



PART 1 -  
CERTIFICATION, SIGNATURES, ASSURANCES, AND  
AGENCY INFORMATION

PY25 AREA PLAN ANNUAL UPDATE



## Area Agency on Aging (AAA) Information and Certification Page

**Legal Name of Agency:** Council on Aging of Southwestern Ohio

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

**Phone Number:** 513-721-1025 **Federal ID Number:** 31-0807186

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

**Agency Vision Statement:** Be the premier standard in maximizing independence and quality of life.

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

I hereby certify that the PY 2025 Annual Update documents:

- Include all required certifications, signatures, assurances, and plans to be followed by the AAA under provisions of the Older Americans Act (OAA).
- Have been developed in accordance with all rules and regulations specified under OAA and related State of Ohio policies.
- Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the planning and service area (PSA).
- Incorporate the comments and recommendations of the AAA's Advisory Council.
- Have been reviewed and approved by the AAA's Board of Directors and respective governing bodies.
- I certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.
- I further certify that I understand the AAA is responsible for the development and implementation of the Area Plan on Aging and for ensuring compliance with the included assurances.
- I have reviewed and approved this PY 2025 Annual Update.

## Agency Signature Page

### President, Board of Directors

**Name:** Karen Brown

**Signature:**

**Date:** 10/22/2024

### Chair, Advisory Council

**Name:** LeRoy Miller

**Signature:**

**Date:** 10/22/2024

### Executive Director, Area Agency on Aging

**Name:** Suzanne Burke

**Signature:** 

**Date:** 9/5/2024

## Introduction

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

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### Older Americans Act: Section 306 Area Plan AAA Assurances

The AAA assures the following:

1. The AAA assures that it will provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area (PSA) covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.  
(§306(a)(1))
2. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 105-SVC-01, OAA Required Funding Allocations, of the

amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

- a) Services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information, and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services;
- b) In-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- c) Legal assistance.

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

3. The AAA assures it will designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point. The AAA assures that it will specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point designated. (§306(a)(3))
4. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. The AAA assures that it will include specific objectives for providing services to low-income minority older individuals, individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan (§306(a)(4)(A)(i))
5. Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a) Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.

- b) To the maximum extent possible, provides services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - c) Meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
6. The AAA assures, with respect to the fiscal year preceding the fiscal year for which such plan is prepared, it will:
- a) Identify the number of low-income minority older individuals in the planning and service area;
  - b) Describe the methods used to satisfy the service needs of such minority older individuals; and
  - c) Provide information on the extent to which the AAA met the objectives. (§306(a)(4)(iii))
7. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
- a) Older individuals residing in rural areas;
  - b) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - c) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - d) Older individuals with severe disabilities;
  - e) Older individuals with limited English proficiency;
  - f) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - g) Older individuals at risk for institutional placement, specifically including survivors of Holocaust.
- The AAA assures it will inform the older individuals identified above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))

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

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

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

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

15. The AAA assures that in coordination with ODA and with the State agency responsible for mental and behavioral health services, increase public awareness of mental and behavioral health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental and behavioral health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations.  
(§306(a)(6)(F))

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

17. The AAA assures that in coordination with ODA and with the State agency responsible for elder abuse prevention services, increase public awareness of elder



abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation as appropriate. (§306(a)(6)(H))

18. The AAA assures that to the extent feasible; it will coordinate with ODA to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals. (§306(a)(6)(I))
  
19. The AAA assures that it will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their caregivers, by:
  - a) Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
  - b) Conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and, target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - c) Implementing through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
  - d) Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. (§306(a)(7))
  
20. The AAA assures that case management services provided under this Title will:
  - a) Not duplicate case management services provided through other Federal and State programs;
  - b) Be coordinated with services provided through other Federal and State programs;

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

- I. Gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
- II. Gives each individual a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- III. Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- IV. Is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii). ((§306(a)(8))

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

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

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

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

24. The AAA assures it will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in OAA Section 2013(b) with the planning and service area. (§306(a)(12))
25. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)(13)(A))
26. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
  - a) The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
  - b) The nature of such contract or such relationship. (§306(a)(13)(B))
27. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
28. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
29. The AAA assures it will, on the request of the Assistance Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
30. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
31. The AAA assures that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in

Section 306(4)(A)(i) and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212. (§306(a)(15))

32. The AAA assures to provide, to the extent feasible, for the furnishing of services under this chapter, consistent with self-directed care. (§306(a)(16))
33. The AAA assures it will include information detailing how it will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. (§306(a)(17))
34. The AAA assures it will collect data to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and the effectiveness of the programs, policies, and services provided by such AAAs in assisting individuals. (§306(a)(18))
35. The AAA assures it will use outreach efforts that will identify older individuals eligible for assistance under OAA, with special emphasis on those older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

I certify that I read the above and comply with the Assurances:



Initial



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

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

The AAA certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (76.355)

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

I certify that I read the above and comply with the Assurance:



Initial



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

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

1. No federal appropriated funds have been or will be paid, by or on behalf of, the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "[Disclosure Form to Report Lobbying.](#)" in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclosure accordingly.

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

I certify that I read the above and comply with the Assurances:



Initial

Handwritten initials in black ink, appearing to be 'MB', written over a horizontal line.

## **Assurance of Compliance with Non-Discrimination Laws and Regulations**

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

The AAA assures the compliance with the following:

1. **Title VI of the Civil Rights Act of 1964**, as amended (codified at 42 U.S.C. § 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services(45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973**, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Education Amendments of 1972**, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975**, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91),to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department
5. **Section 1557 of the Patient Protection and Affordable Care Act**, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to



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

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

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

I certify that I read the above and comply with the Assurances:



Initial





Focus Area 1: Community Conditions										
Goal Statement:		Enhance the lives of older and/or disabled adults by assisting them to live independently through a range of quality services, supports and referrals to address and improve areas of financial stability, housing, and transportation.								
Plan for measuring overall goal success:		Success for this focus area will be shown by the number of clients served through the utility assistance program, on-demand, supportive transportation, coordination, and affordable housing resources.								
Objective	Strategy	Action Steps Planned	PY24 Narrative of Action Steps Achieved	Measure Identified	PY23 Actual (as of 7/1/23)	PY24 Actual	2026 Target	Performance Gap	PY24 Countermeasure Planned to Address Gap Between PY23 Actual & 2026 Target	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target
Objective 1.1: Improve Financial Stability	Income Supports	Assist eligible Hamilton County older adults with a one-time credit towards their utility bill. Our partners in this program are Hamilton County and Duke Energy. We hope to assist 300 older adults. This information is tracked in a database and reported weekly.	PSA1 has assisted older adults with their Duke Energy or Greater Cincinnati WaterWorks bill with a one time credit up to \$500.00	# of consumers, service recipients, or participants	403- Duke Credit and Greater Cincinnati Water Works- 43	1,188- 94 GCWW Credit, 1094 Duke Credits	Original Target: 900 New Target as of 7/1/24: 400 for FY25 (2128 Total)	400	PSA1 is on target to hit the 2026 target. With this program the funding will start again January 2024. In order to reach our target goal we will outreach to current care management staff for referrals to the program. PSA1 will work with outreach partner Serving Older Adults Through Changing Times and conduct outreach via social media.	For FY25 we have established a new target to serve 400 individuals with a Duke Energy Credit. This is a lower target due to the fact that this is a one time credit only for individuals. With this benefit we have saturated the market. If a person received the credit in the past years 2023, or 2024 they are not eligible again as we are trying to reach individuals who have not yet received this credit. We will be allocating less funding to this utility goal in 2025 to ensure we can serve 400.
Objective 1.2: Improve Housing Quality and Affordability	Housing accessibility and quality	PSA1 manages a housing database that is available from our external website which allows anyone in our service area to search for housing. The pandemic temporarily changed the housing climate by preventing evictions. We are currently reviewing and updating the housing resources in our database. We will measure this strategy with the number of times the housing database is accessed. This data is available as needed.	PSA1 continues to maintain a database that allows individuals to search online and print. COA staff also have the ability as working with individuals and clients to access the list and send to individuals. Individuals calling into the front door that don't have the ability to access staff will send a housing list via email.	# of consumers, service recipients, or participants	4958	4989	10000	53	PSA 1 is on target in meeting the goal in the number of individuals accessing the housing database. Our team has reviewed and updated houses resources on our database.	PSA 1 is on track to meet the 2026 target. PSA 1 will continue to maintain a housing database on our website for individuals to access.
Objective 1.3: Improve Transportation Access	Medical Transportation	Provide on demand, through the door supportive service to populations that are not appropriate for Access because they need additional support. This service is currently available in Hamilton County with opportunities to expand to other counties. This strategy will be measured by NovusMED, our transportation management software. Standard scheduled reports are provided weekly and monthly.	PSA1 has continued to provide same-day and prescheduled transportation to older adults in Hamilton County. While our primary population continues to be Hamilton County older adults in our levy-funded Elderly Services Program, we have expanded our customer base. We have provided free transportation through grants from the AARP and the Cigna Foundation. We also have contracts to provide transportation for Jewish Family Service clients and patients of the	# of consumers, service recipients, or participants	1,253 unduplicated Hamilton County recipients received 42,545 one-way trips	1511 total unduplicated Hamilton County recipients (1253 from last year and 258 new recipients this year)	2000	489	In order to expand this service, there must be a funder to pay for the rides and rider capacity to attract providers to serve the area. We are currently exploring funding opportunities to support expansion to another county.	PSA 1 is on track to meet the 2026 target. Low income older adults are unable to pay out of pocket for supportive, on-demand and through-the-door transportation service. PSA1 has created a transportation model to meet the unique needs of vulnerable older adults and has demonstrated through client satisfaction surveys we are exceeding our performance benchmarks. We are currently focusing on exploring grant opportunities that will cover the cost of transportation allowing low-income older adults to enjoy free or reduced rate transportation services.

Focus Area 2: Healthy Living										
Goal Statement: Provide and improve services, programs and activities that support improved nutrition and physical activity for older and/or disabled adults in our service area.										
Plan for measuring overall goal success: We will measure the success of our overall goals by the number of consumers, service recipients or participants in the SFMNP, Restaurant Dining program, Grocery Delivery and evidence-based health education programs.										
Objective	Strategy	Action Steps Planned	PY24 Narrative of Action Steps Achieved	Measure Identified	PY23 Actual (as of 7/1/23)	PY24 Actual	2026 Target	Performance Gap	PY24 Countermeasure Planned to Address Gap Between PY23 Actual & 2026 Target	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target
Objective 2.1: Improve Nutrition	Community-based healthy food access	Expand the Senior Farmers Market Nutrition Program open to the PSA1 region. We will do this through a combination of activities that promote awareness. These activities will result in increased participation. Our team is actively involved in program participation and recruitment and has access to this data at any time. Information about the redeemed coupons is available in July (mid-year report) and in November-December (year-end report).	PSA1 is participating in the state's Senior Farmer's market pilot. Our role includes assistance to individuals with applications, education about the program model changes and trouble shooting when necessary. PSA1 directs interested farmers to the Ohio Farmers Market Network to apply for the program. PSA1 has engaged our provider network, community partners and internal staff to assist with communicating program details to older adults in our region. We are utilizing social media platform, news/radio and our website.	# of consumers, service recipients, or participants	1717 participants. 30 farmers/farmers markets.	2209 participants and 28 distinct farmers and/or markets (9 farmers are new in 2024)	2700 participants and increase farmer participation to 40.	0 gap in participants and 1 distinct farmer/markets	In our 2nd year of distribution events we plan to expand the efficiency and frequency of these events. Increase advertisement and communication surrounding the program and events. Join established events that draw a large number of the target audience. Continuing providing an online application, while also allowing those who have limited access or knowledge of technology to call in and apply with the assistance of our COA staff members. Connecting participants to resources for transportation.	In order to address the gap, PSA1 plans to do maintain a social media presence with updated program details. We will forward the contact information for interested farmers/markets in our region to the Ohio Farmers Market Network. The goal would be to have the information and materials from ODA, Homegrown Benefits and Ohio Farmers Market Network by March/April to give ample time to increase our farmers in FY25.
Objective 2.1: Improve Nutrition	Retail-based supports and incentives	Development of meal options for congregate clients to include restaurant locations. We will meet this strategy through a combination of activities that promote awareness and education to local restaurants. This number of new partnerships/collaborations will be tracked by COA's dietitian.	PSA1 has contracted with two providers to operate our Swipe 'N Dine program through a request for proposal process. This program is an option for our congregate meal consumers- individuals receive meal credits that can be used at participating restaurants in Hamilton and Butler County. This program has seen	# of new partnerships/collaborations	349 participants. 2 restaurant partners.	1650 participants 9 restaurant locations (7 new in 2024).	700 participants. 10 restaurant partners.	0 participants 1 restaurant partner	Put a focus in advertising to potential clients and restaurants of the program. Provide easy to follow demos for restaurants. Connecting potential restaurants to currently participating restaurants within or outside our region for additional support.	The program saw enormous growth and popularity. Due to funding restraints- we will shift to a managed enrollment model. This will allow those at higher risk to receive the benefits. Our contracted providers are focusing on restaurants that appeal to ethnic food preferences in the areas of need. The providers are also identifying areas that lack nutritional support for older
Objective 2.1: Improve Nutrition	Community-based healthy food access	Implement a grocery delivery service for PSA1 region. We will meet this strategy through a combination of activities that promote awareness and education about grocery shopping and delivery options. This number of participants that use this service will be tracked and reported by the provider on a monthly basis.	It was identified in the past year that interest in a grocery ordering and delivery service declined. This is due in part to delivery services available through local grocers. PSA1 pivoted this goal and moved forward with including assistance with grocery ordering as an acceptable service under Title III supportive services. This allows a consumer to receive assistance with grocery ordering and utilize the	# of consumers, service recipients, or participants	Provider 1: 200 units. Provider 2: 122 units. Provider 3: 3 units.	100 units	550 units	125	Providers will increase advertisement of this service being available. Place an increased focus on technology literacy. Assisting and teaching participants in ordering their own groceries online for delivery. Delivery will occur utilizing grocers delivery systems that are currently in place (i.e Kroger Boost, Instacart). Promote the ability to utilize SNAP/EBT with grocery delivery.	PSA1 and our providers will continue to promote technology education and support for grocery ordering. Focus will be placed in communities with limited grocery options and those at highest risk for inadequate nutrition support. Information will be shared at outreach events and provided to inquiries by phone or website. Social media posts will include program information as another way to promote the available service.
Objective 2.2: Improve Physical Activity	Disease Management	Increase participation in evidence-based health education programs. We will do this through a variety of activities that include reviewing existing and additional evidence-based health education programs, recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants are tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.	We added Tai Chi for Arthritis and Fall Prevention as well as Bingocize to our traditional Self-Management Resource Center and MainHealth evidence based workshops which were very popular.	# of consumers, service recipients, or participants	169	246	750 is the total number of participants we hope complete a workshop over the 4-year Area Plan period.	335	We will recruit more neighborhood and senior housing building host sites to make workshops more accessible to where older adults live and minimize the transportation barrier. We will continue to offer virtual workshops to older adults who have smart devices and bandwidth to participate.	PSA1 will recruit more hosts sites, concentrating on counties where we have fewer hosts sites and provide more opportunities for virtual workshops which has the potential to increase participation within all counties within the service area.

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Goal Statement: Improve access to and enhance home and community-based services through transitional care coordination services, education about Medicare benefits, and expansion of telehealth options for chronic care management services.										
Plan for measuring overall goal success: Success will be measured in the number of clients served through home and community-based programs and chronic care management services and the number of clients that receive education about Medicare benefits.										
Objective	Strategy	Action Steps Planned	PY24 Narrative of Action Steps Achieved	Measure Identified	PY23 Actual (as of 7/1/23)	PY24 Actual	2026 Target	Performance Gap	PY24 Countermeasure Planned to Address Gap Between PY23 Actual & 2026 Target	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target
Objective 3.1: Improve Health-care Coverage and Affordability	Health-care cost reduction programs and services	Provide an internal resource (a.k.a. subject-matter-expert) to assist clients with understanding and connecting with their Medicare benefits. We will complete a variety of activities to support this strategy that include education and awareness and a referral process. We will provide this service to our service area. The number of clients served will be tracked and reported monthly.	During PY 2024 we served 1148 individuals throughout our region. We provided education on health plans along with assisting individuals with connecting to their health plans and services available. Of the individuals served each were connected to at least one service that their health plan offered as part of the benefits.	# of consumers, service recipients, or participants	Total clients served to date 458 clients	1148	Original Target: 916 New Target as of 7/1/24: 394 for PY25 (2000 total)	394	We anticipate to service a total of 916 clients under this objective. We are currently working to hire another benefit specialist in order to hit our target goal. We anticipate our referral volume to go up for those clients on a PSA1 program but also open to the community. We do not anticipate not hitting our target goal of 916 by end of 2026.	Looking at the rate in which we have performed over the last few years and increasing our target, we anticipate we will be on track to serve at least 2000 individuals by 2026.
Objective 3.2: Improve Home and Community-based Supports	Transitions to home- and community-based care	Expansion of care transition program to facilitate hospital and skilled nursing facility coordination for PSA1 home and community-based supports and services. This will be accomplished through activities that support program awareness with healthcare facilities and patient education in all PSA1 counties. The number of individuals served are tracked in a database and reported monthly in a census report.	PSA1 had launched the care transitions pilot in Butler County in 2022 to provide home delivered meals. In February 2024 PSA1 was able to expand the pilot to offer the remainder of the services under the program such as home care assistance and medical transportation along with other community based services. Butler County clients served- 437. PSA1 operates the program in Hamilton, Warren, Clinton, counties under these counties a total of 5,636 served.	# of consumers, service recipients, or participants	Total clients served to date 1602	6073	Original Target: 3204 New Target as of 7/1/24: 4,262 for PY25 (11,937 total)	4,262	We anticipate to serve a total of 3204 clients. We have seen referral volume and growth in this area specifically Hamilton County. The pilot program in Butler County we have engaged with two new hospital systems and many skilled nursing facilities as part of ongoing marketing for the pilot. We have applied for additional grant funding to assist with other services under this pilot model such as home modifications.	We have launched Butler County FastTrack Home program in February 2024 the program is no longer a pilot. We have changed the target through FY 2026 to 4,262 as we have seen growth in Hamilton and Warren Counties. Staff are placed within hospitals to support discharge planning for clients referred to COA for case management.
Objective 3.2: Improve Home and Community-based Supports	Telehealth	Implement and expand Medicare chronic care management benefits to eligible members. This will be accomplished through activities that support awareness and education. We will pilot chronic care management in Clinton and Hamilton counties in the first year of the Area Plan with a goal to offer expansion of this service to our entire service area. The number of participants is tracked in a database and reported monthly.	PSA1 discontinued our CCM program because our Telehealth fiscal business partner experienced administrative changes and needed time to reorganize. COA has not been successful with identifying a new partner organization.	# of consumers, service recipients, or participants	227	0	Original Target: 130 New Target as of 7/1/24: 0	Program is not continuing.	We are currently at the end phase of this pilot and have met the targets in what we wanted to reach. We are in process of determining the next steps of the pilot. If we continue the program we will determine a new target of enrollments.	PSA1 discontinued our CCM program because our Telehealth fiscal business partner experienced administrative changes and needed time to reorganize. COA has still not been able to secure another partner and we don't foresee launching another CCM program in PY25.
Objective 3.3: Improve Home Care Workforce Capacity and Caregiver Supports	General caregiver supports	Introduce COA branded EVRTalk caregiver training. Care Coordinators that specialize in caregiver support will provide the training to care givers as needed. The training was developed for one-on-one and group settings. COA is partnering with organizations and community events to offer EVRTalk training to caregivers. We track the number of caregivers we train. We will provide EVRTalk to our service area.	PSA1 partnered with a local organization to incorporate EVRTalk training into their caregiver support and training curriculum. Due to unforeseen staffing issues, the local organization has not incorporated EVRTalk yet, but has plans to do so soon.	# of consumers, service recipients, or participants	40	0	200 caregivers trained within the 4-year Area Plan.	160	We will identify organizations that provide caregiver support and partner with them to include EVRTalk in their support groups and training opportunities.	We are working with a local partner organization who will implement EVRTalk in their caregiver support group(s) in FY2025.
Objective 3.3: Improve Home Care Workforce Capacity and Caregiver Supports	Respite care	Expand respite options for caregivers due to loss of respite options and capacity during the pandemic. As we explore options, we will complete activities that address awareness and education. We will serve members in our service area. This information is tracked in a database and reported monthly.	PSA1 has served 49 individuals with overnight respite. PSA1 did expand the service available to our local levy programs in February 2024 so we anticipate continued growth in this area.	# of consumers, service recipients, or participants	29	49	116	38	We anticipate growth in our respite care program. PSA1 is working to establish the service under our local levy programs as a service option sometime in 2024. We see a need for this program in our existing caregiver support program and anticipate serving more caregivers and clients with this program. Funding for this program is limited currently until we can secure the service through local levy funding.	We did expand overnight respite to our local levy programs in February 2024 for all four counties. On average we have seen an increased need of 3-5 new overnight respite stays a month so we anticipate to meet our goal.
Objective 3.3: Improve Home Care Workforce Capacity and Caregiver Supports	Career and Technical Education (CTE) for home health care	Implement COA branded AddnAide app to increase homecare workforce capacity. AddnAide will go-live with existing consumer directed care clients in our service area in June 2022. This technology allows current aides and a potential new workforce of aides, simplicity and ease with matching services, scheduling and communication with clients that need assistance. AddnAide user information is tracked and available for reporting purposes.	PSA1 launched AddnAide to increase workforce capacity and target the consumer directed care population with our senior services levy programs, focusing on Hamilton and Warren Counties. In February 2024 we were able to expand AddnAide to Butler County with Healthy Aging funds received. Total Served 161. Cumulative total served since the launch of AddnAide is 237.	# of new sites, entities, or providers offering a service, program, or practice	PSA1 has 30 Hamilton County currently served and 18 clients in Warren County have been able to find an aide through the app.	161	Original Target: 200 New Target as of 7/1/24: 132 for FY25 (341 Total)	132	PSA1 is actively targeting existing clients waiting for traditional home care agency on a waitlist to see if appropriate for AddnAide and consumer directed care option. As we have new enrollments into the program we are also screening and engaging clients new to our levy program. On average we receive 15-21 clients new referrals that we have been able to enroll.	Our target for FY25 is 132 employment relationships in AddnAide. We continue to target existing and new Elderly Service Program clients who need to find a provider or want to pursue a CDC relationship with an already identified individual. Our FY25 is a bit lower than our FY24 actual. We expect fewer served due to limited enrollment in Hamilton County to manage levy costs. Additionally, our pilot of AddnAide in Butler County has ended and we don't anticipate the county to be added in FY25 due to managed enrollment. Warren County continues to use AddnAide.



Focus Area 5: Population Health										
Goal Statement:		The PSA1 goal is to research, implement and launch behavioral health programming in our service area.								
Plan for measuring overall goal success:		We will measure our goal success by the number of new partnerships and collaborations created to address behavior health needs identified by those we serve.								
Objective	Strategy	Action Steps Planned	PY24 Narrative of Action Steps Achieved	Measure Identified	PY23 Actual (as of 7/1/23)	PY24 Actual	2026 Target	Performance Gap	PY24 Countermeasure Planned to Address Gap Between PY23 Actual & 2026 Target	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target
Objective 5.1: Cognitive Health: Reduce Cognitive Difficulty	<i>Not selected</i>									
Objective 5.2: Cardiovascular Health: Reduce Hypertension	<i>Not selected</i>									
Objective 5.3: Mental Health: Reduce Depression	Mental health-care access and supports	Research, develop, and implement behavioral health programs. Our goal is to create partnerships/collaborations with organizations to address the mental health needs of older adults living on our service area. This will be measured by the number of new relationships we create. This data will be tracked.	PSA1 initially awarded two contracts for behavioral health services two models- PEARLS and HEALTHY IDEAS. With implementation one provider had capacity issues with staffing not able to launch the program due to capacity. The second provider was not able to secure training for Healthy Ideas model. This provider is in process of getting certified in the PEARLS model	# of new sites, entities, or providers offering a service, program, or practice	Contracted with two providers for behavioral health programs.	0	Two providers will be working with PSA1 region.	2	We anticipated that we would have at least 2 providers apply for evidence based mental health services. The providers will launch their programs in 2024 and will be able to add target measures once their programs are up and running on total number of clients served as well as measures around reduced depression in those on the program.	PSA1 has not been able to launch either behavioral health program in 2024 due to capacity with provider and barriers to implement training for evidence based model HEALTHY IDEAS . However PSA1 is in process of working with 1 provider on implementation of behavioral health program utilizing the PEARLS model program to launch in late 2024 early 2025.

Focus Area 6: Preserving Independence										
Goal Statement: The PSA1 mission is to enhance the lives of older and/or disabled adults by assisting them to live independently through a range of quality services and supports.										
Plan for measuring overall goal success: Overall goal success in this focus area will be measured on the number of enrollments that participate in wellness programs surrounding chronic diseases and pain self-management programs, matter of balance program and falls risk assessment and interventions.										
Objective	Strategy	Action Steps Planned	PY24 Narrative of Action Steps Achieved	Measure Identified	PY23 Actual (as of 7/1/23)	PY24 Actual	2026 Target	Performance Gap	PY24 Countermeasure Planned to Address Gap Between PY23 Actual & 2026 Target	PY25 Countermeasure Planned to Address Gap Between PY24 Actual & 2026 Target
Objective 6.1: Improve Chronic Pain Management	Self-management supports	Increase participation in the Chronic Disease, Diabetes and Pain Self-Management Programs, evidence-based health education programs created by the Self-Management Resource Center. We will do this through a variety of activities that include recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants is tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.	We hosted 12 Self-Management Resource Center workshops this year (11 in-person and one virtual).	# of consumers, service recipients, or participants	53 completers with 2 workshops in-progress.	121 completers	200 is a total of all workshop completers during the 4-year Area Plan	26	We will recruit more neighborhood and senior housing building host sites to make workshops more accessible to where older adults live and minimize the transportation barrier. We will continue to offer virtual workshops to older adults who have smart devices and bandwidth to participate.	PSA1 will recruit more host sites, concentrating on counties with fewer host sites and provide opportunities for more virtual workshops which has the potential to increase workshop participation from all counties in our service area.
Objective 6.2: Improve Falls Prevention	Falls prevention education and self-management	A Matter of Balance Program. Increase participation in A Matter of Balance, an evidence-based health education program that focuses on falls prevention education. We will do this through a variety of activities that include recruiting additional host sites to include representation in our service area and activities to increase community awareness. The number of participants is tracked in Workshop Wizard and SAMS/WellSky after the completion of workshops.	This year we only completed two Matter of Balance workshops that had 23 completers. Fall prevention is a popular workshop topic, but since we now offer two other evidence based fall prevention workshops, participants request the others more often. We had 82 completers for Tai Chi for Arthritis and Fall Prevention and 99 for Bingocize - Fall Prevention.	# of consumers, service recipients, or participants	50	204	200 is a total of all workshop completers during the 4-year Area Plan; New Target as of 7/1/24: 96 for PY25 (354 Total)	96	We will recruit more neighborhood and senior housing building host sites to make workshops more accessible to where older adults live and minimize the transportation barrier. We will continue to offer virtual workshops to older adults who have smart devices and bandwidth to participate.	We will continue to look for opportunities to engage community organizations where older adults attend regularly and recruit more neighborhood and senior housing building host sites to make workshops more accessible to where older adults live and minimize the transportation barrier. We will continue to offer virtual workshops to older adults who have smart devices and bandwidth to participate.
Objective 6.2: Improve Falls Prevention	Falls risk assessment and interventions	Care Transitions program falls risk assessment and intervention. Our care transitions program includes a falls risk assessment and intervention. We will complete a falls risk assessment for all care transitions participants and track the data in a database. This assessment is available in our PSA1 area.	Completed 566 Fall Prevention Assessment and 721 clients received a falls prevention package.	# of consumers, service recipients, or participants	June Fall Screens completed- 102, July 141. Falls Package- June-46 and July 74	566 fall screens and 721 falls package	Original Target: Fall screens- 121 Falls Package- 120	0	We anticipate conducting the same amount of screens and falls package so no performance gap identified. We are utilizing ARPA funds for this falls prevention initiative and have slated to use all the funds mid 2024.	This program has ended will not continue in PY2025.



**Title III-A**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 477,235.00
Transfer to B, C1, C2, D or E, if applicable (please explain below and enter negative amount)	\$ -
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ -
<b>Revised FY25 Base Funding</b>	\$ 477,235.00

**Detailed Rationale for Additional Transfer Amount**

Please explain the rationale for any additional transfers between funds:

N/A

**Detailed Rationale for Carryover Amount**

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

N/A

<b>Breakdown of Administration Dollars</b>		<b>% of Total</b>
Title III-A	\$ 477,235.00	62.82%
Title III-E	\$ 80,950.00	10.66%
<b>Total</b>	\$ 558,185.00	73.48%
<b>Local Match for Title III-A Funds</b>		
Cash Match	\$ 100,000.00	13.16%
Inkind Match	\$ -	0.00%
SCS Administration	\$ 81,120.00	10.68%
Alzheimer's Administration (from Alzheimer's tab)	\$ 20,346.00	2.68%
<b>Total Match for AAA Administration Funds</b>	\$ 201,466.00	26.52%
<b>Total Administration and Match Funds</b>	\$ 759,651.00	100.00%

**% Check**

**True** This percentage may not be greater than 75%

**True** This percentage may not be less than 25%

**Title III-B**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 1,549,925.00	
Transfer from/(to) Title III-C1, if applicable (please explain below)	\$ 381,322.00	<b>30% maximum transfer between B/C</b>
Transfer from/(to) Title III-C2, if applicable (please explain below)	\$ 608,578.00	
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ 295,889.00	
<b>Revised FY25 Base Funding</b>	\$ 2,835,714.00	

**Detailed Rationale for Transfer(s)**

Please explain the rationale for transferring funds:

N/A

**Detailed Rationale for Carryover Amount**

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

We had funding from ARPA that was ending Sept of 2024. We prioritized spending down the ARPA funds before spending traditional Title III money.

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

Service Category Allocations	Title III-B		Senior Community Services		Total Funds	% of Funds	III-B % of Base Funding	
	Contract	AAA	Contract	AAA				
<b>Service Categories</b>								
Access- Information & Assistance	\$ 12,574.00	\$ 188,013.00	\$ -	\$ -	\$ 200,587.00	6%	98%	Minimum of 5% Title III-B base funding (for all Access categories combined)
Access- Case management (Care trans/Transportation Service Coordination)	\$ -	\$ 378,368.00	\$ -	\$ 79,016.14	\$ 457,384.14	13%		
Access- Outreach	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Access- Other Transportation	\$ 936,859.00		\$ 501,121.00		\$ 1,437,980.00	42%		
In-Home- homemaker, home health aide, visiting, telephone reassurance, adult day, home maintenance, and supportive services	\$ 342,591.00	\$ -	\$ -	\$ -	\$ 342,591.00	10%	22%	Minimum of 5% Title III-B base funding
Legal	\$ 220,100.00	\$ -	\$ -	\$ -	\$ 220,100.00	6%	14%	Minimum of 5% Title III-B base funding
Other Community (Soc Isol, OYF, Health U ), Mental Health	\$ 459,609.00		\$ 52,765.86	\$ -	\$ 512,374.86	15%		
Ombudsman	\$ 225,000.00	\$ -	\$ -	\$ -	\$ 225,000.00	7%		
Congregate Meals					\$ -	0%		
Home Delivered Meals	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Housing Administration	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Training/Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Equipment for AAA Providers, including computers and software	\$ -	\$ 30,600.00	\$ -	\$ -	\$ 30,600.00	1%		
Volunteer Placement	\$ -		\$ -		\$ -	0%		
Other: Consultant Report - Live Well	\$ 42,000.00							
Other: (Please Explain)		\$ -		\$ -	\$ -	0%		
<b>Unobligated</b>	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
<b>Total</b>	\$ 2,238,733.00	\$ 596,981.00	\$ 553,886.86	\$ 79,016.14	\$ 3,426,617.00	100%		
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		<b>True</b>						

**Title III-C1**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 1,740,914.00	
Transfer from/(to) Title III-B, if applicable (please explain below)	\$ (381,322.00)	<b>30% maximum transfer between B/C</b>
Transfer from/(to) Title III-C2, if applicable (please explain below)		<b>40% maximum transfer between C1/C2</b>
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ 16,509.54	
<b>Revised FY25 Base Funding</b>	\$ 1,376,101.54	

**Detailed Rationale for Transfer(s)**

Please explain the rationale for transferring funds:

This transfer to Title III-B will help AAA-1 to expand the Social Isolation and Behavioral Health programs, which was identified as a need from our Area Plan. Also, Transportation continues to be a major request for seniors.

**Detailed Rationale for Carryover Amount**

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

We had funding from ARPA that was ending Sept of 2024. We prioritized spending down the ARPA funds before spending traditional Title III money.

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

Service Category Allocations	Title III-C1		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
<b>Service Categories</b>						
Congregate Meals	\$ 1,376,101.54	\$ -	\$ -	\$ -	\$ 1,376,101.54	100%
Nutrition Screening	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Menu Review/Development	\$ -	\$ -	\$ -	\$ -	\$ -	0%
<b>Unobligated</b>	\$ -	\$ -	\$ -	\$ -	\$ -	0%
<b>Total</b>	\$ 1,376,101.54	\$ -	\$ -	\$ -	\$ 1,376,101.54	100%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		True				

**Title III-C2**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 1,555,442.00	
Transfer from/(to) Title III-B, if applicable (please explain below)	\$ (608,578.00)	<b>30% maximum transfer between B/C 40% maximum transfer between C1/C2</b>
Transfer from/(to) Title III-C1, if applicable (please explain below)		
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ -	
<b>Revised FY25 Base Funding</b>	<b>\$ 946,864.00</b>	

**Detailed Rationale for Transfer(s)**

Please explain the rationale for transferring funds:

This transfer to Title III-B will help AAA-1 to expand the Social Isolation and Behavioral Health programs, which was identified as a need from our Area Plan. Also, Transportation continues to be a major request for seniors.

**Detailed Rationale for Carryover Amount**

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

N/A

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

Service Category Allocations	Title III-C2		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
<b>Service Categories</b>						
Home Delivered Meals	\$ 946,864.00		\$ -	\$ -	\$ 946,864.00	100%
Nutrition Screening	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Menu Review/Development	\$ -		\$ -	\$ -	\$ -	0%
<b>Unobligated</b>	\$ -	\$ -	\$ -	\$ -	\$ -	0%
<b>Total</b>	\$ 946,864.00	\$ -	\$ -	\$ -	\$ 946,864.00	100%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		<b>True</b>				

**Title III-D**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 92,982.00
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ 47,761.50
<b>Revised FY25 Base Funding</b>	\$ 140,743.50

**Detailed Rationale for Transfer(s)**

Please explain the rationale for transferring funds:

N/A

**Detailed Rationale for Carryover Amount**

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

We had funding from ARPA that was ending Sept of 2024. We prioritized spending down ARPA funds before spending traditional Title III money. Also, we had county dollars for evidence-based services that we used.

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

Service Category Allocations	Title III-D		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
<b>Service Categories</b>						
Evidence-Based Classes	\$ 119,493.50	\$ 21,250.00	\$ 18,550.00	\$ 3,750.00	\$ 163,043.50	100%
<b>Total</b>	\$ 119,493.50	\$ 21,250.00	\$ 18,550.00	\$ 3,750.00	\$ 163,043.50	100%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		True				

**Title III-E**

	<b>Administration</b>	<b>Services</b>
<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 80,950.00	\$ 728,550.00
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	\$ -
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ -	\$ 403,117.45
<b>Revised FY25 Base Funding</b>	\$ 80,950.00	\$ 1,131,667.45

**Detailed Rationale for Transfer(s)**

Please explain the rationale for transferring funds:

N/A

**Detailed Rationale for Carryover Amount**

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

We had funding from ARPA that was ending Sept of 2024. We prioritized spending down ARPA funds before spending traditional Title III money. Also, we had county dollars for evidence-based services that we used.

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

<b>Service Category Allocations</b>	<b>Title III-E - Services</b>		<b>Senior Community Services</b>		<b>Total Funds</b>	<b>% of Funds</b>
	<b>Contract</b>	<b>AAA</b>	<b>Contract</b>	<b>AAA</b>		
<b>Service Categories</b>						
Information	\$ 16,788.00	\$ 77,969.00	\$ -	\$ -	\$ 94,757.00	7.31%
Assistance	\$ 20,000.00	\$ 118,000.00	\$ -	\$ -	\$ 138,000.00	10.65%
Counseling/Support Groups/Training	\$ 151,278.90	\$ -	\$ -	\$ -	\$ 151,278.90	11.67%
Respite Services	\$ 729,631.55	\$ -	\$ 164,481.00	\$ -	\$ 894,112.55	68.98%
Supplemental Services	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Other: Equipment (update Web Site)	\$ 18,000.00	\$ -	\$ -	\$ -	\$ 18,000.00	1.39%
<b>Unobligated</b>	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
<b>Total</b>	\$ 935,698.45	\$ 195,969.00	\$ 164,481.00	\$ -	\$ 1,296,148.45	100.00%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		<b>True</b>				

20% maximum

\$ 1,131,667.45  
\$ -

**NSIP**

<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 750,554.00
Anticipated FY24 Carryover Amount, if applicable (please explain below)	\$ -
<b>Revised FY25 Base Funding</b>	\$ 750,554.00

**Detailed Rationale for Carryover Amount**

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

N/A

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

<b>Service Category Allocations</b>	<b>Total Funds</b>	<b>% of Funds</b>
<b>Service Categories</b>		
Congregate Meals	\$ 191,290.00	25%
Home Delivered Meals	\$ 559,264.00	75%
<b>Unobligated</b>	\$ -	0%
<b>Total</b>	\$ 750,554.00	100%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>	True	

Senior Community Services (SCS)

FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$ 819,684.00
--	---------------

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

785667  
\$ 34,017.00



**Alzheimer's**

**FY25 Base Funding (use most-recent Notice of Grant Award amount)**      \$                    537,458.00

**Note:** In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the FY25 Base Funding amount above.

<b>Service Category Allocations</b>	<b>AAA</b>	<b>Contract</b>	<b>Total Funds</b>	<b>% of Funds</b>
<b>Service Categories</b>				
Alzheimer's Association Core Services	\$ -	\$ 388,587.00	\$ 388,587.00	72.30%
Personal Care	\$ -	\$ -	\$ -	0.00%
Homemaker	\$ -	\$ -	\$ -	0.00%
Visiting	\$ -	\$ -	\$ -	0.00%
Institutional Care	\$ -	\$ -	\$ -	0.00%
Other Respite for Caregiver & Caregiver Case Management	\$ -	\$ 128,525.00	\$ 128,525.00	23.91%
<b>Admininstration</b>	\$ 20,346.00	\$ -	\$ 20,346.00	3.79%
<b>Unobligated</b>	\$ -	\$ -	\$ -	0.00%
<b>Total</b>	\$ 20,346.00	\$ 517,112.00	\$ 537,458.00	100.00%
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>			True	

**FY25 Initial Request to Transfer**

	<b>Title III-A</b>	<b>Title III-B</b>	<b>Title III-C1</b>	<b>Title III-C2</b>	<b>Title III-D</b>	<b>Title III-E Admin.</b>	<b>Title III-E Services</b>	<b>Total</b>
<b>FY25 Base Funding (use most-recent Notice of Grant Award amount)</b>	\$ 477,235.00	\$ 1,549,925.00	\$ 1,740,914.00	\$ 1,555,442.00	\$ 92,982.00	\$ 80,950.00	\$ 728,550.00	\$ 8,333,694.00
<b>Initial Transfer Request (due with Area Plan)</b>	\$ -	\$ 989,900.00	\$ (381,322.00)	\$ (608,578.00)	\$ -	\$ -	\$ -	\$ -
<b>Revised FY25 Base Funding with Transfers</b>	\$ 477,235.00	\$ 2,539,825.00	\$ 1,359,592.00	\$ 946,864.00	\$ 92,982.00	\$ 80,950.00	\$ 728,550.00	\$ 8,333,694.00

**FY25 Additional Requests to Transfer**

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

**Email:**

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	Total
<b>FY25 Base Funding (Enter Amounts from NGA)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Transfer Request (due with Area Plan)	\$ -	\$ 989,900.00	\$ (381,322.00)	\$ (608,578.00)	\$ -	\$ -	\$ -	\$ -
First Revised Transfer Request (due no later than April 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Second Revised Transfer Request (due no later than June 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Final Transfer Request (due no later than July 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Transfer Requests to Date</b>	\$ -	\$ 989,900.00	\$ (381,322.00)	\$ (608,578.00)	\$ -	\$ -	\$ -	\$ -
<b>Revised FY25 Base Funding with Transfers</b>	\$ -	\$ 989,900.00	\$ (381,322.00)	\$ (608,578.00)	\$ -	\$ -	\$ -	\$ -

**Detailed Rationale - Current Submission Only**

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

N/A at this time

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

**Summary**

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	NSIP	SCS	Alzheimer's	Total
<b>FY25 Base Funding</b>	\$ 477,235.00	\$ 1,549,925.00	\$ 1,740,914.00	\$ 1,555,442.00	\$ 92,982.00	\$ 80,950.00	\$ 728,550.00	\$ 750,554.00	\$ 819,684.00	\$ 537,458.00	\$ 8,333,694.00
Total Initial Transfers	\$ -	\$ 989,900.00	\$ (381,322.00)	\$ (608,578.00)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FY24 Carryover	\$ -	\$ 295,889.00	\$ 16,509.54	\$ -	\$ 47,761.50	\$ -	\$ 403,117.45	\$ -	\$ -	\$ -	\$ 763,277.49
<b>Revised FY25 Base Funding</b>	\$ 477,235.00	\$ 2,835,714.00	\$ 1,376,101.54	\$ 946,864.00	\$ 140,743.50	\$ 80,950.00	\$ 1,131,667.45	\$ 750,554.00	\$ 819,684.00	\$ 537,458.00	\$ 9,096,971.49
<b>Service Category Allocations</b>											
<b>Service Categories</b>											
Access- Information & Assistance		\$ 200,587.00							\$ -		\$ 200,587.00
Access- Case management		\$ 378,368.00							\$ 79,016.14		\$ 457,384.14
Access- Outreach		\$ -							\$ -		\$ -
Access- Other		\$ -							\$ 501,121.00		\$ 501,121.00
In-Home		\$ 342,591.00							\$ -		\$ 342,591.00
Legal		\$ 220,100.00							\$ -		\$ 220,100.00
Other Community		\$ 459,609.00							\$ 52,765.86		\$ 512,374.86
Ombudsman		\$ 225,000.00							\$ -		\$ 225,000.00
Congregate Meals		\$ -	\$ 1,376,101.54					\$ 191,290.00	\$ -		\$ 1,567,391.54
Home Delivered Meals		\$ -		\$ 946,864.00				\$ 559,264.00	\$ -		\$ 1,506,128.00
Housing Administration		\$ -							\$ -		\$ -
Training/Education		\$ -							\$ -		\$ -
Equipment for AAA Providers, including computers and software		\$ 30,600.00							\$ -		\$ 30,600.00
Volunteer Placement		\$ -							\$ -		\$ -
III-B Other: (Please Explain)		\$ 978,859.00							\$ -		\$ 978,859.00
Nutrition Screening			\$ -	\$ -					\$ -		\$ -
Nutrition Education			\$ -	\$ -					\$ -		\$ -
Nutrition Counseling			\$ -	\$ -					\$ -		\$ -
Menu Review/Development			\$ -	\$ -					\$ -		\$ -
Evidence-Based Classes					\$ 140,743.50				\$ 22,300.00		
Information							\$ 94,757.00		\$ -		\$ 94,757.00
Assistance							\$ 138,000.00		\$ -		\$ 138,000.00
Counseling/Support Groups/Training							\$ 151,278.90		\$ -		\$ 151,278.90
Respite Services							\$ 729,631.55		\$ 164,481.00		\$ 894,112.55
Supplemental Services							\$ -		\$ -		\$ -
III-E Other: (Please Explain)							\$ 18,000.00		\$ -		\$ 18,000.00
Alzheimer's Association Core Services										\$ 388,587.00	\$ 388,587.00
Personal Care										\$ -	\$ -
Homemaker										\$ -	\$ -
Visiting										\$ -	\$ -
Institutional Care										\$ -	\$ -
Alzheimer's Other: (Please Explain)										\$ 128,525.00	\$ 128,525.00
<b>Administration</b>										\$ 20,346.00	\$ 20,346.00
<b>Unobligated</b>		\$ -	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>		\$ 2,835,714.00	\$ 1,376,101.54	\$ 946,864.00			\$ 1,131,667.45	\$ 750,554.00	\$ 819,684.00	\$ 537,458.00	\$ 8,398,042.99
<b>Total Allocation Agrees with Revised FY25 Base Funding</b>		True	True	True			True	True	True	True	



PART 5 – REQUIRED APPENDICES  
PY 2025 AREA PLAN ANNUAL UPDATE



## Required Appendices

A. Contract Cycle Sheet.....	2
B. Public Hearing Documentation .....	Error! Bookmark not defined.
C. Care Coordination Program .....	3
D. Waitlists.....	4
E. Senior Farmers Market Nutrition Program (SFMNP).....	5

## Introduction

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

### A. Contract Cycle Sheet

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

Funds Administered		Current Contract Cycle		Next Contract Cycle	
		Effective Date	Expiration Date	Effective Date	Expiration Date
Older Americans Act (OAA)	III-B	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	III-C1	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	III-C2	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	III-D	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	III-E	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	VII – Elder Rights	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	VII - Ombudsman	10/01/2023	09/30/2026	10/01/2026	9/30/2029
General Revenue	Senior Community Service (SCS)	10/01/2024	09/30/2026	10/01/2026	9/30/2029
	Alzheimer’s Respite	10/01/2023	09/30/2026	10/01/2026	9/30/2029
	National Senior Service Corps	10/01/2023	09/30/2024	10/01/24	9/30/25
	SFMNP (State GRF)	10/01/2023	09/30/2024	10/1/24	9/30/25
Other	SFMNP (Federal)	N/A	N/A	N/A	N/A
	NSIP	10/01/2023	9/30/2026	10/1/2026	9/30/2029
	Other (Click or tap here to enter text.)	NA	NA	N/A	N/A
<b>Additional pertinent information:</b> Click or tap here to enter text.					

## B. Public Hearing Documentation

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

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

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

**Provide documentation of the public hearing, if requesting a waiver. At a minimum, include the following:**

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

COA's public hearing was held on July 8th, 2022, at COA office- 4601 Malsbary Rd. Blue Ash OH 45242. Email notification sent to all Providers on Monday June 27th Public Hearing Notice states that the presentation can be viewed in advance of the meeting. Posted on our website <https://www.help4seniors.org/News-Events/Public-Meetings>. Posted to the following social media sites- COA's Facebook and Instagram. Public hearing PowerPoint Presentation was posted to COA's website on 7/8/2022. At this public hearing held at COA's office on July 8th 2022 the presentation given included applying for a Title III- D waiver.



## C. Care Coordination Program

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

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

*Refer to policy 109-SPP-03 for additional CCP requirements such as program components, consumer eligibility, funding, scope, case management, and assessment and care plan procedures.*

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

The Elderly Services Program (ESP) helps older adults to remain safe and independent in their own homes by providing home and community-based care services such as personal care, housekeeping, meals, transportation and more. COA administers ESP in Butler, Clinton, Hamilton and Warren counties. These programs are funded by county tax levies. Services include care management (care coordination), adult day care, meals, medical equipment, home modification, transportation, emergency response system, homemaking and personal care. The ESP age requirement is 65 and older in Clinton County and age 60 and older in Hamilton, Butler and Warren Counties. Eligibility includes required help with certain activities of daily living (ADL's and IADL's) such as bathing, cooking, transportation, etc. Eligibility for specific home care services are determined by the care manager during an in home assessment. The cost cap for ESP is \$800.00 a month. If a client needs to exceed the cost cap all requests are reviewed by management. The FastTrack Home Program is also administered in Hamilton, Clinton, and Warren Counties and is available for those discharging from a hospital or nursing home. PSA1 was able to launch this program fully for Butler County in February 2024 to include additional home and community-based services. An eligibility assessment is completed while in the hospital or the skilled nursing facility prior to discharge. The care manager enrolls the client at the time of discharge to assist with transitional care services to home. Many of the services available are the same as above and the program is up to 60 days. Prior to discharge from the program the care manager

assesses the need for additional services long term and can refer to local levy program and or waiver depending on level of care need at the time of assessment. If services are no longer needed, clients will be discharged from the program. The program uses an evidence-based Coleman Model as part of the care manager interventions. home52 Transportation is a coordination center that schedules and coordinates same day or prescheduled transportation for eligible older adults and individuals with disabilities. home52 Transportation currently contracts with 18 transportation providers to provide high quality and efficient transportation services. Currently home52 serves Hamilton County ESP and FastTrack Home. The number of consumers served in 2023 under the Elderly Services Program was 14,816 clients and 2,131 under the FastTrack Home program.

## D. Waitlists

For the Title III services and programs administered by the AAA and/or contracted service providers, please identify any services and programs that had a waiting list as of July 1, 2024.

Include the number of consumers on the waiting list, the impacted counties, and describe your plans to reduce the number of consumers on the waiting lists, including, but not limited to, reallocation of funds.

Note that the services listed below are the most used services statewide for the respective funding sources. If your AAA and/or service providers have waiting lists for services not listed, please provide this information under “Other Services.”

Title III-B Supportive Services		
Service	#	Counties
Transportation	N/A	Click or tap here to enter text.
Supportive Services	N/A	Click or tap here to enter text.
Care Coordination	N/A	Click or tap here to enter text.
Personal Care	N/A	Click or tap here to enter text.
Other Services:	PCS/Home Care Assistance under Senior Services Levy Programs.	As of June 30 <sup>th</sup> 2024 we had the following waitlist with our senior service levy programs: Butler County 415, Warren County- 253, Hamilton County- 153, and Clinton County 5
Plans to reduce the number of consumers on the waiting lists: <b>PSA1 has utilized AddnAide to reduce the number of consumers on the waitlist by leveraging this option vs. traditional home care agencies. AddnAide is an app that allows ESP clients to search for and match with individuals in the community who are approved to provide CDC services. We have seen growth in our consumer directed care program and with AddnAide implementation. PSA1 continues to see a home health aide shortage with traditional home care</b>		

companies but there has been some improvement in capacity evidenced by an increase in providers able to take on additional clients.

**Title III-C Nutrition Program**

Service	#	Counties
Home-delivered Meals	0	N/A
Congregate Meals	0	N/A
Other Services:	0	N/A

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

There is currently no waitlist for Title III –C nutrition programs

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

Service	#	Counties
Evidence-Based Program	0	N/A
Other Services:	0	N/A

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

Click or tap here to enter text.

**Title III-E National Family Caregiver Support Program**

Service	#	Counties
Counseling/Support Groups	N/A	Click or tap here to enter text.
Supplemental Services	N/A	Click or tap here to enter text.
Respite	N/A	Click or tap here to enter text.
Other Services:	Click or tap here to enter text.	Click or tap here to enter text.

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

There is currently no waitlist for Title III E National Family Caregiver Support Program

**E. Senior Farmers Market Nutrition Program (SFMNP)**

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

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

PSA1 plans increased engagement with our provider network and community partners on program details and promotional materials. PSA1 will identify areas of concentration of eligible individuals and coordinate outreach to them. Many of our community partners utilize volunteers and we will tap into that to help get the information out. PSA1 also will use Social Media platforms, local radio/TV spots, our website and outreach events to reach more older adults in our region.

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

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

N/A

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

Certification	Food Instrument Management	Market Management	Nutrition Education	Financial Management	Total
0	90%	0	5%	5%	100%

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

AAA1 charges an indirect rate which is based on federal rules for administrative cost to all our programs. This rate is calculated monthly based on our indirect cost methodology. This calculation makes sure that all programs are charged their fair share of the agency's indirect expenses.

AAA1 also collects direct time information from staff who participate in the program in our FAL system. Staff track time spent on responding to seniors, assisting seniors with

their smartphones, or administrative time. This information is captured in TimeStar, our electronic Funding Allocation Log, and charged to the program.

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

5b) Participants receive information on the program model via website, from distinct email account, direct interaction with COA staff, and community partners assisting with sign-up. Materials provided include a farmers' market list and general information including the phone number for technical support from Home Grown Benefits. Questions 5d and 5e are not applicable.

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

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

N/A

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

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

N/A

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

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

N/A

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

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

PSA1 website includes a page dedicated to the SFMNP. The page includes a link to a nutrition education flyer. This flyer is also distributed to farmers and markets to use during their hours of operation, and they are encouraged to include it in their newsletters and websites. <https://www.help4seniors.org/wp-content/uploads/ODA-Nutrition-Education-Fact-Sheet-SFMNP-2024.pdf>. See also attached ODA Nutrition Education Fact Sheet.



4601 Malsbary Road  
Blue Ash, OH 45242  
(513) 721-1025  
(800) 252-0155  
[www.help4seniors.org](http://www.help4seniors.org)

## **Area Plan Update AAA1 Care Coordination Plan**

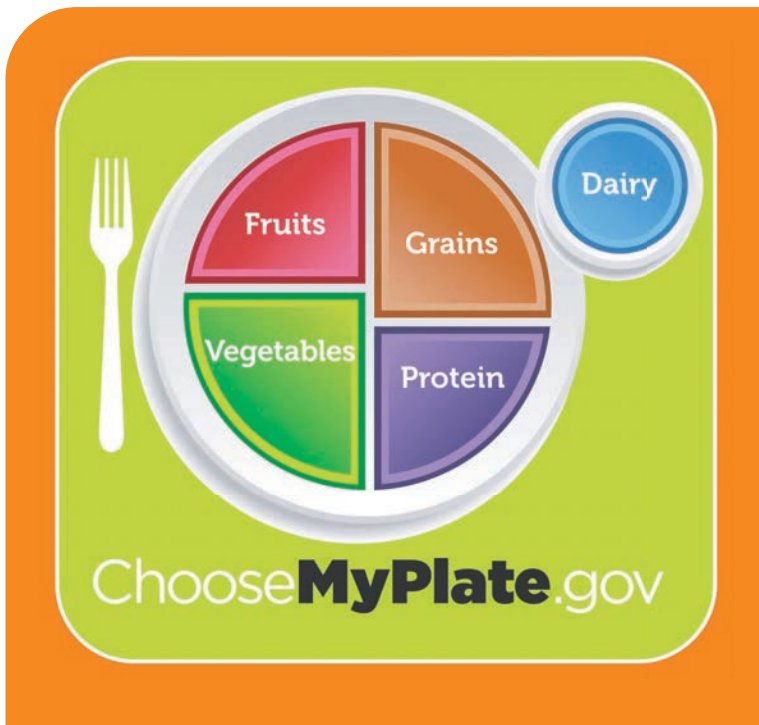
The Elderly Services Program helps older adults to remain safe and independent in their own homes by providing home and community-based care services such as personal care, housekeeping, meals, transportation and more. COA administers the ESP program in Butler, Clinton, Hamilton and Warren counties via contracts with each Board of County Commissioners. These programs are funded by county tax levies. Services include care management (care coordination), adult day care, meals, medical equipment, home modification, transportation, emergency response system, consumer directed care, homemaking and personal care. Age eligibility in Clinton County is residents aged 65 and over. Butler, Hamilton and Warren Counties age eligibility is residents aged 60 and over. Eligibility includes requirements for help needed with certain activities of daily living (ADL's and IADL's) such as bathing, cooking, transportation, etc. Eligibility for specific home care services is determined by the care manager during an in-home assessment. The cost cap for the Elderly Services Program is \$800.00 a month. If a client needs to exceed the cost cap all requests are reviewed by management. Currently we are managing (limiting) new enrollments based on additional criteria in Butler and Hamilton counties to stay within budget and available levy funding. The loss of ARPA funding, high inflation of unit costs, and growing demand caused the costs of these programs to exceed available revenue.

The FastTrack Home program is administered in Butler, Clinton, Hamilton, and Warren Counties and is available for those discharging from a hospital or nursing home. An eligibility assessment is completed while in the hospital or in the skilled nursing facility prior to discharge. The care manager enrolls the client at the time of discharge to assist with transitional care services to home. Many of the services available are the same as the Elderly Services Program but the program is limited to 60 days. The program uses evidence-based Coleman Model as part of the care manager interventions.

home52 Transportation is a transportation coordination center that schedules and coordinates on-demand and prescheduled transportation for eligible older adults and individuals with disabilities. home52 Transportation contracts with many transportation providers in our region to provide high quality and efficient transportation services. Currently home52 serves older adults enrolled in the Hamilton County Elderly Services Program and FastTrack Home. The number of consumers served in 2023 under the Elderly Services Program was 14,816 clients and 2,131 under the FastTrack Home program.

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Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly funded programs. **Our mission: Enhance lives by assisting people to remain independent through a range of quality services.**



# Choose MyPlate for a Healthy Meal

MyPlate (<https://www.myplate.gov/>) provides a visual guide of how many servings of each food group you should eat each day. To ensure you eat plenty of rich-nutrient foods, plan your meals to include a variety of food groups. foods, try to plan your meals to include a variety of foods.



## Fruits

### FOCUS ON WHOLE FRUITS

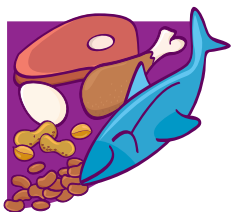
- Try to eat 2 servings each day.
- Fruit can be fresh, canned, frozen, or dried.
- Fruit can be whole, cut-up, pureed, or cooked.
- One serving is equal to 1 cup of raw or fresh fruit, half a cup of dried fruit, or 1 cup of 100% fruit.



## Vegetables

### VARY YOUR VEGGIES

- Try to eat 2 to 3 servings each day.
- Vegetables can be raw or cooked and fresh, frozen, canned, or dried.
- Vegetables can be whole, cut-up, or mashed.
- One serving is equal to 1 cup of raw or cooked veggie or 2 cups of leafy greens (like spinach).



## Protein

### VARY YOUR PROTEIN ROUTINE

- Try to eat 5 to 6 ounces each day.
- One serving is equal to ¼ cup of beans, lentils, or nuts, 1 ounce of meat, 1 egg, or 1 tablespoon of nut butter.
- Choose meat and poultry products that are lean or low in fat, like 93% ground beef or chicken breast.



## Grains

### MAKE HALF YOUR GRAINS WHOLE GRAINS

- Try to eat 5 to 9 ounces each day.
- Any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain is a grain food.
- Grains are either whole grains or refined grains.
- Of the grains you eat, try to make at least half of them whole grains.
- If you eat refined grains, choose to eat grains that are “enriched” with important vitamins and minerals.
- One serving is equal to a 1-ounce portion.



## Dairy

### MOVE TO LOW-FAT OR FAT-FREE DAIRY

- Try to eat or drink 3 servings each day.
- A serving is equal to 1 cup of milk, soy milk, or yogurt or 1½ ounces of hard cheese.

