Program Year (PY) 2015-2018
Strategic Area Plan for Programs on Aging
Area Office on Aging of NWO, Inc.
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I certify that I am authorized to submit this Strategic Area Plan on behalf of the designated grantee agency and that a public hearing (summary attached) was held to assist in the development of this Strategic Area Plan. The Advisory Council has reviewed and commented upon this plan and the Board has approved its submission.

__________________________________________  ____________________________
AAA Director:  Ms. Billie Johnson, President/CEO  Date

__________________________________________  ____________________________
Board Chairperson:  Mr. Phil Walton, AOoA Board Chair  Date
Mission & Vision Statements

Mission Statement:
The Area Office on Aging of Northwestern Ohio, Inc. promotes the health, well-being and safety of older adults, persons with disabilities and family caregivers to foster independence.

Vision Statement:
- To be the first choice in northwest Ohio for older adults, persons with disabilities and their family caregivers.
- To be a national leader in the field of aging.
- To be a collaborative partner with our network of service providers and other community based organizations.

Core Values:
We will achieve our Vision through our Core Values:

- Providing compassionate care
- Strengthening collaboration
- Improving communication
- Promoting mutual respect
- Embracing diversity
**Top Three Outstanding Goals from PY 2011-2014 Strategic Area Plan**

Briefly summarize the status of the top three outstanding Goals from your PY 2011-2014 Strategic Area Plan, including the outcomes and impacts, and when each goal is expected to be completed. Also indicate how your AAA will measure goal success. (500 words or less per goal)

**Introduction**

The Older Americans Act (OAA) of 1965, as amended, requires each Area Agency on Aging (AAA) to prepare and Area Plan to foster the development of a comprehensive and coordinated delivery system to meet the needs of older persons in the Planning and Service Area (PSA). The development process of the Area Plan helps to establish the AAA as the focal point on aging in each PSA.

The goal of the Area Plan Process is to produce plan that is strategic in nature, i.e., takes into account the environment within the PSA and that a long-range view (four years) of how aging services will be delivered in the context of that environment. At the same time, the process should lead to the development of an operational plan that details how services will be delivered.

The planning cycle incorporated into this format is multi-level. First, the strategic plan, covering a broad four year period, will set the stage and direction of the AAA. It describes how the AAA reached its conclusions and developed goals and objectives to be accomplished over the next four years. The second level is the annual update, also known as the Operational Elements. The Operational Elements supplements the strategic portion of the area plan. It consists of both narrative and budget section, both which provides more detail pertaining to the AAA’s implementation of the areal plan.

It will also provide a blueprint to guide the direction of the agency and its network of regional partners for the next four years. The Area Plan sets the stage for the future.

The three top outstanding goals from Area Plan PY2011-2014 include:

(Goal numbers below match goal numbers in the document's Goal Section)

**Goal 1:** Northwest Ohio’s long-term care system will allow elders and their caregivers access to a wide array of person-centered and well-coordinated services and supports.

**Goal 1** is similar to the required goal from ODA, as it addressed the long-term care needs and was previously worded "Maximize to AOoA's Case Management role in the Long-Term Care System in Northwestern Ohio" We will still be addressing needs of benefits counseling, housing, case management, and family caregivers.

For **benefits counseling**, better methods of disseminating information to older adults so as to have an outcome so they and/or their caregivers have reliable knowledge about their health care benefits impacting them to have a better understanding for their individualized needs. A measurement of pre- and post-questionnaire with 90% of participants knowing their personal health and drug needs will be utilized.
For **housing**, developing an array of housing options throughout the PSA which will impact the number of adults who have access to affordable housing where they can age in place which impacts them by avoiding unnecessary institutionalization. Measurement will include tracking priority services for home repair and priority by non-Medicaid nursing home level of care older adults to ensure they have priority for home repairs.

For **case management**, conducting person-centered assessments where the outcome will be to provide coordinated services for non-Medicaid nursing home level of care older adults, and will impact by having less fragmented services and better communication with seniors regarding their care. Measurement will include customer satisfaction surveys along with establishing a baseline for those receiving case management.

The **Family Caregiver Support Program**, will respond to the growing needs of caregivers' where the outcome will be improved health and well-being of the caregiver impacting their quality of life and stress reduction. Measurement will include periodic caregiver stress assessments.

**Goal 3:** *Use nutrition, wellness and prevention activities to reduce the incidence or impact of disabilities resulting from preventable chronic diseases.*

Goal 3 is the same as in the prior plan including elevating the health and wellness to ensure only evidenced-based programs are provided in our service area. We expect to see an increase of those receiving evidenced based services as an outcome, and impact the health and well being of older adults who participate in the program. We will measure through the participant evaluations of those participating in the Evidenced-based programs. Additionally, with senior hunger on the rise, ensuring nutrition services are attainable by all who qualify, the outcome will be an increase in the number of adults who eat three meals a day, impacting on senior hunger being reduced. This will be measured by an increase of 5-10% who say they eat three meals a day, and a reduction of home-delivered meals waiting list by 5-10%.

**Goal 4:** *Foster efforts to enhance the development of new and expanded financial resources to meet the growing needs of older adults, persons with disabilities, and their caregivers.*

Goal 4 has been reworded and expanded and was formerly, "Strong Advocacy efforts are required to educate and gain support from federal and state legislatures for increasing, or at least maintaining, current funding for senior programs and services.", but has many of the same strategies. Continuation of educating and gaining support from federal and state legislature will allow an outcome of key decision makers increasing or continue funding which will impact by having a favorable reaction regarding problems affecting seniors. Measurement will be dependent on success or defeat of action by the legislature on behalf of the senior network. Additionally, educating seniors on self-advocacy with an outcome of seniors having more knowledge impacting their lives so as they feel part of the process with positive outcomes leading to more funding. Measurement will include an increased attendance with annual advocacy training workshop.
Environmental Scan

Describe the current environment faced by the region and how it will impact the AAA and aging network. The environment should be viewed from both internal and external perspectives. Please refer to the Glossary for further clarification. (800 words or less)

There are many factors, both external and internal which affect the aging network which include the following:

Economic

With the recession maintaining a firm grip on northwest Ohio, its affects are seen in many areas. Many older adults throughout the service area are delaying retirement, while facing an uncertain financial future. Many older, frail seniors, who own their homes, have middle-aged children who have been laid off causing home foreclosures. Many are living with a parent/s acting as caregivers. Additionally, caregivers/friends, social service providers, public transit and seniors driving themselves are the main ways senior transportation needs are met. Public transit funding in Ohio has dropped by a 77.9% since 2002. Many rely on public transit for getting to work and health care appointments, shopping and just getting out of the house. Additionally, many suburban and rural areas have no public transportation so Local Levies and the Older American Act funds medical and non-medical one-way trips for older adults and still have waiting lists.

2012 Survey of State Funding for Public Transportation, Policy Matters Ohio

www.policymattersohio.org/budget-oct2013#sthash.tOHQG04W.dpuf

![Figure 3: Ohio's investment in public transit continues to fall](image)

Source: Policy Matters Ohio, based on data from the Ohio Legislative Service Commission, Budget in Detail and Green Books for the Ohio Dept. of Transportation; this chart excludes spending on rail and airport. Line items include 775451, 775422, 775452, 775454, 775458, 775463.

Political

Aging services is going from a social model to a medical model due to the anticipated health care needs of aging seniors. This has caused much debate at the federal level where new policies trickles down to the local areas on aging. The Administration on Aging has now merged with the Disability Community, and now called the Administration on Community Living. At the state level, the debate on Medicaid expansion resulted in Ohio adopting the expansion of Medicaid in Ohio will give more low-income people access to health care along with
the Affordable Care Act which has influenced funding for services, among these new programs for home and community-based care for older adults allowing services at home instead of nursing homes. The new pilot, MyCare Ohio began providing managed care for 114,000 individuals eligible for both Medicare and Medicaid beginning in June 1, 2014. This program has caused internal stress factors on staff and administration as they adjust to the new rules of the program, moving from grant money to per member per month capped payments with Managed Care Organizations. The Area Office on Aging will continue to educate legislatures, providers, and older adults so as to be informed of senior issues and work together to find solutions. Older adults historically are the most reliable voters voting in larger numbers than any other age group and can influence outcomes.

Social Pressures

Food insecurity has become an issue in Northwest Ohio. The Needs Assessment done by the Area Office on Aging in 2014 showed that older adults who eat at least three meals a day declined by about 7% over a four year period which is statistically significant. Additionally, a study by Ziliak and Gundersen (2013) offers compelling evidence that food insecurity is associated with a host of poor nutrition and health outcomes among older adults. A key potential avenue to stem the growth of health care expenditures on older Americans may indeed be to ameliorate the problem of food insecurity.

_The State of Senior Hunger in America 2011: An Annual Report, 2013_

Dr. J.P. Ziliak, University of Kentucky and Dr. C.G. Gundersen, University of Illinois

Additionally, African-American older adults have twice the food insecurity rates than white older adults as reported in _The State of Senior Hunger in America 2012._

![Figure 3. Trends in Threat of Senior Hunger by Race](image-url)
Caregivers are aging as the population ages. The Nine-County Rural Assessment of 2014 done by the Area Office on Aging showed that among the senior population, nearly one in five of those ages 60-69 is likely to be the caregiver (18.6%). Even among older adults ages 70-70 and 80+, more than one in 10 (11.5-12%) are caregivers. More than half are women (54%).

Health care disparities among minorities and low-income older adults continue. While access has increased along with preventive care, many are not able to afford the co-pays and deductibles. Benefits counseling, including healthcare benefits, remain the number one issue important to seniors as reported in the 2014 Needs Assessment by the Area Office on Aging.

**Demographics**

Economic insecurity affects over 23 million Americans 60 or older are who are living at or below 250% of the federal poverty level (FPL = $11,490 for a single elder).

- According to the Social Security Administration, almost 75% of single Social Security recipients 65+ depend on Social Security for all or most of their monthly income. The average retirement benefit from Social Security in June 2014 was $1,232.
- People 65+ represented 12.4% of the population in the year 2000. They are expected to account for 19% of the population by 2030.

Approximately 70% of senior center participants are women; half of them live alone.

Older women typically receive about $4,000 less annually in Social Security than older men due to lower lifetime earnings, time taken off for care giving, occupational segregation into lower wage work, and other issues.  

- Wider Opportunities for Women
Census Information
Basic Demographics: 2010 Census

Targeting Underserved Populations
Please explain your response in detail and include supporting data and analysis as applicable.

1. Discuss the AAA’s proposed method for carrying out preference to (1) older individuals with greatest economic need, (2) older individuals with greatest social need, and (3) low-income minority individuals.

Our ten-county area has 182,133 seniors 60+ years of age; of that, 44% are males and 56% females. We have 81,568 seniors, or 45%, aged 60-74 year of age; 61,854 senior, or 34%, 75-84 years of age; and 38,711 seniors, or 21%, 85+ years of age. Additionally, 25% live in rural areas, 12% live in poverty, and 11% are minorities. 29% live alone and 13% are Limited English Speaking.

The AOoA has twenty-one senior centers throughout the ten-county region. The nine (9) rural counties each have one center with multiple sites as needed. Of the rural senior centers, Ottawa County has the highest percentage of seniors while Erie and Wood Counties have the highest population of seniors. Of the twelve (12) centers in Lucas County, Oregon, Margaret

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1 Limited English Proficiency
Hunt, Jewish Family Services, Eleanor Kahle, and Maumee tend to be in predominately middle-class, white neighborhoods and tend to be in the perimeters of the city. The seven (7) senior centers in Lucas County that are predominately low-income, closer to central city, and predominately minority population. This includes the Asian Resource Center, East Toledo Family Center, Mayores, Zablocki Senior Center, J. Frank Troy, and Senior Centers Inc.

East Toledo Family Center (ETFC) is a very active center and in addition to the usual senior center activities, does home repair for Lucas County. There seniors tend to be from a working class/working poor area with some blight and crime. Many seniors from Oregon will come to ETFC for chore services. ETFC also subcontract with the Ability Center for ramps for seniors with disabilities; the Ohio Housing Trust Grant funds require income eligibility so they serve low income seniors for home repair. J. Frank Troy is a newly built center that is in a low-income African-American Community. Mayores is in a Hispanic neighborhood and has a fairly new director. They are working on outreach and adding core services like more chore and health education and wellness activities for their seniors. Zablocki senior center is in the north-end of Toledo in an area that was primarily Polish but with an increasing number of African-Americans. It is in a low-income neighborhood with many challenges and the center serves as a focal point for the neighborhood in a city building with youth activities as well. Senior Centers, Inc. is the closest to downtown area near a homeless shelter; many seniors from the shelter spend time at the center for congregate meals and supportive services; in addition to chore services, they do a lot of commodities because of the poverty in their area. The Asian Resource center works with seniors who speak little English. They do a lot of translation for their seniors and supportive services; without this center, the seniors would be lost.

The Caregiver Support Program does one to two weeks institutional respite for those in low income area which can be as high as $250 a night as the caregivers could never afford this. Additionally, the Caregiver Series in Lucas County is held at library in the inner-city in a primarily African-American Community.

2. The 2006 reauthorization of the Older Americans Act (OAA) includes specific emphasis on serving older individuals residing in rural areas. Describe the AAA’s plans to ensure compliance with this mandate.

The AOoA contracts with nine (9) rural senior centers for services; the Title III funds are used primarily for meals, transportation, home repair, homemaker, and caregiver support services in the rural areas. Rural senior centers use their Levy Funds for other needed services. Many rural senior centers have one major center surrounded by multiple sites. We expect to continue services in the rural areas.

The Caregiver Support Program has an educational series in Defiance County and Caregiver Wellness in the other nine rural counties to ensure this unmet need is fulfilled as no rural providers bid on these areas of need. Additionally, Evidenced Based Wellness programs are in the provided in the rural counties by AOoA as providers did not bid on this service in the outer counties.

3. The 2006 reauthorization of the OAA emphasized the importance of reaching groups that have limited English proficiency (LEP). Describe the AAA’s plans to improve access to services for those persons identified in this group.
The AOoA has been working with LEP seniors for a long time and will continue to do so. We have the Asian Resource Center which works with seniors from multiple languages; they attend medical appointments for translation services along with assisting with forms or another applications that is needed to ensure they have their needs met. Additionally, the Mayores Senior Center has a large Hispanic population, many of whom need bilingual services as well.

The Caregiver Support Program has had to obtain translators as needed for home visits for Hispanic Caregivers and their care recipient. Additionally, the Caregiver Support program has a brochure translated in Spanish.

4. The 2006 reauthorization of the OAA emphasized the importance of reaching older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement. Describe the AAA’s plans to ensure compliance with this mandate.

The AOoA on aging provides ramps for persons with disabilities so seniors will be able to remain at home. We also work with our provider, ABLE, with the Home Choices program which enables those seniors, many of whom have a disability, who are able to return home after being institutionalized. Dementia is a growing disability, especially among the over 80 population. With half of all 85 year olds having some form of dementia, they are at risk of institutional placement. Additionally, our RSVP and Caregiver Program had a volunteer respite program for seniors with dementia that gives caregivers a much needed break. Caregivers are instrumental in providing a lot of care around-the-clock care for their loved ones; without them, the senior would be in an institution. Also, Family Services of NW Ohio provides Alzheimer's Personal Care service to those with dementia. With the combined Adult Day Service funding at the Alzheimer's Association, Alzheimer's Personal Care, and the volunteer respite program, we intend to continue to serve the frailest of seniors; those with dementia.

5. Identify and discuss other significant underserved and underserved populations and AAA plans to assist these groups.

The Spencer Township area is a rural, African-American, low-income area. They have been in transition in the last few years; they have hired a part-time director and hope to submit a proposal the next round by themselves or as a site with another senior center. Many seniors age in place in this neighborhood. Their needs primary needs include chore, transportation and housekeeping. They continue to be a congregate dining site.

6. Discuss how the AAA will evaluate the effectiveness of any resources that will be used in meeting the needs of the above consumer groups.

The Caregiver Support Program does follow-up to ensure the services that are provided are effective. This is done a month after services are initiated. Also, evaluation forms are done at the end of each Caregiver Series; we monitor attendance as well because if it drops, they it indicates low interest. The Evidenced Based Programs have consumer evaluation programs as well. Our senior centers use independent evaluation forms to gauge how their services are affecting their seniors.
SWOT Analysis (Strengths, Weaknesses, Opportunities & Threats)
Summarize your AAA’s SWOT (500 words or less per category). Please refer to the Glossary for further clarification.

a. **Strengths**

**Established Network**

The Area Office on Aging (AOoA) partners with a network of community organizations to provide services to older adults and their family caregivers. These organizations represent the following sectors: social services, arts, nutrition programs, housing and healthcare providers to implement programs in rural and urban area.

**Resourcefulness**

The AOoA has an excellent case management staff as evidenced by managed care organization opting to purchase the AOoA Case management services for the under sixty population.

While program/service availability and funding may vary from one budget cycle to the next, AOoA’s commitment to the area’s older adults remains unchanged.

Staff dedicated to providing effective programs, advocacy and resources to offer seniors every opportunity for fulfillment and the best possible quality of life. Federal competitive grants in transportation mobility management planning and care transitions were obtained by administrative staff responding to national trends and local needs.

While funding for senior services has lagged in recent years (despite a growing need), the efforts of AOoA’s network and staff have kept critical outreach programs (meals, transportation, housing assistance) continue by “doing more with less.” For example, by cutting out the middle man for transportation, the AOoA almost doubled the number of medical transportation rides it was able to provide with the same amount of funding. Additionally, TARTA began providing free bus passes that older adults can use to get to and from dining sites and senior centers and maintained reduced fares for older riders for the past twenty years; this has been done only because of the initiative of AOoA.

**Successful Levies/Taxpayer Support**

Most taxpayers in all ten counties believe the AOoA’s senior services have great value. Voters demonstrate their support for AOoA efforts at the polls, approving local and/or county tax levies to help fund senior services. In 2000, eight out of the ten counties served by the Area Office on Aging of Northwestern Ohio had senior services levies. Currently, all ten counties had passed levies to fund senior services. Not only has the number of counties that has levies increased, but the amount of the millage has increased. The Lucas County Senior Services Levy will be a renewal of .45 mills with an increase of .15 on the ballot in November of 2014 for a total of .60 mills.
High Awareness among Seniors

In spite of economic factors prohibiting effective levels of promotion and advertising, about 75% to 92% of Greater Toledo seniors say they are aware of the senior center(s) in their area. In seven of the ten counties AOoA serves, awareness of senior centers and services is 90% or higher, with the remaining three counties at 80% or higher. In the 2009 Levy Survey, the Area Office on Aging of Northwest Ohio had an 82.9% awareness level among likely voters.

Effective Leadership

The AOoA leadership team has a longstanding supportive relationship with its staff, marked by mutual respect, trust and shared goals. Agency leaders are experienced in legislative advocacy, informed, committed to the agency’s mission and adept at driving home the value of its services to the communities and the need for local funding.

Information Experts

AOoA staff members are recognized by seniors, caregivers, legislators, healthcare providers, social services agencies and other network partners as THE reliable source for accurate, comprehensive information on issues and needs that affect seniors. This clearinghouse reputation will prove invaluable as seniors’ increasingly seek help to navigate the fast-changing health plan/drug plan landscape. In the 2014 Needs Assessment Survey, health care/drug plan information had replaced transportation as the #1 issue for seniors in all ten counties. (AOoA 1998 Needs Assessment Survey)

b. Weaknesses

Visits to Senior Centers

Visits by older adults to the nearest senior centers do not reflect the high awareness rates in any county served. The three highest visitation rates (Paulding, Sandusky and Williams counties) hover in the 45% to 53% range.

Scattered Transportation Services

Some older adults face choosing between buying food and paying utility bills each month and have little or no money for transportation services. At the same time, there is no coordinated, systematized transportation network for seniors to rely on. Additionally, areas within Lucas County and Northern Wood County have opted out of public transit (e.g., TARTA) leaving many seniors dependent on family or friends for rides or fragmented services with poor connectivity thus increasing the usage of federal funds and senior levies to supplement these lost trips. (e.g., Spencer Township, Springfield Township, Perrysburg, and Oregon)

Inadequate Collaborative Partnerships

Collaboration between providers is not optimized. Charters vary from one county to another and may limit or prohibit resource use for certain activities or services. Finding solutions for partners to not feel
threatened by one another, but collaborate to meet common goals could resolve funding and capacity
issues. Partners identifying their strengths for partners to draw from for needs of other centers (e.g.,
evidenced-based trained staff.)

Funding Levels Not Keeping Up with Demand

Budgets are shrinking and grant awards are becoming even more competitive. Increased demand for
many services – feeding programs, housing assistance, help with utility costs, current information and
assistance navigating area resources – is already straining the available resources of most agencies.
The result: The 60+ population in northwest Ohio is projected to increase by about 10% from 2010 to
2015 and another 10% from 2015 to 2020. Meanwhile, funding has remained stagnant or has been
reduced.

High Turnover

High turnover among in-home care provider non-skilled staff makes program implementation and
planning extremely difficult. An insufficient supply of trained professionals prevents providers from
delivering services at the levels needed, especially in home care. The U.S. Department of Health and
Human Services Mach 2011 report stated that between about 33-50% of direct care workers say that
they are very likely or somewhat likely to leave their current job in the next year. Poor pay and having
found a better job are the most commonly reported reasons for leaving. Additionally, the Bureau of
hourly wage for $21,050 annual salary.

Technology

Limited stable Internet connectivity in the field, having computers with an older/unsupported operating
system and having two case management systems that do not communicate with one another inhibit
staff productivity, connectivity and innovation. For example, staff doing assessment in the field, they
have to return to the office to upload data if they lose connectivity. For others who are entering
assessments in the computer while in the field experience unstable or slow internet connections that
are resulting in them being booted out of the system and/or having to reenter data. Technology that
cannot keep pace with collaborative counterparts leaves the AOoA less efficient than it otherwise would
be.

c. Opportunities

Expanding Collaborative Roles

The Affordable Care Act (ACA) has opened many new opportunities for AOoA programs. The initial
challenge is to determine the agency’s optimum role in every category: private-pay services, care
coordination, advocacy, access to health care services, education programs, nutrition services and
more. Opportunities for interagency care conferences with agencies and/or insurance/health care
providers and hospital systems to offer the potential for more effective services and outcomes.
Growing Senior Population

While stretching resources, the continued growth of the aging population also presents opportunities for the new and improved: innovative programs, expanding tiers of services, funding/grant sources, collaborative partnerships, networking, information sharing, the role of technology and more, not to mention increased awareness of and demand for AOoA services.

Information and Education

The #1 issue on seniors’ minds in all counties is insurance/drug/benefits counseling. Medicare coverage has increased slightly in most of the service area, with a larger jump (7%) in Toledo’s suburbs since 2010. Enrollment in Medicare drug benefit programs (Part D) jumped sharply in Lucas County (10%) and in seven of the other nine counties (15% to 33%). Threats to these benefits make efforts to educate and empower seniors all the more important.

Home Health Programs

This service sector will generate many opportunities. With the ACA in place, processes and programs for senior home care are evolving faster than ever to meet changing needs. Helping seniors stay in their own home has become a big demand due to the need of home-delivered meals and in-home care which are ranked among the top three most important issues for seniors throughout the service area. One in ten seniors already receive care at home from family or professional caregivers, and nearly one in five of those ages 60-69 are caregivers themselves.

Housing

Since 2010, seniors throughout the service area are only slightly less likely to be homeowners, but the costs and physical demands of maintenance and repairs continue to rise. Cutbacks in federally funded programs for the elderly and home/neighborhood preservation have left gaps in services available for home upkeep. Rising costs make it more difficult for those on a fixed income. Opportunities will include collaborative programs with local CBOs, faith-based organizations (FBOs), trade associations and business leaders.

New Revenue Streams

The AOoA’s services are provided to several audiences – caregivers, families, providers, health care institutions, etc. – and its collaborations extend to civic leaders, businesses, faith-based organizations, volunteers, community groups and much more. With access to that enormous population, the agency should be able to create several innovative programs to generate additional income for expanding services.

Undeniable Value

The ability to share, manage, update and produce data on demand is the key to doing more with less. AOoA can use new technologies to make programs and services more efficient and productive with trackable results and documentation for presentation to funding sources, taxpayers and potential funders.
New technologies make it easier to track and evaluate new revenue streams; tie into tele-health networks to better serve rural seniors who have no providers nearby; develop faster, more targeted recruiting methods; coordinate transportation schedules and multi-county services; enhance internal training programs; network with collaborative partners to speed the development process, improve service-wide planning and distribution, and communicate with seniors, employees, partners, providers and communities more efficiently would pay for itself in very little time.

d. **Threats**

**Growing Senior Population**

Just as the growing senior population is seen as presenting opportunities, it is also a threat in that seniors' needs may grow faster than the services and the funding for services provided for them. As funding drives services to those with most needs, the more the agency can help seniors advocate and navigate the system for themselves through education and digital resources, the better.

**Funding Uncertainty**

The healthcare landscape will continue to shift with ACA requirements. The political environment leaves the status of the federal and state funding programs in constant change causing program uncertainty. Once resolved, the AOoA must wait to see what the state of Ohio will do, if anything, to remedy any potential losses. The taxing decisions made by the state of Ohio and reduced property values have resulted in a reduction in the Lucas County Senior Services Levy funding which is a required match for Older Americans Act funds. Any funding streams resulting from the ACA will likely cause fierce competition among nonprofit senior service providers, for-profit companies and MCOs. With an additionally municipality passing a senior services levy in Lucas County, the concern over municipal levies undermining the passage of county-wide senior services levy increases; will voters support more than one senior levy in their area?
Service Needs & Gaps
Prioritize and describe in detail the top five service needs or gaps that exist in your region (500 words or less for each service need or gap).

Please be sure to include in your response:

- A detailed explanation of how these service gaps were identified; and
- The AAA methods or criteria for determining priority of services funded with Title III dollars.

1. Service Need/Gap

The Area Office on Aging did a survey the area in April/May of 2014 with a confidence level of 3.9%. In Lucas County, 600 seniors were surveyed with 200 residents from Toledo, 200 from suburban areas, and 200 outside of Toledo. Additionally, 80 seniors were surveyed in each our 9 rural areas for a total of 720 rural seniors. The same services came up as the needed services, but in a different area for rural versus urban. For the purposes of this document, the Lucas Co need will be in order from first to last, and then the rural rating of importance discussed.

The number one need "Importance for Seniors" according to the survey was Insurance/Drug Information at 88.3% so in other words Benefits Counseling. For the rural areas this was ranked number two at 84%.

2. Service Need/Gap

The number two need according to the poll was Home Delivered Meals with 79% in Lucas County rating this level. There was an 8% increase for those only eating 2 meals a day from 3 from our 2010 survey which the pollsters tell us is statistically significant. For the rural areas this was ranked number one at 84.2%. Currently, six counties have wait lists (or anticipate having one) for home delivered meals; Erie, Fulton, Henry, Lucas, Ottawa, and Sandusky. All of these counties have senior services levies. Additional funding is needed to respond to these unmet needs.

3. Service Need/Gap

The number three need in Lucas County was Transportation was at 76.4%. Our ADRN states that this is one of their most frequent requests from callers. For the rural areas this was ranked number four at 79.2%. Our non-emergency Medical Transportation provider has around 1,000 registered consumers. They provide 750 trips available for regular riders and 50 for escort each month. There is a waiting list of 10 consumers or more a month along with
about 3 a month of individuals that do not qualify whether they live in another county or age requirements. They are able to add around 500 trips per year with project income.

4. **Service Need/Gap**

The number four need in Lucas County was **In-Home Care** services at about 74.7%. For the rural areas this was ranked number three at 79.9%. It should be noted that in the needs assessment survey, the number one ADL seniors identified as needing help with was Chore Services. Additionally, caregivers are requesting in-home care services, but cannot afford to pay agency rates. For example, an agency private-pay rate for personal care $18.00 per hour and some caregivers are paying individuals privately at a rate of $10.00 per hour without going thru an agency. The average caregiver spends $200.00 per month of their personal money. Some seniors are not eligible for PASSPORT, as a result, many caregiver cannot afford to pay for these services and they been told to contact local seniors for housekeeping, chores, and personal care. Family Services of Northwest O has a waiting list and no another agencies that provides these services. In the rural counties, there is not enough HHA aides to work; especially in Ottawa Co; therefore, agencies are denying our CGSP referrals. It is very difficult for CGSP because we provide short-term services and most caregivers are looking for a long-term services especially our PP referrals: average caregiving duration is 4 years in Ohio. Most important, the working caregivers cannot maintain two homes: as a result, they relocated their loved ones to their home or move in with their parents: some re-located out of state. This is a very stressful environment which places the caregivers at more risk for caregiver burnout. Overall, our most requested services is in-home respite service; we provided 907 units of FCSP personal care in the past 6 months.

5. **Service Need/Gap**

While **Adult Day** service was the rated eighth in the needs assessment survey of "Importance for Seniors" in Lucas County survey and sixth in the nine (9) rural counties, our providers are indicating a need and service gap. With half of all 85 year olds having some form of dementia and with this age group being the fastest growing senior population, this is a service that continues to have a service gap. This not only affects the senior, but their caregiver. If not for Adult Day service, the senior would become institutionalized. Adult Day gives a break to the caregiver so the senior can remain at home which not only is less costly, but also what seniors prefer: to remain at home.

The Alzheimer's Association reported last year that they had a waiting list of 80 seniors in need of Adult Day. They were eventually placed, but this places a burden on caregivers and a threat to institutionalization. Additionally, Adult Day Centers are valuable resources for our working caregiver in need of services for 4-8 hours per day. At times, families are informed that loved
ones need 24 hour care and adult care centers are helpful in preventing institutional placement. Three (3) out of nine (9) of our rural counties have no ADC facilities. Therefore, some caregivers have chosen to travel to a different county or cross Ohio state line to Indiana for this service. This a huge burden for the families due to expenses in gas and car maintenance. Most important, the time factors involved in travel and some caregivers will travel 30 to 45 minutes, in which, very difficult if the caregiver is employed. Many counties only have one adult day facility, which limited choices and transportation is also an issue, as well. Also, some of these adult day centers are at full capacity.

Note: While the Senior Centers was rated fifth in the needs assessment survey of "Importance for Seniors" at about 68%, we have no shortage of senior centers and they are not technically a service; will continue to fund them and recognize their importance, but did not feel as if this was a service gap in our area. For the rural areas this was also ranked number five at 68.5%. The main reason the seniors liked going to the senior center was to socialize and eat at a congregate site.
Strategic Goals for 2015-2018

The first two goals listed are provided by ODA. Goals shall include plans to develop a comprehensive and coordinated system of services that address OAA requirements. The first two statewide goals listed are provided by ODA and mandatory of each AAA. Your agency shall develop an additional three goals based on its priorities for this strategic plan period. For each goal, provide the top two strategies that address service needs in the region. Provide two or three objectives to support each strategy. The AAA shall list an outcome and the impact for each strategy. Also include the AAA’s plan to measure overall success of each strategy. Note: Each agency has the flexibility to develop goals that meet needs specific to its region.

Goal 1: Northwest Ohio’s long-term care system will allow elders and their caregivers access to a wide array of person-centered and well-coordinated services and supports.

Strategy A
Analyze and determine the most effective method to disseminate benefit counseling, health and drug information to baby boomers entering their senior years to aid in making wise choices concerning their medical needs.

Objective 1
Engage the services of a qualified, trained consultant.

Objective 2
Develop and promote a benefits counseling boot camp.

Objective 3
Provide funding to senior centers to promote benefits counseling.

Objective 4
Provide OHISP training to CGSP staff to promote benefits counseling to caregivers and continue to add free Benefit Counseling as a new service.

Outcome
Older adults and their family caregivers have knowledge of several reliable places to obtain benefit, health and drug information.

Impact
Older adults and their family caregivers will be given face to face counseling and support to better understand their individualized needs.

Measurement
Using a pre-questionnaire and post-questionnaire, 90% of participants know their personal health and drug needs.
**Strategy B**  
*Housing – Play an active role in the development of service-rich affordable housing options for older adults throughout the PSA.*

**Objective 1**  
*Meet with public and private developers to educate them on the housing needs of older adults across the PSA.*

**Objective 2**  
*Pursue the establishment of Enhanced Community Living (ECL) sites across the PSA, with emphasis on the rural regions, as a means of enabling older adults to age in place.*

**Objective 3**  
*Conduct formal and informal training of providers and internal departments on available housing*

**Objective 4**  
*Continue to monitor HUD Section 8-202 housing contracts to monitor the potential impact on older adults should these facilities be converted to market rate housing.*

**Objective 5**  
*Develop priority list for home repair services by establishing a point system (e.g., nursing home level of care, health and safety issues of the repair)*

**Objective 6**  
*Consider whether older adult housing developments have wrap-around services before submitting a letter of support.*

**Outcome**  
*Increase the number of older adults who have access to affordable housing where they can age in place.*

**Impact**  
*More older adults can avoid un-necessary and premature institutionalization and foster independence.*

**Measurement**  
*Track priority services, including home repair that is given to homes that have health and safety issues that if not fixed will endanger the senior and their ability to age in place. Priority by non-Medicaid nursing home level of care consumers: Track the number of home repair that is given to non-Medicaid nursing home level of care consumers.*
**Strategy C**

*Case Management – Conduct comprehensive person-centered assessments to improve care coordination of services.*

**Objective 1**
Develop and pilot an internal inter-agency case management service for non-Medicaid consumers who meet nursing home level of care

**Objective 2**
*Support the family caregivers by offering more follow-up telephones calls and re-assessment questionnaire 6 months along with LTC service options.*

**Outcome**
To provide coordinated services for non-Medicaid nursing home level of care older adults, including re-assessments and new service plan, if needed.

**Impact**
More clearly communicate to those who provide personal care, homemaker, medical transportation, home-delivered meal, minor home repair, adult day care, caregiver respite, care transitions and chore services that the non-Medicaid nursing home level of care consumers are a priority service for us that we want them to serve as soon as possible so they are not un-necessarily sitting on waiting lists while lower priority populations are getting served. Case managers will be cognizant of the family caregivers' needs as well and document in the care plan.

**Measurement**
*Conduct a satisfaction survey asking consumers if their care/service has improved from the previous year to establish a baseline. Track the number of consumers in the non-Medicaid nursing home level of care case management pilot who are placed in a nursing home to establish a baseline.*

**Strategy D**

*The Family Caregiver Support Program will respond to the growing needs of caregivers.*

**Objective 1**
*Evaluate the current program to ensure it is on track to meet the needs of the growing number of family caregivers.*

**Objective 2**
*Develop and promote caregiver wellness programs; create a checklist for health issues questions.*
Objective 3
*Provide funding to respite in-home program to expand respite service and a give caregiver a break.*

Objective 4
*Launch a self-assessment for caregiver risks every 6 months as a part of care management under caregiver assessment tool.*

Objective 5
*Re-structure the FCSP & ADRN in-house to better connect caregivers to available resources to access services. (One staff position dedicated to work 30% in ADRN for FCSP Information & Assistance.)*

Outcome
*Improve health and well-being outcomes of caregivers*

Impact
*Establish services to improve caregiver quality of life that lead to reduced level of stress and provide information about ways to cope effectively with the stressors of caregiving.*

Measurement
*Period caregiver stress assessment:*
  - *Counseling/training service will show a 10% increase to help caregivers cope with stress.*
  - *Assessment will show a 2% decrease in caregiver stress levels in 6 months.*
**Goal 2:** The Area Office on Aging will prepare and build a responsive regional infrastructure for Ohio’s aging population.

**Strategy A**
To continue to develop a well-coordinated and comprehensive network of services and programs to meet the needs of older adults, persons with disabilities and their family caregivers

**Objective 1**
_Dev_velop a well designed gateway to the AOoA to ensure our customers pass through the “right door” to meet their needs_

**Objective 2**
_Enhance the current agency Web site to become the “Better Business Bureau model” for seniors offering easy to navigate information and service providers at the touch of a fingertip_

**Objective 3**
_Develop an App to segment the different types of services to increase awareness, provide instant access, and improve customer decision-making_

**Objective 4**
_Conduct provider cross-training to educate all providers on our full array of services to create a culture of Service Advocates._

**Objective 5**
_Coordinate transportation services to leverage funding and efficiencies through collaborative efforts._

**Objective 6**
_ADRN develops Memorandums of Understanding with community partners to streamline the process of connecting consumers with the resources to meet their needs_

**Objective 7**
_Continue as a partner in the One-Call/One Click Transportation Call Center._

**Outcome**
_An increased number of one-way trips per dollar of funding. Develop an evaluation tool for the ADRN, including number of staff training requirements, Web site hits, number of weekly calls and customer satisfaction._
**Impact**

Seniors will be able to get where they want to go with better accessibility, increase services and availability to meet social, medical and nutritional needs.

**Measurement**

Customer satisfaction survey done to 10% of consumers by AOOA ADRN staff with Excellent, Very Good, or Good for 90% of respondents; annual report with breakout for transportation providers by services, cost, and consumers served reflecting 5% increase in one-way trips from 2014 to 2015.

**Strategy B**

Conduct outreach to local community colleges and universities to develop curricula to increase the supply of medical, home, and long-term care talent for our provider network.

**Objective 1**

Promote the field of aging as a potential career path

**Outcome**

A better developed and trained workforce for home-care services

**Impact**

Improved care for older adults in home care settings

**Measurement**

Assessment of staff turnover and periodic customer satisfaction for home care providers.

**Strategy C**

Enhance infrastructure with non-traditional network providers through art, music, volunteerism, and socialization to promote seniors well-being

**Objective 1**

Establish a Memorandum of Understanding to connect older adults and the Toledo Museum of Art for volunteerism, art classes and visiting exhibits.

**Outcome**

Older adults will have an enhanced range of activities to promote their well-being

**Impact**

Older adults will be more active and involved in the community, decreasing isolation.
Measurement
Providers will survey seniors for self-assessment of quality of life improvement

Strategy D
To serve as a clearinghouse that collects and distributes information regarding collaborative fundraising and grant opportunities for our provider network.

Objective 1
To disseminate funding opportunities to the network.

Outcome
Providers will have the opportunity to apply for more funding.

Impact
Providers will have more sustainability and provide more services to older adults.

Measurement
Providers will report the number of increased services to older adults.
**Goal 3:** Use nutrition, wellness and prevention activities to reduce the incidence or impact of disabilities resulting from preventable chronic diseases.

**Strategy A**

Elevate health and wellness to ensure only evidence-based programs such as "Chronic Disease Self Management Program" and “A Matter of Balance” are being offered to guarantee healthy aging is the rule not the exception for older adults in our service area.

**Objective 1**

Develop, promote and distribute wellness and evidence-based programs materials for Care Transitions Program.

**Objective 2**

Evidence-based programming will be offered to those who are homebound and unable to participate in group workshops.

**Outcome**

*Increase in older adults receiving Evidenced-Based services.*

**Impact**

*Increase health and well-being of older adults who participate in the programs.*

**Measurement**

*Evidence-based health and wellness program participant evaluations.*

**Strategy B**

Ensure nutrition services are attainable by all who qualify

**Objective 1**

Continue to address hunger, especially hidden hunger, in our community by eliminating, or at least mitigating wait lists through the ProMedica and WGTE Hidden Hunger Initiative.

**Objective 2**

Explore the AOoA or its providers becoming a Medicare provider to develop financially sustainable Nutrition Counseling through Medicare-reimbursed Diabetes, and non-Diabetes Medical Nutrition Therapy.

**Objective 3**

Offer culturally specific meals for at least one target population.
Objective 4

*Develop nutrition education materials for at least one target population to accompany the culturally specific meals being provided to that population.*

Outcome

_Increase the number of older adults who eat at least three meals a day._

Impact

_Senior hunger will be reduced and nutrition increased._

Measurement

_Increase by 5-10% the number of older adults who say they eat at least three meals a day on the 2018 Needs Assessment, when compared with the 2014 Needs Assessment. Reduce home-delivered meal waiting lists by 5-10%._
**Goal 4:** Develop and implement a value proposition and outreach plan to enhance awareness of the AOoA, our network and the array of services we offer to help seniors and caregivers live independent lives

**Strategy A**
Develop and promote our value proposition – why we are the first choice in northwest Ohio for older adults, persons with disabilities and their family caregivers

**Objective 1**
Develop a new, or more informative, tagline or description statement that quickly brings awareness of the services provided

**Objective 2**
Develop an outreach plan that includes local t.v. and radio spots with endorsements from local celebrities as well as testimonials with live or video short stories from people served to engender trust and credibility

**Objective 3**
Improve use of social media to grow our social

**Objective 4**
Distribute the resource guide to a wider audience outside of our core network

**Outcome**
To increase awareness of the AOoA, its Network among older adults and their family caregivers.

**Impact**
Make an instant brand connection in consumers’ minds, increasing the number of people aware of the services we provide

**Measurement**
To add a question to the 2018 Needs Assessment survey asking respondents if they have heard of the Area Office on Aging and its services to establish a baseline.

**Strategy B**
Expand our target audiences to increase awareness of the services provided by the Area Office on Aging of Northwestern Ohio, Inc.
Objective 1
*Increase outreach to baby boomers by targeting HR Departments within large organizations to promote the services we provide to family caregivers.*

Objective 2
*Increase outreach to culturally and ethnically diverse populations, including Lesbian, Gay, Bi-Sexual and Transgender (LGBT), minorities, including Arab-Americans, African-Americans, Asian-Americans and Hispanics.*

Objective 3
*Strengthen and build relationships with healthcare systems and other community based organizations*

Outcome
*To have a more inclusive service delivery population.*

Impact
*No group will be marginalized.*

Measurement
*Increased use of services we provide by target populations, based on annual SAMS report.*
**Goal 5:** Foster efforts to enhance the development of new and expanded financial resources to meet the growing needs of older adults, persons with disabilities, and their caregivers.

**Strategy A**
Educate and gain support from federal and state legislators for increasing, or at least maintaining, current funding for senior programs and services

**Objective 1**
Utilize the recent needs assessment to determine items important to seniors

**Objective 2**
Educate providers, decision makers, and legislators on needs and funding required achieving the solutions required by our seniors and their family caregivers. Promote the needs through written communication, multimedia and personal testimony directly to legislators, community forums and town hall meetings.

**Objective 3**
Promote reauthorization of the Older Americans Act

**Outcome**
A direct line of communication with key decision makers leading to Increased or continued funding – Actual legislation responding to senior needs

**Impact**
Swift and favorable reaction from legislature regarding problems affecting seniors

**Measurement**
Success or defeat of the action depending upon the desired outcome of the senior network

**Strategy B**
Educate seniors on self-advocacy

**Objective 1**
Improve use of social media to engage seniors

**Objective 2**
Collaborate with senior leadership organizations such as AARP and state retirement groups to educate seniors on self-advocacy
Outcome
*Effective senior advocates with more knowledge*

Impact
*Seniors feel a part of the process with successful legislation leading to increased funding*

Measurement
*Increased funding and services; an increase in the number of attendees to at least one advocacy training workshop per year.*

**Strategy D**
*Explore other sustainable funding streams (e.g. Medicare)*

**Objective 1**
*Explore becoming a Medicare provider*

Outcome
*Increase funding.*

Impact
*Increase services that can be paid for by Medicare and increase the number of older adults who receive the services.*

Measurement
*Provider reports increase in services due to new funding and increases in older adults served.*

**Strategy E**
*Explore the possibility of developing an LLC to integrate private pay system for nutrition and wellness services with current service delivery method*

**Objective 1**
*Identify a service the AOoA doesn't currently provide that an LLC could provide.*

Outcome
*A profit will be generated by the LLC that can be used to purchase home-delivered meals for other older adults.*

Impact
*Reduce or eliminate home-delivered meal waiting list*

Measurement
*Reduce the home-delivered meal waiting list by 5-10%.*
Operational and Budget Narrative

Each AAA must complete the below budget narrative for the PY 2015 Area Plan. Text boxes are provided where applicable for ease of sharing detailed responses. The AAA shall ensure that all responses to the below information are in the text box and in a font clearly distinguishable from the ODA statement.

1. **General.** Identify and discuss major environmental and/or programmatic changes, which impact historic funding patterns and service delivery within your region.

   The Aging network is going from a social service model to a medical model. Because of the increases of frail seniors and in preparation for the onslaught of baby boomers, medical costs have increased throughout the aging network. As a cost saving to the government, the Affordable Care Act looked at dual eligibles for seniors 65+ who are both Medicaid and Medicare eligible to create efficiencies. Health Care and Home Care will be considered at the same time for seniors. The result was on June 1, 2014 the Area Office on Aging began a three year pilot with the Managed Care Companies funded by the Ohio Department on Aging for dual eligible’s called MyCare Ohio in three counties: Lucas, Wood, Ottawa and Fulton Counties. This is about 75% of the PASSPORT consumers/staff. The challenge for the Older American's programming is how to interface with the changes while protecting their funds for intended purposes and not inadvertently supplementing MyCare Ohio. When an agency goes from hard-money to soft-money (e.g., unit of service contract), the landscape changes dramatically. If MyCare Ohio is not successful, and/or ODA makes this permanent, which seems to be the trajectory, is will impact the entire agency in ways we cannot foresee at its infancy stage. The homemaker agencies are at risk of disappearing and being taken over by the acute care agencies which will have bumps in the road and change our contracting landscape for the Caregiver Support Program if these new agencies do not want to subcontract with us or stop providing Homemaker or Personal Care services. Additionally, the challenges will be that the new Medicare/Medicaid providers want to implement one rule thus trying to have Caregiver contract follow Medicare rules for example, which is a foreseeable problem. Additionally, the Center for Medicare/Medicaid (CMS) are subcontracting with AAA to do Care Transitions; our Agency received a grant last year, but was given no start up cost. As it is a cost reimbursement contract, other funds needed to be used to supplement start-up.

   The medical cost of seniors are spilling over to the Area Agencies on Aging who are struggling with their own funding levels to sustain their current programming and maintain sufficient staffing levels.

2. **Impact of Funding Levels.** Please discuss how anticipated/projected cuts in Title III and local funding levels will impact services to seniors, AAA staffing, the AAA’s ability to meet Older Americans Act (OAA) requirements, and still continue current programming (i.e., priority services, non-federal match).

   The cuts we received from last year's sequestration cut programming nutrition and caregiver support programs. This means less carry-forward and less services for the future. Additionally,
with the poor economy the amounts from our Lucas County Levy was less than expected, so with our renewal going to the ballot on November 2014, we asked for slight increase of 0.15 mileage just to bring us up to the expect funding from the prior Levy. This impacts Lucas County, our largest, urban county. Also, Lucas County is losing population with many people moving to Wood County, so the funding formula will allocate fewer funds for procurement to Lucas County than last year funding cycle. The AAA cut a staffing position from planning for monitoring, so given this is a year of a new strategic plan, the Lucas County Levy, and 4 year procurement, and a combined Communications and Planning Department, not all activities are covered adequately.

3. Appendix 1-Request to Transfer Funds. This appendix must be submitted initially with the 2015-2018 Strategic Plan and subsequent dates of April 25, June 25 and July 30, 2015. If a transfer is not applicable, indicate “0” and submit the form; no exceptions. Transfers must not exceed percentage maximums allowed by the OAA:

See budget for information requested below:

a. Not more than 30 percent for any fiscal year between programs under part B (Supportive Services and Senior Centers) and part C (Nutrition Service);

b. Not more than 40 percent of the funds received between subpart 1 (Congregate Nutrition Services) and subpart 2 (Home-Delivered Nutrition Services) of part C (Nutrition Service); and

c. Identify FY 2014 Title III Carryover, including all ODA approved waivers of Policy 401, Procedure B.

4. Exhibit D-1a Title III Transfers and Base Funding Levels (refer to Budget Pages document). This exhibit shall be updated and included with each Appendix 1 transfer request – no exceptions. In the box below discuss how transfers are different than FY 2014:

The agency is currently requesting an initial transfer in the amount of $150,000 from Title III-C1 to Title III-C2. This transfer is less than the final transfers for 2014. At this point, this transfer request is an estimate of the need but the final 2015 transfer request will be based on the official RFP results that will occur later in 2014. The $150,000 will allow approximately 20,435 additional home delivered meals to be served to those who have no other means of obtaining well-balanced, nutritious food.

5. Exhibit D-1b: Summary of Service Allocations (refer to Budget Pages document)

a. Care Coordination Program Costs. Discuss any variances between 2014 and 2015 costs for the CCP program (e.g., number of staff, increase/decrease in service funds pool, expansion or additional services, etc.) and impact on service delivery.
There is little variance in funding cost in the Care Coordination Program. The only cut was to the Alzheimer Respite funds under $300 dollars; our provider was under spent last year in Homemaker Services, but continues to increase in Personal Care services as their seniors continue to age.

b. **Housing.** Discuss any differences between 2014 and 2015 budgets and any changes in scope.

The Housing Department took a big cut from $350,000 down to $180,000 from the Ohio Housing Trust Fund so we had less money for Home Repair, primarily in Lucas County. The Levy Funds were able to assist some, but with waiting lists for home repair, this will impact senior's ability to stay in their homes.

c. **Access, In-Home, Legal, Disease Prevention & Health Promotion, Other Community Services, Ombudsman, Nutrition Congregate, Nutrition Home-Delivered Services Categories.** For each, discuss any allocation differences between FY 2014 and FY 2015 for Title III funds, Alzheimer's Respite and SCS dollars for each service category. Include the reasons for increases or decreases.

At this time the agency does not anticipate any significant allocation changes to these categories between FY2014 and FY2015. The agency will be completing an RFP for all services in the fall of 2014 and specific allocation decisions will be made at that time.

6. **Title III-D Fund Allocations.** As discussed March 13, 2012 at the ODA/O4A meeting, AoA changed the requirements for allowable uses of OAA Title III-D funding. The requirements were effective February 16, 2012.

The FY 2012 Title III and Title VII Award Notice 0312380 forwarded on March 6, 2012 included the federal language “Effective with this action for Title III-D section 361 of the OAA for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.” The definition for evidence-based and FAQ’s can be found at AoA’s website: [http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIIID/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIIID/index.aspx).

Given the above, respond to the following:

a. Identify the evidence-based interventions your AAA currently supports with Title III-D funds; be specific as you provide details.

The AOoA’s Nutrition and Wellness Department currently provide workshops in Chronic Disease Self Management, Diabetes Self Management, Chronic Pain Self Management, Tai Chi: Moving for Better Balance, and a Matter of Balance. To date, we’ve enrolled over 1,500 participants, with over 1,200 completers throughout the ten-county area.

Additionally, the Lucas County Health Department provides Healthy-U classes in Lucas County only. They are contracted for 246 units (hours) annually of Health Education.
b. Does your AAA plan to use PY 2015 Title III-D funds contractually or in house to support evidence-based interventions?

The AAA plans to use it both ways. We will procure and see who bids for Title III-D funds. Because of the federal requirement of the Evidenced Based services, our providers are reluctant to provide the services. They find it too costly to train someone for $4,000, and travel to other parts of the country for University trainings. Many rural counties just use their Levy funds for Health Education Activities. Because of this we have had to request a waiver for services to ensure the Evidenced Base services are done per the mandate. Additionally, in Lucas County only our Health Department has done Healthy-U and our agency trained the staff. Senior centers have not bid on these services in Lucas County for the same reasons as the rural counties.

7. Funding of Priority Service Categories (Access, In-Home, Legal). Check all that apply:
   ☒ Current Title III-B percentages will be maintained
   ☐ Current Title III-B percentages will change
   Please explain any significant changes compared to previous years:

8. Application for Waiver Request. Each request to directly deliver services and activities shall occur via Appendix 2. Requests for PY 2015 only must be completed and included with this strategic plan submission. Refer to Policy 204.04 for more details. Note: all current waivers expire December 31, 2014.

The Waivers the AOoA plans on requesting will be for Caregiver III-E Education, Wellness Title III-D Evidenced Based Services, and Title III-C Nutrition Provider Functions conducted by AOoA

9. Direct Services by AAA. Please list all services the AAA plans to provide directly in PY 2015; indicate source of funds. The budget page Exhibit D-2b (refer to Budget Pages document) must be completed for each service that is provided directly by the AAA.

The Area Office on Aging plans to provide directly the following services:
- Caregiver Support Program - $280,678 III-E
- ADRN (I & R/A) - $104,000 III-B
- CDSMP – Wellness Works - $40,050 III-D

Note: The AAA does not have to request a waiver to directly provide case management or I&A/R, but must include a completed budget page Exhibit D-2b.

10. Title III Funding Formula. The AAA shall submit a copy of its current Title III funding formula, including a list of data (e.g., 2010 U.S. Census) used to populate the funding formula factors. In the box below, indicate if the formula has changed since 2014 and attach an updated formula.
## Area Office on Aging of Northwestern Ohio Funding Formula Factors

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<th>County</th>
<th>Ages 60+</th>
<th>75+</th>
<th>Poverty</th>
<th>Minority</th>
<th>Live Alone</th>
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<td>409.2</td>
</tr>
<tr>
<td>Williams</td>
<td>8,178</td>
<td>2,839</td>
<td>1,002</td>
<td>313</td>
<td>1,952</td>
<td>5,204</td>
<td>421.8</td>
</tr>
<tr>
<td>Wood</td>
<td>22,209</td>
<td>7,316</td>
<td>1,726</td>
<td>1,364</td>
<td>5,559</td>
<td>6,563</td>
<td>617.4</td>
</tr>
<tr>
<td>Totals</td>
<td>182,133</td>
<td>61,854</td>
<td>21,091</td>
<td>19,654</td>
<td>51,908</td>
<td>47,477</td>
<td>3949.2</td>
</tr>
</tbody>
</table>

**Formula weights**: 0.41 0.075 0.25 0.1 0.075 0.09

### Sources for Data:

- **Ages 60+ and 75+ factors**: US Census Bureau, 2010 Census Demographic Profile Data, Profile General Population and Housing Characteristics


- **Sq. Miles factor**: Ohio Department of Development, Office of Strategic Research, 20005 Ohio County Profiles

### Prepared by:

Planning & Program Development Department
Area Office on Aging of Northwestern Ohio, Inc.
April 2014

11. **Program Income.** Please describe AAA plans to expend the line 17 Program Income balance (for each funding source) if it exceeds the Program Income monthly average listed on line 16 of Exhibit D1-a.

   *As our Program Income balances will not exceed the Program Income monthly averages listed on line 16 of Exhibit D1-a, no description is required here.*
Appendices
Appendix 1: Request to Transfer Funds

Instructions

Transfers are reviewed based on ODA Policy 405.00, Title III Transfers of Funds. Complete a separate Appendix 1 for each transfer activity from: Titles III-B to C1, C1 to B, B to C2, C2 to B, C1 to C2, and C2 to C1. Transfers are not permitted from Title III-C2 if home-delivered meals are funded with ODA’s SCS funds.

A detailed rationale must accompany each transfer request. A mere statement such as “to provide home-delivered meals” is not acceptable. Any statement must be supported by information (statistics, figures, etc.) that documents the reason for the transfer. All rationale shall be included on the current Excel spreadsheet Appendix 1-FY 2015 Request to Transfer Funds. If more space is needed to explain transfers, please make additional copies of the worksheet and continue the summary. The worksheet design allows the AAA to include initial as well as all subsequent transfer request data on the same spreadsheet. The worksheet is included with the Budget (D Series) Exhibits.

The initial transfer request is due with this 2015-2018 Strategic Area Plan. Other anticipated transfer request due dates are as follows:

1. **Line 3, First** revised transfer request – April 30, 2015
2. **Line 4, Second** revised transfer request – June 30, 2015
3. **Line 5, Final** transfer request – July 30, 2015

**NOTE:** A completed copy of the above mentioned Excel worksheet must be included with Exhibit D-1a for each transfer request.
Appendix 2: Application for Waiver Request

Request is via ☑ Annual Area Plan or ☐ Emergency Request

The Older Americans Act prohibits the Ohio Department of Aging (ODA) from allowing an AAA to provide services directly unless the direct provision of those services are: (1) required in order to ensure an adequate supply of the service; (2) the service is directly related to an AAA administrative function of the AAA; or, (3) the AAA can provide the service more efficiently and effectively than other providers.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted by ODA for current review or approval. Please refer to Policy 204.04-Waiver Request by AAAs for details and additional requirements.

Instructions: An Area Plan Appendix 2 and a budget page Exhibit D-2b must be submitted for each service for which a waiver is requested.

The waiver request shall address each item listed below:

1. Identify the service category and define the service for which the waiver is being sought per ODA service taxonomy in the Ohio Reporting Requirements. Identify the AAA's preferred internal program name and definition of the service or function.

   Health Education – Evidenced Based. AAA’s preferred program name is Wellness Works! This consists of evidence-based workshops for Chronic Disease Self Management (in 9 outlying counties), Diabetes Self Management (in 9 outlying counties), Chronic Pain Self Management (in all 10 counties), and Tai Chi: Moving for Better Balance (in all 10 counties).

2. Identify the projected dollar amount $ 40,050._____ and the applicable funding source for the service to be provided using Titles III ☐ B ☐ C1 ☐ C2 ☑ D ☐ E or ☑ SCS.

3. Identify the geographic area(s) in which the service will be provided.

   CDSMP and DSMP will be in Defiance, Erie, Fulton, Henry, Ottawa, Paulding, Sandusky, Williams and Wood; CPSM and Tai Chi: MBB will be in Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood.

4. Did your AAA provide this service in the previous year? Yes ☑ No ☐
   a. If no, identify the provider that delivered the service.

      Click here to enter text.
b. If yes, summarize your efforts to develop this service with a provider(s) other than the AAA.

_We conducted three leader workshops to train potential leaders and encourage coordination of the program. While leaders were trained, no potential coordinators were available. Additionally, AOoA senior staff met with key providers encouraging them to obtain training and certification in evidence-based wellness programs that are not currently provided in our service area._

5. Was a RFP process used to solicit potential providers of this service? Yes ☑ No ☐

a. If no, clearly explain and support why the RFP process was _not_ used to solicit potential providers.

Click here to enter text.

b. If yes, provide a copy of the RFP indicating the date, geographic area(s) where the RFP was distributed and why those areas were chosen; number of providers that expressed interest, and the names of those that submitted a RFP.

Click here to enter text.

**Note:** If this is an emergency waiver request, proceed to statement No.10 after completion of the above information.

6. Why is it necessary for the AAA to provide this service? Check all that apply:

☑ To ensure adequate supply.
☐ Service is directly related to AAA administrative function.
☑ AAA can provide service more efficiently and effectively.

**Note:** Please explain your response in detail and include supporting data and analysis. Use additional pages if necessary.

Currently, there are no qualified providers of these evidenced-based wellness workshops in the outlying counties and no qualified providers of Chronic Pain Self Management Program or Tai Chi: Moving for Better Balance in Lucas County. All these programs have a high demand; yet training to become certified is a time-consuming, and costly, process so it's difficult to find dedicated people who are willing to undergo the required training.

7. Was a public hearing held as part of the area plan process and/or a similar public hearing on a related topic held within the last 12 months? Yes ☑ No ☐

a. If no, submit documentation (appropriately labeled) demonstrating how the AAA engaged the provider network to identify the capacity for this service.

Click here to enter text.

b. If yes, please provide:
• Date of last public hearing: July 23, 2014

• Name and number of individuals/organizations invited/targeted
  
  General public, open advertised meeting

• Name and number of providers in attendance
  
  Please see attached sign-in sheet

8. Explain how the AAA will develop/strengthen the capacity for this service in the community within the next six months. At a minimum, submit a detailed plan of action that includes timelines.

   We will conduct at least three leader workshops and open them to all organizations who are interested in attending and becoming certified. We will also work to ensure follow-through with the new leaders and coordinate workshops.

9. Complete and include with this document the budget page Exhibit D-2b, for the proposed service to be delivered by the AAA in the next program year.

   Click here to enter text.

   Note: If this waiver request is for a direct provision of service, proceed to statement No.11.

10. The AAA has included a copy of the correspondence from the current provider indicating its intentions to cease providing the service. Yes ☐ No ☐

    The AAA has included a copy of its decision to terminate its agreement with the provider. Yes ☐ No ☐

    If correspondence is not included or this is not applicable, the AAA must provide a detailed summary with the following information:

    a. Explanation to ODA indicating why such a document is not available; and

    b. Explanation of why the service will no longer be offered by the current provider.

   Click here to enter text.

   Note: In the event this request is being submitted because the AAA terminated its agreement with the provider, the requirements in No.10 are still applicable.

11. Specify the timeframe for which this waiver is being requested. Your request may not exceed 12 months.

   January 1, 2015-December 31, 2015

Signature of AAA Director ___________________________ Date ___________________________
Appendix 2: Application for Waiver Request

Request is via Annual Area Plan or Emergency Request

The Older Americans Act prohibits the Ohio Department of Aging (ODA) from allowing an AAA to provide services directly unless the direct provision of those services are: (1) required in order to ensure an adequate supply of the service; (2) the service is directly related to an AAA administrative function of the AAA; or, (3) the AAA can provide the service more efficiently and effectively than other providers.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted by ODA for current review or approval. Please refer to Policy 204.04-Waiver Request by AAAs for details and additional requirements.

Instructions: An Area Plan Appendix 2 and a budget page Exhibit D-2b must be submitted for each service for which a waiver is requested.

The waiver request shall address each item listed below:

1. Identify the service category and define the service for which the waiver is being sought per ODA service taxonomy in the Ohio Reporting Requirements. Identify the AAA’s preferred internal program name and definition of the service or function.

   Congregate meals, Nutrition Education, Nutrition Counseling, Nutrition Assessment, Nutrition Determine Checklist, Outreach; i.e.: activities, events, materials and programs which we make available to the community to increase awareness and ensure knowledge about our programs and services, how to participate, and benefits of participation. We develop the materials and provide them online, to groups and to individuals. Outreach is directed to people of all ages because many family members or friends can also use and benefit from our services. Potentially every older adult in our service area could benefit - approximately 180,000. Indirectly, that number is even higher.

2. Identify the projected dollar amount $177,125 and the applicable funding source for the service to be provided using Titles III B C1 C2 D E or SCS.

3. Identify the geographic area(s) in which the service will be provided.

   Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties

4. Did your AAA provide this service in the previous year? Yes ☑ No ☐
   a. If no, identify the provider that delivered the service.
b. If yes, summarize your efforts to develop this service with a provider(s) other than the AAA.

_We continue to look for organizations with the skill set to provide these services; unfortunately, it requires such specialized, technical expertise that none are available._

5. Was a RFP process used to solicit potential providers of this service? Yes ☐ No ☒

a. If no, clearly explain and support why the RFP process was *not* used to solicit potential providers.

_An RFP cycle has not come up since the previous Appendix 2 submission. However, we continue to be involved with professionals who may have the needed skill set and introduce them to our programs._

b. If yes, provide a copy of the RFP indicating the date, geographic area(s) where the RFP was distributed and why those areas were chosen; number of providers that expressed interest, and the names of those that submitted a RFP.

Click here to enter text.

**Note:** If this is an emergency waiver request, proceed to statement No. 10 after completion of the above information.

6. Why is it necessary for the AAA to provide this service? Check all that apply:

☒ To ensure adequate supply.
☐ Service is directly related to AAA administrative function.
☒ AAA can provide service more efficiently and effectively.

**Note:** Please explain your response in detail and include supporting data and analysis. Use additional pages if necessary.

No other entity exists that has the combination of history and expertise to adequately provide these services. There is a great deal of overlap between administration of these programs and the technical functions of actually providing the service. It is much more efficient to have the capability to seamlessly move from one area to the next. It also offers opportunities for improvement and procedure implementation where needed. Long term relationships with providers across the PSA enable AOoA to utilize the best procedures and apply them to weaker programs; work with programs in need to incorporate these into their service provision.

The skill set needed includes: knowledge of the older adult population and the aging process, the complexities of chronic disease and the impact of common medications and polypharmacy, and the nutritional needs of older adults. Additionally, experience in developing materials specifically for older adults, knowledge of strategic delivery methods, excellent presentation and interpersonal skills are needed. The individual must have an advanced degree in a relevant field such as nutrition or public health and a State of Ohio license to practice. Individuals must be knowledgeable of the vast community
resources available in Northwestern Ohio and, have, at least, 5 years of experience working with older adults within the aging network.

While an RFP was not offered, exclusively for these services, these services were a part of the overall Request for Proposals for Nutrition Services. Meal providers for each county applied but not for education, outreach, DETERMINE intake, assessment, or counseling. As we perform these services in the community, we remain cognizant of our partners and stakeholders and are always open to developing new relationships. Further, when organizations have an interest in providing services to older adults, they frequently contact AOoA for guidance, direction and resources. We maintain a list of interested groups and send them RFP notices and other information about community events.

The AOoA Nutrition and Wellness Dept has an exhibit and information booth at all our agency public events: Senior Safari at the Toledo Zoo draws many groups out to interact with older adult participants; our Spring Fling celebrates Senior Citizens Day in May – we worked with over 100 official organizations serving older adults and several unofficial groups were also represented. Nutrition & Wellness staff met and interacted with over 3,000 older adults and other service providers. AOoA also hosts a Legislative Breakfast. This year the theme was Hidden Hunger in the Elderly Population. Over 200 legislators attended and approximately 30 hunger/nutrition organizations were given the opportunity to showcase their efforts to eradicate hunger among the elderly population. Other activities are conducted throughout our 10 counties which enable us to meet and develop relationships with community organizations; these include participating in community health fairs, speaking to community groups, even monitoring nutrition programs becomes a wonderful opportunity to garner additional information about community organizations. Nutrition staff have the necessary training and education; and over 10 years experience, we are able to ensure the highest quality and provide exceptional, award-winning materials. Additionally, we can meet State requirements as well as, be sure the materials are "senior friendly", ie., read-able and interesting for the participants. Our materials have been recognized nationally by both aging and nutrition professional groups. We can also utilize quantity discounts for printing and distributing materials. It is also more cost-effective to have one department performing this task for 10 counties rather than contract with 10 or more organizations to perform the task for each county individually.

7. Was a public hearing held as part of the area plan process and/or a similar public hearing on a related topic held within the last 12 months? Yes☐ No ☐

c. If no, submit documentation (appropriately labeled) demonstrating how the AAA engaged the provider network to identify the capacity for this service.

Click here to enter text.

d. If yes, please provide:

- Date of last public hearing: 10/31/13
- Name and number of individuals/organizations invited/targeted
**General, public, open-board meeting**

- Name and number of providers in attendance

*Please see sign-in sheet*

8. Explain how the AAA will develop/strengthen the capacity for this service in the community within the next six months. At a minimum, submit a detailed plan of action that includes timelines.

*Within the next six months, the AAA will continue to reach out to develop and strengthen the capacity for this service in the community. This will be accomplished by:*

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, 2015</td>
<td>Research information and develop necessary materials and activities.</td>
</tr>
<tr>
<td>February, 2015</td>
<td>Conduct provider training and let current providers know we are working towards strengthening capacity in the community</td>
</tr>
<tr>
<td>March, 2015</td>
<td>Meet with other professionals in the communities who may have knowledge and awareness of potential service providers</td>
</tr>
<tr>
<td>April, 2015</td>
<td>Identify potential service providers and meet one-on-one to enable them to observe the service</td>
</tr>
<tr>
<td>May, 2015</td>
<td>Draft RFP document that will both meet the requirements and be user-friendly and encourage potential providers to complete it.</td>
</tr>
<tr>
<td>June, 2015</td>
<td>Conduct training for potential providers to let them know expectations for these services</td>
</tr>
</tbody>
</table>

9. Complete and include with this document the budget page **Exhibit D-2b**, for the proposed service to be delivered by the AAA in the next program year.

Click here to enter text.

*Note: If this waiver request is for a direct provision of service, proceed to statement No.11.*

10. The AAA has included a copy of the correspondence from the current provider indicating its intentions to cease providing the service. Yes ☐  No ☐

The AAA has included a copy of its decision to terminate its agreement with the provider. Yes ☐  No ☐

If correspondence is not included or this is not applicable, the AAA must provide a detailed summary with the following information:

a. Explanation to ODA indicating why such a document is not available; and

   Click here to enter text.

b. Explanation of why the service will no longer be offered by the current provider.

   Click here to enter text.

*Note: In the event this request is being submitted because the AAA terminated its agreement with the provider, the requirements in No.10 are still applicable.*
11. Specify the timeframe for which this waiver is being requested. Your request may not exceed 12 months.

1/1/2015 to 12/31/2015

Signature of AAA Director

Date
Request is via ☒ Annual Area Plan or ☐ Emergency Request

The Older Americans Act prohibits the Ohio Department of Aging (ODA) from allowing an AAA to provide services directly unless the direct provision of those services are: (1) required in order to ensure an adequate supply of the service; (2) the service is directly related to an AAA administrative function of the AAA; or, (3) the AAA can provide the service more efficiently and effectively than other providers.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted by ODA for current review or approval. Please refer to Policy 204.04-Waiver Request by AAAs for details and additional requirements.

Instructions: An Area Plan Appendix 2 and a budget page Exhibit D-2b must be submitted for each service for which a waiver is requested.

The waiver request shall address each item listed below:

1. Identify the service category and define the service for which the waiver is being sought per ODA service taxonomy in the Ohio Reporting Requirements. Identify the AAA’s preferred internal program name and definition of the service or function.

   Service category is Education – Service Code 17 under Title III-E Caregiver Support Program. AAA’s preferred program name is Caregiver Educational Series. This consists of workshops with speakers to educate and share information for family caregivers, primarily in Lucas and Defiance counties.

2. Identify the projected dollar amount $21,000 and the applicable funding source for the service to be provided using Titles III ☐ B ☐ C1 ☐ C2 ☐ D ☒ E or ☐ SCS.

3. Identify the geographic area(s) in which the service will be provided.

   All ten-county areas: primarily in Defiance and Lucas counties.

4. Did your AAA provide this service in the previous year? Yes ☒ No ☐

   a. If no, identify the provider that delivered the service.

   Click here to enter text.

   b. If yes, summarize your efforts to develop this service with a provider(s) other than the AAA.

   It is our intention to work closely with our current and new providers to coordinate and have collaborative trainings. A public notice with a public hearing on July 23, 2014. Met Williams Co. Senior Center director to start a caregiver educational service and offered to provide respite services and transportation, so caregivers can attend their events: she was new to her position and wanted some time to think about adding a new service. Spoke with Defiance Co. Senior Center about adding an
educational series and they were only interested in a short-term series, as a part of their Lifespan Respite Grant award.

5. Was a RFP process used to solicit potential providers of this service? Yes ☒ No ☐
   a. If no, clearly explain and support why the RFP process was not used to solicit potential providers.
      Click here to enter text.
   b. If yes, provide a copy of the RFP indicating the date, geographic area(s) where the RFP was distributed and why those areas were chosen; number of providers that expressed interest, and the names of those that submitted a RFP.
      Attached please find a copy of RFP for 2013-2016 for all ten counties. All four bidders that submitted for educational services were chosen: Alzheimer’s Association: all ten counties but specific to Alzheimer’s disease only. Henry County Senior Center only served Henry County. Hospice of NWO serves Lucas, Ottawa, and Wood Counties while Whittington-Clark Associates serve Lucas only.
      Note: If this is an emergency waiver request, proceed to statement No.10 after completion of the above information.

6. Why is it necessary for the AAA to provide this service? Check all that apply:
   ☒ To ensure adequate supply.
   ☐ Service is directly related to AAA administrative function.
   ☐ AAA can provide service more efficiently and effectively.
   Note: Please explain your response in detail and include supporting data and analysis. Use additional pages if necessary.
   Two years ago with the RFP, some providers dropped out so we wanted to ensure there was coverage in all 10 counties and not just Henry, Lucas, Ottawa, and Wood Counties. Additionally, Alzheimer’s and Hospice cover specific topics and target populations, such as, dementia care, and leaves gaps in services. Currently, we have been providing a Caregiver Educational Series since 2005 and have a strong following of 15 attendees (the national average attendance for caregiver groups is only 6). Also, our Caregiver Educational Series in Defiance has grown to four regular attendance and we have increase referrals and unit of service by 50% in 2014.

7. Was a public hearing held as part of the area plan process and/or a similar public hearing on a related topic held within the last 12 months? Yes ☒ No ☐
   e. If no, submit documentation (appropriately labeled) demonstrating how the AAA engaged the provider network to identify the capacity for this service.
      Click here to enter text.
   f. If yes, please provide:
• Date of last public hearing: July 23, 2014

• Name and number of individuals/organizations invited/targeted

  General public, open meeting

• Name and number of providers in attendance

  See attached sign-in sheet

8. Explain how the AAA will develop/strengthen the capacity for this service in the community within the next six months. At a minimum, submit a detailed plan of action that includes timelines.

   Our program, "Caregiver Educational Series" is more inclusive and covers multiple topics like Caregiver Stress. (See attachments of 2014 for Defiance Co. and Lucas Co. calendars for complete list of topics). We will conduct two monthly workshops (Defiance Co. and Lucas Co) and invite speakers from various organizations to participate, except for the months of November and December due to holiday seasons (see attachments for dates) for a total of 20 workshops. Additionally, the Caregiver Support Staff consists of a two Licensed Social Workers and directed by a Registered Nurse to help facilitate these workshops. In addition, we plan to expand workshops in our rural counties by conducting one workshop per month to be held at dining sites for a total of 12. We are focusing on caregiver wellness.

9. Complete and include with this document the budget page Exhibit D-2b, for the proposed service to be delivered by the AAA in the next program year.

   Click here to enter text.

   Note: If this waiver request is for a direct provision of service, proceed to statement No.11.

10. The AAA has included a copy of the correspondence from the current provider indicating its intentions to cease providing the service. Yes ☐ No ☒

    The AAA has included a copy of its decision to terminate its agreement with the provider. Yes ☐ No ☐

    If correspondence is not included or this is not applicable, the AAA must provide a detailed summary with the following information:

    a. Explanation to ODA indicating why such a document is not available; and

       Click here to enter text.

    b. Explanation of why the service will no longer be offered by the current provider.

       Click here to enter text.

   Note: In the event this request is being submitted because the AAA terminated its agreement with the provider, the requirements in No.10 are still applicable.
11. Specify the timeframe for which this waiver is being requested. Your request may not exceed 12 months.

    January 1, 2015 – December 31, 2015

Signature of AAA Director  

Date
Appendix 3: Request for Variance from Prescribed ODA Service Taxonomy

Instructions: Respond to each item listed. Additional pages may be inserted, if needed.

1. Service name
   Click here to enter text.

2. Definition of service
   Click here to enter text.

3. Detailed description of service to be provided
   Click here to enter text.

4. Unit of service
   Click here to enter text.

5. Rationale for addition of this service
   Click here to enter text.

6. Detailed description of target population to be served by the proposed service
   Click here to enter text.

7. Sources and amounts of funds budgeted
   Click here to enter text.

8. Amount of OAA funds budgeted
   Click here to enter text.
9. Describe impact on other Title III services caused by diverting these funds to new services, and the impact on other services needed in the community.

   Click here to enter text.

10. Projected number of service units next year

   Click here to enter text.

11. Identification of service providers for proposed service

   Click here to enter text.

   I certify that the request for variance has been reviewed by the Advisory Council, and approved by the Governing Body and AAA staff and is in concert with the intent of the AAA’s current Area Plan.

   ________________________________  ________________________________
   Signature of AAA Director          Date
Appendix 5: Use of Funds for MPSC Capital Improvements

Instructions: Complete this exhibit only if the AAA plans to allocate Older Americans Act grant funds for purposes as outlined in Section 321(b)(1) of the Older Americans Act.

1. Respond to the following:

   A. Project name (MPSC)
      
      Click here to enter text.

   B. Project address (MPSC)
      
      Click here to enter text.

   C. Grantee name
      
      Click here to enter text.

   D. Grantee address
      
      Click here to enter text.

   E. Approximate total cost of project
      
      Click here to enter text.

   F. Approximate amount of Older Americans Act funds to be allocated toward the project
      
      Click here to enter text.

   G. Percentage of Older Americans Act funds in the project
      
      Click here to enter text.

   H. Indicate which activity is to take place:
      
      ☐ Acquisition  ☐ Construction  ☐ Renovation or Alteration

   I. Use of these funds with other sources of funds in above activities; list other sources of funds with amounts.
      
      Click here to enter text.
2. Provide a detailed narrative for each item listed below:

A. How does this project fit into the long-range plan of the AAA for provision of services?
   
   Click here to enter text.

B. Specify the dollar amount of Older Americans Act funds being utilized by the project; list the services funded by these dollars.
   
   Click here to enter text.

C. List other services (identify by using ODA taxonomy standards language) not itemized in #2 above currently being provided by the project to seniors.
   
   Click here to enter text.

D. How does this project currently target for delivering service to low-income minorities?
   
   Click here to enter text.

E. What is the source of project/senior center operating funds?
   
   Click here to enter text.

F. Is this project a focal point? Yes ☐ No ☐
   
   If it is a focal point, is the project listed as a focal point in the Area Plan document? Yes ☐ No ☐

G. What is the start date for the project?
   
   Click here to enter text.

H. A public hearing was held this date:
   
   Click here to enter text.

   Attach a summary of the public hearing. Include in the attachment comments not only from those who attended the hearing, but also from those who shared comments outside the hearing.
3. The AAA Director assures that:

A. The need for the project was identified and substantiated through a general needs assessment process which has been conducted within the past two years;

B. The needs assessment shows this activity to be a high priority within the planning and service area;

C. Public hearings have included specific identification of these funds and for what purposes;

D. The AAA has assessed the impact of using these funds for the above purposes instead of spending on services; this assessment must show how services will be maintained if service dollars are used for MPSC capital improvements activity;

E. The project and sponsor are either a public or private non-profit agency or organization and comply with Ohio Revised Code in meeting that definition, and are registered with the Secretary of State in that capacity; and

F. The project/grantee and the AAA have pursued and applied to other funding sources for the same purpose/project (e.g., local funding, private foundations) and have been unsuccessful in obtaining funds from any specific funding source during the past three calendar years.

_________________________________________  ________________________________
Signature of AAA Director                      Date
Appendix 7: Waiver of Title III-B Priority Services

Instructions: Submit a separate Appendix 7 for each priority service category for which a waiver is being requested.

Click here to enter text. (AAA) requests a waiver for PY 2015 of the following:

1. Priority Service category:
   - ☐ Access Services
   - ☐ In-Home Services
   - ☐ Legal Assistance

   A. The AAA plans to allocate Click here to enter text. percent, or $ Click here to enter text. of its Title III-B budget, before transfers, to this Priority Service category for PY Click here to enter text..

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

   Click here to enter text.

   B. In accordance with the OAA requirements outlined in Section 306(b), did the AAA hold a public hearing regarding this waiver?

   ☐ No, a public hearing was not held. Please explain

   Click here to enter text.

   ☐ Yes, a public hearing was held this date: ____________________

   Counties in which the public hearing was held:

   Click here to enter text.

   Counties that will be affected by this waiver:

   Click here to enter text.

2. Include the record from the public hearing held by the AAA regarding its intent to fund a priority service category at less than five percent.

3. Include a copy of the public notice for this hearing.
4. Include a copy of materials distributed to the public at the AAA’s hearing on the waiver request.

5. Rationale that supports the AAA's reasons for requesting the waiver for the Priority Services category:

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

      Click here to enter text.

   B. How will the AAA ensure that activities under this service category are being provided with sufficient dollars to ensure the 60+ population is receiving these services and that they are in adequate supply to meet the need? Identify other funding sources (e.g., local) that support this service.

      Click here to enter text.

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

      Click here to enter text.

   D. List those counties within the PSA that will not receive Title III dollars in this service category.

      Click here to enter text.

______________________________  ______________________________
Signature of AAA Director          Date
Assurances

☒ 306 Older Americans Act

☒ Certification Regarding Department Suspension, Ineligibility and Voluntary Exclusion Pursuant to 45 CFR Part 76 Lower Tier Transactions

☒ Certification for Contracts, Grants, Loans and Cooperative Agreements

☒ Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

☒ Assurance of Compliance with Department of Health and Human Services Regulations under Title VI of the Civil Rights Act of 1964

☒ Older Americans Act Programs Non-Discrimination Policy

☒ Verification of Intent
Section 306 Older Americans Act

Area Office on Aging of NWO, Inc. assures the following:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, 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: services associated with access to services (transportation, outreach, information and assistance and case management services), in-home services, and legal assistance. (§306(a)(2))

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

3. Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
   a. Specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider.
   b. To the maximum extent possible services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
   c. Meet specific objectives established by the AAA, providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))

4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
   a. Older individuals residing in rural areas;
   b. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
   c. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
   d. Older individuals with severe disabilities;
   e. Older individuals with limited English-speaking ability; and
   f. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). (§306(a)(4)(B))

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

6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).
7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:

a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older Native Americans. (§306(a)(11))

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

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

a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
b. The nature of such contract or such relationship. (§306(a)(13)(B))

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

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

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

13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

14. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(15))

______________________________  __________________________
Signature of AAA Director Date
Certification Regarding Department Suspension, Ineligibility and Voluntary Exclusion
Pursuant to 45 CFR Part 76 Lower Tier Transactions

*Area Office on Aging of NWO, Inc.* 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.

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

________________________________________  _______________________
Signature of AAA Director                     Date
Certification for Contracts, Grants, Loans & Cooperative Agreements

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 the form, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

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

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

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employer of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to ensure or guarantee a loan, the undersigned shall complete and submit the form, “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.

__________________________________________  __________________________
Signature of AAA Director                                Date
Department of Health and Human Services Assurances of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the “recipient”) HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be expended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipients, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient [check (a) or (b)]:

a. ☐ Employs fewer than fifteen persons

b. ☒ Employs fifteen or more persons and, pursuant to §84.7(a) of the regulation (45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the Health and Human Services regulations:

2155 Arlington Ave. Toledo, Ohio 44360
Street Address or PO Box City, State & ZIP Code

34-1310295

IRS Employer Identification Number

I certify that the above information is complete and correct to the best of my knowledge.

Signature of AAA Director _______________________________ Date ___________
Assurance of Compliance with the Department of Health and Human Services Regulations
under Title VI of the Civil Rights Act of 1964

Area Office on Aging of NWO, Inc. hereinafter called the “Applicant”, HEREBY AGREES THAT it will comply with Title VI of the civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, 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 Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for federal financial assistance with were approved before such date. The Applicant recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons who signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

_________________________  August 1, 2014
Area Office on Aging, NWO, Inc.
AAA Name (type or print)

Billie Johnson, President/CEO
AAA Director or Authorized Agent

_________________________  Toledo, Ohio, 43609
2155 Arlington Ave.
Applicant’s Mailing Address  City, State & ZIP Code
Older Americans Act Programs Non-Discrimination Policy

It is the policy of Area Office on Aging of NWO, Inc., to provide services to all persons age sixty and above and employment services to all persons aged 55 and older as mandated by the Older Americans Act, as amended, State statutory law, and their applicable rules and regulations pursuant thereto without regard to race, color, national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military discharge, or age. The Area Office on Aging of NWO, Inc., does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the State statutory law, Title VI of the U.S. Civil Rights Act, as amended; Title VII of the U.S. Civil Rights Acts, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act, as amended; the Age Discrimination in Employment Act, as amended, their applicable rules and regulations pursuant thereto; the Constitution of the United States, and the Constitution of the State of Ohio.

Subject to the Older Americans Act, as amended, and the requirements of the merit employment system, preference shall be given to individuals age sixty or older for any staff positions in the State and Area Agencies (excluding sub-grantees and contractors) for which such individuals qualify.

All Area Agencies on Aging and all other provider of services receiving funds under the State or Strategic Area Plans are required to comply with and provide notice of this policy.

The persons designated to coordinate compliance with the Civil Rights Program is:

Colette Cordova, Associate VP of Planning & Program Development

Typed or Printed Name

(419) 725-6954

Area Code & Phone Number (XXX)XXX-XXXX

Approved and agreed to on behalf of Area Office on Aging of NWO, Inc.

Signature of AAA Director

Date
Verification of Intent

The Strategic Area Plan on Aging hereby submitted for the:

__Area Office on Aging of NWO, Inc.__

Area Agency on Aging

1/1/2015 to 12/31/2018

It includes all assurances and plans to be followed by the Area Office on Aging under provisions of the Older Americans Act, as amended during the period identified, the Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State of Ohio policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Strategic Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the Ohio Department of Aging for approval.

Signature of AAA Director  
Date

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Strategic Area Plan on Aging. (Please attach any comments).

Signature of Advisory Council Chair  
Date

The governing body of the Area Agency has reviewed and approved the Strategic Area Plan on Aging.

Signature of Governing Body Chair  
Date
Attachments

- **Attachment 1** – Public Hearing Summary - Notice and Meeting Minutes (*Required*)
- **Attachment 2** – AAA Grievance Policy (*Required*)
- **Attachment 3** – Table of Organization (*Required*)
- **Attachment 4** – Consumer Testimonials
- **Appendix 1** – Request to Transfer Funds (*Required*)
- **Appendix 2** – Application for Waiver Request/Applicable Budget Page Exhibits – D-2b
- **Appendix 3** – Request for Variance from Prescribed ODA Service Taxonomy
- **Appendix 5** – Use of Funds for MPSC Capital Improvements
- **Attachment 7** – Waiver of Title III-B Priority Services