

Ohio Department of Aging



Strategic Area Plan Elements for Programs on Aging Program Years 2011–2014

Planning and Service Area 6

Central Ohio Area Agency on Aging

Strategic Area Plan Elements Submission for 2011–2014

1. Central Ohio Area Agency on Aging
AAA Legal Name As It Appears on Articles of Incorporation

174 E. Long Street
Street Address

<u>Columbus</u>	<u>Ohio</u>	<u>43215</u>
City	State	ZIP Code

2. Linda Gillespie, MA, LSW (614) 645-3860
Name and Telephone Number of AAA Contact

3. 31-6400223
Federal Tax Identification Number

4. I certify that I am authorized to submit this Strategic Area Plan on behalf of the designated grantee agency and that a public hearing was held to assist in the development of this Strategic Area Plan, **as evidenced by the attached public hearing summary**. The Advisory Council has reviewed and commented upon this plan and the Board has approved its submission.

AAA Director

Date

Board Chairperson

Date

Submission Checklist

Strategic Elements

Check each Exhibit that is included in this plan:

- Signature Page
- Exhibit A: Strategic Area Plan Mission and Vision Statements
- Exhibit A-1: 2007-2010 Goals and Objectives Update
- n/a Exhibit A-2: Not Requested at This Time
- Exhibit A-3: Environmental Scan
- Exhibit A-3(1): Environmental Scan (demographics)
- Exhibit A-4: Strengths, Weaknesses, Issues and Positions Analysis
 - Section 1: Strengths
 - Section 2: Weaknesses
 - Section 3: Issues
 - Section 4: Positions
- Exhibit A-5: Service Needs and Gaps
- Exhibit A-6: 2011-2014 Strategic Goals, Objectives and Evaluation Methodology
- Exhibit A-7: Targeting Underserved Populations

Appendices

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

Assurances

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

Attachments

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



Section A
Strategic Area Plan Elements
2011–2014

Exhibit A: Mission and Vision Statement

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

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

Mission Statement

To develop and deliver quality services that promote individual choice, independence and dignity for older adults, their families and the community.

Check here if the Mission Statement has changed since submission of the 2007-2010 Strategic Elements.

Please insert the Area Agency on Aging Vision Statement below.

Vision Statement

To be a leader in a caring and compassionate community that fully understands the aging process and the complex issues involved in meeting the needs of those we serve. The community will have a well-funded range of services offering choices in long term care that support a high quality of life.

Check here if the Vision Statement has changed since submission of the 2007-2010 Strategic Elements.

Exhibit A-1: Status Report for 2007–2010 Strategic Goals and Objectives

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

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

Strategic Issue #1: There is limited awareness among older adults, their caregivers and the community of COAAA, the aging network, accessing services and aging issues.

Goal 1: Older adults and their caregivers will be aware of the COAAA and aging services available.

Status: *Completed*

Objectives:

1. Acquire television, radio and print coverage to promote COAAA programs.
2. Sponsor and participate in community events to increase COAAA visibility and name recognition.
3. Maintain an up-to-date, user friendly website that provides pertinent information about programs and services.
4. Develop a workshop on Long Term Care Advanced Care Planning for consumers and caregivers.

Narrative: COAAA has effectively utilized television advertising annually during 1-2 months each year. This has resulted in increased telephone calls to the agency during this time, as well as increased visits to the website. COAAA has been featured in local newspapers, providing expertise in topics such as caregiver services, Medicare, guardianship and services. COAAA's annual Aging & Wellness Expo has seen an increase in attendance each year, with over 700 older adults in attendance at the 2009 event. The Speaker's Bureau and community education program continue to receive regular requests to be present at health fairs and to conduct presentations for consumer groups.

Goal 2: Local employers and their employees will be aware of the COAAA and aging services available.

Status: *Completed*

Objectives:

1. Establish relationships with the Chambers of Commerce in the PSA and organizations such as Business First and the Human Resources Network of Central Ohio.
2. Market the COAAA and its caregiver education program to Employee Assistance Programs in Central Ohio.
3. Participate in corporate health fairs.

Narrative: COAAA continues to participate in corporate health fairs and reach out to Employee Assistance Programs. Numbers of requests for health fairs have decreased somewhat during the past year. Employers report that the economy has forced them to forego these types of events.

Goal 3: The staff of community organizations that make up the local aging network will be aware of programs and services available and will collaborate whenever possible to ensure that consumer and caregiver needs are met.

Status: *Complete*

Objectives:

1. Promote and participate in county aging network meetings.
2. Explore and implement software options to streamline program and provider referrals.
3. Integrate client databases to increase ease of access and efficiency in obtaining services.
4. Create e-mail distribution lists for COAAA stakeholder groups so that agency and program news can be disseminated quickly.
5. Provide further training to Advisory Council members regarding their role as aging network ambassadors.

Narrative: COAAA staff actively participate in aging network meetings in each county in the service area. COAAA staff took a leadership role in the development of the Pickaway County aging network group. COAAA is currently working on adding a feature to its website that will allow consumers and families to make referrals for services. We are currently using e-mail distribution lists widely to distribute the agency newsletter, PASSPORT provider referrals, news and rule updates for providers, and training information.

Goal 4: Evaluate the feasibility within the community and organization to develop and implement an Aging and Disability Resource Center (ADRC).

Status: *Completed*

Objectives:

1. Determine the availability of funding sources for ADRCs at a national and state level.
2. Explore a physical structure for an ADRC located at COAAA.
3. Determine the community's response to COAAA as the ADRC entity in Central Ohio.

Narrative: COAAA underwent internal reorganization in January 2009, consolidating staff and job functions to more effectively address outreach activities, community education, screening, information and referral. We have had discussions with community and aging network groups throughout the region to discuss the concepts of the Unified Long Term Care System, including the "no wrong door" philosophy and the desire to enter into Memorandums of Understanding with other organizations that serve older adults and those with disabilities. COAAA will continue to strengthen and formalize these relationships during the coming year.

Strategic Issue #2: There are limited resources for certain community-based services, resulting in unmet or undermet needs.

Goal 1: Obtain resources for needed services and programs through the use of alternative funding sources.

Status: *Still in Progress*

Objectives:

1. Formalize COAAA's internal grant seeking process.
2. Notify local aging network partners of potential funding opportunities as they arise.
3. Develop and host a grant writing training for the COAAA provider network by June 2007.

Narrative: COAAA has not devoted resources into actively seeking grants, but has partnered with other organizations pursuing funding. As we become aware of grant opportunities that might benefit community partners, we utilize our e-mail distribution lists to notify those partners. We are responsive to requests for support letters from partners seeking grants. We will carry forward portions of this goal during the next four-year period.

Goal 2: Develop partnerships with businesses throughout the PSA to expand services.

Status: *Completed*

Objectives:

1. Seek grant funding from corporations.
2. Establish a relationship with at least one business or labor Union willing to complete service projects for consumers.

Narrative: This goal will be carried forward into the next four-year period as it is still very much an issue in the region. In fact, the downturn in the economy has created an even greater need for funds to be available to meet non-traditional needs, such as financial assistance for emergencies, household furnishings and utility assistance.

Goal 3: Union and Fayette counties will successfully campaign for aging services tax levies.

Status: *Still in Progress*

Objectives:

1. Provide technical support to commissioners and aging network leaders regarding aging services levy models and their development.
2. Provide local demographic and needs assessment data to county officials to assist in determining service gaps and needs.
3. Connect local officials to other counties in the PSA and Ohio who have successfully implemented levy campaigns and programs.

Narrative: Union County passed its sales tax levy in March 2008. Union County Senior Services is actively establishing new programs and services in the county. Fayette County agencies continue to express the need for more funds for individuals not eligible for PASSPORT. Title III funds have decreased while the aging population in the county has increased. In fact, Fayette County has the largest percentage of older adults in COAAA's 8 county region, according to 2008 population estimates.

Goal 4: Develop creative programs to address gaps in services throughout the PSA.

Status: *Still in Progress*

Objectives:

1. Explore the utilization of COAAA's non-profit organization as a vehicle for fundraising that will provide resources for emergencies and situations that fall outside of traditional service categories, such as the relocation to a new residence, security deposits and household supplies.
 2. Implement a consumer-directed care option for service delivery within the National Family Caregiver Support Program.
 3. Research coordinated transportation models within Ohio and nationally to determine best practices.
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4. Share best practices obtained with providers in the PSA.

Narrative: This goal will be carried forward into the next four-year plan, specifically to address the development of COAAA's non-profit entity. It is currently being used in a limited way to collect "in memoriam" donations, which will be used to purchase holiday gifts for consumers. The transportation component of this goal will also be carried forward.

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.

Goal 1: In-home mental health, drug and alcohol services will be available to older adults who are unable to readily leave their homes.

Status: *Completed*

Objectives:

1. Participate in advocacy and collaborative activities with the Older Ohioans Behavioral Health Network.
 2. Analyze current utilization of mental health services by older adults in each county.
 3. Meet with mental health professionals in each county to identify available service options and effective referral processes.
 4. Recruit additional Social Work/Counseling providers for the PASSPORT Program in areas where service gaps exist.
-

Narrative: Lack of mental health services for older adults remains a significant issue in the region. The new area plan will contain new goals and objectives to address the issue.

Goal 2: Some of the recommendations of the Elder Abuse Task Force will be implemented in the PSA.

Status: *Still in Progress*

Objectives:

1. Meet with Adult Protective Services staff in each county to determine roles and responsibilities in the development of interdisciplinary teams to discuss specific situations and potential solutions for those situations.
 2. Advocate for increased Adult Protective Services funding with state and local officials.
 3. Offer Sensitivity to Aging, Elder Abuse and aging programs training to county APS departments.
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Narrative: COAAA participates in the Elder Abuse Task Force convened by the Ohio Attorney General. Lack of adequate funding for Adult Protective Services remains an issue in most COAAA counties and was discussed at length during recent community forums. The new area plan will include goals and objectives relating to this.

Goal 3: Successfully implement the Assisted Living Medicaid Waiver Program.

Status: Completed**Objectives:**

1. Establish communication with Residential Care Facility administrators throughout the PSA to discuss the application and certification process for becoming an ODA approved Assisted Living provider and its value as a long-term care option.
2. Develop and maintain effective relationships with Ohio Department of Health staff who will be conducting provider certification activities.
3. Educate AAA staff, nursing facility and hospital discharge planners, and nursing facility consumers regarding the benefits and eligibility criteria of the Medicaid Assisted Living Program.
4. Establish and maintain effective relationships between Assisted Living case managers and the regional long term care ombudsman program.
5. Advocate with legislators for the expansion of the program in SFY 08-09.

Narrative: The COAAA provider network includes 27 certified facilities in 6 of the 8 counties. Another facility in a 7th county is in the process of being certified. COAAA currently (as of January 2010) serves 229 consumers on the assisted living waiver.

Goal 4: Implement the Healthy Aging Initiative.

Status: Completed**Objectives:**

1. Participate on the statewide Healthy Aging Planning Committee.
2. Determine existing health promotion and disease prevention programs in the PSA.
3. Seek funding opportunities for evidence-based programming.

Narrative: COAAA is actively involved in promoting and conducting classes for several evidence-based disease programs and is hopeful that additional funding will be forthcoming soon so that these programs can be expanded throughout the region. One challenge in this area is the lack of a centralized database that provides information about classes being offered and leaders who have been trained. The new area plan will have additional goals related to this subject.

Goal 5: Increase COAAA staff preparedness in the event of a community emergency, disaster or pandemic.

Status: Still in Progress**Objectives:**

1. Establish contact with and obtain disaster plans from emergency management agencies in each county.
2. Explore and evaluation successful models of disaster planning for vulnerable populations.
3. Encourage COAAA staff to participate in EMA and CERT training regarding appropriate response to emergencies.
4. Maintain up-to-date policies and procedures related to a variety of emergencies and provide annual training to COAAA staff regarding those procedures.

Narrative: COAAA has made some progress in establishing contacts with emergency management personnel in each county. There is a lack of coordinated planning in most counties in the region to address the needs of vulnerable populations. COAAA's own continuity of operations plan and providers' plans were tested somewhat this past winter when severe weather impacted staff ability to report to work on several occasions. Aspects of this goal will be carried forward into the next four year period.

Strategic Issue #4: Aging baby boomers will expect an array of community services and opportunities to be available to them.

Goal 1: Communities throughout the PSA will be prepared for an expanding aging population.

Status: *Still in Progress*

Objectives:

1. Survey counties and local communities to determine their readiness to meet the needs of larger numbers of older adults.
2. Disseminate the results of those surveys to county officials and organizations with recommendations regarding priority needs.

Narrative: COAAA initiated discussions about age friendly communities during recent forums held in each county. Aspects of this goal will be carried forward to the next four year plan.

Goal 2: Community organizations will offer a variety of paid and volunteer opportunities for active older adults.

Status: *Deleted*

Objectives:

1. Research national and state program models to discern the liabilities and their potential solutions in using volunteers to provide services to older adults and their caregivers.
2. Meet with local community organizations that use volunteers to determine their successes and challenges.
3. Share information obtained with agencies not currently using volunteers to increase service capacity.
4. Encourage focal point agencies to allow businesses to post job openings on their websites, in their newsletters and on their bulletin boards.

Narrative: This goal will not be addressed as part of this plan.

Goal 3: Accessible, affordable housing options will be available for older adults.

Status: *Completed*

Objectives:

1. Assist housing developers and communities in obtaining funding and approval for new construction and renovation of existing facilities.
2. Assist residents in their efforts to preserve facilities under threat of sale or demolition.
3. Advocate with legislators for the expansion of community-based housing programs.

Narrative: COAAA worked actively with National Church Residences on an assisted living conversion project funded by HUD. That facility is now certified for the assisted living waiver and has several waiver consumers living in it. Discussions have started with another facility interested in taking on a similar project. In addition, COAAA staff have participated in statewide workgroups to develop the new Enhanced Community

Living Service which will provide intermittent daily services to vulnerable older adults enrolled on the PASSPORT program who are living in congregate settings. Implementation of this service, pending federal and state approval, is a goal for the next four year period.

Strategic Issue #5: Political forces will lead to changes in the aging network.

Goal 1: Elected and public officials will be knowledgeable of aging programs and services.

Status: *Completed*

Objectives:

1. Create information packets for state and county officials regarding current programs, services and demographics.
 2. Visit all new legislators and county officials to educate regarding aging network issues and priorities.
 3. Arrange for all new legislators to visit with a PASSPORT consumer to see first-hand the benefits of the program.
-

Narrative: COAAA continues to maintain contact with all legislators in the region and encourages visits to meet with consumers in each new legislator's district. These visits are overwhelming successful in demonstrating the effectiveness of the waiver programs for chronically impaired older adults who would otherwise be living in more restricted settings.

Goal 2: There will be adequate funding for community-based services that promote consumer choice.

Status: *Completed*

Objectives:

1. Advocate for reauthorization of the Older Americans Act, if applicable, during 2007.
 2. Advocate for increased funding for Older Americans Act services and educational programs.
 3. Educate public officials regarding the impact of Medicaid program changes on consumers and programs.
 4. Share the results of the PASSPORT and Assisted Living evaluations with local legislators when available.
 5. Advocate for full funding of PASSPORT.
 6. Support and promote local aging services tax levies as they come up for passage or renewal.
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Narrative: Although this goal is essentially completed, these issues are never-ending and will be carried forward into the next four-year period.

Exhibit A-2: Intentionally Left Blank
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2011–2014
Date Submitted: _____

Intentionally Left Blank

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

Introduction

The “Great Recession” may be technically over for the United States (the economy is beginning to expand and large companies are starting to report gains) it has not ended for this state. While this agency's previous Area Plan described an Ohio with an economy that had slowed in comparison to the rest of the country, this plan tells of a state that has fared worse than the country and that may still be experiencing the "Great Recession."

The impact of the downturned national, state and local economies has been felt by older adults, their caregivers and the agencies that provide services to them in ways that could not have been anticipated. There has been a snowball effect, with one problem leading to multiple others, involving all layers of the family and the community. This report describes some of the resulting issues.

THE ECONOMY

Unemployment Rate

	Unemployment Rate Dec 2004 (%)	Unemployment Rate Nov. 2009 (%)	Unemployment Rate Dec. 2009(%)
Delaware	3.9	7.2	7.7
Fairfield	5.1	8.6	9.3
Fayette	5.6	11.9	13.1
Franklin	5.0	8.4	8.8
Licking	5.7	8.9	9.6
Madison	5.3	8.9	9.5
Pickaway	7.4	11.2	12.1
Union	4.8	8.6	9.2
Central Ohio	5.1	8.6	9.1
Ohio	5.9	10.6	10.9
U.S.	5.1	9.4	9.7

Source: Office of Workforce Development, Ohio Department of Job & Family Services, 2010
Rates are not seasonally adjusted.

Dramatic changes in the world, federal, state and local economies have led to dramatic changes in the unemployment rates in the state of Ohio and throughout much of the country. Ohio unemployment rates have increased more 4 points from the same time period in 2004. Central Ohio continued to fare better than the state as a whole in Dec. of 2009 with an unemployment rate of 1.8 % less than that of Ohio. Recently released Central Ohio unemployment rates for January 2009 show an increase of .7% over the previous month to 9.8%.

Nonagricultural Employment and Industry

In 2008, 4,582, new businesses were added to central Ohio. However, the number of businesses declined overall as compared with 2005 data. Only Delaware county showed an increase.

	Business Starts in 2008	Active Businesses in 2008	Net Change in Active Businesses between 2008 and 2005
Delaware	397	3142	+19
Fairfield	393	2,950	-168
Fayette	40	522	-42
Franklin	3,169	22,442	-1,624
Licking	312	2,759	-198
Madison	98	1,084	-54
Pickaway	94	921	-43
Union	79	718	-88
Central Ohio	4,582	34,538	-2,198

Source: "The Ohio County Indicators Report: July 2009", Office of Strategic Research, ODOD.
2008 data may be somewhat lower due to the "cleaning" of Bureau of Workers' Compensation databases

Income

	Per Capita Income*	Median household income	Percent of total population living below poverty 2007**
Delaware	\$46,227	\$81,309	4.5
Fairfield	\$32,045	\$58,287	8.9
Fayette	\$30,176	\$41,287	13.6
Franklin	\$38,556	\$48,076	16.2
Licking	\$33,922	\$53,357	11.0
Madison	\$31,727	\$52,349	10.1
Pickaway	\$27,984	\$49,408	11.9
Union	\$32,258	\$64,094	5.1
Central Ohio			13.4
Ohio	\$34,874	\$46,645	13.7%***

*Source: U.S. Bureau of Economic Analysis
Prepared by: Ohio Department of Development,
Policy Research and Strategic Planning (August 2009)

**State of Poverty in Ohio, prepared for the Ohio Association of Community Action Agency by Community Research Partners, January 2010

***Included within the *State of Poverty in Ohio* report, but reflects a 2008 rate.

Poverty rates listed here are based upon data and circumstances that occurred before the surge of unemployment in late 2008 and 2009. Current poverty rates are likely to be higher.

The Economic Edge

While technically this recession began in Ohio in 2007, the state had never rebounded from the recession that took place in the early 2000s. An ensuing credit crisis continued to affect small businesses, manufacturing continued to leave the state, and car and car-part manufacturers were idled for increasing amounts of time.

However, job increases have taken place, and opportunities exist in Ohio and central Ohio. The number one opportunity for job growth in Ohio is an area directly related to older adults in Central Ohio: "The fastest growing industry is expected to be community care facilities for the elderly with 50 percent growth between 2004 and 2014."

Some larger employers in Ohio—education (The Ohio State University, University of Cincinnati), health care (the University Hospital of Cleveland), continue to hire.

Weatherization through Ohio's successful Home Weatherization Assistance Program brought new jobs--albeit probably temporary jobs -- to the state through the American Recovery and Reinvestment Act of 2009 with more than an additional 242 million in funding. (Source: Ohio Department of Development)

Even the mishaps experienced by foreign auto-maker Toyota may help to add jobs in Ohio as buyers may be more inclined to consider domestically made Ohio cars while concerns about Toyota's quality and safety continue.

Ohio experienced a small gain in jobs from December, 2009 to January, 2010, but was just named among the 5th and 6th (tying with West Virginia) in a list of ten states that have been called the "biggest losers." Only Michigan, Alabama, Indiana and Mississippi have lost more jobs in the current recession. Due to its dependence upon manufacturing, Ohio may climb out of the recession more slowly than other parts of the country, and the focus may need to become new industries as opposed to renewing old industries.

Poverty Among Older Adults

Data for 2008 poverty rates indicate that 9% of older adults Ohioans live in poverty. Poverty rates among older adults have generally been described as holding steady within the last decade. A recent change in the formula used to indicate poverty is likely to result in higher rates of poverty for older adults. The formula, created by the National Academy of Sciences, would take into consideration additional daily expenses such as medications, and other items typically utilized extensively by older adults.

Poverty rate among older adults, Ohio, 2008	Federal poverty rates for older adults under current formula	Federal poverty rate for older adults under proposed poverty formula
9%	9.7%	18.6%

(http://www.cleveland.com/nation/index.ssf/2009/09/new_formula_shows_poverty_rate.html)

Senior Unemployment

The unemployment rate for adults age 65 and older reached 5.1 percent in December 2008, a 31-year high, according to Bureau of Labor Statistics. Many retirement researchers think that the

unemployment rate among older adults will continue to climb because Americans will need to work during the traditional retirement years.

Fewer older Americans can afford to retire now than during past recessions, according to Richard Johnson, researcher at the Urban Institute. Seniors age 65 to 69 working or looking for work was 29.7 percent in 2007, up from 20.2 percent in 1982.

The stock market lost 41 percent of its value between September 30, 2007 and December 31, 2008, including a \$2.8 trillion drop in retirement account balances. This increases the need for seniors to work longer, especially workers who have only a 401(k).

Job losses in the retail sector will hit seniors the hardest because retail sales is the largest occupation for workers age 65 and older.

(Sources:

http://www.usnews.com/money/articles/2009/01/22/10-best-cities-for-job-seeking-retirees.html?s_cid=related-links:TOP

<http://www.urban.org/publications/901210.html>)

Central Ohio's network of 'safety nets', including Title III and food pantry services, will continue to be strained as the senior unemployment rate remains high. Columbus' Employment for Seniors, a not-for-profit organization that provides employment location services for older adults, reports a 39% increase in 2009 of people utilizing their services.

Charitable Giving and Civic Responsibility

Charitable giving typically slows during economic contractions or recessions. In the 5 recessions that have occurred since the early 1970s, charitable giving fell an average of 1.3 percent. (Source: Certified Fund Raising Executive, October, 2008)

In 2007 Ohioans (individuals, foundations and bequests) gave a record high \$7.38 billion. Using national estimates, it is likely that individuals in Ohio decreased their charitable giving as much as 2.7 percent in 2008. Foundations may actually have increased their giving 2.8 percent, resulting in a \$10 million dollar decrease. Although firm numbers are not available yet, individual and foundation giving was expected to have decreased in 2009, resulting in an estimated total of \$6.3 million dollars. This was the amount given in 2005. In 2007, foundation giving in the central Ohio region was up 50 percent. Between 2005-2009, Ohio added 6,000 non-profits - a 19% increase. Non-profit organizations that focused on food and hunger increased 27% during this time period. Funders began to see an increase in the number of grant requests. In January, 2008 48% of funders were receiving increased requests for *operating* support or assistance. Rather than giving less, many foundations are giving more in direct response to the recession. Some foundations, with key community foundations coordinating the efforts, are pooling resources so that money can be focused on issues faced by those most negatively impacted by the recession. Locally, The Columbus Foundation Safety Net Fund provided 1.5 million dollars to emergency shelters and food banks.

(Source: "Ohio: State of Philanthropy", Ohio Grantmakers Forum 2009)

As federal, state and local programs cut programming dollars, so too have Ohioans chosen to cut the dollars and the time they have given to charitable organizations. Although volunteerism typically rises during recessions, the Miami University Center for Civic Engagement study recently indicated that while the numbers of Ohioans volunteering has been consistent, they have been volunteering fewer hours. However, individuals have been willing help out more personally, such as by sharing food or even housing with someone who is not a relative. Our non-for-profit partners in the aging network may be finding that they are dealing with a decrease in charitable giving, reduced rates or funds from government sources, a decrease in inexpensive labor through volunteering and an increase in the number of older adults and other

populations who are referred or ask for help.

(Source: <http://www.miami.muohio.edu/news/article/view/12588>, Miami University
The Ohio Civic Health Index Report 2009 Index)

While to some extent, federal dollars have become more available to those in need through opportunities such as the American Recovery and Reinvestment Act of 2009, state budget cuts have weakened the safety net for many Ohioans. Budget cuts that were put in to place at the beginning of State Fiscal Year 2010 decreased or eliminated a span of government programs and services: burial funding for the indigent, mental health services, adult protective services, libraries, early learning programs, hospital fees.

SOCIAL CONCERNS

Food Insecurity

In Ohio 207,700 people received services from the Ohio Association of Second Harvest Food Banks-- 9% of those receiving services are older adults. (Source: <http://www.oashf.org/faqs.html>)

Nationally, 33.2 million people receive food stamps. (March, 2009 data--Reuters, January 2010)
Food stamps reach only 2/3 of those estimated to be eligible. Not only have the numbers increased but the diversity of the consumers served has increased: working poor, families who have lost jobs or have reduced incomes--it is no longer a program only for the chronically poor. Use of the program has increased exponentially in places with already historic high numbers of poor and moved on to the suburbs.

Ohio County	% of people within county who receive food stamps	% change since 2007
Delaware	4%	+40%
Fairfield	11%	+54%
Fayette	16%	+75%
Franklin	15%	+36%
Licking	12%	+52%
Madison	10%	+49%
Pickaway	13%	+46%
Union	7%	+42%

Source : June 2009 data--New York Times, November 2009

Locally, the Mid-Ohio Foodbank operates nutrition programs for 20 Ohio counties including eight served by this Area Agency on Aging. The Foodbank partners with food pantries, churches, schools, not-for-profit agencies, etc to feed people in many ways. Food Bank indicates that demand for services went up 28% from the same time period in 2008. (The Columbus Dispatch) Feeding America indicates that 13.3% of Ohio experiences "food insecurity"--or "the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources."

Older adults who are food insecure suffer greater nutritional deficits because of their special nutritional and healthcare needs. Fifty-seven percent of client households with seniors indicated that they have had to choose between food and medical care (30% more than four years ago) and forty-one percent had to choose between food and paying for heat/utilities (60% more than four

years ago).

(Sources:<http://www.oashf.org/faqs.html>, Ohio Association of Second Harvest Food Banks; The Columbus Dispatch; Mid-Ohio Foodbank Spring 2010 Newsletter)

The Foodbank reports that in Franklin County in 2009, requests were up 2.3% over requests in 2008. In 2008, requests were up 15% over the numbers recorded for 2007. In 2009, the Foodbank provided services to 91,065 seniors in Franklin County. This is 10.7% of the total requests received for the county. Seven hundred forty-six seniors were provided supplemental groceries at 12 sites through the Mobile Market.

The Commodity Supplemental Food Program (CSFP) provides a food box to low-income seniors. The Salvation Army partners with the Foodbank in Franklin County, and provides almost 1,300 boxes each month. The CSFP has just recently been approved for an additional 1,200 slots and will establish this program in five counties who haven't had it yet. Beginning in April 2010, a qualified CSFP partner will exist in all counties served by this Area Agency on Aging.

(Source: Mid-Ohio Foodbank Staff and Spring 2010 Newsletter)

Healthcare and Access in Ohio

According to a Robert Wood Johnson study, the health of Ohioans in the central Ohio area appears to be a mixed picture; while Delaware County was found to be the healthiest county in the state--first in both health outcomes and health factors, Franklin county was found to be much further down the scale, with a 64th (out of 88 counties) ranking in health outcomes, and a 54th ranking in health factors.

County	Health Outcomes*	Health Factors**
Delaware	1	1
Fairfield	15	11
Fayette	77	37
Franklin	64	54
Licking	28	31
Madison	20	16
Pickaway	42	38
Union	30	5

*Health Outcomes are how healthy a county is, i.e. mortality and morbidity

** Health Factors are what influences the health of the county, i.e. health behaviors, clinical care, social/economics/physical environmental factors

http://www.dispatch.com/live/content/local_news/stories/2010/02/17/Healthy.ART_ART_02-17-10_A1_IQGK5N4.html?sid=101

One of the health factors assessed in the Robert Wood Johnson study is that of clinical care. Clinical care includes "access to care" (uninsured adults and primary care providers), and "quality of care" (preventable hospital stays, diabetic screenings and hospice use).

County	Clinical Care Rating
Delaware	4
Fairfield	34
Fayette	23
Franklin	11
Licking	14
Madison	52
Pickaway	55
Union	15

Delaware County officials have reported to the AAA that their high rankings have mixed consequences. While the rankings are indicators of the efforts of the community to provide programs and services that contribute to health and well-being, those same rankings also negatively impact the community's ability to garner grants and funding that will allow for the continuation of such programs and services.

Recent and future additions to the system of health care in central Ohio include:

Fairfield County: *Diley Ridge Hospital* --Emergency and diagnostic center, in northern Fairfield County, is to be opened in March of 2010. The facility will also contain an office complex for specialty and primary care physicians. The center is a joint venture between Mount Carmel Health Systems of Columbus and Fairfield Medical Center of Lancaster.

Franklin County: *Westside Family Health Center in Columbus* opened in 2009, providing services for all, including OBGYN, podiatry, dental and nutrition services. This center was built to replace an outdated health care center in the same area that previously had been serving 22,000. This new center is expected to triple services to that amount of individuals in an area where poverty is high and resources are limited.

Mount Carmel New Albany Surgical Hospital was originally named New Albany Surgical Hospital, and was built by a group of surgeon-investors in 2003 as a specialty hospital. The building was resisted by community hospitals who thought it would drain revenue from more traditional hospital systems that were required to offer a full range of services and treat a more broad population regardless of the ability to pay. In response, some of the community hospital systems in central Ohio stripped doctor-investors of visiting privileges within their community healthcare systems. In 2006 the hospital was sold to Mount Carmel Healthcare Systems who turned it into a non-profit facility. Part of the village of New Albany is also located in Licking County.

(Source: Ohio Association of Healthcare Centers, <http://ohiohc.org/index.cfm>)

Dublin Methodist Hospital opened its doors in 2007 with 94 large, private rooms on an 89-acre campus in Dublin. It is part of the OhioHealth family of hospitals and offers a 24-hour emergency department, as well as outpatient and inpatient surgical services.

Twenty hospitals across Ohio will take part in a demonstration project to decrease the number of unnecessary hospital re-admissions. For the project, the chosen hospitals, some in Franklin County, will focus on ensuring that patients receive proper receive the proper prescriptions such as antibiotics upon discharge and that they receive proper follow-up from doctors after discharge.

Thirteen thousand older adults and people with disabilities experience unnecessary admissions each year. The project, if funded, is expected to save considerable dollars in Ohio alone.

Federally Qualified Health Care Centers are sometimes the only source of primary care available to Medicaid recipients. Three of the COAAA's counties (Delaware, Licking and Union) have no Federally Qualified community health centers and four counties have one center (Fairfield, Madison, Fayette, and Pickaway). Only the more urban Franklin county has several with a total of eleven centers. (Source: Ohio Association of Healthcare Centers <http://ohiochc.org/index.cfm>)

H1N1 Influenza Pandemic

In the spring of 2009, the World Health Organization declared the H1N1 Influenza virus--"swine flu" --a pandemic. The U.S. government appropriated as much as \$7.65 billion to fight the flu virus. Public health care systems globally and across the country scrambled to educate and then vaccinate the population against the H1N1 virus. In Ohio and in all eight central Ohio counties, local public health departments were busy coordinating vaccination clinics to help people avoid the virus that was particularly threatening to pregnant women, young children and children with underlying conditions. While older adults were thought to have immunity from exposure to the virus at an earlier time, and thus were not considered as having a high need for the vaccine, the potential was for many caregivers of older adults to be affected. The Centers For Disease Control estimate that 13,000 Americans died from flu-related casues form April 2009-January 2010. An estimated 51 flu-related deaths occurred in Ohio. The prioritization of H1N1 prevention pulled money and resources away from other programs and populations. The pandemic did offer an opportunity for the public health system to determine how it can best respond to outbreaks of various types in the future.

(Sources: http://www.pbs.org/newshour/updates/health/july-dec09/flu-costs_10-08.html, The Columbus Dispatch February, 2010)

The Medicare Program

On December 8, 2003, President Bush signed into law the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003. This act brought with it the most sweeping changes to the Medicare benefit since its creation in 1965. Perhaps the most significant of these changes are the addition of a prescription drug benefit for Medicare beneficiaries (Part D) and the expansion of Medicare Advantage Plan offerings (Part C), an alternative to original Medicare. Furthermore, in July of 2008 we saw incremental changes being made to the MMA through the passage of the Medicare Improvements for Patients and Provider's Act (MIPPA). Fortunately these changes are largely beneficial for Medicare beneficiaries; however they do present a challenge in terms of how beneficiaries are made aware of and educated about changes that may affect them.

There are an estimated 203,760 Medicare beneficiaries living in the AAA service area. Primarily as a result of these changes, each one of them has the potential to need one-on-one assistance making informed decisions and receiving problem resolution. Getting the Medicare benefit is no longer as simple as turning 65 and putting a little red, white and blue card in your wallet or pocket book. Beneficiaries, and in many cases their caregivers, are now confronted with a number of decisions that need to be made regarding how they will receive their Medicare benefit.

Medicare Prescription Drug Coverage (Part D)

Medicare beneficiaries have asked for a prescription drug benefit for years. Forced to pay privately for their medication costs, those without additional insurance made difficult choices

about taking life sustaining medication and paying bills. On January 1, 2006, Medicare Part D, the Medicare Drug Benefit of the MMA, took effect. However, instead of getting a government-sponsored program that afforded equal benefits for all beneficiaries, they got a program that allowed private insurance companies to provide the benefit. As a result, we ended up with an overwhelming number of plan choices, offering a confusing and convoluted benefit with very little one on one assistance and education available for beneficiaries to help them make informed choices. Medicare Part D is a comprehensive prescription drug benefit, meaning there are monthly premiums, co-pays, deductibles and even a gap in coverage (“donut hole”) again causing some beneficiaries to make difficult decisions regarding their finances. This voluntary drug benefit for eligible Medicare beneficiaries has many implications for individuals in our service area. There are several issues related to the implementation of this program, from initial enrollment to trying to access the benefit at the pharmacy. The primary method of enrollment into this program is via the Internet. Currently it is estimated that 45% of older Americans do have access to the internet but even then navigating the web can be quite a challenge. In addition, many issues are related to the number and complexity of the plans. It is very difficult to compare 46 different plans and consider all of the variables that relate to an individual’s unique situation. Older adults are struggling to determine the right plan on their own, and often need one-on-one assistance to enroll. Again, the demand for assistance far exceeds the resources.

Part D has presented a significant challenge for those beneficiaries who are dual eligible, in other words those who also have Medicare and Medicaid. When Part D began in 2006, 1.6 million dual eligibles nation wide were transitioned from Medicaid to Medicare for prescription coverage because Medicaid was no longer the primary payer. Several consequences of this change have caused confusion for beneficiaries, professionals, and pharmacists. Recipients who previously had no co-pay for prescription drugs now do, ranging from \$1.10-\$6.30 per prescription in 2010. While this may seem insignificant, when seen through the lens of 15 prescriptions a month at \$6.30 each, this is cost-prohibitive for many older adults on limited incomes. In addition, many Medicaid recipients, who often are frail and have chronic medical conditions, were suddenly forced to choose a Part D plan from a private insurance company. If they did not enroll on their own, the Centers for Medicare and Medicaid Services (CMS) would choose a plan for them on a random basis, therefore in no way ensuring that the recipient was enrolled in the best plan for them. This is an ongoing issue, not limited to the initial enrollment of January 1, 2006. As beneficiaries transition from Medicaid to Medicare for their prescription coverage and as plans change their cost structures and formularies on a yearly basis, issues with the complexity of the benefit, access issues and random assignment continue to plague many of the dual eligible beneficiaries we serve.

Medicare Advantage Plans (Part C)

Medicare managed care plans have been renamed under the Medicare Modernization Act (MMA), and are now referred to as Medicare Advantage Plans. With the addition of creditable prescription drug benefits to these plans, the number of choices has increased significantly in Central Ohio counties. According to the Kaiser Family Foundation, total Medicare Advantage enrollment for Ohio in 2009 was 487,578. That amounts to 27% of all eligible beneficiaries. The most significant issue surrounding Advantage plans is that beneficiaries are being heavily marketed to. Often they do not realize that they are not just signing up for a Part D plan, but also a comprehensive Medicare health plan as well. As a result, they may inadvertently have limited their health care provider choices. Many beneficiaries have been denied care or had claims denied because regular providers are not in network. Continued education related to these plans is necessary in all counties to ensure beneficiaries are well informed and make informed choices. In addition, continued case work and advocacy efforts are needed to assist beneficiaries who have found themselves confronted with this issue and need help making things right.

Recently many beneficiaries enrolled in Medicare Advantage plans have found themselves faced with rising costs. In the article, “Premiums up 14% on Medicare Private Plans”, Richardo Alonso-Zaldivar reports that the 14% increase for 2010 is 9% more than it was in 2009 (Associated Press, Feb 21, 2010). As a result, some of these beneficiaries are finding Medicare Advantage as no longer a viable option. Many beneficiaries chose Medicare Advantage as an alternative to original Medicare with a supplement plan in order to have reduced premiums yet with some added benefits. Open enrollment in 2009 showed the beginning of this as an issue with a significant increase in beneficiaries enrolled in Medicare Advantage Plans looking to make a change due to a jump in costs.

Finally, according to an article in *Business First* entitled “Medicare Advantage changes hit 2,500 Franklin County seniors” approximately **2,500** beneficiaries will lose their current Medicare Advantage coverage at the end of this year. This is a result of several private insurance companies who provided Medicare Advantage plans to beneficiaries having either decided to, or been required to cease operating select plans. The impact on beneficiaries and their caregivers affected is significant. This requires those individuals to have to make important decisions about how they will receive their health care in 2010. It is anticipated that education and assistance will be greatly needed, especially in the first part of 2010, to assist beneficiaries and their caregivers in knowing what their options are and how to proceed.

Financial Assistance With Medicare Costs - Low-Income Subsidy (LIS), Medicare Savings Programs (MSP)

There are several public benefits available designed to assist Medicare beneficiaries with out of pocket costs. Unfortunately these programs tend to be highly under utilized and finding and enrolling beneficiaries presents a significant challenge. It is estimated that 4,800 beneficiaries living in our service area may be eligible for the LIS, the subsidy that helps pay costs associated with Part D. If eligible, beneficiaries could have no monthly premium to pay, no deductible, no gap in coverage and reduced co-pays (between \$1.10 and \$6.30 in 2010). CMS estimates the LIS saves beneficiaries on average \$3,900 a year on prescription drug costs. That equates to over \$18 million dollars a year low-income beneficiaries could be using to pay bills and put groceries on the table. Outreach efforts are invaluable in educating the public about this important benefit in an effort to bring them to us for enrollment assistance.

The MSP program, administered by the Department of Job and Family Services, is designed to help Medicare beneficiaries who have limited income and assets pay for Medicare premiums, deductibles and coinsurance associated with the health care portion of Medicare (Part A and B). Barriers to enrollment have been detected through feedback regarding knowing the program exists, uncertainty about how to apply, where to apply and gathering needed documentation. Once again outreach efforts are invaluable in educating the public about this important benefit in an effort to bring them to us for assistance.

Medicare Improvements for Patients and Providers Act (MIPPA)

Passed in July of 2008, MIPPA made several, mostly positive changes to Medicare legislation. The challenge for those we serve is educating them about how these changes affect them whether it be positive or negative, and how they need to act accordingly. Several of these changes affect the MSP Program. First, the asset test for the MSP has been increased to match the asset test for the full LIS. Second, the MSP program is no longer subject to estate recovery. MIPPA has also made changes to the LIS. Prior to 2010 beneficiaries seeking eligibility for LIS had to include the cash value of life insurance policies as an asset; as of January 1, 2010 it is no longer counted. All of these changes have opened the door to thousands of beneficiaries who hadn't been eligible

in past but now are. Unless they know about the changes they would not know they could re-apply. Again, outreach and education are vitally important.

In addition to changes that have already occurred, MIPPA created changes to come that will have an impact on those we serve. One such example is Durable Medical Equipment Orthotics and Supplies (DMEPOS). DMEPOS is a competitive bidding program set up by Medicare as a way to control the cost of durable medical equipment (DME). This change requires DME suppliers to submit bids to CMS and request the right to bill these products to Medicare. This could have a significant impact on our consumers, especially those who live in rural areas, for a couple of reasons. If a beneficiary is receiving oxygen supplies from a provider who does not end up being awarded a contract by CMS, they must find a new provider. Secondly, in rural areas there may only be one or two providers and this could have the potential to limit access.

Growing Number of Medicare Eligible Beneficiaries

Based on the complexity of the Medicare program it is easy to deduce that those beneficiaries and caregivers we serve need a local resource with the expertise and time to assist them with making very important decisions about how they receive their health care and to assist in resolving problems. The need for this type of help is only going to increase as the number of adults aging into Medicare continues to rise faster than at any other time in history and as Medicare continues to evolve to meet the needs of a changing demographic and an evolving health care system.

Evidence Based Disease Health Promotion

This AAA has been involved with Chronic Disease Self Management Program (CDSMP), also known as Healthy U, since 2007. We have partnered with LifeCare Alliance (LCA) to offer the program in Franklin County. Participants complete a series of classes focusing on preventing and living with a number of chronic diseases. Locations for workshops have included LCA dining centers, local senior centers and churches. Over 150 people have completed the workshop to date. Current Master Trainers will receive cross training in Diabetes Self Management Program (DSMP) and if funded, future efforts will continue to offer CDSMP and DSMP area wide.

Through an Ohio Department of Health training opportunity, the AAA became involved in A Matter Of Balance in 2008. This is a falls prevention and management program that encourages participants to attend eight classroom sessions. AAA staff conducted three lay coach trainings and with 2009 ODA funding, will complete six workshops and one additional lay coach training by July 31, 2010.

The AAA also took advantage in 2009 of a training opportunity offered by the Older Ohioans Behavioral Health Network and had two staff complete the training to teach lay leaders to implement Healthy IDEAS, an evidence based program that screens for and provides management techniques for those living with or caring for individuals with depression. The AAA has trained individuals who provide guardianship services through our Volunteer Guardian Program.

Housing

Franklin County continues to experience a shift in low-income senior housing options as the Columbus Metropolitan Housing Authority (CMHA) replaces existing facilities with smaller size facilities. CMHA has completed demolition and replacement of both Jenkins and Worley Terrace reducing the overall number of units available. Public housing continues to see some

mixed unit development while the number of non-profit sponsored units has declined due to reduced federal funding. Interest in development of tax-credit sponsored units continues to be strong and more funding could help reduce the need for affordable units for moderate-income level and low-income residents. Development in communities outside of Franklin County continues to be weak with tax credit sponsored projects in Delaware and Licking counties submitted but not funded at levels that would allow all sponsors to proceed.

Studies and Comprehensive Plans completed by the local communities points to a strong demand for age-restricted communities, while clearly indicating the importance of quality of housing when considering the available housing alternatives. Overall occupancy rates and requests for assistance indicate demand for subsidized and tax credit projects continues to remain strong.

Ohio's Medicaid Waiver Assisted Living program has provided another housing alternative for low-income individuals eligible for assistance. This AAA has 29 certified facilities in 7 of its 8 counties, serving over 200 individuals. Lifting the limits on the number of slots available for this waiver and restrictions on who is eligible will provide program participants, providers and the AAA the opportunity to impact the lives of those eligible to participate in the program.

Programs operated by the AAA, facilities and other non-profit sponsors continue to link residents to available programs and services. Funding to continue service coordination programs remains available in HUD and tax credit sponsored facilities although additional funding for more service hours at facilities would allow additional access to services. The Congregate Housing Services Program (CHSP), funded by HUD and the Franklin County Senior Services Levy, continues to serve four facilities in Franklin County, while service coordination programs operated by COAAA provide additional help for residents in seven senior housing communities throughout the eight county regions. These eleven facilities are all staffed with COAAA social workers providing service coordination and case management services.

New facility construction and home repair programs continue to have strong support in all of our communities with the demand for both outpacing the availability of funding to address the need. Housing issues in some counties surrounding Franklin are focused on home modification and repair issues. The capacity for home modification and repair in all communities has been impacted by budget cuts in services.

Foreclosure Crisis

In the latter half of 2006, first indications of the mortgage crisis started appearing with increased numbers of foreclosures. By the end of 2007, of those who were behind in their mortgage payments or who faced foreclosure, 25% were age 50 or older. (2008, AARP analysis). More than one-quarter of those who were delinquent in their mortgages or faced foreclosure in the last six months of 2007—nearly 700,000 people—were age 50 or older, according to AARP.

Ohio is in the top 5 states most hard hit by foreclosures. According to RealtyTrac, Ohio had 11,286 new foreclosures in February 2010. This is a 9.95 % change from Feb. 2007, and a 74.23% increase from March of 2006. (Source: www.realtytrac.com)

A report issued by Ohio Attorney General's Office and the State Foreclosure Prevention Working Group indicates that the foreclosure crisis "will get worse before it gets better." One in seven borrowers in Ohio is currently in mortgage default, and the loans in this wave of foreclosures are prime loans as opposed to subprime mortgages. According to the report, only four out of ten

seriously delinquent borrowers are involved in formal efforts to reduce their payments or save their homes.

Save The Dream is a statewide, inter-department effort designed to reduce the wave of foreclosures. The coordinated effort makes available housing counseling, legal aide attorneys, pro bono legal services, mediation, limited grants and deferred loans, assistance in negotiating with servicers, and other services as necessary. In 2008, intake specialists for the Save The Dream hotline took 26,000 calls. Twenty-three percent of the 2008 callers received assistance that allowed them to stay in their homes. Intake specialists were expecting to take as many as 40,000 calls in 2009. The campaign is now just over two years old. (Source: *Save The Dream Annual Report 2009*, Ohio Department of Commerce, et. al.) According to Save The Dream staff, 17.5% of the 1,279 calls received in February and March 2010 were from individuals 60 or older; 30% were from individuals age 50-59. Overall, adults age 50 and older made 47.7% of the calls received.

On the national front, the Making Home Affordable program, a program through which home owners can request modifications if they are not able to make their payments due to loss of income or a refinancing if they are now "under water" in the their home loans, has been called cumbersome and has not reduced the number of foreclosures as much as anticipated. The Obama Administration will soon test an extension of the making Home Affordable program called Home Affordable Foreclosure Alternatives (HAFA). HAFA is designed to help sweeten the cumbersome short sale process: mortgage companies will receive extra money for processing and allowing a short sale of a home that would otherwise go through the foreclosure process, and the borrower may be paid some money for relocation, and wouldn't undergo the same financial damage caused by a foreclosure and second loans on the property could be paid off by the government program. If the short sale doesn't take place, foreclosure could still be avoided by "deed in lieu of foreclosure." The goal of these efforts is to reduce the number of foreclosures and "stabilize the housing market". (Source: The Washington Post, May, 2009)

Even renters have been affected by the crisis. As investment property homes have been foreclosed upon, renters have often been illegally evicted from their residences despite laws put in to place to protect renters. Renters may not even know of the laws that protect them (such as the Protecting Tenants at Foreclosure Act--passed in Spring 2009, on books until 2012), and simply move out or do not question the validity of the notices informing them that they must move or simply accept the changed locks that prohibit them from entering their homes. Older adults who typically may be less likely to question perceived authority of a notice, but who more likely to need help with transportation, and appropriate placements, may be at an even greater disadvantage than others thrown out of their rental homes.

(<http://www.guardian.co.uk/commentisfree/cifamerica/2010/feb/06/housing-us-subprime-renting-tenants>)

As an Area Agency on Agency, our housing efforts may extend our role to educating our staff about the various programs available to help older adults and their families avoid foreclosure and rental dislocation, further educating older adults and their families about their rights, and continuing to use with our skills at helping older adults find secure housing when their current home is no longer option.

Homelessness

A group organized by the Community Shelter Board, comprised of social work students and members of not-for-profit and government entities, walked areas all over Columbus on January 29, 2010, in an effort to locate and identify the number of homeless people living on the streets of Columbus. Although few people on that January day were located, as many as 400 are estimated to live on the streets of Columbus during warmer months. (Source: United Way of Central

Ohio)

The National Alliance to End Homelessness estimates that 672,000 people are on the street each night, and predicts that the current recession will force another 1.5 million people onto the streets. In 2007, Ohio had the 5th lowest number of homeless individuals--one homeless person for every 1,000 people. In the Franklin County area, in particular, a well coordinated system of emergency and transitional housing may have led to the low numbers. Homelessness is also considered a lagging factor of the economy --numbers are expected to go up as the number of foreclosures increase and the newly-jobless run out of funds and options. (Source: The Columbus Dispatch)

AARP warns that programs that were designed to protect older individuals from homelessness, e.g. transitional programs, have not kept pace with the rate of joblessness and foreclosures occurring. In some areas, individuals, including many older adults, are squatting in homes that have been abandoned or foreclosed upon or have taken to sleeping in cars. In warmer locales such as the west coast, not-for-profits have organized parking lot programs for homeless people to park and sleep in their cars safely in supervised groups. While it may be difficult to assess the numbers of nouveau older adult homeless in central Ohio, the foreclosure and jobless rates indicate that they are out there and are or will be soon sleeping on borrowed sofas, if not in their cars or in tents under bridges.

Resources available include the The Homelessness Prevention and Rapid Re-Housing Program, which is part of the American Recovery and Reinvestment Act. This program provides rent assistance for a total of 3-18 months. The program can be used to help move people from shelters to apartments or can be used to help prevent eviction.

(Source: Pantagraph.com, Bloomington, Illinois)

First responders and public employees

The budget crisis experienced by most local municipalities and counties has also impacted the strength of those on the front line of assistance. In spring 2009, the Mayor of Columbus announced plans to fire a new class of police recruits citing a budget shortfall caused by limited tax dollars. Federal American Recovery and Reinvestment Act of 2009 dollars were used to stay the layoffs for the remainder of the year. Later in August, voters approved a .5% increase to the city income tax paid by residents and workers. This increase helped to secure the monies to retain the police class for the time being. Seventy percent of the state's sheriff's departments have laid off deputies. This often occurred after many of them had already pared their numbers through attrition. In March of 2010, the Sheriff of Union County announced the layoffs of 10 deputies. The layoffs may include a reduction or elimination of Project LifeSaver, which is a program that helps to locate missing people who have dementia or developmental disabilities.

Other types of state, county and city workers have been threatened by or in some cases experienced layoffs, furloughs or reductions in pay and/or benefits. From Adult Protective Service workers to county workers who process Medicaid applications, programs and public employees who serve them have been asked to do more with fewer workers or with fewer staffing hours; the slower the process, the longer it may take for older adults to receive the benefits for which they are eligible.

(Source: The Columbus Dispatch, March 2010)

Caregiving

Unpaid caregivers, family, friends, and neighbors continue to provide the vast majority of long-term care for persons with disabilities of all ages in the U.S. The economic value of this care is estimated at \$375 billion nationally, with \$14.2 billion in Ohio. In Ohio there are an estimated 1.3 million family caregivers. In all states the economic value of unpaid caregiving is greater than total Medicaid spending on long-term care services. (all figures cited from Houser, A.J. & Gibson, M.J., November 2008, Valuing the invaluable: The economic value of family caregiving, 2008 update., AARP Public Policy Institute)

The population age 65 and older is growing, and it follows that the reliance on family caregivers will also grow. From 2007 to 2030, the 65 and older population is expected to grow by 89%, with a 74% increase in those age 85 and older (Making the Case: Saving Your State's Caregiver Support Programs, Family Caregiver's Alliance, December 2009) Those who need care typically prefer to remain living in the community with family and friends providing the assistance they require. Currently 80% of care recipients receive care in the community and 78% of this care is provided solely by unpaid family caregivers. (National Family Caregiver's Alliance, December 2009)

The adverse emotional and physical consequences of caregiving for the family caregiver are well documented. A 2009 study found that 31% of caregivers consider their caregiving situation to be emotionally stressful (National Alliance for Caregiving and AARP, November 2009). They consistently report higher levels of depression and anxiety than non-caregivers. There is also ample evidence of the strong correlation between caregiver stress and increased illness and mortality for the family caregiver. One study by researchers at The Ohio State University and the National Institute on Aging has determined that the chronic stress of family caregiving for Alzheimer's patients results in specific changes in caregiver's immune systems that can shorten their lives by 4-8 years. (Damjanovic, Yang, Y. Glaser, R. Kiecolt-Glaser, Hguyen, Laskowski, Zou, Beversdorf, & Weng, (2007; *The Journal of Immunology*, 179, 4249-4254) In their role, caregivers frequently face physical injury, sleep deprivation, physical and emotional abuse, and family conflict. They may engage in unhealthy coping behaviors and frequently have limited time and money to attend to their own health needs.

The economic pressures on family caregivers are varied, severe and compounded by the deep U.S. recession. Unpaid leave, reduction in work hours, early retirement, voluntary or involuntary job loss, loss of healthcare coverage, reduction in retirement benefits, and the need to financially support the care receiver have historically been potential consequences for caregivers. The recession has added to this burden with less job security, foreclosures resulting in housing crises, decreased value of assets including the home, and depressed real estate markets that prevent older adults from making a move to more supported living arrangements.

In the 2009-2010 state budget, historically under-funded Adult Protective Services took additional losses in two counties in this AAA region. This further limits assistance to caregivers who frequently are struggling with complex situations not knowing when and how to intervene to assure the safety of loved ones. Ohio budget cuts to mental health services have resulted in the loss of additional vital community supports for caregivers and care receivers. Cuts in frontline staffing in public agencies delay access to assistance, result in increased errors in processing applications, and ultimately cost caregivers time and increase their stress. Increased pressure on community programs addressing basic subsistence needs means less emergency assistance available to caregivers and care receivers. Contributing to the economic stresses for both caregivers and care receivers is a backlog of disability claims in Ohio waiting on adjudication in

the Social Security system, a situation that has only recently begun to be addressed with diagnoses being added to the list for Compassionate Allowances, and fast-tracking of claims.

In Central Ohio, beginning in 2009, caregivers have had increasingly long waits for respite through publicly funded home and community based services for their care recipients. Funding in many county levy programs has not kept pace with the demand for services, resulting in waiting lists of several months. State budget shortfalls resulted in fewer slots allocated to the home and community-based services program, PASSPORT, with a resulting 2-3 month wait for services from the time of the initial call. Since inception, the National Family Caregiver Support Program (NFCSP) has filled many gaps for caregivers but demand has consistently outpaced funding. For several years, two Central Ohio counties have subsidized the NFCSP through local levy funds.

Over the last several years caregiver's concerns have shifted significantly from care needs to financial crises, the care receiver's as well as their own. The financial stability of the caregiver and care receiver is frequently intertwined. A revised formula by the National Academy of Science for calculating the poverty rate of older Americans puts the poverty rate for people age 65 and older at 18.6%. This is almost double the rate found using the current formula used since 1955. The new formula is widely considered more accurate in that it takes into account the increased cost of necessities beyond food, such as health care.

Caregiver Advocates in Central Ohio are increasingly referring caregivers to programs that assist with foreclosure prevention, credit counseling, and bankruptcy. Caregivers are actively seeking out opportunities where they can be reimbursed for providing care as their financial security becomes more tenuous and caregiving interrupts their ability to stay gainfully employed outside of the home. Information and Assistance calls for emergency financial help with utilities, rent, and mortgage payments are daily. Many older adults are paying well beyond the recommended 30% of income for housing expenses. Senior housing, one solution, is often months, if not years away, due to waiting lists. Frequently, this necessitates combining households which can bring additional stresses to the caregiving situation.

Central Ohio NFCSP partner agencies assist caregivers in accessing other community funding when appropriate. This includes: Veteran's Benefits for health care, long-term care, and financial supports, the USDA Rural Development for home repairs, HEAP and other utility assistance programs, faith-based organizations for basic needs, food pantries, free and low cost clinics, the Hospital Care Assurance Program (HCAP), durable medical equipment loan programs, and prescription assistance programs. In addition, over the past two years, AAA 6 has partnered with AARP to improve access to public benefits via benefits screenings. As requests for basic assistance have grown it has been necessary for AAA 6 to request for the last three years a waiver from the Ohio Department of Aging for the cap on supplemental services under the NFCSP.

Nationally, caregivers continue to cite the need for information about programs and services. In AAA 6, outreach to caregivers continues to be a strong focus. Efforts to reach caregivers include radio and television advertising, speakers and displays at community events, an Aging and Wellness Expo, caregiver workshops, a dedicated helpline, and our website. AAA 6 is exploring ways to reach caregivers through employers, churches, and at various points of care transitions.

Mental Health Services

The dramatic cut in the State budget for mental health services has had a significant impact on the community mental health system and their ability to provide mental health services to older adults. Agencies have been forced to lay off staff and decrease services, especially services to non-severely mentally disabled older adults in all of our counties. In Union County the inpatient mental health unit closed. Union County's senior services levy is now contracting with a mental health agency to provide in-home counseling and agency based psychiatric services for older adults in the county. In Fairfield County the senior levy and local mental health levy together fund a Caregiver Consultant who provided 1,342 consultations in 2009. It has become a trend for senior levies to pay for mental health services for older people to make up for the gap created through state budget cuts.

The Mental Health Association of America, Franklin County unit is exploring a pro bono mental health project modeled after the Pro Bono Mental Health in Maryland. In addition, the Methodist outreach ministries at Maynard United Methodist Church are exploring offering free mental health services at their location. This would include short term counseling as well as support groups. The Methodist ministries are considering joining the pro bono project at the Mental Health of America.

Impact of Casinos

In November of 2009, and after many years of saying "no" to casino development, Ohio voters chose to amend the state constitution to allow a corporation to build and operate one casino in each of the cities of Cincinnati, Cleveland, Toledo and Columbus. In May 2010, voters will return to the voting booths to decide whether the Columbus casino will be built in the downtown area as originally passed or in a mixed residential-industrial-retail area on the edge of the city. Regardless, the likelihood is high that Franklin County will have an up and running casino within the next few years. Most older adults living within this AAA's eight county service area will then be living within one and a half hours of a casino.

For many older adults who choose to gamble at casinos, this will mean greater access to entertainment facilities more near their own homes: the need to travel to any of states contiguous to Ohio, or even to destinations further away such as Atlantic City or Las Vegas to gamble will be reduced. Among older adults who gamble in casinos, reported benefits are increased socialization and cognitive functioning. The greater community may also benefit through increased jobs from the construction and the operations of the casino. Local restaurants, bars and hotels may also experience an increase in revenue from visiting gamblers.

Astute social service agencies may see the new gambling operations as a source for additional charitable revenue and sponsorship. When budgeting for future years they may also consider that additional services may be needed to help older adult problem gamblers rebuild their lives, especially in the areas of housing assistance and medical care.

Community Research Partners indicates in its 2010 report "The Social Impact of Casinos" that the location of a casino within 50 miles of an individual's home is associated with approximately double the likelihood of problem gambling. Based on this, opening a casino could potentially double the existing prevalence and social impacts of problem gambling in a community.

Six to eight million American adults are thought to meet the criteria for either pathological or problem gambling. Harmful effects of problem gambling include higher rates of suicide, family

and domestic violence, violent (e.g. robbery) and non-violent (e.g. forgery) crimes to cover debts and depressive disorders. Other outcomes may include excessive debt, bankruptcies, loss of jobs, and imprisonment. (Source: National Council on Problem Gambling)

While some states require that portions of tax revenues from casinos be set aside for resulting effects such as crime and compulsive gambling, most do not. Instead, money gained from the tax revenues of casinos usually goes toward economic development and physical infrastructure. This indicates that social service agencies, currently stretched due to the poor economy, will be even further pressed to provide more services, and even develop gambling focused services at a time when funding sources have tightened their budgets beyond recent compare. (National Coalition on Problem Gambling

<http://www.ncpgambling.org/i4a/pages/index.cfm?pageid=1>

<http://www.ncpgambling.org/files/public/FSOlderAdults.pdf>)

The addition of the casino to the area may present this AAA with some research participation opportunities. While many studies have been conducted on the effects of gambling on the larger population, few have been specific to the older adult population or even gambling in Ohio. The University of Pittsburgh School of Social Work's Gambling Counseling Training Institute intends to include "a study focused on agencies primarily serving older adults" in its future research efforts. (Source: Community Research Partners, 2010)

POLICY ISSUES

Unified Long Term Care System

As the aging and disability population in Ohio grows, the state's existing system for long term care services and supports is not fiscally sustainable. Seventy-five percent of Medicaid long term care dollars are spent for people living in nursing facilities and 25% are spent for people receiving home and community based services. Ohio currently ranks 39th out of 50 states in serving Medicaid consumers in home and community based settings. In addition, an AARP survey indicates that 85 percent of Ohioans would prefer to receive long term care services and supports in their own homes.

Ohio is currently making progress in reforming the long term care system in the state and containing costs through the implementation of a number of recommendations produced in 2009 by several committees of people from state agencies, local boards, associations, providers and other stakeholders. These recommendations include combining similar Medicaid waiver programs into a single waiver, creating a "no wrong door" approach to information and referral that will expedite access to services, building a more inclusive array of services and ensuring that nursing facility residents have the information and assistance they need to relocate to community settings. (Source: Ohio Department of Aging website)

Unfortunately, Ohio's budget crisis has had a negative impact in ensuring that individuals can receive the services they need in the setting they want.

Nursing Home Utilization

The way Ohioans receive long-term care has shifted since the early 1990s so that more people are receiving support in their own homes or in assisted living facilities rather than in nursing facilities. In 1993, 9 of 10 older adults supported by Medicaid were in nursing homes. This number decreased to 6 out of 10 by 2007.

Nursing facilities have become for many individuals a place to receive short-term care. More than half of all people admitted stay for 3 months or less and two-thirds stay for less than 6 months.

Nursing homes are services a higher proportion of individuals under age 60, up to 11% in 2008 compared to 4% in 1994. Almost 15% of Medicaid nursing home residents in 2008 were under the age of 60. (Source: Scripps Gerontology Center, May 2009)

Central Ohio has a total of 95 licensed nursing facilities as of March 2010, with a total of 9,912 licensed beds. (Source: Ohio Department of Health, March 2010) Average occupancy rate for these facilities in 2007 was 90.2%. (Source: Annual Survey of Long-Term Care Facilities, 2007)

Medicaid Funded Community Based Services

The number of people enrolled in the PASSPORT Program in central Ohio as of January 2010 was 2,956 – approximately 300 more people than were on the program 4 years ago. Due to state budget constraints, PASSPORT’s enrollment has been limited statewide since July 2009, causing waiting lists for services; however, in February 2010, the Governor lifted the ban on enrollment and COAAA is now in the process of enrolling approximately 100 individuals from the central Ohio waiting list.

Another 192 individuals are enrolled on the Choices Program, the consumer-directed aspect of the PASSPORT Program that allows consumers to hire individuals to provide their services rather than receiving services from agency providers.

The Assisted Living Waiver Program has grown significantly in the central Ohio region since its 2006 inception, with 229 individuals currently receiving services in 27 waiver-certified residential care facilities. This program’s enrollment has also been limited due to enrollment limits caused by state budget constraints, as well inadequate numbers of facilities willing to pursue certification and accept Medicaid reimbursement. However, facility interest in the program has increased since eligibility rules were loosened in 2008 to allow individuals spending down from private pay to Medicaid to enroll without having to move into a nursing facility first. In addition, assisted living facilities report that the housing market slump has impacted the number of private pay individuals moving into assisted living; therefore, facilities have been more willing to admit waiver consumers just to fill their beds.

Waiver consumers in AAA 6 as of January 2010

	PASSPORT	Choices	Assisted Living
Delaware	100	12	2
Fairfield	223	28	32
Fayette	83	4	1
Franklin	2,090	111	173
Licking	232	24	20
Madison	98	2	0
Pickaway	86	5	0
Union	44	6	1
Total	2,956	192	229

Residential Care Facilities (RCF) in AAA 6

	Total # of Residential Care Facilities	# of Beds	# of RCFs Certified for the Assisted Living Waiver
Delaware	7	445	2
Fairfield	8	644	5
Fayette	1	72	1
Franklin	44	3,288	15 (+1 pending)
Licking	7	370	3
Madison	2	184	1 (pending)
Pickaway	2	40	0
Union	1	70	1
Total	72	5,113	27 (+2 pending)

(Source: Ohio Department of Aging, Long Term Care Consumer Guide)

Home Care Providers

COAAA has continued to experience significant growth in the number of contracted PASSPORT providers, while remaining steady in the number of Title III/SBG and Alzheimer's Respite providers. As of March 2010, there are 244 PASSPORT providers in the region. PASSPORT enrollees living in Franklin County wishing to choose a provider for personal care services can select from a pool of 144 providers, up from 71 in February 2006. During this same time period, the number of providers of other services has also increased. In particular, home modification, chore and emergency response system providers have increased, with many of these agencies expanding their PASSPORT certification to central Ohio from other regions of the state.

Non-Medicaid Community-Based Services

Central Ohio is fortunate that seven of the eight counties in the area have senior services tax levy programs. Fayette is the only county in the region that does not have a levy program. To date, there are no plans by the county commissioners to attempt a levy, although aging services organizations in the county are hampered by limited Older Americans Act, United Way and other funding and are unable to serve all of those requesting services.

Senior Service Tax Levies in AAA 6

	Receiving Agency	First Passed	Last Passed	Millage	Estimated Revenue
Delaware	Council for Older Adults	1994	2008	0.8	\$5,600,000
Fairfield	Pickerington Senior Center	2008	N/A	0.5	\$195,000
Fairfield	Meals onWheels-Older Adult Alternatives	2004	2008	0.5	\$1,510,000
Fayette	No levy				
Franklin	Franklin County Office on Aging	1992	2007	0.9	\$26,000,000
Licking	Licking County Aging Program	1985	2009	1.2	\$4,429,120
Madison	Madison County Senior Center	1987	2006	0.8	\$538,105

Pickaway	Pickaway Senior Center	1991	2006	0.5	\$375,000
Union	Union County Senior Services	2008	N/A	.25 Sales tax	\$850,000

Counties that have senior levy programs are also experiencing the effects of increasing numbers of older adults and the economic downturn. Franklin County’s levy program currently has a 3-4 month wait for enrollment. Fairfield County’s program has had to establish waiting lists for some services, such as home delivered meals, although this situation has been alleviated somewhat through receipt of American Recovery and Reinvestment Act of 2009 funds.

DEMOGRAPHIC FACTORS

At the writing of this document, the U.S. Census Bureau begins the diennial collection of population related information.

The area continues to become more diverse. Seventy-four (74.0) percent of people living in Franklin county are White and 19.7 percent are black, as compared to Ohio’s overall 84.8 percent White and 12 percent Black. (Source: Ohio Department of Development, Policy Research & Strategic Planning)

Based on 2008 data, 8.5 % of the Franklin County population--over 96,000 --people were considered foreign born. Of these 36.9% were born in Asia, 23.5% were born in Latin America, and 24.7% were born in Africa. (Source: Community Research Partners, County Indicators Report)

Many of the consumers served by the PASSPORT Program in central Ohio are unable to speak English. Twenty-nine percent of Franklin County’s PASSPORT consumers do not speak English, compared to 19% in 2005. Of the 19 language families spoken by PASSPORT consumers, Somali (12.6%) and Russian (7.5%) are by far the most utilized languages, followed by Spanish (2.4%) and a Chinese dialect (1.2%) (COAAA case manager survey, July 2009) This has created challenges in service delivery for both COAAA staff and contracted service providers, although many of these consumers receive services from Somali and Russian owned agencies who employ consumers’ family members in addition to non-family members.

2008 Race and Hispanic Population Estimates

	White (%)	Black (%)	Asian (%)	Multi-racial (%)	Hispanic (%)	Total Minority (%)	Change from 2000 (%)
Delaware	90.3	4.1	4.1	1.4	1.9	11.4	+5.0
Fairfield	91.1	6.5	1.0	1.2	1.3	10.1	+4.6
Fayette	95.6	2.2	0.6	1.4	2.0	6.1	+1.3
Franklin	74.0	19.7	4.1	1.8	4.0	29.4	+3.8
Licking	94.6	3.0	0.7	1.3	1.1	6.4	+1.5
Madison	91.4	6.6	0.7	1.1	1.0	9.5	+0.8
Pickaway	92.6	5.6	0.3	1.1	1.0	8.2	+0.1
Union	93.6	3.8	1.4	1.0	1.2	7.5	+2.7
Ohio	84.8	12.0	1.6	1.3	2.6	17.5	+1.5

Section 2: Basic Demographics: Taken from best available Census data

County	60+**	75+**	85+**	Rural 60+*	Males**	Females**	Living Alone**	Minority 60+**
Delaware	20,758 (12.6%)	5,944 (3.6%)	1,544 (0.9%)	4,805 (37.7%)	9,554 (46%)	11,204 (54%)	2,240 (1.8%)	1,138 (5.5%)
Fairfield	23,769 (16.7%)	7,236 (5.1%)	2,003 (1.4%)	7,538 (40.5%)	10,732 (45%)	13,037 (55%)	3,745 (2.0%)	774 (3.2%)
Fayette	5,734 (20.2%)	2,028 (7.2%)	575 (2.0%)	2,343 (43.5%)	2570 (45%)	3,164 (55%)	1,270 (2.4%)	227 (3.9%)
Franklin	157,930 (14%)	51,047 (4.5%)	14,259 (1.3%)	3,370 (2.4%)	66,562 (42%)	91,368 (58%)	34,850 (2.5%)	29,152 (18.5%)
Licking	28,911 (18.3%)	8,794 (5.6%)	2,344 (1.5%)	8,667 (36.8%)	12,877 (45%)	16,034 (55%)	5,365 (2.3%)	944 (3.3%)
Madison	7,137 (17%)	2,259 (5.4%)	626 (1.5%)	2,766 (46.3%)	3,248 (46%)	3,889 (54%)	1,390 (1.8%)	292 (4.1%)
Pickaway	9,571 (17.5%)	2,828 (5.2%)	757 (1.4%)	3,580 (45.1%)	4,334 (45%)	5,237 (55%)	1,495 (1.9)	277 (2.9%)
Union	6,577 (13.6%)	1,907 (4.0%)	572 (1.2%)	3,378 (63.4%)	2,948 (45%)	3,629 (55%)	1,070 (2.0%)	178 (2.7%)
Totals	260,387 (15%)	82,043 (5%)	22,680 (2%)	36,477 (1.9%)	112,825 (43%)	147,562 (57%)	51,425 (2.4%)	32,982 (1.3%)

Sources: *2000 U.S. Census; **2008 County-State Aging Population Estimates, U.S. Census

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

Section 1: Strengths

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Section 1: List and summarize the current **Strengths** possessed by both the AAA and the PSA's aging network. Please ensure that your summary clearly indicates the main subject of the paragraph(s), i.e., the strength topic shall be evident via a bold or red font color.

- **Senior Services Levies:** Delaware, Fairfield, Franklin, Madison, Licking, Pickaway and Union counties have senior levies generating local funding for services for older adults. The COAAA has strong relationships with these programs.
- **Service Diversity:** Many counties in the COAAA region have a wide diversity of service options and programs for older adults, including comprehensive Adult Day Service programs.
- **National Family Caregiver Support Program:** The NFCSP program structure and local partnerships address the needs of caregivers. COAAA and the partners work well together in that the COAAA has staff with expertise in providing information and assistance to those faced by the challenges of aging and the local partners can address service needs for these individuals.
- **Choices Program:** Consumer directed care empowers significantly impaired older adults and addresses workforce issues and service gaps.
- **Formalized Professional Networks:** Delaware, Fairfield, Franklin, Licking, Pickaway and Union Counties have formalized networks for aging and human service professionals to meet on a regular basis to share information.
- **Universities and Colleges:** The COAAA partners with OSU and other universities to provide educational opportunities for students in social work, nursing, allied health and medicine.
- **Medical Facilities:** Central Ohio has state of the art medical facilities available.
- **Focal Point Agencies:** Focal point agencies have name recognition and are respected in their communities.
- **Senior Housing Service Coordinators:** COAAA provides quality service coordination in Delaware, Fairfield, Franklin and Licking counties.
- **Quality Support:** The COAAA offers a coordinated approach to monitoring quality and compliance for services provided by Older Americans Act, Waiver and Levy program providers.

- **Professional Development and Health Promotion:** The COAAA provides a comprehensive training curriculum for professionals and the community covering topics including healthy aging, disease management, ethics, and mental health.
- **Medicare and Benefits Outreach:** The COAAA has staff with specialized knowledge in Medicare who travel throughout the region to assist professionals and older adults in understanding this benefit. Volunteers obtained through partnerships with AARP and other organizations provide assistance in linking individuals with community resources.
- **Care Management:** The COAAA provides expert case management and care planning services. Many staff have obtained advanced degrees while working for the agency.
- **Partnerships and Grants:** The COAAA continually seeks new opportunities to obtain additional resources for itself and local agencies through new grants and programs.
- **Continuous Quality Improvement:** The COAAA routinely evaluates its performance and provides growth opportunities for staff through the work of employee committees that are focused on clinical practice, effectiveness of service delivery, diversity, employee safety and staff development.
- **Volunteer Guardian Program (VGP):** Volunteer guardians are available to impaired individuals with no family support in Delaware, Fayette, Franklin, Fairfield and Pickaway Counties. COAAA's VGP staff are recognized experts in the field of adult guardianship.
- **Experience:** The COAAA's management team and staff have many years of training and experience in older adult issues, are forward thinking and are willing to try new programs.
- **Agency Recognition:** The COAAA has increased its name recognition in the community through the effective use of television, radio, newsletters and its website. The COAAA has become an expert resource for local news media.

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

Section 2: Weaknesses

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Section 2: List and summarize the current **Weaknesses** confronting both the AAA and the PSA's aging network. Please ensure that your summary clearly indicates the main subject of the paragraph(s), i.e., the weakness topic shall be evident via a bold or red font color.

- **Federal and State Resources:** There are shrinking financial resources from federal, state and local sources, hindering growth and resulting in long waits for certain programs and services.
- **Demands on Public Officials:** Elected and community leaders are faced with numerous advocates whose interests compete for limited public funds.
- **Public Awareness of Services Available:** Older adults and their caregivers are often unaware of available resources until faced with a crisis. There is a fragmented system of resources that fails to coordinate multiple agencies and provide easy access for consumers.
- **Knowledge Level of Professionals:** Those working at community agencies and medical facilities often have limited awareness of the range of and criteria for community-based services. This issue is exacerbated by frequent turnover among staff.
- **Transportation Service Gaps:** Significant service gaps remain throughout the PSA in transportation from rural to urban areas and on weekends and evenings.
- **Housing:** Affordable housing options for individuals with limited income are scarce in some areas of the PSA due to waiting lists or lack of full accessibility for individuals with limited function. Housing is also difficult to access for individuals with criminal histories and bad credit. Emergency shelters are not equipped to deal with individuals with physical or medical needs.
- **Limited Services for Non-PASSPORT Eligible Older Adults:** There are gaps in services for those not eligible for public programs and without sufficient resources to pay privately for services.
- **Provider Issues:** Central Ohio, Franklin County in particular, has seen a significant increase in the number of home care agencies available to provide services. These agencies engage in fierce competition with each other to obtain a share of the business, which sometimes leads to non-compliance with program requirements and practices not in the best interest of consumers.

- **Adult Protective Services:** There are insufficient resources in most Central Ohio counties to effectively address issues of elder abuse, neglect and exploitation.
- **Alcohol, Drug and Mental Health Services:** Already scarce resources have diminished further in the past year, leaving vulnerable people without adequate services. This has occurred at a time when the need for these services, particularly alcohol and drug treatment, is increasing, according to local community-based organizations that serve older adults.
- **Regulatory Constraints:** Federal, State and City regulations result in delays or the inability to effect changes in program operations. One example of this is the “any willing provider” certification requirement for the PASSPORT program, which has led to a significant overabundance of providers in Central Ohio.
- **Managed Enrollment:** Ohio continues to see periods of managed enrollment in its waiver programs, costing the state more in the long run as individuals enter institutions to receive needed care.

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

Section 3: Issues

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Section 3: List and describe the **Issues** which might move the AAA and the PSA's aging network forward. Please ensure that your summary clearly indicates the main subject of the paragraph(s), i.e., the issue topic shall be evident via a bold or red font color.

- **County Levies:** Delaware, Fairfield, Franklin, Madison, Licking, Pickaway and Union counties have local tax levies that provide supplemental and flexible spending supports.
- **Home First and Enhanced Community Living:** As the Home First initiative expands to include individuals at significant risk of institutionalization, and as the Enhanced Community Living Services moves towards implementation in the PASSPORT Program, Ohio is expanding home and community-based options for vulnerable older adults.
- **Unified Long Term Care System:** This philosophy provides opportunities for developing and maintaining a system of care that provides information about resources and ensures individuals receive long-term services and supports in the setting they need and want. One important mechanism for ensuring that this happens is cross-training within the COAAA and with community agencies.
- **Medicare and Prescription Drugs:** Frequent changes in Medicare present ongoing challenges for older adults and for those assisting them in navigating this complex system. .
- **Aging Baby Boomers:** The dramatic rise in the older adult population will provide increased opportunities to promote healthy aging. Baby boomers will demand quality services and creative solutions to meeting needs. They will also seek volunteer and continued employment opportunities.
- **Individual Financial Security:** Older adults are likely to have fewer personal financial resources than previous generations due to the economic crisis of the past few years resulting in delayed retirement, the changing nature or loss of pensions, lack of personal savings, reduction in personal assets (i.e. home values), loss of employer-sponsored health care and the increasing cost of health care.
- **Cultural Diversity:** The increase in the diversity of older adults in Central Ohio provides a challenge to COAAA in communicating with individuals, assessing their needs, and providing services.
- **Data Collection and Analysis:** PIMS reporting has improved during the past few years and increased provider compliance with SAMS data entry has led to

more accurate data regarding people being served. The impact on the AAA system of the implementation of ODJFS' MITS remains to be seen.

- **Transportation Coordination:** Transportation providers in several Central Ohio counties have developed coordination programs to more effectively address the transportation needs of older adults. However, unmet needs still exist, particularly for individuals in rural counties who need to see medical professionals in Columbus.

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

Section 4: Positions

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Section 4: List and describe the ***Positions*** that may be taken to ensure the AAA realizes its vision statement and allows for successful implementation of the strategic plan. Please ensure that your summary clearly indicates the main subject of the paragraph(s), i.e., the position topic shall be evident via a bold or red font color.

- **Unified Long Term Care System:** The COAAA is actively involved in implementing the philosophy and values of this system, including easy access to information and services, collaborations with community organizations serving older adults and those with disabilities, and successful transitions of individuals from hospitals and nursing facilities to home based settings.
- **County Levies:** COAAA will actively support senior services levies that come to the voters for renewal during the next four years.
- **Geographic Proximity to State Government:** Located in Columbus, the COAAA is in a good position to advocate for state issues that impact older adults and caregivers.
- **Expanded Options for Medicaid-Eligible Individuals:** The COAAA is advocating with State legislators for the expansion of the Home First initiative and is involved with other stakeholders in the development and implementation of PASSPORT's new Enhanced Community Living service. COAAA has expertise in this area through years of providing service coordination services and operating a similar HUD-funded program in several Central Ohio housing communities.
- **Faith Communities:** Ministerial associations in local communities provide opportunities for supportive activities and education regarding older adult and caregiver issues. There is increasing interest by churches and other faith-based organizations to expand their education and services to older adults.
- **Institutions of Higher Education:** Colleges and universities provide opportunities for financial and student resources and staff education and training.
- **Network of Multi-purpose Senior Centers:** There are opportunities to further enhance services, education and advocacy through collaboration with senior and multi-generational centers throughout the region.
- **Network of Professionals Working with Older Adults:** The older adult networks in each county are an important avenue for sharing information and advocacy efforts. COAAA is actively involved in these networks and is committed

to formalizing relationships with community partners, including engaging in cross-training regarding programs and services.

- **Demographic Changes and Population Growth:** The increase in the number of older adults and the diversity of older adults in Central Ohio provides an opportunity to develop creative programming to meet needs.
- **National Family Caregiver Support Program:** This program will continue to provide opportunities and innovation in addressing information and service gaps experienced by caregivers. The Federal government's recognition that these services and supports are vital is evidenced by the President's budget proposal to significantly increase funding.
- **Medicare Outreach and Evidence Based Health Promotion Programs:** COAAA's staff with expertise in these areas are actively involved in statewide efforts to expand these services and reach people who could benefit from them.

Exhibit A-5: Service Needs and Gaps

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Prioritize and describe in detail the top six service needs or gaps that exist in the PSA. The cell should expand as needed. Please ensure that the topic for the service need/gap is in a bold or red font color, i.e, clearly indicated.

Include in your response:

- A. An explanation of how these service gaps were identified and how they were considered in the development of goals.
- B. The AAA's methods or criteria for determining priority of services funded with Title III dollars.

A. Responses are based on discussions during community forums held in each county and from responses to a survey posted on the COAAA website, both of which occurred in February and March 2010.

1. **There is a need for affordable, accessible housing.** Community forum participants and survey respondents discussed the fact that affordable housing options are difficult to access in some areas due to long waiting lists and lack of homes in areas where people want to live.

2. **Drug and alcohol treatment and mental health services are difficult to access.** This was a gap four years ago, but has become more of a crisis during the past year due to state budget constraints. Community informants in several counties identified in-home and outpatient mental health and drug/alcohol services as a need due to the lack of adequate resources within the local mental health systems. Delaware, Fairfield and Union counties have devoted local senior levy funds for the purchase mental health services for older adults beyond what is available through the local mental health system.

3. **Certain Older Americans Act services are not accessible due to increasing demand and funding constraints.** Community forum participants and survey respondents stated that the demand for transportation and supportive services exceeds the supply. Those counties with no or small senior levies are particularly hard hit in this area.

4. **The needs of individuals at risk of abuse, neglect and exploitation are not adequately met due to the continuing shrinkage of funds dedicated for Adult Protective Services.** While this has been an ongoing issue, many community forum and survey respondents identified it as a growing problem due to state and local budget cuts to departments of job and family services. It is typical to see APS staff also working with at risk children and other groups of individuals.

5. **Emergency and flexible funds not typically covered by Older Americans Act and Waiver programs are needed to assist individuals in remaining in their homes.** Community forum participants and survey respondents throughout the PSA provided information regarding the difficulty encountered in trying to meet the non-traditional service needs of individuals who need assistance. Informants discussed the need for flexible funds or resources that could be available to assist individuals who do not have the financial resources to pay for such items as security deposits and utilities, medications, food, rental and mortgage assistance. This issue has become more prevalent

since the economic downturn.

6. Older adults and their caregivers are often unaware of community resources available to assist with meeting long-term care needs. Community forum participants believe there is more awareness currently than there has been in the past, but all identified a need for ongoing publicity, education and collaboration so that individuals are aware of and can access available services. Recurring contact with the public, community organizations, local businesses and public officials is key, as well as cross training among agencies so that people are directed to the right agency at the right time.

B. Many of these issues are addressed in COAAA's goals and objectives for the next four-year period. Older Americans Act funds, including National Family Caregiver Support Program funds, can be utilized for certain services. Although some of these issues are beyond the parameters of what the AAA can fund through its programs, there is the opportunity to provide education, collaboration, support and advocacy.

Exhibit A-6: Strategic Goals, Objectives and Evaluation

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Section 1: Strategic Goals and Objectives (Asterisk [*] indicates Targeting; two Asteriks [**] indicates Project 2020)

	Objectives	Evaluation Methodology For Goal:
Strategic Issue #1: Older adults and their caregivers are generally unaware of aging programs and services and how to access those services until faced with a crisis.		
<p>Goal 1: Creative marketing strategies will provide multiple mechanisms for individuals to learn about programs and services. (*)(**)</p> <p>Rationale: Older adults and their caregivers obtain information from a variety of sources</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none">1. Update the COAAA website to allow referrals to be made electronically.2. Explore the feasibility of using the website for blogging, online tutorials, instant chat and advertising.3. Increase article placement in newspapers, particularly outside of Franklin County.4. Conduct television ad campaigns annually.5. Sponsor and participate in community events, health fairs and educational forums.6. Make printed resource information available in languages spoken in central Ohio.	<ol style="list-style-type: none">1. Two website referral forms will be designed. One will allow the general public to make referrals which will generate a return call to the consumer or the referral source, and the second will allow professional referral sources to provide detailed information without the need for a return call.2. Web statistics will show that the agency website is being utilized routinely and that these features are being accessed by the public.3. Articles will run at least 2 times/year in newspapers in each county.4. Commercials will run on television for one month per year.5. The Speakers Bureau will

	Objectives	Evaluation Methodology For Goal:
		<p>participate in 100 community events per year.</p> <p>6. COAAA program information will be available in Russian, Spanish and Somali.</p>
<p>Goal 2: Individuals admitted to hospitals and nursing facilities will receive timely, accurate information and assistance in accessing community-based services. **</p> <p>Rationale: It is important that institutionalized individuals receive information soon after admission to increase the likelihood that they will be able to return to independent living.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Provide targeted assessments to nursing facility residents identified through pre-admission review data who may be at risk of permanent placement. 2. Explore with the Ohio Association of Area Agencies on Aging transitional care models and contracts with hospitals and healthcare providers to reduce readmission rates. 	<ol style="list-style-type: none"> 1. COAAA staff will conduct 40 assessments/month in nursing facilities, 100% increase over current numbers.
<p>Goal 3: Guardians of impaired individuals will be knowledgeable of their responsibilities and of the services available in Central Ohio. *</p> <p>Rationale: Court appointed and family guardians are often unaware of community resources that are available to assist individuals in avoiding institutionalization.</p> <p>Completion Date: December 2011</p>	<ol style="list-style-type: none"> 1. Partner with probate courts to create and market educational classes to guardian caregivers and families. 	<ol style="list-style-type: none"> 1. Classes will take place in at least 1 county utilizing the COAAA Volunteer Guardian Program by 2011.

	Objectives	Evaluation Methodology For Goal:
Strategic Issue #2: There are limited resources for home and community-based services.		
<p>Goal 1: Grant funding will increase resources for additional services to seniors in the region. *</p> <p>Rationale: Traditional federal and state funds are limited as to how they can be used for creative programs and services.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Designate funding specifically for grant research, collaboration and submission of grants to meet COAAA program goals. 2. Submit a minimum of 3 grant applications per year to improve service delivery in the region. 	<ol style="list-style-type: none"> 1.A COAAA staff person will be designated as the point person for researching and applying for grants. 2. COAAA will obtain at least 1 grant per year.
<p>Goal 2: COAAA’s Aging Solutions non-profit entity will be revamped to raise funds to meet client needs that cannot be met with state and federal funds. *</p> <p>Rationale: There is a need for discretionary funds that can be used to assist individuals in remaining in community settings.</p> <p>Completion Date: December 2011</p>	<ol style="list-style-type: none"> 1. Recruit additional board members committed to raising funds and administering them for the purpose of improving the lives of COAAA clients. 2. Present to the Aging Solutions Board potential fund raising ideas and avenues available to assist clients. 3. Develop partnerships with at least 2 businesses in the region that are willing to provide material support for older adults served by COAAA. 	<p>The Aging Solutions Board will meet to review and update its bylaws and develop guidelines for donations to the organization and how those donations will be utilized.</p>
<p>Goal 3: Fayette County will seek a senior services tax levy to expand services for individuals not eligible for Medicaid Waiver programs. *</p> <p>Rationale: Fayette County has the largest percentage of older adults in the central Ohio region. Federal and state funds will not keep pace with the demand for community-based</p>	<ol style="list-style-type: none"> 1. Provide education to county commissioners and community leaders regarding aging services levy models. 2. Provide demographic and needs assessment data to county officials to assist in determining service gaps and needs. 3. Connect county officials to other counties in 	<p>Fayette County Commissioners will voice understanding of older adult demographics in the county and how a tax levy will benefit individuals.</p>

	Objectives	Evaluation Methodology For Goal:
<p>services.</p> <p>Completion Date: December 2014</p>	<p>the PSA who have successfully implemented levy campaigns and programs.</p>	
<p>Goal 4: Individuals and their caregivers experiencing economic crisis will have access to community resources to assist them. *</p> <p>Rationale: The economic downturn has resulted in financial threats to individuals being able to remain in their homes.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Survey county partners to determine how they are currently addressing problems related to housing, utilities, food and healthcare. 2. Facilitate ongoing communication between COAAA, county partners and other organizations to remain up-to-date about available resources. 3. Determine emergency and permanent housing options in the PSA. 4. Utilize National Family Caregiver Support Program (NFCSP) supplemental services funds to assist with emergency needs of older adults and their family caregivers. 5. Assess eligibility for programs, services and financial assistance through Medicare Outreach, the Ohio Benefit Bank and Benefits Quick Link. 	<ol style="list-style-type: none"> 1. COAAA Caregiver Specialists will maintain an up-to-date list of resources that will assist with non-traditional financial needs. 2 & 3. Caregiver Specialists will conduct training for COAAA receptionists, screeners and case managers to ensure that all are aware of resources. 4. COAAA will continue to allow NFCSP partners to use NFCSP funds for supplemental services as needed. 5. COAAA Outreach Staff will reach assist at least 2,000 individuals annually in understanding and applying for benefits.

	Objectives	Evaluation Methodology For Goal:
Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' and persons' with disabilities needs are met.		
<p>Goal 1: Older adults at risk for abuse, neglect and exploitation will receive services from an effective Adult Protective Services (APS) system. *</p> <p>Rationale: At risk individuals require early, ongoing intervention in order to remain safely in community settings.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Enter into Memorandums of Understanding with county Adult Protective Services programs and county probate courts outlining cross training, interdisciplinary problem solving and communication to improve outcomes for vulnerable older adults. 2. Advocate for increased APS staffing and legislation to strengthen state APS laws. 3. Monitor recommendations coming from the Ohio Attorney General's Elder Abuse Task Force and the Supreme Court Subcommittee on Adult Guardianship for implementation in the region. 	<ol style="list-style-type: none"> 1. COAAA will have signed Memorandums of Understanding with APS programs in all 8 counties by December 2014. 2. COAAA will participate in interdisciplinary problem solving teams in at least 2 counties.
<p>Goal 2: Hospital and Nursing Facility Discharge Planners will have a thorough understanding of long term care services available and will refer individuals for community services. **</p> <p>Rationale: Discharge planners play an important role in informing individuals of their long term care options and can assist consumers in avoiding or shortening stays in institutions.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Educate hospital and nursing facility discharge planners about programs and their eligibility offered by the COAAA and throughout the community. 2. Issue identification cards to consumers enrolled in COAAA programs so that hospital staff are aware of the need to collaborate with COAAA when discharge planning. 	<ol style="list-style-type: none"> 1. COAAA staff will incorporate information about COAAA and other programs into quarterly PreAdmission Review training conducted for hospital and nursing facility staff. 2.COAAA staff will attend staff meetings and community network meetings attended by hospitals and nursing facilities at least 4 times per year. 3.All enrolled COAAA consumers will receive

	Objectives	Evaluation Methodology For Goal:
		<p>identification cards and instructions for using them by June 2011.</p> <p>4. COAAA will provide instructions to all hospitals and nursing facilities in the region regarding the purpose of the cards.</p>
		:
<p>Goal 3: Individuals will have increased access to mental health and drug and alcohol services. *</p> <p>Rationale: Adequately addressing mental health needs is a vital component to being able to remain in the least restrictive environment.</p> <p>Completion Date: December 2012</p>	<ol style="list-style-type: none"> 1. Research and explore the development of a program or programs that would offer free mental health services to the uninsured. 2. Collaborate with other organizations through planning meetings to offer input into projects being considered. 3. Recruit additional Social Work/Counseling providers for the PASSPORT Program. 	<ol style="list-style-type: none"> 1 & 2. COAAA will participate in a pilot program offering mental health services. 3. COAAA will recruit and certify at least 1 additional Social Work/Counseling provider in each county in the region.
<p>Goal 4: Long term care needs will be met in the event of a community emergency. *</p> <p>Rationale: Impaired individuals will require that services and assistance continue during community emergencies or disasters.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Establish and maintain relationships with emergency management organizations in each county. 2. Meet with county emergency management agencies at least biennially. 3. Assist the Medical Reserve Corps with the development of a medical special needs shelter and plan. 4. Encourage COAAA staff to participate in training through the American Red Cross and 	<ol style="list-style-type: none"> 1 & 2. An initial meeting with each county's emergency management agency will take place by December 2011. 3. At least one county in the region will have a special needs shelter. 5. The COAAA Safety Committee and Administrative Staff will review and update the

	Objectives	Evaluation Methodology For Goal:
	<p>the Medical Reserve Corps.</p> <p>5. Review and update annually and as needed the COAAA Continuity of Operations Plan as it pertains to both consumers and internal operations.</p>	<p>Continuity of Operations Plan at least one time per year and as needed.</p>
<p>Goal 5: COAAA and community agencies that provide information and referral will transfer individuals amongst themselves smoothly and seamlessly. **</p> <p>Rationale: Callers looking for information and assistance are often discouraged when being transferred from one agency to another without having their needs addressed.</p> <p>Completion Date: December 2011</p>	<ol style="list-style-type: none"> 1. Educate COAAA staff regarding how to transfer calls and perform three-way calling to outside organizations utilizing the agency's Voice Over Internet Protocol phone system. 2. Engage in cross training with organizations that regularly refer callers to COAAA or whom COAAA regularly refers. 3. Engage in cross training within COAAA to ensure that all staff has a good understanding of programs and services outside of their usual day-to-day comfort level. 	<ol style="list-style-type: none"> 1. COAAA will routinely use these techniques with a high comfort level. 2. COAAA will meet with partners in each county to exchange information about programs and services. 3. COAAA staff will receive annual training on COAAA programs and services so that individuals who may not be eligible for a particular service are referred to another alternative.
<p>Goal 6: Explore the start up of an Independent Transportation Network affiliation in Franklin County.</p> <p>Rationale: This has been implemented in the Cincinnati area and is working on meeting older adults' needs.</p> <p>Completion Date: December 2012</p>	<ol style="list-style-type: none"> 1. Visit the new Independent Transportation Network (ITN) in Cincinnati to determine how the group is meeting senior needs. 2. Contact ITN to understand the start-up financing required to be an affiliate. 3. Contact the Mid Ohio Regional Planning Commission, Foundations or other businesses to determine their interest in partnering with 	<p>COAAA will determine the feasibility of establishing an ITN in PSA 6.</p>

	Objectives	Evaluation Methodology For Goal:
	COAAA on a similar venture.	
<p>Goal 7: Individuals enrolled on the PASSPORT Program who are living in congregate settings will have the opportunity to select Enhanced Community Living as a service option. *</p> <p>Rationale: Some individuals will remain in their homes longer if they have the option to receive intermittent services throughout the day rather than larger blocks of service once per day.</p> <p>Completion Date: December 2012</p>	<ol style="list-style-type: none"> 1. Participate in the rule making process to develop the requirements for this service. 2. Collaborate with the owners and management companies of congregate housing communities to obtain a commitment to implementing this new service in their communities. 3. Recruit providers for at least 2 facilities in the region agreeing to participate in the program. * 	Facilities and providers in at least 2 counties will participate in this service option.
Strategic Issue #4: Aging baby boomers will expect an array of community services, programs and opportunities to be available to them.		
<p>Goal 1: Low cost broadband technology opportunities will be available for older adults.</p> <p>Rationale: The Internet provides an opportunity for older adults and their families to remain connected with the community.</p> <p>Completion Date: December 2011</p>	<ol style="list-style-type: none"> 1. Partner with the City of Columbus to explore low cost broadband technology for older adults as a result of stimulus grants available to the City. 2. Advocate or explore grant opportunities for programs that COAAA could pilot that improve safety and tele-health access for older adults. 3. Assist the City of Columbus in marketing the ways low cost broadband can be useful to older adults and their families. 	COAAA will partner with another entity or obtain a grant to pilot a project of this nature.

	Objectives	Evaluation Methodology For Goal:
<p>Goal 2: Active aging and evidence-based programs will be available to older adults throughout the region. **</p> <p>Rationale: Older adults will seek effective, educational programs to assist them in maintaining their health and well-being.</p> <p>Completion Date: December 2011</p>	<ol style="list-style-type: none"> 1.COAAA will have dedicated staff trained to coordinate and offer evidence-based programs for older adults. 2.Seek additional community partners who will provide staff and resources for training and teaching classes. 3. Develop and maintain a list of evidence-based trainers and workshops in the COAAA region. 	<ol style="list-style-type: none"> 1.COAAA will offer a combined total of 35 Chronic Disease Self Management Program and Diabetes Self Management Program workshops per year. 2. COAAA will complete 2 lay leader trainings with 10 graduates per year. 3. COAAA will contact regional trainers to identify trainers and workshop offerings and will maintain a list that can be distributed to interested parties.
<p>Goal 3: County leaders and organizations will understand the importance of age friendly communities in promoting lifelong health and independence.</p> <p>Rationale: Older adults are more likely to remain in community settings if they have easy access to medical, social and recreational activities.</p> <p>Completion Date: December 2013</p>	<ol style="list-style-type: none"> 1. Develop and present county-specific power point presentations regarding age-friendly communities to general community groups. 2. Explore partnerships with at least one county to establish age friendly strategies. 	<ol style="list-style-type: none"> 1. COAAA will conduct power point presentations in each county by December 2013. 2. COAAA will partner with one county to establish concrete strategies for achieving an age friendly community.

	Objectives	Evaluation Methodology For Goal:
<p>Goal 4: Older adults in Fayette and Licking counties will have expanded housing options available to them. *</p> <p>Rationale: Community leaders in these counties have requested assistance from COAAA in advocating for and obtaining resources for additional housing.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Identify gaps in affordable housing in these counties. 2. Provide advocacy and service coordination to encourage the funding of additional projects. 3. Evaluate the feasibility and success of private pay adult family homes as future housing options. 	<ol style="list-style-type: none"> 1 & 2. COAAA will meet with community leaders in Fayette and Licking counties. 3. COAAA will meet with a current Franklin County provider of adult family homes to ascertain the feasibility of this as a housing option that can be expanded in other parts of the region.

Strategic Issue #5: Political forces will impact the aging network.

<p>Goal 1: Legislators representing the region will understand the role of the AAA and the aging network in their counties.</p> <p>Rationale: Legislators need to understand aging issues in order to make informed decisions.</p> <p>Completion Date: December 2014</p>	<ol style="list-style-type: none"> 1. Contact new legislators within 1 year of their election to schedule an aging network informational meeting and consumer home visit. 2. Inform legislators of issues that impact older adults in the State through visits, newsletters, shared research and hearing testimony. 	<ol style="list-style-type: none"> 1.COAAA will meet with all new legislators within 1 year of their election to discuss programs and introduce them to consumers receiving services. 2. COAAA will maintain an up-to-date e-mail distribution list that includes all U.S. and Ohio legislators representing central Ohio counties.
<p>Goal 2: Individuals will have access to a unified long term care system that provides for a range of care choices for all income groups, with equal access to lower cost community services.</p> <p>Rationale: Older adults and individuals with</p>	<ol style="list-style-type: none"> 1. Participate on statewide committees that are established to develop policy affecting long-term care for Ohioans. 2. In conjunction with the COAAA Advisory Council, discuss the basic goals of a unified long-term care system at all legislative visits and will update elected officials and candidates 	<p>COAAA will be able to enroll individuals on Medicaid waiver programs quickly and without having to place individuals on waiting lists.</p>

<p>disabilities want to remain in their own homes as long as possible. Community-based services are less costly than institutional services.</p> <p><u>Completion Date:</u> December 2014</p>	<p>on Ohio’s progress from the regional perspective.</p> <p>3. Utilize grassroots advocacy to educate the community by finding volunteers to be trained for the AARP advocate program, establishing e-mail distribution lists to provide information and by recruiting volunteers to educate elected officials and candidates.</p>	

Exhibit A-7: Targeting Unserved and Underserved Populations

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011 – 2014

Date Submitted: _____

Identify by assigned number (on exhibit A-6) and provide a rationale for those goals and objectives related to targeting activities. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

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

Strategic Issue 1: Goals 1, 2, 4

Strategic Issue 2: Goals 1, 2

Strategic Issue 3: Goals 1, 3, 6, 7

In addition to specific goals targeted toward these individuals, the funding formula used to allocate Title III funds includes components related to income and minority status.

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

Strategic Issue 1: Goal 1

Strategic Issue 2: Goal 3

Strategic Issue 4: Goals 2, 4

These goals and objectives target individuals in several rural communities.

3. The 2006 reauthorization of the Older Americans Act emphasized the importance of reaching groups that have limited English proficiency (LEP). Describe the AAA's plans to improve access to services for those persons identified in this group.

Strategic Issue 1: Goal 1

COAAA and its contracted providers have a proven history in reaching groups with limited English proficiency and will continue these efforts.

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

COAAA has developed several goals and objectives that target individuals already in institutions and those at risk of institutionalization due to social and economic issues as well as level of impairment.

Strategic Issue 1: Goal 2

Strategic Issue 3: Goals 1, 2, 3, 4, 7

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

Strategic Issue 3, Goal 3

This goal is targeted towards individuals with mental health and drug and alcohol disorders.

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

COAAA Provider Relations and Fiscal staff monitor Title III and Alzheimer's Respite funds granted to provider agencies. In addition to monitoring to ensure that quality assurance standards are met, staff evaluate providers on the effectiveness of their outreach efforts. Unfortunately, limited funds may adversely impact the capacity to reach all individuals with needs.

Appendix 2: Application for Direct Provision of Service

Appendix 3: Request for Variance from Prescribed ODA Service Taxonomy

Appendix 5: Use of Funds for MPSC Capital Improvements

Appendix 6: Direct Provision of Nutrition Service Function by AAA

Appendix 7: Waiver of Title III-B Priority Services

Instructions: Respond to each item listed. A separate exhibit must be submitted for each service in which a waiver is requested. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

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

1. Service category (reference ODA service taxonomy). **Volunteer Placement**
2. Geographic area in which service will be provided. **Areawide**
3. Organization that provided this service in the previous year. **COAAA**
4. An RFP process was used to solicit potential providers of this service: Yes No

If no, explain why an RFP process was not used to solicit potential providers. **The COAAA has been operating the Franklin County Volunteer Guardian Program since 1993. It has since expanded to Delaware, Fairfield, Fayette and Pickaway Counties economizing efforts in planning, staffing and training volunteers. Title IIIB dollars are used with matching funds coming from local levies and ADAMH Boards to support these efforts.**

5. Plans, if any, the AAA has to reallocate this service outside the AAA. **None. It was decided by the participating agencies in all counties that the Volunteer Guardian Program should be housed at the COAAA.**
6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.

To ensure adequate supply.

Service is directly related to AAA administrative function.

AAA can provide service more efficiently and effectively. **The Volunteer Guardian Program operates more efficiently and effectively because the central office provides administrative and overhead support which would be more expensive if it had to be provided in each county.**

7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA. **Initial funding for the Volunteer Guardian Program came from the Franklin County Probate Court, the ADAMH Board, the Senior Services Levy and the Columbus Foundation. Only two of the funders have maintained their commitment but the program needs have grown including the expansion to other counties. There are no providers of this**

Appendix 2: Application for Direct Provision of Service

Area Agency on Aging: Central Ohio Area Agency on Aging (6)

Strategic Plan Period: 2011 – 2014

Date Submitted: April 28, 2010

service in the 8-county area. Ohio does not have a public guardian program and no state mandate to provide guardians for older adults who need the service, especially if they are indigent. The Volunteer Guardian Program fills a gap in service in all its counties.

8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency. **The program primarily reaches older people who are institutionalized, but has on a limited basis, been a mechanism for following a PASSPORT consumer without supports into a facility.**
9. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request. **The public hearing was held on April 1, 2010, and no concerns or comments were made regarding the waiver.**
10. Complete and insert in this document the budget page Exhibit D-2b (Attachment 3) for this proposed service under the AAA for the next fiscal year. **Attached**
11. If submitted with the four-year strategic elements, ODA's approval can be up to four years. Specify the years for which this waiver is being requested:

Beginning: January 1, 2011 Ending: December 31, 2014

Signature of AAA Director _____ Date _____

Appendix 2: Application for Direct Provision of Service

Area Agency on Aging: Central Ohio Area Agency on Aging (6)

Strategic Plan Period: 2011 – 2014

Date Submitted: _____

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

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

1. Service category (reference ODA service taxonomy). **Education/Training**
2. Geographic area in which service will be provided. **Areawide**
3. Organization that provided this service in the previous year. **COAAA**
4. An RFP process was used to solicit potential providers of this service: Yes No

If no, explain why an RFP process was not used to solicit potential providers. **Due to COAAA's established history with both Title IIID and Caregiver education, we believe this service is not appropriate for the RFP process.**

5. Plans, if any, the AAA has to reallocate this service outside the AAA. **There are currently no plans to reallocate this service outside the AAA. Title IIID has become a well-recognized service of the COAAA, and is seen as a resource within the community to meet health promotion and disease prevention and Title IIIE Caregiver education needs.**
6. Demonstrate why it is necessary for the AAA to provide this service. Check at least one of the three reasons and describe in detail the rationale for each option checked. Use additional pages, if necessary.

To ensure adequate supply. **In FY 2009, 235 health education presentations 3,815 individuals, across 8 counties, were provided through Title IIID education. Due to the expertise of staff, the knowledge of the 8-county area, and the flexibility of staff, we are able to provide a consistent, quality education series across our planning and service area.**

Service is directly related to AAA administrative function.

AAA can provide service more efficiently and effectively. **The Title IIID program of the COAAA has been in existence for over 16 years. We provide the public and paraprofessionals with a well-known, quality education program. We are able to communicate the existence and services of the aging network, highlighting the services of PASSPORT, the National Family Caregiver Support Program, RSS and free in-home assessments. We provide education of topics**

such as arthritis, diabetes, humor, memory impairment, incontinence, medication management in addition to other health related topics. Having a region wide approach allows us to develop partnerships with pharmacies that will enable us to reach all of our community.

7. Briefly explain how the AAA's provision of this service will complement rather than compete with existing service in the PSA. **The COAAA has carved out its function within the community regarding health promotion and disease prevention. We seek to provide education on topics that participants have identified as a need, and work with local organizations to avoid duplication and increase our capacity to improve awareness of health issues. The COAAA strives to develop new topics where there is a need. Where current education programs exist, we provide referrals to those programs and have reciprocal relationships with other organizations providing education.**
8. Briefly describe the extent to which the AAA's provision of this service complements its role as a PASSPORT Administrative Agency. **Community Awareness and education are vital to ensuring the use of home and community-based services. Often times, the first exposure to the aging network occurs through a community presentation. This allows us to “connect the dot” for consumers so that they can access services that they need. By providing education in the community, older adults and family members can have the appropriate link to aging services. The educational workshops compliment the existing community services in that we use them as a referral. This also allows the counties to partner with us to provide a more comprehensive network of services, to meet many caregiver needs.**
9. List the date of the public hearing held by the AAA on its intention to provide this service directly. If the public hearing was conducted for multiple purposes (e.g., held on the entire strategic Area Plan), it is sufficient here to summarize only those comments that pertained to their waiver request. **The public hearing was held on April 1, 2010, and no concerns or comments were made regarding the waiver.**
10. Complete and insert in this document the budget page Exhibit D-2b (Attachment 3) for this proposed service under the AAA for the next fiscal year. **Attached**
11. If submitted with the four-year strategic elements, ODA's approval can be up to four years. Specify the years for which this waiver is being requested:

Beginning: January 1, 2011 Ending: December 31, 2014

Signature of AAA Director _____ Date _____

Instructions: For new service not otherwise approved by ODA. Please respond to each item listed. Additional pages may be inserted, if needed. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

1. Service name:
2. Definition of service:
3. Detailed description of service to be provided:
4. Unit of service:
5. Rationale for addition of this service:
6. Detailed description of target population to be served by the proposed service:
7. Sources and amounts of funds budgeted:
8. Amount of OAA funds budgeted:
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:
10. Projected number of service units next year:
11. Identification of service providers for proposed service:
12. I certify that the request for variance has been reviewed by the Advisory Council, and approved by the Governing Body and AAA staff and is in concert with the intent of the AAA's current Area Plan.

Not applicable
Signature of AAA Director

Date

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. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

A. Respond to the following:

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

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

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

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

5. What is the start date for the project?
6. A public hearing was held this date:

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

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: Not applicable

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

C. The AAA Director assures that:

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

Signature of AAA Director

Date

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

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

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

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

1. Client Intake and Assessment
2. Food Preparer Contract
 - Develops the RFP
 - Issues RFP
 - Conducts bidders' conference
 - Selects food preparer
 - Pays food preparer directly
 - Relays meal orders to food preparer
3. Menu Development
 - Menu types
 - Number of cycle menus & duration of cycle menus
4. Nutrition Education
 - Plans/writes nutrition education
 - Distributes nutrition education materials
 - Presents the nutrition education lessons to older adults
 - Nutrition education costs: printing, materials, supplies, equipment, and travel
 - Conducts evaluation component for nutrition education
5. Medical Nutrition Therapy (MNT) Nutrition Consultation
6. Quality Improvements for Nutrition Program Services:
 - Nutrition Provider Training (Submit documentation of planned number of events per year and topics)
 - Resource Development for Nutrition Programs (e.g., grant, fund raising)
 - Consumer Involvement for Nutrition Programs (e.g., Satisfaction Surveys)
 - Support Dietary Guidelines for Americans through suitable programs/activities for consumers (e.g., food safety programs; physically active programs; You Can Healthy Aging Program; Nutrition Program, and etc.)

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

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

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: _____

Instructions: AAA must submit *Appendix 6: Nutrition Programs Waiver Request: Direct Provision of Nutrition Program Service Functions* by the AAA for each function a waiver is being requested. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

Summary of Appendix 6:

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

Column 1: Nutrition Program Service Function (detailed description)

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

Column 3: AAA Staff Name and Position

Column 4: Counties in which Service Function will be provided

Column 5: Budget Funding Source and Amount

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

Appendix 6a: Nutrition Programs Waiver Request
Direct Provision of Nutrition Service Function by the AAA

PSA: 6

Strategic Plan Period: 2011-2014

Revision #: _____ Revision Date: _____

Years Waiver is Requested: Beginning Date 1/1/2011 Ending Date: 12/31/2014

Nutrition Program Service Function	Rationale for Direct Provision of Nutrition Program Service Function	AAA Staff Name & Position	Counties Served	Budget Funding Source	Amount
1. Nutrition education: writes nutrition education newsletter articles for providers; consults on and approves nutrition education plans.	Promotes consistency in information shared, topics covered and quality of training	Barbara McSheffery, MS, RD, LD	Delaware, Fairfield, Franklin, Fayette, Licking, Madison, Pickaway, Union	Title IIIC-1 Title IIIC-2	\$2,000 \$2,000
2. Quality Improvement: Attends nutrition network and other relevant meetings	Promotes consistency of information and expectations shared with all providers in PSA	Barbara McSheffery, MS RD, LD	Same as above	Title IIIA	\$2,000

Complete the following for each Nutrition Programs waiver request for direct provision of nutrition service functions by the AAA:

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

_____ Central Ohio Area Agency on Aging _____

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

_____ None _____

3. Was a RFP process used to solicit for this Nutrition Program service function? Yes No

If yes, when _____

4. The Nutrition Program service function does not duplicate a current provider activity. Yes No

Signature of AAA Director (or designee)

Date

Appendix 7: Waiver of Title III-B Priority Services

Area Agency on Aging: Central Ohio Area Agency on Aging

Strategic Plan Period: 2011–2014

Date Submitted: Not applicable

Instructions: Submit a separate Appendix 7 for each priority service category for which a waiver is being requested. This activity must be approved on an annual basis. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

_____ (Name of AAA) requests a waiver for FY 2011 of the following:

A. Priority Service category:

Access Services In-Home Services Legal Assistance

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

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

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

No, a public hearing was not held

Yes, a public hearing was held this date: _____

Counties in which the public hearing was held: _____

Counties that will be affected by this waiver: _____

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

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

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

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

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

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

Appendix 7: Waiver of Title III-B Priority Services (cont.)
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2011–2014
Date Submitted: Not applicable

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

Service category:

	Services in Priority Service Category		
2006 Title III Funding			
2007 Title III Funding			
2008 Title III Funding			
2006 SCS Funding			
2007 SCS Funding			
2008 SCS Funding			
Clients Served* 2006			
Clients Served* 2007			
Clients Served* 2008			
2006 Funds Spent Through Other sources			
2007 Funds Spent Through Other Sources			
2008 Funds Allocated Through Other Sources			

*Clients served through both Title III and SCS services

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

Signature of AAA Director

Date

AAA Notice of Intent for Funding Priority Services

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

This Notification will inform the Ohio Department of Aging of the intent of (name of the AAA) Not applicable to fund priority category of _____ AAA services at less than the required 5% minimum funding levels beginning _____ and ending _____.

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

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

Not applicable
Signature of AAA Director

Date

AAA Assurances for 2011-2014

Area Plan Assurances, Section 306, Older Americans Act

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

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

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

Older Americans Act Programs Non-Discrimination Policy

Verification of Intent

Strategic Area Plan Assurances – 2011

Section 306 Older Americans Act

The Area Agency on Aging, Central Ohio Area Agency on Aging 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, health services (including mental health services), outreach, information and assistance and case management services), in-home services (including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders), and legal assistance. 306(a)(2)(A)(B)(C)
2. Designate where feasible, a focal point for comprehensive service delivery in each community. Specify in grants, contracts and agreements implementing the plan, the identity of each focal point so designated. 306(a)(3)(A)(B)
3. Provide assurances that the area agency will set specific objectives consistent with state policy for providing services: to older individuals with greatest economic and social need, and older individuals at risk for institutional placement; to low-income minority older individuals, older individuals with limited English proficiency, and older persons in rural areas. The area agency shall also include methods to achieve objectives described in this paragraph. 306(a)(4)(A)(i)(I).
4. Each AAA shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will according to 306(a)(4)(A)(ii):
 - a. Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the area agency on aging for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.
4. The AAA assures it will use outreach efforts according to 306(a)(4)(B) 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);

Strategic Area Plan Assurances – 2011 (cont.)

- d. Older individuals with severe disabilities;
 - e. Older individuals with limited English proficiency (LEP);
 - f. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - g. Older individuals at risk for institutional placement
5. The AAA 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 and individuals at risk for institutional placement, 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 American Indians including:
 - a. Information concerning whether there is a significant population of older American Indians in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older American Indians to programs and benefits provided under this title;
 - b. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older American Indians. (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))

Strategic Area Plan Assurances – 2011 (cont.)

10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (306(a)(13)(C))
11. The AAA assures it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.(306(a)(13)(D))
- 12 The AAA assures it will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. (306(a)(13)(E))
13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
14. The AAA assures that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (306(a)(14)).

Signature of AAA Director

Date

Strategic Area Plan Assurances – 2011

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

FY 2011 Strategic Area Plan

_____ Central Ohio Area Agency on Aging _____ (Name of AAA) certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

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

Signature of Authorized Individual

Date

Strategic Area Plan Assurances – 2011

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

FY 2011 Strategic Area Plan

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

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

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

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

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

Name of Designee (type or print)

Name of Recipient (type or print)

174 E. Long St.	Columbus	OH	43215
Street Address or P. O. Box	City	State	ZIP Code

31-6400223
IRS Employer Identification Number

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

Signature

Date

Strategic Area Plan Assurances – 2011

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

FY 2011 Strategic Area Plan

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

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

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

Central Ohio Area Agency on Aging
Applicant (type or print)

Date

Signature & Title of Authorized Official

174 E. Long Street
Applicant's Mailing Address

Columbus OH 43215
City, State, ZIP Code

Strategic Area Plan Assurances – 2011

Older Americans Act Programs Non-Discrimination Policy

FY 2011 Strategic Area Plan

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

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

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

The persons designated to coordinate compliance with the Civil Rights Program is Philip Rollins (typed or printed name), and can be reached at (614) 645-3877 (area code and telephone number).

Approved and agreed to on behalf of the Central Ohio Area Agency on Aging (Name of AAA).

Signature of Authorized Representative

Date

Strategic Area Plan Assurances – 2011

Verification of Intent

FY 2011 Strategic Area Plan

The Strategic Area Plan on Aging hereby submitted for the Central Ohio Area Agency on Aging - PSA 6 (Planning Service Area) for the period January 2011 through December 2014. It includes all assurances and plans to be followed by the Central Ohio Area Agency on Aging (Name of AAA) under provisions of the Older Americans Act, as amended during the period identified, the Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State of Ohio policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

Signature of Area Agency Director

Date

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Strategic Area Plan on Aging. **Comments are attached.** yes no

Signature of Advisory Council Chair

Date

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

Signature of Governing Body Chair

Date

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

Complete an estimated Exhibit D-2b for each AAA-housed program listed in Section II of Exhibit D-2a for PY 2011. An Exhibit D-2b is labeled for major direct service programs (e.g. Housing, CCP, and Nutrition). **The completed D-2b will assist ODA in the Waiver approval process.** A generic Exhibit D-2b is also provided. Please submit a D-2b for each specific requested/approved direct service waiver, Information & Referral and Case Management at the AAA. (Exhibit D-2b is attached as a separate Excel document.)

Care Coordination Budget Exhibit

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

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

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

1. Personnel:

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

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

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

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

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

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

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

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

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

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

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

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

Exhibit D-2b Housing

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

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

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

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

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

Line 2a: **Travel:**

Line 2b. **Audit:**

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

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

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

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

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

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

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

Exhibit D-2b: Nutrition Program Services

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

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

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

2. **Other Costs:**
 - Line 2a. **Travel:**
 - Line 2b. **Audit:**
 - Line 2c. **Rent/Utilities:**
 - Line 2d. **Training/Conferences:**
 - Line 2e. **Misc. Costs**
 - Line 2f. **RD/LD Consultant Contract**
 - Line 2g. **Total Other Costs:** Total of all Other Cost (2a through 2f).

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

4. Identify Other Funding Sources in Column 4.

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

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

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

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

2. **Other Costs**
 - Line 2a. **Travel:**
 - Line 2b. **Audit:**
 - Line 2c. **Rent/Utilities:**
 - Line 2d. **Training/Conferences:**
 - Line 2e. **Misc. Costs:**
 - Line 2f. **Total Other Cost:** Total of all Other Cost (2a through 2e).

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

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

Attachment 2: Central Ohio Area Agency on Aging Population Projections

County	2000 Total Population	2008 Estimated Total Population (%*)	2000 60+ (%**)	2008 Estimated 60+ (%**)	2020 Projected 60+	% Change (2000-2020)	Rank for Projected Growth (of 88 counties)
Delaware	109,989	165,026 (+50%)	12,734 (12%)	20,758 (12.6%)	42,896	+236.9%	1
Fairfield	122,759	142,223 (+15.8%)	18,614 (15%)	23,769 (16.7%)	34,443	+85%	8
Fayette	28,433	28,319 (-0.4%)	5,383 (19%)	5,734 (20.2%)	8,071	+49.9%	46
Franklin	1,068,978	1,129,067 (+5.6%)	138,651 (13%)	157,930 (14%)	226,517	+63.4%	29
Licking	145,491	157,721 (+8.4%)	23,534 (16%)	28,911 (18.3%)	41,217	+75.1%	12
Madison	40,213	41,861 (+4.1%)	5,971 (15%)	7,137 (17%)	10,565	+76.9%	10
Pickaway	52,727	54,544 (+3.4%)	7,946 (15%)	9,571 (17.5%)	13,495	+69.8%	20
Union	40,909	48,223 (+17.9%)	5,330 (13%)	6,577 (13.6%)	10,780	+102.3%	5
Totals	1,609,499	1,766,984 (+9.8%)	218,163 (14%)	260,387 (15%)	387,984	+94.9%	

* Percentage change from 2000 U.S. Census

** Percentage of total population for that year

Sources: 2000 U.S. Census; 2008 County-State Aging Population Estimates, U.S. Census, Scripps Gerontology Center

