

# Ohio Department of Aging



## Strategic Area Plan for Programs on Aging

Strategic Area Plan Elements  
Program Years 2007 – 2010

***2<sup>nd</sup> DRAFT 3-22-06***

Planning and Service Area 9

Area Agency on Aging - Region 9, Inc.

# Strategic Area Plan Elements Submission for 2007 – 2010

1. Area Agency on Aging Region 9, Inc.  
AAA Legal Name As It Appears on Articles of Incorporation  
  
60788 Southgate Road  
Street Address  
  

<u>Byesville</u>	<u>Ohio</u>	<u>43723</u>
City	State	ZIP Code
  
2. Diane Phillips, Quality and Planning Director (740) 439-4478 extension 254  
Name and Telephone Number of AAA Contact
  
3. 31-0887396  
Federal Tax Identification Number
  
4. I certify that I am authorized to submit this Strategic Area Plan on behalf of the designated grantee agency and that a public hearing was held to assist in the development of this Strategic Area Plan, **as evidenced by the attached public hearing summary**. The Advisory Council has reviewed and commented upon this Plan and the Board has approved its submission.

\_\_\_\_\_  
Alan Burnett, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dayle Snyder, Board Chairperson

\_\_\_\_\_  
Date

# Submission Checklist

## Strategic Elements

Check each Exhibit that is included in this plan:

- Signature Page
- Exhibit A: Strategic Area Plan Mission and Vision Statements
- Exhibit A-1: 2003-2006 Goals and Objectives Update
- N/A Exhibit A-2: Not Requested at This Time
- Exhibit A-3: Environmental Scan
- Exhibit A-4: Strengths, Weaknesses, Issues and Positions Analysis
  - Section 1: Strengths
  - Section 2: Weaknesses
  - Section 3: Issues
  - Section 4: Positions
- Exhibit A-5: Service Needs and Gaps
- Exhibit A-6: 2007-2010 Strategic Goals and Objectives, Evaluation Methodology
- Exhibit A-7: Targeting Underserved Populations

## Appendices

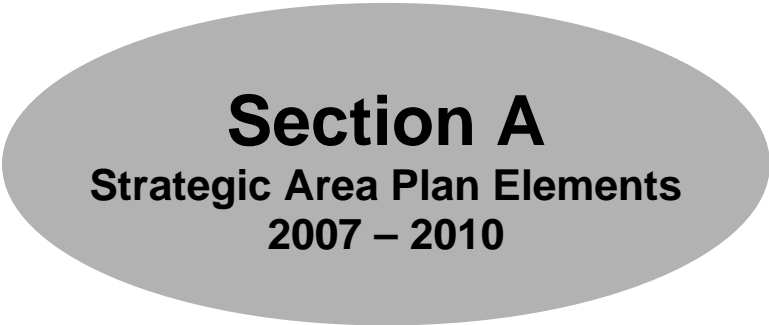
- Appendix 2: Application for Direct Provision of Service
- Appendix 3: Request for Variance from Prescribed ODA Service Taxonomy
- N/A Appendix 5: Use of Funds for MPSC Capital Improvements
- Appendix 6: Direct Provision of Nutrition Service Function by AAA
- N/A Appendix 7: Waiver of Title III-B Priority Services

## Assurances

- Area Plan Assurances, Section 306, Older Americans Act
- Certification Regarding Department Suspension, Ineligibility & Voluntary Exclusion Pursuant to 45 CFR Part 76 Lower Tier Transactions
- Certification for Contracts, Grants, Loans and Cooperative Agreements
- Department of Health and Human Services Assurances of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended
- Assurance of Compliance with Department of Health and Human Services Regulations under Title VI of the Civil Rights Act of 1964
- Older Americans Act Programs Non-Discrimination Policy
- Verification of Intent

## Attachments

- Attachment 1: Public Hearing Summary (Required)
- N/A Attachment 2: Detailed Demographics (Optional)
- Attachment 3: Exhibit D-2b: AAA Service-Related Costs by Program Activity (Required)
- Add as necessary



**Section A**  
**Strategic Area Plan Elements**  
**2007 – 2010**

**Exhibit A: Mission and Vision Statement**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

*Please insert the Area Agency on Aging's Mission Statement below.*

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**Mission Statement**

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We work with people, communities and organizations to educate, prepare and assist them in meeting the needs of aging

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- Check here if the Mission Statement has changed since submission of the 2003-2006 Strategic Elements.*

*Please insert the Area Agency Aging's Vision Statement below.*

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**Vision Statement**

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To be the recognized community leader in providing consultation and on-going assistance for older adults and the people concerned about them.

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- Check here if the Vision Statement has changed since submission of the 2003-2006 Strategic Elements.*

**Exhibit A-1: Status Report for 2003 – 2006 Strategic Goals and Objectives**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

State Goal and summarize the impact of each goal on services and/or community. Status indicators are described in the instructions.

**Goal 1: Limited Resources Available to Address Growing need**

**Status:** Provide support for development of resources to benefit older adults in PSA 9.  
Provide support for maximum utilization of resources available to PSA 9.

**In Progress**

**Narrative:** The AAA9 has formed an advocate mailing list for alerting and impacting elected officials on issues that impact older adults. Through the strategic planning process, advocacy was identified as the number one need to focus on issues that impact older adults within our region. The AAA9 hosted a White House Conference on Aging in 2005 where members from the Ohio General Assembly and those who serve on the Ohio Advisory Council on Aging were invited. The importance of knowing legislators and having dialogue with them cannot be understated.

Funding was also identified as a need during the planning process and the AAA9 has also scheduled a grants training in March of 2006 that is free to Title III providers, their Boards and Advisory Councils. Providers are encouraged to develop more funding outside of the historically flat AAA9 streams in order for growth and expansion of services to occur; they are rewarded with additional review points in the AAA9 contracting process for higher levels of outside support. Current and projected federal and State budget cuts and lack of growth already fall short in meeting existing needs and certainly will not meet the need for projected growth brought on by the Baby Boomers.

Technical assistance with providers who have levies or are interested in putting a levy on the ballot is an on-going practice at the AAA9. On-going discussion with counties who do not have levies is promoted to encourage expansion of services in our region.

Provider contracts are monitored on a monthly basis to encourage maximum utilization of resources by providers. An on-going need for providers to accurately project units and spending levels is very important for cost allocation, budgeting, performance incentives and service ability. Mid-year supplements to providers have largely gone by the wayside, as the AAA9 now allocates all available federal funding to try maintain funding levels to providers in the face of over 30% reductions in loss of Senior Community Services Block Grant from the State of Ohio. Previously, a 5% “planned carryover” Title III reserve was maintained to cushion any such reductions and it was consumed in trying to maintain effort as much as possible.

The AAA9 has utilized 3 different resources to provide support and services to consumers who are not eligible for traditional Medicaid PASSPORT waiver services. Multiple counties identified the need for support for consumers who may not be eligible for services related to age, level of care and/or over income or resources by small amounts. Modest increases to the Title III E Caregiver program have buffered to some extent cuts in the State Senior Community Services Block Grant and Alzheimer’s

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Respite programs while targeting a different demographic group. The AAA9 continues to maintain a waiting list of over 100 persons for the Care Coordination program.

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**Goal 2: Limited awareness of aging issues and benefits of potential resources to the community**

**Status:** Create awareness of aging issues and potential resources among the general public  
Create awareness of aging issues and potential resources among the elected officials  
Create awareness of aging issues and potential resources among employers and Chambers of Commerce

**IN PROGRESS**

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**Narrative:** Raising awareness & understanding of aging issues will be an on-going activity for AAA9 for a variety of reasons, including the need for advocacy that was identified through our 2002 & 2006 focus groups. Other needs identified were to continue building Areawide capacity to provide information & assistance/referral (I&A/R) services and outreach. Currently, the AAA9 has developed a Caregiver Resource Guide for distribution in Spring of 2006.

Activities will continue to include participation in radio and television programs on a monthly basis, as well as guest spots on quarterly or periodic programs. In addition, home shows, health fairs, county fairs and various expos throughout our region are used to provide outreach to current or potential consumers as well as caregivers.

The AAA9 continues to maintain a database for elected officials and local advocates to keep them updated on current issues, advocacy efforts and program offerings. The AAA9 has also been involved in organizing campaigns to get information out in a timely manner and encourage individual advocacy. These campaigns have involved members of the community identified as advocates, in addition to AAA9 contracted service providers, Regional Advisory Council members, and the Board of Trustees.

The AAA9 uses all contact opportunities to encourage referrals from rural, low income and minority constituents. Barriers continue to be seen in reaching & serving the Amish population and a remarkable lack of response from clergy/ministry of all faiths to AAA9 outreach efforts.

The AAA9 targets employers with the assistance of Chambers of Commerce and participates in Chamber events and publications at least annually. Representatives from the AAA9 Caregivers Support education program actively seek out business-based audiences to provide education, training and outreach for individuals who may be actively or have future need of our programs and resources.

The AAA9 also partners with other organizations including providers, employers, non-

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profit organizations, clubs and other entities to help provide information for caregivers who also work. In addition, staff also participates in planning meetings for housing assistance, coalition meetings, and quality support forums in multiple counties.

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**Goal 3: Limited ability of contractor and consumers to assure the delivery and receipt of high quality services**

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**Status:** To administer high quality programs in a geographically and economically challenged area

**IN PROGRESS**

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**Narrative:** The AAA9 will continue to work with providers on an on-going basis to encourage the use of volunteers to maintain, expand and enhance service delivery. The need to increase volunteerism was identified through 2002 & 2006 focus groups and discussion was held regarding how to expand services with the use of volunteers.

The AAA9 continues to provide on-site support to providers in our region to assist with the implementation of SAMS client reporting systems; due to the ever-changing & problematic nature of the software and local data-handling staff, AAA9 has elected to use the Synergy CITRIX Internet-based "agingnetwork.com" system to reduce staff time and enhance reliability.

The AAA9 has provided technical assistance to providers in Jefferson County to expand services in that county after a levy for over \$1 million per year was successfully passed. The AAA9 continues to provide letters of support for agencies requesting other outside financial assistance, including tax credit housing and assistance with meals.

On-going technical assistance and support to increase compliance with required service standards has been enhanced by more on-site visits. One-on-one assistance with providers has become more effective to help providers understand the importance of meeting compliance guidelines.

The AAA9 recognizes the difficulties and challenges for providers in their ability to meet needs of consumers in hard-to-serve areas. The COALA in-home services worker training program has benefited providers by providing motivated & well-informed individuals with paraprofessional personal care and homemaking skills.

Geographic & economic challenges include limited local resources to support countywide service needs, as well as infrastructure, employment and environmental issues that are endemic to Appalachia.

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Exhibit A-2: Intentionally Left Blank

Area Agency on Aging: \_\_\_\_\_

Strategic Plan Period: 2007 – 2010

Date Submitted: 4/28/06

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Describe below the current environment faced by the AAA and how the environment will impact the AAA and aging network. The environment should be viewed from both internal and external perspectives.

Internal Perspectives:

The AAA9 has shown many improvements internally and continues to thrive even with new unfunded mandates such as the introduction of HIPAA, State rule-making, PIMS computer systems in Fall of 2003 and SAMS software/hardware & staffing demands. Agency staff remains on agency and statewide committees & task groups involved in implementing upgrades and provides continued support to contract providers. The AAA9 estimates over \$500,000 in hardware alone has been necessary just to keep up with growing computer system demands since 2001; training, retraining and implementation has consumed thousands of hours of local and AAA9 staff time beyond that cost.

The introduction of HIPAA within the current strategic plan period caused modified and expanded agency policy & practice related to confidentiality issues surrounding consumer health information. This process has been on-going with updates and changes to meet federal guidelines surrounding billing issues within the PIMS systems.

Older Americans Act reauthorization in 2000 impacted program changes internally with the inclusion of the Title III-E National Family Caregiver Support Program. The AAA9 was able to expand outreach efforts, community education & training, in-home safety & respite development and care management services through these activities.

Current demand resulted in an unfunded expansion of services to assist consumers with Medicare Part D, which has been challenging because of the flawed evolution of this federal program. The AAA9 has been required to use temporary employees to fill the need to work with consumers on an individual basis to help apply for assistance.

Addition of the COALA program has been instrumental in addressing issues with workforce shortages within our area. This training for paid caregivers of our consumers has not only expanded the AAA9 training program, but has provided educational opportunities to improve the quality of care received by all consumers of any age.

Addition of a two-year Housing Trust Fund Grant has allowed limited expansion of home repair for older persons by providing incentives for local governments & organizations to direct more resources toward older consumers.

Working with Sheriff Departments in all 9 counties, Project Lifesaver/CareTrack systems have been purchased by the AAA9 to utilize State Alzheimer's Respite funds to provide a safety net for consumers with a dementia diagnosis that are at risk of wandering off.

Program cuts in Senior Community Services Block Grant from the State of Ohio due to deficits in the State budget has caused the AAA9 to deal with trying to maintain funding levels to providers. AAA9 was forced to eliminate a fund reserve program that had been established to address just such a situation. This trend for diminishing funding capability will be compromised further with 2006 & pending future cuts in Title III and create the need for reviewing how AAA9 does business in the future.

The AAA9 has stable financial positions, with balanced current revenue and expense relationships. An outside audit firm, legal counsel, ODA staff and AAA9 staff have fully addressed the past accounting and spending problems, establishing systems and practices that meet or exceed recognized standards of performance. All outstanding obligations prior to 2000 have been cured, forgiven or satisfied.

Staffing levels have seen growth primarily in the area of PASSPORT Case Management, yet only 16% growth in staffing during a 40% increase in consumer census. Additional program areas have seen staffing levels increase to meet the need to implement new programs, such as the Housing Trust Fund Grant and SAMS Title III reporting, in the face of a \$35,000 loss in Title III-A purchasing power since 2000.

The Board of Trustees has thirteen experienced members with a variety of skills and expertise. An operational committee structure is in place, bylaws have been updated and two multi-day Board-staff strategic planning retreats have been conducted. Board members have participated in orientation sessions and been afforded the opportunity to attend state- and national-level training events.

The Care Coordination program has continued to provide very limited support services with resources from Title III-B, Ohio Senior Community Services Block Grant, Alzheimer's Respite and Title III-E Caregiver funds. It has been well-received by referral sources, consumers and vendors. AAA9 assessors especially appreciate having a resource available for persons not eligible for PASSPORT but in need of professionally-managed care plans and on-going support. The lack of further resources to expand the program remains troubling, hence our venture into providing care management support for those with means.

These developments and current status bode both well and alarming for the operation of the aging network in East Central Ohio. New or supplemental funding is being distributed fairly based on an updated formula, on-going Title III/SCSBG funding is on "hold-harmless" basis at 2000 relative levels, and AAA9 ranks as best in the state for processing payments to providers within 30 days. Attentions for the foreseeable future are being concentrated on core services of Outreach, Information & Assistance/Referral (I&A/R), transportation and meals to maintain a baseline for independence, health and safety of older adults.

#### External Perspectives:

Reauthorization of the Older Americans Act is the top priority identified at the 2005 White House Conference on Aging for improving the chance that the Aging Network can meet the needs of the fast-growing aging population. Obtaining adequate allocations will be the bigger challenge. January 2006 marks the beginning of a significant Baby

Boomer-fueled increase in the age 60+ population that will impact and challenge the Aging Network as never before.

Upcoming legislation and program implementation changes will be of vital importance for our region. Staying abreast of legislative activity that impacts older adults is extremely important to prevent further decline of resources for the Aging Network when population growth will undoubtedly increase service needs.

External elements in the environment will bring a number of challenges to the Aging Network over the 2007-2010 period. An objective appraisal shows substantial potential for only small gains and perhaps significant losses in the Aging Network's ability to provide services over the next four years. National, State and local economic indicators do not portend many – if any -- opportunities for growth in the near-term.

Changing demographics during the years 2000 to 2020 do not favor East Central Ohio as far as gaining fiscal resources for older adult programs that are distributed on population-based formulas, since other parts of the state and nation show much faster and more significant growth. Projections are for little growth in the number of age 60+ in PSA 9. Projections through 2020 from the Scripps Gerontology Center predict that East Central Ohio will show only modest increases in the percentage of 60+ population with the smallest projected percentage increase in Jefferson County, a more populous county, and the largest percentage increase in Carroll County, a more sparsely populated county.

Downturns in the national, state and local economies have and will continue to have substantial impact on the Planning and Service Area. Recent sharp reductions in State funding, continuing inflationary losses amounting to over 50% in the value of federal funding over the past twenty-five years and increasing costs of operations from unfunded regulatory pressures like HIPAA, NAPIS & computerization have a negative effect on operations and services funding through the Area Agencies on Aging. High inflationary growth in costs for pharmaceuticals, health care and insurance premiums are having marked negative impact on employers, investors, employees, retirees, older adults and families.

There is a higher incidence of poverty and disability among older adults in East Central Ohio, as with the other Appalachian PSAs, when compared to statewide averages. Currently, an average of 14% of the 60+ population lives in poverty. By 2020, it is projected that over 7,500 older individuals Areawide will have a severe disability.

Circumstances like these support the need to be innovative, cautious, conservative and concentrated in service operations and funding priorities. These indicators underscore the importance of staying focused on meeting basic one-on-one needs, as with transportation (especially for non-emergency medical purposes & access to other in- and inter-county essential destinations) and meals programs, as well as high-quality group & individual educational & informational services to help individuals take better care of themselves and each other.

**Exhibit A-3: Environmental Scan (continued)**Area Agency on Aging: PSA 9Strategic Plan Period: 2007 – 2010Date Submitted: 4/28/06**Section 2: Basic Demographics:** Taken from 2000 Census

County	60+	75+	85+	Rural 60+	Males	Females	Living Alone	Minority 60+
Belmont	16,136	6,426	1,503	16,136	6,456	9,680	4,905	340
Carroll	5,474	1,787	398	5,474	2,506	2,968	1,320	56
Coshocton	7,196	2,515	579	7,196	3,101	4,095	2,175	105
Guernsey	7,881	2,670	678	7,881	3,396	4,485	2,115	120
Harrison	3,594	1,369	383	3,594	1,568	2,026	990	320
Holmes	5,413	1,894	546	5,413	2,380	3,033	875	570
Jefferson	17,664	6,652	1,516	17,664	7,372	10,292	4,795	1,605
Muskingum	15,764	5,732	1,536	15,764	6,586	9,178	4,415	1,465
Tuscarawas	17,575	6,554	1,686	17,575	7,444	10,131	4,655	1,505
	96,697	35,598	8,825	96,697	40,809	55,888	26,265	2,433

## Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, Issues and Positions)

### Section 1: Strengths

Area Agency on Aging: PSA 9

Strategic Plan Period: 2007 – 2010

Date Submitted: 4/28/06

**Section 1:** List and summarize the current **Strengths** possessed by both the AAA and the PSA's aging network.

1. Experienced and well-trained staff
2. The variety of AAA9 programs that are available to consumers & caregivers
3. Proven education and training capability
4. Positive attitudes & dedication of staff and provider network
5. Being available to provide help for consumers who have no other resources
6. Cooperation with other agencies
7. The ability to look ahead to meet the demands of consumers in the future
8. Board of Trustees commitment and the experience they bring to AAA9
9. Regional Advisory Council members longevity in local & Area-level involvement
10. Strong Senior Centers and Provider network
11. Active and motivated advocacy network

The staff and the programs that are available within the current Aging Network have been identified as strengths to help current and potential consumers with their needs. This includes provider network managers and the staff who provide direct care to consumers. The positive and caring attention to detail provides consumers with comfort levels that allow them to choose to stay in their homes safely.

Coordination efforts continue to be a valuable resource within our communities. Working with contract agencies as well as non-contract organizations helps to coordinate and best utilize all efforts in securing services. Sponsoring and supporting local coalitions – such as mental health & caregiver groups – demonstrate involvement.

Commitment by the volunteer members of the AAA9 Board of Trustees, as well as members of the Regional Advisory Council, empower and provide direction for best utilization of funding and local involvement for programs. They provide valuable experience to oversee the direction and growth for the agency and Aging Network.

Focal points and provider networks provide valuable points of entry to consumers who may not be aware of what is available for consumers. The current advocacy network was instrumental in maintaining funding levels within the current 2006-2007 State budget. Proposed cuts would have been even more detrimental with the pending onslaught of Baby Boomers looming on the horizon.

**Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, Issues and Positions)**

**Section 2: Weaknesses**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

**Section 2:** List and summarize the current **Weaknesses** confronting both the AAA and the PSA's aging network.

1. Inability to eliminate the stigma on and denial of aging
2. Inability to help those who do not want to ask for or accept help
3. Inability to help consumers who “fall through the cracks” – generally near but under 60 years of age
4. Dependency on limited number and depth of funding sources
5. Need for additional, flexible funding sources
6. “AAA is the biggest secret around” : There are still potential consumers and needy individuals that the AAA9 has not been able to reach – example: Amish, ministry, caregivers, middle-class older adults, remote or isolated older adults
7. Need for more effective legislative & local government advocacy
8. Inadequate provider rates, reimbursement levels or contract amounts to ensure continued quality services in adequate supply
9. Potential loss of qualified providers from network

The persona of the aging network is evolving with seniors living longer, thanks to healthier lifestyles and medical advances. Seniors who are healthier are more active. Senior Centers and focal points need to evolve to meet the changing needs of the age 60+ population. During focus groups, a Senior Center revealed that some members of the public thought that older consumers lived at the Senior Center, identifying a weakness in the perception of what Senior Centers can offer older adults.

Focus groups also identified a hurdle when it comes to having some seniors accept services that are available to them. Seniors have identified that they do not like to ask for assistance because there may be someone who needs help more than they do. In addition to those consumers, it was identified as a service gap for consumers who do not meet criteria of the aging network, especially the Medicaid waiver PASSPORT program. More and more requests are coming from consumers who are 55-60 years of age. There are very limited resources available to help those who, more often than not, have a disability but are ineligible by age to receive service.

The need to become less dependent on one primary source of funds (eg, Ohio Department of Aging) and look for alternatives to expand programs was identified as a top need Areawide. Threatened budget cuts at State and federal levels identify that advocacy will be a top priority for maintaining appropriations that will not damage the current strengths of the networks.

Because the AAA9 offices are not geographically located in all 9 counties, challenges exist in meeting the need for direct contact & relationships with individual rural consumers. In that aspect, the AAA9 is the “biggest secret” when consumers do not

take advantage of services offered through focal points. Only aggressive outreach can overcome this obstacle.

The inability to increase provider rates and amounts profoundly impacts AAA9 ability to ensure continuation of quality services. Environmental issues such as high insurance costs and increased gas prices, along with additional requirements in new State administrative code rules and requirements, prohibit expansion of services, thereby likely impacting both quantity and quality.

## **Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, Issues and Positions)**

### **Section 3: Issues**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

**Section 3:** List and describe the **Issues** which might move the AAA and the PSA's aging network forward.

1. Advocacy through letter writing & personal face-to-face contacts as preferred methods - fax, email, phone contact as last resort
2. Know your elected officials, let them know AAA9
3. Less cumbersome communications for older adults
4. Coordination/ Partnering with other organizations to provide help for consumers under 60
5. Start new outreach programs geared at reaching older adults & their caregivers, such as increased I&A/R promotion, more educational programs and newspaper coordination with home-delivered meal service
6. Increasing use and targeting of media, including public broadcasting
7. Use of libraries to provide more AAA9 information to consumers
8. Use of video/audio with newspaper/meals delivery
9. Churches more involved – target church groups instead of individual ministry
10. Work with AARP to disseminate information and advocate no cuts to rural elderly
11. Increase contact through physicians' offices
12. Targeting caregivers
13. Funeral Homes – empower directors to discuss long term care options with consumers who are preplanning for burial or grieving for an older spouse, etc
14. Target bingo facilities to facilitate information dissemination

Issues identified that may impact the AAA's and the Aging Network's ability to move forward include coordinated efforts for communications with legislators including face-to-face contacts, letter writing, email and phone contacts. Educating consumers on the importance of their opinions and needs was identified during focus group sessions. Education on who representatives serve their communities was also identified.

Interestingly, even with the use of technology today, focus groups identified that a large number of seniors do not take advantage of the use of Internet. Medicare Part D was a prime example of consumers who are not comfortable in using this method due to the cumbersome computer applications used in applying for this program for older adults.

Increased effective use of media and shifting focus to increased Areawide presence with I&A/R and educational programs will reach more individuals over the long run and encourage coordination efforts that will benefit older adults. Effective methods may include the use of video and audio tools, coordination with libraries, newspapers, church groups, physicians' offices, employers, and even targeting funeral homes as sources who help consumers with planning for their burials and have high levels of contact with older adults.

**Section 4:** List and describe the *Positions* that may be taken to support the goals.  
**Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, Issues and Positions)**

**Section 4: Positions**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

1. Increase outreach to increase awareness of the AAA9 and program offerings in order to impact the lives of more older Ohioans in the face of funding constriction.
2. Expand educational programming to increase Areawide abilities to empower & support self-care and mutual care for the maximum number of older adults and caregivers. This cost-effective option becomes increasingly attractive as the value of major funding sources declines.
3. Develop increased capacity for providing Information & Assistance/Referral to more older Ohioans and caregivers within the PSA. I&A/R can open the door to resources beyond the scope and control of AAA9.
4. Advocate for no cuts to and substantial increases for OAA & State funding – The need to reauthorize the Older American’s Act is only the first step toward increased allocations for it to be fully funded. Appropriation cuts to the Older Americans Act impact state and local abilities to maintain service levels.
5. Awareness – Support the Ohio Association of Area Agencies on Aging to know what legislation is pending with issues for older Adults. The importance of having legislators know AAA9 and Aging Network issues cannot be over-emphasized, as well as having regular & meaningful contact with the Representatives and Senators.
6. Assistance with Medicare Part D – This program is a valuable resource for consumers who have no options for medication assistance. The problem reported with the program is the changing components during or after consumers have signed up for the program. Consumers have reported that once signed up for a particular plan, pharmacies have discontinued providing their medication through that plan. Providers have also reported that co-pays have been detrimental to some consumers who cannot afford to pay anything toward the price of medications. Consumers have reported frustration with the telephone system that they may use to sign up for the program.
7. Encourage legislators to forgive student loans to encourage students to go into gerontology and geriatrics. With the impact of the Baby Boomers in today’s climate, there is limited resources for consumers to have contacts with medical professionals who specialize in geriatrics. For some consumers with multiple health problems, this causes consumers to seek the services of multiple, fragmented sources for health care. Coordination of their health care is impeded if the consumer does not alert the primary care professional of all aspects of their care.

**Exhibit A-5: Service Needs and Gaps**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

Prioritize and describe in detail the top six service needs or gaps that exist in the PSA. The cell should expand as needed.

**Include in your response:**

- A. An explanation of how these service gaps were identified and how they were considered in the development of goals.

Service needs and gaps were identified through literature review, AoA-ADRC grant priority, focus groups, professional meetings, discussions with Regional Advisory Council and strategic planning sessions with the AAA Board of Trustees.

- B. The AAA's methods or criteria for determining priority of services funded with Title III dollars.

The per capita value of the Title III-B & C dollar has withered to 50% of that source in 1980. The value of State block grant funds have shrunk by over 30% in the past 4 years alone. As this funding environment constricts, AAA9 has streamlined the number of services funded in order to concentrate both service and operational efforts on the key national-priority baseline services of meals and transportation. Title III-E has been directed toward caregiver education & in-home safety support, along with limited care management & support. Maintenance of effort is, unfortunately, about the most that can be hoped for with these services. Information & Assistance/Referral is a growing need, along with educational empowerment, that begs for expansion as an Areawide service in order to benefit the most taxpayers for a longer period of time, thus a need for new or diverted funding in the future. This will help meet the direction from Section 301(a)(1) of the Older Americans Act to concentrate resources.

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1. Service Need/Gap ***Information & Assistance/Referral***

To address finding help for consumers who are unable to be served now & in the future by increasingly limited AAA9 resources; consider ability to sustain & increase effort on an Areawide basis throughout the plan period.

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2. Service Need/Gap ***Educational Programming***

To increase capabilities of private individuals, employed service workers, agency managers and business operators for better meeting the needs of older persons, from self-care & mutual care to presenting services & products more useful to older consumers; expand on current successes and experience.

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3. Service Need/Gap ***Home Delivered Meals***

To ensure adequate nutrition for consumers who are homebound and unable to attend congregate sites. Service priority needs targeted to low income age 60+, minority, rural, age 75+ consumers. Identified through surveys by clients and

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professionals, focus groups, professional meetings & conversations; continue to fund as a national priority service.

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4. Service Need/Gap ***Transportation***

Expanded services needed for non-emergency medical transportation, out-of-county travel for non-emergency medical specialty purposes, coordination with rural transits, new vehicles. Identified through surveys by clients and professionals, focus groups, professional meetings & conversations; continue to fund as a national priority service.

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5. Service Need/Gap ***Home Maintenance & Repair***

To address home safety issues, home access and the ability to remain in a home dwelling environment for consumers, expand services; continue to fund service as resources remain available.

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6. Service Need/Gap ***Prescription Drug Assistance***

Support/assistance until the older public adjusts to this new system; provide information and support if & as resources become available.

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**Exhibit A-6: Strategic Goals and Objectives and Evaluation**

Area Agency on Aging: PSA 9

Strategic Plan Period: 2007 – 2010

**Section 1: Strategic Goals and Objectives (Asterisk [\*] Targeting Objectives)**

Column 1	Column 2	Column 3
(Number Sequentially)	Objectives	Evaluation Methodology For Goal:
<p><b>Strategic Issue #1: <i>Federal and State budget issues have projected cuts to services for seniors. Advocacy efforts need to be expanded for continued growth of Aging Programs</i></b></p>		
<p><b><u>Goal 1:</u></b></p> <p>Diminish potential cuts to aging programs through outreach and advocacy efforts by professionals, private individuals and consumers of services</p> <p><b><u>Rationale:</u></b></p> <p>Appropriations for funding of services to older adults are impacted by legislative commitment to older adults. The aging network needs to gain financial and political support in order to meet current and future needs of older adults. The Older Americans Act charges AAAs with advocacy responsibilities.</p> <p><b><u>Completion Date:</u></b> Month/Year 12/2010</p>	<p>1.1.1 Keep legislators cognizant of the importance of the OAA funding to promote early reauthorization in 2010 &amp; substantially increased allocations</p> <p>1.1.2 Establish yearly events to target elected officials for educational and advocacy purposes to discuss realities and challenges facing an aging America</p> <p>1.1.3* Educate a diverse population of citizens and consumers on the importance of their efforts in reaching legislators</p> <p>1.1.4 * Coordinate efforts with consumers on impending legislation and issues identified through OAAAA</p> <p>1.1.5 * Update resource guide for consumers, caregivers and elected officials</p>	<p>1.1.1 Document informational contacts with State and federal legislators regarding AAA9 services, activities and needs</p> <p>1.1.2 Yearly forum for elected officials to become aware of older constituent &amp; caregiver needs</p> <p>1.1.3 Document outreach to citizens &amp; consumers</p> <p>1.1.4 Document focus groups and mailings providing information &amp; coordination efforts</p> <p>1.1.5 Update resources for guide yearly; publish bi-annually as resources</p>

Column 1 (Number Sequentially)	Column 2 Objectives	Column 3 Evaluation Methodology For Goal:
<p><b><u>Goal 2:</u></b></p> <p>Through Information &amp; Assistance/Referral and education &amp; training, the AAA9 will become identified as the region’s resource for awareness of aging issues, public &amp; personal resources and legislative advocacy empowerment</p> <p><b><u>Rationale:</u></b></p> <p>The AAA9 will be able to coordinate &amp; provide consistent high-quality information on a larger Areawide scale to all 9 counties in cooperation with local service providers, educate more people on issues and techniques for self-care, mutual care and impacting legislative priorities.</p> <p><b><u>Completion Date:</u></b> Month/Year 12/2010</p>	<p>1.2.1. The AAA9 will update website to include background information and advocacy alerts for citizens &amp; for professionals in the aging network</p> <p>1.2.2* The AAA9 will expand the current advocacy mailing list by increasing the number of advocates by 50 per year</p> <p>1.2.3 * The AAA9 will provide legislative education to consumers at 5 events and/or major media coverages per year</p> <p>1.2.4 The AAA9 will expand training programs to caregivers to reduce impact of workforce shortages that would affect the quality of services availability</p> <p>1.2.5 The AAA9 will expand training programs to consumers and caregivers help them make informed decisions regarding Long Term Care, benefits, self-care and mutual care</p> <p>1.2.6. The AAA9 will expand capacity to provide Information &amp; Assistance /Referral on an Areawide basis as resources become available from new or existing streams.</p>	<p>develop</p> <p>1.2.1 Updates to website will be conducted quarterly and as needed for advocacy alerts</p> <p>1.2.2 Documentation of an increase of 50 advocates per year</p> <p>1.2.3 Documentation of events and/or coverage on legislative education information including target audiences</p> <p>1.2.4 Documentation on direct service worker training to individuals and caregivers who will provide services to older adults;</p> <p>1.2.5 Document events &amp; programs targeted to Long Term Care resources, benefits, self-care and mutual care</p> <p>1.2.6 Obtain staff and program certification via AIRS; develop additional \$100,000 funding by end of plan period.</p>

Column 1	Column 2	Column 3
(Number Sequentially)	Objectives	Evaluation Methodology For Goal:
<p><b>Strategic Issue #2: Demographic indicators project greater expansion in older adult census in smaller communities who may not be able to expand capacity of services to meet needs of older adults. There is limited availability of resources and high dependency on federal and State funding sources</b></p>		
<p><b><u>Goal 1:</u></b></p> <p>Expand programs to seniors by pursuing alternative methods of revenue</p> <p><b><u>Rationale:</u></b></p> <p>Future funding mandates are unpredictable and may not meet the need of impending boomers.</p>	<p>2.1.1* Provide annual trainings for contract agencies on financial resource management to provide best utilization of funding already available for low income, minority, and 60+ consumers within the region</p> <p>2.1.2 Provide technical assistance to focal points in counties where there is currently no senior service levy; provide technical assistance encouraging replacement and additional levies in the 7 counties where senior services levies already exist</p> <p>2.1.3 Pursue grant opportunities by targeting new sources to support local</p>	<p>2.1.1 Conduct at least one event per year free of charge to OAA provider agencies; monitor quarterly reporting of consumer demographics</p> <p>2.1.2 AAA9 will provide technical assistance to Harrison and Holmes counties to encourage expansion of services through senior levies.</p> <p>2.1.3 Provide assistance to at least one provider per</p>

Column 1	Column 2	Column 3
(Number Sequentially)	Objectives	Evaluation Methodology For Goal:
<p><b>Completion Date:</b> Month/Year 12/2010</p>	<p>services</p> <p>2.1.4* Assist with education to consumers regarding the need for donations to help expand services within the counties.</p> <p>2.1.5 *Continue expansion of Care Coordination model at Area level to concentrate resources, minimize operational overhead, expand care management for private-pay consumers and target impaired consumers not eligible or appropriate for other types of in-home services</p>	<p>year in the development of a new funding source.</p> <p>2.1.4 Document delivery of 3 different educational opportunities each year</p> <p>2.1.5 Monitor caseload growth and distribution of consumers; review incidence of service to low income, minority and rural consumers; add 5 care management-only consumers per year</p>
<p><b>Strategic Issue #3: Inflationary concerns impact ability of contractor and consumers to assure the delivery and receipt of quality services. Continued increases in provider insurance rates, economic issues including higher gas prices, and operational &amp; structural requirements impede contractor's ability to provide services to consumers in hard-to-serve areas including rural consumers.</b></p>		

Column 1	Column 2	Column 3
(Number Sequentially)	Objectives	Evaluation Methodology For Goal:
<p><b><u>Goal 1:</u></b></p> <p>To administer and operate high-quality programs in geographically and economically challenged areas</p> <p><b><u>Rationale:</u></b></p> <p>The AAA9 is able to provide education &amp; training for citizens, professionals and paraprofessionals Areawide and provide technical assistance in meeting goals for service delivery</p> <p><b><u>Completion Date:</u></b> Month/Year 12/2010</p>	<p>3.1.1 Work with State agencies to prepare providers and caregivers regarding implementation of new programs and operational protocols</p> <p>3.1.2 Coordinate advocacy with providers to help receive adequate reimbursement to ensure provider competition and consumer choice availability</p> <p>3.1.3 Provide technical assistance and training to provider staff to support compliance and quality services for consumers</p> <p>3.1.4 *Monthly monitoring of services levels to ensure target goals for consumer characteristics are being met.</p> <p>3.1.5* Provide training to educate providers on recruitment and use of volunteers to enhance service delivery.</p>	<p>3.1.1 Document provider training</p> <p>3.1.2 Document provider coordination activities through website, trainings and committee meetings</p> <p>3.1.3 Document on-going provider support and monitoring issues</p> <p>3.1.4 Review of OASIS documentation by provider and targeting goals; expected outcome that providers will meet target goals</p> <p>3.1.5 Documentation of training for providers to encourage use of volunteers including recruitment and retention; expected outcome will include volunteer programs for providers who currently do not utilize volunteers</p>

**Exhibit A-7: Targeting Unserved and Underserved Populations**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: \_\_\_\_\_**

**1. Identify by assigned number and provide a rationale for those goals and objectives related to targeting activities.**

Objectives 1.1.3 – 1.1.4 – 1.1.5 - Objectives 1.2.2 – 1.2.3

Rationale:

Education is an important tool for advocates to be knowledgeable regarding service delivery and funding in order to educate legislators on the importance of funding services for their constituents. Advocacy is a valuable resource in appropriations by legislators as well as grassroots efforts such as passing a senior levy. Diverse populations impact service delivery when targeting low income, minority, rural consumers and 60+ populations. Rural consumers are especially challenging due to lack of infrastructure & socialization options that are available in larger urban communities.

Objectives 3.1.4 – 3.1.5

Rationale:

Expansion of service delivery without additional funding can occur through the use of volunteers. Focus groups identified the need for volunteers to help with out reach, information, socialization, expansion of transportation services and other services to reach hard to serve consumers, such as home bound, rural, low income, minority and 75+populations.

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

Providers are required to obtain information from consumers that will document reaching targeting goals. During the RFP process, providers are rewarded with additional review points based on exceeding the different aspects of potential consumers to be targeted. Providers are required to meet the minimum goals based on county census. This is monitored internally and addressed with providers as needed.

**3. The 2000 amendments of the Older Americans Act include specific emphasis on serving older individuals residing in rural areas. Describe the AAA's plans to insure compliance with this mandate.**

All counties within our geographic region are considered rural.

**4. The federal government emphasized the importance of reaching groups with Limited English Proficiency (LEP). Describe the AAA's plans to improve access to services for those persons identified in this group.**

The AAA9 monitors providers to ensure compliance with this issue. Currently the providers have the use of professional agencies through a AAA9 contract to address any communication concerns that may arise and also use family members as needed & available. No known issues with the LEP population are apparent in PSA 9.

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

Primary identification of unserved and underserved populations includes consumers who do not meet age requirements for senior programs. With the growth of census by Baby Boomers, lack of resources could exacerbate health issues and disabilities resulting in the need for more specialized services when they do become eligible. Advocacy is a primary activity for this target group along with coordination with organizations such as AARP and county Jobs and Family Services departments.

Other groups identified include consumers who are a few dollars over the income guidelines for the Medicaid waiver PASSPORT program. Working with these individuals to receive assistance through other resources will continue to be provided.

The growing Amish population is problematic to delivery of traditional social services; they do not seek or accept much assistance with meals, transportation or in-home services as currently provided. They do sometimes participate in informational, educational or support group activities. More research and individual contact will be required to breach the cultural gap, with plans already in place to expand informational & educational opportunities specifically for Amish target groups.

**Appendix 2:** Application for Direct Provision of Service

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

**Appendix 5:** Use of Funds for MPSC Capital Improvements

**Appendix 6:** Direct Provision of Nutrition Service Function by AAA

**Appendix 7:** Waiver of Title III-B Priority Services

**Appendix 2: Application for Direct Provision of Service**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 04/28/06**

**Instructions:** Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested.

In accordance with ODA Policy 206.00 (Request for Direct Provision of a Service), the AAA requests ODA approval to directly provide the service listed below. Direct provision case management does not require a waiver. Justification for this request for the provision of the service, the Title III funds, and AAA staff involved is detailed.

**1. Service category (reference ODA service taxonomy).**

Information & Assistance/Referral, OASIS \_\_-\_\_ (Title II-B, Title III D, Title III E)

**2. Geographic area in which service will be provided.**

Areawide

**3. Organization that provided this service in the previous year.**

Area Aging on Aging Region 9, Inc. and various local organizations operating informally outside of AAA9 funding stream

AAA9 has historically directly provided Information & Referral/Assistance informally and through the PASSPORT resources.

Within the current Older Americans Act and State Community Services Block Grant funding scenario, the purchasing power of our general State and federal funds will become even more limited and constrained, reducing current ability to serve and making it impossible to keep up with Baby Boom influence on our target population through our traditional transportation & meals infrastructure. It will be incumbent upon AAA9 to provide direction and support in reaching resources outside of the control of our Aging Network. Funds must be obtained to acquire space, materials, promotion and staffing for I&R/A programming, including direct AAA9 personnel cost for operating programs. These programs benefit persons working or volunteering in serving older adults as well as older adults themselves by providing information, advice and support to improve their ability to gain access to services and knowledge.

For the next funding cycle, we wish to add the opportunity for AAA9 to provide more I&R/A programming on an Areawide basis, should funding resources become more available. In these times of limited and constricting funding, I&R/A to empower older adults in gaining better access to whatever services & opportunities may be available from any source is a baseline function that AAA9 can provide. Operating on a Area level, the program can provide support to the unorganized and informal outlets currently providing much of the I&R/A naturally occurring in the Area. Areawide operation lends itself to better quality control, consistency and availability.

**4. An RFP process was used to solicit potential providers of this service: Yes  No  If no, explain why an RFP process was not used to solicit potential providers.**

The AAA9 desire to commit to a Area level I&R/A program is not taken lightly and seems an inevitable step in the current funding climate for aging programs. That is demonstrated by the growing interest, support and operation of Aging & Disability Resource Centers (ADRCs) across the country. Again, Areawide operation lends itself to better quality control, consistency and availability for this vital lifeline service.

**5. Plans, if any, the AAA has to reallocate this service outside the AAA.**

None, providing the budget and/or other resources will continue to support this service. We continue to seek to develop a consolidated and uniform Areawide I&R/A program.

**6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.**

To ensure adequate supply.

The AAA9 has the capacity to offer I&R/A that can be equally accessible to social service workers, older individuals and caregivers areawide, tailored to meet current needs for all parties as situations develop, such as the recent Medicare Part D sign-up debacle, where information changed on a daily, if not hourly, basis. Operated largely as a telephone-based service, AAA9 already has toll-free (800) numbers available for designation to this service; web-based applications are a natural as more of our target group become computer-savvy. If extended hours became necessary, a centralized location would be more accommodating; additional clinically-trained AAA9 staff can be quickly available if demand were to spike in an emergency.

Service is directly related to AAA administrative function.

An 'administrative' function in the broadest sense of the word; more truly speaking, directly related to our overall purpose and our national mission. We wish to use part of these funds to support internal staff to direct and provide I&R/A services; this will provide necessary control of quality and accessibility, as well as solicitation of and responsiveness to areawide demand.

Area Agencies on Aging are charged under the Older Americans Act section 301(a)(1) "to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals". Section 1321.53 of the OAA regulations proclaims the AAA mission as the "area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out... a wide range of functions... designed to lead to the development or enhancement of comprehensive and coordinated community based systems".

An Areawide I&R/A program enhances capacity, accessibility and quality of our service systems and opportunities for older adults by concentrating very limited resources from a number of funding streams, as time goes by. It has the potential to

assist with in-home care workers, senior center staff, emergency personnel, caregivers and older adults themselves in a seamless fashion.

AAA can provide service more efficiently and effectively.

The advantage in centralized programming is to provide high quality educational opportunities to anyone on an equal basis and to assist in locating potential users or clients not reached by local service providers.

Direct control of all related personnel, promotion, and activities is essential in the success of that model. These programs will be offered, in most cases, free of charge within our PSA. Some programming may require a cost recovery fee to cover incidental costs, which cannot be anticipated at this time.

The AAA9 seeks to be able to develop this crucial service delivery directly. We also will conduct our usual semi-annual demand distribution review and make promotion adjustments to seek equity in utilization, rather than through a county-by-county formula.

**7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA.**

No service provider is known that can effectively and uniformly operate in this PSA for our professional, paraprofessional, and community audiences. The provider network has already been known to utilize this service through the AAA9 for locating information on services and opportunities.

**8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency.**

Providing this service directly will improve AAA9's position in attracting eligible consumers to the PASSPORT program, as well as other resources outside of our funding streams. It will also create recognition among service workers and the community that the AAA is more than just the PAA and help them become familiar with and connect to resources like Care Choice Ohio, Caring for Caregivers, COALA, and Care Coordination, which can lead to PASSPORT referrals. In the general community, such recognition can similarly lead to increased referrals for all AAA9 programs. This service will also enhance coordination efforts to expand services in the PSA.

**9. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request.**

This request will be reviewed at the Strategic Elements public hearing on March 28, 2006.

**10. Complete and insert in this document the budget page Exhibit D-2b (Attachment 3) for this proposed service under the AAA for the next fiscal year.**

No AAA9 funds are committed yet for the coming year. It will depend upon funding opportunities and further review of choices available for maintaining a functional Aging Network in east central Ohio.

11. If submitted with the four-year strategic elements, ODA's approval can be for up to four years. Specify the years for which this waiver is being requested:

Beginning 2007 Ending 2010

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

**Appendix 2: Application for Direct Provision of Service**

**Area Agency on Aging:** PSA 9

**Strategic Plan Period:** 2007 – 2010

**Date Submitted:** 04/28/06

**Instructions:** Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested.

In accordance with ODA Policy 206.00 (Request for Direct Provision of a Service), the AAA requests ODA approval to directly provide the service listed below. Direct provision case management does not require a waiver. Justification for this request for the provision of the service, the Title III funds, and AAA staff involved is detailed.

**1. Service category (reference ODA service taxonomy).**

In-service training, OASIS 9-70 (Title III B, Title III D, Title III E)

**2. Geographic area in which service will be provided.**

Areawide

**3. Organization that provided this service in the previous year.**

Area Aging on Aging Region 9, Inc.

Funds historically have been set aside in the AAA9 budget for directly operating this service. Funds are utilized to acquire space, materials, promotion and services for educational programs and direct AAA9 personnel cost for operating programs. These programs benefit persons working or volunteering in serving older adults by providing information, skills, and techniques to improve safety, quantity and quality.

**4. An RFP process was used to solicit potential providers of this service: Yes  No  If no, explain why an RFP process was not used to solicit potential providers.**

The AAA9 decision to continue contracting trainings and educational events through our organization has been beneficial to provide support and resources for providers that will be useful in improving consumer satisfaction with their services.

**1. Plans, if any, the AAA has to reallocate this service outside the AAA.**

None, providing the budget will continue to support this service. We continue to seek to develop a consolidated and uniform areawide training and educational programs.

**6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.**

- To ensure adequate supply.

The AAA9 has the capacity to offer education and training programs that can be equally accessible to social service workers, older individuals and caregivers areawide, tailored to meet current training needs for our field, and financially affordable to either agencies, workers, older adults or caregivers

- Service is directly related to AAA administrative function.

An 'administrative' function in the broadest sense of the word; more truly speaking, directly related to our overall purpose and our national mission. We wish to use part of these funds to support internal staff to direct and provide educational services; this will provide necessary control of quality and accessibility, as well as solicitation of and responsiveness to areawide demand.

Area Agencies on Aging are charged under the Older Americans Act section 301(a)(1) "to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals". Section 1321.53 of the OAA regulations proclaims the AAA mission as the "area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out... a wide range of functions... designed to lead to the development or enhancement of comprehensive and coordinated community based systems".

An areawide education & training program enhances capacity, accessibility and quality of our service systems and educational opportunities by concentrating very limited resources from a number of funding streams, as time goes by. It has the potential to assist with training and retaining home care workers, especially those new to the field. This program model will lend itself well to Family Caregiver Support activities, if & when funding is provided through the Older Americans Act.

- AAA can provide service more efficiently and effectively.

The advantage in centralized programming to provide high quality educational opportunities to anyone on an equal basis and to assist in locating potential users or clients not reached by local service providers.

Direct control of all related personnel, promotion, and activities is essential in the success of that model. These programs will be offered, in most cases, free of charge within our PSA. Some programming may require a cost recovery fee to cover incidental non-training costs. A token fee also enhances attendance when advance registration is appropriate for space and materials planning.

There are no known resources available within our PSA to supply this service under those terms. The AAA9 fills that void directly. We also allocate the benefit of the funds by areawide solicitation /demand with semi-annual distribution review and promotion adjustments rather than through a county-by-county formula.

**7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA.**

No service provider is known that can effectively and uniformly operate in this PSA for our professional, paraprofessional, and community audiences. The provider network already utilizes this service through the AAA9 for continuing education opportunities for their staff at reduced rates.

**8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency.**

Providing this service will allow for improvement in quality of care by all service providers and direct service workers including PASSPORT contractors. It will also create recognition among service workers that the AAA is more than just the PAA and offers resources like Care Choice Ohio, Caring for Caregivers, COALA, and Care Coordination, which can lead to PASSPORT referrals. In the general community, such recognition can similarly lead to increased referrals for all AAA9 programs. This service will also enhance coordination efforts to expand services in the PSA.

**9. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request.**

This request will be reviewed at the Strategic Elements public hearing on March 28, 2006.

**10. Complete and insert in this document the budget page Exhibit D-2b (Attachment 3) for this proposed service under the AAA for the next fiscal year.**

**11. If submitted with the four-year strategic elements, ODA's approval can be for up to four years. Specify the years for which this waiver is being requested:**

Beginning 2007 Ending 2010

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

**Appendix 2: Application for Direct Provision of Service**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 04/28/06**

**Instructions:** Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested.

In accordance with ODA Policy 206.00 (Request for Direct Provision of a Service), the AAA requests ODA approval to directly provide the service listed below. Direct provision case management does not require a waiver. Justification for this request for the provision of the service, the Title III funds, and AAA staff involved is detailed.

**1. Service category (reference ODA service taxonomy).**

Education, OASIS 5-17 (Title II-B, Title III D, Title III E)

**2. Geographic area in which service will be provided.**

Areawide

**3. Organization that provided this service in the previous year.**

Area Aging on Aging Region 9, Inc.

Funds historically have been set aside in the AAA9 budget for directly operating this service. Funds are utilized to acquire space, materials, promotion and services for educational programs and direct AAA9 personnel cost for operating programs. These programs benefit persons working or volunteering in serving older adults by providing information, skills, and techniques to improve safety, quantity and quality.

For the next funding cycle, we wish to add the opportunity for AAA9 to provide more educational programming on an Areawide basis to older consumers themselves, should funding resources become more available. In these times of limited and constricting funding, using education to empower older adults in better self-care and mutual care is a sound method to have a positive impact on the largest number of people. A variety of media, formats and venues can be used to gain the greatest leverage. Areawide operation lends itself to better quality control, consistency and distribution, as demonstrated with the success of the AAA9 Caregiver Support educational programming; similar processes would used.

**4. An RFP process was used to solicit potential providers of this service: Yes  No  If no, explain why an RFP process was not used to solicit potential providers.**

The AAA9 decision to continue contracting trainings and educational events through our organization has been beneficial to provide support and resources for providers

that will be useful in improving consumer satisfaction with their services. Again, Areawide operation lends itself to better quality control, consistency and distribution,

**5. Plans, if any, the AAA has to reallocate this service outside the AAA.**

None, providing the budget and/or other resources will continue to support this service. We continue to seek to develop a consolidated and uniform areawide training and educational programs.

**6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.**

To ensure adequate supply.

The AAA9 has the capacity to offer education and training programs that can be equally accessible to social service workers, older individuals and caregivers areawide, tailored to meet current training needs for our field, and financially affordable to either agencies, workers, older adults or caregivers

Service is directly related to AAA administrative function.

An 'administrative' function in the broadest sense of the word; more truly speaking, directly related to our overall purpose and our national mission. We wish to use part of these funds to support internal staff to direct and provide educational services; this will provide necessary control of quality and accessibility, as well as solicitation of and responsiveness to areawide demand.

Area Agencies on Aging are charged under the older Americans Act section 301(a)(1) "to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals". Section 1321.53 of the OAA regulations proclaims the AAA mission as the "area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out... a wide range of functions... designed to lead to the development or enhancement of comprehensive and coordinated community based systems".

An areawide education & training program enhances capacity, accessibility and quality of our service systems and educational opportunities by concentrating very limited resources from a number of funding streams, as time goes by. It has the potential to assist with training and retaining home care workers, especially those new to the field. This program model will lend itself well to Family Caregiver Support activities, if & when funding is provided through the Older Americans Act.

AAA can provide service more efficiently and effectively.

The advantage in centralized programming to provide high quality educational opportunities to anyone on an equal basis and to assist in locating potential users or clients not reached by local service providers.

Direct control of all related personnel, promotion, and activities is essential in the success of that model. These programs will be offered, in most cases, free of charge within our PSA. Some programming may require a cost recovery fee to cover incidental non-training costs. A token fee also enhances attendance when advance registration is appropriate for space and materials planning.

There are no known resources available within our PSA to supply this service under those terms. The AAA9 fills that void directly. We also allocate the benefit of the funds by areawide solicitation /demand with semi-annual distribution review and promotion adjustments rather than through a county-by-county formula.

**7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA.**

No service provider is known that can effectively and uniformly operate in this PSA for our professional, paraprofessional, and community audiences. The provider network already utilizes this service through the AAA9 for continuing education opportunities for their staff at reduced rates.

**8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency.**

Providing this service will allow for improvement in quality of care by all service providers and direct service workers including PASSPORT contractors. It will also create recognition among service workers that the AAA is more than just the PAA and offers resources like Care Choice Ohio, Caring for Caregivers, COALA, and Care Coordination, which can lead to PASSPORT referrals. In the general community, such recognition can similarly lead to increased referrals for all AAA9 programs. This service will also enhance coordination efforts to expand services in the PSA.

**11. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request.**

This request will be reviewed at the Strategic Elements public hearing on March 28, 2006.

**12. Complete and insert in this document the budget page Exhibit D-2b (Attachment 3) for this proposed service under the AAA for the next fiscal year.**

**11. If submitted with the four-year strategic elements, ODA's approval can be for up to four years. Specify the years for which this waiver is being requested:**

Beginning 2007 Ending 2010

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

**Appendix 2: Application for Direct Provision of Service**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 04/28/06**

**Instructions:** Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested.

In accordance with ODA Policy 206.00 (Request for Direct Provision of a Service), the AAA requests ODA approval to directly provide the service listed below. Direct provision case management does not require a waiver. Justification for this request for the provision of the service, the Title III funds, and AAA staff involved is detailed.

**1. Service category (reference ODA service taxonomy).**

Health Education, OASIS 4-46 (Title III B, Title III D, Title III E)

**2. Geographic area in which service will be provided.**

Areawide

**3. Organization that provided this service in the previous year.**

Area Aging on Aging Region 9, Inc.

Funds historically have been set aside in the AAA9 budget for directly operating this service. Funds are utilized to acquire space, materials, promotion and services for educational programs and direct AAA9 personnel cost for operating programs. These programs benefit persons working or volunteering in serving older adults by providing information, skills, and techniques to improve safety, quantity and quality.

**4. An RFP process was used to solicit potential providers of this service: Yes  No  If no, explain why an RFP process was not used to solicit potential providers.**

The AAA9 decision to continue contracting trainings and educational events through our organization has been beneficial to provide support and resources for providers that will be useful in improving consumer satisfaction with their services.

**5. Plans, if any, the AAA has to reallocate this service outside the AAA.**

None, providing the budget will continue to support this service. We continue to seek to develop a consolidated and uniform areawide training and educational programs

**6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.**

- To ensure adequate supply.

The AAA9 has the capacity to offer education and training programs that can be equally accessible to social service workers, older individuals and caregivers areawide, tailored to meet current training needs for our field, and financially affordable to either agencies, workers, older adults or caregivers

- Service is directly related to AAA administrative function.

An 'administrative' function in the broadest sense of the word; more truly speaking, directly related to our overall purpose and our national mission. We wish to use part of these funds to support internal staff to direct and provide educational services; this will provide necessary control of quality and accessibility, as well as solicitation of and responsiveness to areawide demand.

Area Agencies on Aging are charged under the Older Americans Act section 301(a)(1) "to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals". Section 1321.53 of the OAA regulations proclaims the AAA mission as the "area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out... a wide range of functions... designed to lead to the development or enhancement of comprehensive and coordinated community based systems".

An areawide education & training program enhances capacity, accessibility and quality of our service systems and educational opportunities by concentrating very limited resources from a number of funding streams, as time goes by. It has the potential to assist with training and retaining home care workers, especially those new to the field. This program model will lend itself well to Family Caregiver Support activities, if & when funding is provided through the Older Americans Act.

- AAA can provide service more efficiently and effectively.

The advantage in centralized programming to provide high quality educational opportunities to anyone on an equal basis and to assist in locating potential users or clients not reached by local service providers.

Direct control of all related personnel, promotion, and activities is essential in the success of that model. These programs will be offered, in most cases, free of charge within our PSA. Some programming may require a cost recovery fee to cover incidental non-training costs. A token fee also enhances attendance when advance registration is appropriate for space and materials planning.

There are no known resources available within our PSA to supply this service under those terms. The AAA9 fills that void directly. We also allocate the benefit of the funds by areawide solicitation /demand with semi-annual distribution review and promotion adjustments rather than through a county-by-county formula.

**7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA.**

No service provider is known that can effectively and uniformly operate in this PSA for our professional, paraprofessional, and community audiences. The provider network already utilizes this service through the AAA9 for continuing education opportunities for their staff at reduced rates.

**8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency.**

Providing this service will allow for improvement in quality of care by all service providers and direct service workers including PASSPORT contractors. It will also create recognition among service workers that the AAA is more than just the PAA and offers resources like Care Choice Ohio, Caring for Caregivers, COALA, and Care Coordination, which can lead to PASSPORT referrals. In the general community, such recognition can similarly lead to increased referrals for all AAA9 programs. This service will also enhance coordination efforts to expand services in the PSA.

**9. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request.**

This request will be reviewed at the Strategic Elements public hearing on March 28, 2006.

**10. Complete and insert in this document the budget page **Exhibit D-2b** (Attachment 3) for this proposed service under the AAA for the next fiscal year.**

**11. If submitted with the four-year strategic elements, ODA's approval can be for up to four years. Specify the years for which this waiver is being requested:**

Beginning 2007 Ending 2010

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

**Appendix 2: Application for Direct Provision of Service**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 04/28/06**

**Instructions:** Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested.

In accordance with ODA Policy 206.00 (Request for Direct Provision of a Service), the AAA requests ODA approval to directly provide the service listed below. Direct provision case management does not require a waiver. Justification for this request for the provision of the service, the Title III funds, and AAA staff involved is detailed.

**1. Service category (reference ODA service taxonomy).**

Alzheimer's Education, OASIS 4-46 (Alzheimer's Site Services)

**2. Geographic area in which service will be provided.**

Areawide

**3. Organization that provided this service in the previous year.**

Area Aging on Aging Region 9, Inc.

Funds historically have been set aside in the AAA9 budget for directly operating this service. Funds are utilized to acquire space, materials, promotion and services for educational programs and direct AAA9 personnel cost for operating programs. These programs benefit persons working or volunteering in serving older adults by providing information, skills, and techniques to improve safety, quantity and quality.

**4. An RFP process was used to solicit potential providers of this service: Yes  No  If no, explain why an RFP process was not used to solicit potential providers.**

The AAA9 decision to continue contracting trainings and educational events through our organization has been beneficial to provide support and resources for providers that will be useful in improving consumer satisfaction with their services.

**5. Plans, if any, the AAA has to reallocate this service outside the AAA.**

None, providing the budget will continue to support this service. We continue to seek to develop a consolidated and uniform areawide training and educational programs

**6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.**

To ensure adequate supply.

The AAA9 has the capacity to offer education and training programs that can be equally accessible to social service workers, older individuals and caregivers areawide, tailored to meet current training needs for our field, and financially affordable to either agencies, workers, older adults or caregivers

Service is directly related to AAA administrative function.

An 'administrative' function in the broadest sense of the word; more truly speaking, directly related to our overall purpose and our national mission. We wish to use part of these funds to support internal staff to direct and provide educational services; this will provide necessary control of quality and accessibility, as well as solicitation of and responsiveness to areawide demand.

Area Agencies on Aging are charged under the Older Americans Act section 301(a)(1) "to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals". Section 1321.53 of the OAA regulations proclaims the AAA mission as the "area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out... a wide range of functions... designed to lead to the development or enhancement of comprehensive and coordinated community based systems".

An areawide education & training program enhances capacity, accessibility and quality of our service systems and educational opportunities by concentrating very limited resources from a number of funding streams, as time goes by. It has the potential to assist with training and retaining home care workers, especially those new to the field. This program model will lend itself well to Family Caregiver Support activities, if & when funding is provided through the Older Americans Act.

AAA can provide service more efficiently and effectively.

The advantage in centralized programming to provide high quality educational opportunities to anyone on an equal basis and to assist in locating potential users or clients not reached by local service providers.

Direct control of all related personnel, promotion, and activities is essential in the success of that model. These programs will be offered, in most cases, free of charge within our PSA. Some programming may require a cost recovery fee to cover incidental non-training costs. A token fee also enhances attendance when advance registration is appropriate for space and materials planning.

There are no known resources available within our PSA to supply this service under those terms. The AAA9 fills that void directly. We also allocate the benefit of the funds by areawide solicitation /demand with semi-annual distribution review and promotion adjustments rather than through a county-by-county formula.

**7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA.**

No service provider is known that can effectively and uniformly operate in this PSA for our professional, paraprofessional, and community audiences. The provider network already utilizes this service through the AAA9 for continuing education opportunities for their staff at reduced rates.

**8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency.**

Providing this service will allow for improvement in quality of care by all service providers and direct service workers including PASSPORT contractors. It will also create recognition among service workers that the AAA is more than just the PAA and offers resources like Care Choice Ohio, Caring for Caregivers, COALA, and Care Coordination, which can lead to PASSPORT referrals. In the general community, such recognition can similarly lead to increased referrals for all AAA9 programs. This service will also enhance coordination efforts to expand services in the PSA.

**10. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request.**

This request will be reviewed at the Strategic Elements public hearing on March 28, 2006.

Complete and insert in this document the budget page **Exhibit D-2b** (Attachment 3) for this proposed service under the AAA for the next fiscal year.

**11. If submitted with the four-year strategic elements, ODA's approval can be for up to four years. Specify the years for which this waiver is being requested:**

Beginning 2007 Ending 2010

---

Signature of AAA Director

---

Date

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

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

**Instructions:** For new service not otherwise approved by ODA. Please respond to each item listed. Additional pages may be inserted, if needed.

1. Service name: Emergency Response Systems (ERS)

2. Definition of service:

Service designed to monitor consumer safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of communication connection systems.

3. Detailed description of service to be provided:

Services will follow PASSPORT specifications for the Emergency Response System.

4. Unit of service:

a. One unit is sixteen or more days in a month

b. One-half unit is no more that fifteen service days or less in a month

5. Rationale for addition of this service:

Especially important to caregivers of persons with Alzheimer's and Related Dementia diseases to protect clients who may wander. Alzheimer's Boundary Systems enable the Caregivers to respond quickly to persons who may endanger themselves by leaving the home without alerting the Caregiver or to summon other assistance in the event of emergency.

6. Detailed description of target population to be served by the proposed service:

Primarily targeting persons eligible and funded by Alzheimer's Respite dollars, but not limited to that population. Others include persons who are 60 years of age who are vulnerable and at-risk because they live alone or have a fragile medical condition who would benefit from this service. In addition, caregivers of persons age 60 and over would benefit for periods of time when they must leave the consumer alone.

7. Sources and amounts of funds budgeted:

Care Coordination: State Block Grant, Alzheimer's Respite and Title III B & E. Specific amounts of dollars are not set aside for each service as this program is care-managed and service costs follows individual need.

8. Amount of OAA funds budgeted:

See response # 7

9. Describe impact on other Title III services caused by diverting these funds to new services, and the impact on other services needed in the community:

These funds are enhancing the quality of life for consumers of the Care Coordination and TIII programs by providing assistance in securing a safe environment for consumers and their caregivers.

10. Projected number of service units next year:

Projected potential for 246 units or more for ERS services

11. Identification of service providers for proposed service:

Any certified PASSPORT provider agreeing to serve Care Coordination consumers will be eligible to provide this service and will be monitored by the AAA9.

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

---

Signature of AAA Director

---

Date

## **Appendix 3: Request for Variance from Prescribed ODA Service Taxonomy**

**Area Agency on Aging:** PSA 9

**Strategic Plan Period:** 2007 – 2010

**Date Submitted:** 4/28/06

**Instructions:** For new service not otherwise approved by ODA. Please respond to each item listed. Additional pages may be inserted, if needed.

1. Service name: Independent Living Assistance (ILA)

2. Definition of service:

Compensatory activities that assist frail enrollees in managing their households, handling their personal affairs, and handling their personal affairs, and supporting their ability to self-administer medications. Activities performed may include contacting alert enrollees by telephone according to a preset schedule to remind them to take prescribed medications. Independent Living Assistance service may also include assistance with money management and maintenance of essential public or other benefits to ensure that enrollees retain their community living arrangements and avoid institutionalization due to loss of shelter or other essential environment services.

3. Detailed description of service to be provided:

Services provided will follow PASSPORT specifications for the Independent Living Assistance Service.

4. Unit of service:

One unit of service is one hour of direct enrollee service or one completed phone call.

5. Rationale for addition of this service:

This service is important to help persons maintain independence in their own home who would otherwise need nursing home services. Especially important for caregivers or family members of consumers.

6. Detailed description of target population to be served by the proposed service:

Primarily targeting persons eligible and funded by State Block grant and Title II E Caregiver dollars. Other include persons who are 60 years of age who are vulnerable and at risk because they live alone or have a fragile medical condition who would benefit from this service. In addition, Caregivers of persons age 60 and over would benefit for periods of time when they must leave the consumer alone.

7. Sources and amounts of funds budgeted:

Care Coordination: State Block Grant and Title III-B & E. Specific amounts of dollars are not set aside for each specific service as this program is molded to reflect the PASSPORT program and is based on need.

8. Amount of OAA funds budgeted:

See response # 7

9. Describe impact on other Title III services caused by diverting these funds to new services, and the impact on other services needed in the community:

These funds are enhancing the quality of life for consumers of the Care Coordination program by providing assistance in securing a safe environment for consumers and their caregivers.

10. Projected number of service units next year:

Projected potential for 50 units or more for ILA services

11. Identification of service providers for proposed service:

Any certified PASSPORT provider will be eligible to provide this service and will be monitored by the AAA9.

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

---

Signature of AAA Director

---

Date

**Appendix 5: Use of Funds for MPSC Capital Improvements**

Area Agency on Aging: PSA 9

Strategic Plan Period: 2007 – 2010

Date Submitted: 4/28/06

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

A. Respond to the following:

1. Project name (MPSC):
2. Project address (MPSC):
3. Grantee name:
4. Grantee address:
5. Approximate total cost of project:
6. Approximate amount of Older Americans Act funds to be allocated toward the project:
7. Percentage of Older Americans Act funds in the project:
8. Indicate which activity is to take place:  
 Acquisition       Construction       Renovation or Alteration
9. List other sources of funds with amounts for this project:

B. Provide a detailed narrative for each item listed below:

1. How does this project fit into the long-range plan of the AAA for provision of services?
2. How does this project currently target for delivering service to low-income minority?
3. What is the source of project/senior center operating funds?
4. Is this project a community focal point? Yes  No

If it is a community focal point, is the project listed as a focal point in the Area Plan document? Yes  No

5. What is the start date for the project?

**Appendix 5: Use of Funds for MPSC Capital Improvements (cont.)**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

6. A public hearing was held this date:

Attach a summary of the public hearing. Include in the attachment comments not only from those who attended the hearing, but also from those who shared comments outside the hearing.

C. The AAA Director assures that:

1. The need for the project was identified and substantiated through a general needs assessment process which has been conducted within the past two years;
2. The needs assessment shows this activity to be a high priority within the planning and service area;
3. Public hearings have included specific identification of these funds and for what purposes;
4. The AAA has assessed the impact of using these funds for the above purposes instead of spending on services; this assessment must show how services will be maintained if service dollars are used for MPSC capital improvements activity;
5. The project and sponsor are either a public or private non-profit agency or organization and comply with Ohio Revised Code in meeting that definition, and are registered with the Secretary of State in that capacity; and
6. The project/grantee and the AAA have pursued and applied to other funding sources for the same purpose/project (e.g., private foundations), and have been unsuccessful in obtaining funds from any specific funding source during the past three calendar years.

N/A

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

## Appendix 6: Direct Provision of Nutrition Service Function by AAA

Area Agency on Aging: PSA 9

Strategic Plan Period: 2007 – 2010

Date Submitted: 4/28/06

**Background:** In accordance to the older Americans Act and ODA Policy 206.00 (Request for Direct Provision of a Service), Nutrition Program service functions directly provided by an Area Agency on Aging (AAA) must be approved by ODA.

Documentation must demonstrate that provision of the Nutrition Program service function by the AAA:

- Promotes innovation and/or improves service delivery while assuring an adequate supply.
- Implements a service function that is more economical with comparable qualities.

Nutrition Program service function categories that may be considered for a waiver request are:

### 1. Client Intake and Assessment

### 2. Food Preparer Contract

- Develops the RFP
- Issues RFP
- Conducts bidders' conference
- Selects food preparer
- Pays food preparer directly
- Relays meal orders to food preparer

### 3. Menu Development

- Menu types
- Number of cycle menus & duration of cycle menus

### 4. Nutrition Education

- Plans/writes nutrition education
- Distributes nutrition education materials
- Presents the nutrition education lessons to older adults
- Nutrition education costs: printing, materials, supplies, equipment, and travel
- Conducts evaluation component for nutrition education

### 5. Medical Nutrition Therapy (MNT) Nutrition Consultation

### 6. Quality Improvements for Nutrition Program Services:

- Nutrition Provider Training (Submit documentation of planned number of events per year and topics)
- Resource Development for Nutrition Programs (e.g., grant, fund raising)
- Consumer Involvement for Nutrition Programs (e.g., Satisfaction Surveys)
- Support Dietary Guidelines for Americans through suitable programs/activities for consumers (e.g., food safety programs; physically active programs; You Can Healthy Aging Program; Nutrition Program, and etc.)

ODA will consider additional Direct Provision of Nutrition Program service functions by the AAA with supporting documentation.

**Appendix 6: Direct Provision of Nutrition Service Function by AAA (cont.)**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

**Instructions:** AAA must submit *Appendix 6: Nutrition Programs Waiver Request: Direct Provision of Nutrition Program Service Functions* by the AAA for each function a waiver is being requested.

**Summary of Appendix 6:**

Explain in detail how the Nutrition Program service function can be provided more economically, efficiently, and effectively by the AAA.

Column 1: Nutrition Program Service Function (detailed description)

Column 2: Rational for Direct Provision of Nutrition Program Service Function at AAA

Column 3: AAA Staff Name and Position

Column 4: Counties in which Service Function will be provided

Column 5: Budget Funding Source and Amount

Complete the core questions and have the AAA Director sign and date each Appendix 6 submission.

**Appendix 6: Direct Provision of Nutrition Service Function by AAA (cont.)**

Area Agency on Aging: \_\_\_\_\_

Strategic Plan Period: 2007 – 2010

Date Submitted: \_\_\_\_\_

**Direct Provision of Nutrition Service Function by the AAA**

<b>Nutrition Program Service Function</b>	<b>Rationale for Direct Provision of Nutrition Program Service Function</b>	<b>AAA Staff Name &amp; Position</b>	<b>Counties Served</b>	<b>Budget Funding Source</b>	<b>Amount</b>
<p><b><i>Food Preparer Contract</i></b></p> <p>To provide quality provider development and monitoring in relation to adherence to standards, proper menu planning accurate education materials and presentations, as well as site selections training staff in proper food handling and sanitation.</p> <p>In order to maintain an accurate picture of service delivery, but also look into the assessment and reassessment skills of potential and current contractors.</p> <p>To ensure consistent and compliance with service delivery, the AAA can</p>	<p>Adherence to policy that requires providers to meet or exceed expected standards as defined by ODA policy</p>	<p>RD consultant/ Diane Phillips RN Quality and Planning Director, Carol Baker, Quality and Planning Associate, Carol Mathews, Quality and Planning Associate</p>	<p>All 9 Counties</p>	<p>SBG</p>	<p>\$ 12,500</p>

<p>more factually assess and coordinate service delivery, education and skill deficiencies of the providers</p> <p>This also allows the AAA9 to assist with meal site selection to promote availability in appropriate regions.</p> <p>This ensures that we actually have a provider who is willing and able to provide meals to seniors in our area.</p>					
<p><b>Menu Development</b></p> <p>While the purchase of the Meals with Appeal menus gives a good basis for meeting standards, client dissatisfaction with some entrees requires changes to current menus. Providers also may have issues with availability of food products that require a substitution for a particular date.</p>	<p>Adherence with meeting service standards specifications for changes to primary menu</p>	<p>RD consultant/ Allyson Perkins, Planning Assistant</p>	<p>All 9 counties</p>	<p>SBG</p>	<p>\$5,000</p>

<p>These change requests are submitted to our agency for prior approval of menu changes to ensure changes meet guidelines.</p> <p><b>Nutrition Education</b></p> <p>With cuts in County Extension office budgets, providers have challenges in meeting this requirement. AAA9 will provide assistance to providers along with training and education to consumers. Activities will include written nutrition education plans for providers, distribution of education materials, and presentation of information to older adults. Monitoring of provider compliance with Nutrition Education will also be conducted.</p>	<p>Adherence with meeting service standards</p>	<p>RD consultant/ Diane Phillips RN Quality and Planning Director, Carol Baker, Quality and Planning Associate, Carol Mathews, Quality and Planning Associate</p>	<p>All 9 counties</p>	<p>SBG</p>	<p>\$ 5,000</p>
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<p><b>Quality Improvements for Nutrition Program Services</b></p> <p>The AAA9 will be responsible for quarterly meeting with nutrition providers for education and information dealing with compliance topics. Additional meetings be held based on request and need. Topics will be related to current issues identified during monitoring including quality improvements, issues with meal service delivery, energy requirements, guidelines for good nutrition, diet information, signs of malnutrition, supplements, etc.</p> <p>In addition Serv Safe</p>	<p>To promote and coordinate expansion of services region wide</p>	<p>RD consultant/ Diane Phillips RN Quality and Planning Director, Carol Baker, Quality and Planning Associate, Carol Mathews, Quality and Planning Associate</p>	<p>All 9 counties</p>	<p>SGB</p>	<p>\$13, 500</p>
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<p>will be offered 6 times per year to provider staff.</p> <p>Trainings of grant writing will be provided by the AAA to encourage expansion of services. In addition, grants will be encouraged to support dietary guidelines for American through programs that will benefit older adults.</p> <p>Consumers will be surveyed randomly to obtain feedback on meal quality and to receive information on likes and dislikes.</p>					
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Complete the following for each Nutrition Programs waiver request for direct provision of nutrition service functions by the AAA:

1. Organization that provided this Nutrition Program service function previously.

AAA9 has historically provided these Nutrition Project Management functions since the merger for the AAAs and Nutrition Projects in the mid-1970s, with the exception of Serv-Safe training. These are the same functions that would be necessary and allowable for a contractor if Nutrition Project Management were to be contracted out to an area wide basis. AAA9 currently has an employee on staff that is certified as a Serv-Safe instructor and can provide this service at a reduced rate to providers, allowing additional funding to be used for actual meal service.

2. Plans, if any, the AAA has to relinquish this Nutrition Program service function in the future to an agency outside the AAA.

None

3. Was a RFP process used to solicit for this Nutrition Program service function?  Yes  No  
If yes, when \_\_\_\_\_

4. The Nutrition Program service function does not duplicate a provider activity, i.e., the AAA will be the primary provider of the Nutrition Program service function.

This activity does not duplicate provider activity. This has been a useful tool to monitor provider quality and to receive feedback from consumers regarding satisfaction. This also allows our agency to work with providers to pursue new and innovative service delivery activities that will benefit consumers.

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

**Appendix 7: Waiver of Title III-B Priority Services**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

**Instructions:** Submit a separate Appendix 7 for each priority service category for which a waiver is being requested. This activity must be approved on an annual basis.

\_\_\_\_\_ (Name of AAA) requests a waiver for FY 2007 of the following:

A. Priority Service category:

- Access Services       In-Home Services       Legal Assistance

1. The AAA plans to allocate \_\_\_\_\_ percent, or \$\_\_\_\_\_ of its Title III-B budget, before transfers, to this Priority Service category for FY\_\_\_\_\_.

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

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

No, a public hearing was not held

Yes, a public hearing was held this date: \_\_\_\_\_

Counties in which the public hearing was held: \_\_\_\_\_

Counties that will be affected by this waiver: \_\_\_\_\_

B. Include the record from the public hearing held by the AAA regarding the AAA's intent to fund a priority service category at less than 5%.

C. Include a copy of the public notice for this hearing.

D. Include a copy of materials distributed to the public at the AAA's hearing on the waiver request.

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

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

b. How will the AAA ensure that activities under this service category are being provided with sufficient dollars to ensure the 60+ population is receiving these services and that they are in adequate supply to meet the need?

**Appendix 7: Waiver of Title III-B Priority Services (cont.)**

**Area Agency on Aging: PSA 9**

**Strategic Plan Period: 2007 – 2010**

**Date Submitted: 4/28/06**

- c. Do the AAA's service providers currently have waiting lists for any activities under this service category? If yes, list those services and counties for which waiting lists exist.
  
- d. For each service funded by the AAA in the service category, list the funding source and the dollar amounts allocated and spent, and the number of clients served for each of the last 3 years. Use information from SAMS/OASIS reports and cite quarters referenced. The chart is in table form and can be expanded if additional columns are needed.

**Service category:**

	<b>Services in Priority Service Category</b>		
2002 Title III Funding			
2003 Title III Funding			
2004 Title III Funding			
2002 SCS Funding			
2003 SCS Funding			
2004 SCS Funding			
Clients Served* 2002			
Clients Served* 2003			
Clients Served* 2004			
2002 Funds Spent Through Other sources			
2003 Funds Spent Through Other Sources			
2004 Funds Allocated Through Other Sources			

\*Clients served through both Title III and SCS services

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

N/A  
Signature of AAA Director

\_\_\_\_\_  
Date

## AAA Notice of Intent for Funding Priority Services

In accordance with ODA Policy 205.00 (Priority Services), the AAA will use this **Notice of Intent** form to notify ODA of the AAA's intent to fund any of the priority services categories (Access, In-Home, and Legal) below the 5% requirement. This notice must be submitted six months prior to the fiscal year in which funding for such categories will be below 5% minimum. Each service category must have a separate **Notice of Intent**.

This Notification will inform the Ohio Department of Aging of the intent of (name of the AAA) \_\_\_\_\_ to fund priority category of \_\_\_\_\_ AAA services at less than the required 5% minimum funding levels beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**JUSTIFICATION:** Provide a **detailed** explanation of the circumstances leading to this request. At a minimum, address:

- geographical area affected;
- how the services in this category will be provided;
- number of clients which will be affected;
- number of clients who received this service during the AAA's most recently concluded program year;
- Title III dollars which will be affected;
- other sources of funds (source and amounts) which will provide these services; and
- other agencies who will be providing these services, etc. (use additional sheets as necessary).

N/A  
\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

## AAA Assurances for 2007

Area Plan Assurances, Section 306, Older Americans Act

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

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

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

Older Americans Act Programs Non-Discrimination Policy

Verification of Intent

# Strategic Area Plan Assurances – 2007

## Section 306 Older Americans Act

The Area Agency on Aging, Region 9, Inc. assures the following:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, outreach, information and assistance and case management services), in-home services, and legal assistance. (306(a)(2))
2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. (306(a)(4)(A)(i))
3. Each AAA shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a. Specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
  - b. to the maximum extent possible services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
  - c. meet specific objectives established by the area agency on aging, providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.(306(a)(4)(ii))
4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - a. Older individuals residing in rural areas;
  - b. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - c. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - d. Older individuals with severe disabilities;
  - e. Older individuals with limited English-speaking ability; and
  - f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals) (306(a)(4)(B))
5. The AAA assures it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the

## Strategic Area Plan Assurances – 2007 (cont.)

needs of low-income minority older individuals and older individuals residing in rural areas. (306(a)(4)(C))

6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.(306)(a)(5))
7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as `older Native Americans) including:
  - a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging 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 area agency on aging 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))
8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.(306(a)(13)(A))
9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
  - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
  - b. The nature of such contract or such relationship. (306(a)(13)(B))
10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (306(a)(13)(C))
11. The AAA assures it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.(306(a)(13)(D))
- 12 The AAA assures it will, on the request of the Assistant Secretary or the 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))

## Strategic Area Plan Assurances – 2007 (cont.)

13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (306(a)(14))
  
14. The AAA assures that preference in receiving services under this title will not be given by they area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (306(a)(15)).

\_\_\_\_\_  
Signature of AAA Director

\_\_\_\_\_  
Date

## Strategic Area Plan Assurances – 2007

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

#### FY 2007 Strategic Area Plan

AREA AGENCY ON AGING PSA9, INC. certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Where the Area Agency on Aging is unable to verify to any of the statements in this certification, such Area Agency shall attach an explanation to this proposal.

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Date

# Strategic Area Plan Assurances – 2007

## Certification for Contracts, Grants Loans & Cooperative Agreements

### FY 2007 Strategic Area Plan

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 an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the form, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

### Statement for Loan Guarantees and Loan Insurance

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

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 that \$100,000 for each such failure.

\_\_\_\_\_  
Signature of AAA Director                      Date

\_\_\_\_\_  
Governing Body Chair                      Date

# Strategic Area Plan Assurances – 2007

## Department Of Health And Human Services Assurances of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

### FY 2007 Strategic Area Plan

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

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

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

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

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

Area Agency on Aging Region 9, Inc.

Name of Designee (type or print)

Area Agency on Aging Region 9, Inc.

Name of Recipient (type or print)

60788 Southgate Road	Byesville	Ohio	43723
Street Address or P. O. Box	City	State	ZIP Code

31-0887396

IRS Employer Identification Number

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

Signature

Date

# Strategic Area Plan Assurances – 2007

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

### FY 2007 Strategic Area Plan

AREA AGENCY ON AGING PSA9, INC. hereinafter called the "Applicant", HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the federal financial assistance is extended to it by the Department.

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

AREA AGENCY ON AGING PSA9, INC.

Applicant (type or print)

\_\_\_\_\_

Date

\_\_\_\_\_

Executive Director

\_\_\_\_\_  
Signature & Title of Authorized Official

60788 Southgate Road

Applicant's Mailing Address

Byesville

City,

Ohio

State,

43723

ZIP Code

# Strategic Area Plan Assurances – 2007

## Older Americans Act Programs Non-Discrimination Policy

### FY 2007 Strategic Area Plan

It is the policy of the AREA AGENCY ON AGING PSA9, INC. to provide services to all persons 60+ and employment services to all persons 55+ as mandated by the Older Americans Act, as amended, State statutory law, and their applicable rules and regulations pursuant thereto without regard to race, color, national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military discharge, or age. The AREA AGENCY ON AGING PSA9, INC. does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the State statutory law, Title VI of the U.S. Civil Rights Act, as amended; Title VII of the U. S. Civil Rights Acts, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act, as amended; the Age Discrimination in Employment Act, as amended, their applicable rules and regulations pursuant thereto; the Constitution of the United States, and the Constitution of the State of Ohio.

Subject to the Older Americans Act, as amended, and the requirements of the merit employment system, preference shall be given to individuals age 60 or older for any staff positions in the State and Area Agencies (excluding subgrantees and contractors) for which such individuals qualify.

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

The persons designated to coordinate compliance with the Civil Rights Program is James Endly, and can be reached at (740) 493-4478 Ext 485.

Approved and agreed to on behalf of the AREA AGENCY ON AGING PSA9, INC.

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Signature of Authorized Representative

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Date

# Strategic Area Plan Assurances – 2007

## Verification of Intent

### FY 2007 Strategic Area Plan

The Strategic Area Plan on Aging hereby submitted for the PSA 9 for the period 2007 through 2010. It includes all assurances and plans to be followed by the AREA AGENCY ON AGING PSA9, INC. under provisions of the Older Americans Act, as amended during the period identified, the Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State of Ohio policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

\_\_\_\_\_  
Signature of Area Agency Director

\_\_\_\_\_  
Date

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Strategic Area Plan on Aging. **Comments are attached.**

\_\_\_\_\_  
Signature of Advisory Council Chair

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Governing Body Chair

\_\_\_\_\_  
Date

## Exhibit D-2b: AAA Service-Related Costs by Program Activity

Complete an Exhibit D-2b for each AAA-housed program listed in Section II of Exhibit D-2a. An Exhibit D-2b is labeled for major direct service programs (e.g. Housing, CCP, and Nutrition). A generic Exhibit D-2b is also provided. Please submit a D-2b for each specific approved direct service waiver, Information & Referral and Case Management at the AAA. (Exhibit D-2b is attached as a separate Excel document.)

### Care Coordination Budget Exhibit

Personnel - Case Management Line has been added to this exhibit. Policy 315.01 (Care Coordination) has been revised Notice #1103S179 and includes case management as a separate service.

We have also added a table for AAAs to provide profile information about their Care Coordination Program.

**If your Care Coordination Program differs significantly between counties within your PSA please complete a separate Exhibit for each county.**

#### 1. Personnel:

Line 1a. & 1b. **Administration & Case Management.** List positions assigned to the program (both administrative and case management) by title, and the percent of time charged to Title III B, part E, SCS and/or Alzheimer's Respite dollars that support the position in their role with CCP. Positions listed should match the AAA's organizational chart.

**List total cost of administrative and case management personnel in lines 1a and 1b. Lines 1a and 1b should add up to line 1c – Total Personnel Costs.**

Line 1c. **Total Personnel Costs:** This is a total dollar figure for all positions, and should include all salaries and fringe benefits. Do not include personal service contracts, which should be reported under the "Other Costs" category.

#### 2. Other Costs: Personal service contracts should be included in this category.

Line 2a. **Travel:** Complete with a dollar amount in Title III part E, SCS and/or Alzheimer's dollars columns.

Line 2b. **Audit:** Complete with a dollar amount in Title III part E, SCS and/or Alzheimer's columns.

Line 2c. **Rent/Utilities:** Complete with a dollar amount in Title III part E, SCS and/or Alzheimer's columns.

Line 2d. **Training/Conferences:** Complete with a dollar amount in Title III E, SCS and/or Alzheimer's columns.

Line 2e. **Misc. Costs:** Complete with a dollar amount in Title III part E, SCS and/or Alzheimer's columns. Personal service contracts should be included in this category.

Line 2f. **Total Other Costs:** Total of all Other Cost (2a through 2e).

#### 3. Sub-Total (Personnel and Other): This row will be computed automatically.

4. **CCP Services Fund Pool:** Complete with a dollar amount under each funding column. These figures should be the same (ODA funds, only) as those indicated in Section II of Exhibit D-2a. Depending on how Care Coordination is designed in each AAA, not all columns will be completed.
5. **Total CCP Costs:** This row will be computed automatically. (1c+2f+4)
6. **Non-ODA Funding Sources:** Identify each funding source that contributes to the CCP funds pool and are listed in Columns 10 (SSBG), 11 (County Levy), and 12 (Other). Funds should be under the AAA's control or that of the designated CCP administrative agency.

At the bottom of the page we are asking AAAs to provide a brief profile of their CCP Program.

### Exhibit D-2b Housing

**Section 1:** This section includes funding under these cost centers: SCS, RSS, HEAP, OHTF, County Levy, and other.

1. **Personnel:** List the position title of all staff providing housing services (based on a 40-hour work week). Position titles listed should match those listed on the housing budget narrative.

**Percentage:** Indicate in the appropriate funding columns the percent of time charged to the funding source supporting that position.

Line 1a. **Total Personnel Costs:** This is a total dollar figure for all positions, and should include all salaries and fringe benefits. Do not include personal service contracts.

2. **Other Costs:** Personal service contracts should be included in this category.

Line 2a: **Travel:**

Line 2b. **Audit:**

Line 2c. **Rent/Utilities:**

Line 2d. **Training/Conferences:**

Line 2e. **Misc. Costs:**

Line 2f. **Total Other Cost:** Total of all Other Cost (2a through 2e).

3. **Total Costs:** Total Personnel and Other Costs. (1a+2f) Total is automatically calculated.

**Section 2:** Home Repair Services Program. Complete this section only if the AAA operates the program directly out of the AAA and assesses the client, finds contractors to perform the work, has a contract with the contractors, evaluates the work, and pays the contractors directly for jobs performed.

1. **Title III/SCS Set-aside for Home Repair Program.** Indicate by funding source the dollar amount earmarked for this program. Set-asides are defined in the Notices identified above.
2. **Other Dollars Available for Home Repair.** Complete only for funds that the AAA has control and makes contracting decisions.

## Exhibit D-2b: Nutrition Program Services

AAAs using Title III C-1 (Congregate Nutrition Program) or Title III C-2 (Home-delivered Nutrition Program) service dollars to pay for AAA staff and/or contracted staff to perform Nutrition Program services functions must complete Appendix 6: *Nutrition Programs Waiver Requests: Direct Provision of Nutrition Service Function by the AAA*. Appendix 6 provides background and defines direct provision of Nutrition Program service functions by the AAA.

1. **Personnel:** List position titles per the AAA's organizational chart with percentage of time charged to the program that supports each position.

Line 1a      **Total Personnel Costs:** This is a total dollar figure for all positions, and should include all salaries and fringe benefits. Do not include personal service contracts.

2. **Other Costs:**

Line 2a.      **Travel:**

Line 2b.      **Audit:**

Line 2c.      **Rent/Utilities:**

Line 2d.      **Training/Conferences:**

Line 2e.      **Misc. Costs**

Line 2f.      **RD/LD Consultant Contract**

Line 2g.      **Total Other Costs:** Total of all Other Cost (2a through 2f).

3. **Total Costs:** Total Personnel and Other Costs. (1a+2f). Total is automatically calculated.

4. Identify Other Funding Sources in Column 4.

## Exhibit D-2b: Blank Form for other AAA direct service programs

A blank Exhibit D-2b is provided for those programs or services that the AAA has received a direct service waiver to operate. State the name of the program or activity.

1. **Personnel:** List position titles per the AAA's organizational chart with percentage of time charged to the program that supports each position.

Line 1a:      **Total Personnel Costs:** This is a total dollar figure for all positions, and should include all salaries and fringe benefits. Do not include personal service contracts.

2. **Other Costs**

Line 2a.      **Travel:**

Line 2b.      **Audit:**

Line 2c.      **Rent/Utilities:**

Line 2d.      **Training/Conferences:**

Line 2e.      **Misc. Costs:**

Line 2f.      **Total Other Cost:** Total of all Other Cost (2a through 2e).

3. **Total Costs:** Total Personnel and Other Costs. (1a+2f) Total is automatically calculated.

4. Identify Other Funding Sources in Columns 9, 10 and 11.