

**AAA Area
Plan
Update for
Programs
on Aging**

PY 2016

Area Agency on Aging Region 9, Inc.



Strategic Area Plan Period 2015-2018

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Signature Page

1. Area Agency on Aging Region 9, Inc.
Area Agency on Aging (AAA) Name

1730 Southgate Parkway
Street Address

Cambridge, Ohio 43725
City, State and ZIP
2. Diane Phillips, 740-435-4913
Name and Telephone Number of AAA Contact

I certify that I am authorized to submit this 2016 Area Plan Operational Elements on behalf of the designated grantee agency. The Advisory Council has reviewed and commented upon this plan and the Board has approved its submission.

AAA Director

Date

Board Chairperson

Date

For each PY 2015-2018 Plan goal, please provide an update for PY 2016. Responses shall include accomplishments to date for:

- Objective
- Outcome
- Impact
- Measurement

New for 2016, the Area Plan Update contains your Agency's original goals, objectives, outcomes, impact and measurements from your 2015-2018 Strategic Plan submission. Each Agency shall update the Area Plan categories based on (1) information from your approved Condition Letter response, and (2) your Agency's accomplishments to date. These updates are in addition to addressing other required information contained in the Area Plan.

PY 2015-2018 Strategic Area Plan - Goal 1:

Ohio's long-term care system will allow elders and their care givers access to a wide array of person-centered and well-coordinated services and supports.

Strategy A

The AAA9 will lead the development of a no wrong door and single entry point system for aging, disability, and caregiver programs in Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum and Tuscarawas Counties.

Condition of Approval: Please explain how this information is different from standard operating procedure.

The strategy is an expansion of standard operating procedure in response to opportunities presented by the Balancing Incentive Program (BIP) and other State and local initiatives. This initiative and others will expand services to more individuals and provide greater access through expanded hours and more resources within our region and state-wide. Included in BIP is the requirement of a support navigator and greater emphasis on transitions back into the community. This will allow elders and their caregiver's greater access to person-centered services and better aligns our efforts with the State's goal. In addition, we will seek to work with hospitals and other community partners to educate the community and increase referrals and service utilization.

Objective 1

Start Date: 1/1/2015

AAA 9 will submit all of the information required by the State to become a Single Point of Entry through BIP by December 2015.

AAA9 has completed the requirements and shall serve as the ADRN Lead Agency for the administration of BIP (as detailed in the 3 party agreement and through guidance issued by ODM and ODA). The program; however, has been delayed by the State. We continue to meet regularly with our community partners and are active participants at the State level. (See Attachment 1 – BIP Meeting/ Participation Summary)

Objective 2

Start Date: 1/1/2015

AAA9 and its ADRN partners will provide easy access to comprehensive information about long term care services and supports effective January 2015.

AAA9 continues to work on improving our ADRN. We have entered into several cooperative Memorandums of Understanding with community

resources, medical facilities and relevant agencies. (See Attachment 2 – AAA9 ADRN Partnership Development)

Objective 3

Start Date: 1/1/2015

The AAA9 will foster new relationships and build on existing partnerships with state and local organizations to better promote consumer access to information.

As in objective number 2, AAA9 has entered into several memorandums of understanding with local partners and organizations. Our East Central Ohio Coalition, which we organized jointly with Health Services Advisory Group (HSAG), meets regularly and we discuss issues, opportunities and share best practices with each other. We also created a new position designated to conduct community outreach and develop partnerships. Thus far, the addition has proven successful as we have established working relationships with many community organizations. (See Attachment 2 – AAA9 ADRN Partnership Development)

2016 Update Condition of Approval: Area all AAA ADRN partners also members of the Health Services Advisory Group (HSAG) or are they two distinct groups?

They are two distinct groups.

2016 Update Condition of Approval: Is the AAA using standard MOUs with all partners or are they customized for the partner?

We begin with a standard template and customize it as appropriate.

Outcome

The AAA 9 will lead the development of a dynamic ADRN that focuses on person-centered services and supports.

Encouraged by the development of Ohio Benefits Long Term Care, AAA9 has taken the lead to develop our ADRN network. We are actively partnering with HSAG, local hospitals, Hospice, Health Care Facilities...etc. We are now seeking out and engaging non-traditional partners to help create an extensive network of support for everyone. We also are developing a grid of available services and perhaps equally important, identification of service gaps. (See Attachment 2 – AAA9 ADRN Partnership Development)

2016 Update Condition of Approval: Has the AAA provided education to its staff and community partners about person-centered services and supports?

AAA9 staff is provided the opportunity to complete the person centered module through Collins Learning in an online training. This will be mandatory for professional staff effective January 1, 2016.

2016 Update Condition of Approval: How is the AAA operationalizing that concept?

AAA9 is operationalizing that concept through online training at this time. This is also incorporated into Case Management staff training.

*If the AAA has identified a curriculum for education about person-centered services and supports please provide a copy of the curriculum.
See attachment.*

Impact

Increase area-wide consumer knowledge of LTSS through the ADRN.

Condition of Approval: How will the AAA know it has increased area-wide consumer knowledge of LTSS through the ADRN?

The AAA9 will develop screening reports, surveys and tracking systems that will allow the AAA9 to monitor increases/decreases in referrals, screens, and information requests. This will be a measurement tool that will allow us to determine if information is being distributed and communicated throughout our region.

We are hopeful this is happening; however, since we are still developing the network and OBLTC has been delayed, we are still analyzing the impact.

2016 Update Condition of Approval: Has the AAA worked with partners to identify a baseline of data from which to measure increases in LTSS awareness across the ADRN partners?

The AAA9 has started monthly meetings with all SEP partners and includes LTSS education for supports. This will be added to the agenda after the initial education component of all resources has concluded.

2016 Update Condition of Approval: Is the AAA measuring activity-specific to the AAA?

The AAA9 is still in the process of developing a pilot for LTC questionnaire January 1, 2016 to measure impact for one quarter January through March.

Measurement

AAA9 will host quarterly ADRN meetings with its ADRN partners.

Condition of Approval: How will this measure show that the strategy is effective?

Our first ADRN partner quarterly meeting is being planned and will be held via conference call in September 2015. On-going quarterly meetings will be held in person. We are also in the early planning stages of the first Annual AAA9 ADRN Community Resources Summit. This is tentatively scheduled for early 2016.

Strategy B

AAA9 will seek to become a designated NWD/SEP through BIP. As part of this designation, AAA9 will utilize a Core Standardized Assessment Instrument as established by ODM.

Objective 1

Start Date: To be announced, as it's still under development

Assist consumers in accessing and applying for services they are eligible for through the utilization of all appropriate screening functions.

AAA9 participated in the phase 1 and page 2 testing of the Adult Comprehensive Assessment Tool (ACAT) developed by ODM. During phase 1, AAA9 staff attended an ODM two day training on September 30, 2014 and October 2, 2014. AAA9 staff then met with individuals who met LOC and either resided in a nursing facility or were on a Medicaid/Aging waiver. Both assessors completed the ACAT during this meeting and the completed assessments were sent to ODM for review. The purpose of this stage of testing is to determine if the assessment tool measures what it is intended to measure (face validity) and to determine if two assessors get the same results for the same individual (inter-rater reliability). One waiver and three nursing facility residents were assessed using the ACAT tool.

AAA9 staff also participated in the ACAT outcomes review focus groups in December 2014. AAA9 staff participated in ACAT Phase 2 training on January 15, 2015. During Phase 2, ODM selected a sampling of AL and PP Waiver consumers to be tested. AAA9 testing staff was responsible for completing our current LOC tool and the ACAT LOC toll for each identified waiver consumer and send both assessments to ODM. There were a total of 32 consumers we completed and submitted to ODM by March 20.

The new comprehensive assessment tool training that was initially scheduled for early August has been postponed by ODM. Appropriate AAA9 staff will participate once the new dates have been established.

Objective 2

Start Date: 1/1/2015

Provide information and referral assistance to everyone regardless of age and/or disability status.

AAA9 currently provides information and referral assistance to everyone regardless of age and/or disability status. With the implementation of OBLTC, we anticipate enhancing our ability to best serve all individuals.

Outcome

AAA9 Consumers and Care Givers will have access to person-centered services and supports and helpful information through a single entry point.

We currently offer access to person-centered services and supports to AAA9 consumers and Care Givers. Continued development of this objective remains in progress.

Impact

Expanded access to Long Term Services and Support

When OBLTC is implemented later this year, we will be able to expand this access as the ADRN Lead Agency and as a Single Entry Point (SEP).

Condition of Approval for Outcome/ Impact: Information in these sections appears almost identical; briefly explain:

They are similar; however, the first section is more of a region-wide development objective while this one is more specific to AAA9 activities. We will create process maps that seek to identify and eliminate barriers for consumers; that help us identify alternative resources. We also look forward to utilizing the standardized assessment tool for consistent information gathering.

Measurement

By January 1, 2015 AAA9 will implement the requirements for the Balancing Incentive Program.

Condition of Approval: How will implementing these requirements show there is expanded access to LTSS?

The AAA9 will monitor this through dashboard reports; ODA & ODM provided reports and internal reports and surveys. Utilization reports will also indicate expansion of access. We will also survey consumers and providers to gauge impact.

We met this measurement; however, since BIP has been delayed, some measurements have also been delayed.

PY 2015-2018 Strategic Area Plan - Goal 2:

AAAs will prepare and build a responsive regional infrastructure for Ohio's aging population.

Strategy A

The AAA9 will work with its community partners to develop and cultivate a menu of long-term supports and services (LTSS) under the requirements of the federal Balancing Incentive Program.

Condition of Approval: Indicate how this strategy will address non-Medicaid consumers.

We have always promoted ourselves as "Your First Call for Information about Aging." Information, referrals, resources and consultations are available to anyone in our region. Providing assistance and information about federal, state and community resources to non-Medicaid consumers who call our agency or request information at a community partner or provider may delay or avoid a person becoming Medicaid eligible. In addition to the BIP program, the front door will offer access to LTSS regardless of Medicaid eligibility.

We have always promoted our agency as "Your First Call for Information about Aging", we will be changing this soon, although the language is still being considered, to reflect our ability to serve multiple populations as a Single Entry Point Agency.

Objective 1

Start Date: 1/1/2015

Identify key local entities to provide outreach and education to regarding BIP and coordinate training activities for their staff.

AAA9 has held meetings and conference calls with potential and current SEP's. AAA9 staff also offered training and education to our provider network at our most recent provider meeting in July 2015. AAA9 will continue to identify other key local entities to provide outreach and education to regarding BIP and the implementation of OBLTC. This process is ongoing.

Objective 2

Start Date: 1/1/2015

Work with the vendors responsible for developing the statewide toll-free (800) number to provide updated information and referral assistance to consumers in our region.

The Cleveland Site is the contracted vendor for this work. Whenever requested, we have provided all relevant information.

Objective 3

Start Date: 1/1/2015

Update the AAA9 website to offer user-friendly and easily accessible information and links to services and supports available to consumers and caregivers throughout our region.

We are developing our website and anticipate a launch date very soon. With OBLTC being delayed, information still being developed, and materials not yet distributed, we have been holding our website to make sure it is inclusive of all the necessary information at launch.

2016 Update Condition of Approval: Do plans for an updated website include an information and referral component?

Yes

2016 Update Condition of Approval: If so, how does the AAA see the blending of the OBLTC website and I&R database?

They will have the ability to link to the OBLTC website and provide opportunity to connect directly to a SEP and I&R database.

Outcome

Improved information sharing and education that provides consistent and current information about LTSS to consumers regardless of their entry point into the network.

Condition of Approval: How will AAA determine this has occurred?

Through the development of a matrix, outcomes will be monitored and tracked to identify trends for activities to reach LTSS. We will also monitor website hits, social media contacts, likes, favorites...etc., phone contacts and assistance requests. We will also work with our community partners to standardize forms and processes. Utilization of standardized forms and web-based data-bases will be of tremendous assistance.

Having regular meetings with our SEP partners has proven helpful in this regard. Regular coalition meetings and electronic communications have also proven helpful. Expanding our network beyond traditional "aging-based organizations" makes our network known and accessible to all populations. This objective is ongoing.

2016 Update Condition of Approval: What elements are being included in the proposed matrix?

This will be developed in 2016.

Will all forms and processes be standardized for each community partner?

This will be developed in 2016.

Impact

These collaborations will help to develop a consistent and comprehensive exchange of information within the AAA9 ADRN and will lead to increased coordination of services and awareness of resources. This will benefit consumers, hospitals, Nursing Facilities, discharge planners and other care providers and referral sources who, as a result, will understand more about the ADRN and the referral process.

We have MOU's with several local hospitals that will allow us access to systems, and patient data-bases as relevant. We also meet regularly with discharge planners and social workers and make floor rounds with hospital staff. Our Long Term Care Specialists also visit nursing facilities and other health care providers regularly to exchange information with their staff.

ADRN partner meetings and the future AAA9 ADRN Community Resources Summit are other ways AAA9 is preparing to build a responsive regional infrastructure for Ohio's aging populations.

Measurement

AAA9 will increase its menu of resources by at least three entities/options each year.

Condition of Approval: How will this measure show the effectiveness of the strategy?

AAA9 will monitor referrals and measure increases/decreases per service and resource both at our facility and our community partners. Collaborative outreach efforts will also help to assure an effective implementation of this strategy. AAA9 will create and distribute a survey that helps us determine the effectiveness of our efforts.

Since OBLTC has been delayed we have not been able to implement this strategy. However, thus far, we have added the Evidence Based "Powerful Tools for Caregivers" as an option. We were also awarded a grant from ODM to provide temporary ramps for Home Choice and/or waiver consumers. We also received a Housing Trust Fund grant to use for emergency home repairs.

Strategy B

AAA9 and its ADRN partners will offer the assistance of a support person for individuals needing help through NWR/SEP.

Condition of Approval: Indicate how this information differs from AAA standard operating procedure:

This incorporates the additional support navigator to walk individuals through the entire process from start to finish through the maze of resources that is available to the consumer. This is a BIP requirement and the position duties

and focus are different than those of our current screeners, assessors and long term care specialists.

Objective 1

Start Date: 7/1/2015

The support person will work directly with the individual to assist them with the referral process.

We have restructured our Front Door Staff that will allow us to provide support navigation. Since the program has been delayed; however, it is not functioning as intended quite yet.

Objective 2

Start Date: 7/1/2015

The ADRN will assist individual when completing financial and program eligibility applications.

We offer assistance to anyone that seeks assistance. We anticipate this service will increase when OBLTC kicks off.

Objective 3

Start Date: 7/1/2015

The ADRN will work with individuals until they are enrolled in Medicaid or another program or access assistance via another resource.

We currently work with individuals seeking Medicaid or other program enrollment while they access assistance from a variety of resources. We anticipate support navigation enhancing our ability in the area when OBLTC kicks off later this year.

Outcome

AAA9 and its ADRN partners will develop person-centered system of LTSS that meets the needs of our consumers.

AAA9 and our ADRN partners are developing a person-centered infrastructure of LTSS to best meet the needs of our consumers. This is an on-going process and will be enhanced with implementation of OBLTC.

Impact

The consumer will have assistance and guidance available to them as they navigate through the network. This will allow them to make an informed choice and better understand their options thus, they will have a more satisfying and successful experience.

As mentioned in Objective 1 response in this strategy, we have restructured our Front Door Staff that will allow us to provide support navigation. Support Navigation will allow consumers to gain assistance and guidance while making informed choices. Since the program has been delayed; however, it is not functioning as intended yet. This will be an on-going process.

Measurement

AAA9 will survey consumers to determine if they were/are satisfied with their interaction with AAA9 and our ADRN partners. AAA9 will strive for a 90% satisfaction ranking.

Condition of Approval: What tool will the AAA use to measure consumer satisfaction?

The AAA9 will use survey monkey for consumers with computer access, mailings, and one-on-one phone calls by AAA9 customer service staff to determine consumer satisfaction. It is also our intention to utilize student interns to conduct satisfaction and utilization surveys to provide input to our Board, RAC and management team to help us develop and improve our programs and services.

We developed and implemented survey tools to measure this. We were hoping to begin this process at the implementation of BIP; however, that program was delayed. We sent our first surveys out in August (2015) and are currently compiling the results.

2016 Update Condition of Approval: Will the survey tool developed by the AAA and implemented in August translate to a new way of doing business when OBLTC launches? ODA is interested in reviewing the tools developed if the AAA is willing to share.

It will help us to better implement OBLTC and define a strategy for success. OBLTC will be a new way of doing business and the survey will help us define quality and customer service strategies and identify weaknesses. Certainly we would be willing to share the tool.

PY 2015-2018 Strategic Area Plan - Goal 3:

AAA9 will assist elders and their caregivers with utilizing technology to access resources.

Strategy A

AAA9 will develop a user friendly website to provide information about LTSS to consumers and caregivers.

Condition of Approval: Indicate how this will help consumers who do not own computers:

Outreach to consumers who do not own computers or have access to a computer, the AAA9 will use mailings, provider staff, caregivers, telephone calls, public service announcements through radio and local TV stations, and other opportunities as presented to go out in the public and reach potential consumers. Additional contacts will be made at critical times such as in the hospital settings, senior centers, health fairs, county fairs, and other events.

Objective 1

Start Date: 7/1/2015

AAA9 will procure a web developer to create and maintain a user-friendly website that is up-to-date and provides a comprehensive listing of resources.

We are continuing to work with our web developer to launch our new site that will help us meet this objective. We are hopeful to coordinate the launch with the launch of the OBLTC program.

Objective 2

Start Date: TBD

AAA9 will provide educational tools for consumers and caregivers on the use of technology to access information about LTSS, prescription drug assistance, and to apply for assistance.

We procured MIPPA funding and have been using this program to help people. We are currently developing a pilot technology program to help teach seniors how to use technology to better understand and follow their medication regiment.

Objective 3

Start Date: 1/1/2015

Provide online information about evidence-based programs that promote self-management of chronic diseases and fall prevention information.

Through our social media sites we share lots of information about CDSMP and falls prevention. This information is also prominently distributed through our newsletters and media releases.

Outcome

Consumers will be able to access information and assistance on line, in one place, rather than having to travel or call multiple agencies.

This is currently in progress as our new website is still under development. We anticipate the launch corresponding with the implementation of OBLTC.

Impact

Consumers will be able to take advantage of the efficiency and convenience of on-line information. Online access to resources often provides a more person-centered experience because consumers can access information on their terms rather than at the availability of an agency.

This is currently in progress as our new website is still under development. We anticipate the launch corresponding with the implementation of OBLTC.

Measurement

AAA9 will launch its new website by the end of calendar year 2014 and will increase the number of “hits” annually through promotion and by educating consumers.

This was delayed as we await the launch of OBLTC and as we restructured our agency’s front door in conjunction with OBLTC. We anticipate an October 1st launch of our new website.

Strategy B

AAA9 will seek grants and other funding opportunities to purchase tablets for consumers or caregivers to use to access long term care services and information.

Objective 1

Start Date: 9/1/2015

Individuals will have better access to healthcare resources and long term care services and supports through web based programs.

This remains in process. We anticipate piloting this program in the 4th quarter of 2015 and hopefully expanding it in 2016.

Objective 2

Start Date: 1/1/2016

Consumers will have access to their electronic health records and access to prescription drug information to help them make more informed decisions pertaining to healthcare and medication management.

This is currently in progress, as we are planning a pilot program.

Condition of Approval for Objective 1 & 2: This information appears to be a statement and it is not clear how the information will help accomplish the strategy:

Individuals will be able to access information to assist them with information to healthcare resources and services through the use of technology that previously was not available to them. The AAA9 can also help consumers access AAA9 and local providers to enable them to receive services, cancel, change, and update information as needed. Examples of activities would include the use of ordering meals online to enhance consumer choice as available.

This would also allow consumers to participate in evidenced based programs that are available on the web and would be included as a condition for participating in this program.

By purchasing tablets, AA9 will work with consumers to access their chart information to give them timely updates on their medication updates, appointments, and access to their physician through the web as available.

Outcome

Consumers and caregivers will be more tech-savvy and better prepared to self-direct their care through education and access to on line information.

In progress, as we are currently planning a pilot program.

Impact

Consumers will experience better health outcomes as the result of being able to access on line resources and information.

In progress, as we are currently planning a pilot program.

Measurement

AAA9 will acquire sufficient funding to be able to purchase at least ten tablets to loan to consumers for their use. AAA9 will also provide technology training to at least 20 individuals per year; both subject to funding availability.

Condition of Approval: How will this measure show the effectiveness of the strategy:

As a pilot program, maximum utilization is important. The AAA9 would have an evaluation process through this grant program that consumers must agree to participate, in order to have access to these tablets to help with their

healthcare. Tracking information such as hospital visits, E.R. visits, surveys, education, would all be information obtained through the use of this program.

Having sufficient equipment and making sure the equipment is fully utilized is an important measurement. As part of this project the AAA9 can work with consumers to access recommended sites including information on falls prevention (like Steady-U), evidenced based programs, Chronic diseases, information about programs provided through the Older Americans Act and community resources. The AAA9 can use tracking programs and counters; likes, favorites, hits,...etc. to track utilization. Test programs can be initiated through evidenced based programs to evaluate how this information is being utilized.

2016 Update Condition of Approval: What is the progress on the pilot project?

I pads have been purchased and programmed and have included a demonstration to two local physician offices who have agreed to participate in a pilot project to begin in January of 2016 as forms/policies are in the process of being developed.

FY 2015-2018 Strategic Area Plan - Goal 4:

AAA9 will work in coordination with other healthcare partners to help develop a rural model for Chronic Disease Prevention/Intervention referral and delivery.

Strategy A

AAA9 will work with the St. Clair Commons –Trinity Rural Population Health Management Network (SCC-Trinity Network) to develop a fully integrated chronic disease prevention/ intervention system to increase access, improve outcomes and lower costs of care for older adults residing in Belmont, Harrison, Jefferson and contiguous counties within the AAA9 region. St. Clair Commons.

Objective 1

Start Date: 7/1/2015

To develop a person centered integrated care service model for chronic disease self- management that can be replicated in other rural counties.

We worked with Strategic Health Care and Youngstown State University to develop a “how-to” manual for implementing a rural healthcare model. The final draft is currently at ODA pending review. We have presented the model at OAGE and plan on presenting it to other AAA’s once finalized.

Objective 2

Start Date: 7/1/2015

AAA9 will work with other St. Clair Commons Partners to identify referral sources for chronic disease self-management programs and work together to streamline a referral process.

We worked with Strategic Health Care and Youngstown State University to develop a “how-to” manual for implementing a rural healthcare model. The final draft is currently at ODA pending review. We have presented the model at OAGE and plan on presenting it to other AAA’s once finalized.

Objective 3

Start Date: 1/1/2015

Participate in the development of an Integrated Care model that includes care providers, community based public, private, and academic and non-profit institutions, and local community resource providers.

The St. Clair Commons project is in progress. It has been delayed as the developer dealt with unexpected health conditions. Local politics have also slowed the project. We are hopeful this project begins soon.

Outcome

To establish a comprehensive health, prevention and well-being network located in Belmont County.

This is ongoing and still being developed. We are part of the planning team; however, it was temporary slowed while the primary developer dealt with an unexpected health condition.

Impact

To help achieve the triple aim of better access, better health outcomes and reduced costs in the region served by the St. Clair Commons project.

This is still under development; therefore, it's a long term goal.

Measurement

By the end of 2014, AAA9 and the St. Clair Commons Partners will present their findings and the Draft manual to Directors of other AAA regions and representatives from ODA to assess the applicability of the St. Clair Commons model within their regions.

In process

Strategy B

Build on alliance to develop methodology for designing and developing older adult population health management of chronic disease systems that can be replicated in the state of Ohio.

Condition of Approval: How will AAA determine that the intervention model has helped to decrease the onset and controlling of chronic diseases for older adults?

We will utilize evidence-based programs that are proven to work and be effective. We will adhere to the fidelity of the program and strive to improve and increase participation. Again, we will utilize surveys and follow-up communication with those that complete the programs to help us measure outcomes. By developing a network of service providers utilizing both health care and non-traditional providers in a coordinated care model with an effective communication system can effectively impact the various health and social services needed by older adults in rural areas.

Prevention of chronic diseases is built around screening and education. Intervention requires ongoing monitoring and health coaching. While there are many service providers delivering this care within a community, the lack of coordination and connectivity results in gaps in service, unintended outcomes of advancement of chronic diseases and unnecessary hospitalizations.

Objective 1

Start Date: TBA

Work with partners to expand model for other areas outside of Belmont, Harrison and Jefferson counties.

Ongoing.

Objective 2

Start Date: TBA

Identification of other areas to potentially market intervention program.

We have been working with ODA and O4A on this objective.

Objective 3

Start Date: TBA

Identification of potential partnerships outside of Belmont County for new model program.

This is an ongoing, long term goal.

Outcome

Manual will be developed throughout process to set standards for implementation.

This is complete and currently at ODA pending review/ approval.

Impact

Intervention model will serve to decrease the onset and controlling of chronic diseases for older adults in rural areas.

This is an ongoing longer term goal.

Measurement

By the end of 2014 AAA9 and its partners will have developed and presented a manual outlining the methodology used to determine how best to apply the SCC-Trinity model to other rural regions of Ohio.

Condition of Approval: How will this measure show the effectiveness of the strategy?

Building a system of integrated providers that can screen, identify older adults in need of chronic disease prevention/intervention services, provide education and health coaching and refer older adults to appropriate care settings requires the application of two major components of the PCMH model of care; electronic connectivity and care coordination. Coordination within these systems will help evaluate the effectiveness of these programs.

This is ongoing and still being developed. We are part of the planning team; however, it was temporary slowed while the primary developer deals with an unexpected health condition.

PY 2015-2018 Strategic Area Plan - Goal 5:

AAA9 will expand its caregiver program to include an evidence-based component, as a supplement to our education-based caregiver program, which will benefit individuals at risk of developing caregiver burnout and associated health problems.

Strategy A

AAA9 will conduct self- management disease programs to reduce stressors of caregiving in a rural area.

Condition of Approval: Objectives 1 & 3: These objectives appear to be statements and not actions to accomplish the strategy; briefly explain.

Participating in AAA9 programs and the Powerful Tools for Caregivers evidence-based program are activities that will help us achieve positive results since AAA9 counties are considered rural and have limited access to services.

Areas such as Frazeytsburg while having close access to a major highway and located between two county hub cities, are limited because of a lack of resources, caregivers and providers in the area. Fewer percentages of rural caregivers report using an aide or nurse through an agency. Rural elderly are prone to have poor health and certain chronic conditions and access to health care facilities and public transportation is not easily accessible in rural areas, isolating caregivers. As a result, rural caregivers tend to forgo their own needs in order to care for their loved one. To help these individuals deal with their obligations, the AAA9 will conduct evidenced based programs that will help caregivers deal with depression and anxiety by giving them the tools that will enable them to take care of themselves while taking care of their loved one.

Objective 1

Start Date: 1/1/2015

Reduce depression and anxiety among caregivers and thereby reducing their vulnerability to health problems.

Powerful Tools for Caregivers is an evidence-based program. Since January, AAA9 has conducted several sessions. We have found that conducting sessions with members of our caregiver support groups have been well received. Session attendees report they indeed feel less anxious after the sessions. As an Evidence-Based Program, we are hopeful our attendees are less vulnerable to health problems.

Objective 2

Start Date: 7/1/2014

Cultivate community-based respite resources for caregivers that will allow them to attend evidence-based programs.

AAA9 received a grant from the Aultman foundation to provide respite vouchers to caregivers of older adults. This allowed several to attend workshops or evidence-based programs. In addition, AAA9 was able to provide relief to caregivers that could allow consumers to remain in the home setting longer by easing burnout to the caregiver.

Objective 3

Start Date: 1/1/2015

Caregivers will have increase in coping skills that will enable them to care for individuals in home setting

Through tools developed in the Caregiver Toolkit, caregivers will have an increase in coping skills that will enable them to care for individuals in the home setting.

Powerful Tools for Caregivers (PTC) is a Tier III Evidence-Based Program. According to data from class participant evaluations, the PTC program improves:

- *Self-Care Behaviors: increased exercise, use of relaxation techniques and medical check- ups*
- *Management of Emotions: reduced guilt, anger, and depression*
- *Self-efficacy: increased confidence in coping with caregiving demands*
- *Use of Community Resources: increased utilization of community services*

Outcome

To have a positive impact on caregiver health for a diverse group of caregivers.

This is currently in progress and will be ongoing. In addition to making this program available throughout our service area, we have implemented the program with our already established caregiver support groups. It has been received exceptionally well by participants.

Impact

To reduce the incidence of negative health outcomes for caregivers allowing them to provide better care for a longer period of time thus, reducing nursing home placement.

Condition of Approval: How will the AAA determine that the incidence of negative health outcomes for caregivers has been reduced:

Through one-on-one follow up after the completion of an evidenced based program over a period of time to determine outcomes of the program to the caregiver. This information will be tracked and benefits supported through documentation of the follow up. We will survey a sampling of those who complete our evidence-based programs to learn and monitor the level of outcome improvement. AAA9 purchased a care transitions tracking software through Harmony that will allow us to track outcomes

This is currently in progress and will be ongoing. We are compiling post evaluations of participants and will ask them about health outcomes and improvement.

Measurement

AAA9 will conduct two evidenced-based trainings each year in its region.

Condition of Approval: How will this measure show the effectiveness of the strategy?

Participation in evidence-based programs have been proven to be effective. We will strive to maximize participation and follow the fidelity of the programs to assure effectiveness. We will also utilize evaluations at the end of trainings as well as one-on-one assistance through our caregiver education program. The AAA9 can closely monitor the need for additional trainings and education and referrals to help reduce the stress load of identified caregivers.

We have already met this objective for 2015.

Strategy B

To train and develop a volunteer base of lay leaders to conduct evidence-based programs.

Objective 1

Start Date: 1/1/2015

To expand accessibility of evidence based trainings in all nine rural counties for caregivers.

We trained several new members of our staff as lay leaders and they, in turn, are reaching out to groups within the AAA9 region to provide trainings.

Objective 2

Start Date: 1/1/2016

Develop a voucher system for volunteers to be trained in evidenced-based programs.

We are working to develop this as part of our care coordination program menu of services. We anticipate a 1/1/16 start date.

Objective 3

Start Date: 1/1/2015

To develop an evidence-based caregiver curriculum as a supplement to our education-based caregiver program that will provide family caregivers access to a proven method of reducing burnout.

To develop an evidence-based caregiver curriculum and volunteer Lay-leader network as a supplement to our education-based caregiver program that will provide family caregivers access to a proven method of reducing burnout.

Condition of Approval: Indicate how this objective differs from what is stated for Goal 5.

Goal 5 is specific to the education given to caregivers specifically. This objective is building a network of volunteers who can expand on the Goal identified.

Before being able to train others and thus become “Master Trainers” leaders have to conduct numerous documented trainings. AAA9 staff is working to accomplish that goal.

Outcome

AAA9 will develop and coordinate a volunteer network of trainers to provide evidence-based programs to local caregiver coalitions, support groups, and individual caregivers.

While we have conducted numerous trainings, becoming certified as Master Trainers in the PTC program will help us to accomplish this goal. Our trainers are on schedule to become Master Trainers before the end of calendar year 2015.

Impact

This will provide Caregivers an additional level of community support to help them provide care to older adults. The impact will be better care, less caregiver burnout and reduction in nursing home disenrollments.

Measurement

AAA9 will develop a volunteer program in 2015 and increase the roster of trained volunteers each year.

Condition of Approval: How will this measure show the effectiveness of the strategy?

AAA9 has sent staff to training to be certified in Powerful Tools for Caregivers. We would like to develop this evidence-based program in our region and train volunteers to be able to present the program throughout the community. The effectiveness of the strategy will be identified through the number of caregivers who complete the program and the number of volunteers recruited and classes held.

As this is the first year, we are hopeful to expand our number of participants and trainers in CY 2016.

Operational and Budget Narrative

Each AAA must complete the below budget narrative for the PY 2016 Area Plan. Text boxes are provided where applicable for ease of sharing detailed responses. *The AAA shall ensure that all responses to the below information are in the text box and in a font clearly distinguishable from the ODA statement.*

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

Older Americans Act funding levels regionally did incur change during the last strategic plan time frame because of cuts, sequestration, and AAA9 completed its goal of adjusting funding allocations utilizing a funding formula.

Along with these challenges, the AAA9 worked to expand services in order to meet the needs of consumers by obtaining for Care Transitions, the Ohio Home Care Waiver and Housing Trust Fund Grant. AAA9 also offers a menu of evidenced based programs such as chronic disease self-management and disease prevention for older adults. AAA9 has certified master trainers on staff that can train lay-leaders in local communities and promote preventative health care and wellness. AAA9 anticipated the Federal Government transitioning to a strategy that would only allow Title III funding for tier III evidenced based programs; therefore, AAA9 required all requests for funding meet the requirements of tier III level and were evidenced based during the last funding cycle.

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

During the needs assessment process, AAA9 identified several economic issues that had an impact on funding levels and purchasing power. As a result, we anticipate cuts and reductions to services for seniors. The devalued dollar not only impacts the amount of services available to purchase from provider agencies, it also directly impacts consumers and their ability to pay for essential items such as utilities. Consumers are being "squeezed" in many areas and are requesting financial assistance to help them pay for items such as rent, utilities, gas, prescription drugs, in-home care, respite, meals and transportation services.

Providers are also feeling the pinch caused by budget cuts, unfunded mandates, rates not keeping up with inflation, gas prices and increased food costs. They are facing many staffing challenges; especially as the unemployment rate in our region drops. Minimum wage hikes have impacted their bottom line and it is yet unknown the full impact the Affordable Care Act

will have on staffing. They are challenged to find qualified staffing able to pass criminal background checks and drug testing requirements. Even with matching funds provided through the passage of local levies, unit costs will continue to go up because of budget constraints and fewer units will be served.

The AAA9 is similarly impacted as we try to develop new programs and implement new initiatives such as BIP while maintaining and expanding other program like home repair, evidenced based programs and community resources. AAA9 also has issues maintaining qualified staff because of increasing salaries being offered by competitors, ever-increasing insurance and benefits costs as well as rising travel expenses. Finding adequate match funding for programs is also a concern because of dwindling grant opportunities, increased competition for grants and reduced local government funding.

3. **Appendix 1-Request to Transfer Funds.** This appendix must be submitted along with an Exhibit D-1a for each transfer requested. If a transfer is not applicable, indicate “0” and submit the form; no exceptions. Requests for 2016 must be submitted no later than April 27, June 27 and July 27. Transfers must not exceed percentage maximums allowed by the OAA:
 - a. Not more than 30 percent for any fiscal year between programs part B (Supportive Services and Senior Centers) and part C (Nutrition Service);
 - b. Not more than 40 percent of the funds received between subpart 1 (Congregate Nutrition Services) and subpart 2 (Home-Delivered Nutrition Services) of part C (Nutrition Service); and
 - c. Identify FY 2015 Title III Carryover, including all ODA approved waivers of Policy 401, Procedure B.
4. **Exhibit D-1a Title III Transfers and Base Funding Levels (refer to Budget Pages document).** This exhibit shall be updated and included with each Appendix 1 transfer request – no exceptions. In the box below discuss how transfers are different than FY 2015:

Transfers are unchanged from 2015. The transfers reflect maintenance of effort for provider contracting and program information based on current spending levels.
5. **Exhibit D-1b: Summary of Service Allocations (refer to Budget Pages document)**
 - a. **Care Coordination Program Costs.** Discuss any variances between 2015 and 2016 costs for the CCP program (e.g., number of staff, increase/ decrease in service funds pool, expansion or additional services, etc.) and impact on service delivery.

Care Coordination case management staffing levels and costs currently remain unchanged. Service level funding also remains unchanged; however, AAA9 plans to transition to a voucher-based program allowing consumers to self-direct their care, which will help provide resources to more consumers.

- b. **Housing.** Discuss any differences between 2015 and 2016 budgets and any changes in scope.

Our 2015 budget for housing remains unchanged. Earlier this year the Housing Trust Fund Grant ended; however, we reapplied and was awarded funding for the 2015-2016 program years.

- c. **Access, In-Home, Legal, Disease Prevention & Health Promotion, Other Community Services, Ombudsman, Nutrition Congregate, Nutrition Home-Delivered Services Categories.** For each, discuss any allocation differences between FY 2015 and FY 2016 for Title III funds, Alzheimer's Respite and SCS dollars for each service category. Include the reasons for increases or decreases.

Funding percentages for all service categories remain unchanged from 2015 funding levels.

6. **Title III-D Fund Allocations.** As discussed March 13, 2012 at the ODA/O4A meeting, AoA changed the requirements for allowable uses of OAA Title III-D funding. The requirements were effective February 16, 2012. For more details please see the FY 2012 Title III and Title VII Award Notice 0312380 forwarded on March 6, 2012. In addition, the definition for evidence-based programming and FAQ's can be found at AoAs website:
(http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx.)

Given the above, provide an update on the following:

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

The AAA9 currently supports evidence based programs that are considered Tier III level programs. We currently have Master trainers for programs such as Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Chronic Pain, and Matter of Balance (MOB) and have expanded to include Tools for Caregivers. Through the RFP process, the AAA9 required Tier III level programs in order to receive funding for the upcoming year.

- b. Does your AAA plan to use PY 2016 Title III-D funds ☒ contractually **or** ☒ in house to support evidence-based interventions?

The AAA9 has required providers submit for evidence based program activities in the Title III RFP process and plans to use this funding internally to train lay leaders in local communities. The AAA9 does provide additional programs such as chronic pain that is not offered by other providers in the community, and also has staff qualified to provide evidence based programs online. In addition to CDSMP and DSMP, AAA9 funded evidence based programs such as Tai Chi and Savvy Caregiver.

The AAA9 required providers submit for Tier III level evidence based program activities in the recent Title III RFP process. Providers have requested funding for CDSMP and DSMP along with Tai Chi and Savvy Caregiver. The AAA9 provides additional programs such as chronic pain that is not offered by other providers in the community and the AAA9 also have staff qualified to provide evidence based programs online.

7. **Funding of Priority Service Categories (Access, In-Home, Legal).** Check all that apply:

- ☒ Current Title III-B percentages will be maintained
☐ Current Title III-B percentages will change

Please explain any significant changes compared to previous years:

Percentages for Title IIIB services will be maintained.

8. **Application for Waiver Request.** Each request to directly deliver services and activities shall occur via Appendix 2. Requests for PY 2016 must be completed and included with this area plan update. Refer to Policy 204.04 for more details. **Note:** all current waivers expire December 31, 2015.

Waivers will be submitted via Appendix 2.

9. **Direct Services by AAA.** Please list **all** services the AAA plans to provide directly in PY 2016; The budget page Exhibit D-2b (refer to Budget Pages document) must be completed for each service that is provided directly by the AAA.

Home Repair – SCSBG

Caregiver Education, Caregiver Counseling/ Support Groups/ Training,

Caregiver Information and Assistance – Title IIIE

Nutrition Services – Title IIIC1 and C2

Disease Prevention Health Education – Title IIID

In-Service Training – Title IIIB

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

10. **Title III Funding Formula.** The AAA shall submit a copy of its current Title III funding formula, including a list of data (e.g., 2010 U.S. Census) used to populate the funding formula factors. In the box below, indicate if the formula has changed since 2015 and attach an updated formula.

The AAA9 funding formula is based on 2010 census data with 50% of base funding broken down equally between all nine counties, then percentages by population of 60+, 60+ low income and 60+ minority. This formula is further broken down by each sub part (B, C1, C2, D, SCS).

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

N/A

Appendices

AAA: Area Agency on Aging Region 9, Inc.
Strategic Plan Period: 2015-2018
Operational Plan Year: 2016
Date Submitted: 9/1/2015
Original Submission: ☒ or Revision #

Appendix 1: Request to Transfer Funds

Instructions

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

A detailed rationale **must** accompany each transfer request. A mere statement such as "to provide home-delivered meals" is not acceptable. Any statement must be supported by information (statistics, figures, etc.) that documents the reason for the transfer. All rationale shall be included on the current Excel spreadsheet *Appendix 1-FY 2016 Request to Transfer Funds*. If more space is needed to explain transfers, please make additional copies of the worksheet and continue the summary. The worksheet design allows the AAA to include initial as well as all subsequent transfer request data on the same spreadsheet.

The worksheet is included with the Budget (D Series) Exhibits.

The initial transfer request is due with this area plan update. Other anticipated transfer request due dates are as follows:

1. **Line 3, First** revised transfer request – April 27, 2016
2. **Line 4, Second** revised transfer request – June 27, 2016
3. **Line 5, Final** transfer request – July 27, 2016

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

AAA: Area Agency on Aging Region 9, Inc.
Strategic Plan Period: 2015-2018
Operational Plan Year: 2016
Date Submitted: 9/1/2015
Original Submission: ☒ or Revision #

Appendix 2: Application for Waiver Request

Request is via ☒ Annual Area Plan or ☐ Emergency Request

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

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

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

The waiver request shall address each item listed below:

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

Nutrition Education: Home Delivered Meals 22-16, one session; Congregate Meals 21-16, one session

The AAA9 has staff that will provide nutrition education to older adults who attend congregate sites in counties that do not have eligible trainers for nutrition education.

Instructor qualifications per rule: The provider may only provide the service if the AAA's LD determines that the provider meets the minimum credentials for an instructor of nutrition education based upon regulations regarding the practice of dietetics found in Chapter 4759 of the Revised Code.

The following counties do not have qualified credentialed instructors for nutrition education programs for congregate sites two times per year:

<i>County</i>	<i>Instructor</i>	<i>Congregate Meal Site</i>
<i>Carroll</i>	<i>Carol Baker – AAA9</i>	<i>Friendship Center</i>
		<i>Sherrodsville Nutrition Site</i>

		Malvern Nutrition Site
Coshocton	Carol Baker – AAA9	Coshocton Senior Center
Guernsey	Carol Baker – AAA9	Guernsey County Senior Center
		Stop Nine Church of Christ
		Cambridge Heights Apartments
		Masonic Lodge Londonderry
Harrison	Carol Baker – AAA9	Cadiz Senior Center
Holmes	Carol Baker – AAA9	Holmes Senior Center
Jefferson	Carol Baker – AAA9	Bergholz Volunteer Fire Department
		Brilliant Rivers Landing Apartments
		Dillonvale Senior Center
		First Minister Church
		Heritage Village Apartments
		Michael Myers Apartments
		Mingo Junction Senior Center
		Pleasant Hill Senior Center
		Prime Time Senior Center
		Richmond United Methodist Church
		Unionport Senior Center
Muskingum	Carol Baker – AAA9	Muskingum County Center for Seniors
		Dresden Senior Center
		Maple Heights Apartments
Tuscarawas	Carol Baker – AAA9	Claymont Apartments
		Sugarcreek Community Center
		Newcomerstown Senior Center

In addition, this funding is used to contract with a Registered Dietitian to develop and provide to the AAA9 and its providers education materials that are tailored to meet the consumers' needs, interests, and abilities including literacy levels; accurate and relevant information. This will be provided two times a year to those providers who need this service.

Menu Planning:

Contract dietitian will write menus and monitor compliance with service contractors in nine counties. This includes monthly planning and review of changes submitted by providers.

2. Identify the projected dollar amount \$ 11,281 and the applicable funding source for the service to be provided using *Titles III* ☐B ☒C1 ☒C2 ☐D ☐E or ☐SCS.
3. Identify the geographic area(s) in which the service will be provided.

Services will be provided to seniors in all nine (9) counties in AAA9's service area.

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

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

N/A

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

Providers have requested to obtain this information from the AAA9 contracted Registered Dietitian. Due to the limited amount of funding, the AAA9 Registered Dietitian develops and approves nutrition education materials that meet rule requirements. In the past, the county extension offices used to provide this service, but no longer have the capacity to meet the needs of all nine (9) counties.

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

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

Maintenance of effort for a region-wide service to a provider network that does not staff a Registered Dietitian due to limited funding available for this service. Funding for this service is limited and the provider network uses funding in meal production. This frees up provider staff time that is required to procure this service.

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

N/A

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

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

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

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

To ensure adequate supply: due to the limited funding available for this service, the AAA is able to develop and provide this service at a regional

distribution instead of on an individual basis. Consistently meets quality standards for education to frail population.

Service directly related to AAA administration function: As the requirement to coordinate and/or administer nutrition services in the region, the AAA9 provides nutrition education to the provider network that meets rule requirements and saves OAA funding in time and staffing efforts by provider agency.

AAA can provide this service more efficiently and effectively: By using the contracted Registered Dietitian to develop and distribute this service to its provider network is more efficient than each provider hiring a Registered Dietitian services individually.

2016 Update Condition of Approval: Provide documentation to support that no other providers are able to perform these services (menu development and nutrition education). Have these services been included in a RFP in the last five years?

2016 Update Condition of Approval: Provide documentation indicating the outcome of AAA efforts to engage providers and the community via survey monkey, constant contact, etc.

See attached survey conducted via survey monkey to local contractors that was completed in August of 2015. Please be advised that Coshocton County staff has changed and no longer has the ability to provide this service.

7. Was a public hearing held as part of the area plan process and/or a similar public hearing on a related topic held within the last 12 months? Yes ☐ No ☒
- a. If no, submit documentation (appropriately labeled) demonstrating how the AAA engaged the provider network to identify the capacity for this service.

The AAA9 has utilized survey monkey, constant contact, go-to meetings and face-to-face providers meetings to engage the provider network in determining capacity of the provider network to identify the strengths of provider who would engage in these services.

- b. If yes, please provide:

Public hearing to be held January 2016

- Date of last public hearing: [Click here to enter text.](#)
- Name and number of individuals/organizations invited/targeted

[Click here to enter text.](#)

- Name and number of providers in attendance

[Click here to enter text.](#)

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

The AAA9 is in the process of surveying current meal providers to obtain information on their interest and/or ability to hire Registered Dietitian or Licensed Dietitian services. Once the survey information is compiled if there's interest and capacity we will engage them.

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

Exhibit D-2b is attached.

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

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

The AAA has included a copy of its decision to terminate its agreement with the provider.

Yes ☐ No ☐

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

January 1, 2016 through December 31, 2016

Signature of AAA Director

9/1/2015
Date

AAA: Area Agency on Aging Region 9, Inc.
Strategic Plan Period: 2015-2018
Operational Plan Year: 2016
Date Submitted: 9/1/2015
Original Submission: ☒ or Revision #

Appendix 2: Application for Waiver Request

Request is via ☒ Annual Area Plan or ☐ Emergency Request

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

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

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

The waiver request shall address each item listed below:

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

*Health Services: Health/Education: (09-16) One hour session
Purpose: to provide information on health related issues such as disease prevention and health promotion. These programs will cover Tier 3 level Evidenced Based Self-Management Healthy U trainings including, but not limited to DSMP, CDSMP, Chronic Pain, Matter of Balance, online CDSMP, online DSMP, online Arthritis; Powerful Tools for Caregivers*

2. Identify the projected dollar amount \$ 96,485 and the applicable funding source for the service to be provided using *Titles III* ☐B ☐C1 ☐C2 ☒D ☒E or ☒SCS.

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

All nine (9) counties in our service area

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

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

N/A

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

The AAA9 has worked with counties to develop lay leader/ coach trainings in Guernsey and Jefferson counties. All counties have been encouraged to have staff and volunteers trained for these programs. AAA9 has also provided these trainings directly to older adults in multiple counties.

During the RFP process, AAA9 required providers to submit Tier 3 level programs for contract purposes, and did approve programs such as Tai Chi and Savvy Caregiver in addition to the Healthy U programs.

In 2014 the AAA9 made available vouchers to all county focal points to become Master Trainers and expanded to add Healthy U programs in Guernsey and Muskingum counties.

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

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

N/A

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

The AAA9 recently completed the RFP in all nine counties for 2016-2017. At this time no provider has submitted an RFP for Harrison and Holmes Counties. Of the RFPs submitted for Title IIID, only six met the Tier III level program requirements.

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

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

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

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

To ensure adequate supply throughout our service area: The AAA9 Master Trainers are able to train community providers and resources throughout all nine counties. In addition, the AAA9 provides back up to local programs in the

event that their facilitators are not available during the scheduled program and keeps integrity of program using two leaders.

Service is directly related to AAA administrative function: Through the Site Coordinator, the AAA9 plays a key role in managing the direction for development and reporting systems required to ensure that programs are performed according to the integrity of the projects. This waiver provides the means to meet Goal 4 and Goal 5 their objectives.

AAA can provide service more efficiently and effectively: In our rural counties, there are few trained leaders in evidenced based programs for Healthy U. Three of the counties who have Master Trainers only cover the county that it is geographically located in. AAA9 can provide the over site while providing training in underserved areas related to Healthy U programs.

AAA9 will always try to utilize (and develop) local resources first. However, in order to assure availability of these programs in all of our counties and communities, especially those who have not applied for funding or who have not accepted training, it is essential that AAA9 be able to serve those consumers.

AAA9 is also best suited for reporting and coordination (gap-filling) of evidence-based programming and is better suited to reach out to other community resources, such as hospitals and physician groups to recruit candidates who would benefit from CDSMP.

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

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

d. If yes, please provide:

- Date of last public hearing: *Bidders Conference 6/29/2015*

- Name and number of individuals/organizations invited/targeted

See Attachment

- Name and number of providers in attendance

See Attachment

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

Within the next six months, the AAA9 will strengthen the capacity for this service in the community by scheduling four Healthy U trainings. In order for current provider staff to complete their certification, at least two will need to be conducted in Guernsey and two in Muskingum counties. That training will allow two staff trainers to obtain their certification as Master Trainers.

The AAA9 will also have a minimum of one (1) evidenced-based training for Powerful Tools for Caregivers within the first six months of 2016. These trainings will be developed through support groups that are currently in progress to encourage caregiver participation.

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

See Attachment

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

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

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

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

January 1, 2016 through December 31, 2016

Signature of AAA Director

9/1/2015

Date

Appendix 2: Application for Waiver Request

Request is via ☒ Annual Area Plan or ☐ Emergency Request

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

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

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

The waiver request shall address each item listed below:

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

Education 04-16/Caregiver Education

2. Identify the projected dollar amount \$ 134,503 and the applicable funding source for the service to be provided using *Titles III* ☐B ☐C1 ☐C2 ☐D ☒E or ☐SCS.

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

All nine (9) counties in our service area

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

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

N/A

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

There is no other lead agency that provides this direct service to all communities in our nine county service area. To help develop this service the AAA9 has worked with provider network in coalitions, networking, support groups, events to develop caregiver support, services and education, outreach, information and referral services to individuals who are caregivers or in need of services.

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

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

The AAA9 has an established caregiver support and education program that enables individuals to better understand their role as a caregiver in the community setting. There are currently no other provider agencies within Region 9 who can offer this wide array of services and support as a direct service that meets OAA guidelines for this funding.

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

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

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

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

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

To ensure adequate supply: The AAA9 is able to provide this service over a nine county area. The AAA9 has the capacity to offer education and training along with support programs to individuals and community members, businesses, churches, and other organizations through our recognized network.

Service is directly related to AAA administrative function: This is directly related to our overall purpose and mission by using internal qualified staff to direct and provide these educational services. This is a necessary control of quality and accessibility as well as responsiveness to area wide demand. This request meets Goal 5 and its objectives.

AAA can provide service more efficiently and effectively. Through a caregiver network that is already established, the AAA9 can direct these services that benefit caregivers in our region. The evidenced based program, Powerful Tools for Caregivers has been highly successful by using support groups for the initial programs.

The AAA9 is well known for its caregiver activities, such as the 'Older Adult Extravaganza' in which seniors participate from multiple counties, it brings an average of 400 participants, as well as a large provider network and local businesses in the community. In addition to the Older Adult Extravaganza, luncheons/dinners are held in recognition of caregivers in all nine counties with assistance of local coalition members. AAA9 is the lead organization for all of these events.

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

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

There is no other lead agency that provides this direct service to all communities in our nine county service area. To help develop this service the AAA9 has worked with provider network in coalitions, networking, support groups, events to develop caregiver support, services and education, outreach, information and referral services to individuals who are caregivers or in need of services.

The AAA9 has an established caregiver support and education program that enables individuals to better understand their role as a caregiver in the community setting. There are currently no other provider agencies within Region 9 who can offer this wide array of services and support as a direct service that meets OAA guidelines for this funding.

f. If yes, please provide:

- Date of last public hearing: [Click here to enter text.](#)
- Name and number of individuals/organizations invited/targeted

[Click here to enter text.](#)

- Name and number of providers in attendance

[Click here to enter text.](#)

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

AAA9 has taken the lead in planning caregiver recognition events in all nine counties for each event we have partnered with our provider network and formed a caregiver coalition. We always try to utilize existing community resources.

There is no other lead agency that provides this direct service to all communities in our nine county service area. To help develop this service, AAA9 has worked closely and in unison with our provider network, organized coalitions, encouraged networking, developed support groups, and worked to organize events to develop caregiver support, services, education, outreach, information and referral services to individuals who are caregivers or in need of services.

2016 Update Condition of Approval: Please identify the evidence based-program that will be implemented.

Powerful Tools for Caregivers

2016 Updated Condition of Approval: How does the agency support that there are no other providers available?

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

See Attachment

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

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

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

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

January 1, 2016 through December 31, 2016

Signature of AAA Director

9/1/2015
Date

Appendix 2: Application for Waiver Request

Request is via ☒ Annual Area Plan or ☐ Emergency Request

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

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

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

The waiver request shall address each item listed below:

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

General Home Repair, Maintenance 18-26

2. Identify the projected dollar amount \$ 52,643 and the applicable funding source for the service to be provided using *Titles III* ☐B ☐C1 ☐C2 ☐D ☐E or ☒SCS.
3. Identify the geographic area(s) in which the service will be provided.

All nine counties within our service area

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

N/A

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

The AAA9 is constantly working to engage local service providers in this region. One of the service needs/gaps identified includes the difficulty in finding qualified providers to do this service because of the current environmental conditions in the region.

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

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

This funding is used as match for the grant through the Housing Trust Fund Grant (HTFG) program and has to be administered through the Area Agency on Aging Region 9, Inc. Without this funding to match the HTFG program, the AAA9 would not be able to meet the local service needs of consumers in our region and would be detrimental to the goal for consumers aging in place. Providers are solicited to become contractors through that program in order to be paid for those services.

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

On June 29, 2015 an RFP was issued for Title III and SCS funding for the AAA9 county area. Title III and PASSPORT providers were solicited to request funding for services. While home repair is not a designated priority service, no providers submitted an application for home repair services.

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

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

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

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

To ensure adequate supply: The AAA9 is able to expand this service through additional funding secured by the HTFG program. This enables additional minor home modifications to be completed that would not be possible without this additional funding.

The AAA9 also has challenges engaging providers/contractors of minor home modification due to oil and gas opportunities in the region.

Service is directly related to AAA9 administrative function: This is directly related to our overall purpose and mission and helps the most vulnerable population who would otherwise be at risk of nursing home placement. Without ramps and other home maintenance repair, including emergency repairs consumers would not be able to stay in their homes without safety concerns; therefore, putting them at risk of going to a nursing home.

AAA can provide service more efficiently and effectively through our housing manager who is also a certified Aging in Place Specialist.

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

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

h. If yes, please provide:

- Date of last public hearing: *6/29/2015 RFP Bidders Conference*
 - This was discussed as a service we would fund even though it's not a priority service.

- Name and number of individuals/organizations invited/targeted

See Attachment

- Name and number of providers in attendance

See Attachment

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

The AAA9 will look to expand the provider network to engage providers within and outside of our region who meet the qualifications for the Home Repair program.

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

See Attachment

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

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

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

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

January 1, 2016 through December 31, 2016

Signature of AAA Director

9/1/2015
Date

Appendix 2: Application for Waiver Request

Request is via ☒ Annual Area Plan or ☐ Emergency Request

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

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

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

The waiver request shall address each item listed below:

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

*In-Service Training: OASIS service code 70
Serv-Safe, Defensive Driving, DRIVE, Continuing Education*

2. Identify the projected dollar amount \$ 18,016 and the applicable funding source for the service to be provided using *Titles III* ☒B ☐C1 ☐C2 ☐D ☐E or ☐SCS.
3. Identify the geographic area(s) in which the service will be provided.

All nine (9) counties in our service area

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

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

N/A

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

AAA9 has worked in coordination with eligible individuals who are qualified to provide this service. Funds are utilized to acquire space, materials, promotion and services for educational programs that providers are required to have to meet conditions of participation and service specifications in order to develop provider staff.

In addition, the continuing education units available through completing the training is a benefit to provider agencies and helps their staff maintain, or meet, licensure requirements. AAA9 continues to maintain a CEU provider number through the Social Worker's Board as an area-wide service.

The AAA9 can provide this over a nine county region, at a reduced cost to the provider network.

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

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

AAA9 does not control the qualifications for Serv-Safe, DRIVE, and Defensive Driving to teach this training, but does have staff certified to train providers. This training is a benefit not only to contracted providers, but to others including coordination efforts such as coordinated transportation programs. Every year the AAA provides training in Tuscarawas County after normal working hours to the transportation coordination to meet the needs of providers.

The AAA9 does have the capacity to provide this service.

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

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

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

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

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

To ensure adequate supply: The AAA9 has the capacity to offer education and training opportunities that are easily accessible to older individuals and their caregivers and our provider network staff. This service is an administrative function as it is directly related to our overall purpose and mission. The AAA9 will use these funds to help maintain a pool of qualified staff that is responsive and helps meet area wide demand.

By utilizing the funding centrally, AAA can provide service more efficiently and effectively than if it was divided among multiple regions. The advantage to utilizing centralized programming is provision of high quality service and consistency and proportionate utilization of funding and to assist in locating potential users or clients not reached by local service providers. This can also support the no wrong door and single entry point for individuals that may need this as an in-service for employment purposes.

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

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

We've surveyed our staff and providers as to what trainings are needed or desired.

The AAA9 is in the process of developing a survey for In-Service Trainings to go out to providers regarding provider education requirements and capacity for their services. This will be sent out to all providers including Care Coordination, Title III and TCOW to address the needs of the new PASSPORT consumers.

- j. If yes, please provide:

- Date of last public hearing: [Click here to enter text.](#)
- Name and number of individuals/organizations invited/targeted

[Click here to enter text.](#)

- Name and number of providers in attendance

[Click here to enter text.](#)

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

Providers will be surveyed to establish network opportunities for providers who are interested in providing this service.

We've surveyed our staff and providers as to what trainings are needed or desired.

The AAA9 is in the process of developing a survey for In-Service Trainings to go out to providers regarding provider education requirements and capacity for their services. This will be sent out to all providers including Care Coordination as well as Title III including TCOW to address the needs of the new PASSPORT consumers.

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

See Attachment

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

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

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

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

January 1, 2016 through December 31, 2016

Signature of AAA Director

9/1/2015
Date

Appendix 3: Request for Variance from Prescribed ODA Service Taxonomy

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

1. Service name

Emergency Response Service

2. Definition of service

Emergency intervention service comprised of telecommunications equipment, an emergency response center and a medium for two-way, hand-free communication between the consumer and the emergency response center.

3. Detailed description of service to be provided

See above. Provider must meet guidelines and qualifications and must be monitored according to 173-39-02.6 of the OAC.

4. Unit of service

One month is equal to sixteen days or more.

5. Rationale for addition of this service

This service is an extremely important service related to individuals in the Care Coordination Program who may not be eligible for this service through another source or method. This service benefits individuals who “fall through the cracks” and are not eligible for PASSPORT services, but cannot afford this service and would be at risk for falls in their home without this service.

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

Older Adults who are eligible through the Care Coordination Program guidelines, who live alone or otherwise are at risk for falls. Even though consumers may not live alone, caregivers may have to work and so individuals may be left alone for long periods of time. This service will primarily be offered to those individuals who are at risk of falls and supports the state of Ohio falls initiative Steady U.

7. Sources and amounts of funds budgeted

SCS average amount of \$ 260/month based on current spending levels.

8. Amount of OAA funds budgeted

\$3,500 based on current spending levels

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.

This is not a new service for the AAA9 Care Coordination Program. This service was advertised through the Care Coordination RFP and one provider will be selected to provide it for all 9 counties. This is a maintenance of effort level of funding so no new funds were diverted from Title III.

10. Projected number of service units next year

120 units based on an average of 10 consumers for a period of one year

11. Identification of service providers for proposed service

The RFP is currently out to select a provider through an RFP process and is to be presented to the Regional Advisory Council and Board of Trustees in September 2015.

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

9/1/2015

Date

Appendix 5: Use of Funds for MPSC Capital Improvements

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

1. Respond to the following:

A. Project name (MPSC)

N/A

B. Project address (MPSC)

[Click here to enter text.](#)

C. Grantee name

[Click here to enter text.](#)

D. Grantee address

[Click here to enter text.](#)

E. Approximate total cost of project

[Click here to enter text.](#)

F. Approximate amount of Older Americans Act funds to be allocated toward the project

[Click here to enter text.](#)

G. Percentage of Older Americans Act funds in the project

[Click here to enter text.](#)

H. Indicate which activity is to take place:

☐ Acquisition ☐ Construction ☐ Renovation or Alteration

I. Use of these funds with other sources of funds in above activities; list other sources of funds with amounts.

[Click here to enter text.](#)

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

- A. How does this project fit into the long-range plan of the AAA for provision of services?

[Click here to enter text.](#)

- B. Specify the dollar amount of Older Americans Act funds being utilized by the project; list the services funded by these dollars.

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

- E. What is the source of project/senior center operating funds?

[Click here to enter text.](#)

- F. Is this project a focal point? Yes ☐ No ☐

If it is a focal point, is the project listed as a focal point in the Area Plan document?

Yes ☐ No ☐

- G. What is the start date for the project?

[Click here to enter text.](#)

- H. A public hearing was held this date:

[Click here to enter text.](#)

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

3. The AAA Director assures that:

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

N/A

Signature of AAA Director

Date

Appendix 7: Waiver of Title III-B Priority Services

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

Click here to enter text. (AAA) requests a waiver for PY 2016 of the following:

1. Priority Service category:

- ☐ Access Services ☐ In-Home Services ☐ Legal
Assistance

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

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

Click here to enter text

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

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

Click here to enter text

- ☐ Yes, a public hearing was held this date: *Click here*

Counties in which the public hearing was held:

Click here to enter text

Counties that will be affected by this waiver:

Click here to enter text

2. **Include the record from the public hearing** held by the AAA regarding its intent to fund a priority service category at less than five percent.
3. Include a copy of the public notice for this hearing.
4. Include a copy of materials distributed to the public at the AAA's hearing on the waiver request.
5. Rationale that supports the AAA's reasons for requesting the waiver for the Priority Services category:
 - A. Provide a detailed discussion of the AAA's rationale for submitting this request. Please cite environmental factors, funding factors, population needs, etc.

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

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

Click here to enter text
 - D. List those counties within the PSA that will not receive Title III dollars in this service category.

Click here to enter text

N/A
Signature of AAA Director

Date

Assurances

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

Section 306 Older Americans Act

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 AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - a. Specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider.
 - b. To the maximum extent possible services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the AAA, providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - a. Older individuals residing in rural areas;
 - b. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - c. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - d. Older individuals with severe disabilities;
 - e. Older individuals with limited English-speaking ability; and
 - f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). (§306(a)(4)(B))
5. The AAA assures it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))

6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).
7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
 - a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older Native Americans. (§306(a)(11))
8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)(13)(A))
9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
 - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
 - b. The nature of such contract or such relationship. (§306(a)(13)(B))
10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
11. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
12. The AAA assures it will, on the request of the Assistance Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

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

Signature of AAA Director

9/1/2015

Date

Certification Regarding Department Suspension, Ineligibility and Voluntary Exclusion

Pursuant to 45 CFR Part 76 Lower Tier Transactions

Area Agency on Aging Region 9, Inc. certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

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

Signature of AAA Director

9/1/2015
Date

Certification for Contracts, Grants, Loans & Cooperative Agreements

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

Signature of AAA Director

9/1/2015
Date

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

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

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

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

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

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

1730 Southgate Parkway, Cambridge, Ohio 43725

Street Address or PO 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 of AAA Director

9/1/2015
Date

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

Area Agency on Aging Region 9, Inc. hereinafter called the "Applicant", HEREBY AGREES THAT it will comply with Title VI of the civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

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

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

<u>Area Agency on Aging Region 9, Inc.</u>	<u>September 1, 2015</u>
<i>AAA Name (type or print)</i>	<i>Date</i>

AAA Director or Authorized Agent

<u>1730 Southgate Parkway, Cambridge, Ohio 43725</u>	
<i>Applicant's Mailing Address</i>	<i>City, State & ZIP Code</i>

Older Americans Act Programs Non-Discrimination Policy

It is the policy of Area Agency on Aging Region 9, Inc. to provide services to all persons age sixty and above and employment services to all persons aged 55 and older as mandated by the Older Americans Act, as amended, State statutory law, and their applicable rules and regulations pursuant thereto without regard to race, color, national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military discharge, or age. The Area Agency on Aging Region 9, Inc. does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the State statutory law, Title VI of the U.S. Civil Rights Act, as amended; Title VII of the U.S. Civil Rights Acts, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act, as amended; the Age Discrimination in Employment Act, as amended, their applicable rules and regulations pursuant thereto; the Constitution of the United States, and the Constitution of the State of Ohio.

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

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

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

James A. Endly

Typed or Printed Name

740-435-4700

Area Code & Phone Number (XXX)XXX-XXXX

Approved and agreed to on behalf of Area Agency on Aging Region 9, Inc.

Signature of AAA Director

9/1/2015

Date

Verification of Intent

The PY 2016 Area Plan on Aging hereby submitted for the:

Area Agency on Aging Region 9, Inc.
Area Agency on Aging

1/1/2016 to 12/31/2016

It includes all assurances and plans to be followed by the **Area Agency on Aging Region 9, Inc.** (AAA Name) 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 Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the Ohio Department of Aging for approval.

Signature of AAA Director _____
Date

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

Signature of Advisory Council Chair _____
Date

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

Signature of Governing Body Chair _____
Date

Required Documents (to be submitted by the AAA)

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