

Area Agency on Aging (AAA) Information and Certification Page Legal Name of Agency: Mailing Address: Phone Number: Federal ID Number: Agency Mission Statement: Agency Vision Statement: Certification by Board President, Advisory Council Chair, AAA Director: I hereby certify that the PY 2026 Annual Update documents: ☐ Include all required certifications, signatures, assurances, and plans to be followed by the AAA under provisions of the Older Americans Act (OAA). ☐ Have been developed in accordance with all rules and regulations specified under OAA and related State of Ohio policies. Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the planning and service area (PSA). ☐ Incorporate the comments and recommendations of the AAA's Advisory Council. Have been reviewed and approved by the AAA's Board of Directors and respective governing bodies. ☐ I certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. ☐ I further certify that I understand the AAA is responsible for the development and implementation of the Area Plan on Aging and for ensuring compliance with the included assurances. ☐ I have reviewed and approved this PY 2026 Annual Update. **AGENCY SIGNATURE PAGE** President, Board of Directors Name: Signature: Date: Chair, Advisory Council Name: Date: Signature:

Executive Director, Area Agency on Aging

Introduction

The following Older Americans Act Section 306 AAA assurances include statutory assurances and required activities related to the development and implementation of Area Plans. These assurances must be reviewed, signed by the AAA Director, and included as part of the Area Plan. In addition, documentation of how the AAA addresses each assurance must be maintained at the AAA and made available for review by AGE, as requested and appropriate.

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, and the number of older individuals who are Native Americans 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 AGE 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 AGE in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))

- 3. The AAA assures it will designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point. The AAA assures that it will specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point designated. (§306(a)(3))
- 4. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. The AAA assures that it will include specific objectives for providing services to low-income minority older individuals, individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan (§306(a)(4)(A)(i))
- **5.** Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - a) Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
 - b) To the maximum extent possible, provides services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - c) Meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
- **6.** The AAA assures, with respect to the fiscal year preceding the fiscal year for which such plan is prepared, it will:
 - a) Identify the number of low-income minority older individuals in the planning and service area;
 - b) Describe the methods used to satisfy the service needs of such minority older individuals; and
 - c) Provide information on the extent to which the AAA met the objectives. (§306(a)(4)(iii))
- 7. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - a) Older individuals residing in rural areas;
 - **b)** Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - c) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - d) Older individuals with severe disabilities;

- e) Older individuals with limited English proficiency;
- f) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- g) Older individuals at risk for institutional placement, specifically including survivors of Holocaust.

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

- **8.** The AAA assures it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))
- **9.** The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).
- 10. The AAA assures that it will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan. The AAA assures it will serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals. (§306(a)(6))
- 11. The AAA assures that where possible, it enters into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on voluntary basis in the delivery of such services to children, adults, and families. (§306(a)(6)(C))
- 12. The AAA assures if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
 - a) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; (§306(a)(6)(C)(i))
 - b) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; (§306(a)(6)(C)(ii)), and
 - c) Make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings. (§306(a)(6)(C)(iii))
- 13. The AAA assures it will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate

in programs assisted under this chapter, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. (§306(a)(6)(D))

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

I certify that I read the above and comply with the Assurance:	☐ Initial
--	-----------

Assurance of Compliance with Non-Discrimination Laws and Regulations

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

The AAA assures the compliance with the following:

- 1. Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. § 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services(45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
- 2. Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. 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

(45C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

- 4. The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department
- 5. Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.
- 6. As applicable, the Church Amendments, as amended (codified at 42 U.S.C. § 300a-7), the Coats-Snowe Amendment (codified 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
---	-----------

Focus Area 1: Community Conditions										
Goal Statement:	Enhance the lives of c	older and/or disabled adults by assistin	ng them to live independently through a range of	quality services, s	supports and referr	als to address and	d improve areas of	financial stability,	housing, and transportation.	
Plan for measuring overall goal success:	Success for this focus	s area will be shown by the number of	clients served through the utility assistance prog	gram, on-demand,	supportive transpo	ortation, coordinati	on, and affordable	housing resource	S.	
Objective	Strategy	Action Steps Planned	PY25 Narrative of Action Steps Achieved	Measure Identified	PY24 Actual (as of 7/1/24)	PY25 Actual	2026 Target	Performance Gap	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target	PY26 Countermeasure Planned to Address Gap Between PY25 Actual & 2026 Target
Objective 1.1: Improve Financial Stability	adu their prog Ene adu	sist eligible Hamilton County older alts with a one-time credit towards or utility bill. Our partners in this gram are Hamilton County and Duke ergy. We hope to assist 300 older alts. This information is tracked in a abase and reported weekly.	In performance year 2025 we served a total of 1,906 individuals with a Duke Energy Credit. We received additional funding for this program and and we were able to serve more individuals with this one time credit.	# of consumers, service recipients, or participants	1,188- 94 GCWW Credit, 1094 Duke Credits	1,906		gap at this time	For FY25 we have established a new target to serve 400 individuals with a Duke Engergy Credit. This is a lower target due to the fact that this is a one time credit only for individuals. With this benefit we have saturated the market. If a person recevied the credit in the past years 2023, or 2024 they are not eligible again as we are trying to reach individuals who have not yet received this credit. We will be allocating less funding to this utility goal in 2025 to ensure we can seve 400 individuals.	We were able to serve above our target for FY2025 that we had initially established.
Objective 1.2: Improve Housing Quality and Affordability	accessibility and quality which to see term by percentage resonant means time.	vailable from our external website	Our website was updated this year and the housing database is easier to find allowing more users to access it.	# of consumers, service recipients, or participants	4989	5688	5000	None		We were able to meet the target . Our website was updated this year and the housing database is easier to find. We anticipate the number of users in 2026 to be consistent at approximately 5000.
Objective 1.3: Improve Transportation Access	Transportation support not a need curr with could by N mar schel	vide on demand, through the door portive service to populations that are appropriate for Access because they a additional support. This service is rently available in Hamilton County a opportunities to expand to other inties. This strategy will be measured NovusMED, our transportation nagement software. Standard eduled reports are provided weekly monthly.	In FY 2025, we were recipients of private Foundation grant funding that allowed us to serve more individuals.	service recipients, or	1511 total undiplicated Hamilton County recipients (1253 from last year and 258 new recipients this year)	1881	2000		PSA 1 is on track to meet the 2026 target. Low income older adults are unable to pay out of pocket for supportive, on-demand and through-the-door transportation service. PSA1 has created a transportation model to meet the unique needs of vulnerable older adults and has demonstrated through client satisfaction surveys we are exceeding our performance benchmarks. We are currently focusing on exploring grant opportunities that will cover the cost of transportation allowing low-income older adults to enjoy free or reduced rate transportation services.	We provided transportation to 3032 unduplicated members. We have exceeded this goal. In FY 2025, we were the recipients of private Foundation grant funding that will allow us to service more individuals.

Focus Area 2: Healthy Living														
Goal Statement:	Provide and imp	prove services, programs and activities that suppor	t improved nutrition and physical activity for old	ler and/or disab	led adults in our	service area.								
Plan for measuring overall goal		Ve 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.												
success:														
Objective	Strategy	Action Steps Planned	PY25 Narrative of Action Steps Achieved	Measure Identified	PY24 Actual (as of 7/1/24)	PY25 Actual	2026 Target	Performance Gap	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target	PY26 Countermeasure Planned to Address Gap Between PY25 Actual & 2026 Target				
Objective 2.1: Improve Nutrition	Community- based healthy food access	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).	PSA1 promoted the program within our agency, with community partners and contracted providers. PSA1supported the application process via phone call, electronic communication and in person at outreach events. PSA1 reviewed data availble to us in the homegrown benefits platform. PSA1 interacted with ODA regarding distrubution and redemption data. Requested reports and information that allowed a mass mailing to participants to encourage spending benefit dollars prior to program end.	# of consumers, service recipients, or participants	2209 participants and 28 distinct farmers and/or markets (9 farmers are new in 2024)	3435 Participants and 32 distinct farmers and/or markets	2700 participants and increase farmer participantion to 40.	Gap of 8	I	No gap is identified between PY25 and the 2026 target for participants. PSA1 will continue with social media presence, mailing program information to current participants with reminders of program resources and end dates, include education / information at outreach events and by providing contractacted providers and community partners with program information to share. To address the gap in Farmers/Markets- PSA1 will share program information and contact information for the Ohio Farmers Market Network with farmers/markets in our 5 county area and with community partners as well as promote the program on social media and our website.				
Objective 2.1: Improve Nutrition	Retail-based supports and incentives	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 dietitian.	• •	# of new partnerships/ collaborations	1650 participants 9 restaurant locations (7 new in 2024).	1025 distinct participants and 20 restaurant locations.	700 participants. 10 restaurant partners.	No gap for Participants or restaurlant locations.	to receive the benefits. Our contracted providers are focusing on restaurants that appeal to ethnic food preferences in the areas of need. The providers are also identifying areas that lack nutritional support for older adults in Hamilton County. Marketing materials are being develped as tools to use when approaching a restaurant and/or connections with a	The congregate program in the restaurant setting continues to be popular. Due to funding restraints, the program continues with managed enrollment in order to serve consumers at higher risk. Those at lower risk are provided information for the traditional congregate locations to recieve benefits. The providers participating in this model have been able to increase the number and diveristy of the restaurant options. Options include American, Mediterranean, Kosher, Asian, and regional favorites. The restaruants address underserved aging populations as well as locations in areas of need. PSA1 and the providers will continue with marketing the program with written, verbal and social media presense.				
Objective 2.1: Improve Nutrition	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.	PSA1 coordinated with providers on promotion of this service, however the providers reported there was minimal interest. Providers tracked and submitted reports monthly on actual units delivered. Assigned COA staff also completed quarterly check ins with providers to discuss.	# of consumers, service recipients, or participants	100 units	42 units	550 units	508	ordering. Focus will be placed in communities with limited grocery options and those at highest risk for inadequate nutrition support. Information will be shared at outreach events and provided to inquiries by phone or website. Social media posts will include program information as another way to promote the available service.	Interest in assistance with grocery ordering and delivery declined significantly in PY25. The service providers report their current consumers are not interested in ordering groceries online or they have the skills to set up the order and delivery themselves or with help from their support system. The providers also report delivery options with grocery chains led to the lack of need for grocery delivery. Providers marketed this option via newsletters, announcements during programming and social media. Providers include education on how to order groceries during technology sessions. PSA1 will adjust our objective to education on the options available in place of assisting with the act of ordering and delivery of grocieries PSA1 assist providers with shifting focus on education and promotion.				
Objective 2.2: Improve Physical Activity	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 tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.	•	# of consumers, service recipients, or participants	246		750 is the total number of participants we hope complete a workshop over the 4-year Area Plan period.	159	PSA1 will recruit more hosts sites, concentrating on counties where we have fewer hosts sites and provide more opportunities for virtual workshops which has the potential to increase participation within all counties within the service area.	We have a waiting list of new community host site sponsors that want to host workshops. Once the Title III-D funds are available for FY 2026, we will engage them in our programs and they will recruit participants.				

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. **Goal Statement:** Plan for measuring overall goal success: 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. **PY24 Actual PY25 Countermeasure Planned to Address** PY26 Countermeasure Planned to Address Gap Measure **Performance** 2026 Target **Action Steps Planned PY25 Actual** Objective **PY25 Narrative of Action Steps Achieved** Strategy (as of 7/1/24) Identified Gap Between PY24 Actual & 2026 Target Between PY25 Actual & 2026 Target No perfomance Objective 3.1: Improve Health-care Health-care cost Provide an internal resource (a.k.a. subject-For FY 25 we were able to assist 558 # of consumers, Original Target: _ooking at the rate in which we have performed for FY25 we were able to exceed performance with over the last few years and increasing our target Coverage and Affordability matter-expert) to assist clients with ndividuals in understanding and connecting to this measure by achieving and exceeding the reduction service we anticipate we will be on track to serve at understanding and connecting with their Medicare benefits. Out of those 558 we were New Target as original target of 916. We are expanding our reach programs and recipients, or Medicare benefits. We will complete a able to connect those 366 individuals to of 7/1/24: 394 least 2000 individuals by 2026. in offering benefit navigation to individuals that call services participants for PY25 (2000 variety of activities to support this strategy mergency resonse systems and 364 with through the front door. that include education and awareness and a transportation services through their health total) referral process. We will provide this service plan. to our service area. The number of clients served will be tracked and reported monthly. Objective 3.2: Improve Home and Transitions to Expansion of care transition program to Ve served 2158 individuals through our care # of consumers, 6073 2158 Original Target: 3,706 We have launched Butler County FastTrack We served less individuals in 2025 than in 2024. Community-based Supports home- and facilitate hospital and skilled nursing facility ransitions programs. The number served was service Home program in Febuary 2024 the program is wo of our locally funded elderly services programs coordination for PSA1 home and community-lower than in FY 2024 because referrals recipients, or New Target as no longer a pilot. We have changed the target saw a decrease in referrals primarily due to communityof 7/1/24:4,262 based care based supports and services. This will be ecresed due to managed enrollment in two of participants through FY 2026 to 4,262 as we have seen nanaged enrollment. for PY25 accomplished through activities that support our locally funded elderly services programs. growth in Hamilton and Warren Counties. Staff program awareness with healthcare facilities (11,937 total) are placed within hospitals to support dischare and patient education in all PSA1 counties. planning for clients referred to COA for case The number of individuals served are management. tracked in a database and reported monthly in a census report. Objective 3.2: Improve Home and # of consumers, 0 Telehealth Implement and expand Medicare chronic PSA1 discontinued our CCM program because rogram discontinued in previous years. Original Target: Program is not Program discontinued. Community-based Supports care management benefits to eligible service continuing. our Telehealth fiscal business partner members. This will be accomplished through experienced administrative changes and needed recipients, or New Target as of 7/1/24: 0 time to reorganize. COA has still not be able to activities that support awareness and participants education. We will pilot chronic care secure another partner and we don't foresee management in Clinton and Hamilton launching another CCM program in PY25. 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 is tracked in a database and reported monthly. Objective 3.3: Improve Home Care General Introduce COA branded EVRTalk caregiver For FY25, EVRTalk engaged 8 Caregivers # of consumers, 200 caregivers We are working with a local partner organization echnology changes regularly and PSA1 has been Workforce Capacity and Caregiver training. Care Coordinators that specialize in through a 5-week caregiver support program in service trained within the who will implement EVRTalk in their caregiver caregiver focussed on exploring and updating the training Supports caregiver support will provide the training to October/November 2024. Partiipants reported a recipients, or 4-year Area support group(s) in FY2025. software to a platform that allows easy connectivity supports care givers as needed. The training was Plan. positive experience and enjoyed the participants and improves the trainee experience. We are not developed for one-on-one and group opportunity to talk through their experiences sure when EVRTalk will be available for distribution settings. COA is partnering with afterwards. The programming was unable to and suggest removing it from the Area Plan at this organizations and community events to offer <mark>continue due to internal competing priorities.</mark> EVRTalk training to caregivers. We track the number of caregivers we train. We will provide EVRTalk to our service area. No performance We did expand overnight respite to our local levy For FY25 we were able to exceed performance with # of consumers, 49 Objective 3.3: Improve Home Care Expand respite options for caregivers due to or FY25 we are able to provide respite Respite care programs in Febuary 2024 for all four counties. his measure by achieving and exceeding the goal Workforce Capacity and Caregiver loss of respite options and capacity during ervices to a total of 81 individuals. service from 116 to 130 individuals served through the Supports the pandemic. As we explore options, we recipients, or On average we have seen an increased need of 3-5 new overnight respite stays a month so we will complete activities that address participants respite program. awareness and education. We will serve anticipate to meet our goal. members in our service area. This information is tracked in a database and reported monthly. Objective 3.3: Improve Home Care Career and Implement COA branded AddnAide app to For FY25 we were able to see continued # of new sites, 161 88 New Original Target: No perfomance Our target for FY25 is 132 employment For FY25 we were able to exceed performance with growth in the Elderly Services Program despite entities, or 200 Workforce Capacity and Caregiver Technical increase homecare workforce capacity. Relationships relationships in AddnAide. We continue to target this measure by achieving and exceeding the 249 total New Target as Supports Education (CTE) AddnAide will go-live with existing consumer the cited managed enrollment measures providers existing and new Elderly Service Program clients original goal of 200 relationships managed in the dentifiy in FY24. By continuing with the targets offering a of 7/1/24: 132 who need to find a provider or want to pursue a application to 249. for home health directed care clients in our service area in ntended for Hamilton and Warren counties we service, for FY25 (341 CDC relationship with an already identified June 2022. This technology allows current aides and a potential new workforce of have exceeded the original target. Total) individual. Our FY25 is a bit lower than our FY24 program, or practice aides, simplicity and ease with matching actual. We expect fewer served due to limited enrollment in Hamilton County to manage levy services, scheduling and communication with clients that need assistance. AddnAide costs. Additionally, our pilot of AddnAide in user information is tracked and available for Butler County has ended and we don't anticipate reporting purposes. the county to be added in FY25 due to managed enrollment. Warren County continues to use AddnAide.

Focus Area 4: Social Connectedness											
Goal Statement:			cial isolation programs that currently do not exist wit								
Plan for measuring overall goal success: The goal will be measured by the number of programs, services, partnerships, and collaborations created to address and reduce social isolation.											
Objective	Strategy	Action Steps Planned	PY25 Narrative of Action Steps Achieved	Measure Identified	PY24 Actual (as of 7/1/24)	PY25 Actual	2026 Target	Performance Gap	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target	PY26 Countermeasure Planned to Address Gap Between PY25 Actual & 2026 Target	
Objective 4.1: Improve Social Inclusion	Home-based	Research, develop, and implement	The research, developement and implementation	# of new sites,	5 additional	7 contracted	This goal is to	No performance	Since setting our initial goal of 40	PSA1 remains contracted with 7 providers	
	social supports	social isolation programs. Our goal is	of the social isolation programs transitioned to the		l •	providers	create 40 sites.	gap	sites/programs, our approach was adjusted. In	who provide both group and individual	
		to research, develop and implement	7 contracted providers. Appropriate PSA1 staff	providers offering	CTD Pilot; Seven		entitlies or		2023, we implemented Connecting the Dots	programing in a diverse delivery model that	
		social isolation programs and/or	met with providers on routine basis to review and	a service,	providers		providers to		(CTD), which offered multiple social isolation	includes in person, use of technology (teams,	
		services that will address loneliness	support. Providers focused on programming to	program, or	recieved Title III		address social		programs to older adults. We ended the CTD	zoom, etc) and telephone calls. All 7	
		and social isolation for identified	address loneliness and isolation that was	practice	funding, of which		inclusion.		pilot in March 2024 and used our learnings to	providers describe great success with their	
			identified in our service area. Data was submitted		one is a new		PY2025 Goal is			group programming that includes but not	
		• •	by providers for tracking purposes.		provider to		to maintain the		Seven providers were funded, many of which	limited to fitness classes, boardgame clubs,	
		services implemented.			PSA1.		current 7		were a part of the Connecting the Dots pilot.	art classes, health/wellness education, trivia,	
							providers.		These seven providers offer programming at a	digital literacy classes and foreign lanuage	
									wide variety of community sites. Our original	classes. Individual activties are prefered by	
									target was based on a number of sites to be	some consumers- activities were successfully	
									served by Connecting the Dots, but the mode	delivered through inperson visits, internet calls	
									of measurement has changed to a number of	or telephone calls.	
									programs instead.		
Objective 4.2: Increase Volunteerism	Not selected										

Focus Area 5: Population Health										
Goal Statement: The PSA1 goal is to research, implement and launch behavioral health programming in our service area.										
Plan for measuring overall goal success: 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.										
Objective	Strategy	Action Steps Planned	PY25 Narrative of Action Steps Achieved	Measure Identified	PY24 Actual (as of 7/1/24)	PY25 Actual	2026 Target	Performance Gap	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target	PY26 Countermeasure Planned to Address Gap Between PY25 Actual & 2026 Target
Objective 5.1: Cognitive Health: Reduce Cognitive Difficulty	Not selected									
Objective 5.2: Cardiovascular Health: Reduce Hypertension	Not selected									
Objective 5.3: Mental Health: Reduce Depression	Mental health- care access and supports	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.	collaoboration with the Hamilton County Mental	# of new sites, entities, or providers offering a service, program, or practice	0		Two providers will be working with PSA1 region.	1	behavioral health program in 2024 due to capacity with provider and barriers to implement training for evidence based model HEALTHY IDEAS. However PSA1 is in	We were not able to secure two providers but only one provider due to capacity issues other providers that had been idenftiied. Our goal is to work with this one provider only through PY26. We have an existing provider operating the PEARLS model in Butler County. We are working with them on possibly growing that program in Butler County during 2026.

Focus Area 6: Preserving Independence	Focus Area 6: Preserving Independence										
Goal Statement:	The PSA1 miss	sion is to enhance the lives of older and/or disabled a	dults by assisting them to live independently throu	igh a range of qua	ality services and	supports.					
Plan for measuring overall goal success:	Overall goal su	ccess in this focus area will be measured on the num	ber of enrollments that participate in wellness pro	grams surroundin	g chronic disease	s and pain self-m	anagement progr	ams, matter of ba	alance program and falls risk assessment and int	erventions.	
Objective	Strategy	Action Steps Planned	PY25 Narrative of Action Steps Achieved	Measure Identified	PY24 Actual (as of 7/1/24)	PY25 Actual	2026 Target	Performance Gap	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target	PY26 Countermeasure Planned to Address Gap Between PY25 Actual & 2026 Target	
Objective 6.1: Improve Chronic Pain Management	Self- management supports	Increase participation in the Chronic Disease, Diabetes and Pain 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 is tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.		# of consumers, service recipients, or participants	121 completers		200 is a total of all workshop completers during the 4- year Area Plan		PSA1 will recruit more host sites, concentrating on counties with fewer host sites and provide opportunites for more virtual workshops which has the potential to increase workshop participation from all counties in our service area.	SMRC workshops are not as popular as our fall prevention and balance workshops. PSA1 will try to engage some of our community hosts who have not completed a SMRC workshop to schedule them	
Objective 6.2: Improve Falls Prevention	Falls prevention education and self- management	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 is tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.		# of consumers, service recipients, or participants		of MOB workshops and 225 completers for Tai Chi for Arthritic and Fall	completers during the 4- year Area Plan; New Target as of 7/1/24: 96 for PY25 (354 Total)	woudl like to set a new goal of 100 completers for PY 2026. This number is conservative since PSA1 did	We will continue to look for opportunities to engage community organizations where older adults attend regularly and recruit more neighborhood and senior housing building host sites to make workshops more accessible to where older adults live and minimize the transporation barrier. We will continue to offer virtual workshops to older adults who have smart devices and bandwidth to participate.	The Tai Chi for Arthritis and Fal Prevention was one of our most popular workshops. We recently has an instructor certified to facilitate Tai Chi for Arthritis and Fall Prevention Part 2. PSA1 has requested approval to provide this Part 2 workshop to keep older adults engaged in fall prevention programs. We are waiting on a response from ODA.	
Objective 6.2: Improve Falls Prevention	Falls risk assessment and interventions	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 care transitions participants and track the data in a database. This assessment is available in our PSA1 area.	This program has ended will not continue in PY2025.	# of consumers, service recipients, or participants	566 fall screens and 721 falls package		Original Target: Fall screens- 121 Falls Package- 120		This program has ended will not continue in PY2025.		

% of Total

FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$ 484,344.00
Transfer to B, C1, C2, D or E, if applicable (please explain below and enter negative amount)	\$ -
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ -
Revised FY25 Base Funding	\$ 484,344.00

Detailed Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amount

Breakdown of Administration Dollars

Please explain the rationale for the total carryover amount from FY24:

Title III-A	\$ 484,344	63.10%
Title III-E	\$ 81,696	5.00 10.64%
Total	\$ 566,040	0.00 73.75%
Local Match for Title III-A Funds		
Cash Match	\$ 100,000	0.00 13.03%
Inkind Match	\$	- 0.00%
SCS Administration	\$ 89,610	0.00 11.67%
Alzheimer's Administration (from Alzheimer's tab)	\$ 11,888	3.00 1.55%
Total Match for AAA Administration Funds	\$ 201,498	3.00 26.25%
Total Administration and Match Funds	\$ 767,538	3.00

% Check

True This percentage may not be greater than 75%

True This percentage may not be less than 25%

Title III-B

FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$ 1,585,821.00
Transfer from/(to) Title III-C1, if applicable (please explain below)	\$ 473,601.00 30% maximum transfer between B/C
Transfer from/(to) Title III-C2, if applicable (please explain below)	\$ 319,912.00 30% maximum transfer between B/C
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -
Anticipated FY25 Carryover Amount, if applicable (please explain below)	\$ 275,492.00
Revised FY25 Base Funding	\$ 2,654,826.00

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

<u>Detailed Rationale for Carryover Amount</u>
Please explain the rationale for the total carryover amount from FY24:

	Ti	tle III-B	3	Senior Con	nmur	nity Services								
Service Category Allocations	Contract		AAA	Contract		AAA	Т	otal Funds	% of Funds	III-B % of Base Fund	ing			
Service Categories		•	_		•									
Access- Information & Assistance	\$ 12,574.00	\$	188,013.00	-	\$	-	\$	200,587.00	6%					
Access- Case management (Care trans/Transportation Service Coordination)	\$ -	\$	344,000.00	-	\$	67,300.00	\$	411,300.00	13%	89%	Min	imum of 5% Title III P hase funding (for all Access categories combined)		
Access- Outreach	\$ -	\$	8,104.00	-	\$	-	\$	8,104.00	0%		IVIII	Minimum of 5% Title III-B base funding (for all Access categories combined)		
Access- Other Transportation	\$ 856,930.00	\$	- 3	445,911.00	\$	-	\$	1,302,841.00	41%					
In-Home- homemaker, home health aide, visiting, telephone reassurance,adult														
day, home maintenance, and supportive services	\$ 443,891.00	\$	- 3	-	\$	-	\$	443,891.00	14%		28% Min	imum of 5% Title III-B base funding		
Legal	\$ 220,100.00	\$	- 3	-	\$	-	\$	220,100.00	7%		14% Min	imum of 5% Title III-B base funding		
Other Community (Soc Isol, Healthy U), Mental Health	\$ 356,214.00	\$	- 3	16,965.00	\$	-	\$	373,179.00	12%					
Ombudsman	\$ 225,000.00	\$	- 3	-	\$	-	\$	225,000.00	7%					
Congregate Meals			Ç	-			\$	-	0%					
Home Delivered Meals	\$ -	\$	- 3	-	\$	-	\$	-	0%					
Housing Administration	\$ -	\$	- 3	-	\$	-	\$	-	0%					
Training/Education	\$ -	\$	- 3	-	\$	-	\$	-	0%					
Equipment for AAA Providers, including computers and software	\$ -	\$	- 3	-	\$	-	\$	-	0%					
Volunteer Placement	\$ -	\$	- 0	-			\$	-	0%					
Other: (Please Explain)	\$ -	\$	- 9	-	\$	-	\$	-	0%					
Unobligated	\$ -	\$	- 3	-	\$	-	\$	-	0%					
Total	\$ 2,114,709.00	\$	540,117.00	462,876.00	\$	67,300.00	\$:	3,185,002.00	100%					
Total Allocation Agrees with Revised FY25 Base Funding		True												

Title III-C1

FY25 Base Funding (use most-recent Notice of Grant Award amount)

\$ 1,773,590.00

Transfer from/(to) Title III-B, if applicable (please explain below)

Transfer from/(to) Title III-C2, if applicable (please explain below)

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

\$ (473,601.00) 30% maximum transfer between B/C

\$ - 40% maximum transfer between C1/C2

Anticipated FY24 Carryover Amount, if applicable (please explain below)

\$ -

Revised FY25 Base Funding

\$ 1,299,989.00

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 FY24:

	Title	e III-C	1		Senior Cor	nmur	nity Services	1		
Service Category Allocations	Contract		AAA		Contract	AAA			otal Funds	% of Funds
Service Categories										
Congregate Meals	\$ 1,225,345.46	\$	-	\$	41,383.00	\$	-	\$ 1	1,266,728.46	94%
Nutrition Screening	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Nutrition Education	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Nutrition Counseling	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Menu Review/Development	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Unobligated	\$ 74,643.54	\$	-	\$	-	\$	-	\$	74,643.54	6%
Total	\$ 1,299,989.00	\$	-	\$	41,383.00	\$	-	\$ 1	1,341,372.00	100%
Total Allocation Agrees with Revised FY25 Base Funding		True								

Title III-C2

FY25 Base Funding (use most-recent Notice of Grant Award amount) \$ 1,552,214.00

Anticipated FY24 Carryover Amount, if applicable (please explain below) \$

Revised FY25 Base Funding \$ 1,232,302.00

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 FY24:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Progam Year.

Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

	Title II	I-C2			Senior C	ommunity S				
Service Category Allocations	Contract		AAA		Contract	1	AAA		Total Funds	% of Funds
Service Categories		-		-				•		
Home Delivered Meals	\$ 1,176,636.00	\$	-	\$	165,171.00	\$	-	\$	1,341,807.00	96%
Nutrition Screening	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Nutrition Education	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Nutrition Counseling	\$ -	\$	-	\$	-	\$	-	\$	-	0%
Menu Review/Development	\$ -	\$	-	\$	-	\$	-	\$	-	0%
		-		-						
Unobligated	\$ 55,666.00	\$	-	\$	-	\$	-	\$	55,666.00	4%
Total	\$ 1,232,302.00	\$	-	\$	165,171.00	\$	-	\$	1,397,473.00	100%
Total Allocation Agrees with Revised FY25 Base Funding	_	True				_				

T	Ē	4	ı	e	ı	ı	ı		
	ı	L	ı	e	ı	ı	ı		

FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$	91,845.00
Transfer from Title III-A (admin), if applicable (please explain below)	\$	-
	-	
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$	-
Revised FY25 Base Funding	\$	91,845.00

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 FY24:

	Title	Senior Community Services							
Service Category Allocations	Contract	AAA		Contract		AAA	Т	otal Funds	% of Funds
Service Categories									·
Evidence-Based Classes	\$ 75,313.00	\$ 16,532.00	\$	-	\$	-	\$	91,845.00	100%
Total	\$ 75,313.00	\$ 16,532.00	\$	-	\$	-	\$	91,845.00	100%
Total Allocation Agrees with Revised FY25 Base Funding		True							

Γit	Δ١	Ш	l-E

	Admi	nistration	Services
FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$	81,696.00 \$	735,260.00
Fransfer from Title III-A (admin), if applicable (please explain below)	\$	- \$	-
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$	- \$	-
Revised FY25 Base Funding	\$	81.696.00 \$	735,260.00

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 FY24:

		Title III-E - Services Senior Community Services				Ī						
Service Category Allocations		Contract		AAA		Contract		AAA		Total Funds	% of Funds	
Service Categories												•
Information	\$	16,788.00	\$	77,969.00	\$	-	\$	-	\$	94,757.00	10.48%	
Assistance	\$	20,000.00	\$	101,743.00	\$	-	\$	35,800.00	\$	157,543.00	17.43%	
Counseling/Support Groups/Training	\$	151,279.00	\$	-	\$	-	\$	-	\$	151,279.00	16.73%	
Respite Services	\$	367,481.00	\$	-	\$	132,947.00	\$	-	\$	500,428.00	55.36%	
Supplemental Services	\$	-	\$	-	\$	-	\$	-	\$	-	0.00%	20% maximur
Other: (Please Explain)	\$	-	\$	-	\$	-	\$	-	\$	-	0.00%	
Unobligated	\$	-	\$	-	\$	-	\$	-	\$	-	0.00%	
Total	\$	555,548.00	\$	179,712.00	\$	132,947.00	\$	35,800.00	\$	904,007.00	100.00%]
Total Allocation Agrees with Revised FY25 Base Funding			Tru	е				,		,		1

	NSIP		
FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$	709,512.00	
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$	-	
Revised FY25 Base Funding	\$	709,512.00	

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY24:

Service Category Allocations	-	Total Funds	% of Funds
Service Categories			
Congregate Meals	\$	129,096.00	18%
Home Delivered Meals	\$	580,416.00	82%
Unobligated	\$	-	0%
Total	\$	709,512.00	100%
Total Allocation Agrees with Revised FY25 Base Funding	Tru	е	

Senior Community Services (SCS)

FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$	905,477.00
	Ψ	000,

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.

Alzheimer's

TVOE Dags Everding (von mont recent Nation of Creat Assert account)	Ι φ	COZ 4CO OO
FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$	537,458.00

Service Category Allocations	AAA		Contract	Т	otal Funds	% of Funds
Service Categories				•		
Alzheimer's Association Core Services	\$ -	\$	388,587.00	\$	388,587.00	72.30%
Personal Care	\$ -	\$	-	\$	-	0.00%
Homemaker	\$ -	\$	-	\$	-	0.00%
Visiting	\$ -	\$	-	\$	-	0.00%
Institutional Care	\$ -	\$	-	\$	-	0.00%
Other Respite for Caregiver & Caregiver Case Management	\$ -	\$	136,983.00	\$	136,983.00	25.49%
Admininstration	\$ 11,888.00	\$	-	\$	11,888.00	2.21%
Unobligated	\$ -	\$	-	\$	-	0.00%
Total	\$ 11,888.00	\$	525,570.00	\$	537,458.00	100.00%
Total Allocation Agrees with Revised FY25 Base Funding		•	_	True		

FY25 Initial Request to Transfer										
Title III-A Title III-B Title III-C1 Title III-C2 Title III-D Title III-E Admin. Title III-E Services Total										
FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$ 484,344.00	\$ 1,585,821.00	\$ 1,773,590.00	\$ 1,552,214.00	\$ 91,845.00	\$ 81,696.00	\$ 735,260.00	\$ 8,457,217.00		
Initial Transfer Request (due with Area Plan)	\$ -	\$ 793,513.00	\$ (473,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -		
Revised FY25 Base Funding with Transfers	\$ 484,344.00	\$ 2,379,334.00	\$ 1,299,989.00	\$ 1,232,302.00	\$ 91,845.00	\$ 81,696.00	\$ 735,260.00	\$ 8,457,217.00		

			F	Y25 Addition	al	Requests to T	rar	nsfer						
Area Agency on Aging: Name of individual completing this form:										Email:				
	Т	itle III-A		Title III-B		Title III-C1		Title III-C2	Π	Title III-D	Title III-E Admin.	Title III-E Services	Π	Total
FY25 Base Funding (Enter Amounts from NGA)	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$ -	\$	-
Initial Transfer Request (due with Area Plan)	\$	-	\$	793,513.00	\$	(473,601.00)	\$	(319,912.00)	\$	-	\$ -	\$ -	\$	-
First Revised Transfer Request (due no later than April 15)	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	-	\$	-
Second Revised Transfer Request (due no later than June 15)	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$ -	\$	-
Final Transfer Request (due no later than July 15)	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$ -	\$	-
Total Transfer Requests to Date	\$	-	\$	793,513.00	\$	(473,601.00)	\$	(319,912.00)	\$	-	\$ -	-	\$	-
Revised FY25 Base Funding with Transfers	\$	-	\$	793,513.00	\$	(473,601.00)	\$	(319,912.00)	\$	-	\$ -	-	\$	-
Detailed Rationale - Current Submission Only Please explain all rationale for all transfers for the current submission	in the	e box belo	W:											

Note: Use this form when submitting any additional requests for transfers and please fill in any box highlighted in 'yellow'. Enter the Area Agency on Aging name, name and email address of person competing this form, update the FY25 Base Funding amounts using the Notice of Grant Award (NGA), detail any requested transfer amounts, and add an explanation for any transfers. Send requests to the Elder Connections Division email at 'elderconnections@age.ohio.gov' on or before the due dates specified above. Please submit a transfer request for each period, regardless of whether a transfer is being requested.

							Summary													
		Title III-A	Title III I	<u>. </u>	Title III C4		Title III Co	Title III D	T:41	le III E Admin	T:41a	III E Comicos	NSI	n		000	A l=b a :		T-1	4-1
FY26 Base Funding	\$	484,344.00	Title III-	21.00	Title III-C1 \$ 1,773,590.00		Title III-C2 1,552,214.00	Title III-D 91,845.00		81,696.00		735,260.00			C	SCS 905,477.00	Alzhei	,458.00 \$	7 Of	7,217.00
F126 Base Fullding	Φ	404,344.00	Ф 1,565,6	21.00	φ 1,773,590.00	φ	1,552,214.00	91,045.00	Ψ	61,090.00	Φ	735,260.00	φ 709,5	12.00	φ	905,477.00	क ३३।	,456.00 \$	0,437	7,217.00
Total Initial Transfers	\$	_	\$ 793,5	13.00	\$ (473,601.00)	1 ¢	(319,912.00)	<u> </u>	T\$	_	\$	_	\$	_	\$	-	\$	- \$		_
Total Illitial Translets	Ψ	-	ψ 195,5	13.00	Ψ (473,001.00)	Ψ	(319,912.00)	μ –	ΙΨ	-	Ψ	-	Ψ		Ψ	-	Ψ	- Ψ		
FY24 Carryover	\$	_	\$ 275,4	92.00	\$ -	\$	- 5	. -	T\$	_	\$	_	\$	-	\$	-	\$	- \$	274	5,492.00
1 124 Odilyovoi	Ψ		Ψ 210,-	02.00	Ψ	Ψ		Ψ	ΙΨ		Ψ		Ψ		Ψ		Ψ	Ψ	210	3,402.00
Revised FY26 Base Funding	\$	484,344.00	\$ 2,654,8	26.00	\$ 1,299,989.00	S	1,232,302.00	\$ 91,845.00	T\$	81,696.00	\$	735,260.00	\$ 709.5	12.00	\$	905,477.00	\$ 537	,458.00 \$	8.732	2.709.00
noneca i rea e accir amamg	Ψ	101,011100	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	.,,	¢ 01,010.00	T	01,000100	Ψ	. 00,200.00	ψ . σσ,σ		Ψ	000,	Ψ 00.	,	0,. 02	_,,
Service Category Allocations	\neg																			
Service Categories																				
Access- Information & Assistance			\$ 200,5	87.00											\$	-		\$	200	0,587.00
Access- Case management			\$ 344,0												\$	67,300.00		\$		1,300.00
Access- Outreach				04.00											\$	-		\$		8,104.00
Access- Other			\$ 856,9	30.00											\$	445,911.00		\$	1,302	2,841.00
In-Home			\$ 443,8												\$	-		\$		3,891.00
Legal			\$ 220,1	00.00											\$	-		\$	220	0,100.00
Other Community			\$ 356,2	14.00											\$	16,965.00		\$	373	3,179.00
Ombudsman			\$ 225,0	00.00											\$	-		\$	225	5,000.00
Congregate Meals			\$	-	\$ 1,225,345.46								\$ 129,0	96.00	\$	41,383.00		\$	1,395	5,824.46
Home Delivered Meals			\$	-		\$	1,176,636.00						\$ 580,4	16.00	\$	165,171.00		\$	1,922	2,223.00
Housing Administration			\$	-											\$	-		\$		-
Training/Education			\$	-											\$	-		\$		-
Equipment for AAA Providers, including computers and software			\$	-											\$	-		\$		-
Volunteer Placement			\$	-											\$	-		\$		-
III-B Other: (Please Explain)			\$	-											\$	-		\$		-
Nutrition Screening					\$ -	\$	-								\$	-		\$		-
Nutrition Education					\$ -	\$	-								\$	-		\$		-
Nutrition Counseling					\$ -	\$	-								\$	-		\$		-
Menu Review/Development					\$ -	\$	-								\$	-		\$		-
Evidence-Based Classes								\$ 91,845.00							\$	-				
Information											\$	94,757.00			\$	-		\$	94	4,757.00
Assistance											\$	121,743.00			\$	35,800.00		\$	157	7,543.00
Counseling/Support Groups/Training											\$	151,279.00			\$	-		\$		1,279.00
Respite Services											\$	367,481.00			\$	132,947.00		\$	500	0,428.00
Supplemental Services											\$	-			\$	-		\$		-
III-E Other: (Please Explain)											\$	-			\$	-		\$		-
Alzheimer's Association Core Services																	\$ 388	,587.00 \$	388	8,587.00
Personal Care																	\$	- \$		-
Homemaker																	\$	- \$		-
Visiting																	\$	- \$		-
Institutional Care																	\$	- \$		-
Alzheimer's Other: (Please Explain)																	\$ 136	,983.00 \$	136	6,983.00
																	•			10000
Administration																	\$ 11	,888.00 \$	11	1,888.00
Harabilanda d			Φ.		ф. 74.040.E1	Δ.	FF 000 00				Ι φ		Φ.		Φ		Φ	1.0	404	0.000.54
Unobligated			\$	-	\$ 74,643.54	\$	55,666.00				\$	-	\$	-	\$	-	\$	- \$	130	0,309.54
Takal			Ф 20540	00.00	A 4 000 000 00	Α	4.000.000.00				Δ.	705 000 00	Φ 700 -	10.00	Φ	005 477 00	Φ 505	450.00	0.07	4.004.00
Total			\$ 2,654,8			_	1,232,302.00				5	735,260.00				905,477.00		,458.00 \$	8,074	4,824.00
Total Allocation Agrees with Revised FY25 Base Funding			True		True	True	е				True		True		True		True			

PART 5 – REQUIRED APPENDICES PY 2026 AREA PLAN ANNUAL UPDATE

Required Appendices

A.	Contract Cycle Sheet	2
	Public Hearing Documentation	
	Care Coordination Program	
	Waitlists	
	Senior Farmers Market Nutrition Program (SFMNP)	
	Grab-and-Go Meals	
	Grievance Procedure	
	Emergency Preparedness	

Introduction

This portion of the Area Plan Annual Update 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.

F	ls Administered	Current Co	ntract Cycle	Next Cont	ract Cycle	
Func	is Administered	Effective Date	Expiration Date	Effective Date	Expiration Date	
	III-B	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
)AA)	III-C1	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
ct (0	III-C2	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
cans A	III-D	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
neri	III-E	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
Older Americans Act (OAA)	VII – Elder Rights	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
ō	VII - Ombudsman	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
nue	Senior Community Service (SCS)	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
l Reve	Alzheimer's Respite	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
General Revenue	National Senior Service Corps	N/A	N/A	N/A	N/A	
9	SFMNP (State GRF)	1/1/2025	11/30/2025	1/1/2026	11/30/2026	
	SFMNP (Federal)	N/A	N/A	N/A	N/A	
Other	NSIP	10/1/2023	9/30/2027	10/1/2027	9/30/2030	
ŏ	Other (Click or tap here to enter text.)	Click or tap here to enter text.				

Additional pertinent information: Click or tap here to enter text.

B. Public Hearing Documentation

If the AAA is submitting a waiver request with their Area Plan Annual Update, public hearing documentation is also required to be submitted. In accordance with ODA policy 103-PLN-02, each AAA shall conduct a public hearing when requesting a waiver. At least ten (10) business days prior to the public hearing, the AAA shall notify the public, providers, older individuals, and other stakeholders of the public hearing by publishing and posting a notice in accordance with policy requirements. 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, if requesting a waiver. 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.)

Not applicable.

C. 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.

Provide the program plan for your AAA's Care Coordination Program. AAAs are required to submit their CCP plan annually for review by ODA. If your AAA does not have a CCP, please indicate this in the space provided below.

The Elderly Services Program (ESP) helps older adults to remain safe and independent in their own homes by providing home and community-based care services such as personal care, housekeeping, meals, transportation, and more.

COA administers ESP in Butler, Clinton, Hamiton and Warren Counties. These programs are funded by county tax levies. Services include care management (care coordination), adult day care, meals, medical equipment, home modification, transportation, emergency response system, homemaking and personal care, respite, and laundry delivery services.

The ESP age requirement is 65 and older in Clinton County and age 60 and older in Hamilton, Butler and Warren Counties. Eligibility includes required help with certain activities of daily living (ADL's and IADL's) such as bathing, cooking, transportation, etc. Eligibility for specific home care services is determined by the care manager during an in-home assessment. The cost cap for ESP is \$800.00 a month. If a client needs to exceed the cost cap all requests are reviewed by management.

The FastTrack Home Program is also administered in Butler, Clinton, Hamilton, and Warren Counties and is available for those discharging from a hospital or nursing home. PSA1 was able to launch this program fully for Butler County in February 2024 to include additional home and community-based services. An eligibility assessment is completed while in the hospital or the skilled nursing facility prior to discharge. The care manager enrolls the client at the time of discharge to assist with transitional care services to home. Many of the services available are the same as above, and the program is up to 60 days. Prior to discharge from the program, the care manager assesses the need for additional services

long term and can refer to local levy programs and or waiver depending on level of care need at the time of assessment. If services are no longer needed, clients will be discharged from the program. The program uses an evidence-based Coleman Model as part of the care manager interventions.

Home52 Transportation is a coordination center that schedules and coordinates same day or prescheduled transportation for eligible older adults and individuals with disabilities. Home52 Transportation currently contracts with transportation providers to provide high quality and efficient transportation services. Currently home52 serves Hamilton County ESP and FastTrack Home.

The number of consumers served in 2024 under the Elderly Services Program and FastTrack Home Program totaled 16,383 clients were served.

In 2025, COA partnered with Scripps Gerontology on a program evaluation of the Elderly Services Program specifically in Butler County. Quality assurance is conducted by program supervisors and the quality department within COA to ensure contractual compliance.

D. 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, 2025.

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."

Title III-B Supportive Services									
Service	#	Counties							
Transportation	N/A	Click or tap here to enter text.							
Supportive Services	N/A	Click or tap here to enter text.							
Care Coordination	N/A	Click or tap here to enter text.							
Personal Care	N/A	Click or tap here to enter text.							
Other Services:	PCS/Home Care Assistance under Senior Services Levy	As of 9/30/2025 we had the following waitlist for PCS/Home Care Assistance with our senior services levy program- Butler County 54, Hamilton County- 34, Warren County 58, and Clinton County 15.							
Plans to reduce the number of consumers on the waiting lists:									

PSA1 has continued to utilize AddnAide to reduce the number of consumers on the waitlist by leveraging this option vs. traditional home care agencies. AddnAide is an app that allows ESP clients to search for and match with individuals in the community who are approved to provide CDC services. We have seen growth in our consumer-directed care program and with AddnAide implementation. PSA1 continues to see a home health aide shortage with traditional home care companies, but there has been some improvement in capacity evidenced by an increase in providers able to take on additional clients reducing the waitlist for the ESP program.

Title III-C	Nutrition	Program
-------------	-----------	----------------

Service	#	Counties			
Home-delivered	NI/A	Click or tan hara to enter toyt			
Meals	N/A	Click or tap here to enter text.			
Congregate Meals	N/A	Click or tap here to enter text.			
Other Services:	Click or tap here	Click or tap here to enter text.			
Other Services:	to enter text.	Click of tap here to enter text.			

Plans to reduce the number of consumers on the waiting lists:

PSA1 currently does not have a waitlist for any Title III-C Program

Title III-D Evidence-Based Disease Prevention and Health Promotion Program

Service	#	Counties
Evidence-Based Program	N/A	Click or tap here to enter text.
Other Services:	N/A	Click or tap here to enter text.

Plans to reduce the number of consumers on the waiting lists:

PSA1 currently does not have a waitlist for any Title III-D Program

Title III-E National Family Caregiver Support Program

Service	#	Counties					
Counseling/Support	N/A	Click or tan hara to enter toyt					
Groups	N/A	Click or tap here to enter text.					
Supplemental	NI/A	Click as tan have to enter taxt					
Services	N/A	Click or tap here to enter text.					
Respite	N/A	Click or tap here to enter text.					
Other Services:	N/A	Click or tap here to enter text.					
Plans to reduce the number of consumers on the waiting lists:							

PSA1 currently does not have a waitlist for any Title III-E Program

E. 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.

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.

PSA1 plans to target areas with high concentrations of eligible persons based on the Ohio Farmers Market Network map of contracted farmers markets and roadside stands. PSA1 will utilize community partners and contracted providers, many of whom utilize volunteers, to assist with distributing information about the program. PSA1 will continue to use Social Media platforms, local radio/TV spots, Council on Aging Website and outreach events to inform older adults in our region of the program details.

- 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.

If your AAA Opted In to the Modernization Pilot, please type N/A below.

N/A

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

Certification	Food Instrument Management	Market Management	Nutrition Education	Financial Management	Total
0	5	0	10	85	100%

- 4. Describe in detail your AAA's SFMNP recordkeeping system, including:
 - a. Financial operations;

- b. Food instrument issuance and payments (N/A for Opted In AAAs);
- 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 (N/A for Opted In AAAs).
- a. PSA1 charges an indirect rate which is based on federal rules for administrative cost to all our programs. This rate is calculated monthly based on our indirect cost methodology. This calculation makes sure that all programs are charged their fair share of the agency's indirect expenses.
- b. N/A
- c. PSA1 also collects direct time information from staff who participate in the program in our FAL system. Staff track time spent on responding to seniors, assisting seniors with their smartphones, or administrative time. This information is captured in our electronic Funding Allocation Log, and charged to the program.
- d. N/A
 - 5. Describe your AAA's SFMNP benefit/coupon management system, automated and/or manual, including:
 - a. How unissued SFMNP coupons are handled and stored (N/A for Opted In AAAs):
 - b. The method for instructing participants on the proper use and redemption of benefit/coupons, including the materials provided during application/issuance; and,
 - c. The method of ensuring that SFMNP benefit/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 (N/A for Opted In AAAs); 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; and,
 - e. If applicable, submit a list (name and location) of all SFMNP certification/coupon issuance sites.

NI	1	Λ
IN	1	н

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.

If your AAA Opted In to the Modernization Pilot, please type N/A below.

N/A		
N/A		

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.

If your AAA Opted In to the Modernization Pilot, please type N/A below.

N/A

- 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.

If your AAA Opted In to the Modernization Pilot, please type N/A below.

N/A

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.

PSA1 plans to provide nutrition education to SFMNP participants with an educational sheet included on our website, available at outreach events and available to our community partners to share with their clients along with program information.

https://www.help4seniors.org/wp-content/uploads/2025/05/ODA-Nutrition-Education-Fact-Sheet-SFMNP-2024.pdf

F. Grab-and-Go Meals

The use of "grab-and-go" meals within the OAA nutrition program is a relatively recent development, designed to offer greater flexibility while still upholding the program's core principles. This flexibility was particularly highlighted during the COVID-19 pandemic when congregate dining sites were forced to close.

The federal government, through 45 CFR § 1321.87, has since codified this option, but with specific limitations and requirements. If an Area Agency on Aging (AAA) wants to use Title III-C-1 funds to provide grab-and go meals, as allowed under 45 CFR § 1321.87(a)(1)(i)–(iii), it must submit the following information to AGE utilizing the template provided below.

Provide evidence, based on existing participation projections, that offering grab-and-go
meals will increase participation in the congregate meals program, not reduce it. The
AAA must also commit to continuously monitoring the impact on congregate meal
participation. This evidence must be submitted in a format determined by the State Unit
on Aging (SUA).

PSA1 is interested in using Title III C-1 funds for grab and go meals in the next Program Year. PSA1 will educate providers on the rule requirements and need to not exceed 25% of the funds for these meals. The goal will be to grow the current congregate meal participation, not reduce. Data will be collected from each provider to evidence current participation levels compared to projected and actual levels in the first quarter to allow program adjustments as needed.

2. Describe how these meals will be specifically targeted to populations identified as having the greatest economic and social need.

Scheduled check-in meetings with the providers and community partners will include information sharing to identify consumers in their service areas that have a great economic and social need. Plans and processes on how the targeting will be carried out will be developed. Performance reviews will be completed by the providers and shared with PSA1 to allow for any program adjustments.

3. Clearly explain the criteria that individuals must meet to be eligible for these meals.

The following are examples of criteria needed to be eligible for a grab and go meal. Assessment has identified consumer at high nutritional risk without the ability to join the traditional congregate setting, due to physical/mental/emotional limitations; attempts are made to agree upon a plan for attendance at the traditional setting a minimum number of in-person days of participation; Illness prevents in-person participation, is a caregiver of a homebound person; weather disaster or emergency situation. This is not an all-inclusive list. Each consumer will be assessed for their individual needs/situation.

4. Provide evidence of consultation with AGE, nutrition and other direct service providers, interested stakeholders, and the public regarding the proposed meal service.

PSA1 will provide evidence in the quarter prior to start of this program option.

5. Present a plan for how the AAA will coordinate with AGE, nutrition and other direct service providers, and stakeholders to effectively reach target populations.

PSA1 will present a plan in the quarter prior to the start of this program option.

6. Detail the specific eligibility qualifications for receiving grab-and-go meals, including during a declared disaster, on an occasional basis, and on a regular basis for an assessed individual with the greatest economic and social need.

Eligibility qualifications will be assessed on an individual basis during the initial and annual assessments to determine the frequency of a grab and go meal. Consumers will be educated by the providers on the process of how they will be informed and how to receive a meal during a weather event or declared disaster. The focus will be identifying consumers with the greatest economic and social needs using tools such as form ODA0010: Determine your own nutritional risk that can lead to further discovery of economic and social needs.

G. Grievance Procedure

The requirement for grievance procedures is a fundamental component of the OAA, ensuring that older adults and their caregivers have a formal way to address concerns or appeal decisions related to services.

45 CFR 1321.9 requires State Units on Aging (SUAs) to develop policies and procedures that define the grievance process for older individuals and family caregivers who are dissatisfied with or denied services under the Older OAA. This regulation ensures that all individuals receiving OAA-funded services have their rights protected. The grievance process serves several key purposes:

- **Empowerment:** It gives older adults and their caregivers a voice to express dissatisfaction with the quality, type, or denial of services.
- Accountability: It holds SUAs and Area Agencies on Aging (AAAs) accountable for the services they provide.
- **Transparency:** It requires a clear, step-by-step process for complaints to be heard and resolved. This often involves a tiered approach, starting at the lowest possible level (like a site manager) and escalating to the AAA director.
- Quality Improvement: The feedback and data gathered from grievances are crucial for identifying systemic issues, improving service delivery, and ensuring that programs effectively meet the needs of the community.

 Provide a detailed description of your agency's current process for handling greivances from older individuals and family caregivers, and a copy of the official grievance procedure policy document.

PSA1 has an existing complaint/grievance policy. The current policy was revised as a part of the Area Plan Update to align to the updated rule under the Older Americans Act: Consumer and Caregiver Grievances 173-3-08. Please see "AAA 1 Grievance Policy" which is a draft review for ODA approval as outlined in the regulation.

H. Emergency Preparedness

45 CFR § 1321.97 requires state agencies and area agencies on aging to establish emergency plans, including an "all-hazards emergency response plan." They must also coordinate with entities such as local governments, emergency response agencies, and relief organizations. This is a comprehensive approach that accounts for a wide range of potential threats, including:

- Natural Disasters: Hurricanes, floods, wildfires, tornadoes, and earthquakes.
- Man-Made Emergencies: Power outages, infrastructure failures, or acts of terrorism.
- **Public Health Crises:** Pandemics or other widespread health emergencies.
- 1. Provide a detailed description of your agency's current emergency preparedness plan, including how it coordinates with local governments and other relevant entities, and a link to the official emergency preparedness plan documents online.

Please see uploaded PDF titled: "COA COOP - Area Plan"