



2027-2030

Strategic Area Plan



Department of
Aging

Contents

| | |
|--|----|
| Overview | 3 |
| Purpose | 3 |
| Focus Areas | 3 |
| Assurances and Certification | 6 |
| AAA Information and Certification Page | 6 |
| Signature Page | 12 |
| Older Americans Act (OAA) 42 U.S.C. Chapter 35 Assurances | 13 |
| 2 CFR Part 376 Certification | 19 |
| 31 US Code Section 1352 and 45 CFR Part 93 Certification | 19 |
| Assurance of Compliance with Non-Discrimination Laws and Regulations | 20 |
| AAA Advisory Council | 21 |
| Needs Assessment Instructions | 24 |
| Needs Assessment Requirements | 24 |
| Establishment and Maintenance of Information and Referral (I&R) Providers | 24 |
| Targeted Outreach Plan | 25 |
| Strategic Area Plan Content Instructions | 25 |
| Executive Summary | 25 |
| Stewardship and Oversight | 26 |
| Goals, Objectives, Strategies, and Performance Measures | 26 |
| Budget Template | 28 |
| Required Appendices | 29 |
| Contract Cycle Sheet | 29 |
| AAA Funding Formula | 30 |
| Public Hearing Documentation | 30 |
| Waitlists | 30 |
| Strategic Area Plan Impact | 34 |
| Community Focal Points | 34 |
| Senior Farmers Market Nutrition Program (SFMNP) | 36 |
| Use of Funds for Multipurpose Senior Centers (MPSC) Capital Improvements | 40 |
| Alternative Meal Distribution | 41 |
| Grievance Procedure | 44 |
| Emergency Preparedness | 45 |
| Older Americans Act (OAA) 42 U.S.C. Chapter 35 Assurances Information Requirements | 50 |
| Age-Friendly Communities | 55 |
| Waiver Request Forms | 57 |
| Application for Title III-B Required Funding Allocations Waiver | 57 |
| Direct Service Waiver | 57 |
| Application for Emergency Direct Service Waiver | 57 |
| Application for Cost Sharing Waiver | 57 |
| Submission Instructions | 57 |
| Area Plan Important Dates | 57 |
| Presentation | 58 |
| Required Documents Checklist | 58 |

Overview

The Ohio Department of Aging (AGE), as the State Unit on Aging (SUA), leads statewide efforts to ensure older Ohioans can live healthy, safe, and independent lives. AGE sets priorities that reflect the most pressing needs of our aging population, including financial well-being, access to healthy food, safe and accessible housing, reliable transportation, quality and coordinated healthcare, robust community supports and services, and caregiver assistance. Through policy development, program oversight, and collaboration with local partners, AGE works to create systems that empower older adults and strengthen communities.

To achieve these goals at the local level, Area Agencies on Aging (AAAs) play a critical role in translating statewide priorities into actionable strategies that meet the unique needs of their regions. By developing Strategic Area Plans, AAAs ensure that resources, programs, and partnerships are aligned to support older adults where they live, addressing local challenges while advancing Ohio's vision for aging well. Per Ohio Administrative Code Rule 173-2-05(A)(8), each AAA shall develop and submit to AGE a proposed area plan complying with 42 U.S.C. 3026 and 45 C.F.R. 1321.65.

The Strategic Area Plan provides a guiding framework for the AAAs, outlining key elements such as demographic trends, community engagement efforts, local initiatives, and funding outcomes. As a public-facing document, it should clearly communicate essential information in a way that is easily understood by both the public and aging network partners.

This plan should accurately reflect the real-world activities and services delivered within the AAAs. Additionally, it should support long-term planning and forecasting for the aging network across the region.

Purpose

The Strategic Area Plan serves multiple purposes:

- Capturing measurable outcomes that are planned and realized through the region's long-term services and supports quality initiatives;
- Converting activities, data, and results into validated best practices that can support efforts to secure additional funding;
- Outlining a strategic approach for the AAA's coordination and advocacy efforts to address the needs of older adults, including the integration of health and social service delivery systems; and
- Strengthening the region's capacity to support and expand long-term care initiatives within the PSA.

The AAA should include all aging-related activities in its planning process, regardless of the funding source. The Strategic Area Plan should function as a comprehensive tool for organizing, monitoring, and evaluating all initiatives that support older adults.

Focus Areas

Strategic Area Plans must explicitly incorporate measurable objectives that address all of the following focus areas. In developing objectives, consider the role these focus areas serve in optimizing the AAA's long-term services and supports system (LTSS) for older adults and their caregivers.

Older Americans Act (OAA) Core Programs Focus Area

OAA core programs are found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the national aging services network.

The Strategic Area Plan must describe goals and include objectives and measures that will be used to demonstrate progress towards:

- Coordinating Title III programs with Title VI Native American programs;
- Addressing malnutrition;
- Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation;
- Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation;
- Age and dementia friendly efforts;
- Strengthening and/or expanding Title III and VII services;
- Increasing the business acumen of aging network partners;

- Working towards the integration of health, health care and social services systems, including efforts through contractual agreement; and
- Integrating core programs with Administration for Community Living’s (ACL) Discretionary Grants.

Greatest Social and Economic Need Focus Area

The OAA requires services to be targeted to older individuals and family caregivers with the greatest social and economic need. The Strategic Area Plan must address activities to reach those in greatest social and economic need.

Effective March 15, 2024, ACL updated the regulations implementing its Older Americans Act (OAA) programs. The new regulations resulted in AGE adding a formal definition of greatest social and economic need to Ohio Administrative Code (OAC).

U.S. Code of Federal Regulations [45 C.F.R. 1321.27](#) Basis and purpose:

- The requirements of this part are based on Title III of the Act. Title III provides for formula grants to State agencies on aging, under approved State plans described in [§ 1321.27](#), to develop or enhance comprehensive and coordinated community-based systems resulting in a continuum of person-centered services to older persons and family caregivers, with special emphasis on older individuals with the greatest economic need and greatest social need, with particular attention to low-income minority older individuals. A responsive community-based system of services shall include collaboration in planning, resource allocation, and delivery of a comprehensive array of services and opportunities for all older adults in the community. Title III funds are intended to be used as a catalyst to bring together public and private resources in the community to assure the provision of a full range of efficient, well-coordinated, and accessible person-centered services for older persons and family caregivers.

OAC 173-2-01 AAAs: Introduction and definitions

- Greatest economic need: uses the same definition found in 42 USC 3002 and 45 CFR 1321.3 and means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.
- Greatest social need: uses the same definition found in 42 USC 3002 and 45 CFR 1321.3 and means the need caused by noneconomic factors, which include:
 - ◊ (1) Physical and mental disabilities;
 - ◊ (2) Language barriers;
 - ◊ (3) Cultural, social, or geographical isolation, including due to:
 - » (i) Racial or ethnic status;
 - » (ii) Native American identity;
 - » (iii) Religious affiliation;
 - » (iv) Sexual orientation, gender identity, or sex characteristics;
 - » (v) HIV status;
 - » (vi) Chronic conditions;
 - » (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
 - » (viii) Interpersonal safety concerns;
 - » (ix) Rural location; or
 - » (x) Any other status that:
 - (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
 - (B) Threatens the capacity of the individual to live independently; or
 - ◊ (4) Other needs as further defined by State and area plans based on local and individual factors.

The Strategic Area Plan must describe goals and include objectives and measures that will be used to demonstrate progress towards:

- Targeting services to those that meet the definition of greatest social and economic need defined above;
- Determining services needed and effectiveness of programs, policies, and services for older adults;
- Engagement in outreach with older adults who meet the definition of greatest social and economic need;
- Impacting social determinants of health of older adults;
- Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable;
- Offering home-delivered meal participants the option to participate in congregate meal sites and other health and wellness

- activities, as feasible, based on a person-centered approach and local service availability;
- Serving older adults with HIV/AIDS;
- Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings;
- Incorporating innovative practices that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas; and
- Educating about the prevention of, detection of, and response to negative health effects associated with social isolation.

ACL's Strategic Focus Area(s)

Caregiving

Caregivers are central to independence and community living. As a best practice, the Strategic Area Plan should outline goals and include objectives and measures that indicate progress toward:

- Scaling proven caregiver support programs, including respite and family caregiver services;
- Building AAA capacity to deliver sustainable caregiver supports; and
- Embedding caregiving in health and social systems as a critical prevention strategy against institutionalization.

Connecting people to services

People must be able to find and navigate services when they need them. As a best practice, the Strategic Area Plan should outline goals and include objectives and measures that indicate progress toward:

- Investing in outreach, marketing, communications, and education to make programs visible and accessible;
- Simplifying and modernizing systems so that the public knows where to go and how to get the supports they need; and
- Expanding and strengthening resources made available by aging and disability networks.

Whole-person health

ACL guidance emphasizes advancing approaches that integrate health care and community-based health and social care interventions to support independence, improve health, and reduce costs. As a best practice, the Strategic Area Plan should outline goals and include objectives and measures that indicate progress toward:

- Scaling evidence-based programs in nutrition, falls prevention, chronic disease self-management, health promotion, medication management, pain management, and dementia care;
- Supporting interventions proven to maximize independence, health, function, savings, and avoidance of unnecessary clinical and institutional care; and
- Expanding the capacity of [community care hubs](#) (CCH) that specialize in bridging health care entities and networks of specialty community-based providers to scale integration and access.

Employment

Employment is fundamental to independence and economic mobility, and programs should emphasize the value of work, self-sufficiency, and community participation for all. As a best practice, the Strategic Area Plan should outline goals and include objectives and measures that indicate progress toward:

- Expanding pathways to competitive integrated employment for people with disabilities and older adults who wish to work; and
- Partnering with federal, state, and local agencies to align employment, training, and support services.

Protecting rights and preventing abuse

Protecting rights and preventing abuse are essential to dignity and independence. ACL's leadership affirms that every person, regardless of age or disability, should be able to live safely and free from harm. As a best practice, the Strategic Area Plan should outline goals and include objectives and measures that indicate progress toward:

- Strengthening protection and advocacy systems that safeguard the rights of older adults and people with disabilities;
- Expanding elder justice initiatives that prevent, detect, and respond to abuse, neglect, and exploitation;
- Enhancing collaboration among federal, state, and community partners to improve prevention and accountability; and
- Investing in data and research to understand and address systemic risks to individual rights and safety.

Assurances and Certification

AAA Information and Certification Page

| | |
|---------------------------------|--|
| Legal Name of Agency | |
| Mailing Address | |
| Phone Number | |
| Federal ID Number | |
| Agency Mission Statement | |
| Agency Vision Statement | |

Description of the AAA jurisdiction

Physical characteristics of the jurisdiction:

Demographic characteristics of the jurisdiction:

The five-county region has a population of more than 1.7 million residents and is expected to grow steadily through 2030, consistent with regional projections from OKI. The most significant demographic shift is the increasing share of older adults. Statewide data from the Center for Community Solutions show that the proportion of residents age 60 and older rose from 23.4% in 2019 to 25.0% in 2024, and local trends indicate the region is following a similar trajectory—resulting in more than one in four residents being age 60+ by 2030. Within this broader trend, the oldest age group (85+) is growing the fastest. Based on Scripps Gerontology Center projections, including those for Southwest Ohio counties, adults age 85+ currently represent about 2–3% of the population but are expected to increase to approximately 3–4% by 2030. This shift will significantly increase demand for long-term services and supports, caregiver assistance, and aging-in-place resources, as this population is more likely to experience disability and complex health needs. A substantial portion of older adults in the region also face social and economic challenges. Approximately 4 in 10 older adults live alone in parts of the region, increasing risk of isolation. About 1 in 10 live below the federal poverty level, and roughly 1 in 7 live at or near poverty, reflecting ongoing financial vulnerability among older residents.

Unique resources and constraints of the jurisdiction:

Core components and structure of the AAA:

Contracted and In-house Services: [See attachment titled "AAA1.01.Contractd and In-House Services"](#)

List all services available through the AAA, regardless of funding source. Example:

| Service | Listing of services | Counties available | Gaps in services |
|---------------------------|--|--------------------------|------------------------------------|
| Adult Protective Services | APS is available through the local Department of Job and Family Services | County A, B, C, D, and E | Capacity challenges, understaffing |

| Service | Listing of services | Counties available | Gaps in services |
|---------|---------------------|--------------------|------------------|
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| Service | Listing of services | Counties available | Gaps in services |
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| Service | Listing of services | Counties available | Gaps in services |
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Community initiatives in which the AAA staff serve a lead or support role in oversight:

Adult and aging programs that are co-located with the AAA leading to collaborative engagement regarding shared populations and priorities:

List community advisory committees that a member of the AAA is part of:

List all senior center partnerships:

List all county partnerships:

Provide an organizational chart for your AAA. [See attachment titled "AAA1.02.Table of Organization June 2026 Area Plan"](#)

Please include a chart along with other required attachments when submitting the document.

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

I hereby certify that the 2027-2030 Strategic Area Plan documents:

- Include all required certifications, signatures, assurances, and plans to be followed by the AAA under provisions of the Older Americans Act (OAA).
- Have been developed in accordance with all rules and regulations specified under OAA and related State of Ohio policies.
- Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the planning and service area (PSA).
- Incorporate the comments and recommendations of the AAA's Advisory Council.
- Have been reviewed and approved by the AAA's Board of Directors and respective governing bodies.
- I certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.
- I further certify that I understand the AAA is responsible for the development and implementation of the Area Plan on Aging and for ensuring compliance with the included assurances.
- I have reviewed and approved this 2027-2030 Strategic Area Plan.

Signature Page

President, Board of Directors

Name: _____
Signature: _____
Date: _____

Chair, Advisory Council

Name: _____
Signature: _____
Date: _____

Executive Director, Area Agency on Aging

Name: _____
Signature: _____
Date: _____

Older Americans Act (OAA) [42 U.S.C. Chapter 35](#) Assurances

The AAA assures the following (please note that some assurances require detailed explanations in another section of this workbook):

§3026. Area plans

(a) Preparation and development by area agency on aging; requirements

Each area agency on aging designated under section 3025(a)(2)(A) of this title shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 3027(a)(1) of this title. Each such plan shall—

(1) 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 covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, 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); 1 and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6) (C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this subchapter, a requirement that such provider will—

(I) 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;

(II) to the maximum extent feasible, provide 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

(III) meet specific objectives established by the area agency on aging, 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; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this chapter, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging 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;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) 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;

(B) 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;

(C)(i) where possible, enter 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 a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this subchapter, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) 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) 2 for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and

(iii) 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; and that meet the requirements under section 9910 of this title;

(D) 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 area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this chapter within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 3013(b) of this title, within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental 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;

(G) 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;

(H) in coordination with the State agency 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; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, 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 family caregivers, by—

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

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) 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—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this subchapter through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this subchapter a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) 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);

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 3027(a)(9) of this title, will expend not less than the total amount of funds appropriated under this chapter and expended by the agency in fiscal year 2019 in carrying out such a program under this subchapter; and

(B) funds made available to the area agency on aging pursuant to section 3058g of this title shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 3058g of this title;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;

(11) 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 area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this subchapter;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this subchapter with services provided under subchapter X; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and 3

(12) provide that the area agency on aging 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 section 3013(b) of this title within the planning and service area.⁴

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this subchapter in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this subchapter by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this subchapter by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this chapter (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this subchapter will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this subchapter;

(15) provide assurances that funds received under this subchapter will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 3020c of this title;

(16) provide, to the extent feasible, for the furnishing of services under this chapter, consistent with self-directed care;

(17) include information detailing how the area agency on aging 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;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under subchapter IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this chapter, with special emphasis on those individuals whose needs were the focus of all centers funded under subchapter IV in fiscal year 2019.

(b) Assessment of preparation of area agencies

(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Waiver of requirements

Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d) Transportation services; funds

(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 3025(a)(2)(A) of this title or, in areas of a State where no such agency has been designated, the State agency, may enter into agreements with agencies administering programs under the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.], and titles XIX and XX of the Social Security Act [42 U.S.C. 1396 et seq., 1397 et seq.] for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this subchapter.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this subchapter may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.], and titles XIX and XX of the Social Security Act [42 U.S.C. 1396 et seq., 1397 et seq.].

(e) Confidentiality of information relating to legal assistance

An area agency on aging may not require any provider of legal assistance under this subchapter to reveal any information that is protected by the attorney-client privilege.

(f) Withholding of area funds

(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this subchapter.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this subchapter in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) No restriction on provision of services

Nothing in this chapter shall restrict an area agency on aging from providing services not provided or authorized by this chapter, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

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

2 CFR Part 376 Certification

[2 CFR Part 376](#) adopts a governmentwide system of debarment and suspension for HHS non-procurement activities in 2 CFR part 180 as supplemented by 2 CFR part 376 (376.10) to ensure the integrity of federal programs by conducting business only with responsible persons (376.332). A federal agency uses the non-procurement debarment and suspension system to exclude from federal programs persons who are not presently responsible (376.935).

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. (376.30)

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

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

31 US Code Section 1352 and 45 CFR Part 93 Certification

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 lower-tiered agreements (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all lower-tiered subrecipients 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 by AGE. Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code and 45 CFR Part 93. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurance of Compliance with Non-Discrimination Laws and Regulations

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

The AAA assures the compliance with the following:

1. **Title VI of the Civil Rights Act of 1964**, as amended (codified at 42 U.S.C. § 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services(45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin (including limited English proficiency), 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.
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.
3. **Title IX of the Education Amendments of 1972**, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex (including pregnancy, sexual orientation and gender identity), 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.
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.
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 (including limited English proficiency), sex (including pregnancy, sexual orientation and gender identity), 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.
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., Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, Div. H, Title V section 507(d), 136 Stat 49, 496 (Mar. 15, 2022)) as extended by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, Pub. L. No. 117-180, Div. A, section 101(8) (Sep. 30, 2022);, 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 45 C.F.R. Part 88, to the extent 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. Consistent with applicable court orders, the version of Part 88 in effect as of [October 20, 2022] is found at 76 Fed.Reg. 9968-9977 (Feb. 23, 2011).

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 AAA, 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, 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 _____

AAA Advisory Council

| | |
|---|--|
| <p>1.</p> <p>Describe the process by which members are selected, as well as efforts undertaken to ensure membership is representative of the demographics of the PSA</p> | <p>Prospective members of the Advisory Council (AC) are recruited through various ways including advertising in county newsletters, Board and AC member referrals, COA's website, and other channels. Prospective members complete a prospective membership form (see link below). When a vacancy occurs on the AC, the applicants are reviewed to identify prospective members whose expertise is needed to fill gaps on the current council. Candidates whose expertise will close gaps on the AC are contacted and provided more information by the CEO. If upon that discussion a candidate is interested and available to serve on the AC the names of those individuals are forwarded to AC members who express an interest to be involved in the nominating process. All candidates for appointment get approved by the entire AC.</p> <p>https://www.help4seniors.org/about-us/leadership/board-advisory-councils/</p> |
| <p>2.</p> <p>Explain the term of office structure for the council members (e.g., one-third of members expire each year, term limits, etc.)</p> | <p>Each member of the AC shall be appointed for no more than three, two-year terms of office (max of 6 years). No individual shall serve more than three consecutive two year terms unless it is determined by the AC that an extension is required to maintain continuity on the AC or to aid in the staggering of term expirations. In such cases the AC can elect to extend an AC member's term for up to two additional one year appointments. Terms shall be staggered so that new appointees are designated in each calendar year. For purposes of continuity, the Chair can serve additional years beyond the second term to fulfill the duties of the Chair, and may serve at least one year beyond termination from office regardless of the number of years served with the AC.</p> |
| <p>3.</p> <p>Enter the anticipated schedule of meetings for term of the Strategic Area Plan</p> | |
| <p>4.</p> <p>Describe the procedures or methods your agency will take to notify the general public of Board of Trustees meetings and Advisory Council meetings</p> | |
| <p>5.</p> <p>Provide the total number of Advisory Council Members</p> | |

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

| | |
|--|--|
| <p>Older individuals, including minority and older individuals living in rural areas, who are participants or who are eligible to participate in programs funded under the OAA</p> | |
| <p>Representatives of older adults</p> | |
| <p>Family caregivers of older adults</p> | |
| <p>Representatives of health care provider organizations, including providers of veterans' health care (if appropriate) Representatives of supportive services provider organizations</p> | |
| <p>Persons with leadership experience in the private and voluntary sectors</p> | |
| <p>Local elected officials</p> | |
| <p>Representatives of faith-based organizations</p> | |
| <p>The general public</p> | |

Needs Assessment Instructions

This portion of the Strategic Area Plan serves to capture your AAA's needs assessment activities undertaken, the findings of such activities, and planned activities to address the identified service needs.

Needs Assessment Requirements

At a minimum, the needs assessment must include:

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

Additionally, the needs assessment may include [\(42 U.S.C. 3026\(b\)\)](#):

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

Submitted on 5/21/2026

Attach documentation that satisfies the requirements.

See attachment titled "AAA1.03.2025 & 2026 Southwestern Ohio Community Needs Assessment"

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

Provide a compilation of results of the required I&R survey conducted by your AAA.

Submitted on 5/21/2026

Attach documentation that satisfies the requirements.

See attachment titled "AAA1.04.Establishment and Maintenance of I&R Providers"

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

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

Submitted on 5/21/2026

Attach documentation that satisfies the requirements.

See attachment titled "AAA1.04.Establishment and Maintenance of I&R Providers"

Targeted Outreach Plan

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

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

Attach documentation that satisfies the requirements.

Submitted on 5/21/2026

See attachment titled "AAA1.05.COA - Targeted Outreach Plan"

Strategic Area Plan Content Instructions

Executive Summary

The executive summary should provide a high-level, narrative overview summarizing the AAA's planned efforts on behalf of older individuals in their region for the planning cycle period. This summary can aid the region in educating the public, lawmakers, and other agencies, and can assist in securing additional resources.

Enter text in box below.

The Council on Aging (COA) 2027-2030 Area Plan outlines a coordinated approach to addressing the changing needs of older adults across Butler, Clermont, Clinton, Hamilton, and Warren counties. With more than 1.7 million residents and continued population growth projected through 2030, the Region is experiencing a significant demographic shift. Adults age 60 and older represent a growing share of the population with particularly rapid growth among those aged 85 and older, who are most likely to require long term services and support.

As demand increases, COA will continue strengthening a comprehensive system of home and community-based services that supports independence, health, and quality of life. Key priorities include expanding access to long-term services and support, supporting family caregivers, and improving access to transportation, nutrition services, and opportunities for social connection. These efforts reflect the preference of most older adults to remain safely and independently in their homes and communities for as long as possible.

The region's older adults are also facing growing financial pressures. Rising housing costs, fixed incomes, and increasing cost of daily living contribute to economic insecurity for many residents. Through partnerships with local organizations, service providers, and community stakeholders, COA will work to strengthen access to benefits, supportive services, and affordable housing resources for individuals with the greatest economic and social need.

Equity and accessibility will remain central to COA's work throughout the planning. Outreach efforts will focus on older adults who face barriers to accessing services, including those living alone, experiencing socially isolation, living with disabilities, or encountering cultural, linguistic, geographic, or economic challenges. COA will continue collaborating with healthcare systems, local governments, community organizations, and aging network partners to improve coordination and responsiveness across the service system.

To ensure resources are used effectively and community needs are addressed, COA will use data, community input, and performance measurement to guide planning and evaluate outcomes. Ongoing assessment of service utilization, emerging trends, and consumer feedback will help identify gaps and opportunities for improvement throughout the planning cycle. Through this Area Plan, COA seeks to build on the strengths of the region's aging network while preparing for the growing and increasingly diverse needs of older adults. The organization remains committed to helping older adults live safely, independently, and with dignity, while working alongside community partners to create a more age-friendly and supportive region.

Stewardship and Oversight

Stewardship and oversight of OAA programs will ensure that the aging services network effectively advances the mission and vision of AGE and the OAA through integrated, holistic program management. This stewardship role emphasizes accountability, fairness, compliance, and performance outcomes across all OAA-funded services and providers.

Program management stewardship and oversight during the plan cycle will encompass three core, interrelated functions: data-driven monitoring, remediation and corrective action, and continuous quality improvement (CQI).

Enter text in box below.

Goals, Objectives, Strategies, and Performance Measures

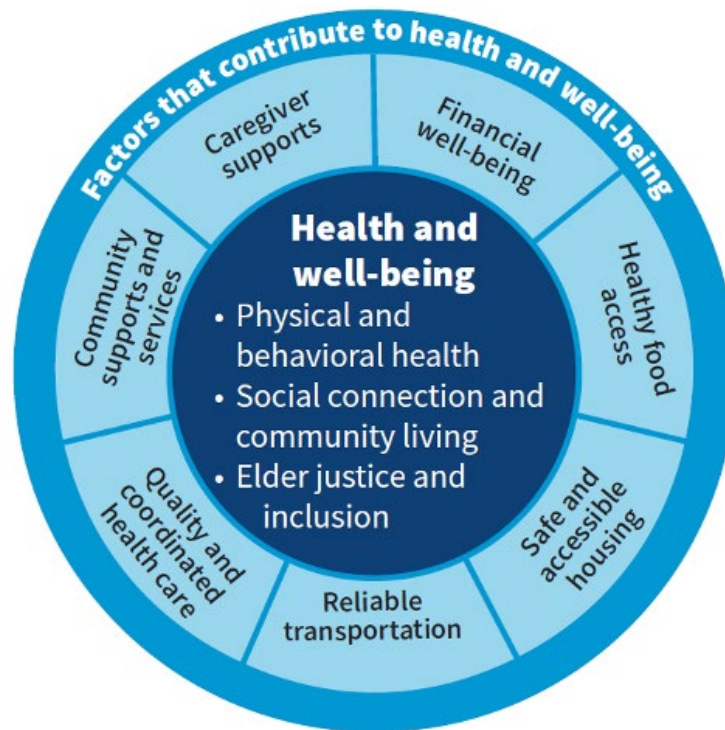
Proposed goals, objectives and strategies should be designed to address barriers, challenges or gaps identified through the AAA local needs assessment. AGE offers the framework below to organize local goals and objectives. This framework will continue to evolve based on aging network feedback.

There are seven priority areas of focus that contribute to the overall health and safety of older adults: Caregiver supports; Financial well-being; Healthy food access; Safe and accessible housing; Reliable transportation; Quality and coordinated health care; and Community services and supports.

Complete the Goals Template, which will be provided as an attachment, and attach to satisfy the requirements.

Submitted on 5/21/2026

See attachment titled "AAA1.06.Goals Template 2027-2030"



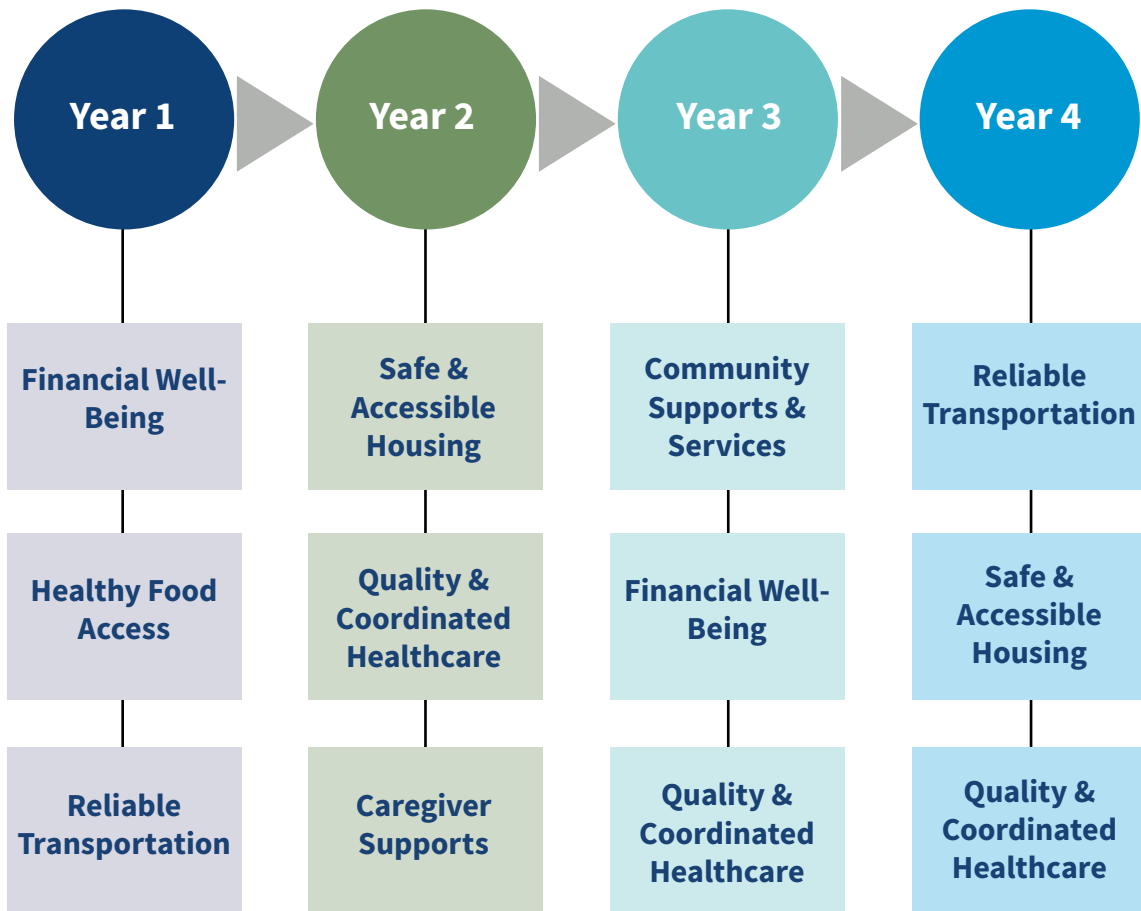
To offer flexibility to meet local need, AGE is requiring a minimum of three of the seven priority areas be addressed annually, with all seven priority areas being addressed by the end of the 2027 – 2030 program years.

Goals are visionary statements that describe the strategic direction in which the region is moving. Objectives are the SMART (specific, measurable, achievable, realistic, and time-bound) steps the region will take to achieve its goals. The objectives indicate all of the following:

- The nature of the action;
- How the action will be accomplished;
- The anticipated outcome of that action;
- How the outcome of the action will be measured;
- The projected dates for starting and completing the action;
- Any program development and coordination activities that are associated with the objective.

How to use the template:

1. Yearly selection
 - a. For each year, choose a minimum of 3 priority areas that reflect local needs and capacity. Ensure that by the end of Year 4, all 7 priority areas have been addressed. This allows flexibility to continue or expand initiatives in later years and be responsive to local capacity and resource availability.
2. Goal development
 - a. For each selected priority, define specific, measurable goals.
 - b. Fill in all spaces included in the template.
3. Tracking and reporting
 - a. Use the template to monitor progress and adjust strategies annually.



Budget Template

Complete the Budget Template, which will be provided as an attachment, and attach to satisfy the requirements.

Submitted on 5/21/2026

See attachment titled "AAA1.07.PY27 Budget Template"

AAA Funding Formula

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

Enter text in box below.

Public Hearing Documentation

In accordance with 173-2-05(A)(8)(b) | AAAs: standards for AAAs, each AAA shall conduct a public hearing on its Strategic Area Plan. Information received during the public hearing shall be considered by the AAA when drafting its Strategic Area Plan. The AAA shall notify the public of the hearing by publishing and posting a notice in accordance with policy requirements.

Pursuant to Rule 173-2-09 | AAAs: Waiver Requests, an AAA may submit a waiver request concurrently with its area plan cycle, as defined in the AAA's area plan. A waiver request may be included with any of the following submissions:

- (a) Area plan.
- (b) Annual area plan update.
- (c) Emergency request.

See attachments titled:
"AAA1.09.COA Area Plan Public Hearing 2027-2030 Presentation"
"AAA1.10.Council on Aging Area Plan Public Hearing Announcement May 2026"
"AAA1.11.Council on Aging Area Plan Public Hearing Website Announcements"

Attach documentation that satisfies the requirements.

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 October 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 | County (list each county served by your AAA) | Waitlist Count per County | Challenges and Barriers to Reducing Waitlist | Mitigation Strategies |
|------------------------|--|------------------------------|--|--------------------------|
| Transportation | | | | |
| Supportive Services | | | | |
| Care Coordination | | | | |
| Personal Care | | | | |
| Other Services | | | | |

Title III-C Nutrition Program

| Service | County (list each county served by your AAA) | Waitlist Count per County | Challenges and Barriers to Reducing Waitlist | Mitigation Strategies |
|----------------------|---|---------------------------|--|-----------------------|
| Home-Delivered Meals | | | | |
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Title III-D Evidence-Based Disease Prevention and Health Promotion Program

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| Evidence-Based Program | | | | |
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Title III-E National Family Caregiver Support Program

| Service | County (list each county served by your AAA) | Waitlist Count per County | Challenges and Barriers to Reducing Waitlist | Mitigation Strategies |
|-------------------------------|--|------------------------------|--|--------------------------|
| Counseling/ Support Groups | | | | |
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Strategic Area Plan Impact

Describe how your 2023-2026 Strategic Area Plan performance has influenced the development of your AAA's 2027-2030 Strategic Area Plan. Include what new strategies or innovations are being considered for this next planning cycle based on past performance.

Enter text in box below.

The current Area Plan (2023-2026) which goes through the end of 2026 focuses on six areas: Community Conditions, Healthy Living, Access to Care, Social Connectedness, Preserving Independence and Population Health. In each of these focused areas we identified objectives and strategies that either could be continued and modified based on several factors: alignment with the new strategic area plan, alignment to the new focused areas as identified by AGE, and the new needs assessment findings. We also aligned some of the previous goals and strategies within the new focused areas with modifications to existing interventions, measurements, and strategies for the new strategic area planning process. The 2027-2030 Area Plan will significantly strengthen the regional aging services network by expanding access to coordinated person-centered supports that improve health, independence, and overall quality of life for older adults and caregivers. Grounded in needs assessment findings and aligned with AGE guidance, this plan prioritizes individuals with the greatest social and economic need and uses data-driven strategies, targeted outreach, and cross-sector collaboration to reduce barriers and disparities in service delivery. Across the 7 priority areas, the plan will result in measurable improvements in access and outcomes. Older adults will benefit from enhanced caregiver supports, including expanded respite options and increased utilization of Adult Day and caregiver support services, leading to reduced caregiver stress and stronger caregiving capacity. Financial well-being will improve through utility assistance, benefits enrollment, and Medicare Advantage navigation, helping individuals better manage rising costs and access available resources. Initiatives focused on healthy food access will increase participation in nutrition programs and expand innovative options such as restaurant-based meals, addressing both food insecurity and social isolation. The plan also advances safe and stable living environments by expanding access to housing information, increasing home modification supports, and enabling more older adults to age in place safely. Reliable transportation will be strengthened through the expansion of coordinated transportation services and improved education for both staff and clients, ensuring individuals can access medical care and essential community services. In the area of healthcare, the plan will enhance care transitions, expand evidence-based programs, and improve coordination with healthcare partners, resulting in better health outcomes and reduced hospital readmissions. In addition, the plan addresses critical gaps in community supports and services by expanding outreach efforts, strengthening partnerships, and developing innovative solutions such as mental health programming, guardianship services, and supports for unmet daily living needs. Increased visibility and engagement in the community will lead to greater awareness and utilization of services, while expanded evidence-based programming and grant-funded initiatives will broaden the reach and sustainability of these efforts. Overall, this Area Plan will create a more coordinated, equitable, and responsive system of care by increasing service availability, strengthening partnerships, and continuously using data to identify and address disparities. The impact will be seen in improved individual outcomes, reduced gaps in services, and a stronger community infrastructure that empowers older adults to remain independent, safe, and connected within their homes and communities.

Community Focal Points

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

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

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

Refer to [42 U.S.C. 3026\(a\)\(3\)](#) for additional focal point requirements.

| Designated Community Focal Point | Address | Counties Served | Services Contracted at Focal Point |
|----------------------------------|---------|-----------------|------------------------------------|
| | | | |
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| | | | |
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Senior Farmers Market Nutrition Program (SFMNP)

- 7 CFR Part 249 contains 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.

Enter text in box below.

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, please type N/A below for (a) through (c).

Enter text in box below.

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

| Certification | Food Instruction Management | Market Management | Nutrition Education | Financial Management | Total |
|---------------|-----------------------------|-------------------|---------------------|----------------------|-------------|
| | | | | | 100% |

4. Describe in detail your AAA's SFMNP recordkeeping system, including:
- Financial operations;
 - a. Food instrument issuance and payments (N/A for Opted In AAAs);
 - b. 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
 - c. If applicable, bulk purchase contracts and payments (N/A for Opted In AAAs).

Enter text in box below.

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.

Enter text in box below.

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, please type N/A below.

Enter text in box below.

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, please type N/A below.

Enter text in box below.

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, please type N/A below.

Enter text in box below.

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

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

Enter text in box below.

Use of Funds for Multipurpose Senior Centers (MPSC) Capital Improvements

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

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

- Project name (MPSC);
- Project address (MPSC);
- Grantee name;
- Grantee address;
- Approximate total cost of project;
- Approximate amount of OAA funds to be allocated;
- Percentage of OAA funds in the project;
- Indicate which activity is to take place: acquisition, construction, renovation, or alteration;
- List other sources of funds and amounts allocated toward the project; and
- A detailed narrative describing:
 - ◊ How this project fits into the long range plan of the AAA for provision of services;
 - ◊ Dollar amount of OAA funds utilized by the project;
 - ◊ The service funded by these dollars;
 - ◊ Services being provided by the project to seniors;
 - ◊ How the project currently targets for delivering service to low-income minority;
 - ◊ Sources of project/senior center operating funds;
 - ◊ If the project is a focal point and identified in the Strategic Area Plan; and
 - ◊ Start date for the project.

Does your AAA plan to allocate OAA funds toward acquisition, alteration, renovation of existing facilities or the construction of a facility which will serve as a multipurpose senior center?

Yes

No

If yes, provide the required information listed above.

Alternative Meal Distribution

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.

1. 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).

Enter text in box below.

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

Enter text in box below.

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

Enter text in box below.

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

Enter text in box below.

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.

Enter text in box below.

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 social and economic need.

Enter text in box below.

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 adopt a policy that sets standards for the grievance process for older individuals and family caregivers who are dissatisfied with or denied services under the OAA. AGE's policy on grievances can be found in OAC section 173-3-08. This rule safeguards the rights of individuals receiving OAA-funded services. The AAA's grievance process must comply with the requirements of OAC 173-3-08. 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 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.

Please attach your grievance policy. [See attachment titled "AAA1.14.AAA 1 Grievance Policy"](#)

State how your policy complies with OAC section 173-3-08 in the box below.

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 Crisis:** Pandemics or other widespread health emergencies.

Please attach your emergency preparedness plan. [See attachment titled "AAA1.15.COA - Continuity of Operations Plan"](#)

State how you have adopted a plan that includes all required elements of 45 CFR 1321.97(b) in the box below.

List critical resources that the AAA needs to continue operations.

Enter text in box below.

List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements (Contractual or Memorandum of Understanding/Agreement).

Enter text in box below.

Describe how the AAA will identify vulnerable populations in the event of an emergency.

Enter text in box below.

Council on Aging (COA) will identify vulnerable populations in the event of an emergency by using data from existing client data systems (Care Director, PIMS, etc.), provider networks, and emergency contact resources to quickly determine which individuals may be at greatest risk. COA serves older adults, people with disabilities, and caregivers across Butler, Clermont, Clinton, Hamilton, and Warren counties, including individuals who may be medically fragile, socially isolated, low-income, without caregiver support, have limited mobility, cognitive impairment, language barriers, or who rely on electricity-dependent medical equipment, home-delivered meals, personal care, or other in-home supports. COA will use available participant records to flag individuals with high-risk characteristics and critical service dependencies, and will coordinate with care managers, contracted providers, county emergency management agencies, and other community partners to verify status and prioritize outreach.

As outlined in COA's Continuity of Operations Plan, once the emergency plan is activated, COA reviews critical client needs and assesses which participants are most likely to experience harm due to disruption of services, loss of power, extreme weather, evacuation, transportation barriers, or limited access to food, medications, or caregiver support. COA recognizes that every emergency has a different impact, and those differences help determine both the type of response required and which vulnerable populations need the most immediate attention. For example, a power outage may place people who rely on electricity-dependent medical equipment at highest risk, while extreme weather, transportation disruptions, or a public health emergency may shift the focus to other groups with urgent needs. COA's staff and contracted partners conduct targeted outreach and wellness checks, using updated contact lists and service data to identify individuals who need immediate follow-up, alternative service delivery, referrals, or connection to local emergency resources. This process allows COA to focus response efforts first on those with the greatest health, safety, and functional risks while continuing to monitor and reassess needs as the emergency evolves.

Describe how the AAA will identify possible needs of the participants before an emergency.

Enter text in box below.

How is disaster preparedness training provided to participants and caregivers?

Enter text in box below.

How is disaster preparedness training provided to staff and subcontractors?

Enter text in box below.

Older Americans Act (OAA) 42 U.S.C. Chapter 35 Assurances Information Requirements

The AAA must provide all applicable information following each OAA citation listed below.

§3026(a)(4)(A)

(i) Describe the mechanisms and methods to achieve the objectives that the AAA will-

- Set specific objectives, consistent with State policy, for providing services to older adults with greatest social and economic need and those at risk for institutional placement
- Include specific objectives for providing services to older adults identified as low-income minority, limited English proficiency, and those residing in rural areas

Enter text in box below.

(ii) Describe how the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will-

- Specify how the provider intends to satisfy the service needs of low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas
- To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas
- Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas

Enter text in box below.

(iii)With respect to the fiscal year preceding the fiscal year for which such plan is prepared-

- Identify the number of low-income minority older adults in the PSA
- Describe the methods used to satisfy the service needs of such minority older adults
- Provide information on the extent to which the AAA met the objectives described in the clause (i)

Enter text in box below.

§3026(a)(4)(B)

Describe how the AAA will use outreach efforts that will:

(i)Identify individuals eligible for assistance under this Act, with special emphasis on-

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

Enter text in box below.

COA will administer a robust outreach plan using a combination of digital, print and grassroots tactics – both paid and earned – that will inform eligible individuals and their caregivers about the availability of assistance. In efforts to provide education to the community about available resources for older adults, those with disabilities and their caregivers, COA’s Communications Team works with program staff to identify outreach needs and determine the most appropriate and effective strategies for each identified service need. The team places particular emphasis on reaching hard-to-serve populations in COA’s service area (for example, rural areas.) A large part of COA’s service area is considered rural and COA has been effective at deploying grassroots outreach in these communities to raise awareness and build confidence in available programs and services. In the most rural part of COA’s service area, Clinton County, communications staff work closely with the care management team to identify outreach opportunities. Additionally, COA operates a satellite office in the county to provide easy access to programs and services for community members. Appointments with COA’s Aging Disability Resource Center are available at the Clinton County office. COA’s Communications Team includes an outreach coordinator who works to identify channels through which COA can better reach priority populations. Through continuous community outreach, including virtual and in-person speaking engagements and information tables, COA is already connecting with audiences including veterans, professionals in aging, low-income older adults, caregivers, caregivers of individuals with Alzheimer’s and other brain disorders, and members of the Jewish community. We continually evaluate the effectiveness of these efforts and seek to identify new channels through which targeted populations may be reached. An area of particular interest with regard to outreach is the development of relationships with organizations that directly serve the target populations. By developing these relationships and creating clear pathways of communication and referral, we can improve awareness of and access to available programs and services. COA’s community outreach coordinator works with Front Door staff to identify opportunities to bring the Front Door to the people vs having people come to the Front Door. For example, COA communications staff frequently collaborates with Front Door staff to present COA information to possible referral sources such as first responders and social service agencies. Council on Aging Front Door representatives are regularly available in the community as part of the 513Relief Bus program activities (reaching underserved populations in Hamilton County). Finally, COA is aware of the increasing demands being placed on family caregivers. Many of these caregivers juggle multiple responsibilities, including working and raising young families. In recent years, COA has received requests from area businesses to provide education and information to employees who are also serving as family caregivers. COA’s outreach efforts will support family caregivers by spreading awareness and creating connections with area businesses where they are employed.

(ii) Inform the older adults referred to above, and the caretakers of such individuals, of the availability of such assistance

Enter text in box below.

§3026(a)(5)

Describe how the AAA will coordinate planning, identification, assessment of needs, and provision of services for older adults 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.

Enter text in box below.

§3026(a)(8)

Describe the case management services under this title that are provided through the AAA.

Enter text in box below.

Describe how the case management services mentioned above do not duplicate case management services provided through other Federal and State programs. Also describe how the case management services provided by the AAA are coordinated with Federal and State services.

Enter text in box below.

Describe how the case management services provided through the AAA will:

- Give each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
- Gives each older adult 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;
- Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing services; and
- Is located in a rural area and obtains waivers of the requirements described in the clauses above.

Enter text in box below.

§3026(a)(13)(A)

Describe how you provide monitoring and oversight of providers in all contractual and commercial relationships.

Enter text in box below.

§3026(a)(14) & (a)(15)(A)

Provide assurances that preference in receiving services under this title will not be given by the AAA to particular older adults as a result of a contract or commercial relationship that is not carried out to implement this title.

Funds received under this title will be used to provide benefits and services to older adults, giving priority to older adults identified in paragraph 4(A)(i)

Describe the process demonstrating how your AAA assesses clients for services.

Enter text in box below.

Age-Friendly Communities

ACL listed a focus area of making communities more Age-Friendly. In order to support this request, please answer the following questions:

1. Are there any cities/communities within your jurisdiction that are designated as Age-Friendly? Please list below or type N/A if there are not any of these communities within your jurisdiction.

2. What are the initiatives of these Age-Friendly communities? Please list below or type N/A if there are not any of these communities within your jurisdiction.

3. How is your AAA connected and/or informed of these initiatives. Please list below or type N/A if there are not any of these communities within your jurisdiction.

4. What are the areas of interest for your AAA related to the Age-Friendly domains?

5. What are current barriers your AAA faces for implementing Age-Friendly initiatives?

Waiver Request Forms

Application for Title III-B Required Funding Allocations Waiver N/A

https://dam.assets.ohio.gov/image/upload/aging.ohio.gov/rules/ODA3001_2026-01-01.pdf

Direct Service Waiver See attachment titled "AAA1.18.Application for Direct Service Waiver - Title III-D"

https://dam.assets.ohio.gov/image/upload/aging.ohio.gov/rules/ODA3002_2026-01-01.pdf

Application for Emergency Direct Service Waiver N/A

https://dam.assets.ohio.gov/image/upload/aging.ohio.gov/rules/ODA3003_2026-01-01.pdf

Application for Cost Sharing Waiver N/A

https://dam.assets.ohio.gov/image/upload/aging.ohio.gov/rules/ODA3004_2026-01-01.pdf

Submission Instructions

Area Plan Important Dates

| | |
|---|--------------------------------|
| Area Plan Instructions Release Date | February 10, 2026 |
| Area Plan Training | February 10, 2026 |
| Area Plan Submission Due Date | May 22, 2026 |
| Virtual Presentation Schedule (optional) | June 2026 |
| AGE Review Schedule | May 22, 2026 – July 31, 2026 |
| Approval of Strategic Area Plans Date | July 31, 2026 initial feedback |
| Feedback | 6 weeks, as needed |
| Final approval | September 2026 |

Presentation

In June 2026, each Area Agency on Aging (AAA) will have the opportunity schedule time to present its Strategic Area Plan to ECD. Presentations should be coordinated in advance to ensure adequate time for discussion and feedback. AAAs are encouraged to:

- Reserve a date and time within the designated June presentation window provided by the Department.
- Coordinate with ECD staff to confirm scheduling and any technology needs for virtual or in-person presentations.
- Prepare materials that summarize key goals, strategies, and measurable objectives outlined in the Strategic Area Plan.
- Allow time for Q&A and collaborative dialogue to align local priorities with statewide aging initiatives.

The Department will provide a scheduling link or contact person to streamline the process and ensure all AAAs have equal opportunity to present.

Required Documents Checklist

When preparing your application, please ensure you have the necessary supporting documents that satisfy the requirements. For additional details please refer to the respective sections of the application.

- An organizational chart for your AAA
- Needs assessment requirements
- A compilation of results of the required I&R survey conducted by your AAA
- A description of your AAA's plan of action to resolve unmet I&R needs
- Targeted outreach plan
- Goals template
- Budget template
- Public hearing documentation
- Grievance policy
- Emergency preparedness plan

Attachments include:

[AAA1.01.Contract and In-House Services](#)

[AAA1.02.Table of Organization June 2026 Area Plan](#)

[AAA1.03.2025 & 2026 Southwestern Ohio Community Needs Assessment](#)

[AAA1.04.Establishment and Maintenance of I&R Providers](#)

[AAA1.05.COA - Targeted Outreach Plan](#)

[AAA1.06.Goals Template 2027-2030](#)

[AAA1.07.PY27 Budget Template](#)

[AAA1.08.Contract Cycle Sheet](#)

[AAA1.19.COA Area Plan Public Hearing 2027-2030 Presentation](#)

[AAA1.10.Council on Aging Area Plan Public Hearing Announcement May 2026](#)

[AAA1.11.Council on Aging Area Plan Public Hearing Website Announcements](#)

[AAA1.12.Eating Well - Farmers Market Recipes](#)

[AAA1.13.Nutrition Education - Dietary Fiber](#)

[AAA1.14.AAA 1 Grievance Policy](#)

[AAA1.15.COA - Continuity of Operations Plan](#)

[AAA1.16.Monitoring and Oversight of Providers](#)

[AAA1.17.Age Friendly Community Highlights](#)

[AAA1.18.Application for Direct Service Waiver - Title III-D](#)