 5-county region		X	X	
Active	2.1.6	Assess and determine viability of emerging technologies that may positively impact the improved health and management of chronic issues among Ohio's older adult population. Support pilot studies of technology(ies) deemed to be viable. (2.1.6)	COA partcipates in a Collaboration Network with UC that is research based in technology advancements with the aging population. COA has also developed an Innovation Lab that is able to partner with other entities for emerging technology.		TCN (The Collaboration Network) and Livewell Innovation Lab		# of pilots being tracked: None		3		X	X	X
Not Started	OUT:2-1-a	Outcome 2-1-a: More older Ohioans have heightened awareness of strategies to prevent and manage chronic diseases as evidenced by the increased number of training sites and the increased number of attendees.					increased # of training sites; increased # of persons trained						
Not Started	OUT:2-1-b	Outcome 2-1-b: An increase in funds expended on programs as evidenced by positive variances in the annual SPR for total expenditures.					Positive $ variance in SPR total expenditures						

OBJ:2-4

Objective 4: Maximize use of current nutrition services programs including home-delivered and congregate meals to address food insecurity and malnutrition in older adults.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

2.2.1: Active - COA addressed community malnutrition in Plan Year 1 by opening 3 new congregate meal sites which increased our total number of regional sites to 36. As recommended by the Malnutrition Prevention Commission, our providers completed the National Aging Program Information System (NAPIS) and the Social Assistance Management System (SAMS) which is monitored by our COA business relations partners (BRP). Our BRP conducted 9 education sessions at various senior building locations allowing seniors a hands-on demonstration and education about how to address their nutritional needs. These activities have been well received and will continue in Plan Year 2. **(Section Located Under 2.2.1)**: **Active -** COA published RFPs for both catering and home delivered meals requiring a focus on person direction where client choice and nutritional requirements are conditions of vendor participation in hopes to increase client participation. Our nutrition providers work closely with care managers to meet the nutritional needs of soon-to-be discharged clients from both acute and long-term care settings. Clients served through the Fast Track Home program can receive home delivered meals the same day or the day after their discharge.

2.4.1: Active - Along with the congregate meal and HDM providers, COA was accepted into the Seniors Farmers' Market Nutrition Program in Plan Year 1, but funding limitations delayed our program participation and we intend to start participating in Plan Year 2. We intend to educate nutrition service partners about the correlation between programming and meals to increase client participation. The service requirements for home delivered meals were modernized to include alergy meals such as gleuten free and nut alergies.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 2.2.1: Active - There are two types of Farmer's Markets (FM); Traditional and Non-Traditional. We planned to pilot non-traditional Farmer's Markets in Butler and Hamilton Counties during this program year. In the non-traditional FM model, FM foods (fresh, ready to eat) are delivered to seniors. The concept is community supported agriculture. Because of the pandemic, COA did not receive the $40,000 funding to support the pilot of non-traditional FMs. With additional funds from Ohio's GRF, COA was able to engage three community supported agriculture farms to provide direct delivery to four senior housing buildings in Hamilton County and one senior housing building in Butler County. This initiative begain in June 2020 and will end in October 2020. The traditional FM program began in July 2020 and will continue through October 2020. Participants were able to apply for the program by mail, online or by phone. The application signature requirement was waived due to the pandemic. Coupons were mailed to participants along with a list of participating FMs or farms. Congregate meal sites closed in late March due to the pandemic. Clients are able to pick up meals or have them delivered. The number of client's receiving meals has greatly increased as complete NAPIS informaiton is not required. COA will continue to offer home delivered meals (HDM) and/or pick up to meet the client needs during the pandemic. The guidelines for re-opening congregate meal sites has recently been published and each site will need to review the requirements and make a decision about reopening. **Strategy no # assigned: Active -** The Discharge to Home plan includes HDM delivery within 24 - 48 hours of discharge. Providers from each county were identified to provide this service. During and after-hours contact information for the HDM provider was shared with staff. All meal types are available for delivery and uncommon requests will be handled individually.**Strategy 2.4.1: Active -** In 2019, COA addressed food allergies with gluten free and lactose free meals. We have not addressed nut allergies (correction from 2019). The pandemic has created a huge problem with food insecurity among the seniors in our 5-county region. COA has increased the number of meals provided to seniors through several programs. We have provided emergency COOP HMDs for seniors who are afraid to leave their homes, approved HDMs for clients enrolled in our programs who did not want them origianlly, expended congregate programs to include HDM and pick up meal options, and offered an extra meal through our restaurant meal program. **Strategy 2.4.1.1: Dropped -** With congregate meal sites closing due to the pandemic, clients have been presented with other options for accessing food. As of today, our congregate meal sites are reviewing guidance and trying to determine if they will re-open. Due to the time

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	2.2.1	Focus on gaps in the community malnutrition setting utilizing recommendations, where appropriate, of the Malnutrition Prevention Commission, to better understand and address older adult needs.(2.2.1)		all nutrition providers, care managers, COA Provider services	Central Connections, Derringer, Cincinnati Area Senior Services, COA provider services	Congregate meal sites, 3 community supported agriculture farms, Farmer's Markets	**% gaps filled in malnutrition:** 9% increase in congregate meal sites		**# of people we reach from SAMS data and # of people using FM coupons** We plan to pull the congregate meal data from SAMS in October. We will have the # of participants using FM coupons at the end of September and the redemption rates of coupons by December. We will pull congregate meal clients from Wellsky in October.	X	X	X	X
Active		Develop and improve the home delivered meal program to provide meals including theraputic to seniors being discharged from acute and long term care settings.		Client care managers, Fast track home care managers, all nutrition providers in HDM program	Care Managers, Fast Track home Care Managers,all nutrition providers in HDM program.		Increased number of meals provided to homebound seniors		403		X	X	X
Active	2.4.1	Maximize use of current nutrition services programs (2.4.1)		N/A	Nutrtion Business Relations Partner, Congregate meal site providers and HDM meal providers .				COVID emergency HDMs, 14-day shelf stable food boxes, increase in HDMs within programs, restaurant meals			X	X
Dropped	2.4.1.1		Research the trends and barriers among congregate meal participation. (2.4.1.1)							X	X		
Active			Identify modernization and improvement opportunities with the home delivered meal program. Revise service requirements and implement improvements.				# of improvements, increased satisfaction scores		3 actions for improvement: RFP, PQR and client information. Next program year we will review SASI scores.		X	X	X
Not Started	OUT:2-4	Outcome 2-4: Increase the number of older adults who are receiving nutrition services as evidenced in the annual SRT units and total expenditures.					Increase the # of annual SRT units and total expenditures						

OBJ:2-8 **Objective 8: Promote the importance of communities' prioritization and response to the changing needs of persons with dementia and their caregivers.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 2.8.1: Active - COA has a Resource Directory that includes community resources specific to providing dementia-related support for individuals and caregivers. COA added a Dementia/Alzheimer FAQ into the initial visit folders that care managers leave with clients at their initial visits. This provides some general information for clients and caregivers. COA is working with LiveWell as described in starategy 2.1.6 on extended reality training to include demetia and alzheimers diagnoses. COA employs a caregiver support RN to advocate and educate families.**Strategy 2.8.1.2.: Dropped -** COA provides funding to the Alzheimer's Association for caregiver support. COA has a presentation scheduled next week with the Alzheimer's Association to educate their staff and volunteers about resources available to older adults and caregivers through COA programs. We will continue our partnersihip as we work collaborately to educate the community at large about available resources. Because of the time, energy and feasibility of conducting group exercises during the pandemic and ongoing recovery period, COA would like to drop this strategy.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	2.8.1	Strengthen advocacy roles and support dementia-related activities in the PSA and be equipped with the resources, education and tools that communities need to be successful. (2.8.1)			None		**Increase of dementia-related activites in PSA**: None		3 activities completed or being devleoped	X	X	X	X
Dropped	2.8.1.2		Partner with the Alzheimer's Association to hold listening sessions across the state to assess needs. (2.8.1.2)				# of listening sessions held and # of attendees			X	X	X	X
Not Started	OBJ:2-8	Outcome 2-8: Older adults have access to a "no-wrong door" system of dementia resources and assistance that is championed by each community as evidenced by an increase in inquires and/or referrals recorded in the ADRN and Alzheimer's Association databases.					Increase in inquiries and referrals						

OBJ:2-10

FALLS AND COMMUNITY PARAMEDICINE COLLABORATION

Objective 10: Strengthen existing falls prevention activities, identify opportunities for new initiatives to collaborate with community paramedicine programs.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

2.10.1: Active – COA connected with the University of Wisconsin-Madison where technology for predicting risk of falls is underway. Our relationship with the University will continue in Plan Year 2 in hopes technology proves to be a tool in our fall prevention strategy. Paramedicine was added to the Hamilton County Elderly Services Program (local funding) contract as a strategy for minimizing health and safety risks for Fast Track Home clients. The local paramedicine partnership is an informal arrangement in the early stages of development.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 2.10.1: Active - COA started a pilot with the Cincinnati Fire Department (CFD) on February 1, 2020. CFD recognized they get repeat calls to check on seniors who have fallen or are experiencing symptoms. The online report completed by the EMS staff are automatically be sent to ADRC, where we share the information with care managers of active seniors or we contact the senior to review eligibilty for services and supports. In March, COA met with Springfield Township Paramedicine Program to begin discussions about partnering in their program. Our goal was to establish partnerships with many EMS programs, but the pandemic and ongoing recovery efforts have put this on hold. **Strategy 2.10.1.1: Not Started -** COA reviewed reports from our EMRS provider to identify high users of the service as a starting place in developing a procedure for community paramedicine partnerships, but the pandemic and recovery efforts prevented us from further engagement and this project is on hold.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	2.10.1	Collaborate with community paramedicine programs to reduce falls and ED visits. (2.10.1)			University of Wisconsin - Madison; Sharonville Paramedic		Number of community paramedicine pilot programs	1		X	X	X	X
Not Started	2.10.1.1		Develop procedures for community paramedicine partnerships. (2.10.1.1)				Number of community paramedicine pilot programs		1	X	X	X	X
Not Started	OUT:2-10-a	Outcome 2-10-a: Participation in community paramedicine project pilots. Reduced number of transports to Emergency Departments for lift/assist calls.					# of pilots, # clients served, Reduction in ED tranports						

MENTAL HEALTH

OBJ:2-12 **Objective 12: Take steps to increase the awareness of the need for mental health resources and services for older Ohioans.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 2.12.4 -Active – COA worked with Hamilton County Adult Protective Services to discuss possible options for serving the increased number of referrals received for individuals with mental/behavioral health concerns. Service providers were invited to participate in the discussion. Currently the Butler County Elderly Services Program includes services from Butler Behavioral for home bound seniors suffering with depression and anxiety. COA began a pilot program in Pan Year 1 with a Medicare Advantage Plan to provide complex care management for substance use disorder members who also have multiple chronic health conditions.

Strategy 2.12.5: Not Started - COA will begin work on this Strategy in Plan Year 2.

Strategy (no # assigned - directly below 2.12.5) – Not Started – COA will begin work on this strategy in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 2.14.4: Active - COA has identified and collaborated with local and/or community mental health agencies to ensure our clients have resources to meet their mental health/behavioral health needs. This information is available in our Resource Directory for staff, clients and the general public to access. The Positive Choices program provides care management for complex members of an MA plan, including clients with substance use disorders and older adults with depression and other chronic conditions. These care managers, like all COA care managers, connect members to Mental Health and SUD resources and treatment. Our Aetna Waiver program provides a specific liaison and counseling group to direct their members to. Some mental health agencies like Butler Behavioral Health runs the Uplift program focused on older adults with depression and anxiety. This is available at no cost to the Butler County ESP client's in need. The pandemic has increased the number of seniors who are experiencing anxiety, depression and grief. COA has included information about how to access mental health services in education toolkits we mailed to all low-income senior housing buildings in our 5-county region. We have recently identified some excellent ediucational material created by SAMHSA targeted specifically to seniors about COVID that we are reproducing into posters and sending to senior housing buildings to post for their residents to see.
Strategy 2.12.5: Active - COA's Training Department organized and arranged a variety of trainings targeted for staff to recognize when a mental health issue is prevalent or causing concern for a client. On December 12, 2019, all ADRC and Care Coordination Specialists received in-person suicide awareness and prevention training. Our new-hires receive online suicide prevention training. Many staff positions are requered to take Motivational Interviewing training. In the next program year, our Training Department intends to identify and incorporate additional mental health courses that will be beneficial to our care management positions. We also plan to have a trainer certified to faciliate Mental Health First Aid and be able to offer this training to staff bi-annually.**Strategy no # assigned: Completed -** Our Resource Directory includes all the local and community mental health agencies that serve our aging population. The resources im our directory are reviewed periodically and updated to reflect current information. New resources are added as they are identified.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	2.12.4	Identify and collaborate with local and/or community Mental Health entities to address specific mental health needs of our older adults. (2.12.4)			Hamilton County Job and Family Services; Butler County Job and Family Services; Greater Cincinnati Behavior Health; Talbert House; Central Clinic; Butler Behavioral; Springdale EMS		# of partnerships:	2	COA is aware of all mental health organizations in our region.	X	X	X	X
Active	2.12.5	Identify and adopt training curriculum specific to the Aging Network's ability to screen and address unique care delivery of older adults with mental health issues. (2.12.5)			None		Training curriculum completed	N/A		X			
Completed		As case managers/staff identify adults with mental health concerns, case managers will connect and engage with available resources to provide increased support and person centered care.			None		# of clients identified with Mental Health concerns	This data is not available in PIMS. We suggest the measurement in Plan Year 2 be the # of resources available for case managers to utilize.	Mental Health resources in our region are available in our Resource Directory and every program has a referral process.	X	X	X	X
Not Started	OUT:2-12	Outcome 2-12: Older adults will have improved access to the resources and services they need to manage mental health concerns as evidenced by increased utilization of programs and referrals to appropriate services.					# of referrals completed						

AAA:	Council on Aging of Southwestern Ohio, Inc.

CAREGIVERS

GOAL 3: Ohio's caregivers have access to resources and services to enable them to continue to provide care for their loved ones.

OBJ:3-2 **Objective 2: Increase the capacity of respite opportunities.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 3.2.3: Active – In July 2019, COA sponsored a partnership meeting with Adult Day Service (ADS) providers to discuss and examine the community perception of ADS, opportunities for increased client participation, better training for care managers, and the elimination of non-value procedures. COA hosted a bidder's meeting for potential providers and published an RFP in hopes to increase ADS providers in the region. Feedback from the meeting along with care management staff surveys will be used to formulate future strategies in Plan year 2 to strengthen the program. Information from the RFP process will not be available for this reporting year.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 3.2.3: Dropped – COA had 49 clients enrolled in ADS centers this year, but the centers closed in March 2020 because of the pandemic. ODA has recently released guidance to assist with re-opening ADS centers. It is unknown at this time if any ADS centers will reopen or how many clients and/or families will want to continue to take advantage of this service. COA's focus moving forward will be understanding the concerns organizations have about re-opening and understanding the concerns our clients and families have about using this service during the pandemic and through recovery efforts. With a solid understanding of the concerns, COA can support both providers and clients by advocating for legislation and funding changes to resolve the concerns. COA has contracted with a facilities consultant to assist ADS centers by completing a thorough site visit and providing a report with detailed suggestions and proposed floor plans. **Strategy 3.2.3.1: Dropped** - We had a Miami University intern compiling data about reimbursement rates, organizational structure and staffing and we planned to analyze this data to help determine best practices for sussessful ADS centers. We will pick up where we left off once we know the fate of adult day service centers. This strategy is no longer an area of focus because of the pandemic and ongoing recovery efforts.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Dropped	3.2.3	Research and understand the cause of adult day closures and develop strategies to increase the capacity of Adult Day Centers (3.2.3)			Active Day of Cincinnati, Fairfield and Franklin; Bayley Adult Day; Clermont Services, Inc.; Clinton County Adult Day Center, Inc.; Day Share Senior Services, Otterbein; Lebanon Adult Day, Oxford Seniors Community Adult Day Service; and Senior Deserved Day.		**Research Completed: Increase in # of ADC:**	Yes. COA is unable to track this specific call type. We believe a better measure is to track the annual number of ADS clients using the TPM100 report from PIMS. There were 56 ADS clients in Plan Year 1.	49	X	X	X	
Dropped	3.2.3.1		Implement best practices to grow and stabilize the number of adult day centers or settings. (3.2.3.1)				% of increase in the number of adult day centers or settings				X	X	
Not Started	OUT:3-2	Outcome 3-2: Caregivers will have the resources they need to access respite care as evidenced by an increase in the number of respite-related service units in the annual State Program Report.					% of increase in the number of respite-related service units in the annual SPR.						

OBJ:3-4

KINSHIP CARE

Objective 4: Support older adults in kinship situations to better care for themselves and their young loved ones.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 3.4.1: Active- COA worked on a new initiative to utilize Title IIIE funding for home delivered meals for children in kinship placements when the caretaker is being served through the Fast Track Home or Elderly Services program. The Kinship meals are scheduled for implementation in November 2019. In our Elderly Services Program, we have a care manager that specializes in kinship caretaker supportive services. In Plan Year 2, COA will connect with Kinship Navigation Services funded by the Ohio Children's Trust Fund in our 5-county region to learn about additional available kinship services and update our Resource Directory that is used by COA employees, community partners and clients.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 3.4.1: Active - Kinship meals became available in all our counties through the Title IIIE of the Older Americans Act beginning November 1, 2019. The expansion of kinship navigation servies was placed on hold as time and energy was redirected to the pandemic and recovery efforts. **Strategy 3.4.1.1: - Not Started -** This sub-strategy is on-hold due to time and energy being redirected to the pandemic and recovery efforts. **Strategy 3.4.1.2: Not Active -** This sub-strategy is on-hold due to time and energy being redirected to the pandemic and recovery efforts.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	3.4.1	Strengthen kinship caregiver support through advocacy and use of existing or new caregiver programs. (3.4.1)			None		# of contacts made regarding kinship (e.g., # of ADRN contacts, referrals, # of website hits regarding kinship)	Kinship contacts are not tracked separately from other inquiries. In Plan Year 2 we would like to change the measure to # of resources available in our Resource Directory.	On-hold	X	X	X	X
Not Started	3.4.1.1		Educate front door staffs (AAA and ADRN sites) on kinship resources and referrals. (3.4.1.1)				% of referrals to kinship resources			X	X		
Not Started	3.4.1.2		Explore increased use of allowable funds from the National Family Caregiver Support Program (NFCSP) for older relative caregivers. (3.4.1.2)				% of utilization of the 10% allowable funds			X	X		
Not Started	OUT:3-4-a	Outcome 3-4-a: Older adults in kinship situations are receiving services which better equip them for care for themselves and their young loved ones.					% of utilization of the 10% allowable Title III-E funds						
Not Started	OUT:3-4-b	Outcome 3-4: Children in kinship situations are better positioned to learn and grow while being cared for as reported by the Public Children's Services Association of Ohio.					Improvements in kinship support indicators						

AAA:	Council on Aging of Southwestern Ohio, Inc.

CIVIC ENGAGEMENT

GOAL 4: Recognize and value older adults' knowledge, social and economic contributions and establish opportunities for engagement in their communities.

INTERGENERATIONAL CONNECTIONS

OBJ:4-3 **Objective 3: Promote intergenerational opportunities that benefit participants both personally and professionally.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 4.3.3 : Not Started – We plan to document intergenerational opportunities within our school systems and provide the listing on our website in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 4.3.3: Dropped and Strategy no # assigned: Dropped- COA had planned to utilize summer college interns to research opportunities and provide recommendations that would allow us to develop successful intergenerational shared site models for programs and projects. We planned to use summer interns to solicit interest from area school districts and collect information about how they envisioned utilizing seniors in volunteer programs within the schools. COA was unable to pursue summer interns once the pandemic began. Currently school districts are providing a combination of virtual instruction, part-time and full-time school days with the flexibility to change daily. COA will not pursue these strategies further until after the pandemic recovery efforts are completed and seniors can participate in intergenerational opportunities safely.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Dropped	4.3.3	Make efforts to advocate for and cultivate the development of intergenerational shared site models for programs and projects in the PSA (e.g., nutrition, transportation, housing, etc.) site models. (4.3.3)			None		# of programs in PSA expanded to become intergenerational	None		X	X	X	X
Dropped		Develp and provide a resouce listing on the website of opportunities for seniors to engage in volunteer programs with school districts.					# of available intergenerational program available			X	X	X	X
Not Started	OUT:4-3	Outcome 4-3: Ohio entities that work with or serve older Ohioans are embracing the benefits of intergenerational environments and utilizing workers of all ages as evidenced by an increase by an increase of intergenerational workers that participate in Ohio's workforce.					An increase in the % of older workers that participate in Ohio's workforce % of increase of volunteer hours by young adults						

OBJ: 4-4

Objective 4: Promote opportunities for continued personal growth and learning among older adults and the value that they bring to their communities.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

(Strategy not numbered): In Plan Year 1, COA participated on an advisory planning committee with City of Cincinnati and community organizations to develop plan for the city to celebrate older adults, caregivers and those with disabilities. COA was a sponsor and participant in the "Cincy Celebration 50 plus Living Well" held on May 15, 2019 which provided education and promoted wellness, prevention and community engagement. With more than 500 attendees, the City of Cincinnati declared it an annual event.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy no # assigned: Active - COA participated on an advisory committee planning with the City of Cincinnati and community organizations to develop a plan for the city to celebrate older adults, caregivers ans individuals with disabilities. This celebration which was originally scheduled to he held in May 2020 has been tabled until 2021 due to the pandemic. COA also served on the steering committee to plan the ADA 30 Year celebration as mentioned in a strategy above. This event was held virtually.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active		Engage community leaders to invest in sustainable and livable communities that value older adults as an valued resource in the community.			City of Cincinnati and many Community partners		# of projects with community leaders	1	2	X	X	X	X
	OUT:1-4	Outcome 1-4: Older adults will have increased opportunities for personal growth and value as evidenced by the number of community projects completed.					Number of completed projects						

AAA:	Council on Aging of Southwestern Ohio, Inc.

AGING IN PLACE

GOAL 5: Enable older Ohioans, persons with disabilities and their caregivers to be active and supported in their homes and communities.

CARE MANAGEMENT

OBJ:5-1 **Objective 1: Provide comprehensive person-centered assessment and care services and supports that anticipates and addresses current and emerging needs as they arise.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.1.1: Active – COA researched care management requirements across Medicaid waivers in Ohio and across the country. Developed a proposal for changes to PASSPORT and Assisted Living Waiver requirements that would allow case management and supervisors with Gerontology degrees. The change was adopted by O4A and OAGE. This work will continue in Plan Year 2.

Strategy 5.1.2 – Active – COA expanded our ability to collect and understand new technology-based models by adding an Innovation Department to our organizational structure. Through a collaboration with the University of Cincinnati, we continue to explore ways in which technology can support aging individuals in their homes. We examined the Smart Home model developed by the Board of Developmental Disabilities' county partners in Butler and Hamilton counties to better understand the barriers they encountered when considering technology to support individuals in a home setting. Based on the Smart Home technology model, COA is considering potential opportunities and challenges for using this model to assist older adults. This research will continue in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.1.1: Active - The efforts to change the waiver requirements was put on hold during 2020 because of the COID-19 pandemic. **Strategy 5.1.2: Active -** COA is continuing to work with the LiveWell Collaborative and they are involved in initiatives #2 and #3. COA has several initiatives underway. 1) We are ramping up a pilot in video assessment and case management using Klara, a software designed for tele-medicine. 2) We are exploring the use of XR (extended reality) to provide caregiver training. Three prototype trainings are in various stages of development. 3) Assessing the use of an application to connect aides, caregivers, clients, and the care manager. 4) Initiated the use of electronic signatures 5) Developed protocols for electronic signatures. 6) Developed protocols for electronic filing of client information. 7) Exploring the use of our website to deliver client packets.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure - output or outcome	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	5.1.1	Review relevant state programs, policies and practices pertaining to direct care services for older adults with the goals of increasing the capacity of the care management and direct care workforces while also providing for the safety and well-being of our older adult population. (5.1.1)			OAGE, O4A		ODA modifies the care management licensing requirements	COA provided a position paper to support allowing gerontology graduates the ability to work with our older adult population along with LSW and RN credentialed individuals.	on-hold	X	X	X	X
Active	5.1.2	Examine Ohio's disability technology first movement created through the Governor's Executive Order and collect and analyze current and emerging innovations to provide technology-based methods to deliver care management and care services e.g., Telehealth, Skype, Virtual Assistants, etc. (5.1.2)			Council of Governments-Developmental Disability Board		# of recommendations established / # of recommendations implemented	None	7	X	X	X	X
Not Started	OUT:5-1	OUTCOME 5-1: ODA has policies and guidance that reflect comprehensive person-centered assessment and care services					# of new or amended policies and guidance that reflect person-centered care. Quicker time to fill open care management positions						

WORKFORCE CAPACITY

OBJ:5-2 **Objective 2: Establish strategies that aim to increase and sustain the capacity of the direct care workforce and focus on increasing the interest in professional and non-professional careers that serve older adults.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.2.3: Active - An initial focus group of current home care workers was completed. The results showed opportunity for change that would align the changing workforce's expectations with the growing demand for homemaking and personal care thru. Additional focus groups were held to further identify opportunities to attract and retain a home care workforce. COA began working with the University of Cincinnati's Livewell Collaborative to develop innovative technology based on our learnings. This work will continue in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.2.3: Active - COA continues to collaborate with the LiveWell group at the University of Cincinnati for this project. COA developed a Request for Information (RFI) to attract the highest quality providers to help revolutionalize the delivery of home care assistance by creating a new software application. A mandatory bidder meeting was help on January 7, 2020 and resulted in proposals from 4 companies. The RFI submissions were scored, and additional meetings helped to gather additional information. The pandemic has delayed the process for selecting a development company, but a new timeline will be established and this work will continue in 2021. **Strategy 5.2.3.5: Active -** COA is exploring technology solutions that attract and retain direct care workers to the older adult population. We have spent the last year interviewing and testing viable solutions to support the workforce. **Strategy 5.2.3.6: Active -** Last program year, COA explored the process for referrals as part of our effort to create a platform for recruiting and retaining direct care workers. This work has been on-hold due to the pandemic. We plan to continue this work in 2021. **Strategy 5.2.4.5: Active -** COA met with home care providers participating on our Elderly Services Programs in February 2020 to gather feedback about how to improve service delivery, retain home care workers, training requirements and best practices. Some providers shared a best practice of partnering a seasoned home health aide with a younger aide to work with more complex clients.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure - output or outcome	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	5.2.3	Conduct a service design study to inventory and assess the services expected of direct care workers who serve older adults to determine if modifications to the current service design could improve retention issues with the publicly-funded workforce. (5.2.3)			Livewell collaborative	LiveWell Collaborative	% of review completed	50% complete	75%	X	X		
Completed	5.2.3.1		Conduct a focus group with the direct care workforce to gain insight on why turnover is high. (5.2.3.1)		Powers Group		Final report and recommendations from focus group.	100% Completed		X			
Active	5.2.3.5		Implement innovative practices that is resulting in positive retention of direct care workers serving older adults.		Livewell collaborative	LiveWell Collaborative	# of practices implemented			X	X	X	X
Active	5.2.3.6		Review the current referral process(es) for direct care service providers to determine where improvements could result in fuller caseloads for their direct care workforces. (5.2.3.6)		Livewell collaborative		% of review completed			X	X	X	
Active	5.2.4.5		Explore mentoring opportunities, matching older adults to younger direct service workers, to teach on-the-job skills. (5.2.4.5)				# of mentoring opportunities			X	X	X	X
Not Started	OUT:5-2	Outcome: After strategically evaluating the foundational issues of direct care workforce shortages, careers and professions that serve and support older adults will be more attractive and/or economically viable.					Improved client satisfaction and service utilization scores for home care providers						

LIVABLE COMMUNITIES

OBJ:5-4

Objective 4: Take steps to heighten awareness and adoption of livable community models in Ohio communities.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.4.1.1: Active – The City of Cincinnati joined AARPs age-and-disability friendly network and was awarded a HealthPath Foundation of Ohio grant to conduct a community survey. This is the first step in a multi-year program to make Cincinnati a more livable community for older adults and persons with disabilities. The City of Cincinnati issued an RFP for Survey and Facilitation Services for Developing a Livable Communities Action Plan and COA is serving on the steering committee. The Wilmington Chamber of Commerce completed an on-site aging-friendly assessment of our Clinton County office. COA has been participating in several Aging Friendly Clinton County. Oxford also completed an aging friendly assessment. COA is participating in Aging Friendly workgroups to assist with implementation of some strategies. This work will continue in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.4.1.1: Active - The pandemic has put this work on-hold. It is expected to continue in 2021.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure - output or outcome	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	5.4.1.1	Support and collaborate with communities that want to work toward an aging friendly community designation. (5.4.1.7)			City of Cincinnati; AARP; HealthPlan Foundation of Ohio; Community Partners		Number of Collaborations established	1		X	X	X	X
Not Started	OUT:5-4	Outcome 5-4: More aging friendly communities that are conducive to aging in place as evidenced by an increase in the number of communities working toward and/or that have attained an age-friendly or similar status.					increase in the # of communities that have attained an age-friendly or similar status.						

TRANSPORTATION

OBJ:5-5

Objective 5: Participate in alignment efforts that aim to achieve sufficient community transportation options (multi-modal) and a supportive infrastructure available for older adults in Ohio.

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.5.3: Active- COA actively participated on the transportation policy workgroups formed by the Human Services Chamber of Commerce. We are communicating with the Cincinnati USA Chamber to see if we can work together on policy statements. COA was awarded a Federal Transportation Administration (FTA) Grant for $470,000 to support innovative transportation solutions to expand access to health care. Our funding will be used to design and implement a centralized, on-demand transportation service to coordinate non-emergency medical transportation for older adults in the region. This project will continue in Plan Year 2.

Strategy 5.5.6 : Active - COA is addressing this strategy with the FTA grant award described in strategy 5.5.3. The transportation software selection process will allow consideration to the needs of older adults, persons with disabilities and those living with dementia or other impairments. This project will continue in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.5.3: Active - COA continues to partner with the Human Services Chamber of Commerce. In addition, COA is implementing the proposal for On-Demand-Transportation and is in the process of developing policies, procedures, service specifications, conditions of participation, and all other aspects of the service. The software platform is in the design phase. COA has also initiated learning collaboratives with medical providers and is in the porcess of implementing similar collaboratives with transportation providers. The timeline for this project was impacted by COVID-19. The need for centralizing the coordination of transportation became apparent during hte pandemic and validated that the work is valuable. **Strategy 5.5.6: Active -** COA is addressing this strategy with the FTA grant award described in strategy 5.5.3. The transportation software selection process will allow consideration to the needs of older adults, persons with disabilities and those living with dementia or other impairments. As part of this project, COA is also workking with TTI/Texas A&M, to develop a new rate structure for transportation provided through the Elderly Services Program. We believe a simplified model for rate calculation will enhance efficiencies in the network. The timeline for this project was impacted by COVID-19. **Strategy 5.5.6.2: Completed -** COA conducted a detailed review of our transporation program, met with various AAAs across Ohio to share best practices and recommended changes that resulted in positive outcomes.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measure - output or outcome	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity

Active	5.5.3	Identify opportunities for partnerships with community organizations and transportation providers to improve transportation availability and quality for seniors. (5.5.3)			Human Services Chamber of Commerce; Cincinnati USA Chamber; Health Collaborative; Hamilton County Board of Developmental Disabilities		Lower transportation costs, improved quality scores	These measures are premature for Plan Years 1 and 2. We believe there are 2 measures appropriate for Plan Year 2; transportation software implementation and call center functionality	The transportation software platform is in the design phase.	X	X	X	X
Active	5.5.6	Re-evaluate and refine transportation service specifications for older adults, persons with disabilities and those living with dementia or other impairments who require transportation. (5.5.6)			Health Collaborative; Hemilton County Board of Developmental Disabilities		Completion of the evaluation & refinements in place	None. Plan Year 2 goals should be customer satisfaction results with the transportation scheduling processed as tracked by SASI and # of transportation requests completed.		X	X		
Completed	5.5.6.2		Study and propose rule and policy refinements, as needed. (5.5.6.2)				# of rules and/or policies refined / Refinements in place			X	X	X	X
Not Started	OUT:5-5	Outcome 5-5: Older Ohioans and individuals with disabilities in need of transportation are better positioned to receive services as evidenced by an increase in annual total units reported.					An increase in annual total units reported. An improvement in the quality of transportation services provided.						

HOUSING

OBJ:5-7 **Objective 7: Advocate for programs and interventions that support safe and affordable housing enabling older adults and persons with disabilities to age in place.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.7.1: Active – COA has become heavily engaged in the community-wide effort to develop a housing strategy for Cincinnati. This effort is being organized by LISC and includes members from the Port Authority, Greater Cincinnati Foundation, University of Cincinnati, and numerous community-based organizations interested in housing. COA facilitated the early sessions, prior to the group engaging a consultant. The effort is currently in the stage of collecting stakeholder input on various tenants of that effort, including policy, finance, inclusion and safety.
Strategy 5.7.2: Active – COA hired a Housing Coordinator in February 2019 to assist individuals calling our ADRC department requesting assistance with housing needs as well as working with COA care managers to provide housing guidance. The Housing Coordinator primarily served clients living in Hamilton County in Plan Year 1, and we will plan to expand the service area in Plan Year 2. **Strategy 5.7.3: Active COA sent a letter to CMHA asking them to consider converting buildings into senior only. CMHA has expressed some support for moving in this direction. We plan to continue pursing this policy change in year 2.**
Strategy 5.7.4 – COA attended the OHFA Conference in November 2018. We also explored potential partnerships with numerous potential partners in the affordable housing space, including a non-profit developer and a large mental health facility. Partnership exploration will continue in Plan Year 2.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.7.1: Active - COA participated in the development of a Cincinnati Housing strategy which was completed in early 2020. This process included gathering stakeholder input from across the community. COA will continue to work with LISC as this project moves into the next stage of development. COA is shifting efforts to revising the role of COA's housing coordinator to better fit the needs of the community. COVID-19 shifted COA's focus to congregate living sites and supporting building managers in the region. COA led a community wide effort to help senior housing buildings cope with outbreaks, provide testing, education, supplemental meals and PPE supplies. During a prolonged power outage, COA provided critical supplies to two buildings that were impacted. COA hosted a town hall with buidling managers and administrators in June and has another planned in October and is looking to provide special education tracks to the Forun on Aging in Spring 2021. **Strategy 5.7.2: Active -** COA is shifting efforts to revising the role of COA's housing coordinator to better fit the needs of the community. **Strategy 5.7.3: Active -** COA has worked very closely with low-income housing facilities during the pandemic. Early-on COA established a single point of contact at COA for senior housing building managers to call, request assistance and report outbreaks. The work has included the formation of a workgroup, a town hall meeting, providing resources and supplies, and advocacy for strike team and testing. COA has supported several new proposed housing projects to receive funding. In 2021, we plan to leverage the relationships established with senior buildings for ongoing collaboration and education. **Strategy 5.7.4: Active -** As noted elsewhere, COA will be working closely with congregate senior housing buildings on specific protocols, education, and access to resources in response to COVID-19. COA's exploration of the affordable housing space helped us recognize that COA can be most effective as a partner to potential developers. As such, COA is shifting focs on this initiative.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	5.7.1	Promote and advocate for programs that provide for the safety and well-being of older Ohioans and persons with disabilities and their rights to age-in-place in the places that they call home and to stay in their communities of choice. (5.7.1)			Port Authority; Greater Cincinnati Foundation; University of Cincinnati		Research completed, # of pilots, next steps identified	COA is in the initial stage of collecting stakeholder input.		X	X	X	X
Active	5.7.2	Develop housing coordination services to assist older adults in exploring and moving to housing that meets their individualized needs			Affordable Housing Advocates & housing Strategy Cincinnati		# of seniors assisted	93		X	X	X	X
Active	5.7.3	Advocate for affordable-housing units and alternative housing options for older adults, including policy changes that would convert affordable housing stock back to senior-only designation in Cincinnati Metropolitan Housing Authority buildings. (5.7.3)					# of affordable housing units and options added to the PSA since 2018, housing policy changes to create more housing that is designated for seniors.			X	X	X	X
Active	5.7.4	Partner with Ohio Housing Finance Agency (OHFA). (5.7.4)			N/A		Partnership established	This is a work in progress.		X	X	X	X
Not Started	OUT:5-7	Outcome: Safe and affordable housing units for older adults are a community priority due to the Aging Network's advocacy as evidenced by an increase in the availability of housing options.					Increase in housing availability						

EMERGENCY PREPAREDNESS

OBJ:5-9 **Objective 9: Strengthen planning efforts and response protocols that address the needs of vulnerable older adults during emergency events.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy (No number listed …Obj – 5.9: Active – COA will do further research in Plan Year 2 of the Smart 911 technology and other emergency notification systems with a focus on promoting and providing services to older adults.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy no # assigned: Active - This topic has been discussed multiple times this year. In collaboration with Clinton County EMA and the CodeRed robocall project, COA clients responded to robo calls through telephone options to make others aware they needed someone to contact them.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active		Collaborate with communities and older adults to use new technologies to enhance emergency preparedness and response.			N/A		# of older adults impacted	None		X	X		
	OUT:5-9	Outcome: More older Ohioans are prepared for emergency events as evidenced by an increase in persons stating readiness in the statewide needs assessment survey.					Improved rating of readiness in survey						

OBJ:5-10 **Objective 10: Re-evaluate and strengthen partnerships by and between first responders and the aging network to heighten the focus on vulnerable older adult needs during emergency events.**

Year One: Summary of Progress for this objective (successes, challenges, key information, lessons learned)

Strategy 5.10.1: Active - COA participated on many disaster preparedness committees as listed in the partners column below. These committees discussed technology opportunities to enhance emergency preparedness and provide training to the members. COA served as a liaison for SW Ohio's Emergency Management Agency and elected officials in emergency response situations.

Strategy 5.10.2: Active – COA has a Continuity Of Operations Plan (COOP) that is reviewed and updated regularly that includes specific directions for employees and clients.

Year Two Summary of Progress for this objectives (successes, challenges, key information, lessons learned)

Strategy 5.10.1: Active - COA participated on many disaster preparedness committees as listed in the partner column. COA was a participant on county task force committees in SW Ohio during the pandemic to represent senior needs as well as the needs of individuals with disabilities. Other committees included situational county updates, unmet need coordination, community task force, and long-term care committees. COA has worked regularly with county EMAs to procure PPE for clients, staff and providers.

Status	Strategy #	Strategy	Sub-Strategy	Partner(s)	Partner(s) in Year One	Partner(s) in Year Two	Measures	Year 1 Measures	Year 2 Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
Active	5.10.1	Participate as required with state agencies, community first responders and community partners to develop cross-collaboration emergency management protocols. (5.10.1)			Tristate Community Organizations Active in Disasters (COAD) Emergency preparedness and Long-Term Care Recovery Committees; Greater Cincinnati Disaster Preparedness Coalition for Healthcare Network; Hamilton Co. Emergency Operations & Homeland Security		% increase in partnerships	We have 3 partners in year 1 A better measurement in year 2 is # of ways disaster preparedness information is shared with older adults		X	X	X	X
Completed	5.10.2	Establish and maintain AAA consumer-focused emergency management plan and protocols. (5.10.2)			Landlords of COA business offices and information from the partners listed in strategy 5.10.1		100% of AAAs have emergency preparedness plans	Completed		X	X	X	X

5.10.2.2		Inclusion of procedures for those who use durable medical equipment who cannot climb stairs if elevators stop working due to a disaster. (5.10.2.2)				Procedures established and implemented.	Completed		X	X	X	X
	Outcome: ODA and AAAs have plans that are coordinated and responsive to the emergency needs of older Ohioans as evidenced by successfully tested plans.					% of successfully tested emergency response plans						

PART 3 - PY 2021
OPERATIONAL BUDGET NARRATIVE

ANNUAL UPDATE

OPERATIONAL BUDGET NARRATIVE	
1.	**Title III-B Services**
	a. **Care Coordination Program (CCP)** Describe the AAA implementation plan for care coordination for PY2021. Include an estimated number of consumers to be served, number of staff, changes in funding, program costs, and impacts on service delivery.
	No Change from previous years. The number of clients that we estimate to serve is: Butler County 3,116, Clinton County 457, Hamilton County 5346, and in Warren County 1,781. Total cost (including Administration and Case Management) $32,918,620
	b**. Housing** Describe the AAA plan for expenses related to housing personnel, either by the AAA or through a contracted provider. Include position title, name, funding sources, and percentage of time dedicated to activities during PY2021. Discuss any differences between 2020-2021 budgets and any changes in scope.
	The Housing Coordinator position became vacant before COVID-19. This position is funded by Title III and is 100% dedicated to housing activities. The pandemic recovery efforts have created opportunities for COA to support low-income senior housing buildings in our 5-county region. COA has invited Senior Housing Building Management/Administrators to participate in a workgroup to identify the needs of and appropriate responses that senior buildings are experiencing because of the epidemic. COA's response has involved, prevention education for seniors, town-hall meetings for managers, PPE, restaurant meals, and strike team responses. We are updating the Housing Coordinator position to include serving as a liaison between COA and the low-income senior housing buildings in our 5-county region to continue the relationship we've established because of the pandemic.
2.	**Title III-C Services** Describe the AAA plan for expenses related to RD/LD nutrition personnel, either by the AAA or through a contract. Include position title, name, and percentage of time dedicated to nutrition services through PY2021.

	COA's Dietitian is responsible for reviewing the menus presented by the provider for both congregate and home delivered meals. She also provides nutrition education to clients. She spends about 5% of her time on these tasks. The provider is responsible to have a dietitian of their own to create and do menu planning.
3.	**Title III-D Services** Title III-D funds may only be spent on disease prevention and health promotion programs that meet ACL's guidelines for highest tier programs. The definition for evidence-based and FAQs can be found at ACL's website: https://www.acl.gov/programs/health-wellness/disease-prevention. Identify which evidence-based programs will be offered by the AAA or contracted service provider with Title III-D funds.
	COA will offer 4 evidence-based programs; A Matter of Balance, Diabetes Self-Management Program, Chronic Disease Self-Management Program, and Chronic Pain Self-Management Program.
5.	**Waitlists** For the Title III services and programs administered by the AAA and/or contracted service providers, please identify any services and programs that had a waiting list as of July 1, 2020. Include the number of consumers on the waiting list, the impacted counties, and plans in PY2021 to reduce the number, including, but not limited to, by reallocation of funds. Note that the services listed below are the most used services statewide for the respective funding sources. If your AAA and/or service providers have waiting lists for services not listed, please respond to these questions under "Other Services."
a.	**Title III-B Supportive Services**

	Service	**#**	**Counties**
	Transportation	0	No Waiting List
	Supportive Services	0	No Waiting List
	Care Coordination	0	No Waiting List
	Personal Care	0	No Waiting List
	Other Services:	0	No Waiting List
	Notes: **We currently do not have any waiting lists for these services**		

b.	**Title III-C Nutrition Services**

	Service	#	Counties
	Home-delivered Meals	0	No Waiting List
	Congregate Meals	0	No Waiting List
	Other Services:	0	No Waiting List
	Notes: **We currently do not have any waiting lists for these services.**		
c.	**Title III-D Disease Prevention and Health Promotion**		
	Service	**#**	**Counties**
	Evidence-Based Programming	0	No Waiting List
	Other Services:	0	No Waiting List
	Notes: **We currently do not have any waiting lists for these services.**		
d.	**Title III-E National Family Caregiver Support Program**		
	Service	**#**	**Counties**
	Counseling/Support Groups	0	No Waiting List
	Supplemental Services	0	No Waiting List
	Respite	0	No Waiting List
	Other Services:	0	No Waiting List
	Notes: **We currently do not have any waiting lists for these services.**		

PART 4 - PY 2021
BUDGET TEMPLATE

ANNUAL UPDATE

Title III-A

		% of Transfer/Carryover	% Check	
FY 21 Base Funding	$ 402,311.00			
Additional Transfer Amount, if applicable (please explain below)	$ -			
Anticipated FY 20 Carryover Amount, if applicable (please explain below)	$ -	0.00%	True	**Not greater than 10% of the total base funding**
Revised FY 21 Base Funding	$ 402,311.00			

Detailed Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY19:

Breakdown of Administration Dollars		**% of Total**	**% Check**	
Title III-A	$ 402,311.00	61.09%		
Title III-E	$ 76,626.00	11.63%		
Total	$ 478,937.00	72.72%	True	**This percentage may not be greater than 75%**

Local Match for Title III-A Funds				
Cash Match	$ 100,000.00	15.18%		
Inkind Match	$ -	0.00%		
SCS Administration	$ 64,234.00	9.75%		
Alzheimer's Administration	$ 15,421.00	2.34%		
Total Match for AAA Administration Funds	$ 179,655.00	27.28%	True	**This percentage may not be less than 25%**
Total Administration and Match Funds	$ 658,592.00	100.00%		

Title III-B

FY 21 Base Funding	$ 1,514,005.00	**% of Transfer/Carryover**	**% Check**
Transfer from/to Title III-C1, if applicable (please explain below)	$ 445,886.00		
Transfer from/to Title III-C2, if applicable (please explain below)	$ 346,809.00		
		29.75%	True **Not greater than 30% of the total of C1 and C2 Base Funding**
Additional Transfer Amount, if applicable (please explain below)	$ -		
Anticipated FY 20 Carryover Amount, if applicable (please explain below)	$ 110,238.00		
		7.28%	True **Not greater than 10% of the total base funding**
Revised FY 21 Base Funding	$ 2,416,938.00		

Detailed Rationale for Transfer Between Title III-B and Title III-C1/C

Please explain the rationale for transfering funds between Title III-B, Title III-C1, and/or Title III-C2:

We are requesting the shift from Title III C1 and C2 to Title III B. This is a similar transfer from prior years. It is the result of the service prioritization which ranked some Title III B services as higher priority than nutrition programs. We are not anticipating any waiting list for congregate or home delivered meals

Detailed Rationale for Additional Transfer Amou

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amour

Please explain the rationale for the total carryover amount from PY 20:

rst and Cares Act money on Emergeny Meals and Comfort Meals. Along with a drop in the demand for transportion because of COVID. We are expecting to carry money over to 202

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Y
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY20 Ba 21 Base Funding amount above.

	Title III-B		Senior Community Services				
Service Category Allocation	**Contract**	**AAA**	**Contract**	**AAA**	**Total Funds**	**% of Funds**	
Service Categories							
Access- *transportation, outreach and I&R*	$ 735,805.00		$ 354,112.00	$ -	$ 1,089,917.00	38%	Minimum of 5% Title III
In-Home- *homemaker, home health aide, visiting, telephone reassurance,adult day, home maintenance, and supportive services*	$ 781,839.00	$ -	$ -	$ -	$ 781,839.00	28%	Minimum of 5% Title III
Legal	$ 175,750.00	$ -	$ -	$ -	$ 175,750.00	6%	Minimum of 5% Title III
Other Community	$ -	$ -	$ -	$ -	$ -	0%	
Ombudsman	$ 215,000.00	$ -	$ -	$ -	$ 215,000.00	8%	
Congregate Meals	$ -	$ -	$ -	$ -	$ -	0%	
Home Delivered Meals	$ 77,537.00	$ -	$ -	$ -	$ 77,537.00	3%	
Housing Administration (Housing Resources)	$ -	$ 49,000.00	$ -	$ -	$ 49,000.00	2%	
Training/Education	$ -	$ -	$ -	$ -	$ -	0%	
Equipment for AAA Providers, including computers and software	$ -	$ -	$ -	$ -	$ -	0%	
Other: Information & Assistance	$ -	$ 174,007.00	$ -	$ -	$ 174,007.00	6%	
Other: Volunteer Placement	$ -	$ -	$ -	$ -	$ -	0%	
Other: Outreach(Medicaid)	$ -	$ -	$ -	$ -	$ -	0%	
Other: (Please Explain)	$ -	$ 208,000.00	$ -	$ 67,300.00	$ 275,300.00	10%	
Unobligated	$ -	$ -	$ -	$ -	$ -	0%	
Total	$ 1,985,931.00	$ 431,007.00	$ 354,112.00	$ 67,300.00	$ 2,838,350.00	100%	
Total Allocation Agrees with Revised FY20 Base Fundin		True					

Title III-C1

FY 21 Base Funding	$ 1,587,381.00	**% of Transfer/Carryover**	**% Check**	
Transfer from/to Title III-B, if applicable (please explain below)	$ (445,886.00)	16.73%	True	**Not greater than 30% of the total of C1 and C2 Base Funding**
Transfer from/to Title III-C2, if applicable (please explain below)	$ -	0.00%	True	**Not greater than 40% of the total of C1 Base Funding**
Additional Transfer Amount, if applicable (please explain below)	$ -			
Anticipated FY20 Carryover Amount, if applicable (please explain below)	$ 13,178.00			
		0.83%	True	**Not greater than 10% of the total base funding**
Revised FY 21 Base Funding	$ 1,141,495.00			

Detailed Rationale for Transfer Between Title III-B and Title III-C1/C2

Please explain the rationale for transfering funds between Title III-B, Title III-C1, and/or Title III-C2:

We are requesting the shift from Title III C1 to Title III B. This is a similar transfer from prior years. It is the result of the service prioritization which ranked some Title III B services as higher priority than nutrition programs. We are not anticipating any waiting list for congregate meals

Detailed Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY 20:

nount is planned in order to have some extra money available after the final transfer. The extra money is to pay for any expenses that were not in our projections when we calculated our fi

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year.
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY21 Base Funding amount above.

	Title III-C1		Senior Community Services			
Service Category Allocations	**Contract**	**AAA**	**Contract**	**AAA**	**Total Funds**	**% of Funds**
Service Categories						
Congregate Meals	$ 1,141,495.00	$ -	$ -	$ -	$ 1,141,495.00	100%
Nutrition Screening	$ -	$ -	$ -	$ -	$ -	0%
Nutrition Education	$ -	$ -	$ -	$ -	$ -	0%
Nutrition Counseling	$ -	$ -	$ -	$ -	$ -	0%
Menu Review/Development	$ -	$ -	$ -	$ -	$ -	0%
Unobligated	$ -	$ -	$ -	$ -	$ -	0%
Total	$ 1,141,495.00	$ -	$ -	$ -	$ 1,141,495.00	100%
Total Allocation Agrees with Revised FY20 Base Funding		True				

Title III-C2

FY 21 Base Funding	$ 1,077,534.00	**% of Transfer/Carryover**	**% Check**	
Transfer from/to Title III-B, if applicable (please explain below)	$ (346,809.00)			
Transfer from/to Title III-C1, if applicable (please explain below)	$ -	-13.01%	True	**Not greater than 30% of the total of C1 and C2 Base Funding**
		0.00%	True	**Not greater than 40% of the total of C1 Base Funding**
Additional Transfer Amount, if applicable (please explain below)	$ -			
Anticipated FY 20 Carryover Amount, if applicable (please explain below)	$ 726,041.00			
		67.38%	False	**Not greater than 10% of the total base funding**
Revised FY 21 Base Funding	$ 730,725.00			

Detailed Rationale for Transfer Between Title III-B and Title III-C1/C2

Please explain the rationale for transfering funds between Title III-B, Title III-C1, and/or Title III-C2:

We are requesting the transfer from Title III C2 to Title III B. This is a similar transfer from prior years. It is the result of the service prioritization which ranked some Title III B services as higher priority than nutrition programs. Local levy programs provide significant match to the home delivered meal program, ensuring we dont have a waiting list for home delivered meals. We are not anticipating any waiting list for congregate meals or home delivered meals.

Detailed Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY 20:

We are Spending Family First and CARES Act Money first before spending Traditional Title III Money

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year.
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY21 Base Funding amount above.

	Title III-C2		Senior Community Services			
Service Category Allocations	**Contract**	**AAA**	**Contract**	**AAA**	**$ of Funds**	**% of Funds**
Service Categories						
Home Delivered Meals	$ 727,725.00	$ -	$ -	$ -	$ 727,725.00	100%
Nutrition Screening	$ -	$ -	$ -	$ -	$ -	0%
Nutrition Education	$ -	$ -	$ -	$ -	$ -	0%
Nutrition Counseling	$ -	$ -	$ -	$ -	$ -	0%
Menu Review/Development	$ -	$ 3,000.00	$ -	$ -	$ 3,000.00	0%
Unobligated	$ -	$ -	$ -	$ -	$ -	0%
Total	$ 727,725.00	$ 3,000.00	$ -	$ -	$ 730,725.00	100%
Total Allocation Agrees with Revised FY20 Base Funding		True				

Title III-D

		% of Transfer/Carryover	% Check	
FY21 Base Funding	$ 87,163.00			
Additional Transfer Amount, if applicable (please explain below)	$ -			
Anticipated FY20 Carryover Amount, if applicable (please explain below)	$ 5,160.00	5.92%	True	**Not greater than 10% of the total base funding**
Revised FY20 Base Funding	$ 92,323.00			

Detalied Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detalied Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY 20:

We try to estimate our year end spending to be below the 10% amount in order to cover any unplanned expenses towards the end of the

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year.
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY FY 21 base funding amount above.

	Title III-D		Senior Community Services			
Service Category Allocations	**Contract**	**AAA**	**Contract**	**AAA**	**$ of Funds**	**% of Funds**
Service Categories						
Evidence-Based Classes	$ -	$ 92,323.00	$ -	$ 22,300.00	$ 114,623.00	100%
Total	$ -	$ 92,323.00	$ -	$ 22,300.00	$ 114,623.00	100%
Total Allocation Agrees with Revised FY20 Base Funding		True				

Title III-E

	Administration	Services	% of Transfer/Carryover	% Check
FY 21 Base Funding	$ 76,626.00	$ 689,636.00		
Additional Transfer Amount, if applicable (please explain below)	$ -	$ -		
Anticipated FY20 Carryover Amount, if applicable (please explain below)		$ 68,900.00	8.99%	True
Revised FY 21 Base Funding	$ 76,626.00	$ 758,536.00		

Not greater than 10% of the total base funding

Detalied Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detalied Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY 20:

We try to estimate our year end spending to be below the 10% amount in order to cover any unplanned expenses towards the end of the year

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year.
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY20 B: 21 base funding amount above.

	Title III-E		Senior Community Services		Services Only	
Service Category Allocations	**Contract**	**AAA**	**Contract**	**AAA**	**$ of Funds**	**% of Funds**
Service Categories						
Information	$ 20,000.00	$ 77,969.00	$ -	$ -	$ 97,969.00	10.64%
Assistance	$ 20,000.00	$ 38,000.00	$ -	$ -	$ 58,000.00	6.30%
Counseling/Support Groups/Training	$ 53,199.00	$ -	$ -	$ -	$ 53,199.00	5.78%
Respite Services	$ 549,368.00	$ -	$ 162,441.00	$ -	$ 711,809.00	77.29%
Supplemental Services	$ -	$ -	$ -	$ -	$ -	0.00%
Other: (Please Explain)	$ -	$ -	$ -	$ -	$ -	0.00%
Unobligated	$ -	$ -	$ -	$ -	$ -	0.00%
Total	$ 642,567.00	$ 115,969.00	$ 162,441.00	$ -	$ 920,977.00	100.00%
Total Allocation Agrees with Revised FY20 Base Funding		True				

NSIP

		% of Transfer/Carryover	% Check	
FY 21 Base Funding	$ 1,078,270.00			
Anticipated FY20 Carryover Amount, if applicable (please explain below)	$ -	0.00%	True	**Not greater than 10% of the total base funding**
Revised FY 21 Base Funding	$ 1,078,270.00			

Detalied Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from PY20:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY20 E FY 21 base funding amount above.

Service Category Allocations	$ of Funds	% of Funds
Service Categories		
Congregate Meals	$ 123,313.00	11%
Home Delivered Meals	$ 954,957.00	89%
Unobligated	$ -	0%
Total	$ 1,078,270.00	100%
Total Allocation Agrees with Revised FY20 Base Funding	True	

SCS

FY 21 Base Funding	$ 583,853.00

Note: **The SCS funding should be allocated out between the Title III-B, Title III-C1, Title III-C2, D, and Title III-E tabs.**

Alzheimer's

FY 21 Base Funding		$ 147,817.00

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year. Please ensure that the total dollar amount of funds allocated agree grees to the revised FY 21 base funding amount abo above.

Service Category Allocations	AAA	Contract	$ of Funds	% of Funds
Service Categories				
Alzheimer's Association Core Services	$ -	$ 114,180.00	$ 114,180.00	77.24%
Personal Care	$ -		$ -	0.00%
Homemaker	$ -	$ -	$ -	0.00%
Visiting	$ -	$ -	$ -	0.00%
Institutional Care	$ -	$ -	$ -	0.00%
Other (please describe)	$ -	$ 33,637.00	$ 33,637.00	22.76%
Unobligated	$ -	**$ -**	$ -	0.00%
Total	$ -	$ 147,817.00	$ 147,817.00	100.00%
Total Allocation Agrees with Revised FY 21 Base Funding			True	

PY21 Request to Transfer Funds

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	NSIP	Alzheimer's	Total
FY 21 Base Funding	$ 402,311.00	$ 1,514,005.00	$ 1,587,381.00	$ 1,077,534.00	$ 87,163.00	$ 76,626.00	$ 689,636.00	$ 1,078,270.00	$ 147,817.00	$ 7,244,596.00
Initial Transfer Request (**due with Area Plan**)	$ -	$ 792,695.00	$ (445,886.00)	$ (346,809.00)	$ -	$ -	$ -	$ -	$ -	$ -
First Revised Transfer Request (**due no later than April 27**)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Second Revised Transfer Request (**due no later than June 27**)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FINAL Transfer Request (**due no later than August 27**)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Transfer Requests to Date	$ -	$ 792,695.00	$ (445,886.00)	$ (346,809.00)	$ -	$ -	$ -	$ -	$ -	$ -
Revised FY 21 Base Funding with Transfers	$ 402,311.00	$ 2,306,700.00	$ 1,141,495.00	$ 730,725.00	$ 87,163.00	$ 76,626.00	$ 689,636.00	$ 1,078,270.00	$ 147,817.00	$ 7,244,596.00

Detailed Rationale - Current Submission Only

Please explain all rationale for all transfers for the current submission in the box below:

We are requesting the transfer from Title III C2 and Title III C1 to Title III B. This is a similar transfer from prior years. It is the result of the service prioritization from our community needs assessment which ranked some Title III B services as higher priority than nutrition programs. Local levy programs provide significant match to the home delivered meal program, ensuring we dont have a waiting list for home delivered meals. We are not anticipating any waiting list for congregate meals or home delivered meals.

Summary

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	NSIP	SCS	Alzheimer's	Total
FY 21 Base Funding	$ 402,311.00	$ 1,514,005.00	$ 1,587,381.00	$ 1,077,534.00	$ 87,163.00	$ 76,626.00	$ 689,636.00	$ 1,078,270.00	$ 583,853.00	$ 147,817.00	$ 7,244,596.00
Total Transfers	$ -	$ 792,695.00	$ (445,886.00)	$ (346,809.00)	$ -	$ -	$ -				$ -
FY 20 Carryover	$ -	$ 110,238.00	$ 13,178.00	$ 726,041.00	$ 5,160.00	$ -	$ 68,900.00	$ -			$ 923,517.00
Revised FY 21 Base Funding	$ 402,311.00	$ 2,416,938.00	$ 1,154,673.00	$ 1,456,766.00	$ 92,323.00	$ 76,626.00	$ 758,536.00	$ 1,078,270.00	$ 583,853.00	$ 147,817.00	$ 8,168,113.00
Service Category Allocations											
Service Categories											
Access		$ 735,805.00							$ 354,112.00		$ 1,089,917.00
In-Home		$ 781,839.00							$ -		$ 781,839.00
Legal		$ 175,750.00							$ -		$ 175,750.00
Other Community		$ -							$ -		$ -
Ombudsman		$ 215,000.00							$ -		$ 215,000.00
Congregate Meals		$ -	$ 1,141,495.00					$ 123,313.00	$ -		$ 1,264,808.00
Home Delivered Meals		$ 77,537.00		$ 727,725.00				$ 954,957.00	$ -		$ 1,760,219.00
Nutrition Screening			$ -	$ -					$ -		$ -
Nutrition Education			$ -	$ -					$ -		$ -
Nutrition Counseling			$ -	$ -					$ -		$ -
Menu Review/Development			$ -	$ 3,000.00					$ -		$ 3,000.00
Evidence-Based Classes					$ 92,323.00						
Information							$ 97,969.00		$ -		$ 97,969.00
Assistance							$ 58,000.00		$ -		$ 58,000.00
Counseling/Support Groups/Training							$ 53,199.00		$ -		$ 53,199.00
Respite Services							$ 549,368.00		$ 162,441.00		$ 711,809.00
Supplemental Services							$ -		$ -		$ -
Alzheimer's Association Core Services										$ 114,180.00	$ 114,180.00
Personal Care										$ -	$ -
Homemaker										$ -	$ -
Visiting										$ -	$ -
Institutional Care										$ -	$ -
Other: (Please Explain)							$ -		$ -	$ 33,637.00	$ 33,637.00
Set Asides											
Housing Administration		$ 49,000.00							$ -		$ 49,000.00
Training/Education		$ -							$ -		$ -
Equipment for AAA Providers, including computers and software		$ -							$ -		$ -
Other: Information & Assistance		$ 174,007.00							$ -		$ 174,007.00
Other: Volunteer Placement		$ -							$ -		$ -
Other: Outreach(Medicaid)		$ -							$ -		$ -
Other: (Please Explain)		$ 208,000.00							$ 67,300.00		$ 275,300.00
Unobligated		$ -	$ -	$ -			$ -	$ -	$ -	$ -	$ -
Total		$ 2,416,938.00	$ 1,141,495.00	$ 730,725.00			$ 758,536.00	$ 1,078,270.00	$ 583,853.00	$ 147,817.00	$ 6,857,634.00
Total Allocation Agrees with Revised FY20 Base Funding		True	False	False			True	True	True	True	

PART 5 - PY 2021
DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-B SUPPORTIVE SERVICES

ANNUAL UPDATE

Ohio | Department of Aging

DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-B SERVICES

Title of requested service:

Education

Request submitted:

☐ **Emergency Request (skip to last section)**	☒ **With SAP/Annual Area Plan**

1. 42 U.S.C.3027 (a)(8) of the Older Americans Act (OAA) states that services will not be provided directly by the Area Agency on Aging (AAA) unless in the judgment of the state agency it is necessary due to one or more of the reasons listed below.

Please select the basis for which the waiver is requested (more than one may be selected) and provide detailed justification for direct provision of services and the date that this service was last competitively bid.

☐ (i) provision of such services by the AAA is necessary to assure an **adequate supply** of such services;

☒ (ii) such services are directly related to the AAA's **administrative functions**; or

☒ (iii) such services can be provided **more economically, and with comparable quality**, by the AAA.

We are able to keep costs down by selecting venues that will offer free or discounted space. Our

2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

☒ Fund:	Title III B	$	$ 14,994.00
☐ Fund:		$	
☐ Fund:		$	
Total request	$ 14,994.00	$	

Note: Approved amounts are valid for a 12-month period.

3. Provide documentation of the public hearing held to gather public input that confirms the need for the AAA to directly deliver this service**. Refer to Policy 103-PLN-02 Waiver Request by AAA for public hearing and documentation requirements.**

4. Provide a copy of the Request for Proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why the proposal(s) were not acceptable. Also explain the methods used for notification.

Own Your Future education workshop is a three-part series that helps people plan for long term care,

5. Describe how the AAA will develop capacity for local service providers to provide this service in the future.

Emergency Waiver Request

AAAs may submit an emergency request for Waiver under limited circumstances as listed in ODA Policy 103-PLN-02. ***Please select the basis for which the emergency waiver is requested:***

☐ The inability of a current service provider to continue meeting its timely provision of service to consumers;

☐ An established service provider's contract is suddenly terminated by the provider or AAA; or

☐ A service not presently funded by the AAA is needed due to the existence of a natural disaster.

a. Provide an explanation of the circumstances that constitute an emergency.

N/A

b. Provide correspondence by or between the AAA or provider or other applicable documentation indicating the circumstances that resulted in the interruption of services **(attach copy).**

c. Explain AAA efforts to identify providers to temporarily offer this service, in accordance with the competitive process.

N/A

d. List the service(s) to be provided and estimated number of consumers and counties affected.

N/A

e. Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.

N/A

f. Dollar amount requested: $ _____

g. Specify the timeframe for which this emergency waiver is being requested. The request may not exceed current plan year.

N/A

Signature of AAA Director

Date

PRINT RESET

PART 7 - PY 2021
DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-D EVIDENCE BASED PROGRAMS

ANNUAL UPDATE

Ohio | Department of Aging

DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-D – EVIDENCE-BASED PROGRAMS

Title of requested service:

Evidence-based Health Education

Request submitted:

☐ **Emergency Request (skip to last section)**	☒ **With SAP/Annual Area Plan**

1. 42 U.S.C.3027 (a)(8) of the Older Americans Act (OAA) states that services will not be provided directly by the Area Agency on Aging (AAA) unless in the judgment of the state agency it is necessary due to one or more of the reasons listed below.

Please select the basis for which the waiver is requested (more than one may be selected) and provide detailed justification for direct provision of services and the date that this service was last competitively bid.

☒ (i) provision of such services by the AAA is necessary to assure an **adequate supply** of such services;

☒ (ii) such services are directly related to the AAA's **administrative functions**; or

☒ (iii) such services can be provided **more economically, and with comparable quality**, by the AAA.

2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

☒ Fund:	Title III-D	$	$ 62,323.00
☒ Fund:	SCS	$	$ 22,300.00
☐ Fund:		$	
Total request	$ 114,623.00	$	

Note: Approved amounts are valid for a 12-month period.

Are you currently receiving other funding to provide evidence-based programming in your PSA? If yes, please include source(s) and annual amount(s):

a. If you received a Title III-D waiver in the previous federal fiscal year, please complete the following table with information from the previous federal fiscal year EB workshops:

EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES AND INFORMATION

Workshop Type	Total # of Work shops		# of Workshops Cancelled	Counties where workshops conducted		# of Completers	Total AAA Cost of Personnel		Total Costs for Supplies	Total Cost for Stipends
CDSMP	$ 12.00		**$ 2.00**			$ 68.00	$ 27,944.00		$ 6,025.92	$ 6,600.00
DSMP	$ 2.00		$ 1.00			$ 38.00	$ 4,657.33		$ 504.37	$ 1,100.00
CPSMP	$ 3.00						$ 4,409.54		$ 456.86	$ 1,050.00
Tai-Chi										
MOB	$ 18.00		$ 7.00			$ 90.00	$ 27,713.77		$ 3,387.23	$ 6,400.00
Powerful Tools for Caregivers										
Other										
Coach/Leader Trainings										
TOTALS:	$ 35.00	$ 0.00	$ 10.00	$ 0.00	$ 460.45	$ 196.00	$ 64,724.64	$ 2,578.5	$ 10,374.38	$ 15,150.00
# of Workshops Total (from above)		**# of Consumers Total (from above)**			**Average Cost per consumer**			**Average Cost Per workshop**		
		$ 0.00			$ 460.45			$ 2,578.5		

Other (i.e., care transitions): CDSMP workshops were hosted in Hamilton County. DSMP workshops were hosted in Hamilton and Warren counties. MOB workshops were hosted in Butler, Clermont, Hamilton and Warren counties. CPSMP – These workshops are currently in progress in Hamilton County.

b. Please complete the chart below with projected activity to occur in the current federal fiscal year. Note: Evidence-based **(**EB) disease prevention and health promotion services and information must meet the requirements of Administration for Community Living's (ACL) EB definition or is an EB program approved by the US Department of Health and Human Services and is shown to be effective and appropriate for older adults.

More information can be found on Title III-D by visiting ACL's website at https://www.acl.gov/programs/health-wellness/disease-prevention.

PROJECTED EVIDENCE-BASED ACTIVITIES (to be performed with requested waiver funds)						
Workshop Type	**Projected # of Work shops**		**Counties where workshops conducted**	**Projected Costs Cost of Personnel**	**Projected Costs for Supplies**	**Projected Cost for Stipends**
CDSMP	$ 15.00			$ 34,930.00	$ 6,459.92	$ 4,125.00
DSMP	$ 7.00			$ 16,300.67	$ 1,227.71	$ 1,925.00
CPSMP	$ 15.00			$ 22,047.69	$ 1,531.32	$ 525.00
Tai-Chi						
MOB	$ 23.00			$ 35,412.04	$ 3,952.23	$ 3,200.00
Powerful Tools for Caregivers						
Other						
Coach/Leader Trainings						
TOTALS:	$ 60.00	$ 2,357.00	$ 0.00	$ 108,690.40	$ 13,171.18	$ 9,775.00
Projected # of Workshops Total (from above)		**Projected Cost Per Workshop**				
		$ $ 2,357.00				

Other (i.e., care transitions): We anticipate increasing the number of workshops offered next year for two reasons. 1. We did not offer program from March through August this program year because of the pandemic. Next program year we should not have a disruption. 2. Virtual workshops are easier to schedule because you don't have to work around facility program schedules. We will also be offering CPSMP which is a new program to AAAI region. MOB is our most popular wellness program. We get many inquiries about this program. Once it is available virtually, we will schedule MOB workshops.

4. Provide documentation of the public hearing held to gather public input that confims the need for the AAA to directly deliver this service. Refer to Policy 103-PLN-02 Waiver Request by AAA for public hearing and documentation requirements.

5. Provide a copy of the Request for Proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why proposal(s) were not acceptable. Also explain the methods used for notification.

Due to the lack of interest to serve the entire county from previous years, we decided not to bid out the service. As the ODA designated site coordinator for our service area, we will continue to provide direct service in this area and we will therefore requesting a waiver to operate the program operations. COA will continue to employ 2 part time Master Trainers for the Matter of Balance Program and continue to provide leader trainers to ensure a supply of adequate leaders in the community.

6. Describe how the AAA will develop capacity for local service providers to provide this service in the future.

We will be taking applications from providers who wish to provide this service. We hope to add

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- ☐ An established service provider's contract is suddenly terminated by the provider or AAA; or
- ☐ A service not presently funded by the AAA is needed due to the existence of a natural disaster.

a. Provide an explanation of the circumstances that constitute an emergency.

N/A

b. Provide correspondence by or between the AAA or provider or other applicable documentation indicating the circumstances that resulted in the interruption of services, **(attach copy)**

c. Explain AAA efforts to identify providers to temporarily offer this service, in accordance with the competitive process.

N/A

d. List the service(s) to be provided and estimated number of consumers and counties affected.

N/A

e. Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.

N/A

f. Dollar amount requested: $ _____

g. Specify the timeframe for which this emergency waiver is being requested. The request may not exceed current plan year.

N/A

Signature of AAA Director	Date

PART 9 - PY 2021
DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-B REQUIRED FUNDING ALLOCATION

ANNUAL UPDATE

Ohio | Department of Aging

TITLE III-B REQUIRED FUNDING ALLOCATION WAIVER REQUEST

Request submitted:

☐ **Emergency Request (skip to last section)**	■ **With SAP/Annual Area Plan**

Council on Aging of Southwestern Ohio (AAA) requests a waiver for PY 2021 of the following:

1. **Required service category:** (as defined in ODA policy 105-SVC-02)

   ☐ Access to Services

   ■ In-Home Services

   ☐ Legal Assistance

   a. The AAA should be allocating at least five (5) percent, or at least $ 0 of its Title III-B budget, before transfers, to this service category for PY 2021.

   b. The AAA plans to allocate 0 percent, or $ 0 of its Title III-B budget, before transfers, to this service category for PY 2021.

   Illustrate the mathematical equation used by the AAA in calculating the above percentage. Use the approximate rounded off dollar amounts if actual figures are not available.

2. Rationale that supports the AAA's reasons for requesting the waiver for the required services category:

   a. Provide a detailed discussion of the AAA's rationale for submitting this request. Please cite environmental factors, funding factors, population needs, etc.

In-home services are funded from 5 senior service levies. Title III is prioritized to nutrition and access

   b. How will the AAA ensure that supportive services under this service category are being provided with sufficient funding to ensure those eligible are receiving these services and that the services are in adequate supply to meet the need in that area? Identify other funding sources (e.g. local) that support this service category.

Local Levy funding.

   c. Do the AAA service providers currently have waiting lists for any supportive services under this service category? If yes, list those services and counties for which waiting lists exist.

No waiting lists

d. List all counties within the PSA that will not receive or that will receive a reduction of Title III funding in this service category if this waiver is granted.

Butler, Clermont, Clinton, Hamilton and Warren.

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☐ A service not presently funded by the AAA is needed due to the existence of a natural disaster;

a. Provide an explanation of the circumstances that constitutes an emergency.

b. Provide correspondence by or between the AAA or provider indicating the circumstances that resulted in the interruption of services (attach copy).

c. Explain AAA efforts to identify providers to temporarily offer this service.

N/A

d. List the service(s) to be provided, estimated number of consumers and counties affected.

N/A

e. Dollar amount requested: $_____

f. Specify the timeframe for which this emergency waiver is being requested. Your request may not exceed current fiscal year.

N/A

Signature of AAA Director

Date

PRINT RESET