PART 1 – 2023-2026
CERTIFICATION, SIGNATURES, ASSURANCES, AND AGENCY INFORMATION

STRATEGIC AREA PLAN
Area Agency on Aging (AAA) Information and Certification Page

Legal Name of Agency: Council on Aging of Southwestern Ohio

Mailing Address: 4601 Malsbary Road, Blue Ash, Ohio 45242

Phone Number: 513-721-1025

Agency Mission Statement: Enhance lives by assisting people to remain independent through a range of quality services.

Agency Vision Statement: To be the premier standard in maximizing independence and quality of life.

Federal ID Number: 31-0807186

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

I hereby certify that the 2023-2026 Strategic Area Plan 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 2023-2026 Strategic Area Plan.
Agency Signature Page

President, Board of Directors

Name: Karen Brown
Signature: [Signature]
Date: 8/23/2022

Chair, Advisory Council

Name: John McCarthy
Signature: [Signature]
Date: 8/23/2022

Executive Director, Area Agency on Aging

Name: Suzanne Burke
Signature: [Signature]
Date: 8/23/2022
AAA Advisory Council

Council Composition

- Describe the processes by which members are selected, as well as efforts undertaken to ensure membership is representative of the demographics of the PSA.

We recruit through our website, newsletters and communication thru community organizations. We ensure we have representatives across all counties and different categories targeted by the Older Americans Act. We also have a Nominating Committee that meets with each candidate to ensure they are a good fit.

- Provide the total number of Advisory Council Members: 14

- Provide the number of Advisory Council Members that meet the following characteristics:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older individuals, including minority and older individuals living in rural areas, who are participants or who are eligible to participate in programs funded under the OAA</td>
<td>8</td>
</tr>
<tr>
<td>Representatives of older individuals</td>
<td>14</td>
</tr>
<tr>
<td>Family caregivers of such individuals</td>
<td>1</td>
</tr>
<tr>
<td>Representatives of health care provider organizations, including providers of veterans’ health care (if appropriate)</td>
<td>3</td>
</tr>
<tr>
<td>Representatives of supportive services provider organizations</td>
<td>5</td>
</tr>
<tr>
<td>Persons with leadership experiences in the private and voluntary sectors</td>
<td>8</td>
</tr>
<tr>
<td>Local elected officials</td>
<td>1</td>
</tr>
<tr>
<td>Representatives of faith-based organizations</td>
<td>4</td>
</tr>
<tr>
<td>The general public</td>
<td>14</td>
</tr>
</tbody>
</table>

Term(s) of Office

- Explain the term of office structure for the council members (e.g. one-third of members expire each year, term limits, etc.)

Each member of the Advisory Council shall be appointed for no more than three, two-year terms of office (maximum of 6 years). No individual shall serve more than three (3) consecutive two (2) year terms unless it is determined by the Advisory Council that an extension is required to maintain continuity on the Advisory Council or to aid in the staggering of term expirations. In such cases the Advisory Council can elect to extend an Advisory Board member’s term for up to two (2) additional one (1) year appointments. Terms shall be staggered so that new appointees are designated in each calendar year. For purposes of continuity, the Chair can serve additional years beyond the second term to fulfill the duties of the Chair, and may serve at least one year beyond termination from office regardless of the number of years served with the Advisory Council.
Frequency of Meetings
- Enter the anticipated schedule of council meetings for the term of the Area Plan.
The 4th Tuesday in January, March, June, and December

Open Meetings Notification
- Describe the procedures or methods your agency will take to notify the general public of Board of Trustees meetings and Advisory Council meetings. Public meeting dates, agenda, and materials are posted to our website at https://www.help4seniors.org/News-Events/Public-Meetings

### AAA Advisory Council Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation / Affiliation</th>
<th>County</th>
<th>Member Since &lt;mm/yy&gt;</th>
<th>Current Term of Office &lt;mm/yy&gt; to &lt;mm/yy&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Canepa</td>
<td>School liaison-Butler County Educational Service Center</td>
<td>Butler County</td>
<td>04/2022</td>
<td>04/2022-04/2024</td>
</tr>
<tr>
<td>John McCarthy</td>
<td>Retired</td>
<td>Butler County</td>
<td>12/2014</td>
<td>12/2020-12/2022</td>
</tr>
<tr>
<td>Lamonda Dye</td>
<td>Owner, CEO of home health agency LCD Agency Services</td>
<td>Butler County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>Diana Martel</td>
<td>Retired</td>
<td>Clermont County</td>
<td>08/2017</td>
<td>08/2021-08/2023</td>
</tr>
<tr>
<td>Aimee Sheenan</td>
<td>Corporate Sales Development Manager- PNC Bank</td>
<td>Clermont County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>LeRoy Miller</td>
<td>Educator-Northern Kentucky University</td>
<td>Clermont County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>Donna Stone-Gumbert</td>
<td>Director of Marketing &amp; Admissions-Continental</td>
<td>Clinton County</td>
<td>04/2022</td>
<td>04/2022-04/2024</td>
</tr>
<tr>
<td>Name</td>
<td>Position/Role</td>
<td>County</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Robert Leininger</td>
<td>Manor Nursing &amp; Rehab</td>
<td>Hamilton County</td>
<td>02/2016</td>
<td>02/2022-02/2023</td>
</tr>
<tr>
<td>Phillip Williams</td>
<td>Fire Chief-Springfield Township</td>
<td>Hamilton County</td>
<td>03/2016</td>
<td>03/2022-03/2023</td>
</tr>
<tr>
<td>Audrey Gilyard</td>
<td>Retired – non profit senior services in Lincoln Heights</td>
<td>Hamilton County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>Joseph Henry</td>
<td>Retired</td>
<td>Hamilton County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>Ella Wooten</td>
<td>Retired</td>
<td>Hamilton County</td>
<td>02/2022</td>
<td>02/2022-02/2024</td>
</tr>
<tr>
<td>Jane Ripberger</td>
<td>Owner of home health franchise Home Instead</td>
<td>Warren County</td>
<td>02/2015</td>
<td>02/2021-02/2023</td>
</tr>
<tr>
<td>Bill Thornton</td>
<td>Retired – small business</td>
<td>Warren County</td>
<td>02/2017</td>
<td>02/2021-02/2023</td>
</tr>
</tbody>
</table>


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)(iii))

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;

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 (§3C6 (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-based 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 be 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 Assurances: ☒ 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 Assurances: ☑ 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. Part 84), 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 (45 C.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 at 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 Assurances:  ☒ Initial
PART 2 — 2023-2026 STRATEGIC AREA PLAN
NEEDS ASSESSMENT
Introduction

This portion of the Strategic Area Plan serves to capture your AAA’s needs assessment activities undertaken, the findings of such activities, and planned activities to address the identified service needs. Please refer to the 2023-2026 Strategic Area Plan Needs Assessment Guidance located on the WAN for resources they may assist with conducting your assessment. Please complete the following three sections:

1. Needs Assessment

At a minimum, the needs assessment must include:

- A description of the methods and mechanisms through which the needs within your planning and service area (PSA) were assessed (e.g. forums, surveys, reputable data sources, etc.);
- A regional profile that provides an overview of the social, economic, and demographic characteristics within your PSA;
- Emphasis on the populations identified in 42 U.S. Code § 3026(a)(4)(B);
- A description of the extent of older adults’ needs for services within your PSA, determined as a result of conducting this assessment; and,
- A description of how your needs assessment findings were used to guide your AAA’s Area Plan development and proposed goals and strategies in Part 3.

Additionally, the needs assessment may include (42 U.S. Code § 3026(b)):

- An assessment of how your AAA and its service providers are prepared for any anticipate change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted;
- The projected change in the number of older individuals in your PSA;
- An analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- An analysis of how the programs, policies, and services provided by your agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in your PSA; and/or,
- An analysis of how the change in the number of individuals age 85 and older in the PSA is expected to affect the need for supportive services,

Council on Aging of Southwestern Ohio (COA) in AAA region 1 used a wide variety of methods to gather needs assessment feedback from the community. The majority of the methods were completed with consultants/resources external to COA staff to ensure transparent and unbiased feedback. The methods used to gather data and feedback include: 1. One on one interviews with local stakeholders including state and local elected officials, influencers, and key decision makers throughout the region. 2. One on one interviews with older adults and family caregivers on COA programs. 3. A staff survey and focus groups with staff, Board, and Advisory Council members. 4. A randomized community survey that was sent to older adults 60+ in all five
counts. 5. Person on the street interviews with random older adults coming in and out of Kroger in all five counties. 6. An analysis of census and population data in the region. 7. Two external evaluations and analysis of gaps and unmet needs in COA’s care coordination programs (ESP). 8. Survey of AAA1 contracted providers. Attachment 1 is our regional profile of social, economic and demographic data in our region based on the latest data available from the US Census Bureau. The analysis includes a description of older adult population growth and changes. Attachment 2 includes the results from the randomized community needs assessment. Several themes emerged from the data from the 8 focus areas of needs assessment. First, there are significant service gaps for socially isolated older adults, and mental health/behavioral health programs. Our area plan includes strategies to research, develop and implement services and supports that address these service gaps. Second, there were strong themes about workforce shortages, availability of quality transportation, and the need to modernize and expand service delivery models with the lessons learned during the pandemic. For example, integrating restaurants and expanding meal choice into the congregate and home delivered meal programs. Expanding and modernizing case management services including chronic care management services available as a Medicare benefit. Workforce shortages have created significant service gaps and quality problems for older adults who need community based long-term services and supports to remain independent at home. Third, we learned that COA and our programs have good name recognition in the community, but there is a gap in knowing who to call for help, and the complexities of navigating our website and understanding what services are available, and how to get connected. This speaks to the need for marketing expertise and creating a journey map for the customers so we can identify ways to improve access and awareness of the front door provided through our aging and disability resource center function. The data and themes were presented and reviewed by the leadership team, and at a Board and Advisory Council retreat. Goals and strategies were developed as a result of what we learned and the themes that we heard through our comprehensive needs assessment. The Title III RFP process planned for next year will include the service priorities and service gaps identified in the community needs assessment.

2. Establishment and Maintenance of Information and Referral (I&R) Providers

Provide a compilation of results of the required I&R survey conducted by your AAA. Please refer to ODA policy 101-FUN-05 for additional requirements. You may also reference the 2023-2026 Strategic Area Plan Needs Assessment Guidance located on the WAN for sample survey questions.
Council on Aging (COA) completed various types of needs assessments as outlined in our response in number 1. In addition, COA completed a survey to various providers through our resource directory. The survey included questions as referenced in the ODA policy along with the strategic area plan needs assessment guidance. Surveys were sent out to over 300 agencies and COA received approximately 35 responses. COA sent a reminder to complete the survey a week after it was sent to hopefully yield more responses. In review of the responses received, COA found that the majority of organizations indicated they provide information and referral, however the scope of what the organization provides in regards to I/R may be more specific to the service the agency provides. Many of the agencies that responded to the survey provide information and referral to specific services which include transportation, meals/food assistance, finances, and housing. COA also found through review, there weren’t many, if any agencies that had a comprehensive information and referral base. Most agencies refer (including United Way’s 211) to COA’s ADRC to connect older adults with the resources they need. COA’s needs assessment identified that although COA is an I/R provider and the community knows the COA name, however they don’t always know who to call when help/assistance is needed, whether it be COA or some other agency.

Describe your AAA’s plan of action to resolve unmet I&R needs. Include, at a minimum, the following:

- Identify the unmet I&R needs of the PSA;
- Specify if the unmet needs will be resolved by either:
  - A) coordinating with local providers to establish and maintain an I&R service or similar provider; or,
  - B) providing Title III funding for the establishment and maintenance of an I&R provider;
- Provide the planned completion date; and,
- Specify the amount of Title III funds involved.

The biggest I&R unmet need is that the public doesn’t know who to call when help/assistance is needed. There has to be an awareness in the community for older adults to know who to call when help is needed. To address this unmet need, COA will be using Title III funds for assistance with the maintenance of COA’s front door/I&R. Needs will be addressed in the following manner: (1) Implementation of a chat function within COA’s website. This will allow for the community to have an additional method to ask questions and meet the needs of those that prefer not to call. COA estimates to have the chat feature up and running by end of year 2022. (2) Creation of videos that will assist people in understanding/navigating our website. Estimated completion June 2023. (3) Creation of videos that will provide education on topics of information related to aging. This will be ongoing as it will tailor to needs presented through the time of this strategic area plan. (4) Temporary employee that will assist in updating the resource directory and explore other services and providers to ensure a robust list of resources for the community to access. Date of completion December 2022. Title III funds to be used: Resource Directory Update $30,000, ADRC Chat Function $10,340 and ADRC Website Videos $10,200. COA is also planning on exploring other changes
that are needed to how we market ADRC/I&R, website navigation, and how to improve the customer experience with the front door.

3. Targeted Outreach Plan

Explain your AAA’s planned outreach activities to address the identified service needs of targeted populations. At a minimum, include how your agency will:

- Identify individuals eligible for assistance, with special emphasis on –
  - Older individuals residing in rural areas;
  - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - Older individuals with severe disabilities;
  - Older individuals with limited English proficiency;
  - Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and,
  - Older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and,
- Inform those individuals and their caregivers of the availability of assistance.

COA will administer a robust outreach plan using a combination of digital, print and grassroots tactics—both paid and earned—that will inform eligible individuals and their caregivers about the availability of assistance. During the needs assessment process conducted early in 2022, a common theme emerged: COA and our programs have good name recognition in the community, but there is a gap in knowing who to call for help, and the complexities of navigating our website and understanding what services are available, and how to get connected. COA’s Communications Team will work with program staff to determine the most appropriate and effective outreach strategies for each identified service need. The team will place particular emphasis on reaching hard to serve populations in COA’s service area. A large part of COA’s service area is considered rural and COA has been effective at deploying grassroots outreach in these communities to raise awareness and build confidence in available programs and services. In the most rural part of the service area, Clinton County, COA opened a satellite office to provide easy access to programs and services for older community members and caregivers. The office is staffed by a member of COA’s Front Door/ADRC team. COA’s Communications Team includes an outreach coordinator who will work to identify channels through which COA can better reach the priority populations. Throughout on-going community outreach, including virtual and in-person outreach activities, COA is already connecting with audiences including veterans, low-income older adults, caregivers, caregivers of individuals with Alzheimers and other
brain disorders, and members of the Jewish community. We will evaluate the effectiveness of these efforts and seek to identify new channels through which target populations may be reached. An area of particular interest with regard to outreach is the development of relationships with organizations that directly serve the target populations. By developing these relationships and creating clear pathways of communication and referral, we can improve awareness of and access to available programs and services. COA’s community outreach coordinator will work with Front Door staff to identify opportunities to bring the Front Door to the people versus having people come to the Front Door. As an example, Front Door staff could attend community events where COA will have a presence to provide on-the-spot referrals and assessments for services. Finally, COA is aware of the increasing demands being placed on family caregivers. Many of these caregivers juggle multiple responsibilities, including working and raising young families. In recent years, COA has received requests from area businesses to provide education and information to employees who are also serving as family caregivers. COA’s outreach efforts will support family caregivers by creating connections with area businesses where they are employed.
PART 3 – 2023-2026
STRATEGIC AREA PLAN
GOALS

STRATEGIC AREA PLAN
PART 3 - 2023-2026 STRATEGIC AREA PLAN GOALS TEMPLATE

Introduction
This portion of the Strategic Area Plan serves to capture your area agency on aging (AAA) strategic goals, objectives, and strategies for the 2023-2026 Area Plan cycle. In addition, this template captures the action steps for implementing such strategies and the measures to demonstrate that strategies have been completed.

Information that may assist in completion of this template is listed below:

- This template is structured around the conceptual framework of the Strategic Action Plan on Aging (SAPA), which will serve as the foundation for the new 2023-2026 State Plan;
  - The six SAPA “topic areas” are now the “focus areas” within this template (community conditions, healthy living, access to care, social connectedness, population health, and preserving independence);
  - The fifteen SAPA “issues” and associated “outcomes” are now the “objectives” within this template;
  - The SAPA “strategies” are the same “strategies” listed as a drop-down menu within this template;

- Goal statements written for each focus area should be SMART (specific, measurable, achievable, realistic, and time-bound);

- Priority populations within this template are those identified in the SAPA as being most at risk for poor outcomes, as well as those identified as priority populations in the Older Americans Act;

- Action steps should include specifics about how your AAA will implement or accomplish the strategies, including a description of the programs or services you will implement, frequency, location, responsible parties, communication of progress or results; and

- If additional rows within the template are needed because your AAA would like to prioritize more than 3 strategies for each objective, please contact Morgan Fitzgerald at mfitzgerald@age.ohio.gov to have the template modified.
Focus Area 1: Community Conditions

**Goal statement:** Enhance the lives of older and/or disabled adults by assisting them to live independently through a range of quality services, supports and referrals to address and improve areas of financial stability, housing and transportation.

**Target Date:** 9/30/2026

**Plan for measuring overall goal success** – *How will you know that you have achieved the results you want?*
Success for this focus area will be shown by the number of clients served through the utility assistance program, on-demand, supportive transportation coordination, and affordable housing resources.

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**Focus Area 1 Objectives, Strategies and Steps to Meet Your Agency’s Goal**

**Objective 1.1:** Improve Financial Stability

**Funding Sources Supporting these Strategies** (select all that apply):
- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer’s Respite
- Other Federal Funding (specify): [Click or tap here to enter text.]
- Other State Funding (specify): [Click or tap here to enter text.]
- Local Levy
- Other (specify): Utility Settlement Funds

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<th>Strategies</th>
<th>Priority Populations <em>(Select the priority population(s) your organization would like to focus on or prioritize for each strategy)</em></th>
<th>Action Steps <em>(Include details such as specific programs or services you will implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.)</em></th>
<th>Evidence of completion <em>(How will you know the strategies and steps have been completed and done well?)</em></th>
<th>Target Date</th>
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| Income supports | ☒ Ohioans of color  
|  | ☒ Ohioans with disabilities  
|  | ☒ Low income or educational attainment  
|  | ☒ Rural or Appalachian regions  
|  | ☒ Immigrant or refugee  
|  | ☒ Religious minorities  
|  | ☒ LGBTQ+  
|  | ☒ Older adults who live alone  
|  | ☒ Older females  
|  | ☒ Older males  
|  | ☒ Older individuals with Alzheimer’s disease and related disorders  
|  | ☒ Older individuals at risk of institutional placement (including Holocaust survivors)  
<p>|  | ☒ Older individuals with limited English proficiency | Assist eligible Hamilton County older adults with a one-time credit towards their utility bill. Our partners in this program are Hamilton County and Duke Energy. We hope to assist 300 older adults. This information is tracked in a database and reported weekly. | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): [Click or tap here to enter text.]* | 12/31/2023 |</p>
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<th>Choose a strategy.</th>
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<th>Objective 1.2: Improve Housing Quality and Affordability</th>
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<td>Funding Sources Supporting these Strategies (select all that apply): □ Title III □ SCS □ ARPA □ CARES □ NSIP □ Alzheimer’s Respite □ Other Federal Funding (specify): Click or tap here to enter text. □ Other State Funding (specify): Click or tap here to enter text. □ Local Levy □ Other (specify): Click or tap here to enter text.</td>
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<th>Evidence of completion (How will you know the strategies and steps have been completed and done well?)</th>
<th>Target Date</th>
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PSA 1 manages a housing database that is available from our external website which allows anyone in our service area to search for housing. The pandemic temporarily changed the housing climate by preventing evictions. We are currently reviewing and updating the housing resources in our database. We will measure this strategy with the number of times the housing database is accessed. This data is available as needed.

Select a basic measure: # of consumers, service recipients, or participants

OR

Other measure not listed (describe): Click or tap here to enter text.

9/30/2026

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OR

Other measure not listed (describe): Click or tap here to enter text.

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<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
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| Medical transportation | ☒ Ohioans of color  
|                     | ☒ Ohioans with disabilities  
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|                     | ☒ Religious minorities  
|                     | ☒ LGBTQ+  
|                     | ☒ Older adults who live alone  
|                     | ☒ Older females  
|                     | ☒ Older males  
|                     | ☒ Older individuals with Alzheimer's disease and related disorders  
|                     | ☒ Older individuals at risk of institutional placement (including Holocaust survivors)  
|                     | ☒ Older individuals with limited English proficiency  
| Choose a strategy.  | ☐ Ohioans of color  
|                     | ☐ Ohioans with disabilities  
|                     | ☐ Low income or educational attainment  
|                     | ☐ Rural or Appalachian regions  
|                     | ☐ Immigrant or refugee  
|                     | ☐ Religious minorities  
|                     | ☐ LGBTQ+  
|                     | ☐ Older adults who live alone  
<p>|                      |                                                                                     | Provide on demand, through the door supportive service to populations that are not appropriapte for Access because they need additional support. This service is currently available in Hamilton County with opportunities to expand to other counties. This strategy will be measured by NovusMED, our transportation management software. Standard scheduled reports are provided weekly and monthly. | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026   |</p>
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**Focus Area 2: Healthy Living**

**Goal statement:** Provide and improve services, programs and activities that support improved nutrition and physical activity for older and/or disabled adults in our service area.

**Plan for measuring overall goal success** – *How will you know that you have achieved the results you want?*

We will measure the success of our overall goals by the number of consumers, service recipients or participants in the SFMNP, Restaurant Dining program, Grocery Delivery and evidence-based health education programs.

**Target Date:** 9/30/2026

**Focus Area 2 Objectives, Strategies and Steps to Meet Your Agency’s Goal**

**Objective 2.1: Improve Nutrition**
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Priority Populations</th>
<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
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</table>
| Community-based healthy food access      | ☑ Ohioans of color  
☑ Ohioans with disabilities  
☑ Low income or educational attainment  
☑ Rural or Appalachian regions  
☑ Immigrant or refugee  
☑ Religious minorities  
☑ LGBTQ+  
☑ Older adults who live alone  
☑ Older females  
☑ Older males  
☑ Older individuals with Alzheimer's disease and related disorders  
☑ Older individuals at risk of institutional placement (including Holocaust survivors)  
☑ Older individuals with limited English proficiency | Expand the Senior Farmers Market Nutrition Program open to the PSA1 region. We will do this through a combination of activities that promote awareness. These activities will result in increased participation. Our team is actively involved in program participation and recruitment and has access to this data at any time. Information about the redeemed coupons is available in July (mid-year report) and in November-December (year end report). | Select a basic measure: # of consumers, service recipients, or participants  
OR  
Other measure not listed (describe): Click or tap here to enter text.                                                                                     | 9/30/2026 |
| Retail-based supports and incentives     | ☑ Ohioans of color  
☑ Ohioans with disabilities  
☑ Low income or educational attainment  
☑ Rural or Appalachian regions  
☑ Immigrant or refugee  
☑ Religious minorities  
☑ LGBTQ+  
☑ Older adults who live alone  
☑ Older females  
☑ Older males  
☑ Older individuals with Alzheimer's disease and related disorders  
☑ Older individuals at risk of institutional placement (including Holocaust survivors)  
☑ Older individuals with limited English proficiency | Development of meal options for congregate clients to include restaurant locations. We will meet this strategy through a combination of activities that promote awareness and education to local restaurants. This number of new partnerships/collaborations will be tracked by COA's nutritionist. | Select a basic measure: # of new partnerships/collaborations  
OR  
Other measure not listed (describe): Click or tap here to enter text.                                                                                     | 9/30/2026 |
| Community-based healthy food access | Implement a grocery delivery service for PSA1 region. We will meet this strategy through a combination of activities that promote awareness and education about grocery shopping and delivery options. This number of participants that use this service will be tracked and reported by the provider on a monthly basis. | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026 |

**Objective 2.2: Improve Physical Activity**

**Funding Sources Supporting these Strategies (select all that apply):**

- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer's Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Click or tap here to enter text.

**Strategies**

**Priority Populations**

(*Select the priority population(s) your organization would like to focus on or prioritize for each strategy*)

**Action Steps**

(*Include details such as specific programs or services you will implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.*)

**Evidence of completion**

(*How will you know the strategies and steps have been completed and done well?*)

**Target Date**

| Disease management | Increase participation in evidence-based health education programs. We will do this through a variety of activities that include reviewing existing and additional evidence-based health education programs, recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants are | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026 |
### Focus Area 3: Access to Care

**Goal statement:** Improve access to and enhance home and community based services through transitional care coordination services, education about Medicare benefits, and expansion of telehealth options for chronic care management services.

<table>
<thead>
<tr>
<th>Choose a strategy.</th>
<th>Click or tap here to enter text.</th>
<th>Select a basic measure: Choose an item.</th>
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<tbody>
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<td>□ Ohioans of color</td>
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<td>□ Ohioans with disabilities</td>
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<td>Other measure not listed (describe):</td>
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<td>□ Low income or educational attainment</td>
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<td>□ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
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<td>□ Older individuals with limited English proficiency</td>
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</table>

**Target Date:** 9/30/2026
**Plan for measuring overall goal success** – *How will you know that you have achieved the results you want?*
Success will be measured in the number of clients served through home and community based programs and chronic care management services and the number of clients that receive education about Medicare benefits.

---

**Focus Area 3 Objectives, Strategies and Steps to Meet Your Agency’s Goal**

**Strategy 3.1: Improve Health-care Coverage and Affordability**

<table>
<thead>
<tr>
<th>Funding Sources Supporting these Strategies (select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Title III □ SCS □ ARPA □ CARES □ NSIP □ Alzheimer’s Respite □ Other Federal Funding (specify): Click or tap here to enter text. □ Other State Funding (specify): Click or tap here to enter text. □ Local Levy □ Other (specify): Click or tap here to enter text.</td>
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<tr>
<th>Strategies</th>
<th>Priority Populations (Select the priority population(s) your organization would like to focus on or prioritize for each strategy)</th>
<th>Action Steps (Include details such as specific programs or services you will implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.)</th>
<th>Evidence of completion (How will you know the strategies and steps have been completed and done well?)</th>
<th>Target Date</th>
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</thead>
<tbody>
<tr>
<td>Health-care cost reduction programs and services</td>
<td>□ Ohioans of color □ Ohioans with disabilities □ Low income or educational attainment □ Rural or Appalachian regions □ Immigrant or refugee □ Religious minorities □ LGBTQ+ □ Older adults who live alone □ Older females □ Older males □ Older individuals with Alzheimer’s disease and related disorders □ Older individuals at risk of institutional placement (including Holocaust survivors) □ Older individuals with limited English proficiency</td>
<td>Provide an internal resource (a.k.a. subject-matter-expert) to assist clients with understanding and connecting with their Medicare benefits. We will complete a variety of activities to support this strategy that include education and awareness and a referral process. We will provide this service to our service area. The number of clients served will be tracked and reported monthly.</td>
<td>Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text.</td>
<td>9/30/2026</td>
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<tr>
<td>Choose a strategy.</td>
<td>□ Ohioans of color □ Ohioans with disabilities □ Low income or educational attainment □ Rural or Appalachian regions □ Immigrant or refugee</td>
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<td>Select a basic measure: Choose an item. OR</td>
<td>Click or tap to enter a date.</td>
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<tr>
<td>Priority Populations</td>
<td>Action Steps</td>
<td>Evidence of completion</td>
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<tr>
<td>Ohioans of color</td>
<td>Expansion of care transition program to facilitate hospital and skilled nursing facility coordination for PSA1 home</td>
<td>Select a basic measure: # of consumers, service recipients, or participants</td>
<td>9/30/2026</td>
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<td>Ohioans with disabilities</td>
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<td>□ Ohioans of color</td>
<td>Implement and expand Medicare chronic care management benefits to eligible members. This will be accomplished through activities that support awareness and education. We will pilot chronic care management in Clinton and Hamilton counties in the first year of the Area Plan with a goal to offer expansion of this service to our entire service area. The number of participants are tracked in a database and reported monthly.</td>
<td>Select a basic measure: # of consumers, service recipients, or participants</td>
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<td>□ Ohioans with disabilities</td>
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<td>□ Low income or educational attainment</td>
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<td>□ Older individuals with limited English proficiency</td>
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Click or tap here to enter text.

Select a basic measure: Choose an item.

OR

Other measure not listed (describe): Click or tap here to enter text.
### Strategy 3.3: Improve Home Care Workforce Capacity and Caregiver Supports

**Funding Sources Supporting these Strategies** (select all that apply):
- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer’s Respite
- Other Federal Funding (specify): Federal Earmark
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Grants

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Priority Populations (Select the priority population(s) your organization would like to focus on or prioritize for each strategy)</th>
<th>Action Steps (Include details such as specific programs or services you will implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.)</th>
<th>Evidence of completion (How will you know the strategies and steps have been completed and done well?)</th>
<th>Target Date</th>
</tr>
</thead>
</table>
| General caregiver supports | ☒ Ohioans of color  
- Ohioans with disabilities  
- Low income or educational attainment  
- Rural or Appalachian regions  
- Immigrant or refugee  
- Religious minorities  
- LGBTQ+  
- Older adults who live alone  
- Older females  
- Older males  
- Older individuals with Alzheimer’s disease and related disorders  
- Older individuals at risk of institutional placement (including Holocaust survivors)  
- Older individuals with limited English proficiency | Introduce COA branded EVRTalk caregiver training. Care Coordinators that specialize in caregiver support will provide the training to caregivers as needed. The training was developed for one-on-one and group settings. COA is partnering with organizations and community events to offer EVRTalk training to caregivers. We track the number of caregivers we train. We will provide EVRTalk to our service area. | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026 |
| Respite care | ☒ Ohioans of color  
- Ohioans with disabilities  
- Low income or educational attainment  
- Rural or Appalachian regions  
- Immigrant or refugee  
- Religious minorities  
- LGBTQ+  
- Older adults who live alone  
- Older females  
- Older males | Expand respite options for caregivers due to loss of respite options and capacity during the pandemic. As we explore options, we will complete activities that address awareness and education. We will serve members in our service area. | Select a basic measure: # of consumers, service recipients, or participants OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026 |
<table>
<thead>
<tr>
<th><strong>Career and Technical Education (CTE) for home health care</strong></th>
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</thead>
<tbody>
<tr>
<td>✖ Older individuals with Alzheimer’s disease and related disorders</td>
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<tr>
<td>✖ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
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<tr>
<td>✖ Older individuals with limited English proficiency</td>
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<tr>
<td>This information is tracked in a database and reported monthly.</td>
</tr>
<tr>
<td><strong>Implement COA branded AddnAide app to increase homecare workforce capacity. AddnAide will go-live with existing consumer directed care clients in our service area in June 2022. This technology allows current aides and a potential new workforce of aides, simplicity and ease with matching services, scheduling and communication with clients that need assistance. AddnAide user information is tracked and available for reporting purposes.</strong></td>
</tr>
<tr>
<td><strong>Select a basic measure: # of new sites, entities, or providers offering a service, program, or practice OR</strong></td>
</tr>
<tr>
<td><strong>Other measure not listed (describe): Click or tap here to enter text.</strong></td>
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**Focus Area 4: Social Connectedness**

| **Goal statement:** The PSA1 goal is to research, develop and implement social isolation programs that currently do not exist within PSA1 |
|---|---|
| **Target Date** | 9/30/2026 |

**Plan for measuring overall goal success** – *How will you know that you have achieved the results you want?*

The goal will be measured by the number of programs, services, partnerships and collaborations created to address and reduce social isolation.

**Focus Area 4 Objectives, Strategies and Steps to Meet Your Agency’s Goal**

**Objective 4.1: Improve Social Inclusion**
### Funding Sources Supporting these Strategies (select all that apply):

- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer's Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Click or tap here to enter text.

### Strategies | Priority Populations | Action Steps | Evidence of completion | Target Date
--- | --- | --- | --- | ---
Home-based social supports | Ohioans of color, Ohioans with disabilities, Low income or educational attainment, Rural or Appalachian regions, Immigrant or refugee, Religious minorities, LGBTQ+, Older adults who live alone, Older females, Older males, Older individuals with Alzheimer’s disease and related disorders, Older individuals at risk of institutional placement (including Holocaust survivors), Older individuals with limited English proficiency | Research, develop, and implement social isolation programs. Our goal is to research, develop and implement social isolation programs and/or services that will address loneliness and social isolation for identified members in our service area. Data will be tracked for all programs and services implemented. | Select a basic measure: # of new sites, entities, or providers offering a service, program, or practice OR Other measure not listed (describe): Click or tap here to enter text. | 9/30/2026

Choose a strategy. | Ohioans of color, Ohioans with disabilities, Low income or educational attainment, Rural or Appalachian regions, Immigrant or refugee, Religious minorities, LGBTQ+, Older adults who live alone, Older females, Older males, Older individuals with Alzheimer’s disease and related disorders, Older individuals at risk of institutional placement (including Holocaust survivors), Older individuals with limited English proficiency | Click or tap here to enter text. | Select a basic measure: Choose an item. OR Other measure not listed (describe): Click or tap here to enter text. | Click or tap to enter a date. |
### Choose a strategy.
- Ohioans of color
- Ohioans with disabilities
- Low income or educational attainment
- Rural or Appalachian regions
- Immigrant or refugee
- Religious minorities
- LGBTQ+
- Older adults who live alone
- Older females
- Older males
- Older individuals with Alzheimer's disease and related disorders
- Older individuals at risk of institutional placement (including Holocaust survivors)
- Older individuals with limited English proficiency

### Action Steps
(Include details such as specific programs or services you will implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.)

### Evidence of completion
(How will you know the strategies and steps have been completed and done well?)

### Select a basic measure:
Choose an item.

OR

Other measure not listed (describe): Click or tap here to enter text.

### Funding Sources Supporting these Strategies (select all that apply):
- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer's Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Click or tap here to enter text.

### Strategies

<table>
<thead>
<tr>
<th>Priority Populations</th>
<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
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- Ohioans of color
- Ohioans with disabilities
- Low income or educational attainment
- Rural or Appalachian regions
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- LGBTQ+
- Older adults who live alone
- Older females
- Older males
- Older individuals with Alzheimer's disease and related disorders
- Older individuals at risk of institutional placement (including Holocaust survivors)
- Older individuals with limited English proficiency

### Objective 4.2: Increase Volunteerism
### Choose a strategy.
- □ Ohioans of color
- □ Ohioans with disabilities
- □ Low income or educational attainment
- □ Rural or Appalachian regions
- □ Immigrant or refugee
- □ Religious minorities
- □ LGBTQ+
- □ Older adults who live alone
- □ Older females
- □ Older males
- □ Older individuals with Alzheimer’s disease and related disorders
- □ Older individuals at risk of institutional placement (including Holocaust survivors)
- □ Older individuals with limited English proficiency

**Select a basic measure:**
Choose an item.

**OR**

Other measure not listed (describe): Click or tap here to enter text.

**Click or tap to enter a date.**

### Focus Area 5: Population Health

**Goal statement:** The PSA1 goal is to research, implement and launch behavioral health programming in our service area.

**Target Date**

9/30/2026

**Plan for measuring overall goal success** — *How will you know that you have achieved the results you want?*

We will measure our goal success by the number of new partnerships and collaborations created to address behavior health needs identified by those we serve.
### Focus Area 5 Objectives, Strategies and Steps to Meet Your Agency's Goal

**Objective 5.1:** Cognitive Health: Reduce Cognitive Difficulty

**Funding Sources Supporting these Strategies** (select all that apply):
- [ ] Title III
- [ ] SCS
- [ ] ARPA
- [ ] CARES
- [ ] NSIP
- [ ] Alzheimer's Respite
- [ ] Other Federal Funding (specify): Click or tap here to enter text.
- [ ] Other State Funding (specify): Click or tap here to enter text.
- [ ] Local Levy
- [ ] Other (specify): Click or tap here to enter text.

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<th>Priority Populations</th>
<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
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| Choose a strategy. | □ Ohioans of color  
□ Ohioans with disabilities  
□ Low income or educational attainment  
□ Rural or Appalachian regions  
□ Immigrant or refugee  
□ Religious minorities  
□ LGBTQ+  
□ Older adults who live alone  
□ Older females  
□ Older males  
□ Older individuals with Alzheimer's disease and related disorders  
□ Other individuals at risk of institutional placement (including Holocaust survivors)  
□ Older individuals with limited English proficiency | Click or tap here to enter text. | Select a basic measure: Choose an item.  
OR  
Other measure not listed (describe): Click or tap here to enter text. | Click or tap to enter a date. |
| Choose a strategy. | □ Ohioans of color  
□ Ohioans with disabilities  
□ Low income or educational attainment  
□ Rural or Appalachian regions  
□ Immigrant or refugee  
□ Religious minorities  
□ LGBTQ+  
□ Older adults who live alone  
□ Older females  
□ Older males  
□ Older individuals with Alzheimer's disease and related disorders | Click or tap here to enter text. | Select a basic measure: Choose an item.  
OR  
Other measure not listed (describe): Click or tap here to enter text. | Click or tap to enter a date. |
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<th>Strategies</th>
<th>Priority Populations</th>
<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
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<tr>
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<td>□ Other measure not listed (describe): Click or tap here to enter text. □ Select a basic measure: Choose an item. OR □ Other measure not listed (describe): Click or tap here to enter text.</td>
<td>□ Select a basic measure: Choose an item. OR □ Other measure not listed (describe): Click or tap here to enter text.</td>
<td>□ Click or tap to enter a date.</td>
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**Objective 5.2: Cardiovascular Health: Reduce Hypertension**

**Funding Sources Supporting these Strategies (select all that apply):**
- □ Title III □ SCS □ ARPA □ CARES □ NSIP □ Alzheimer's Respite □ Other Federal Funding (specify): Click or tap here to enter text. □ Other State Funding (specify): Click or tap here to enter text. □ Local Levy □ Other (specify): Click or tap here to enter text.
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<td>□ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
<td>□ Older individuals with limited English proficiency</td>
<td>□ Ohioans of color</td>
<td>□ Ohioans with disabilities</td>
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<td>□ Older individuals with limited English proficiency</td>
<td>□ Low income or educational attainment</td>
<td>□ Rural or Appalachian regions</td>
<td>□ Imigrant or refugee</td>
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<td>□ Immigrant or refugee</td>
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<td>□ Older individuals with Alzheimer’s disease and related disorders</td>
<td>□ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
<td>□ Older individuals with limited English proficiency</td>
<td>□ Other measure not listed (describe): Click or tap here to enter text.</td>
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**Objective 5.3:** Mental Health: Reduce Depression

**Funding Sources Supporting these Strategies** (select all that apply):

- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer’s Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Click or tap here to enter text.

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<tbody>
<tr>
<td>(Select the priority population(s) your organization would like to focus on or prioritize for each strategy)</td>
<td>(Include details such as specific programs or services you will implement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health-care access and supports</td>
<td>Implement, frequency, location, who is responsible/partners, how will you communicate progress, etc.</td>
<td>(How will you know the strategies and steps have been completed and done well?)</td>
<td>9/30/2026</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>☑ Ohioans of color</td>
<td>Research, develop, and implement behavioral health programs. Our goal is to create partnerships/collaborations with organizations to address the mental health needs of older adults living on our service area. This will be measured by the number of new relationships we create. This data will be tracked.</td>
<td>Select a basic measure: # of new sites, entities, or providers offering a service, program, or practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Ohioans with disabilities</td>
<td></td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Low income or educational attainment</td>
<td></td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Rural or Appalachian regions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Immigrant or refugee</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☑ Religious minorities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☑ LGBTQ+</td>
<td></td>
<td></td>
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<tr>
<td>☑ Older adults who live alone</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☑ Older females</td>
<td></td>
<td></td>
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<tr>
<td>☑ Older males</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Older individuals with Alzheimer’s disease and related disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Older individuals with limited English proficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choose a strategy.</th>
<th>Click or tap here to enter text.</th>
<th>Select a basic measure: Choose an item.</th>
<th>Click or tap to enter a date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Ohioans of color</td>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>☑ Ohioans with disabilities</td>
<td></td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>☑ Low income or educational attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Rural or Appalachian regions</td>
<td></td>
<td></td>
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<tr>
<td>☑ Immigrant or refugee</td>
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<tr>
<td>☑ Religious minorities</td>
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<tr>
<td>☑ LGBTQ+</td>
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<td></td>
<td></td>
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<tr>
<td>☑ Older adults who live alone</td>
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<tr>
<td>☑ Older females</td>
<td></td>
<td></td>
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<tr>
<td>☑ Older males</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☑ Older individuals with Alzheimer’s disease and related disorders</td>
<td></td>
<td></td>
<td></td>
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<td>☑ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☑ Older individuals with limited English proficiency</td>
<td></td>
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</tr>
</tbody>
</table>
Focus Area 6: Preserving Independence

Goal statement: The PSA1 mission is to enhance the lives of older and/or disabled adults by assisting them to live independently through a range of quality services and supports.

Plan for measuring overall goal success – How will you know that you have achieved the results you want?
Overall goal success in this focus area will be measured on the number of enrollments that participate in wellness programs surrounding chronic diseases and pain self management programs, matter of balance program and falls risk assessment and interventions.

9/30/2026

Focus Area 6 Objectives, Strategies and Steps to Meet Your Agency’s Goal

Objective 6.1: Improve Chronic Pain Management

Funding Sources Supporting these Strategies (select all that apply):
- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer’s Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Priority Populations</th>
<th>Action Steps</th>
<th>Evidence of completion</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-management supports</td>
<td>Ohioans of color</td>
<td>Chronic pain self management program. Increase participation in the Chronic Disease, Diabetes and Pain</td>
<td>Select a basic measure: # of consumers, service recipients, or participants</td>
<td>9/30/2026</td>
</tr>
<tr>
<td>Choose a strategy</td>
<td>Self-Management Programs, evidence-based health education programs created by the Self-Management Resource Center. We will do this through a variety of activities that include recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants are tracked in Workshop Wizard and SAMS/Wellsky after the completion of workshops.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>□ Ohioans of color</td>
<td>Click or tap here to enter text.</td>
<td>Select a basic measure: Choose an item.</td>
<td>Click or tap to enter a date.</td>
<td></td>
</tr>
<tr>
<td>□ Ohioans with disabilities</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Low income or educational attainment</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Rural or Appalachian regions</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Immigrant or refugee</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Religious minorities</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ LGBTQ+</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older adults who live alone</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older females</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older males</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older individuals with Alzheimer’s disease and related disorders</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older individuals at risk of institutional placement (including Holocaust survivors)</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>□ Older individuals with limited English proficiency</td>
<td>Select a basic measure: Choose an item.</td>
<td>OR</td>
<td>Other measure not listed (describe): Click or tap here to enter text.</td>
<td></td>
</tr>
</tbody>
</table>
## Objective 6.2: Improve Falls Prevention

### Funding Sources Supporting these Strategies (select all that apply):
- Title III
- SCS
- ARPA
- CARES
- NSIP
- Alzheimer's Respite
- Other Federal Funding (specify): Click or tap here to enter text.
- Other State Funding (specify): Click or tap here to enter text.
- Local Levy
- Other (specify): Click or tap here to enter text.

### Strategies | Priority Populations | Action Steps | Evidence of completion | Target Date
--- | --- | --- | --- | ---
Falls prevention education and self-management
- Ohioans of color
- Ohioans with disabilities
- Low income or educational attainment
- Rural or Appalachian regions
- Immigrant or refugee
- Religious minorities
- LGBTQ+
- Older adults who live alone
- Older females
- Older males
- Older individuals with Alzheimer's disease and related disorders
- Older individuals at risk of institutional placement (including Holocaust survivors)
- Older individuals with limited English proficiency
- A Matter of Balance Program. Increase participation in A Matter of Balance, an evidence-based health education program that focuses on falls prevention education. We will do this through a variety of activities that include recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants are tracked in Workshop Wizard and SAMS/Wellsky after the completion of workshops.
- Select a basic measure: # of consumers, service recipients, or participants OR
- Other measure not listed (describe): Click or tap here to enter text.

Falls risk assessment and interventions
- Ohioans of color
- Ohioans with disabilities
- Low income or educational attainment
- Rural or Appalachian regions
- Immigrant or refugee
- Religious minorities
- LGBTQ+
- Older adults who live alone
- Older females
- Care Transitions program falls risk assessment and intervention. Our care transitions program includes a falls risk assessment and intervention. We will complete a falls risk assessment for all
- Select a basic measure: # of consumers, service recipients, or participants OR

9/30/2026
Focus Area 7: Additional ACL Priorities

The following are additional priority areas identified by ACL that are required to be addressed in each new State Plan. AAAs are not required to set goals or report on evidence of completion for these priorities. However, ODA requests AAAs provide a brief description of any local efforts or activities supporting these priorities in their regions. This information will be used to identify trends and current local practices in order to inform the narrative of Ohio's new State Plan. If no efforts are being performed in your PSA for a specific priority listed below, please write “N/A” or “Not Applicable”.

**Objective 7.1: Older Americans Act (OAA) Core Programs**

<table>
<thead>
<tr>
<th>ACL Priority</th>
<th>Description of local efforts addressing this priority in your PSA (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care</td>
<td>PSA1 funds ProSeniors to provide LTC ombudsman and elder abuse prevention programs. Funding for APS is provided by the senior services levy. PSA1 works with local APS agencies with elder abuse concerns. PSA1 worked with Hamilton County APS on streamlined referral process for online referral submissions.</td>
</tr>
<tr>
<td>Objective 7.2: COVID-19</td>
<td><strong>ACL Priority/Strategy</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11))</td>
</tr>
<tr>
<td></td>
<td>Providing trauma-informed services (Sec. 102(41))</td>
</tr>
<tr>
<td></td>
<td>Screening for suicide risk (Sec. 102(14)(G))</td>
</tr>
<tr>
<td></td>
<td>Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D))</td>
</tr>
<tr>
<td></td>
<td>Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 7.3: Equity</th>
<th><strong>ACL Priority/Strategy</strong></th>
<th><strong>Description of local efforts addressing this priority in your PSA (if applicable)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable (Sec. 339(2)(A)(iii))</td>
<td>PSA1 contracts with nutrition providers that can provide a variety of meals which include local favorites, cultural diversity and a certified kosher kitchen. Nutrition Providers are monitored for compliance with service specifications which include person direction.</td>
</tr>
<tr>
<td>Supporting cultural experiences, activities, and services, including in the arts (Sec. 202(a)(5))</td>
<td>Person Direction allows consumers to express food preferences/dislikes and requests for meals that support their medical treatment plan.</td>
<td></td>
</tr>
<tr>
<td>Serving older adults living with HIV/AIDS</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings</td>
<td>PSA1 mission is to enhance lives by assisting people to remain independent through a range of quality services. Care Management focuses on person centered care planning to support the older adult and caregiver across all settings; in the home, community and institutional settings. PSA1 offers a wide range of long term services and supports to those in the community enabling to remain independent in their desired living environment.</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 7.4: Expanding Access to HCBS**

<table>
<thead>
<tr>
<th>ACL Priority/Strategy</th>
<th>Description of local efforts addressing this priority in your PSA (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (sec. 307(a)(18(A)-(C))</td>
<td>PSA1 mission is to enhance lives by assisting people to remain independent through a range of quality services. Care Management focuses on person centered care planning to support the older adult and caregiver across all settings; in the home, community and institutional settings. PSA1 offers a wide range of long term services and supports to those in the community or facility enabling to remain independent in their desired living environment.</td>
</tr>
<tr>
<td>Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements</td>
<td>PSA1’s care transitions program has local partnerships with health plans, hospital systems, and skilled nursing facilities to integrate and streamline access to long term services and supports upon discharge from an institutional setting. PSA1 is also expanding and implementing chronic care management services in partnership with medical providers to improve care coordination and access to health care services for those we serve.</td>
</tr>
</tbody>
</table>

**Objective 7.5: Caregiving**

<table>
<thead>
<tr>
<th>ACL Priority/Strategy</th>
<th>Description of local efforts addressing this priority in your PSA (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documenting best practices related to caregiver support (Sec. 373(e)(1))</td>
<td>PSA1 caregiver support program provides free support and connection to resources for family or volunteer caregivers. The program works to reduce caregiver stress, burden</td>
</tr>
<tr>
<td>Implementing recommendations from the RAISE Family Caregiver Advisory Council</td>
<td>N/A</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
</tbody>
</table>

and injuries, increase caregiver confidence and knowledge, improve the quality of care, help caregivers balance their lives and caregiving responsibilities, and provides respite care for caregivers who need a break.
PART 4 – 2023-2026
BUDGET TEMPLATE

STRATEGIC AREA PLAN
**Title III-A**

| FY23 Base Funding (use most recent Notice of Grant Award amount) | $ 427,654.00 |
| Transfer to B, C1, C2, D or E, if applicable (please explain below and enter negative amount) | $ - |
| Anticipated FY22 Carryover Amount, if applicable (please explain below) | $ - |
| Revised FY23 Base Funding | $ 427,654.00 |

**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 FY22:

### Breakdown of Administration Dollars

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title III-A</td>
<td>$ 427,654.00</td>
<td>61.06%</td>
</tr>
<tr>
<td>Title III-E</td>
<td>$ 81,444.00</td>
<td>13.53%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 509,098.00</strong></td>
<td><strong>74.59%</strong></td>
</tr>
</tbody>
</table>

### Local Match for Title III-A Funds

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Match</td>
<td>$ 100,000.00</td>
<td>14.28%</td>
</tr>
<tr>
<td>InKind Match</td>
<td>$ -</td>
<td>0.00%</td>
</tr>
<tr>
<td>SCS Administration (from Alzheimer's tab)</td>
<td>$ 75,527.00</td>
<td>10.76%</td>
</tr>
<tr>
<td>Alzheimer's Administration from Alzheimer's tab</td>
<td>$ 15,767.00</td>
<td>2.25%</td>
</tr>
<tr>
<td><strong>Total Match for AAA Administration Funds</strong></td>
<td><strong>$ 191,294.00</strong></td>
<td><strong>27.31%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Administration and Match Funds</strong></td>
<td><strong>$ 790,392.00</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

*Note: This percentage may not be greater than 75%*

*Note: This percentage may not be less than 25%*
## FY23 Base Funding

**Title II-B**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>FY23 Base Funding (use most recent Notice of Grant Award amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Information &amp; Assistance</td>
<td>$1,555,041.00</td>
</tr>
<tr>
<td>Access: Case Management</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Access: Outreach</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Access Other (Transportation)</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>In-Home: Homemaker, Home Health aide, Visiting, Telephone</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Congregate Adult Day, Home Maintenance, and Supportive Services</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Other Community</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Housing Administration</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Training/Education</td>
<td>$352,057.00</td>
</tr>
<tr>
<td>Other Services</td>
<td>$352,057.00</td>
</tr>
</tbody>
</table>

**Revised FY23 Base Funding**

| Revised FY23 Base Funding | $2,417,238.00 |

### Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

### Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY22:

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY23 Base Funding amount above.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Title II-B</th>
<th>Sector Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Information &amp; Assistance</td>
<td>$1,555,041.00</td>
<td></td>
</tr>
<tr>
<td>Access: Case Management</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Access: Outreach</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Access Other (Transportation)</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>In-Home: Homemaker, Home Health aide, Visiting, Telephone</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Congregate Adult Day, Home Maintenance, and Supportive Services</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Other Community</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$352,057.00</td>
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<td>$352,057.00</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>$352,057.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

| Total Allocation Agrees with Revised FY23 Base Funding | $2,417,238.00 |

**Note:** SCS money in Case Management is to be used as match for ARPA funding. SCS money in Outreach to be used as match for ARPA funding.
Title III-C1

<table>
<thead>
<tr>
<th>FY22 Base Funding (use most recent Notice of Grant Award amount)</th>
<th>$1,446,398.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer from Title III-B, if applicable (please explain below)</td>
<td>$252,497.00</td>
</tr>
<tr>
<td>Transfer from Title III-C2, if applicable (please explain below)</td>
<td>$290,491.00</td>
</tr>
<tr>
<td>Transfer from Title III-A (admin), if applicable (please explain below)</td>
<td>$ -</td>
</tr>
<tr>
<td>Anticipated FY22 Carryover Amount, if applicable (please explain below)</td>
<td>$50,200.00</td>
</tr>
<tr>
<td>Revised FY22 Base Funding</td>
<td>$1,955,310.00</td>
</tr>
</tbody>
</table>

Detailed Rationale for Transfers:
- Please explain the rationale for transferring funds:
- Our senior centers are still slow in recovering from being closed due to COVID

Detailed Rationale for Carryover Amount:
- Please explain the rationale for the total carryover amount from FY22:
- We wanted to make sure that we had money at the end of FY22 to pay for all the meals incurred by our providers

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program.
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY22 Base Funding amount above.

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th>Title III-C1</th>
<th>Senior Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Categories</td>
<td>Contract</td>
<td>AAA</td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>$853,510.00</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Screening</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Menu Review/Development</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Unobligated</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Total</td>
<td>$853,510.00</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Note: the SC3 match of $21,777 is to match ARPA money to be used to start Senior Diva program
Title III-C2

| FY23 Base Funding (use most recent Notice of Grant Award amount) | $1,691,740.00 |
| Transfer from/to Title III-B, if applicable (please explain below) | $ - |
| Transfer from/to Title III-C1, if applicable (please explain below) | $305,691.00 |
| Transfer from Title III-A (admin), if applicable (please explain below) | $ - |
| Anticipated FY22 Carryover Amount, if applicable (please explain below) | $ - |
| Revised FY23 Base Funding | $1,691,740.00 |

### Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

### Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY22:

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY23 Base Funding amount above.

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th>Title III-C2</th>
<th>Senior Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract</td>
<td>AAA</td>
<td>Contract</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$1,691,740.00</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Screening</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Menu Review/Development</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Unobligated</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,691,740.00</td>
<td>$ -</td>
</tr>
</tbody>
</table>

### Total Allocation Agrees with Revised FY23 Base Funding

$1,691,740.00

**Note:** SCS money is to be used along with ARPA money toward meals.
Title III-D

FY23 Base Funding (use most recent Notice of Grant Award amount) $ 88,686.00

Transfer from Title III-A (admin), if applicable (please explain below) $ -

Anticipated FY22 Carryover Amount, if applicable (please explain below) $ 22,000.00

Revised FY23 Base Funding $ 110,686.00

Detailed Rationale for Transfer(s)
Please explain the rationale for transferring fund:

Detailed Rationale for Carryover Amount
Please explain the rationale for the total carryover amount from FY2
Due to COVID most of our evidence based classes were virtual or on the phone. Now that our in person classes are starting to

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year
Please ensure that the total dollar amount of funds allocated agrees to the Revised FY23 Base Funding amount above

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th>Title III-D</th>
<th>Senior Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contract</td>
<td>AAA</td>
</tr>
<tr>
<td>Service Categories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-Based Classes</td>
<td>$ 25,000.00</td>
<td>$ 85,686.00</td>
</tr>
<tr>
<td>Total</td>
<td>$ 25,000.00</td>
<td>$ 85,686.00</td>
</tr>
<tr>
<td>Total Allocation Agrees with Revised FY23 Base Funding</td>
<td>True</td>
<td></td>
</tr>
</tbody>
</table>
Title III-E

<table>
<thead>
<tr>
<th>FY23 Base Funding (use most recent Notice of Grant Award amount)</th>
<th>Administration</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 81,444.00</td>
<td>$ 732,988.00</td>
</tr>
<tr>
<td>Transfer from Title III-A (admin), if applicable (please explain below)</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Anticipated FY22 Carryover Amount, if applicable (please explain below)</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Revised FY23 Base Funding</td>
<td>$ 81,444.00</td>
<td>$ 732,988.00</td>
</tr>
</tbody>
</table>

Detailed Rationale for Transfers
Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount
Please explain the rationale for the total carryover amount from FY22:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY23 Base Funding amount above.

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th>Title III-E - Services</th>
<th>Senior Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Categories</td>
<td>Contract</td>
<td>AAA</td>
</tr>
<tr>
<td>Information</td>
<td>$ 20,000.00</td>
<td>$ 77,960.00</td>
</tr>
<tr>
<td>Assistance</td>
<td>$ 30,000.00</td>
<td>$ 90,756.00</td>
</tr>
<tr>
<td>Counseling/Support Groups/Training</td>
<td>$ 53,196.00</td>
<td>$ -</td>
</tr>
<tr>
<td>Respite Services</td>
<td>$ 461,074.00</td>
<td>$ -</td>
</tr>
<tr>
<td>Supplemental Services</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Other: (Please Explain)</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Unobligated</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Total: $ 564,273.00 | $ 169,725.00 | $ 117,380.00 | $ - | $ 850,378.00 | 100.00%

Total Allocation Agrees with Revised FY23 Base Funding: Yes
**NSIP**

**FY23 Base Funding (use most recent Notice of Grant Award amount)**  $ 1,045,826.00

**Anticipated FY22 Carryover Amount, if applicable (please explain below)**  $ -

**Revised FY23 Base Funding**  $ 1,045,826.00

**Detailed Rationale for Carryover Amount**

Please explain the rationale for the total carryover amount from FY22:

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY23 Base Funding amount above.

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th>Total Funds</th>
<th>% of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Categories</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>$ 161,169.13</td>
<td>15%</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$ 884,656.87</td>
<td>85%</td>
</tr>
<tr>
<td>Unobligated</td>
<td>$ -</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 1,045,826.00</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total Allocation Agrees with Revised FY23 Base Funding</strong></td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>FY23 Base Funding (use most recent Notice of Grant Award amount)</td>
<td>$ 783,169.00</td>
<td></td>
</tr>
</tbody>
</table>

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

NOTE: We plan on using $244,677 of SCS money as match for our ARPA Funding
<table>
<thead>
<tr>
<th>FY23 Initial Request to Transfer</th>
<th>Title III-A</th>
<th>Title III-B</th>
<th>Title III-C1</th>
<th>Title III-C2</th>
<th>Title III-D</th>
<th>Title III-E Admin.</th>
<th>Title III-E Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY23 Base Funding (use most recent Notice of Grant Award amount)</td>
<td>$ 427,654.00</td>
<td>$ 1,595,941.00</td>
<td>$ 1,446,998.00</td>
<td>$ 1,401,249.00</td>
<td>$ 88,686.00</td>
<td>$ 81,444.00</td>
<td>$ 732,996.00</td>
<td>$ 7,702,637.00</td>
</tr>
<tr>
<td>Initial Transfer Request (due with Area Plan)</td>
<td>$ -</td>
<td>$ 362,997.00</td>
<td>$ (643,488.00)</td>
<td>$ 290,491.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Revised FY23 Base Funding with Transfers</td>
<td>$ 427,654.00</td>
<td>$ 1,909,938.00</td>
<td>$ 803,510.00</td>
<td>$ 1,691,740.00</td>
<td>$ 88,686.00</td>
<td>$ 81,444.00</td>
<td>$ 732,996.00</td>
<td>$ 7,702,637.00</td>
</tr>
</tbody>
</table>
### FY23 Additional Requests to Transfer

**Area Agency on Aging:**
Name of individual completing this form: ____________________________
Email: ____________________________

<table>
<thead>
<tr>
<th></th>
<th>Title III-A</th>
<th>Title III-B</th>
<th>Title III-C1</th>
<th>Title III-C2</th>
<th>Title III-D</th>
<th>Title III-E Admin.</th>
<th>Title III-E Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY23 Base Funding (Enter Amounts from NGA)</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Initial Transfer Request (due with Area Plan)</strong></td>
<td>$ -</td>
<td>$ 352,997.00</td>
<td>$ (643,488.00)</td>
<td>$ 290,491.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>First Revised Transfer Request (due no later than April 16)</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Second Revised Transfer Request (due no later than June 15)</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Final Transfer Request (due no later than July 15)</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total Transfer Requests to Date</strong></td>
<td>$ -</td>
<td>$ 352,997.00</td>
<td>$ (643,488.00)</td>
<td>$ 290,491.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Revised FY23 Base Funding with Transfers</strong></td>
<td>$ -</td>
<td>$ 352,997.00</td>
<td>$ (643,488.00)</td>
<td>$ 290,491.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

**Detailed Rationale - Current Submission Only:**
Please explain all rationale for all transfers for the current submission in the box below:

Due to the slow return of attendance to the senior centers, we are transferring money to provide additional Transportation and Case Management needs in our area. We are also moving some funding from C1 to C2 in our...
## Summary

<table>
<thead>
<tr>
<th>FY23 Base Funding</th>
<th>$427,654.00</th>
<th>$1,556,841.00</th>
<th>$1,446,998.00</th>
<th>$1,451,249.00</th>
<th>$88,666.00</th>
<th>$81,444.00</th>
<th>$732,998.00</th>
<th>$1,045,626.00</th>
<th>$793,169.00</th>
<th>$157,672.00</th>
<th>$7,702,637.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Initial Transfers</td>
<td>$ -</td>
<td>$352,997.00</td>
<td>$(643,488.00)</td>
<td>$(290,491.00)</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>FY22 Carryover</td>
<td>$ -</td>
<td>$528,000.00</td>
<td>$50,000.00</td>
<td>$ -</td>
<td>$22,000.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$580,000.00</td>
<td></td>
</tr>
</tbody>
</table>

### Revised FY23 Base Funding

<table>
<thead>
<tr>
<th>Service Category Allocations</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Categories</td>
<td>Access Information &amp; Assistance</td>
<td>$174,007.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$174,007.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access- Case management</td>
<td>$208,000.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$208,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access- Outreach</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access- Other</td>
<td>$1,165,852.00</td>
<td>$331,812.00</td>
<td>$1,517,714.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>In-Home</td>
<td>$331,742.00</td>
<td>$ -</td>
<td>$331,742.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legal</td>
<td>$175,750.00</td>
<td>$ -</td>
<td>$175,750.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Community</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ombudsman</td>
<td>$215,000.00</td>
<td>$ -</td>
<td>$215,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congregate Meals</td>
<td>$ -</td>
<td>$853,510.00</td>
<td>$1,691,740.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home Delivered Meals</td>
<td>$77,537.00</td>
<td>$1,691,740.00</td>
<td>$854,656.87</td>
<td>$74,765.00</td>
<td>$2,723,698.87</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Housing Administration</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training/Education</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipment for AAA Providers, including computers and software</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volunteer Placement</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>III-B Other (Please Explain)</td>
<td>$50,000.00</td>
<td>$ -</td>
<td>$50,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition Screening</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition Education</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition Counseling</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Menu Review/Development</td>
<td>$ -</td>
<td>$ -</td>
<td>$21,777.00</td>
<td>$21,777.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence-Based Classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$110,686.00</td>
<td>$22,900.00</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Information</td>
<td>$97,969.00</td>
<td>$ -</td>
<td>$97,969.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance</td>
<td>$120,756.00</td>
<td>$ -</td>
<td>$120,756.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling/Support Groups/Training</td>
<td>$53,199.00</td>
<td>$ -</td>
<td>$53,199.00</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Respite Services</td>
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<td>$578,454.00</td>
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<td></td>
<td>Supplemental Services</td>
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<td></td>
<td>III-E Other (Please Explain)</td>
<td>$ -</td>
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<td>Alzheimer's Association Core Services</td>
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<td>$114,180.00</td>
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<td></td>
<td>Personal Care</td>
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<tr>
<td></td>
<td>Homemaker</td>
<td>$ -</td>
<td>$ -</td>
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<td></td>
<td>Visiting</td>
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<td>$ -</td>
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<td></td>
<td>Institutional Care</td>
<td>$ -</td>
<td>$ -</td>
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<tr>
<td></td>
<td>Alzheimer's Other (Please Explain)</td>
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<td>$27,725.00</td>
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</tbody>
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### Administration

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### Unobligated

<p>| | | | | | | | | | | |</p>
<table>
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</tr>
</thead>
<tbody>
<tr>
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<td>$ -</td>
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<td>$ -</td>
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<td>$ -</td>
</tr>
</tbody>
</table>
PART 5 – 2023-2026 STRATEGIC AREA PLAN
REQUIRED APPENDICES
Required Appendices

A. Contract Cycle Sheet .......................................................................................................2
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Introduction

This portion of the Strategic Area Plan serves to capture supplemental information required for each area agency on aging (AAA). Please complete the following information:

A. Contract Cycle Sheet

Using the following table, provide the current and next contract cycles for programs administered by your AAA. If a fund does not have an associated contract cycle, please type N/A in the relevant fields.

<table>
<thead>
<tr>
<th>Funds Administered</th>
<th>Current Contract Cycle</th>
<th>Next Contract Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effective Date</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Older Americans Act (OAA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III-B</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>III-C1</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>III-C2</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>III-D</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>III-E</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>VII – Elder Rights</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>VII - Ombudsman</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>General Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Community Service (SCS)</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Alzheimer’s Respite</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>National Senior Service Corps</td>
<td>10/01/2019</td>
<td>09/01/2023</td>
</tr>
<tr>
<td>SFMNP (State GRF)</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SFMNP (Federal)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NSIP</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Other (Core Funding)</td>
<td>10/01/2019</td>
<td>09/30/2023</td>
</tr>
</tbody>
</table>

Additional pertinent information: Click or tap here to enter text.
B. AAA Funding Formula

Each AAA must develop and institute an allocation process for Title III funds. As part of this process, a funding formula must be developed and used for the annual allocation of Title III-B, C, D and E funds to service providers in their Planning and Service Areas (PSAs). The formula must be clearly stated, and reviewed and updated as part of the new Strategic Area Plan.

Refer to policy 108-FIS-14 for additional funding formula requirements.

Provide your AAA’s funding formula for allocation of Title III funds:

$110,000 base ($90,000 Title III plus $20,000 Title III E. 43% 60+, 28% 75+, 11% poverty, 8% minority, 8% living alone, and 2% rural.

C. Public Hearing Documentation

In accordance with ODA policy 103-PLN-01, each AAA shall conduct a public hearing on its Strategic Area Plan no less than forty-five (45) days prior to the required submission date to ODA. Information received during the public hearing shall be considered by the AAA when drafting its Strategic Area Plan. The AAA shall notify the public of the hearing by publishing and posting a notice in accordance with policy requirements. The public hearing notice must contain:

- The reason for the public hearing;
- Instructions for how to receive the Strategic Area Plan documents prior to the public hearing;
- The deadline for submitting written comments and the address of where written comments may be accepted;
- Instructions for how the Strategic Area Plan documents may be previewed prior to the public hearing; and,
- A contact name for more information.

In addition, if the AAA is submitting a waiver request with their Strategic Area Plan, the public hearing notice must also contain:

- The date, time, and location of the public hearing;
- The specific reason for the public hearing, including the type of waiver the AAA intends to seek from ODA;
- For direct service waivers, the specific service the AAA plans to provide and the AAA’s reason for believing it is necessary to provide the service(s) rather than contract with a provider in its PSA to deliver the service;
- The amount and source of funds involved;
- Instructions for reviewing the waiver request documents prior to the hearing;
- The deadline for submitting written comments and the address to which written comments may be directed; and,
• A contact name for more information

Refer to policy 103-PLN-02 for additional hearing requirements when requesting a waiver. For example, the notice must be emailed to service providers within the PSA.

Provide documentation of the public hearing. At a minimum, include the following:

1. A copy of the public hearing notice;
2. Evidence the notice was published/posted through external publicly available digital and/or print media, on the AAA’s website, media channels, social media outlets, and other websites where notices of local public hearings are posted;
3. Evidence the notice was emailed to service providers within the PSA, if a waiver is being requested; and,
4. Documentation demonstrating that the public hearing occurred (e.g. minutes of the hearing, sign-in sheet, audio recording, etc.)

COA’s public hearing was held on July 8th, 2022, at COA office- 4601 Malsbary Rd. Blue Ash OH 45242. The notice was posted Email notification sent to all Providers on Monday June 27th. Posted on our website https://www.help4seniors.org/News-Events/Public-Meetings. Posted to the following social media sites- COA’s Facebook and Instagram. Public hearing Powerpoint Presentation was posted to COA’s website on 7/8.

D. Care Coordination Program

AAAs may offer the Care Coordination Program (CCP) as part of their consumer-centered, coordinated, comprehensive network of community-based services. AAAs that offer this program must develop a plan for its delivery and evaluation. The CCP plan shall include the following:

• Consumer eligibility requirements;
• Assessment instrument;
• Matrix of funded and commonly brokered services;
• Linkages between CCP and other programs;
• Methods/delivery of case management services;
• Service cost caps, if applicable;
• Anticipated number of consumers by funding source to be served;
• A budget by funding source identifying administrative, case management and service costs; and,
• Evaluation component in addition to quality assurance activities.

Refer to policy 109-SPP-03 for additional CCP requirements such as program components, consumer eligibility, funding, scope, case management, and assessment and care plan procedures.
AAAs Care Coordination Programs are known locally as the “Elderly Services Program” and “FastTrack Home” which helps older adults to remain safe and independent in their own homes by providing in home care services such as care coordination/case management, personal care, housekeeping, meals, transportation and more. The programs are primarily funded by senior service tax levies in each county under contract with each Board of County Commission. COA administers the ESP program in Butler, Clinton, Hamiton and Warren counties. Services include care management, adult day care, meals, medical equipment, home modification, transportation, emergency response system, homemaking and personal care. Eligibility requirements in Butler and Clinton County residents age 65 and over. Hamilton and Warren Counties residents age 60 and over. Required help with certain activies of daily living (ADL’s and IADL’s) such as bathing, cooking, transportation, etc. Eligibility for specific home care services determined by care manager duing in home assessment. Cost CAP for Elderly Services Program is $800.00 a month. If client needs to exceed the cost cap all requests are reviewed by managment. FastTrack Home Program is admistered in Hamilton, Clinton, and Warren Counties, witha pilot operating in Butler County and is available for those discharging from a hospital or nursing home. Eligibility assessment is completed while in the hospital or in the skilled nursing facility prior to discharge. Care manager enrolls client at time of discharge to assist with transtional care services to home. Many of the services available are the same as above and the program is up to 60 days. Program uses evidence based Coleman Model as part of the care manager interventions. HOME52Transportation Coordination- is a coordination center that schedules and coordinates transportation for eligibile older adults and individuals with disabilities. HOME52 transportation works with many transportation providers in our region to provide high quality and efficient transportation services. Currently Home52 services Hamilton County Elderly Services and FastTrack Home. The number of consumers served in 2021 under the Elderly Services Program was 15,076 clients and 2,007 under FastTrack Home program. The 2023 budget for these programs is $51,650,767 including $10,246,338 for case management, $37,621,402 for contracted provider services, and $3,189,242 for administration. The revenue sources are $47,708,464 levy, $1,048,543 copayments and donations, $3,592,156 Federal Older Americans Act, and $330,146 state funding.

E. 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, 2022.

Include the number of consumers on the waiting list, the impacted counties, and describe your plans to reduce the number of consumers on the waiting lists, including, but not limited to, 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 provide this information under “Other Services.”

<table>
<thead>
<tr>
<th>Title III-B Supportive Services</th>
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</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Supportive Services</td>
</tr>
<tr>
<td>Care Coordination</td>
</tr>
<tr>
<td>Personal Care</td>
</tr>
<tr>
<td>Other Services:</td>
</tr>
</tbody>
</table>

Plans to reduce the number of consumers on the waiting lists:
COA is exploring innovative solutions to meet the needs of consumers that are currently waiting for homemakers service. Implementation of laundry delivery service will be implemented across all counties to meet the gap in service. COA is also launching home health aide app called Add and Aide to recruit and match individuals able to provider services with those consumers that are on the waitlist. This app is launching in July in Hamilton and Warren Counties to start. AAA1 did put out a RFP to home care providers in May of 2021 to recruit more providers into the network.

<table>
<thead>
<tr>
<th>Title III-C Nutrition Program</th>
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</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Home-delivered Meals</td>
</tr>
<tr>
<td>Congregate Meals</td>
</tr>
<tr>
<td>Other Services:</td>
</tr>
</tbody>
</table>

Plans to reduce the number of consumers on the waiting lists:
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<table>
<thead>
<tr>
<th>Title III-D Evidence-Based Disease Prevention and Health Promotion Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Evidence-Based Program</td>
</tr>
<tr>
<td>Other Services:</td>
</tr>
</tbody>
</table>

Plans to reduce the number of consumers on the waiting lists:
Click or tap here to enter text.
F. 2019-2022 Strategic Area Plan Performance Recap

Describe the accomplishments and effectiveness of the various strategies employed from your 2019-2022 Strategic Area Plan. At a minimum, include the following:

- With respect to Fiscal Year 2022, demonstrate your AAA’s service priority efforts by:
  - Identifying the number of low-income minority older individuals and groups of individuals identified in 42 U.S. Code § 3026(a)(4)(B) in your PSA;
  - Describing the methods used to satisfy the service needs of such older individuals; and,
  - Providing information on the extent to which your AAA met the goals, objectives, and strategies set in your 2019-2022 Strategic Area Plan;
- Describe successes, challenges, key information, and lessons learned; and,
- Describe how your 2019-2022 Strategic Area Plan performance has influenced the development of your AAA’s 2023-2026 Strategic Area Plan.

Goal Areas- Access to information standardized the ADRN -scheduling software, and new phone system, enhancement to website were made these goals were met.
Advocacy- heightened awareness of needs and priorities of older adults to achieve inclusion in state, regional, and community decision making opportunities- 41 meetings with elected officials- 30 virtual meetings and 11 in person. Provided COA’s response to pandemic, home and community based services, state budged. Provided advocacy and education to increase awareness and knowledge base of needs of older adults and persons with disabilities. Population Health- Chronic disease management and prevention- 47 workshops completed in year one, 23 workshops completed in year 2 (11 cancelled due to COVID), year 3 27 workshops completed. Congregate meals- increase of 9% in year 2. Due to the pandemic we had an increase in number of meals provided to homebound seniors- 1386 clients served. During the pandemic PSA1 assisted with COVID emergency meals, Home Delivered Meals, 14-day shelf stable food boxes, increase in HDM’s within program areas and restauraunt meals totaling 109,399 meals. Caregiver- access to resources and servcies- during pandemic adult day centers were ordered to close in March 2020. PSA1 had 49 clients enrolled in
ADS. PSA1 has been working with ADS in their plans to reopen. Kinship care, civic engagement, and livable communities were put on hold due to pandemic efforts as PSA1 priorities had to shift to other priorities during the pandemic. Workforce capacity- PSA1 is exploring technology solutions to address the home care workforce shortage. RFP was issued in March 2021 to contract with additional home care agencies. Transportation- HOME52 Transportation Coordination center was launched in May 2021. RFP was issued and 8 transportation companies were selected. Housing- year 3 this initiative is on hold due to shift in priorities due to the pandemic. Emergency Preparedness- continue to work with Clinton County EMA to pilot robo calls through wellness checks. PSA1 has 7 partners engaged in disaster and mitigation plans to help those in the community.

**G. Community Focal Points**

AAAs must designate, where feasible, a focal point in each community within their PSA which is recognized as a facility/center established to encourage the maximum collocation and coordination of services for older individuals. Special considerations shall be given to designate Multipurpose Senior Centers as such focal points.

The identity of each designated focal point must also be specified in grants, contracts, and agreements implementing the Strategic Area Plan.

Additionally, the AAA shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to, or coordinated with the focal points designated.

Refer to policy 105-SVC-05 and 42 U.S. Code § 3026(a)(3) and 45 CFR § 1321.53 for additional focal point requirements.

Provide a list of the focal points designated by your AAA and specify the community in which each focal point is located:

- Meals on Wheels- Cincinnati, Clinton County Community Action- Wilmington, Centra Connections- Middletown, Cincinnati Recreation Commission- Cincinnati, Clermont Senior Center- Batavia, Colerain Township Senior Center- Cincinnati, Harrison Senior Center- Harrison, Hyde Park Senior Center- Cincinnati, Mayerson Jewish Community Center- Cincinnati, North College Hill- Cincinnati, North Fairmount Community Center- Cincinnati, Oxford Senior Citizens- Oxford, Partners in Prime- Hamilton, Warren County Community Services- Lebanon, West College Hill Senior Center- Cincinnati.
H. AAA Grievance Procedure

In accordance with ODA policy 105-SVC-03, each AAA shall include a copy of its written grievance procedure/process with the Strategic Area Plan submitted for approval to ODA. The written grievance procedure must be developed for use by older individuals who are dissatisfied with or denied any services funded through the Older Americans Act, and who are seeking a resolution of their grievances from the AAA. This grievance procedure is in addition to the grievance procedure required of all providers of in-home services.

Refer to policy 105-SVC-03 for additional requirements.

Provide a copy of your AAA’s grievance procedure/process:

Attach COA’s grievance policy

I. Senior Farmers’ Market Nutrition Program (SFMNP)

7 CFR Part 249 announces the regulations under which the Senior Farmers’ Market Nutrition Program (SFMNP) shall be carried out.

Please refer to federal regulation and Ohio SFMNP Program Manual for additional requirements.

1. Describe how your AAA plans to target SFMNP to areas with high concentrations of eligible persons with the greatest access to farmers’ markets and roadside stands, such as use of volunteers and community resources.

COA partnered with current providers to include SFMNP information and applications with service delivery. One example is providing materials with their Home Delivered meals and at congregate meal sites. COA provided information and applications to senior housing building managers to post in their community rooms. All markets and farmers who utilize newsletters and/or social media were encouraged to promote the program and refer interested senior to COA for additional information. COA promoted the SFMNP on their social media outlets and on the website.

2. Describe your AAA’s SFMNP financial management system, including:
   a. Procedures to ensure prompt and accurate payment of allowable and allocable costs, and to ensure that costs claimed are in accordance with the cost principles and standard provisions of 2 CFR part 200, subpart E, USDA implementing regulations 2 CFR parts 400 and 415, and FNS guidelines and instructions;
   b. Description(s) of how farmers are paid;
   c. If applicable, claims procedures for overpayments to farmers, farmers’ markets, roadside stands, and participants; and,
d. Description of the time-reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.

A) All direct allocated employees fill out a funding allocation log (time study) in which they record time spent on administrating the SFMNP program. This method is used to charge employee wages and benefits to the administration cost of the program. All indirect cost are calculated through our indirect allocation method and charge to the program as listed in our indirect policy. B) Farmers mail in an invoice to COA along with coupons that they have received from seniors. An accounting specialist verifies the number of coupons listed on the invoice to the number of coupons received from the envelope. Then the verified invoice is sent to the accounts payable person who sets up the payment to the farmer. C) We only pay farmers on coupons mailed to COA. We have not incurred any over payments to farmers. D) Same as in “A” above

3. Complete the following table to estimate the percent of your AAA’s SFMNP Administrative Budget:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Food Instrument Management</th>
<th>Market Management</th>
<th>Nutrition Education</th>
<th>Financial Management</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>29%</td>
<td>10%</td>
<td>2%</td>
<td>58%</td>
<td>100%</td>
</tr>
</tbody>
</table>

4. Describe in detail your AAA’s SFMNP recordkeeping system, including:
   a. Financial operations;
   b. Food instrument issuance and payments;
   c. SFMNP participation reporting, tracking staff time and other administrative expenses to ensure that SFMNP funds are only used for costs which are allowable and allocable for the SFMNP; and,
   d. If applicable, bulk purchase contracts and payments.

We have a manual process of keeping a list of all seniors that are enrolled in the program. When we mail out the coupons, we record the coupon numbers sent to the senior. When the coupon is sent back in to be redeem for cash, we manually verify the coupon number to a senior on our list. All direct allocated employees fill out a funding allocation log (time study) in which they record time spent on administrating the SFMNP program. This method is used to charge employee wages and benefits to the administration cost of the program. All indirect cost are calculated through our indirect allocation method and charge to the program. We have a few locations that do bulk purchases. The farmer is told how may eligible seniors are in the building. The farmer contracts to provide one box per person which contains $10 worth of food, and he is to provide 5 deliveries for each person. the farmer will drop off food in bulk, and the building manager and/or volunteers are to sort and pack the food per the farmers instructions. COA will contact the building manager to see if the correct amount of food was delivered to pack all the boxes, and COA will compare the invoice from the farmer to the number of seniors participating in the program to make sure it matches.

5. Describe your AAA’s SFMNP coupon management system, automated and/or manual, including:
   a. How unissued SFMNP coupons are handled and stored;
b. The method for instructing participants on the proper use and redemption of coupons, including the materials provided during issuance; and,
c. The method of ensuring that SFMNP coupons are only issued to eligible participants. If applicable, attach a copy of the log or form used to record food instrument issuance to valid certified participants; and,
d. If applicable, describe how participants will be instructed on the procedures of delivery and/or distribution of eligible foods through the bulk purchase program.
e. If applicable, submit a list (name and location) of all SFMNP certification/coupon issuance sites.

COA's untilizes a manual coupon management system. Coupons are received at COA headquarters in Blue Ash, Ohio. The coupons are stored in a locked storage room, access is limited to key staff in the Accounting department. Eligible applicants receive a welcome letter, brochure, list of participating markets and nutrition education materials in their program packet. Program packets are mailed to the participants. Applications are processed to ensure all required elements are provided. COA accepts both paper applications and applications via our online form. Staff review for eligibility. This includes verifying they are age 60 and older, have checked eligible income guidelines and signed the application. The information for the bulk distribution is shared with participants by the building managers. Coordination occurs between COA, building managers and the farmer. Coupons are issued by mail.

6. Describe your AAA’s general authorization procedures for farmers, farmers’ markets, roadside stands, and, if applicable, bulk purchase. Please include (list or attach) the criteria used to authorize these vendors.

Interested Market Managers, CSA farms and individual farmers receive general information via phone call or email. Market/Farmer Manual is then provided for review followed by interactive training on the program rules and requirements. Approved markets and farmers must meet the requirement of growing the eligible items or purchasing eligible items from a local farm. This is verified and documented in the agreement. All markets/farmers are monitored using the ODA’s program monitoring form, their first year in the program. At minimum the required 10% is monitored in the following years. Any high risk markets/farms are monitored annually.

7. Describe your AAA’s training of authorized farmers and/or market managers, including the procedure for providing interactive training for new farmers/market managers and the subsequent training methods made available to farmers/market managers in the proceeding years.

Interactive training is available in person or via virtual meetings. Group and individual trainings have been completed for the past 3 years for all new markets/farmers. Program updates are provided annually in the proceeding years. The full interactive training will be provided as applicable to each market/farmer every 3 years. COA utilizes the powerpoint and pdf documents to present the training materials. Both are available to the market/farmers in either hard or electronic copy. Time for questions
and answers at the end of the training is always available. Contact information for the point of contact at COA is given to each market manager/farmer.

8. Describe your AAA’s system for identifying and reconciling SFMNP coupons that were redeemed, voided, expired, and/or lost/stolen, including:
   a. How you ensure that coupons are redeemed only by authorized vendors for eligible foods; and,
   b. Process for identifying coupons that are redeemed outside valid dates or by an unauthorized vendor.

COA provides a fillable invoice template for coupon redemption and for bulk purchase to the market managers/farmers. All coupons require a signature or stamp to identify the market/farm on the back side. Invoice templates contain all necessary market/farm information for processing. Accounting maintains the W9 and Electronic Funds Transfer forms for each of the approved markets/farms. The coupons and invoices are processed twice monthly for direct deposit payment. Staff identify any coupons redeemed outside of valid dates or by unauthorized vendors. This information is shared with the program coordinator who speaks with that vendor. A spreadsheet is maintained with participant names and assigned coupon numbers. All voided, expired, lost or stolen coupons are noted on the spreadsheet for record keeping.

9. Describe your AAA’s plan to provide nutrition education to SFMNP participants, including the location or settings where nutrition education for SMFNP is provided.

Please also attached (or share via hyperlink) any nutrition education resources that are provided online or that have been developed.

Nutrition education information sheet is provided to each eligible participant in their coupon packet. COA utilizes the resources provided by ODA for the nutrition education.

J. Request for Variance from Prescribed ODA Service Taxonomy

In accordance with policy 103-PLN-03, AAAs may request a variance from the standard ODA service categories if the primary function or effect of the service to be provided deviates substantially from the prescribed definitions. AAAs must apply in writing when requesting a variance in service taxonomy and allowable services. To request a new service not otherwise approved by ODA, AAAs must provide the following information:

- Service name;
- Definition of service;
• Description of service to be provided;
• Unit of service;
• Rationale for addition of this service;
• Description of target population to be served by the proposed service;
• Sources and amounts of funds budgeted;
• Amount of OAA funds budgeted;
• Description of the impact on other Title III services caused by diverting these funds to new services and the impact on other services needed in the community;
• Projected number of service units next year; and,
• Identification of service providers for proposed service.

Is your AAA requesting a variance from prescribed ODA service taxonomy?
☐ Yes ☒ No
If yes, provide the required information (listed above):

Click or tap here to enter text, and/or attach documentation to satisfy the requirements.

K. Use of Funds for MPSC Capital Improvements

Proposed allocations of Older Americans Act (OAA) grant funds for purposes outlined in Section 321(b)(1) of the OAA must be approved by ODA prior to a AAA issuing a grant award for such purposes.

Use of OAA funds for acquisition, alteration, renovation of existing facilities, or the construction of a facility which will serve as a multipurpose senior center must be outlined by project within the Strategic Area Plan. At a minimum, the following information must be provided for each project the AAA proposes to fund:

• Project name (MPSC);
• Project address (MPSC);
• Grantee name;
• Grantee address;
• Approximate total cost of project;
• Approximate amount of OAA funds to be allocated;
• Percentage of OAA funds in the project;
• Indicate which activity is to take place: acquisition, construction, renovation, or alteration;
• List other sources of funds and amounts allocated toward the project; and,
• A detailed narrative describing:
  o How this project fits into the long range plan of the AAA for provision of services;
  o Dollar amount of OAA funds utilized by the project;
  o The service funded by these dollars;
Does your AAA plan to allocate OAA funds toward acquisition, alteration, renovation of existing facilities or the construction of a facility which will serve as a multipurpose senior center?

☐ Yes   ☒ No

If yes, provide the required information (listed above):

Click or tap here to enter text, and/or attach documentation to satisfy the requirements.
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Council on Aging
Training Rooms A&B
4601 Malsbary Road
Blue Ash, OH 45242
1-2:30pm, July 8, 2022
The draft 2023-2025 Strategic Area Plan may be viewed in advance of the meeting on Council on Aging’s website at https://www.help4seniors.org/News-Events/Public-Meetings.

CS 6-30-22
PUBLIC NOTICE

As the Area Agency on Aging (AAA) serving Butler, Clermont, Clinton, Hamilton and Warren counties, Council on Aging (COA) is charged with helping communities and individuals to plan and prepare for their long-term care needs. The Older Americans Act (OAA) of 1965, which established the framework for the nation's network of AAAs, requires each AAA to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in its region. COA is seeking public input from people in COA's service area to help complete a comprehensive community needs assessment that will help COA finalize the Strategic Area Plan. Interested parties may attend the meeting in person at Council on Aging's headquarters in Blue Ash:

Council on Aging
Training Rooms A&B
4601 Malabah Road
Blue Ash, OH 45242
1-2:30pm, July 6, 2022

The draft 2023-2026 Strategic Area Plan may be viewed in advance of the meeting on Council on Aging's website at https://www.help4seniors.org/News-Events/Public-Meetings.
(Fri, June 24, 2022)
90152803
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Page 1 of 4
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Training Rooms A&B
4601 Malsbary Road
Blue Ash, OH 45242
1-2:30pm, July 8, 2022
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CS 6-30-22
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1:230pm, July 8, 2022

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90152803
CONFIRMATION

COUNCIL ON AGING OF SW OHIO
175 TRI COUNTY PKWY
CINCINNATI OH 45246

Account CIN-375029
AD# 000310638
Net Amount $310.68
Tax Amount $0.00
Total Amount $310.68
Payment Method Invoice
Payment Amount $0.00
Amount Due $310.68

PO#: Strategic Area Plan mtg July 8

Sales Rep: RLorditch
Order Taker: RLorditch
Order Created 06/22/2022

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* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION

Text of Ad: 06/22/2022

Legal

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Blue Ash, OH 45242
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CIN: June 24, 229510638
Council on Aging seeks public input on Strategic Area Plan

BLUE ASH, OHIO, May 24, 2022 – Council on Aging will present its draft 2023-2026 Strategic Area Plan at a public hearing, 1-2:30pm, July 8, 2022.

As the Area Agency on Aging (AAA) serving Butler, Clermont, Clinton, Hamilton and Warren counties, Council on Aging (COA) is charged with helping communities and individuals to plan and prepare for their long-term care needs. The Older Americans Act (OAA) of 1965, which established the framework for the nation’s network of AAAs, requires each AAA to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in its region.

Earlier this year, Council on Aging worked with various partners to complete a comprehensive community needs assessment. The needs assessment included stakeholder interviews, focus groups and an anonymous survey. The purpose of the needs assessment was to gather information and opinions from people in COA’s service area to help inform the organization’s strategic priorities for the next four years. COA is required to submit its Strategic Area Plan to the Ohio Department of Aging by September 9, 2022 but must first hold a public hearing to collect public input on its draft plan.

Meeting Details: How to attend

Interested parties may attend the meeting in person at Council on Aging’s headquarters in Blue Ash:

Council on Aging
Training Rooms A&B
4601 Malsbury Road
Blue Ash, OH 45242

1-2:30pm, July 8, 2022

The draft 2023-2026 Strategic Area Plan may be viewed in advance of the meeting on Council on Aging’s [website](#).

Individuals who are unable to attend the public hearing, but wish to provide comment on the plan may submit comments in writing or electronically. The deadline to submit comments is July 8, 2022. Comments may be emailed to Heather Junker at hjunker@help4seniors.org, or mailed to Council on Aging, ATTN: Heather Junker, 4601 Malsbury Road, Blue Ash, OH 45242. Comments sent by mail must be postmarked no later than July 8, 2022.

Background

(MORE)
The Older Americans Act (OAA) of 1965 requires each Area Agency on Aging (AAA) to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in the Planning and Service Area (PSA).

The development process and implementation of the Strategic Area Plan helps to establish the AAA as the focal point on aging in each PSA. The goal of the process is to produce a plan that is strategic in nature and considers the aging environment and issues within the PSA. The plan serves as a long-range view of how systems and supports will be developed and aging services strengthened. The plan includes the assurances that are required of all organizations that receive OAA funding.

Annually, each AAA is required to submit an Area Plan Update with its respective components to report on status and plans for the coming year.

About Council on Aging

Council on Aging of Southwestern Ohio (COA) is a nonprofit organization dedicated to enhancing quality of life for older adults, people with disabilities, their families and caregivers. COA promotes choice, independence, dignity and well-being through a range of services that help people remain independent for as long as possible.

COA is a state-designated Area Agency on Aging serving Butler, Clermont, Clinton, Hamilton and Warren counties. One call to COA links people to the wide variety of agencies, information and programs that serve older adults and people with disabilities.

Regional Headquarters:
4601 Malsbary Road, Blue Ash, OH 45242 | 513-721-1025 | 800-252-0155 | www.help4seniors.org

Clinton County Office:
2333 Rombach Avenue, Wilmington, OH 45177 | 937-584-7200 | 800-252-0155 | www.help4seniors.org

###
Public Meetings

Information about all public meetings is posted on this page. Please check this page often for updates.

Due to COVID-19, most public meetings have the option to attend in person or virtually. This helps to protect the safety of all attendees. Information about how to connect to scheduled public meetings can be found below.

Council on Aging seeks public input on Strategic Area Plan

Council on Aging will present its draft 2023-2026 Strategic Area Plan at a public hearing, 1-2:30pm, July 8, 2022. Click here to learn more about how to attend the meeting.

The draft 2023-2026 Strategic Area Plan may be viewed in advance of the meeting. Click here to view relevant portions of the draft plan.

Individuals who are unable to attend the public hearing, but wish to provide comment on the plan may submit comments in writing or electronically. The deadline to submit comments is July 8, 2022. Comments may be emailed to Heather Junker at hjunker@help4seniors.org, or mailed to Council on Aging, ATTN: Heather Junker, 4601 Malsberry Road, Blue Ash, OH 45242. Comments sent by mail must be postmarked no later than July 8, 2022.

Council on Aging Advisory Council

The Advisory Council assists COA's Board of Trustees, which oversees the Council on Aging.
Heather Junker

From: Provider Services
Sent: Monday, June 27, 2022 11:33 AM
To: Provider Services
Subject: Council on Aging seeks public input on Strategic Area Plan
Importance: High

Council on Aging will present its draft 2023-2026 Strategic Area Plan at a public hearing, 1-2:30pm, July 8, 2022.

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**Provider Services**

Council on Aging of Southwestern Ohio  
513) 721-1025 (main)  
Provider_Services@help4seniors.org | www.help4seniors.org

WE’VE MOVED! Council on Aging’s new address is 4601 Malsbary Road, Blue Ash, OH 45242. Our phone numbers have not changed. [Click here to learn more.](#)

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**Confidentiality Notice:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain company confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy/delete all copies of the original message. E-mail is not a secure form of communication. Do not use e-mail for storage or transmission of protected health information (PHI).
COA

AREA PLAN 2023-2026

PUBLIC HEARING
JULY 8, 2022
AGENDA

- Aging Network Basics
- Federal and State Funding Overview
- State Plan & Area Plan
- Community Needs Assessment Results
- Area Plan Goals
- Funding Priorities and Waivers
AGING NETWORK BASICS
COA IS PART OF A NATIONAL NETWORK

- U.S. Administration on Community Living
- Regional Office on Community Living (10 in U.S.)
- State Unit on Aging: Ohio Dept. of Aging
- Area Agencies on Aging/Aging and Disability Resource Network
- Local Service Providers
- Ohio’s Older Adults and Individuals with Disabilities
- COA
AREA AGENCIES ON AGING (AAAs)

- AAAs are part of a national framework of services created by the Older Americans Act in 1965
- 12 AAAs in Ohio; more than 600 nationwide
- COA is the AAA for Butler, Clermont, Clinton, Hamilton and Warren counties
- Serve as the connection (front door) to information and services for older adults, people with disabilities, and caregivers
- Find an Area Agency on Aging:
  - [www.eldercare.acl.gov](http://www.eldercare.acl.gov)
  - 1-800-677-1116
AAA ROLE: PLANNING, PRIORITIZING AND ADMINISTERING FUNDS

- COA is responsible for developing a regional Area Plan (4 years) and an annual update to determine priorities for federal/state Title III and Community Services Block Grant funding.

- The area plan includes the state plan as well as findings from a local needs assessment.
FEDERAL AND STATE FUNDING OVERVIEW
OLDER AMERICANS ACT FUNDING (TITLE III)

- Administered by COA for our 5-county region.
  - Receive about $5.8M Title III Annually
  - +Additional one-time ARPA funds
  - +1M State funding

- Funding to senior centers and service organizations to provide:
  - transportation, congregate meals, legal services, wellness programs, etc.

- A funding formula is used to determine how much is given to each county.

- Title III funds are also allocated to the levy programs to stretch the local dollars.
FEDERAL AND STATE FUNDING BY SOURCE

- AAA, 6.1%
- III B, 21.3%
- III C1, 20.1%
- III C2, 13.5%
- III D, 1.1%
- III E, 8.3%
- SCS, 10.2%
- Title VII, 0.7%
- NSIP, 16.7%
- Alzheimer, 2.0%
FUNDING FORMULA

- $110,000 base ($90,000 Title III plus $20,000 Title III E)
- 43% 60+
- 28% 75+
- 11% Poverty
- 8% Minority
- 8% Living alone
- 2% Rural

Funding impact of new Census data in our region:

- Butler: + $33,648
- Clermont: + $52,071
- Clinton: + $57,960
- Hamilton: - $168,346
- Warren: + $24,670

*Updated every 10 years with new census*
TITLE III ALLOCATION PROCESS

- Priorities are established by gathering input from stakeholders and community needs assessment
- Priorities are approved by the COA Board and Advisory Council
- Competitive Bidding Process is required.
- RFPs are issued every 3-4 years and priorities are announced in the RFP process
  - 2023 RFP's issued for 10/1/23 start date
ODA AREA PLAN PRIORITIES

- Over the past several years ODA has been collecting information from stakeholders to develop the **2020 – 2022 Strategic Action Plan on Aging (SAPA)**. This plan is prioritized to advance elder justice and equity and achieve optimal health and wellbeing for older Ohioans.

- The SAPA prioritizes 15 issues across six topic areas.

- The 6 topic areas are the focus of the 2023 – 2023 ODA Area Plan.
OHIO’S STATE PLAN ON AGING - TOP PRIORITIES

Community Conditions  Healthy Living  Access to Care
Social Connectedness  Population Health  Independence
TIMELINE – AREA PLAN

- AAA1 Public Hearing July 8, 2022: COA Training Room
- AAA1 Area Plan submission to ODA: September 9, 2022
- AAA1 Area Plan approval from ODA: October 3, 2022
- Effective October 1, 2022 – September 30, 2026
COMMUNITY NEEDS ASSESSMENT

- Client focus groups
- Non-client interviews
- Board, Advisory Councils, External Stakeholders
- University of Cincinnati’s LiveWell Collaborative
- Survey of area older adults – conducted by Scripps Gerontology Center at Miami University
GOALS OF THE NEEDS ASSESSMENT – IDENTIFY:

- Service needs and gaps
- Priorities
- Where more or less financial investment is needed
- Which services are working and not working
FINDINGS

- 15 current clients interviewed by phone in February 2022: Butler, Clinton, Hamilton, and Warren counties

- 50 individuals interviewed at various Kroger locations in March 2022: 10 individuals represented counties COA serves: Butler, Clermont, Clinton, Hamilton and Warren

- Paper survey with an online option mailed to random sample of 2,000 households with at least one member age 60+ in COA’s 5 county region
  - 265 surveys received back; 12 completed online - 13.5% response rate
  - Focus: aging in place, knowledge of resources, senior center attendance

- LiveWell: identify gaps in service areas - social isolation, mental/behavioral health programming, and technology
HIGHEST PRIORITY SERVICES

- Mental/Behavioral Health
- Social Isolation
- In-Home Care
- Transportation
- Affordable Housing
- Medications/Affordable Care
- Meals/Food
- Finances
- Technology
MANDATORY TITLE III FUNDED SERVICES - MINIMUM FUNDING LEVELS

- Home-delivered Meals
- Congregate Meals
- Ombudsman
- Legal Assistance
- Caregiver Respite
  - Adult Day Services
- Evidence-based Programming
AREA PLAN GOALS

Community Conditions

Healthy Living

Access to Care

Social Connectedness

Population Health

Independence
FOCUS AREA 1: COMMUNITY CONDITIONS

Improve financial stability, improve housing quality and affordability, transportation access.

Enhance the lives of older and/or disabled adults by assisting them to live independently through a range of quality services, supports, and referrals to address financial stability, housing and transportation.
SPECIFIC STRATEGIES

- Utility Assistance Program
- On Demand Transportation Coordination
- Affordable Housing Resources
FOCUS AREA 2: HEALTHY LIVING

Provide and improve services, programs and activities that support improved:

- Nutrition
- Physical Activity
STRATEGIES

- Seniors Farmers Market Nutrition Program- Expansion

- Restaurant Dining Program: development of meal options for congregate clients to include restaurant locations through partnerships

- Grocery Delivery: promote awareness, education about grocery shopping and delivery options

- Evidence-Based Health Education Programs: increase community host sites and community awareness
FOCUS AREA 3: ACCESS TO CARE

Expand transitional care coordination services: Butler County (FTH)
Medicare Benefit Education
Chronic Care Management
Improve Home Care Workforce and Caregiver Supports
STRATEGIES

- Medicare benefits - provide education and awareness of long-term services and supports offered through Medicare Advantage Plans
- Expand FastTrack Home to Butler County - Care Transitions and Home Delivered Meals
- Chronic Care Management Program - Hamilton and Clinton Counties
- EVRTalk Caregiver Training
- Expansion of Respite Options for Caregivers
- AddnAide - Home Care Workforce Shortage
FOCUS AREA 4: SOCIAL CONNECTEDNESS

Social isolation programming: leverage federal funding (ARPA)
STRATEGIES

- Identify and collaborate with local partners on social isolation programming
- Virtual Senior Centers
- Survey existing ESP clients this fall on social isolation
FOCUS AREA 5: POPULATION HEALTH

Implement behavioral/mental health programming
STRATEGIES

- Create partnerships/collaborations with organizations to address mental health needs of older adults
- Utilize Federal Funding (ARPA)
FOCUS AREA 6: PRESERVING INDEPENDENCE

Chronic Pain Self-Management Program-
Chronic Disease SMP, Diabetes SMP, and
Matter of Balance
STRATEGIES

- Recruit additional community host sites
- Increase community awareness of programs
- Adding Falls Risk assessment as part of FastTrack Home assessment process
GENERAL INFORMATION

- COA will award the minimum levels of funding based on Ohio Department of Aging policy for Federal and/or State Funding for the following service categories.

- All services will be competitively bid during 2023 unless a waiver has been granted or the funds are specifically designated to an organization per ODA policy.
WAIVERS

- COA receives Title III funds for Information and Assistance, Caregiver Support (ESP component) and Case Management. These services do not require a waiver.

- ODA requires a waiver when the AAA provides direct services other than those listed in the first bullet.

- COA applies for waivers:
  - To maximize efficiency, and/or
  - To coordinate with other funding sources, and/or
  - When no other provider exists.

- COA will seek a waiver to provide evidence-based health education wellness programs.
<table>
<thead>
<tr>
<th>Services Provided by Council on Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information and Assistance</strong></td>
</tr>
<tr>
<td>Aging and Disabilities Resource Center (ADRC)</td>
</tr>
<tr>
<td><strong>Information and Assistance for Housing Coordination</strong></td>
</tr>
<tr>
<td>Assisting older adults with identifying and applying for available housing services and benefits that are appropriate for their needs.</td>
</tr>
<tr>
<td><strong>Evidence-Based Wellness Programs</strong></td>
</tr>
<tr>
<td>Evidence-based health education programs approved by ODA to assist older adults with self-managing chronic conditions and falls prevention awareness</td>
</tr>
<tr>
<td><strong>Case Management:</strong></td>
</tr>
<tr>
<td>• Evidence-based Care Transitions</td>
</tr>
<tr>
<td>Component of FastTrack Home program that targets high risk senior being discharged from hospitals and nursing facilities.</td>
</tr>
<tr>
<td>• Caregiver Support</td>
</tr>
<tr>
<td>Component of the Elderly Services Program</td>
</tr>
<tr>
<td><strong>Information and Assistance with Own Your Future Training</strong></td>
</tr>
<tr>
<td>Training for residents about planning and preparing for disability and long-term care needs.</td>
</tr>
<tr>
<td><strong>Information and Assistance with technology support for older adults</strong></td>
</tr>
<tr>
<td>Assisting, educating and providing technology support to older adults.</td>
</tr>
<tr>
<td><strong>Information and Assistance to address loneliness and isolation</strong></td>
</tr>
<tr>
<td>Providing older adults and caregivers information and assistance to connect with activities to address loneliness and isolation.</td>
</tr>
</tbody>
</table>
QUESTIONS
THANK YOU FOR COMING

Contact:
Council on Aging of Southwestern Ohio
4601 Malsbary Rd
Blue Ash, Ohio 45242
Phone: 513-721-1025
# COUNCIL ON AGING OF SOUTHWESTERN OHIO

## AREA PLAN PUBLIC HEARING MEETING

July 8, 2022 @ 1pm  
4601 Malsbary Road, Blue Ash, OH 45242  
Training Room A & B  
Sign-In Sheet

<table>
<thead>
<tr>
<th>NAME: (PLEASE PRINT)</th>
<th>County Where You Reside:</th>
<th>Organization</th>
<th>Contact Info (Phone or email)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Burton</td>
<td>Clermont</td>
<td>Clermont Senior Services</td>
<td><a href="mailto:aburton@clermontseniors.com">aburton@clermontseniors.com</a></td>
</tr>
<tr>
<td>Mary Day</td>
<td>Hamilton</td>
<td>ProSeniors</td>
<td><a href="mailto:mday@proseniors.org">mday@proseniors.org</a></td>
</tr>
<tr>
<td>Natasha Wuebker</td>
<td>Warren</td>
<td>COA</td>
<td><a href="mailto:nwuebker@help4seniors.org">nwuebker@help4seniors.org</a></td>
</tr>
<tr>
<td>Amy Sutton Burke</td>
<td>Hamilton</td>
<td>JewishFamilySevice</td>
<td>asutton@<a href="mailto:burke@jfsonti.og">burke@jfsonti.og</a></td>
</tr>
<tr>
<td>Shelley Greer</td>
<td>Hamilton</td>
<td>55 West</td>
<td><a href="mailto:shelleygreer@55west.com">shelleygreer@55west.com</a></td>
</tr>
</tbody>
</table>
**Meeting Purpose:** Ken Wilson, Vice President of Operations addressed meeting participants in an open forum, engaging conversation and taking questions from the group pertaining to the Council on Aging of Southwestern Ohio’s 2023-2026 Area Plan.

**Attendance:** Angel Burton- Clermont Senior Services, Mary Day- Pro Seniors, Ann Sutton Burke- Jewish Family Services, Shelley Goering- 55 North, Ken Wilson- COA, Judy Eschmann- COA, Stephanie Seyfried-COA, Jennifer Lake- COA, Natasha Wuebker- COA, Kate Laubenthal- COA, Julia Buschbacher- COA, and Heather Junker- COA.

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Prior to the start of the meeting, introductions of the group were made.

The public hearing meeting began with a review of the Presentation for the Area Plan 2023-2026. This document captures questions and discussion points noted below.

**Federal and State Funding Overview:**

Ken discussed the Federal and State Funding Overview (please refer to slides 4 through 12 of presentation). COA is part of the Area Agency on Aging National Network. We are the AAA for Southwestern Ohio which includes Butler, Clermont, Clinton, Hamilton, and Warren Counties. We receive our funding through the Administration of Community Living. Our funding is a combination of federal funds, mostly Title III from the Older Americans Act, and then some funding streams through the state of Ohio. As part of the Older Americans Act, we are required to go through what is called an Area Plan Process. That consists of evaluating community needs, the unmet needs we need to work on, and how to prioritize funding & services. We then come up with a plan for our region based on those needs to send to the Ohio Department on Aging. ODA is also completing their own plan and they provide us with our priorities.

Ken discussed the various funding sources. In addition to our planning, we have received one-time American Rescue Plan Act funding for a total of what we believe will be around $6 million. We will receive those ARPA funds between now and the end of 2024. The funding is complicated. The federal money comes in sub-parts with restrictions on what those buckets of funding can be used for. There is flexibility and then there isn’t depending on which bucket of funding you’re looking at. Out of all the funding sources, the Title III-B and SCS (which comes from the State) funding buckets have the most flexibility. All of our funding goes through a funding formula. This is to ensure that every county gets its fair share. The formula itself never changes, but the inputs do change. Every 10 years, we update the inputs with the new census data. No questions or comments from participants.

**ODA Area Plan Priorities:**

Judy discussed the ODA Area Plan Priorities (please refer to slides 13 through 15 of presentation). The Strategic Action Plan on Aging (SAPA) was published on the ODA website in
February of 2021. Ken added that when we did a Public Hearing four years ago, he specifically remembers someone raised a concern over CMHA housing and how all different age groups lived there. This was put in our Area Plan as a priority at the time to have senior only buildings. We lobbied CMHA to designate some buildings as senior only for safety reasons. That was a change that directly resulted in the Public Hearing. The as a result of that, we successfully got CMHA to change their policies. They’ve been in the process of changing a lot of their housing back to senior only. Ken wanted to point that out that this is an exercise, but it also makes a difference. No comments or questions from participants.

**Community Needs Assessment:**

Stephanie reviewed the Community Needs Assessment (please refer to slides 16 through 21 of presentation). No comments or questions from participants.

**Area Plan Goals: Focus Area 1- Community Conditions:**

Stephanie reviewed the Area Plan Goals and Focus Area 1: Community Conditions (please refer to slides 22 through 23 of presentation). No comments or questions from participants.

**Area Plan Goals: Focus Area 2- Healthy Living:**

Jennifer reviewed Focus Area 2: Healthy Living (please refer to slides 24 through 25 of presentation). We are in our third year of the Senior Farmers Market Program, and we have room to accept 500 additional participants. Requirements for the program is participants have to be age 60 or older and meet an income guideline. One participant asked if the Restaurant Meal Program was in all counties. Jennifer explained that it is currently a pilot in Hamilton County, but the goal is to expand it to the rest of the counties in our region. We’ve been able to utilize some ARPA funding to purchase some of the equipment that’s required.

**Area Plan Goals: Focus Area 3- Access to Care:**

Stephanie reviewed Focus Area 3: Access to Care (please refer to slides 26 through 27 of presentation). One participant asked what the EVRTalk Caregiver Training is. Judy explained that along with the LiveWell Collaborative, COA has worked to find ways to do caregiver training differently. Thinking outside of the box, a virtual reality training was developed. This puts users in five different scenarios which include conversations around medication management, incontinence, and end of life. These trainings can be done one on one or in group settings. The training for medication management, for example, lets the user experience side effects from medications like the older adult does such as vision impairment. It was then asked as to how this training is being distributed. Judy explained that care managers have used this in the field to test it out. We’re also piloting it with Catholic Social Services as they have caregiver support groups. We’ve been collecting feedback and have found that it’s been successful so far as people love it. We will be taking it to various events. COA is also looking for
other partners to show it to. We would love to be able to do a train the trainer approach. The Hospice of Cincinnati is also piloting it.

**Area Plan Goals: Focus Area 4- Social Connections:**

Judy reviewed Focus Area 4: Social Connections (please refer to slides 28 through 29 of presentation). Shelley from 55 North explained they have a program similar to the goal of creating social isolation programming and that she would love to share some outcomes. Ken asked Shelley to please send that to us and Shelley advised that she would.

**Area Plan Goals: Focus Area 5- Population Health:**

Stephanie reviewed Focus Area 5: Population Health (please refer to slides 30 through 31 of presentation). No comments or questions from participants.

**Area Plan Goals: Focus Area 6- Preserving Independence:**

Judy reviewed Focus Area 6: Preserving Independence (please refer to slides 32 through 33 of presentation). No comments or questions from participants.

**Wrap-Up:**

Judy discussed the next steps and additional information as well as the various waivers (please refer to slides 34 through 36 of presentation). COA is very unique in the way we do our Health and Wellness Programs. We do the administration piece by offering support, using our website to recruit and advertise, have participants register in all five counties, pay host sites, and we get all the training materials together. Our leaders who facilitate the classes are all community individuals who volunteer. They spend a week completing training. We are always recruiting new host sites. Ken advised everyone that we will be accepting additional questions and comments on the Area Plan through the end of July.

**Questions & Comments:**

Mary Day with Pro Seniors discussed that in order for seniors to access a lot of these services, sometimes they do need legal assistance. They may not even recognize that it is legal assistance, but its things such as their Medicaid has been denied. Many of the calls they receive are about overturning Medicaid denial that everything else is hinging on. They play a big part in people accessing these resources.

Ann Sutton Burke with Jewish Family Services expressed she was very excited to see behavioral health in the Area Plan as this is a big need and is growing fast. Under PASSPORT and MyCare Ohio, they are a provider for social work counseling. They also provide therapy to older adults under Medicare. They are one of the only providers who will go to the home and the Medicare reimbursement doesn’t cover that cost.
Shelley Goering with 55 North expressed her excitement to see technology and virtual senior center options in the Area Plan. A big barrier for 55 North is getting people connected to the internet. They currently offer one year of service free but that’s not sustainable. Other participants voiced their concern over internet services not being attainable for many older adults due to the cost. Ken asked if there was any data around how many older adults don’t have internet access. Mary Day advised there is more data available than there used to be. She recently researched this and will send Ken what she found. Ken stated we should have an advocacy strategy around that in our Area Plan.

**Additional Questions & Comments After Meeting:**

**Mary Day, Pro Seniors:** “I am writing on behalf of Pro Seniors to provide comments on the draft Strategic Area Plan on Aging (SAPA) for Southwest Ohio.

As the provider of Older Americans Act Title III B Legal Services, and as the statewide Legal Helpline for Ohio’s seniors, Pro Seniors has unique awareness of the legal needs facing the seniors and caregivers who contact us for help with civil legal issues. In fact, SAPA goals of stable housing, nutrition, and affordable health care, frequently engage legal assistance for low-income, vulnerable seniors.

While Pro Seniors’ Legal Helpline most frequently receives calls related to Medicaid and consumer debt, along with the other issues already described. Our in-house attorneys who offer extended representation are most heavily involved with representing clients on Medicaid and Medicare appeal of denials, and financial exploitation, which threaten their safety, independence, and wellbeing. Whether the senior is facing eviction, involuntary discharge from a nursing home, or navigating the process of evicting a tenant, stable housing for an older adult may be dependent on access to no-cost legal help. Access to benefits that support seniors’ nutrition, financial stability and affordable health care may also depend on the help of a no-cost attorney to appeal a denial of benefits that is too complex for the individual to manage.

The laws governing Medicare and Medicaid, the health care systems upon which seniors rely, are particularly complicated and change frequently. In addition, it is crucial for seniors to access and retain public and private benefits, including Social Security, Supplementary Security Income, Medicare, utility and housing subsidies and Supplemental Nutrition Assistance Program (SNAP). Access to health care and benefits enable seniors to maintain and enhance their financial stability, independence, and dignity, which reduces the isolation and poverty that makes seniors vulnerable to abuse, exploitation and neglect. Helping seniors define their wishes and establish their future decision-makers with power of attorney documents and advance directives contributes to their autonomy and safety.

The findings of the Legal Services Commission’s 2022 study parallel our experience of seniors’ unmet legal needs. According to the [Legal Services Commission Justice Gap Report 2022](https://example.com), although 70% of individuals from low-income households with seniors experienced legal issues,
only 34% sought legal help for the problems that substantially affected them. 91% of these seniors received no professional legal help or inadequate legal help with solving their problems. The Justice Gap Report reveals that consumer issues, housing, health care, and income maintenance are the top legal concerns for seniors.

We ask that you consider the impact of no-cost legal assistance on access that older adults in Southwest Ohio have to health care, nutrition, stable housing,

Thank you for the opportunity to share input on the draft Strategic Area Plan on Aging for Southwest Ohio. Please feel free to contact Dimity Orlet, Executive Director, with any questions.”
Council on Aging
Operating Procedure: Title III Complaint Process
Policy Number:
Departments: All COA Departments
Position Title: All COA Departments
Effective Date: 03/01/2014 Revised Date: 8/1/2022 Next Review Date: 8/1/2023

SCOPE:
The complaint process described in this policy will affect any recipient of Title III subcontracted services through Council on Aging of Southwestern Ohio (COA).

POLICY:
The purpose of this policy is to ensure that COA has developed a complaint process to identify and resolve complaints regarding Title III services/programs offered through COA or its contracted providers. The process will address intake, assignment, timeliness and resolution of complaints. Any client of COA services or assistance has the right to file a grievance or complaint over any unresolved conflict or issue that arises during the course of receiving services, including service received directly from COA or service received by a contracted agency.

DEFINITIONS:
Complaint: A complaint may regard any aspect of Title III services, including COA staff action or inaction and may be received from any source verbally or in writing. Sources of complaints may include, but not be limited to, clients, caregivers, authorized representatives, families, neighbors, agencies, providers and legislators.

PROCEDURE:
A. All clients will be made aware of the COA complaint process and will be informed that any complaint should be discussed initially with the client’s first point of contact at COA as applicable. Every effort to resolve grievance at lowest level must be made.

B. If grievance involves a provider action COA may require consumer to seek resolution from provider prior to submitting grievance to COA.

C. All complaints, whether verbal or written will be sent to Provider Service Business Relations Partner (BRP) for applicable follow up

D. All complaints received will be submitted for review to COA’s Business Relations Partner (BRP) within one (1) day of receiving the complaint. All complaints must include the following information:

1. The reason for the complaint
2. Expected resolution or outcome
3. Any attempts (including a timeline of events) made to resolve the issue previously

E. If the complaint received is related to service delivered by a COA contracted provider, the BRP will follow up with the provider and the assigned provider relations specialist directly.

F. COA to acknowledge receipt of grievance in writing within 5 CALENDAR days of receipt; unless resolved prior to 5 days. Client may request face to face meeting prior to COA determination. If the complaint indicates the potential for physical harm to a client, it will be addressed within one (1) day of receipt of the complaint.
G. The BRP will confer with all parties directly involved in the complaint to determine all pertinent facts, clarify all applicable statutes and regulations; develop an appropriate recommended resolution and provide feedback to all parties involved.

H. BRP will render a decision in writing mailed to consumer within 15 CALENDAR days of receipt.

I. COA will allow no less than 10 CALENDAR days for consumer to review and respond to COA decision before it becomes final.

J. COA shall keep on file written documentation of all steps taken to resolve a complaint, the recommended resolution and the response to the recommended resolution made by the parties to the complaint.

K. Complaint information will be documented, maintained and used to identify any quality improvement opportunities, staff education and/or updates to policies and procedures as appropriate.

L. The BRP will work with the HR training team to ensure that COA staff is provided education regarding the complaint process. Copies of the training methods used and documentation of the staff’s participation will be maintained.

M. The BRP will assure that the confidentiality of the client is maintained at all times during the complaint process.
PART 6 – 2023-2026
DIRECT SERVICE WAIVER FORM FOR OAA
TITLE III-B SERVICES

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

Title of requested service:
Technology, Education & Training

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;

Click or tap here to enter text.

☐ (ii) such services are directly related to the AAA’s administrative functions; or

Click or tap here to enter text.

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

Click or tap here to enter text.

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

☐ Fund:  $  

☐ Fund:  $  

☐ Fund:  $  

Total request  $ 0.00

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.

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(C)(2) a-c. *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.

The home health aide shortage is a huge problem exacerbated by the pandemic. Thousands of older adults and individuals with disabilities need the support provided through in-home care to maintain their independence. In our five-county region alone, there are more than 1,100 older adults on a waiting list for home health aide services. To address this issue, COA has created a technology solution allowing aides more control of their schedules and offers older adults better results with matching an aide with their needs. COA is requesting a waiver to use ARPA funding to provide direct services for education, training, and technology support to older adults, caregivers and aides who need to use the technology to identify consumer directed workers to provide their care.

**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.

The technology solution is a new investment by COA to help alleviate the service gaps. COA is requesting a waiver to provide direct service to provide education, training and technology support to older adults. Longer term solutions for technology education/support will be explored after implementation and experience identify what will be needed.
d. List the service(s) to be provided and estimated number of consumers and counties affected.

COA will provide direct service (technology education) to older adults and technology users identified through the consumer directed care program with education, training and technology support. We plan to serve Butler, Clinton, Hamilton and Warren Counties with a goal to serve a minimum of 500 older adults using the consumer directed care model for home care services.

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

There isn't a provider with the expertise and background to provide this service for the rollout of this new technology platform. Long term solutions and options will be explored in 2024.

f. Dollar amount requested: $184,844.

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

The emergency waiver request timeline is consistent with the additional ARPA funding timeline. We are requesting a waiver through September 30, 2024.

X

Signature of AAA Director

5/5/2022

Date
PART 8 – 2023-2026
DIRECT SERVICE WAIVER FORM FOR OAA
TITLE III-D EVIDENCE-BASED PROGRAMS

STRATEGIC AREA PLAN
COA is requesting a waiver to provide administrative support for Title III-D evidence based programs in the amount of $25,000.

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;

   Click or tap here to enter text.

   ☑️ (ii) such services are directly related to such AAA’s administrative functions; or

   Click or tap here to enter text.

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

COA uses a hybrid model to provide Title III-D evidence based programs to our service area. COA provides administrative support while most of our the Master Trainers and Leaders are community volunteers and all the workshops are hosted by community organizations. COA is requesting a waiver to use approximately $25,000 to provide administrative support and purchase books/other training materials. The remainder of the Title III-D funds will be paid to Master Trainers via service contracts, Leaders via stipends and Host Site Sponsors based on participant completion data. The program benefits from COA providing the administrative support because it allows us to leverage our relationships in all five counties within our service area to recruit community host sites and new Leaders, enter data into Workshop Wizard, utilize our website for online advertising and registrations, and leverage expertise from other COA departments like Accounting and Communications. We are also exploring the process and benefits of adding other programs to what is being offered. We are interested in adding one of the Tai Chi or Tai Ji Quan programs to our program offerings during the 2023 – 2024 Area Plan period.
2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title III-D</td>
<td>$85,686.00</td>
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<tr>
<td>SCS</td>
<td>$22,300</td>
</tr>
<tr>
<td><strong>Total request</strong></td>
<td><strong>$ 0.00</strong></td>
</tr>
</tbody>
</table>

**Note:** Approved amounts are valid for a 12-month period. (right click on mouse, choice is "Update Field" for total)
Are you currently receiving other funding to provide evidence-based programming in your PSA? If yes, please include source(s) and annual amount(s):

No

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:

<table>
<thead>
<tr>
<th>Workshop Type</th>
<th>Total Number of Workshops</th>
<th>Number of Workshops Cancelled</th>
<th>Counties where Workshops conducted</th>
<th>Number of Completers</th>
<th>Total AAA Cost of Personnel</th>
<th>Total Costs for Supplies</th>
<th>Total Cost for Stipends</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDSMP</td>
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</tr>
<tr>
<td>Powerful Tools for Caregivers</td>
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<tr>
<td>Coach-Leader Trainings</td>
<td>Click or tap here to enter text</td>
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</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td>0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: (right click on mouse, choice is “Update Field” for total)

COA received a waiver in the previous fiscal year to provide administrative support and purchase training materials only. All the programming was done in the community.
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](https://www.acl.gov/programs/health-wellness/disease-prevention).

<table>
<thead>
<tr>
<th>Workshop Type</th>
<th>Projected # of Workshops</th>
<th>Counties where workshops conducted</th>
<th>Projected Costs Cost of Personnel</th>
<th>Projected Costs for Supplies</th>
<th>Projected Cost for Stipends</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDSMP</td>
<td>6</td>
<td>Hamilton, Butler, Clinton, Warren, &amp; Clermont</td>
<td>26,353.00</td>
<td>5,749.00</td>
<td>3,533.00</td>
</tr>
<tr>
<td>DSMP</td>
<td>6</td>
<td>Hamilton, Butler,Clinton, Warren, &amp; Clermont</td>
<td>14,536.00</td>
<td>1,098.00</td>
<td>1,670.00</td>
</tr>
<tr>
<td>CPSMP</td>
<td>6</td>
<td>Hamilton, Butler, Clinton, Warren, &amp; Clermont</td>
<td>18,820.00</td>
<td>1,310.00</td>
<td>390.00</td>
</tr>
<tr>
<td>Tai-Chi</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>MOB</td>
<td>15</td>
<td>Hamilton, Butler, Clinton, Warren, &amp; Clermont</td>
<td>28,236.00</td>
<td>3,511.00</td>
<td>2,780.00</td>
</tr>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Coach/Leader Trainings</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>TOTALS:</td>
<td></td>
<td></td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

Other: (right click on mouse, choice is “Update Field” for total)

COA is hoping to add Tai Chi program to our workshops. Adding Tai Chi will change the projected data as it may replace other workshop types or add to the overall numbers.
4. 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.

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.

The RFP process will be completed in the Spring of 2023.

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

We believe our hybrid model for Title III-D is successful. The model allowed us to continue evidence-based workshops virtually during the pandemic and now that we can add in-person workshops, we believe the number of workshops we can offer and number of seniors we can serve will increase greatly, further proving this hybrid model is the best option for our service area.

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**Emergency waiver request**

AAAs may submit an emergency request for Waiver under limited circumstances as listed in ODA Policy 103-PLN-02(C)(2) a-c. **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.

Click or tap here to enter text.

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, in accordance with the competitive process.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

f. Dollar amount requested: $  Click or tap here to enter text.

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

Click or tap here to enter text.

[Signature]
Signature of AAA Director

12/15/2022
Date
PART 9—2023-2026
DIRECT SERVICE WAIVER FORM FOR OAA
TITLE III-E CAREGIVER PROGRAMS

STRATEGIC AREA PLAN
DIRECT SERVICE WAIVER REQUEST FOR OAA TITLE III-E – CAREGIVER PROGRAMS

Title of requested service:

Education and Training

Request submitted:

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

The AAA may provide caregiver individual counselling, support groups, and caregiver training directly with an approved waiver. The AAA shall be allowed to provide supplement services depending on the nature of the service. If seeking to provide the service directly, the AAA shall submit a waiver request. Please refer to ODA Policy 103-PLN-02-Waiver Request by AAAs for details and additional requirements.

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;

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.
2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

☒ Fund 1:  
☐ Fund 2:  
☐ Fund 3:  

Total request

Note: Approved amounts are valid for a 12-month period. (right click on mouse, choice is "Update Field" for total)

3. Please complete the following with information from the previous federal fiscal year if you received a waiver to retain Title III-E funds to self-administer a service or support.

<table>
<thead>
<tr>
<th>Services and Supports</th>
<th># of Consumers Served</th>
<th>Counties Served</th>
<th>Average Cost per Consumer</th>
<th>Average Cost per Service/Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>$ Click or tap here to enter text.</td>
<td>$ Click or tap here to enter text.</td>
</tr>
<tr>
<td>Caregiver Support Group</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>$ Click or tap here to enter text.</td>
<td>$ Click or tap here to enter text.</td>
</tr>
<tr>
<td>BRI Care Consultation™</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>$ Click or tap here to enter text.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. 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.

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.

6. 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 CDA Policy 103-PLN-02(C)(2) a-c. 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.

The pandemic has changed the availability of respite care for informal caregivers. The pandemic caused most Adult Day Service Centers to close and some are slow to reopen while others will never re-open. The home health aide shortage has reduced the level of in-home support for older adults, and respite options for family caregivers. In our five-county region alone, there are more than 1,100 older adults on a waiting list for home health aide services. Informal caregiver support is a priority. COA, in collaboration with our Livewell partnership has created EVRTalk, a virtual reality caregiver training program specific for the informal caregiver with flexibility to participate independently or in group settings. COA is requesting a waiver to provide direct services to caregivers through education, training, outreach and technology support.

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.

This training is an investment by COA based on the needs of informal caregivers. The technology is a new innovation. Our caregiver support care managers will provide the training during in-home visits with family caregivers. COA will engage community organizations to experience the training and determine the best way to incorporate it into their caregiver programs. We plan to provide train-the-trainer opportunities allowing community organizations to use it.

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

The service provided is EVRTalk, virtual reality training designed for informal caregivers. Education, training, outreach and technology support will be provided by COA staff. EVRTalk curriculum includes virtual reality training scenarios provided through the use of oculus headsets, educational materials for participants to reference and discussion items for group settings. Our goal is to serve 250 caregivers within our five-county region through the duration of ARPA funding availability.

e. Explain the AAA’s action plan and timeframes to secure a provider(s) to provide this service.
As community partners determine how they will serve older adults post-COVID, COA will complete outreach during the next two program years to increase training awareness and identify organizations interested in incorporating this training into their business model. This will ensure long term sustainability.

f. Dollar amount requested: $ 247,950

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

The emergency waiver request timeline is consistent with the additional ARPA funding timeline. We are requesting a waiver through September 30, 2024.

X

Signature of AAA Director

5/5/2022

Date