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Introduction

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

The goal of the process is to produce a plan that is strategic in nature and considers the aging environment and issues within the PSA. The plan serves as a long-range view of how systems and supports will be developed and aging services strengthened.

The plan includes the assurances that are required of all organizations that receive OAA funding. The format is designed to foster creativity on the part of the AAA and public involvement in development of the plan.

Annually, each AAA is required to submit an Area Plan Update with its respective components to report on status and plans for the coming year. Your budget exhibit pages included in the initial Strategic Area Plan shall be specific to PY 2019. For the annual updates, ODA will prepare and distribute to the AAAs, the updated instructions, documents, forms and budget pages.

Program and Signature Page

AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency	Council on Aging of Southweste	ern Ohio
Mailing Address:	175 Tri County Parkway; Cincinnati, OH	45246
Telephone: (<u>513) 721-</u>	1025 FEDERAL ID NUMBER:	31-0807186
CERTIFICATION BY E	BOARD PRESIDENT, ADVISORY COUN	CIL CHAIR, AAA DIRECTOR:
I hereby certify that the	attached documents:	
are representative Service Area (PSA ☐ Incorporate the cor	a cross section of service providers, const of all areas and culturally diverse populat). nments and recommendations of the Area ed and approved by the Board of Directors	ions of the Planning and a Agency's Advisory Council.
Additionally: ☐ Signatures below ir by the respective g	ndicate that the Strategic Area Plan has b overning bodies.	een reviewed and approved
that intentional misrep	e contents are true, accurate, and comple presentation or falsification may result in ewed and approved this 2019-2022 Strate	n the termination of financial
President, Board of D	Directors	
Name:Jane Ge	egner (Acting Board Chair) Signature:	Jane Cegne
Date:August	28, 2018	
Chair, Advisory Cour	ncil	
Name: <u>Jane Ri</u>	pberger Signature: Mrch 54p	sberger
Date: August	28, 2018	U
Executive Director, A	rea Agency on Aging	
Name: Suzann	e Burke Signature:	Gull
Date: August	28, 2018	

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Assurances of the Older Americans Act, Section 306.

AAA Advisory Council

Council Composition:

See Attachment 1: COA Advisory Council Tenure List (2018-2019)

Frequency of Meetings:

QUARTERLY

Member Selection Schedule:

See Attachment 1: COA Advisory Council Tenure List (2018-2019)

Term(s) of Office:

See Attachment 1: COA Advisory Council Tenure List (2018-2019)

Introduction

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AAA Advisory Council Members:

Name	Occupation / Affiliation	County	Member Since <mm yy=""></mm>	Current Term of Office <mm yy=""> to <mm yy=""></mm></mm>	Age	Race	Eth.
Reference Attachment 1: COA Advisory Council Tenure List 2018-2019							

Funds Administered and Bid Cycles

The following funds are administered by Council on Aging of Southwestern Ohio for PSA 1. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

		Current Bi	d Cycle	Anticipated Bid Cycle			
Funds Administered			Published	Current Year of Cycle	Anticipated Publication	Anticipat ed Award	
A)	III B	\boxtimes	11/15	3 rd	05/19	08/19	
OA	III C-I	\boxtimes	11/15	3 rd	05/19	08/19	
Act	III C-II	\boxtimes	11/15	3 rd	05/19	08/19	
ans	III D	\boxtimes	11/15	3 rd	05/19	08/19	
erica	III E	\boxtimes	11/15	3 rd	05/19	08/19	
Older Americans Act (OAA)	VII	\boxtimes	Direct award to Ombudsman Provider	3 rd	Direct award to Ombudsman Provide	08/19	
Olde	VII	\boxtimes	Direct award to Ombudsman Provide	3rd	Direct award to Ombudsman Provide	08/19	
ne	SCS	\boxtimes	11/15	3 rd	05/19	08/19	
General Revenue	Alzheimer's Respite	\boxtimes	11/15	3rd	05/19	08/19	
	Natl Sr Service Corp	\boxtimes	*This fund does not have an associated Bid Cycle	1 st	N/A	N/A	
Ge	SLTCO						
	MIPPA/ADRC						
	ADSSP						
	HEAP	\boxtimes	*This fund does not have an associated Bid Cycle	1 st	N/A	N/A	
<u>.</u>	USDA SFMNP						
Other	NSIP	\boxtimes	11/15	3 rd	05/19	08/19	
0	MyCare Ombudsman						
	Resident Service Coord						
	Ombudsman Bed Fee						
	Other (optional)			(Dlagge add			

^{*} This fund does not have an associated Bid Cycle. (Please add * to the relevant funds above)

Executive Summary

Council on Aging of Southwestern Ohio referenced throughout the document as (COA) is a nonprofit organization dedicated to enhancing quality of life for older adults, people with disabilities, their families and caregivers. We promote choice, independence, dignity and well-being through a range of services that help people remain in their homes for as long as possible.

Founded in 1971, COA is part of the national aging services network and is a state-designated Area Agency on Aging for a five county region, and serving individuals across a 21-county region for the Ohio Department of Medicaid. One call to COA links people to the wide variety of agencies, information and programs that serve older adults, people with disabilities and their caregivers.

As an Area Aging on Agency, we are responsible for planning, coordinating and administrating local, state and federally-funded programs and services for older adults, people with disabilities and caregivers in our planning and service area: Butler, Clermont, Clinton, Hamilton and Warren counties.

COA's mission is to enhance lives by assisting people to remain independent through a range of quality services.

Our vision is to be the premier standard in maximizing independence and quality of life.

With more than 40 years of experience, COA is...

- A "front door" to information and resources, responding to more than 45,000 requests for information and referrals annually,
- A program administrator and care management organization helping more than 20,000 people annually to remain independent in their homes and communities,
- An innovator, developing programs and pilot projects that improve health care and reduce costs.
- An advocate, educating elected officials and building collaborations to develop age-and disability-friendly communities, and
- A steward of public funds, working always to provide the highest quality services for the lowest possible cost to serve as many clients as possible with the tax dollars.

COA is pleased to present the 2018-2021 Area Plan. In this plan you will read how we plan to address the most critical needs identified by older adults in our region. In the spring, 2018, COA began collecting community input on needs via community survey, interviews and focus groups with key stakeholders and face to face interviews with clients. A copy of the needs assessment results is attached. The results of this research yielded the top needs in our community are:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

The needs assessment also revealed that the following services required more funding:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

And, the most significant <u>unmet</u> needs are:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

Armed with this information, and in an effort to align to the state's strategic priorities, COA's area plan adopts these five goals.

- 1. Develop standards and measures for quality and performance regarding operation, information and resources for a consistent front-door experience.
- 2. Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter quality of life.
- 3. Increase the capacity of respite opportunities.
- 4. Provide comprehensive person centered assessment and care services and supports that anticipate and address current and emerging needs as they arise.
- 5. Promote intergenerational opportunities to benefit participants both personally and professionally.

Within these goals, you will see strategies that specifically align to the community needs outlined above.

COA has intentionally established broad goal areas and adopted the principles of agile project management in the development and implementation of our Area Plan. Constantly changing technology and easy access to information requires businesses to constantly move from planning to implementation to remain competitive. These functions often occur

simultaneously. As the boomer generation ages, they are driving changes to traditional services for older adults as their needs and wants are dramatically different than those of the previous generation. This requires COA to remain vigilant to constantly scanning the market place. This environment also necessitates the need to remain flexible and adaptable to constantly changing technology, new ways of doing business, and unforeseen opportunities. As such, in the goals and objectives outlined in the plan below, you will learn about COA's initial plans and specific initiatives. It's critical to recognize that COA will continually scan the environment for opportunities, challenges, and changes that will necessitate that we adapt our plan to remain relevant to the needs of older adults.

Mission and Vision Statements

The Mission Statement is a clear concise explanation that describes the agency's purpose and reason for existence. The Vision Statement describes what the AAA will strive to achieve in the future.

Mission:

Enhance lives by assisting people to remain independent through a range of quality services.

Vision:

To be the premier standard in maximizing independence and quality of life.

Regional Profile

Identification of Counties:

Our service area as the Area Agency on Aging (AAA) includes a five county region in Southwestern Ohio including Butler, Clinton, Clermont, Hamilton, and Warren Counties; also known as Planning and Service Area 1 (PSA1). Some of our programs and services extend outside of our region such as the Ohio Home Care Waiver contract which includes 21 counties on the western side of the state including Dayton and Lima. See map below with an arrow showing our AAA region. We operate three offices including the main office in northern Hamilton Count and an office in the City of Wilmington within Clinton County. The third office located in Montgomery County supports the Ohio Home Care program.

Identification of Region (Map):

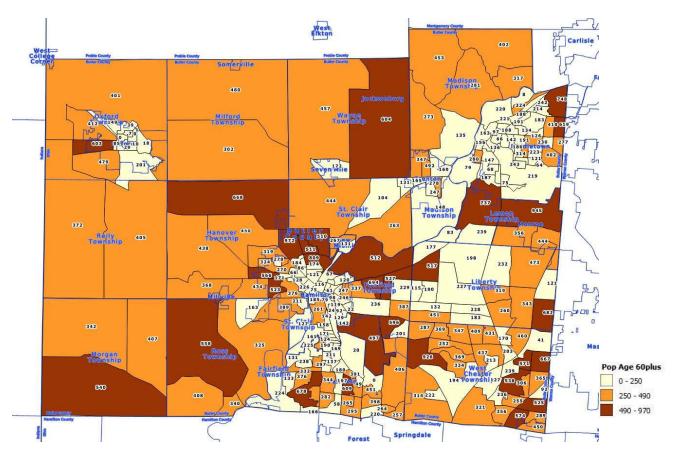


Socio-Demographic and Economic Factors:

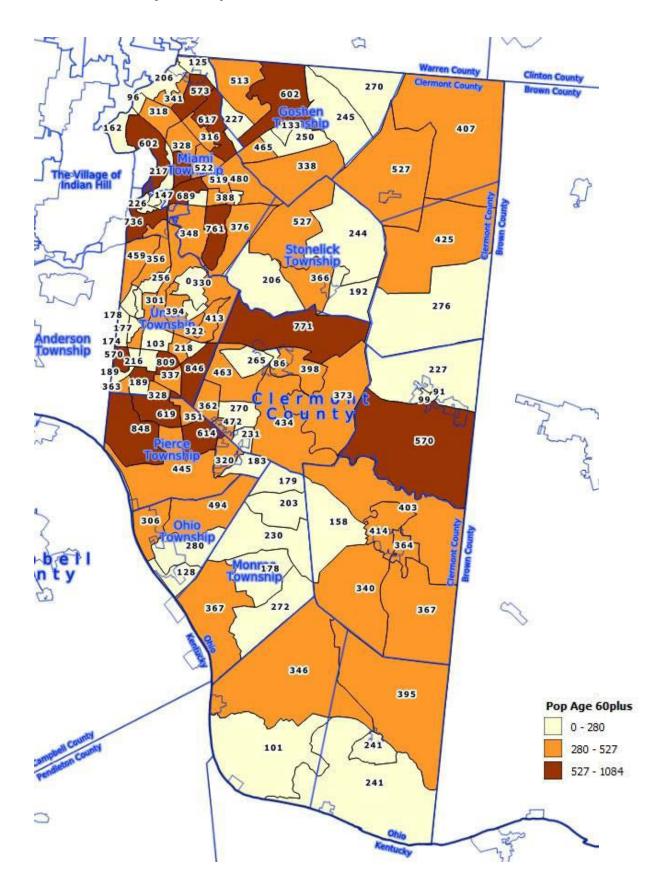
See Attachment 5 (AAA 1: Census Block Group Maps): file with detailed mapping analysis of sociodemographic and economic data in our region.

Here is a map of seniors 60+ broken down by each of the five counties in our region. The maps show higher and lower density areas of the 60+ population.

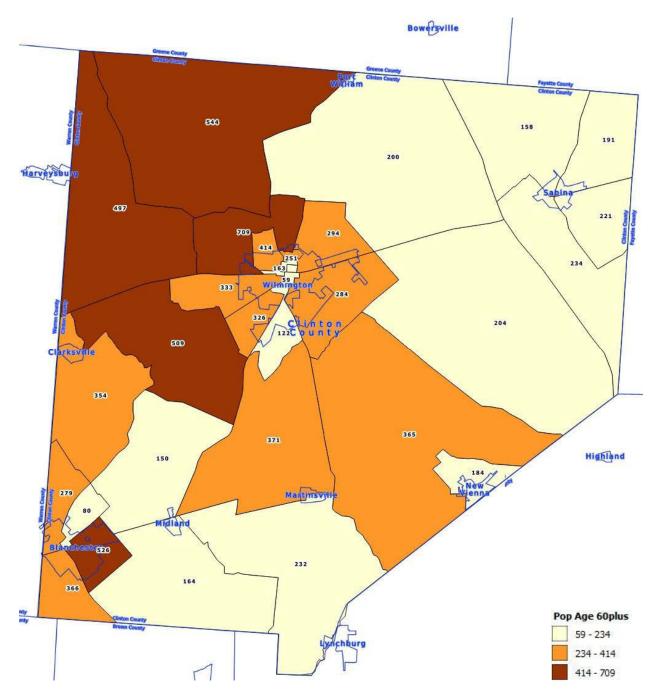
Butler County 60+ Population:



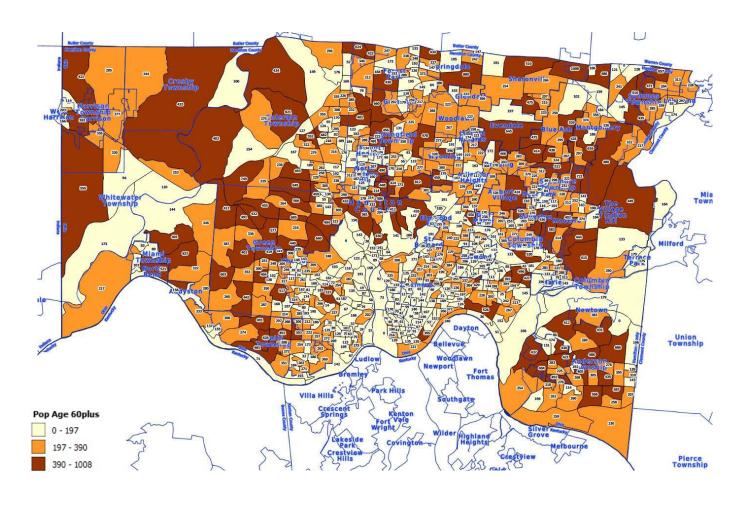
Clermont County 60+ Population:



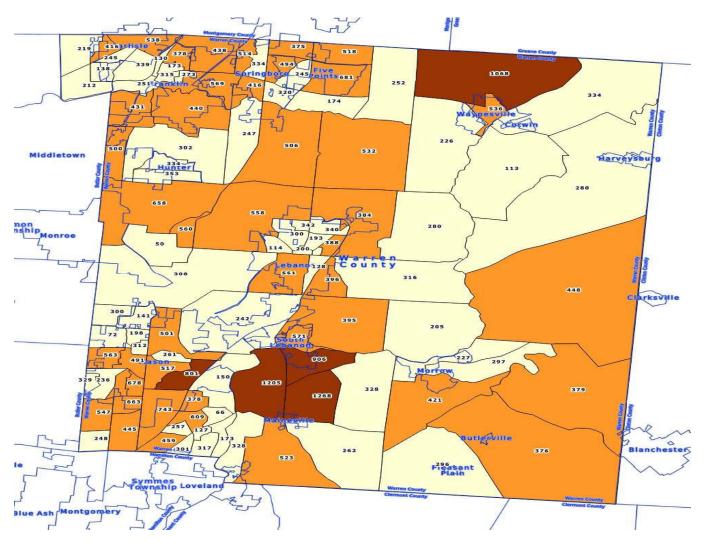
Clinton County 60+ Population:



Hamilton County 60+ Population:



Warren County 60+ Population:



Economic and Social Resources:

The percentage of our older population living in poverty has decreased dramatically over the past 50 years. Today, children are more likely to live below the poverty line than seniors. Still, approximately one in ten older adults' lives in poverty and many more live in near-poverty with annual incomes of \$25,000 or less. COA manages County funded levy programs, known as the Elderly Services Program which services low-to-moderate income individuals who can't afford private-pay in-home care but are not low income enough to qualify for Medicaid programs. Our 2018 community needs assessment showed that "affordability" of living was one of the top concerns among older adults who live on fixed incomes and face rising costs in health care, long-term care, housing, and food.

The unemployment rate in Ohio has fallen to 4.3%, slightly higher than the 3.8% national rate. These rates have fallen steadily since 2010. Low unemployment is good for the

economy and the employed, but is negatively impacting senior services as many providers are struggling with staffing in home care, transportation, and meal delivery. The cost of provider services (home care, meals, etc.) has been steady or declining over the past 5 years, but we expect that trend to change sharply as the strong economy is pushing up wages, and putting a strain on the entire care delivery system as all employers are seeing higher turnover and difficulty filling vacant positions.

Southwestern Ohio is part of a larger Tri-State region that includes northern Kentucky and Southeastern Indiana. The entire region needs to be considered when considering economics, arts/entertainment, public transportation, and social issues. Some of the current social issues in the region includes an opioid epidemic that has had a major impact on courts, jails, police, local fire/EMS, and families. We are seeing an uptick in the number of grandparents raising grandchildren that is driven by opioid addiction, economics, and some very difficult family situations. In most cases, the grandparents are healthy and capable of providing care. However, in other cases, supports are needed as health and disability limits the grandparent's ability to provide care.

Our region has a diverse mixture of urban, suburban, and rural communities. All counties have a lot of access to public park options, libraries, and easy access to interstates including I75, I71, I74, and I275. Clinton County is rural, and has an economic mixture of aviation, agriculture, manufacturing, and health care. The city of Wilmington is the county seat and the population hub in the county which is surrounded by villages and rural area. Clinton County has one hospital located in Wilmington. Many specialist care providers, and other hospital systems are an hour drive to Dayton or Cincinnati. Clermont County is known in senior services to be the first county in Ohio to pass a senior services levy. Its local governments include two small cities that are on the western county line, 11 villages, and 14 townships. Butler County has the second largest population in our region. The county is divided geographically by several cities including Oxford which is associated with Miami University, Middletown which is a manufacturing community halfway between Dayton and Cincinnati, the county seat in the City of Hamilton, and the growing West Chester community which is associated as a suburb of Cincinnati. Butler County has three separate United Way agencies. Hamilton County is the third most populous county in the state of Ohio. It has an abundance of local governments including 21 school districts, 21 cities, 17 villages, and 12 townships. Hamilton County is home to four major health systems including TriHealth, Mercy, UC Medical Center, and Christ. Warren County is the youngest, has the highest median income, and the highest rate of population growth in our region. Warren County has been rapidly transforming from a rural county into a suburban area. The population increased 39% and 34% in the past two census counts. This growth has put a strain on community infrastructures including roads, sewer, and water. The county is known as a hub for recreation and attractions including Kings Island, Western & Southern Open (tennis), Beach Water Park, and Great Wolf Lodge. Its local governments include 7 cities (4 of the 7 cross county lines), 10 villages, and 11 townships.

As the Area Agency on Aging for the region, we have contracts with Butler, Clinton, Hamilton and Warren Counties to administer county funded senior service levy programs. Clermont County also has a levy which is administered by Clermont Senior Services. The levies support in home services for seniors who do not qualify for Medicaid Waiver services, but have disabilities that threaten their ability to live independently in the

community. Eligibility and the service package varies for each county, but all provide care management, home delivered meals, homemaker, personal care, respite, adult day services, transportation, home modification, home medical equipment, environmental services, and electronic monitoring systems. Known as the Elderly Services Program (ESP), coordinated care is provided to thousands of at-risk seniors. Some Federal and State funding is used in ESP for home delivered meals, information and referral, and adult day services.

Description of the PSA's Service System:

COA has more than 40 years of experience managing large, complex, publicly-funded programs. We understand the community needs in our area, and have invested in developing a strong network of community based services to support seniors and people with disabilities. Below is an outline of major programs and services available in our community.

Aging and Disability Resource Center (ADRC)

COA is southwestern Ohio's "front door" to information and resources for seniors and people with disabilities, their families and caregivers, and professionals working in the field of aging and disability services. In 2016, COA's call center and community partners responded to 45,822 requests for help through our Aging and Disability Resource Center. Services include an online comprehensive, local resource directory and housing database. Assessors in ADRC also provide long-term care consultations to help families evaluate their long-term care options and costs. Some highlights of our ADRC include:

- The Ohio Department of Aging designated COA as one of 12 regional Aging and Disability Resources Networks (ADRN) in Ohio. An ADRN is a coordinated web of social service and health organizations who work together to make it easier for people to access the help they need. COA has established partnerships with numerous organizations through contracts, written protocols and/or staff crosstraining.
- COA's ADRC specialists are certified by the Alliance of Information and Referral Systems (AIRS), a professional credentialing organization, including special certification for aging-related referral services.
- Our online resource directory and housing database is an online guide to local, state and selected national resources with more than 1,200 listings and links.

Elderly Services Programs (ESP)

COA ensures the Elderly Services Program is providing excellent customer care at a low and competitive cost to serve as many seniors in need as possible while being conscientious of the funding received from the county levy. We provide a wide array of functions for this program which fall into the following categories:

- Procurement and Contract Management
- System Innovation
- Reporting and Data Analysis
- General Administration
- Community Relations and Outreach
- Information Technology

- Care Management
- Examples of services within these categories include:
- Fiscal management and oversight;
- Quality improvement;
- Program auditing and monitoring;
- Outcome and quality dashboard measurement and reporting;
- Client tracking and provider billing software;
- Billing clients for co-payments;
- Program policy development and innovation;
- Competitive bidding and contracting of provider services including intake and care management;
- Financial services:
- Clinical training, approvals, and consultation; and
- Staffing advisory boards and subcommittees.

COA administers the Elderly Services Program in four counties: Butler, Clinton, Hamilton, and Warren. In each of these counties, we provide or contract to provide care management services to older adults per the county-specific program eligibility guidelines. One of the core functions of a care manager is to coordinate home-based services, such as homemaking and personal care.

Butler County ESP - In 1996, the citizens of Butler County approved the first five-year senior services levy and COA was awarded the contract to develop and administer the Butler County Elderly Services Program. The levy renewed in 2001, 2005, 2010, and 2015. Nearly 4,000 clients receive services through this program annually. The current 1.3-mill tax levy generates approximately \$10 million per year.

Clinton County ESP - In 1998, the citizens of Clinton County approved a five-year senior services levy. The levy renewed in 2003, 2007, 2012, and 2016. The current 1.5-mill levy which was recently approved by a record 76% of the voters, generates approximately \$1.2 million per year and provides in-home services to nearly 500 clients annually. COA provides intake and care management services in Clinton County. The long standing waiting list was eliminated in 2015 through better management of eligibility and eliminating the conflict of interest between eligibility/service determination, and the provision of services.

Hamilton County ESP - The citizens of Hamilton County approved a five-year senior services levy in 1992 and renewed it in 1997, 2002, 2007, 2012, and 2017. The current 1.6-mill tax levy generates approximately \$25 million per year. COA has been the administrator and provider of intake and care management services of the Elderly Services Program in Hamilton County since 1992. On an annual basis, nearly 5,800 clients receive care management and in-home services from COA's staff of 48 care managers and its contracted network of 50 providers.

Warren County ESP - In 2002, the citizens of Warren County approved a five-year senior services levy. COA has been the designated administrator for the Warren County Elderly Services Program since its inception. The levy renewed in 2006, 2011 and 2016. The

current 1.21-mill levy generates approximately \$6.5 million per year and provides in-home services to more than 2,500 clients annually.

PASSPORT Program

In 1987 COA began administering the 2176 Medicaid Waiver known in Ohio as PASSPORT. PASSPORT is an acronym for Pre-Admission Screening System Providing Options and Resources Today. It is a State of Ohio long-term care program funded through the Ohio Department of Aging. The goals of PASSPORT are to slow the growth in the state's institutional long-term care expenditures and to expand the range of community-based care alternatives.

COA's licensed social workers and registered nurses conduct comprehensive screenings and assessments to help individuals make informed choices about their long-term care options and to determine PASSPORT program eligibility. Once eligibility is determined, needs are assessed and a client-specific service plan is developed. A care manager is then assigned to work closely with the client, family and caregiver(s) to ensure services are being provided as scheduled and the plan of care continues to meet the client's needs.

COA also has responsibility for certifying and monitoring the network of Medicaid Waiver providers that deliver services such as home-delivered meals, personal care and transportation.

COA care manages and coordinates services for over 1,500 seniors annually, including approximately 25 seniors in Clinton County. The program budget for PASSPORT is over \$21 million.

Assisted Living Waiver

The Assisted Living Waiver is a Medicaid Waiver funded through the Ohio Department of Aging and COA has been providing care management to Assisted Living Waiver consumers since 2006. Assisted Living provides an intermediate level of care for disabled adults age 21 and older. It offers independence and privacy and, on average, is less than half the cost of nursing home care. Without the assisted living waiver, many adults would be forced to move to nursing homes unnecessarily.

COA care manages over 400 clients annually who are enrolled in Assisted Living.

MyCare Ohio

MyCare Ohio is a managed care system for Ohioans who receive both Medicare and Medicaid benefits. The program is administered by the Ohio Department of Medicaid (ODM). ODM awarded contracts to two health plans to serve MyCare Ohio members who live in Butler, Clermont, Clinton, Hamilton and Warren counties: Aetna Better Health of Ohio and Molina Healthcare.

Annually via contracts with these two health plans, COA coordinates the community-based services of over 4,500 members enrolled in MyCare, including more than 2,800 enrolled in Aetna, and 1,700 enrolled in Molina.

FastTrack Home

FastTrack home is an innovative program currently operating in three hospitals in Hamilton County, and one in Clinton County. FastTrack home combines the successful evidence based care transitions health coaching model with access to 60 days of

community based services that allow seniors being discharged from hospitals or nursing facilities to enroll in ESP, and receive the services upon discharge. The design includes an assessment in the hospital followed by an in home assessment upon discharge, plus 60 days of individualized person centered home care services that includes a broad package of services including home medical equipment, home delivered meals, transportation to the doctor/specialist, home care, ramps, and/or emergency response systems. FastTrack Home won the award for health care innovation from the Health Collaborative in 2017, and was featured in Cincinnati Magazine.

Ohio Home Care Waiver

The Ohio Home Care Waiver is an Ohio Medicaid waiver program providing in-home care services for eligible individuals aged 0-59. COA is one of two local entities contracted by the Ohio Department of Medicaid to provide care management services via this program in a 21 county region from Cincinnati thru Lima.

COA's licensed social workers and registered nurses conduct comprehensive assessments to determine program eligibility. Once eligibility is determined, needs are assessed and a client-specific service plan is developed. A care manager is then assigned to work closely with the client, family and caregiver(s) to ensure services are being provided as scheduled and the plan of care continues to meet the client's needs. Annually, COA care manages more than 800 individuals including approximately 60 clients in Butler County. The annual program budget is \$2.3 Million.

Specialized Recovery Services Program

This program funded by the Ohio Department of Medicaid provides specialized support for adults with severe and persistent mental illness, certain diagnosed chronic health conditions, or who are active on a transplant waiting list. Eligible individuals receive full Medicaid care and may also receive the following services from COA:

- Recovery Management: assistance developing a plan of care specific to the individual's needs
- Individual Placement and Support (IPS): help finding and keeping a job
- Peer Support: support from others with similar life experiences

Title III of the Older Americans Act

COA administers Title III of the Older Americans Act and provides competitive bidding for services, provider contract management, budgeting, and audit preparation. Through Title III, COA supports transportation, senior centers, legal services, Alzheimer's education, nutrition, community planning, advocacy, training, and other services that help older adults stay healthy, safe, active, and involved in their communities.

Title XX Services

In 2016, COA began administering homemaking and personal care services funded through Title XX on behalf of Butler County Job and Family Services (BCJFS). COA used its contracted network of quality home care providers in Butler County to allow choice of home care provider and quality oversight of the services provided.

Pre-Admission Review

COA offers this screening service to assure that people seeking to enter Medicaid-certified nursing facilities actually require that level of care. COA works with all area

hospitals and skilled nursing facilities to determine level of care and authorizing Medicaid reimbursement.

Role in Interagency Collaborative Efforts:

Our Government Relations Manager serves on several regional boards where member organizations and law enforcement agencies (where applicable) collaborate to improve safety for older adults and individuals with disabilities, increase access to community services, and advocate on their behalf. The focus areas of these boards include: senior needs such as access to transportation, mental health services and affordable housing; emergency preparedness for older adults and people with disabilities; safety and elder abuse awareness and prevention; and advocacy for the needs of older adults.

In addition, the Government Relations Manager meets regularly with elected officials to keep them up-to-date on issues affecting Ohio's vulnerable populations and their caregivers. Most of the state legislators representing our five-county region, as well as many local elected officials, have visited COA clients in their homes.

COA is also engaged in several initiatives involving other community and regional organizations. COA regularly partners and supports new grants and innovative programs. The following are some current examples:

- COA is partnering with the Health Collaborative's (regional health information exchange) in the implementation of the Affordable Health Communities grant from the Centers for Medicaid and Medicare Innovation.
- COA is partnering with Springfield EMS on a community paramedicine pilot program.
- COA works in four regional hospitals to provide Fast Track Home, a program designed to reduce readmissions.
- Healthy U, COA's wellness programs offering Chronic Disease Self-Management Program and Matter of Balance, provides programs in senior centers, YMCAs, and hospitals throughout the five county area.
- COA was recently asked to participate by the Hamilton County Health Department on a new grant to provide wellness programs.
- COA in partnership with O4A and the AAAs, led the inter-agency workgroup with Ohio Departments of Medicaid and Aging, to improve the Ohio Benefits Long Services and Supports initiative.

Our Senior Leadership Team is engaged with numerous boards and community groups, representing the needs of seniors and those with disabilities. Some past examples include:

- Participation on the SORTA board (regional transportation);
- Developmental Disabilities Board;
- Regional Chamber activities (such as LEAD, WE LEAD, and others);

COA has also served as the convener of community efforts to address the needs of older adults. Past examples include:

- Project Redwood a national initiative, led by Kaiser Permanente, to learn how to support older adults who wish to age in place. This effort brought together local leaders from business, government, education, and nonprofit sectors.
- Leadership Summit on Aging COA convened local business executives, elected
 officials, representatives from education, government and non-profit agencies to
 discuss local issues related to an increasing population of older adults.
- USonAging, with United Health Care COA convened a group of local community leaders to learn the results of United Health Care's research on aging in place.

Finally, COA works closely with our provider network to enhance service delivery. For example, in 2017, COA worked closely with home care assistance providers to address workforce shortage issues that has reached crisis levels across the state. COA established a pilot program to determine if increasing aide pay would increase retention. The pilot is still in progress. That same year, COA worked with a number of agencies to successfully pass an increase to the senior services levy in Hamilton County.

Census Information:

Basic Demographics: 2010 Census²

County	60+	75+	85+	Rural 60+	Males	Females	Living Alone	Minority 60+	LEP ¹ 60+
Butler	61,947	19,450	5,138	7,617	27,690	34,257	14,130	4,641	789
Clermont	34,518	9,648	2,521	9,057	15,641	18,877	7,678	869	169
Clinton	8,159	2,569	755	4,311	3,677	4,482	2,033	242	No Data
Hamilton	149,302	53,533	16,386	4,402	63,216	86,086	45,127	32,333	2,283
Warren	33,711	9,775	2,592	7,063	15,407	18,304	7,113	1,387	516
Totals	287,637	94,975	27,393	32,450	125,631	162,006	76,081	39,472	3,757

¹ Limited English Proficiency ² See http://www.ncbi.nlm.nih.gov/pubmed/12044961

Unmet Needs and Service Opportunities

This section defines the significant unmet needs for services and how the AAA plans to address gaps in service.

Access to Information and Advocacy Services (ADRN, priority populations and elder abuse):

Council on Aging of Southwestern Ohio (COA) Aging and Disability Resource Center (ADRC) is our call center and is the "front door" to services and information for older adults, people with disabilities, caregivers, and professionals. Access to information through ADRC is free to the public and available to anyone with questions about aging, disability resources, or caregiving. Resource information can be accessed through our website where one will find community resources for transportation, financial planning, senior centers, home care services, legal needs, elder abuse resources, housing options, long term care ombudsman and many other resources. COA serves as a single entry point (SEP) as part of the state-wide initiative Ohio Benefits Long Term Services and Supports (OBLTSS) which includes a network of Area Agencies on Aging and other single point agencies giving individuals one place to call to access resources, home and community based programs, and long term services and supports options. This system serves priority populations including minority and non-minority living below the poverty level, individuals with limited English proficiency, veterans, holocaust survivors, LGBTQ, populations such as Hispanic, Russian speaking, and the Bhutanese community that have immigrated to regions that we serve.

Population Health (nutrition, health and wellness, dementia, substance abuse and addiction):

COA's community needs assessment, conducted in preparation for completing the Area Plan, identified home delivered meals as the second highest priority service. COA will continue to leverage the Title III funding with funding from the Elderly Services Programs to ensure this service continues to meet the community needs.

COA uses the Service Adequacy and Satisfaction Instrument (SASI) to measure client satisfaction with the home delivered meals program. The survey is offered to every meal participant bi-annually. Quality improvement efforts are initiated as issues and opportunities are identified. In addition, COA is working towards identifying innovative ways to deliver meals. COA will pilot initiatives and measure success in terms of reduced cost, increased efficiency, and/or quality.

COA recognizes that prevention through behavior modification is the most effective way to lower health care costs, hospital admissions, and prevent nursing home placement.

COA has a robust wellness program which we plan to continue through this planning period. COA operates Healthy U, which is comprised of the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP). COA

also offers Matter of Balance. The combination of these programs offers COA the opportunity to address a wide range of chronic conditions.

COA has joined the National COA Learning Collaborative to determine whether it makes financial and programmatic sense to become a certified Medicare Provider for Diabetes Self-Management Training.

COA is also working with managed care plans to identify their highest cost clients and develop tailored care management and coaching programs. COA is currently in year 1 of a pilot with a managed care plan to provide coaching to individuals diagnosed with alcohol, opiate, and drug additions. The model combines face to face coaching, with telephonic follow-up and connection to community resources to support individuals' choices to seek rehabilitation and ensure follow-up. This pilot is in the early stages. COA is hoping to replicate the program with other funders and/or expand to other diagnoses.

Caregiving (caregiver support and kinship care)

Parents who have raised their child with disabilities in the home may or may not have adequate alternative caregivers or planning in place. There is a reluctance among some to engage in future planning conversations, as the parents are resistant to the option of nursing facilities.

For example, a member enrolled in MyCare Ohio in her mid-40's is bedbound and requires 24 hour care which is currently provided by agency aides, independent providers and elderly parents in their upper 70's. She has no living siblings. The member is cared for in the parents' home which has been modified, at the parents' expense, to accommodate her intensive needs. According to the cost effectiveness study that is conducted in MyCare Ohio, the member's service plan is at 405% of the cost of a nursing facility. Her parents, who are her guardians, are focused only on their daughter's needs. Parents understand their limitations and are open to the assistance of an aide. Parents refuse to discuss nursing home options, or other contingency plans for when their health fails.

Frequent scenarios for adult children as caregivers include adult children who have difficulty balancing work, family and caregiving. They are limited in their time and energy which causes the risk for caregiver burnout to increase. There is a reluctance to future planning conversations because the children made promises to keep their parent at home. The idea of institutionalization leads to feelings of failure.

For example, a client lives in her own home with a daughter who lives nearby and is retired, and also has her own health issues. The client refuses to move in with her children which requires the daughter to visit daily and assist with medications, meal preparation, shopping and transportation to appointments. The daughter also cares for her mother's pets daily. The daughter is Power of Attorney and refuses to discuss nursing facility placement as a part of the future planning for her mother because of promises that had been made.

Kinship Care

Grandparents raising grandchildren surfaced as an issue for the first time in our needs assessment. We are beginning to see a few examples of kinship needs in our FastTrack Home Program. We expect this to grow as the opioid crisis continues and more children are unable to be cared for by their parents. A recent example includes a woman in her 70s who had a recent discharge from a skilled nursing facility to home. She lived in a two story home with her husband and 18 month old grandchild. The client had become increasingly ill over a period of months, and eventually was hospitalized due to a cardiac issue. After the hospitalization, she was sent to a skilled nursing facility to recover. When the client was to be returning home, the grandchild went to stay with another relative out of state so that the client's husband would be available to care for the client in the home. Client had difficulty navigating the home due to weakness, and needed assistance with most daily activities including using the stairs and exiting the home. While the client's husband appeared to be active, he was in a new caregiving role for his wife. The grandchild did return home.

Some potential service gaps include the following:

- Home delivered meals for dependent children
- Ongoing child care to prevent caregiver burnout (i.e. daycare) and transportation.
- Parenting resources and support for grandparents who are suddenly caring for young children.
- Assistance for grandparents in navigating school systems.
- Legal resources for grandparents who have guardianship or who are pursing guardianship of grandchildren.
- Financial support and benefit assistance.

Ohio, despite being especially hard hit by the epidemic of opioid abuse, is not among the 35 states that now have an ongoing kinship assistance program to provide subsidies to caregiver families who meet requirements similar to those of foster parents.

Caregiver Support

Spouses as caregivers is the most frequent urgent situation that we see in hospital discharges, and calls into ADRC. This often presents itself when the caregiver has a health crisis and there isn't a plan for how to care for the other spouse. As an example, we often will see where there is a hospitalized spouse who serves as the primary caregiver to the other spouse who may have dementia. The caregiver is often unaware of the severity of the dementia, and may not detect subtle signs that occur early on. There may be a reluctance to acknowledge the problem. When the caregiving spouse is unable to serve in the caregiver capacity, the situation can become more urgent. Caregivers may have difficulty acknowledging their own illness including a lack of understanding of health conditions both for the client and the spouse.

Community based programs and resources must be adapted to prevent these situations, and be able to respond when it becomes an urgent situation.

Civic Engagement (volunteerism and older workers):

COA will identify a base of advocates to raise awareness and promote the social well-being of older adults and people with disabilities in our service area. This may include collaborating with organizations that offer older adult workforce initiatives; researching and promoting school-based intergenerational programs; and participating in collective impact initiatives.

Aging in Place (HCBS, transportation, housing, workforce shortage and safety needs):

Several top needs for additional funding were identified in our community needs assessment.

The top need identified was transportation to medical appointments followed by transportation to other community settings. Public transportation is very limited, and where it exists, it doesn't support the needs of seniors who need assistance to the vehicle, and in and out of the destination. Specialized transportation services that are funded through COA programs have limitations in capacity, days and hours of the week that they operate, and require advance notice requirements. The need for on-demand transportation is identified as an unmet need. Seniors who need transportation have difficulty with wait times after the appointment is finished, and availability of rides needed with less than 24-hour notice. Ironically, everyone has access to on demand transportation to emergency rooms by calling 911, but are unable to go see their primary care physician.

Affordable housing was also identified as a top need. Low income and subsidized housing has waiting lists, and there is a shortage of housing stock available for middle income seniors who need to downsize and move into accessible housing. Housing questions are one of the top requested needs from callers contacting ADRC. COA has an extensive on line resource directory of housing options in the area, but an unmet need includes hands on assistance with identifying appropriate housing and applying for benefits. Improvement is also needed with the coordination of home modification services for greater efficiency and quality. Modifications are complicated and outside the skill set of social work and nursing.

Having an adequate workforce, specifically with homemaking and personal care services, was identified as a #2 or #3 need in every county in our region. Enrollment timeliness into the Elderly Services Program due to provider staffing problems has increased by over 50% over the past three years. We have also seen a corresponding decline in satisfaction scores, and service utilization over the same time period. Seniors who are receiving these services are experiencing much higher turnover in their home care aide, gaps in care, and delays in starting services.

Safety was not addressed in recent needs assessment, but is a growing problem in parts of our region. The concerns we hear about the most include drugs and crime in the

neighborhoods, and in subsidized housing building that serve both seniors, and people under the age of 65. Safety issues frequently occur with other family members whom the senior is unwilling to cooperate with law enforcement or adult protective services.

Targeted Outreach Plan

The AAA's proposed methods for providing preference to older individuals with greatest economic need, older individuals with greatest social need, and low-income minority older individuals;

All of COA's goals are related to improving access to services, increasing efficiency and decreasing costs. This is all in an effort to develop and plan flexible services for the current and future needs of seniors and caregivers, including older adults with the greatest economic and social need and minorities. As demand for services increase, and available resources decrease, COA will focus on providing products and services that provide the most impact for the community and protect the most vulnerable.

We continue to adapt to community need. For example, COA developed FastTrack Home to connect hospitalized seniors with essential in-home care services when they are most needed – as the senior is being discharged from the hospital. FastTrack Home is a modification of COA's traditional Elderly Services Program and it is helping frail older adults complete smooth transitions from hospitals and nursing facilities back to their own home. In doing so, the program also reduces hospital readmissions and unnecessary nursing home placements.

Many community resources for persons with disabilities are included in our online resource directory. Our online resource directory housing database allows individuals to complete custom searches, comparisons, and print out their own lists. Lists can also be saved as PDFs and shared with others. These tasks can also be performed by our ADRC specialist staff for people who do not have internet access or need someone to assist them. Our resource directory now includes more than 1,600 local, state and national resources, along with service explanations, guidance and tips.

COA's Title III contracting process awards points based on providers ability to serve higher proportions of seniors who are minorities, have limited English skills, live in poverty, and/or live in rural areas. Providers that are able to deliver services to these highneed seniors receive additional credit on the evaluation of their application.

COA funds congregate meal programs and other Title III services in low-income and minority neighborhoods. COA has made several efforts recently to recruit new congregate meal locations in areas of greatest need as senior centers have closed. This has occurred recently in Butler and Hamilton Counties. COA also has a cost-sharing component associated with the Elderly Services Programs (ESP) that is based on income level. Roughly 75% of the participants on ESP have a monthly income of less than 150% of the Federal poverty level and pay no co-payment for services. COA blends Title III dollars with the ESP levies for certain services such as home delivered meals, and adult day

services. Title III funds are targeted to seniors with incomes below 150% of poverty on these programs.

COA provides outreach and services to ethnic groups and individuals with limited English proficiency. COA has informational materials translated into Spanish, Russian and Nepalese. In person and telephonic translator services are provided as needed for assessments and care management.

Specific approaches to serve older individuals residing in rural areas;

In PSA1, Clinton County is the most rural county. COA has had a satellite office in this county since 2014, giving the local services a more visible presence in the community. An Integrated Care Coordination Team is based there, serving clients on the Clinton County Elderly Services Program and handling public inquiries. Care managers serving Clinton County residents enrolled in other COA programs, including PASSPORT, Ohio Home Care Waiver, MyCare Ohio and Transitional Care may also use this office. COA is piloting the operation of a branch ADRC office in Clinton County in an effort to provide greater accessibility in rural communities.

COA's FastTrack Home Program was first piloted in Clinton County at Clinton Memorial Hospital. FastTrack Home connects hospitalized seniors with essential in-home care services as they are being discharged from the hospital. A COA hospital coach is assigned to the hospital and works with hospital staff to identify seniors who could benefit from in-home services at the time of discharge. This level of care coordination can prevent hospital readmissions and nursing home placements and it brings the benefits of the Elderly Services Program to more Clinton County seniors – especially those who may live in the more rural parts of the county.

We have developed a unique outreach model in Clinton County to help reach rural residents. Most of the care management staff in the Clinton County Elderly Services Program live in the county and have a unique familiarity with the region and its residents. The care management team includes an outreach coordinator who identifies opportunities for outreach and community engagement (events, speaking engagements, relationship building). The outreach coordinator and others on the team fulfill these opportunities, with support from COA's Communications Department. This ground-level outreach is raising awareness of the program in the county and also building the program's reputation in the county.

Specific approaches to expand the list of services for which an AAA area plan must cover to include Behavioral health;

COA partners with many community-based and social service organization to help meet the needs of older adults who may have behavioral health needs. In Butler County, COA has a long-standing partnership with the Butler County Mental Health Board to implement a home-based behavioral health service to older adults in the county. Called Uplift, the program is funded by the county's senior services levy and the Elderly Services Program is the primary referral source for the service. In 2017, more than 220 Butler County Elderly Services Program clients were served through Uplift.

In Clinton and Warren counties, the regional mental health board is interested in partnering with COA to offer a service similar to Uplift. Additionally, COA staff serve on the Mental Health & Addiction Coalition (MHAC) Advocacy and Policy Committee. This regional coalition promotes education and awareness of mental health and addiction issues and advocates for public policies and strategies that support well-funded services, systems and supports for those in need.

Specific approaches to improve access to services for groups that have limited English proficiency (LEP);

For its levy-funded Elderly Services Programs, COA is facilitating client choice in selecting providers based upon quality-ratings and customer satisfaction. We have developed a selection table which care managers share with clients to help them choose providers. This table is available in English, Spanish and Russian. It uses an easy-to-understand star rating system.

Other outreach materials, such as fact sheets about our program, are also available in Spanish, Russian and Nepalese. Our Communications Department recognizes the need to seek opportunities for speaking engagements and participation in informational events targeted to certain groups that have limited English proficiency. Such groups do sometimes request that we come and speak – and we do – but we must develop a strategy for a more proactive approach that is within our capacity.

Specific approaches to reach older individuals with disabilities, with attention to individuals with severe disabilities and individuals at risk for institutional placement;

COA's annual Forum on Aging conference continues to grow every year and provides information, resources, education, and networking opportunities for hundreds of professionals in our region who serve older adults with disabilities and those at risk of institutional placement. More than 400 people attend this two-day event annually and we have increased the level of sponsorships over the past several years, which enables us to reach a wide audience by offering a very affordable price for individuals seeking CEUs.

In addition, outreach efforts coordinated by our Communications Department include scores of speaking engagements, individual meetings, and participation in informational events that target older individuals with disabilities. This includes speaking to support groups and social service agencies that serve individuals with specific conditions or disabilities including: St. Vincent de Paul; Sibcy Cline Fair Housing panel; Ohio Occupational Therapy Association; Butler County Social Services Resource Expo; Mercy Health Acute Rehab Resource Fair; and many others.

In the last few years, we increased our outreach activities with fire departments and other emergency personnel to help them better understand how to refer individuals to COA for help. With input from fire department personnel, we developed what we call an "RX tear-off pad" which they can leave behind with 911 callers when they refer those callers to COA for services. The RX pads have been popular with fire/ems departments, as well as hospitals and physicians offices.

We speak regularly to groups of medical residents at University of Cincinnati Medical School and we have assisted care coordinators at physician practices with awareness and connection to community resources.

COA's FastTrack Home Program provides older adults with quick access to in-home care services after they have been discharged from a hospital or nursing home. This temporary in-home care supports seniors in their recovery and helps prevent unnecessary return visits to the hospital or nursing home. The program began as a pilot in 2016 and has since expanded to four hospital systems in two counties. The primary services provided via FastTrack Home include care management, home-delivered meals and homecare assistance (help with housekeeping and personal care). Medical transportation is also provided, as well as emergency response systems. FastTrack Home is provided at no cost to eligible seniors via the levy-funded Elderly Services Programs in participating counties. It is anticipated that FastTrack Home will become a permanent service of the Elderly Services Program, with expansion to additional counties and hospital systems.

COA's Community Transitions Program restores independence by helping eligible older adults and people with disabilities move from long-term care facilities to home and community settings. Our home- and community-based programs help thousands of people receive the services they need to live independently in their homes and communities. These programs are popular choices for seniors and people with disabilities who want to have more choice and control over the services they receive and the setting in which they receive them. There is a lot of concern in the community about the Home Choice program coming to an end. COA is exploring an expansion of the FastTrack home program to include a nursing facility component to help meet this ongoing community need.

Our Government Relations Manager serves on several regional boards where member organizations and law enforcement agencies (where applicable) collaborate to improve safety for older adults and individuals with disabilities, increase access to community services, and advocate on their behalf. The focus areas of these boards include: senior needs such as access to transportation, mental health services and affordable housing; emergency preparedness for older adults and people with disabilities; safety and elder abuse awareness and prevention; and advocacy for the needs of older adults.

In addition, the Government Relations Manager meets regularly with elected officials to keep them up-to-date on issues affecting Ohio's vulnerable populations and their caregivers. Most of the state legislators representing our five-county region, as well as many local elected officials, have visited COA clients in their homes.

Specific approaches to identify and assist other significant unserved and underserved populations including LGBTQ and Holocaust survivors; and

Studies have shown that older LGBT adults – especially couples – face discrimination in housing and may find it difficult to locate retirement communities, apartment complexes with supportive services, and nursing facilities that are welcoming and meet their needs. In addition to newsletter articles and social media posts, we have offered training to professionals who may work with LGBTQ individuals via our Forum on Aging conference. For example, in 2013 and 2017, we offered workshops focused on working with LGBTQ individuals living in nursing facilities and on cultural competency in working with LGBTQ individuals in general.

Methods the AAA will use to evaluate the effectiveness of any resources that will be used to meet the needs of the above consumer groups.

Community outreach evaluation methods may include the following:

- Attendance at and sponsorship of Forum on Aging and other COA events
- Evaluations from individuals attending events
- People reached via advertising, social media and quarterly e-newsletter
- Requests for speaking engagements and event participation; feedback from participants
- Feedback from staff who use our materials with individuals in their homes and in hospitals
- Number of calls and online inquiries to our ADRC Department
- Website traffic and other analytics

COA publishes annual and quarterly dashboard reports for each ESP program that provides a transparent report to the community about how their tax dollars are spent. The reports includes data on service recipients including demographic information such as minority, gender, and living alone. This published program data clearly shows the effectiveness of the programs to target at risk senior populations in greater proportions than the community census data. For example, in Hamilton County, 40% of the seniors served were minority, and 72% are female. This compares to the 60+ population in Hamilton County that is 24% minority, and 58% female.

COA also provides detailed service data about the numbers of people served by the communities within the county (City, Village, Township, and neighborhood).

Performance Recap of 2015-2018 Strategic Area Plan

The purpose of the performance recap is to describe accomplishments and how effective the various strategies employed by the AAA were in reaching the specific population groups in the previous Strategic Area Plan.

PY 2015-2018 Strategic Area Plan - Goal 1:

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

Strategy A

Educate elected officials and the general public to ensure support and sustainability for publicly funded senior programs.

Objective 1

Start Date: 10/1/2014

Provide local policy makers with options regarding the eligibility of individuals enrolled in local levy programs to ensure program sustainability and to minimize waiting lists.

Update: COA completes quarterly financial projections for both current levy and future levy periods to look at the impact of current enrollment and growth patterns on future requirements. This early review helps policy makers determine if future eligibility changes will be required. Reviewing the projections for both current and future cycles allows policy makers to make decisions that can be implemented with minimal impact to existing enrollees. For example, in the last levy cycle in Hamilton County, it was determined that there would be a shortfall in the 2012-2017 levy cycle. Eligibility changes were made which allowed current enrollees to be "grandfathered in" under the old eligibility requirements. COA met with new Commissioners elected in each County to explain the County program and review projections and enrollment issues.

In two Counties, COA recommended a new program "Fast Track Home" which changed the eligibility criteria. In Clinton and Hamilton Counties, the eligibility criteria has changed to eliminate the co-pay requirement in the first 60 days of the program. The goal of the Fast Track Home program is to enable individuals to transition from hospital to home by having services in place immediately upon discharge. The program is available for individuals who meet the County level of care criteria and who are hospitalized in any of the following hospitals: Clinton Memorial, Jewish Hospital, The Christ Hospital, and University Hospital. Changing the eligibility criteria allows a broader population, who are at risk of nursing home placement, to access the program for a short period of time (60 days).

As of the writing of this update, two more counties are considering COA's recommendation to add FastTrack Home to their levy program and plans are underway to expand the program in Hamilton County to a total of nine hospitals.

Objective 2

Start Date: 1/1/2015

Meet with citizen groups such as local advisory councils, tax levy review committees, and others with an interest in aging issues and tax funded programs to identify funding concerns for local/state services.

Update: COA meets quarterly with County established advisory councils. During these meetings, the advisory council members are presented with reports regarding program status. We discuss aging issues related to the local levies, as well as what might be occurring in state programs (MyCare Ohio) that are impacting local communities. For example, Advisory Council members have inquired about transportation and provider payment issues associated with the managed care plans. COA staff will update the Advisory Councils on the status of such issues.

In 2017, COA advocated for an increase in the Hamilton County Senior Services Levy. The increase was put on the ballot in November 2017 and was successfully passed.

As part of the tax levy renewal process, Hamilton County Board of Commissioners uses Tax Levy Review Committees (TLRC) to evaluate the effectiveness and administration of levy funded programs. The County hired Health Management Associates to review the management of COA and the levy program. Health Management Associates deemed COA to be an effective organization and a good steward of tax funds.

Objective 3

Start Date: 10/1/2014

Develop strategies for ensuring that the community at large understands the value and importance of local/state investment in aging services.

Update: COA produces an agency annual report and also annual reports for each County levy program. In the year of a County levy, COA staff and levy promoters appear before numerous local governments to share the annual report and to discuss the program. These are not presentations geared to the levy or ballot issue but, rather, an opportunity to educate local elected officials about the program. The presentation includes sharing with them how many people in their township/municipality are on the levy program and other important program and demographic facts.

In years such as 2018, where there is no levy on the ballot, COA provides midcycle updates. This year, we are in the process of providing updates at township and municipal meetings throughout Butler County, which is in the middle of the five-year levy.

Outcome

Elected officials and community members support aging services by continued investment in local resources to allow for the provision of home and community based services.

All Advisory Council members have supported requests for levies to be placed on the ballot in each County. Butler County Commissioners put their levy on the ballot in 2015. In 2016 both the Warren County Commissioners and the Clinton County Commissioners placed senior service levies on the ballot. And, in 2017, Hamilton County Commissioners placed the levy on the ballot with a significant increase. All levies were passed by over 70%.

<u>Impact</u>

Frail elders can live safely in community-based settings.

In three of the four counties with levies, the market penetration level has exceeded 40%. This means that COA is reaching over 40% of the individuals that reside in the community with a significant level of disability. In Hamilton County market penetration has dropped to 28% due to declining levy revenues. COA seeks to reverse this declining market penetration trend with its request for a levy increase. We anticipate the impact of the new levy to increase market penetration to over 32%.

Measurement

Elected officials will agree to place senior service levies on the ballot and communities will support local investment by passing local tax levies with a margin of 55 percent or greater.

Butler County approved a levy in 2015 with over 70% voters approving the levy. Warren County and Clinton County voters approved levies in November 2016 with 76% of voters supporting the ballot initiative. In 2017, 72% of voters in Hamilton County approved the levy with an increase.

Strategy B

Educate individuals and the community about the importance of planning for retirement and future long-term care needs.

Objective 1

Start Date: 8/22/2015

Annually, COA will hold a three-part "Own Your Future" workshop designed to educate Boomers and other older adults on planning for the

long-term care needs of their aging parents and themselves. This workshop will cover legal, financial, long-term care and community resource topics and will include a comprehensive binder of information, forms and planning tools for participants.

Update: In 2016, COA held two "Own Your Future" workshops, providing two options for location and scheduling. Workshops were held on September 24 at Otterbein Senior Lifestyle Community (Warren County) and on two evenings – September 22 and 27 – at the Green Township Senior Center (Hamilton County). More than 140 people registered to attend the workshops (78 at Green Township and 65 at Otterbein). Speakers included an elder law attorney, a financial planner, and a COA representative. Participants received a binder of information and planning tools. Of the evaluation forms returned, 95% responded positively to the statement: "Overall this workshop broadened my understanding of long-term care planning (including 64% "excellent" and 31% "very good" at Green Township and 59% excellent, 36% very good at Otterbein).

Two workshops were held in fall, 2017, at Anderson Center (East Hamilton County) and Springdale Community Center (North/West Hamilton County – easy access from Butler County). We received similar, positive feedback as we have previously, and, in 2018, we have workshops scheduled for September and October in West Chester (Butler County) and Loveland (Clermont County).

These workshops have proven to be highly successful. We promise participants the opportunity to learn in a "sales-free" environment.

Objective 2

Start Date: 10/1/2014

As part of general grassroots outreach on community resources for long-term care, COA will include information about paying for long-term care to raise awareness that personal resources are required.

Update: From July 2015 to June 2018, COA engaged in more than 190 grassroots outreach activities throughout our region consisting of speaking engagements, and community events such as health fairs.

A clear theme emerged among the speaker requests we received – businesses and organizations are looking for ways to help employees/members/stakeholders who are struggling with the challenge of caring for an aging parent.

Unless not appropriate for the audience, all speaking engagements include information about payment sources for long-term care as part of an ongoing

effort to raise awareness about the need for planning as well as the availability and limitations of local resources. Audiences have included physician/hospital groups; social service agencies and employees; senior groups affiliated with religious congregations and civic organizations; employers seeking to provide assistance to employees who are caring for aging loved ones; corporate health fairs; fire/EMS departments; municipalities; and religious and ethnic groups including the Islamic Center of Greater Cincinnati.

Objective 3

Start Date: 10/2/2014

COA will speak with employee groups, such as City of Cincinnati preretirees, about caring for aging parents and planning for personal long-term care needs. Presentations and/or event participation will include legal, financial and community resource information.

Update: From October 1, 2015 – August 1, 2018, COA participated in 30 health fairs and presentations aimed at educating employees about the importance of long-term care planning and available community resources. Employee group presentations and events have included Butler County Social Services Expo, Fairfield City Schools, AHIA Wellness Fair, Cincinnati Incorporated, Cincinnati Police Academy, Hamilton County, City of Blue Ash, Ohio State Teachers Retirement System, Cincinnati Federation of Retired Teachers, Humana, Cincinnati Financial, and JM Smucker.

COA has also been invited to speak to groups of older adults who are taking classes through local lifetime learning programs (through the University of Cincinnati, Miami University, or a local library, for example). In most cases, COA participates as a guest speaker/lecturer for a course focused on elder law or long-term care planning.

Objective 4

Start Date: 8/1/2014

COA will participate in the Greater Cincinnati Health Council Advanced Care Planning Coalition to drive community-wide improvements in advanced care planning.

Update: COA assembled a team to study the opportunity to provide Advanced Care Planning knowledge to COA clients. Honoring patient preferences is a critical element in providing quality end-of-life care. The team was provided with the necessary knowledge and training (including Medical Order for Life Sustaining Treatment Certification). Care managers were supplied with scripts to use at clients' annual assessment visits. They also had Advance Care Planning information and resources to share with clients and caregivers. Advanced care planning is now part of the care management process in the PASSPORT program.

Outcome

Individuals will recognize that they need to plan and invest in their own future long term care needs. For participants in the Advanced Care Planning Coalition, three outcomes have been established:

- Increase the percentage of patients with an advance care plan;
- > Ensure portability and communication of that plan between care settings; and
- > Honor the plan content when developing the clinical order set.

All PASSPORT consumers who are identified as nearing end of life are approached with advance care planning information. ACP is included in packets that are provided to everyone enrolled in PASSPORT.

<u>Impact</u>

By learning how to plan, prepare advance directives, manage savings, and familiarize them with local long-term care resources, individuals will take more personal responsibility for their needs as they age and reduce their reliance on publicly-funded services for their long-term care.

Own Your Future: Of the evaluation forms returned in 2016, 95% responded positively to the statement: "Overall this workshop broadened my understanding of long-term care planning (including 64% "excellent" and 31% "very good" at Green Township and 59% excellent, 36% very good at Otterbein.) After the 2016 workshops, we emailed a three-month follow up survey to participants to determine to what extent any had used their information binder or taken action on long-term care planning. Of the survey responses, 83% have referred to or plan to use the Own Your Future binder. In addition, 89% have talked to or plan to talk with family and/or friends about workshop and plans for long-term care. All subsequent seminars have received similar high marks for quality and satisfaction.

Measurement

Participate in 100 community group educational meetings and events over three years and include information on how long term care services are funded. From October 2015 to August 2018, we have participated in more than 200 community group educational meetings and events, providing information about how long-term care services are funded.

PY 2015-2018 Strategic Area Plan - Goal 2:

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

Strategy A

Develop relationships with community Fire/EMS departments to identify opportunities for collaboration/partnership.

Objective 1

Start Date: 10/1/2014

Develop and promote online training presentation for use by Fire/EMS departments educating first responders on aging services available in the community.

Update: We continue to work with area Fire/EMS departments to educate first responders about available programs and services that could benefit their community members. Recent efforts have focused on simplifying and supporting the referral process for Fire/EMS personnel who wish to make referrals to COA programs and services.

We implemented a secure online referral form via our website and improved the backend management of referrals so that individuals making a referral receive an email confirmation and reference number for each referral made. A number of fire departments are using this form because they can receive emails with updates on referral status from our ARDC staff.

At our 2015 Forum on Aging conference, we offered a seminar for Fire/EMS personnel and other community referral sources to provide education on available community resources and the referral process. The seminar included an overview of COA's website and new online referral form.

We collaborated with the coordinator of the University of Cincinnati College of Fire Science to participate in several seminars on community paramedicine. Chiefs and other fire department personnel from around our region have participated. We have presented trainings for at least five different seminars over the past several years. At one of these events, we distributed a survey asking participants to tell us what training methods would work best for their departments. A few indicated online, but most wanted inperson trainings and/or meeting with drop-off of COA materials. We have subsequently developed a PowerPoint training and presented it to several fire departments, including Monroe in Butler County, and Anderson Township, Colerain Township, Reading, Evendale, Sycamore Township, and City of Cincinnati in Hamilton County.

With input from fire department personnel, we developed what we call an "RX tear-off pad" which they can leave behind with 911 callers when they refer those callers to COA for services. The RX pads have been popular with Fire/EMS departments, as well as hospitals and physicians' offices.

COA is actively engaged in the new Community Paramedicine Program being piloted by EMS in Springfield Township. The purpose is to engage with EMS to identify individuals who may benefit from home and community based services.

Objective 2

Start Date: 1/1/2016

Develop pilot for a "care conference" enabling Hamilton County Fire/EMS agencies to bring difficult cases involving seniors to a multi-agency team for development of a person and community-centered plan.

Update: A pilot for this initiative was started in Clinton County. Difficult cases are reviewed with a diverse group of agencies including case management, Jobs and Family Services, Fire/EMS, Police, and Adult Protective Services.

Objective 3

Start Date: 8/1/2014

Work with community leaders on Community Paramedicine curriculum to identify opportunities for education regarding aging services and to explore opportunities for utilization of EMS personnel in aging care planning models.

Update: Completed with the University of Cincinnati college of Fire Science and the Fire Chief Association.

Outcome

Community Fire/EMS departments will be trained on available senior resources and programs and opportunities will exist for Fire/EMS to work with aging services partners to develop community solutions to complex cases.

Fire/EMS personnel have received COA training via several Community Paramedicine seminars sponsored by the University of Cincinnati College of Fire Science and via individual department presentations. They also have access to referral tools ("RX pads" and online form) that make it easy for them to refer 911 callers to COA and to receive referral updates so they can track older adults in their communities who need services.

Impact

Fire/EMS departments will be able to easily refer individuals to appropriate aging service-s and local communities will have a vehicle to address issues with aging

residents that have multi-system needs (i.e. behavioral health, health department, adult protective services).

COA maintains the referral process for local Fire/EMS to send referrals via a number of methods. Materials are provided to fire personnel about community based services that are available.

Measurement

Training presentation will be supplied to 50 plus Fire/EMS departments. Fire/EMS departments participating in care conference pilot will report satisfactory results in developing an action plan for dealing with complex clients requiring multiple systems.

Since 2015, we have participated in trainings for Fire/EMS personnel that have reached staff from multiple departments from within our service area. We have also been invited to provide training for specific departments within our service area. To date, we have provided training to approximately 20 Fire/EMS departments.

Strategy B

COA will utilize quality management, procurement, and contracting processes that will yield the highest quality of services being delivered to elders, at the lowest cost possible, to serve as many as possible with the resources available.

Objective 1

Start Date: 1/1/2015

COA will implement a "direct award" process that provides clients of its levy service program with quality data for COA-contracted providers. With this Client Choice Table, seniors enrolled in the levy programs have the information they need to make informed choices for their home care and home-delivered meals providers based on providers' client satisfaction ratings.

Update: Currently in Hamilton County, clients are given a Star rating sheet for Home Delivered Meals. This Star rating sheet includes each contracted provider, the areas they serve, types of meals available along with their Star rating. The Star rating is calculated by using the provider cost along with the scores of the SASI surveys (client satisfaction). This Star rating sheet is given/explained to clients when they are new to get HDM or need to switch providers.

COA's initial plan was to roll out star ratings for home care assistance in addition to Home Delivered Meals. Due to the crisis caused by a shortage in home care aides that is affecting service delivery statewide. COA made the strategic decision to shift our focus to addressing the shortage and put the star rating initiative on temporary hold.

Objective 2

Start Date: 10/1/2015

COA will establish and update performance benchmarks for selected provider services (meals, home care assistance).

Update: The provider quality report is published on COA's website on a regular basis. A new provider portal is being developed that will allow providers to run customized reports on live data about their quality/customer satisfaction and performance results. The portal will also provide access to client comments.

The provider quality report was expanded to include transportation. COA is in the process of establishing benchmarks for these new SASI results.

Objective 3

Start Date: 10/1/2015

COA will monitor provider performance against benchmarks utilizing quality action plans and contract sanctions, where required, to improve quality.

COA's Provider Services Department works closely with the Quality and Business Intelligence Department to prepare a Provider Quarterly Report (PQR). Provider Services also monitors the Service Adequacy and Satisfaction Index (SASI) data quantifying each Provider's performance on several criteria. The information from the PQR's and the SASI are used consistently to issue Quality Action Plans and Sanctions to Providers. Follow-up meetings are scheduled with Providers to determine if their performance has improved and the Quality Action Plan or Sanction should be lifted.

Outcome

Services will be delivered by the highest quality providers at the lowest cost possible.

This is an ongoing process. Over time, we have seen the quality scores increase following the implementation of quality action plans.

Impact

Elders get the highest quality of care and local resources can serve more clients due to the cost effectiveness of services.

All waiting lists in the levy programs have been eliminated because of decreasing service provider costs and Hamilton County's changes to the eligibility criteria. Provider costs have been declining at about 3% annually, mostly resulting from competitive bidding. COA doesn't expect the declining provider costs to be

sustainable because the improved economy is driving up wages for direct care staff

Measurement

By mid-2015, 100 percent of clients enrolled in the Hamilton County Elderly Services Program will be presented with quality data to help them select their providers for home care and meal.

100% of Home Delivered Meal clients are presented with Star ratings to help select a provider.

PY 2015-2018 Strategic Area Plan - Goal 3:

COA will integrate long term care with health care to improve the health outcomes of our community's elders while simultaneously reducing overall health care costs.

Strategy A

Educate local health care leaders about the opportunity to improve health outcomes for our elders by collaborating and integrating community-based services with health care services.

Objective 1

Start Date: 10/1/2014

Increase the number of hospitals where COA performs care transition services.

Update: Care Transitions is currently undergoing a downscaling due to the Centers for Medicare and Medicaid project ending in January 2017. COA is working with organizations to continue sustainability for Care Transitions and in the meantime the program continues in four local hospitals. Christ, Clinton Memorial, Jewish, and University. The new Fast Track Home project that was implemented is showing promising results and value to our community. The goal of Fast Track Home is to enroll and start services upon discharge from the hospital. The innovative program is now operational in Clinton and Hamilton Counties. COA is exploring the possible expansion to Butler and Warren Counties, as well as to PASSPORT.

Objective 2

Start Date: 10/1/2015

Advocate for elders to be included in community planning efforts led by local health care leaders.

Update: COA was included in a health care application for funding from CMS called Accountable Health Communities. Our community was successfully awarded the grant which will connect community based resources and services with the local health systems. Lots of local planning went into the vision for this application that is led by the Health Collaborative. COA is currently participating in the implementation of this grant.

Objective 3

Start Date: 1/1/2015

Advocate locally and nationally about the need to integrate community-based services with health care to improve health outcomes for elders.

Update: Local hospitals and health systems have embraced the care transitions model and are eager to work with us on expanding. A major health plan, local health system, and national evaluator came to Cincinnati to learn about our community based service system and our efforts to integrate with health care. We continue to meet with them and learn about models in other parts of the country, and how we need to direct our local efforts to improve health and LTSS services that will lead to better care at a lower cost.

We continue to work with the Health Collaborative and several hospitals, as well as skilled nursing facilities executives to advocate for community-based services being integral to the transitions of care process. COA has implemented care transitions and a Fast Track Home program with Title III D, B, SCSBG and local levy funding in 2017. This model utilizes the evidence-based program care transitions developed by Eric Coleman, along with an innovative model to enroll elders into LTSS programs while they are in the hospital or SNF. This effort will reduce readmission rates, and SNF length of stay and placement rates for at-risk elders following a hospitalization.

COA has also developed a program is designed to work with individuals diagnosed with chemical addiction to reduce medical care costs. The program uses elements of the care transitions model as well as coaching. This program started in October and COA is still evaluating the effectiveness of the program.

Outcome

More health care leaders and practitioners consider patients' psycho/social needs as a significant factor in their health care outcomes and seek collaborations with COA to develop and act on holistic, person-centered plans of care.

Update: We have started a Pilot Project at four local hospitals in Clinton and Hamilton County. The program is called Fast Track Home and it is a part of our Care Transitions program. We are identifying patients that need community-based services in the hospital and enrolling them into our ESP program and

service on discharge. The Health Council approached COA to be a partner in their successful application to become an Accountable Health Community.

COA has also developed a program designed to work with individuals diagnosed with chemical addiction to reduce medical care costs. The program uses elements of the care transitions model as well as coaching. This program started in October and COA is still evaluating the effectiveness of the program.

Impact

Hospitals will experience a decrease in readmission rates.

Completed 26,668 interventions program to date.

Program-to-date (3/2011 to present), patients that receive the Care Transitions intervention have a readmission rate of 14.8%, resulting in a 34% decrease from the baseline of 21.9%

Measurement

COA will expand to nine hospitals (from five) with targeted transition volume of more than 6,000 annually. Hospital readmissions decrease by 20 percent or more.

Completed 26,668 interventions program to date.

Program-to-date (3/2011 to present), patients that receive the Care Transitions intervention have a readmission rate of 14.8%, resulting in a 34% decrease from the baseline of 21.9%

Strategy B

Evaluate internal delivery systems to identify opportunities for health care integration and improved health outcomes for our elders.

Objective 1

Start Date: 10/1/2014

Implement a care management team structure that includes a medical focus, advanced care planning, and evidence-based clinical practices.

Update: COA has created a specialized caregiver case management position within the Elderly Services Program which started around February 2017. The Title III E funds that have been used to support caregiver respite are a part of the individualized care planning practices used by the caregiver case manager. The caregiver case manager has been able to work closely with approximately 40 caregivers since the inception of the program. The loved ones that the caregivers are providing caregiving for are also care managed by the specialized caregiver case manager. With this approach, the caregivers are able to go to one care manager for support for not only the person they are caregiving for but themselves. This approach provides great continuity of care and support.

Objective 2

Start Date: 10/1/2016

Evaluate options for a new care management system (technology) which will include a portal wherein health care partners can access community-based data.

Update: COA has selected a new software vendor, CareDirector. We are in the system testing phase with the anticipation of go live with the new system on October 1, 2018. The system offers provider and client portals.

Objective 3

Start Date: 1/1/2016

Evaluate ways to coordinate with primary care practices especially with Comprehensive Primary Care Initiative sites and Patient-Centered Medical Home practices.

Update: COA has met with several health system partners from Care Transitions that participate in CPC+. We are exploring partnership opportunities to provide a home visit intervention for patients with complex medical and social needs. We would also connect them to community resources and supports.

COA has developed a person-centered care management program for patients with a Behavioral Health and Substance Use Disorder diagnosis. This program is a care management intervention that provides evidence-based assessment, tools and interventions from Behavioral Health and Care Transitions. We plan to explore opportunities to offer this intervention for the Behavioral Health population in CPC+.

Outcome

Health care and community based organizations will work together to address the medical and community needs of our elders in a way that improves health outcomes.

Update: Completed 20,258 interventions program to date.

Program-to-date (3/2011 to present), patients that receive the Care Transitions intervention have a readmission rate of 14.5%, resulting in a 34% decrease from the baseline of 21.9%. Similarly, patients receiving the Care Transitions intervention have an emergency room utilization rate of 10.2% comparted to the baseline of 14.6%.

Impact

Elders have better health outcomes by having an integrated system and costs savings accrue to public funders.

According to CMS, the reduced readmissions from our care transitions intervention led to a Medicare savings of millions of dollars.

Measurement

COA develops up to eleven integrated care management teams. Teams have ready access to medical expertise.

10 integrated care management teams have been implemented.

PY 2015-2018 Strategic Area Plan - Goal 4:

COA will build a strong organizational culture.

Strategy A

Ensure preparedness of workforce through leadership and talent management.

Objective 1

Start Date: 10/1/2014

Managers receive leadership training and development.

Update: This past year, managers received training in Contract Management and Fair Labor Standards Act and Employee Law. Several managers have received training in Situational Leadership and have taken a Leadership Excellence Class.

In an effort to strengthen our middle management team, COA has developed a management curriculum. COA has also revised our management structure to identify key competencies, experience, and training required for each management level. We are currently in the process of implementing this program.

Objective 2

Start Date: Ongoing.

ON-GOING

Employ self-directed teams to conduct interviews and evaluate each other's performance.

Update: Self-Directed Team training is offered periodically to ensure that the model is continually being adhered to and new hires are integrated in to the self-directed team.

Outcome

COA has increased management capacity to meet the needs of our clients and employees.

COA has implemented more management and supervision positions. In addition, COA has implemented a management training program to strengthen the skill set of our middle management team.

Impact

COA has strong leadership and employees to meet our strategic outcomes.

COA implemented an operations team that has taken action on identifying solutions and implementing them to address problems including changes in how employees are reimbursed for mileage, tackling the home care aide shortage problem, replacing the phone system, and researched a variety of technology solutions.

Measurement

90 percent of new managers document understanding and application of training. 80 percent of our self-directed teams report increased ability to interview and evaluate future and current employees.

COA has implemented a training coach for new managers and is in the process of implementing a new training curriculum for management staff.

Strategy B

Evaluate compensation and benefits structure to ensure competiveness.

Objective 1

Start Date: 10/1/2015

Research a pension provider that aligns with the strategic direction and flexibility needed to attract and retain staffing.

The pension committee voted to keep current pension provider.

Objective 2

Start Date: 1/4/2016

Research and retain a healthcare provider that is flexible towards the needs of an older workforce at a reduced cost to the organization.

COA received a reduced cost of 4% on medical renewal rate for 2017-2018 and a 6% decrease on medical renewal for 208-209.

Outcome

Implementation with a pension provider to attract and retain employees and a healthcare provider that provides flexibility to an older workforce.

The pension committee voted to keep current pension provider.

Impact

Retention of current employees and attraction of new employees increases.

In 2018, COA experienced a significant drop in turnover, although turnover has increased in recent months. Hence, it is difficult to determine whether the changes made will have a sustainable impact.

Measurement

Turnover rate of less than 15 percent Time-to-fill rate of less than 30 days

Achieved.

PY 2015-2018 Strategic Area Plan - Goal 5:

Deploy technology to increase efficiencies and reduce costs and improve the health and quality of life for consumers.

Strategy A

Partner with one Emergency Response/Electronic Monitoring System provider, to offer services to consumers.

Objective 1

Start Date: 10/1/2014

Select one provider, through an RFP process, and sign a contract. Update: Achieved. Guardian is the sole provider of Electronic Monitoring Systems for Butler, Clinton, Hamilton, and Warren County's Elderly Services Program.

Objective 2

Start Date: 10/1/2014

Transition more than 3,600 consumers to the new provider.

Update: Achieved. All clients have been successfully transitioned to the new provider without service interruption. All clients received new technology that has modern features that have improved the quality of the service. Additional features are also available throughout our region such as cellular monitoring, GPS enabled devices, and automatic fall detection devices.

Objective 3

Start Date: 10/1/2015

Work with the provider to identify continuous improvement in their product and service offerings over their multi-year GOA contract.

Update: A follow up meeting was held with Guardian and next steps outlined to share data on utilization of Guardian data for the purposes of testing the effectiveness of new technologies.

Outcome

Consumers will receive state-of-the-art EMS technology from one provider.

The devices are higher quality, and have more modern features such as GPS, fall detection.

Impact

Consumers and their families experience excellent emergency monitoring service at a reduced cost to local taxpayers, resulting in program ability to serve more people without an increase in funding.

The cost savings is over \$800,000 annually which has increased the capacity of the programs including the lowering the waiting lists in Clinton and Hamilton counties. Waiting lists in Clinton and Hamilton Counties were eliminated because of this and other cost savings measures.

Measurement

Cost savings are documented at more than 35 percent versus pricing under the prior contract and client satisfaction surveys show strong results.

The cost savings to the levy programs is a 32% reduction. The savings includes the introduction of better and more expensive technology such as GPS, medication dispensers, etc.

Strategy B

Implement three technology initiatives to reduce cost and increase efficiencies.

Objective 1

Start Date: 1/1/2017.

Replace current care management/client services software to enhance functionality and service to clients.

Update: COA completed an RFI process and system design and implementation began in October 2017. We anticipate going live with the new system on October 1, 2018.

Objective 2

Start Date: 10/1/2014

Replace care management travel planning software with a more effective solution for planning travel routes for community-based staff members and contractors.

Update: This objective was revised when COA was approached by Uber to consider ways COA can use their technology to serve clients. We are currently exploring pilot initiative involving a small number of selected clients in Hamilton County Elderly Services Program. This project is in the design phase with anticipated go live in September 2018.

Objective 3

Start Date: 11/1/2015

Implement a web-based technology solution for managing RFPs to eliminate the manual process of distributing RFPs, and to enhance the quality and efficiency of the data analysis and overall bid evaluation effort.

This objective is no longer being pursed because the web based technology would increase the complexity of the RFP submittal process.

Outcome

New care management software will enhance functionality and service to clients. Care management travel planning software will increase the timeliness and reduce the cost of travel related to community service. Streamlining the RFP process will reduce staff time, increase efficiency and accuracy, and reduce the cost and time devoted to the RFP process.

Not Available Yet.

Impact

COA will reduce costs and streamline processes to better enhance the quality of its clients' lives and to increase the return on its funders' investment in serving the elderly and disabled.

Not Available Yet.

<u>Measurement</u>

COA costs will be reduced or contained while receiving higher customer service scores with new care management software. There will be tangible reductions in staff time spent in cars and COA's community-based travel expense. RFP process will ensure that we consistently identify providers with the highest quality and lowest cost to better serve clients while reducing the on-going financial outlays of funders.

Not Available Yet.

Goals and Objectives

See Performance Recap of 2015-2018 Strategic Area Plan: (Pages 37-55 of this Section – Part 1)



Council on Aging of Southwestern Ohio

Council on Aging of Southwestern Ohio, Inc.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

GOAL 1: Older Ohioans, adults with disabilities and their caregivers will be able to make person-centered decisions through seamless access to information and advocacy services.

ACCESS TO INFORMATION

OBJ:1-1 Objective 1: Develop standards and measures for quality and performance regarding operation, information and resources for a consistent front-door experience for consumers.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measure	Year 1	Year 2 activity	Year 3	Year 4
1.1.1	Standardize the brand of the ADRN that re-introduces the ADRN as the one-stop solution for older adults' information, assistance and connection to services and supports. (1.1.4)			% of completion	Х	Х	Х	х
1.1.1.2		Identify and leverage available funding resources to expand and support a comprehensive ADRN structure. (1.1.1.2)		% of dollars increased	Х	Х		
1.1.2	Implement standards and measures for quality and performance of ADRN operations for a consistent front-door experience for consumers. (1.1.2)			Completion of dashboard		Х	Х	
1.1.2.1		Partner with ODA to develop and implement quality and performance measures for the ADRNs. (1.1.2.1)		Completion of dashboard		Х	Х	
1.1.2.2		Partner with ODA to develop and implement standards for an onboarding training for new ADRN staff and refresher training for existing ADRN staff as well as for single-entry points staffs on all available services for older adults (e.g., Medicaid, Older Americans Act and other community-based services such as SNAP) to ensure that appropriate resources and referrals are made. (1.1.2.2)		# of trainings completed			х	Х
1.1.2.3		Implement identified front-door improvements to attain quality standards. (1.1.2.3)		% of improvements implemented	Х	Х	Х	Х
OUT:1-1-a	Outcome 1-1-a: Due to the completion of its assessment, a expectations and quality standards for its ADRN.			Completion of assessment, analyses and plan				
OUT:1-1-b	Outcome 1-1-b: AAAs and ADRN members have adopted the dashboard.	ne standards as evidenced by progress shown by indicators of a	a quality	Indicators on a quality dashboard				

ADVOCACY

OBJ:1-3

Objective 3: Heighten awareness of the needs and priorities of Ohio's older adults and people with disabilities with community, government, non-profit and private sector entities to achieve inclusion in decision-making opportunities that inform policies, infrastructure development processes, and strategic plans.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1	Year 2	Year 3	Year 4
0,	5 ,	o,	,		activity	activity	activity	activity
1.3.1	Heighten awareness of the needs and priorities of Ohio's			# of groups of which				
	older adults to achieve inclusion in state, regional and			AAA is an active member	Х	Х	х	Х
	community decision-making opportunities. (1.3.1)			and voice for older	X	X	^	X
				adults				
1.3.1.1		Actively engage in subcommittees, coalitions, chambers of		# of partnerships formed				
		commerce, and partnerships to ensure inclusion of older			V	V	V	×
		adults needs and priorities. (1.3.1.1)			Х	Х	Х	Х
1.4.2.1		Represent the aging network during policy discussions and		# of meetings attended				
		initiatives that support elder abuse response resources and					Х	Х
		services.(1.4.2.1)						
		Continually improve relations with elected officials and key		# of meetings attended	.,		.,	
		community stakeholders.			Х	Х	Х	Х
OUT:1-3	Outcome: The number of older adult-related action items i	I ncluded in other state-level plans will increase		# of local/community				
001.13	outcome. The number of older addit related detion terms i	meraded in other state level plans will increase.		action plan for which				
				older adults issues have				
				been added				
				been added				

POPULATION HEALTH

GOAL 2: Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.

CHRONIC DISEASE MANAGEMENT AND PREVENTION

OBJ:2-1 Objective 1: Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter the quality of their lives.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
2.1.1	Take steps to promote and offer interventions that assist older adults in prevention of chronic disease. (2.1.1)			# of actions taken	Х	Х	х	Х
2.1.1.2		Train Front Door staff to educate and refer consumers on available health and wellness programs. (2.1.1.2)		% of ADRC Staff trained		х	х	
2.1.1.6		Implement and optimize data collection system for evidence-based programs. (2.1.1.6)		Implementation completed			х	Х
2.1.3	Enhance education, awareness and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs. (2.1.3)			# of health and wellness sites added to the Aging Network.	Х	х	х	Х
2.1.3.1		Determine where needs exist for training sites and take steps to grow sites and trainers in those communities (2.1.3.1)		# of health and wellness sites added to the Aging Network.		х	х	Х
2.1.6	Assess and determine viability of emerging technologies that may positively impact the improved health and management of chronic issues among Ohio's older adult population. Support pilot studies of technology(ies) deemed to be viable. (2.1.6)			# of pilots being tracked		х	х	х
OUT:2-1-a	Outcome 2-1-a: More older Ohioans have heighten by the increased number of training sites and the in	ed awareness of strategies to prevent and manage chronic or creased number of attendees.	diseases as evidenced	increased # of training sites; increased # of persons trained				
OUT:2-1-b	Outcome 2-1-b: An increase in funds expended on perpenditures.	ome 2-1-b: An increase in funds expended on programs as evidenced by positive variances in the annual SPR for tonditures.						

Objective 4: Maximize use of current nutrition services programs including home-delivered and congregate meals to address food insecurity and malnutrition in older adults.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
2.2.1	Focus on gaps in the community malnutrition setting utilizing recommendations, where appropriate, of the Malnutrition Prevention Commission, to better understand and address older adult needs.(2.2.1)			% gaps filled in malnutrition	х	х	х	х
	Develop and improve the home delivered meal program to provide meals including theraputic to seniors being discharged from acute and long term care settings.			Increased number of meals provided to homebound seniors		Х	х	Х
2.4.1	Maximize use of current nutrition services programs (2.4.1)			% of increased meals			Х	Х
2.4.1.1		Research the trends and barriers among congregate meal participation. (2.4.1.1)		Research completed	Х	Х		
		Identify modernization and improvement opportunities with the home delivered meal program. Revise service requirements and implement improvements.		# of improvements, increased satisfaction scores		х	х	Х
OUT:2-4	Outcome 2-4: Increase the number of older adults total expenditures.	who are receiving nutrition services as evidenced in the ann	ual SRT units and	Increase the # of annual SRT units and total expenditures				

Objective 8: Promote the importance of communities' prioritization and response to the changing needs of persons with dementia and their caregivers.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures		Year 2 activity		Year 4 activity
2.8.1	Strengthen advocacy roles and support dementia- related activities in the PSA and be equipped with the resources, education and tools that communities need to be successful. (2.8.1)			Increase of dementia- related activites in PSA	х	х	Х	х
2.8.1.2		Partner with the Alzheimer's Association to hold listening sessions across the state to assess needs. (2.8.1.2)		# of listening sessions held and # of attendees	х	Х	Х	Х
	<u> </u>	ong door" system of dementia resources and assistance tha uires and/or referrals recorded in the ADRN and Alzheimer's		Increase in inquiries and referrals				

FALLS AND COMMUNITY PARAMEDICINE COLLABORATION

OBJ:2-10

Objective 10: Strengthen existing falls prevention activities, identify opportunities for new initiatives to collaborate with community paramedicine programs.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1 activity	Year 2 activity	Year 3 activity	Year 4 activity
	Collaborate with community paramedicine programs to reduce falls and ED visits. (2.10.1)			Number of community paramedicine pilot programs	х	х	х	Х
2.10.1.1		Develop procedures for community paramedicine partnerships. (2.10.1.1)		Number of community paramedicine pilot programs	Х	х	х	Х
	utcome 2-10-a: Participation in community paramedicine project pilots. Reduced number of transports to Emergency epartments for lift/assist calls.		# of pilots, # clients served, Reduction in ED tranports					

MENTAL HEALTH

OBJ:2-12

Objective 12: Take steps to increase the awareness of the need for mental health resources and services for older Ohioans.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1	Year 2	Year 3	Year 4
2.12.4	Identify and collaborate with local and/or			# of partnerships	activity	activity	activity	activity
	community Mental Health entities to address specific mental health needs of our older adults. (2.12.4)				Х	Х	Х	х
	Identify and adopt training curriculum specific to the Aging Network's ability to screen and address unique care delivery of older adults with mental health issues. (2.12.5)			Training curriculum completed	х			
	As case managers/staff identify adults with mental health concerns, case managers will connect and engage with available resources to provide increased support and person centered care.			# of clients identified with Mental Health concerns.	Х	Х	х	х
OUT:2-12	Outcome 2-12: Older adults will have improved acc as evidenced by increased utilization of programs ar	ess to the resources and services they need to manage mend referrals to appropriate services.	ntal health concerns	# of referrals completed				

CAREGIVERS

GOAL 3: Ohio's caregivers have access to resources and services to enable them to continue to provide care for their loved ones.

Objective 2: Increase the capacity of respite opportunities.

Strategy	Sub-Strategy	Partner(s)	Measures	Year 1 activity		Year 3 activity	Year 4 activity
Research and understand the cause of adult day closures and develop strategies to increase the capacity of Adult Day Centers (3.2.3)			Research Completed, Increase in # of ADC	х	х	х	
	Implement best practices to grow and stabilize the number of adult day centers or settings. (3.2.3.1)		% of increase in the number of adult day centers or settings		х	х	
Outcome 3-2: Caregivers will have the resources they need respite-related service units in the annual State Program Re	•		% of increase in the number of respite- related service units in the annual SPR.				

KINSHIP CARE

Objective 4: Support older adults in kinship situations to better care for themselves and their young loved ones.

Ctratagu	Cub Stratogy	Dortmor/s)	Measures	Year 1	Voor 2	Year 3	Voor /
Strategy	Sub-Strategy	Partner(s)	iviedsures		activity		
Strengthen kinship caregiver support through advocacy and use of existing or new caregiver programs. (3.4.1)			# of contacts made regarding kinship (e.g., # of ADRN contacts, referrals, # of website hits regarding kinship)	Х	х	Х	x
	Educate front door staffs (AAA and ADRN sites) on kinship resources and referrals. (3.4.1.1)		% of referrals to kinship resources	Х	Х		
	Explore increased use of allowable funds from the National Family Caregiver Support Program (NFCSP) for older relative caregivers. (3.4.1.2)		% of utilization of the 10% allowable funds	х	х		
Outcome 3-4-a: Older adults in kinship situations are receive young loved ones.	ing services which better equip them for care for thems	elves and their	% of utilization of the 10% allowable Title III-E funds				
Outcome 3-4: Children in kinship situations are better position of Ohio.	tioned to learn and grow while being cared for as report	ed by the Public	Improvements in kinship support indicators				

CIVIC ENGAGEMENT

GOAL 4: Recognize and value older adults' knowledge, social and economic contributions and establish opportunities for engagement in their communities.

INTERGENERATIONAL CONNECTIONS

Objective 3: Promote intergenerational opportunities that benefit participants both personally and professionally.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1 activity	Year 2 activity	Year 3 activity	
	Make efforts to advocate for and cultivate the development of intergenerational shared site models for programs and projects in the PSA (e.g., nutrition, transportation, housing, etc.) site models. (4.3.3)			# of programs in PSA expanded to become intergenerational	х	х	х	х
	Develp and provide a resouce listing on the website of opportunities for seniors to engage in volunteer programs with school districts.			# of available intergenerational program available	Х	х	Х	Х
		nioans are embracing the benefits of intergenerational environment use of intergenerational workers that participate in Ohio's workforce		An increase in the % of older workers that participate in Ohio's workforce				
				% of increase of volunteer hours by young adults				

OBJ:4-3

OBJ: 4-4 Objective 4: Promote opportunities for continued personal growth and learning among older adults and the value that they bring to their communities.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures			Year 3	Year 4 activity
	Engage community leaders to invest in sustainable and livable communities that value older adults as an valued resource in the community.			# of projects with community leaders	X	X	X	X
OUT:1-4	Outcome 1-4: Older adults will have increased opport projects completed.	unities for personal growth and value as evidenced by the number	•	Number of completed projects				

Council on Aging of Southwestern Ohio, Inc.

AGING IN PLACE

GOAL 5: Enable older Ohioans, persons with disabilities and their caregivers to be active and supported in their homes and communities.

CARE MANAGEMENT

OBJ:5-1

Objective 1: Provide comprehensive person-centered assessment and care services and supports that anticipates and addresses current and emerging needs as they arise.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measure - output or outcome	Year 1 activity	Year 2 activity		Year 4 activity
	Review relevant state programs, policies and practices pertaining to direct care services for older adults with the goals of increasing the capacity of the care management and direct care workforces while also providing for the safety and well-being of our older adult population. (5.1.1)			ODA modifies the care management licensing requirements	х	x	х	х
	Examine Ohio's disability technology first movement created through the Governor's Executive Order and collect and analyze current and emerging innovations to provide technology-based methods to deliver care management and care services e.g., Telehealth, Skype, Virtual Assistants, etc. (5.1.2)			# of recommendations established / # of recommendations implemented	х	х	х	х
OUT:5-1	OUTCOME 5-1: ODA has policies and guidance that reflect co	omprehensive person-centered assessment and care services		# of new or amended policies and guidance that reflect person-centered care. Quicker time to fill open care management positions				

WORKFORCE CAPACITY

OBJ:5-2

Objective 2: Establish strategies that aim to increase and sustain the capacity of the direct care workforce and focus on increasing the interest in professional and non-professional careers that serve older adults.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measure - output or outcome	Year 1		Year 3 activity	Year 4
5.2.3	Conduct a service design study to inventory and assess the services expected of direct care workers who serve older adults to determine if modifications to the current service design could improve retention issues with the publicly-funded workforce. (5.2.3)			% of review completed	Х	Х	,	
5.2.3.1		Conduct a focus group with the direct care workforce to gain insight on why turnover is high. (5.2.3.1)		Final report and recommendations from focus group.	х			
5.2.3.5		Implement innovative practices that is resulting in positive retention of direct care workers serving older adults.		# of practices implemented	Х	Х	Х	Х
5.2.3.6		Review the current referral process(es) for direct care service providers to determine where improvements could result in fuller caseloads for their direct care workforces. (5.2.3.6)		% of review completed	Х	х	Х	
5.2.4.5		Explore mentoring opportunities, matching older adults to younger direct service workers, to teach on-the-job skills. (5.2.4.5)		# of mentoring opportunities	х	Х	х	х
OUT:5-2	Outcome: After strategically evaluating the foundational iss support older adults will be more attractive and/or economic	ues of direct care workforce shortages, careers and professions thically viable.	hat serve and	Improved client satisfaction and service utilization scores for home care providers				

LIVABLE COMMUNITIES

OBJ:5-4

Objective 4: Take steps to heighten awareness and adoption of livable community models in Ohio communities.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measure - output or outcome			Year 3 activity	
	Support and collaborate with communities that want to work toward an aging friendly community designation. (5.4.1.7)			Number of Collaborations established	х	х	х	х
	Outcome 5-4: More aging friendly communities that are con communities working toward and/or that have attained an a	ducive to aging in place as evidenced by an increase in the num ige-friendly or similar status.	ber of	increase in the # of communities that have attained an age-friendly or similar status.				

TRANSPORTATION

OBJ:5-5

Objective 5: Participate in alignment efforts that aim to achieve sufficient community transportation options (multi-modal) and a supportive infrastructure available for older adults in Ohio.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measure - output or outcome	Year 1 activity		Year 3 activity	Year 4 activity
5.5.3	Identify opportunities for partnerships with community organizations and transportation providers to improve transportation availability and quality for seniors. (5.5.3)			Lower transportation costs, improved quality scores	Х	Х	х	х
5.5.6	Re-evaluate and refine transportation service specifications for older adults, persons with disabilities and those living with dementia or other impairments who require transportation. (5.5.6)			Completion of the evaluation Refinements in place	Х	Х		
5.5.6.2		Study and propose rule and policy refinements, as needed. (5.5.6.2)		# of rules and/or policies refined / Refinements in place	х	х	х	х
OUT:5-5	Outcome 5-5: Older Ohioans and individuals with disabilitie by an increase in annual total units reported.	s in need of transportation are better positioned to receive servic		An increase in annual total units reported. An improvement in the quality of transportation services provided.				

HOUSING

OBJ:5-7

Objective 7: Advocate for programs and interventions that support safe and affordable housing enabling older adults and persons with disabilities to age in place.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures		Year 2		Year 4
	Promote and advocate for programs that provide for the safety and well-being of older Ohioans and persons with disabilities and their rights to age-in-place in the places that they call home and to stay in their communities of choice. (5.7.1)			Research completed, # of pilots, next steps identified	X	X	x	X
	Research technology enhancements that could be used to improve quality/safety among older adults living independently. (5.7.2)			% of Inventory complete / Research completed	х	х	х	х
	Develop housing coordination services to assist older adults in exploring and moving to housing that meets their individualized needs			# of seniors assisted	Х	Х	х	х
	Advocate for affordable-housing units and alternative housing options for older adults, including policy changes that would convert affordable housing stock back to senioronly designation in Cincinnati Metropolitan Housing Authority buildings. (5.7.3)			# of affordable housing units and options added to the PSA since 2018, housing policy changes to create more housing that is designated for seniors.	х	х	х	х
5.7.4	Partner with Ohio Housing Finance Agency (OHFA). (5.7.4)			Partnership established	Х	Х	Х	х
	Outcome: Safe and affordable housing units for older adults an increase in the availability of housing options.	are a community priority due to the Aging Network's advocacy as	s evidenced by	Increase in housing availability				

EMERGENCY PREPAREDNESS

OBJ:5-9

Objective 9: Strengthen planning efforts and response protocols that address the needs of vulnerable older adults during emergency events.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures			Year 3 activity	
	Collaborate with communities and older adults to use new			# of older adults impacted				'
	technologies to enhance emergency preparedness and				Х	Х		I
	response.							ļ
OUT:5-9	Outcome: More older Ohioans are prepared for emergency events as evidenced by an increase in persons stating readiness in the statewide			Improved rating of				
	needs assessment survey.			readiness in survey				

OBJ:5-10

Objective 10: Re-evaluate and strengthen partnerships by and between first responders and the aging network to heighten the focus on vulnerable older adult needs during emergency events.

Strategy #	Strategy	Sub-Strategy	Partner(s)	Measures	Year 1	Year 2	Year 3	Year 4
					activity	activity	activity	activity
5.10.1	Participate as required with state agencies, community first			% increase in partnerships.				
	responders and community partners to develop cross-				v	v	v	x
	collaboration emergency management protocols. (5.10.1)				^	^	^	^
5.10.2	Establish and maintain AAA consumer-focused emergency			100% of AAAs have				
	management plan and protocols. (5.10.2)			emergency preparedness	Χ	Х	Х	Х
				plans.				
5.10.2.2		Inclusion of procedures for those who use durable medical		Procedures established and				
		equipment who cannot climb stairs if elevators stop working		implemented.	Χ	Х	Х	Х
		due to a disaster. (5.10.2.2)						
	Outcome, ODA and AAAs have plans that are accordinated an	ad recognition to the emperator woods of older Objects or suid	mand by	0/ of augocofully tooted				
	•	nd responsive to the emergency needs of older Ohioans as evide	•	% of successfully tested				
	successfully tested plans.			emergency response plans				

PART 3 – SAP OPERATIONAL BUDGET NARRATIVE, REQUEST TO TRANSFER FUNDS, WAIVERS AND ASSURANCES

Council on Aging of Southwestern Ohio

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Operational & Budget Narrative

Each AAA must complete the following budget narrative for PY 2019 Area Plan.

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

MyCare Ohio has had a significant impact on funding and provider capacity to deliver LTSS services in our region. There is strong local support from the communities to fund senior services. All five counties renewed the senior services levy by large margins, including an increase in Hamilton County to help offset historic unmet need and underfunding. From the community needs assessment, it is clear that transportation, housing, homemaker/personal care workforce challenges, and access to information and referral are the most critical senior needs. COA strategy and funding will be aligned to improve these services. Payment reform initiatives such as bundled payments, the CHRONIC care Act of 2018, and MLTSS are developing opportunities to improve senior care to improve health outcomes and lower the overall cost of care.

2. Impact of Funding Levels: Please discuss any anticipated/projected cuts to your budget levels and explain how such a cut would impact your services to older adults, PAA staffing, the PAA's ability to meet the OAA requirements and ability to continue current programming.

In the spring, 2018, COA began collecting community input on needs via community survey, interviews and focus groups with key stakeholders and face to face interviews with clients. The results of this research yielded, by rank order, the following needs in our community: Transportation to Medical Appointments; Home Delivered Meals; Information and Referral, Guidance, Advice, Connection to Resources; Assist applying for benefits; Homemaking and Personal Care; Grab bar installations, ramps, bathroom modifications; Emergency Response Systems, Housing Options; Adult Day Services; Ombudsman; Counseling/Mental Health; Family Caregiver Support; Assistance with Health Insurance; Emergency Furnace, Plumbing, Electrical Repair; Alzheimer Support; Legal Assistance; Classes on Managing Chronic Diseases; Transportation to Senior Centers; Transportation to Other Locations; Wellness Programs; Congregate Meals; Recreation/Activities. The needs assessment also revealed that the following services REQUIRED MORE FUNDING: Housing Options; Transportation to Medical Appointments; Homemaking and Personal Care (workforce shortages); Adult Day Services; Transportation to other settings; and Information and Referral. And the most significant UNMET NEEDS ARE: Transportation; Housing; Home Care Staffing; "Affordable" services; Mental Health. Further Analysis showed very little variance in priorities and needs when broken down by county. For example, the top three unmet needs had very little variation by county. See Attachment (page 9) for more detail:

- 3. Appendix 1 Request to Transfer Funds. This appendix must be submitted initially with the 2019-2022 Strategic Plan and subsequent dates of April 25, June 25 and July 30, 2019. If a transfer is not applicable, indicate "0" and submit the form. Forms must be submitted even if the amounts are zero. Transfers must not exceed percentage maximums allowed by the OAA.
 - a. Not more than 30% for any fiscal year between programs under part B (Supportive Services and Senior Centers) and part C (Nutrition Services).
 - b. Not more than 40% of the funds received between subpart 1 (Congregate Nutrition Services) and subpart 2 (Home-Delivered Nutrition Services) of part C (Nutrition Services: and
 - c. Identify FY 2018 Title III Carryover, including all ODA approved waivers of Policy 401, Procedure B.

See Appendix 1 (page 16)

4. Exhibit D-1a Title III Transfers and Base Funding Levels (see *budget pages***).** This exhibit shall be updated and including in each Appendix 1 transfer request – no exceptions. In the row below, discuss how transfers are different than FY 2018.

Our transfer for 2019 is larger than last year. Transportation continues to be the highest priority service which is funded by Title III. Some additional Title III B funds are needed to fund evidence-based care transitions interventions which helps seniors move from the hospital back to their home and reduces the chance of going back to the hospital. Additional Title III B funds are needed for information and referral services to offset expected gaps because of the OBLTSS initiative. COA doesn't use any Title IIIB services to fund in-home services

- 5. Exhibit D-1b: Summary of Service Allocations (see budget pages).
 - a. **Care Coordination Program Costs**. Discuss any variances between 2018-2019 costs for the CCP program (e.g., number of staff, increase/decrease in service funds pool, expansion or additional services, etc.) and impact on service delivery.

No Change

	b. Housing. Discuss any differences between 2018-2019 budgets and any
	changes in scope.
	Low income and subsidized housing has waiting lists, and there is a shortage of housing stock available for middle income seniors who need to downsize and move into accessible housing. Housing questions are one of the top requested needs from callers contacting ADRC. COA has an extensive on line resource directory of housing options in the area, but an unmet need includes hands on assistance with identifying appropriate housing and applying for benefits. With this area plan, we propose increasing capacity for housing assistance by providing help with benefit applications, and connecting seniors with available housing resources that meet their individualized needs. There is also a need for better coordination of home modification services. Local levy resources and Medicaid Waivers spend a lot of resources on home modifications, but the authorization of this work is outside the skill set of Social Work and Nursing. Expertise is needed for better utilization of these resources for improved efficiency and quality. A specialist in home repair and modifications with the proper training and skill set is needed (i.e. approving jobs, inspecting the work, etc.). Please see budget exhibits.
	c. Access, In-Home, Legal, Disease Prevention and Health Promotion, Other Community Services, Ombudsman, Nutrition Congregate, Nutrition Home- Delivered Services categories. For each, discuss any allocation differences between FY 2018 and FY 2019 for Title III funds, Alzheimer's Respite and SCS dollars for each service category. Include the reasons for increases or decreases.
	No Change
6.	Title III-D Fund Allocations. Title III-D funds may only be spent on health promotion programs that meet the current, highest-level criteria definition. The definition for evidence-based and FAQs can be found at ACL's website: https://www.acl.gov/programs/health-wellness/disease-prevention . Given the above, respond to the following:
	a. Identify the evidence-based interventions your PAA currently supports with Title III-D funds; be specific as you provide details.
	The Title III-D dollars which support our Healthy-U program are Chronic Disease Self-Management, Matter of Balance, and Diabetes Self-Management programs. Care Transitions is another evidence based program currently provided in 4 hospitals. We plan to double the number of hospitals that the care transitions intervention is available during FY 2019. Most of the expansion cost is being funded by levy programs under the name "FastTrack Home".
	b. Does your PAA plan to use PY 2019 Title III-D funds <u>contractually</u> or <u>in-house</u> to support evidence-based interventions?

	We are doing both. We are funding about 91% of the programs through COA's site coordination role, and we are funding about 9% contractually with other Providers. It's important to note that most of the funding coming thru COA's site coordination role is going to community organizations who host the classes, and class leaders.
7.	Funding of Priority Service Categories (Access, In-Home, Legal). Check all that apply:
	□ Current Title III-B percentages will be maintained
	□ Current Title III-B percentages will change
	Please explain any significant changes for each service as compared to previous years.
	No change in the current year. We could see some shifts in funding following the RFP results in FY 2020.
8.	Application for Waiver Request. Each request to directly deliver services and activities shall occur via Appendix 2. Requests for PY 2019 only must be completed and included with this strategic plan submission. Refer to Policy 204.04 for more details. Note: All current waivers expire December 31, 2018.
	See attached Waiver requests for healthy U site coordination, and own your future/education. Information and Referral is exempt, along with care management programs- care transitions and caregiver care coordination.
9.	Direct Services by PAA. Please list <u>all</u> services the PAA plans to provide directly in PY 2019; indicate source of funds. The budget page Exhibit D-2b (see <i>budget pages</i>) must be completed for each service that is provided directly by the PAA. Note: The PAA does not have to request a waiver to directly provide case management or I&A/R, <u>but must include a completed budget page Exhibit D-2b</u> .
	Information and Assistance (IIIB and E), Healthy U site coordination (IIID and SCS), Care Transitions (IIIB), Education/Own your Future (IIIB), Housing Administration activities (IIIB), and Caregiver Case Management (IIIE). See attached Exhibits

10.	fund fund	ding formula, including a list o	PAA shall submit a copy of its current Title III f data (e.g., 2010 US Census) used to populate the ndicate if the formula has changed since 2018 and has changed
		No, our funding formula h	· ·
		,	
	the	_	ed, and we continue to use the 2010 census data until able. Please see details in following addendum "Title III 2022".
11.	Program Income. Please describe PAA plans to expend the line 17 Program Income balance (for each funding source) if it exceeds the Program Income monthly average listed on line 16 of Exhibit D1-a.		
			ncome. This money is collected by the Providers, and tional services for the Title III program.
12.	For the Title III services and programs listed below administered by the PAA and/or your providers, please identify any services and programs that had a waiting list as of July 1, 2018. Include a description of the service, the number of consumers on the waiting list, and plans in PY 2019 to reduce the number, including, but not limited to, by reallocation of funds. Note that the services listed are the most used services statewide for the respective funding sources. If your PAA or providers have waiting lists for services that are not listed, please respond to these questions under "Other programs and services." If you know of providers/counties where service demand exceeds capacity, please describe in the "Notes" sections for each funding category		
			ervices Supportive Services
	#	Service	Counties
		Transportation	No Waiting List
		Supportive Services	No Waiting List
		Personal Care	No Waiting List
		Other Programs/Services	No Waiting List
	Notes:		
	We currently do not have any waiting lists for these services.		

	b. Title IIIC/Senior Community Services - Nutrition			
	#	Service	Counties	
		Home-delivered Meals		
		Congregate Meals		
		Other Programs/Services:		
	Notes			
			iting lists for these services.	
			Services – Prevention and Health Promotion	
	#	Service	Counties	
		Health Education		
		Education		
		Medication Screening		
		Other Programs/Services		
	Notes			
			iting lists for these services.	
			ervices – Alzheimer's Respite Caregiver	
	Servi			
	#	Service	Counties	
		Personal Care		
		Adult Day Care		
		Alzheimer's Care		
Other Programs/Services				
	Notes:			
	We currently do not have any waiting lists for these services.			
	e. Care Coordination funded by multiple funding sources		multiple funding sources	
	#	Service		
	Notes	<u>-</u>		
	1	rrently do not have any waiting		
13.			ns to coordinate activities and develop long-range	
			th local and State emergency response agencies,	
	relief organizations, local and State governments and other institutions. (OAA Section 306(a)(7))			
	Mahara a antiquity of anantiara plan (COOR) that is a shall a small and the same of the sa			
		We have a continuity of operations plan (COOP) that is updated annually. Additionally, we participate as needed in community EMS initiatives to ensure the needs of older adults are		
	-			
	considered in community wide emergency preparedness planning. Please see area plan OBJ:			
	5-9 for our associated area plan strategy to strengthen efforts and response protocols that			
	addres	ss the needs of older adults during	ng emergency events.	

Attachment: Question 2 and 10 from the budget narrative



Council on Aging of Southwestern Ohio (COA) Title III and State Funding Priorities 2019 – 2022

Background:

As the state designated Area Agency on Aging, COA is required to conduct a periodic needs assessment of the community, develop an Area Plan, and competitively bid Federal and State funding according to the priorities established through that process.

In the spring, 2018, COA began collecting community input on needs via community survey, interviews and focus groups with key stakeholders and face to face interviews with clients. The results of this research yielded, by rank order, the following needs in our community:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care
- 6. Grab bar installation, ramps, bathroom modifications
- 7. Emergency response systems
- 8. Housing options
- 9. Adult Day Services
- 10. Ombudsman
- 11. Counseling/Mental Health
- 12. Family Caregiver Support
- 13. Assistance with health insurance
- 14. Emergency furnace, plumbing, electrical repair
- 15. Alzheimer Support
- 16. Legal Assistance
- 17. Classes on managing chronic diseases
- 18. Transportation to senior centers
- 19. Transportation to other locations
- 20. Wellness programs
- 21. Congregate meals
- 22 Recreation/activities

The needs assessment also revealed that the following services required more funding:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

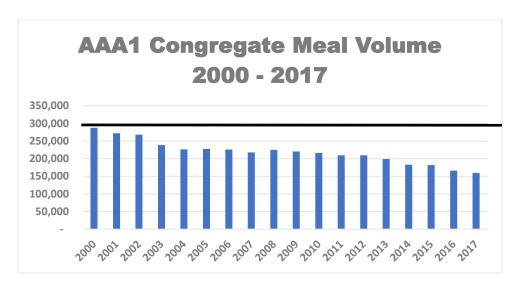
And, the most significant <u>unmet</u> needs are:

- 1. Transportation to Medical Appointments
- 2. Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

Further analysis showed very little variance in priorities and needs when broken down by county. For example, here are the top three unmet needs broken down by county:

Butler	Clinton	Clermont	Hamilton	Warren
Homemaking & Personal Care	Medical Transportation	Housing	Medical Transportation	Housing
Housing	Homemaking & Personal Care	Medical Transportation	Housing	Homemaking and Personal Care
Medical Transportation	Housing	Home Delivered Meals	Homemaking & Personal Care	Medical Transportation

Analysis of congregate meal volume over time supported the needs assessment data, which showed a 44% decline in congregate meal volume since 2000.



Not all services identified in the community needs assessment are directly related to State or Federal funding. Some services are covered by Medicaid, local levies, or other sources (i.e. housing tax credits, CDBG, etc.).

Federal and State Funded Priorities:

COA will award the minimum levels of funding based on Ohio Department on Aging (ODA) policy for Federal and/or State Funding for the following service categories. All services will be competitively bid during 2019 unless they are specifically designated to an organization per ODA policy.

Federal or State Mandated Services with minimum funding levels		
Adult Day Service/Caregiver Respite	Clermont County- Title III RFP Butler, Clinton, Hamilton and Warren Counties via Elderly Service Program RFP	Title III E, Alzheimer Respite
Alzheimer Core Services	Alzheimer Association (designated by ODA to serve all 5 counties)	Alzheimer Respite

Congregate Meals	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III C1, NSIP
Healthy U. Evidence Based Health Education	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III D, SCS
Home Delivered Meals	Clermont County- competitive bid Butler, Clinton, Hamilton and Warren Counties via Elderly Service Program RFP	Title III C2, NSIP
Legal Assistance	One Provider to serve all 5 counties	Title III B
Ombudsman	ProSeniors (designated by ODA to serve all 5 counties)	Title III B, VII, Bed Fee, SLTCO, and MyCare Ombudsman

Funding Priorities based on AAA1 Area Plan: Rank Ordered by Priority			
Transportation	All Five Counties	Title III B and SCS	
Adult Day Service/Caregiver Respite	Clermont County- Title III RFP Butler, Clinton, Hamilton and Warren Counties via Elderly Service Program RFP	Title III E, Alzheimer Respite	
Home Delivered Meals	Clermont County- Title III RFP Butler, Clinton, Hamilton and Warren Counties via Elderly Service Program RFP	Title III C2, NSIP, Title III E kinship meals	
Ombudsman	ProSeniors (designated by ODA to serve all 5 counties)	Title III B	
Caregiver Services - FCSP Support Group - FCSP Counseling	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III E	
Alzheimer's Education	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III E and Alzheimer's Respite	

Legal Services	One Provider to serve all 5 counties	Title III B
Evidence-Based Health Education	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III D and SCS
Congregate Meals	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III C1
Recreation	Butler, Clermont, Clinton, Hamilton & Warren Counties	Title III B

COA will award funding for services according to the following service priorities until the available funding is allocated. Available funding could be depleted before the lower priority services are funded. In order to ensure each county receives its fair share of funds, COA will ensure each county receives a total award amount based on the following funding formula:

\$110,000 base funding for each county. The rest is distributed per the following basis: 43% 60+ population; 28% 75+ population; 11% 60+ poverty; 8% minority; 8% living alone; 2% rural.

Services Provided by Council on Aging of Southwestern Ohio		
Information and Referral	Aging and Disabilities Resource Center (ADRC)	Title III B, Title III E
Housing Coordination and Home Repair/Modification	Assisting seniors with identifying and applying for available housing services and benefits that are appropriate for their needs. Coordinating the service approval and delivery of home modifications.	SCS, Title III B
Healthy U- Evidence Based Wellness Programs	Coordination of chronic disease self- management classes	Title III D, SCS, Title III B
Case Management: -Evidence Based Care Transitions	Component of FastTrack Home program that targets high risk senior being discharged from hospitals and nursing facilities. Component of the Elderly Services Program	Title III B, SCS
-Caregiver Support		Title III E

Training – Own Your Future	Training for residents about planning and preparing for disability and long term care needs.	Title III B
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Appendix 1: Request to Transfer Funds (included with the Budget pages)

The initial transfer request is due with this 2019-2022 Strategic Area Plan. Other anticipated transfer request due dates are as follows:

- 1. Line 3, First revised transfer request April 30, 2019
- 2. Line 4, Second revised transfer request June 30, 2019
- 3. Line 5, Final transfer request July 30, 2019

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

See Exhibit D-1a for the AAA1 Transfer Request (Page 4 of this Section)

AAA: Council on Aging of Southwestern Ohio For FFY: 2019

Appendix 2: Application for Waiver Request for OAA Title III-B Services

Tit	Fitle of requested service: <u>Education</u>				
Re	equest submitted: ⊠ With S ☐ Emerç	SAP/Annual Area Plan gency Request (skip to last section)			
1.	Section 307(a)(8) of the OAA states that services will not be provided directly by the Area Agency on Aging unless in the judgment of the state agency it is necessary due to one or more of the provisions listed below. Please select the basis for which the waiver is requested (more than one may be selected).				
	assure an adequ ⊠ (ii) such services are administrative f ⊠ (iii) such services cal	services by the Area Agency on Aging is necessary to late supply of such services; edirectly related to the Area Agency on Aging's unctions; or note be provided more economically, and with ality, by the Area Agency on Aging.			
2.	This request pertains to	:			
		III-B, specified service listed in OAA Section 321(a)(1) to (24) d service as listed in OAA Title III-B, Section 321(a)(25)			
3.	Identify the projected dollar the service to be provided:	amount requested and the applicable funding source for			
	⊠ Fund: <u>Title III B</u>	\$ <u>14,994</u>			
	☐ Fund:	\$			
	☐ Fund:	\$			
	Total request	\$ <u>14,994</u>			
	Note: Approved amount	ts are valid for a 12-month period.			

4. Provide a detailed justification to retain funds in-house for FFY 2019 and date that this service was last competitively bid. Please refer to ODA Policy 204.04-Waiver Request by AAAs for details and additional requirements.

Own Your Future education workshop is a three-part series that helps people plan for long term care, protect their assets, and understand what living options and services are available to them as they age and their care needs change. As an Area Agency on Aging, it is our goal to offer the

audience what they say they want and need: an unbiased learning environment where there is no pressure or incentive to buy anything or make decisions about financial instruments, insurance policies, housing, and so on. Other organizations do offer retirement and long-term care planning seminars, but they often do not have this goal. In other words, people tend to come to Own Your Future because it is being offered by their AAA. For this reason, we have not developed this service with a provider and think it would be counterproductive to do so. In addition, we are able to keep costs down by selecting venues that will offer free or discounted space. Our speakers do not charge for their time and expertise and they understand the goal of providing education and not selling products to participants. It is also important to vary the locations of the event. We have moved this workshop every year to different parts of our service area, offering this education to as many as possible.

Appendix 2: Application for Waiver Request for OAA Title III	Appendix 2:	Application	for Waiver	Request for	OAA Title	III.R
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Page 2

5. If you selected 2.B. above, provide documentation of the public hearing held or other mechanism used to gather public input that confirms the need for this service and for the AAA to directly deliver this service.

A public hearing was held on August 7th. See attachment for public hearing details. The community needs assessment showed strong community need for senior to understand the complex options associated with long term care.

6. Provide a copy of the Request for Proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why the proposal(s) were not acceptable. Also explain the methods used for notification.

Similar to the answer on 4. As the Area Agency on Aging, it is our goal to offer this education in a neutral learning environment. Offering an RFP may jeopardize the integrity of the education presented at Own Your Future. In addition, we keep the cost of the education program to a minimum by having set speakers and venues at no cost. Having the AAA conduct the education workshop is cost effective.

Emergency Waiver Request

AAA's may submit an emergency request for Waiver under limited circumstances as listed in ODA Policy 204.04(B)(2) a-d. Please select the basis for which the emergency waiver is requested:

The inability of a current service provider to continue meeting its timely
provision of service to consumers;
An established service provider's contract is suddenly terminated by the
provider or AAA;

	A service not presently funded by the AAA is needed due to the existence of a natural disaster; or
	An unexpected provider situation occurs that does not permit time to conduct a public hearing.
	public ficating.
a.	Provide an explanation of the circumstances that constitutes an emergency.
	N/A
b.	Provide correspondence by or between the AAA or provider indicating the circumstances that resulted in the interruption of services (attach copy).
C.	Explain AAA efforts to identify providers to temporarily offer this service.
	N/A
Appendi	x 3: Application for Waiver Request for OAA Title III-B
d.	List the service(s) to be provided, estimated number of consumers and counties affected.
	N/A
d.	Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.
e.	Dollar amount requested: \$0.00 (N/A)
f.	Specify the timeframe for which this emergency waiver is being requested. Your request may not exceed current plan year.
	N/A
4	Ma me I sull 8/28/18
Signatu	re of AAA Director Date

AAA: Council on Aging of Southwestern Ohio For FFY: 2019

<u>Appendix 4: Application for Waiver Request for OAA Title III-D – Evidenced-based Programs</u>

Tit	itle of requested service: Evidence-based Health Education			
Re	equest submitted: With SAP/Annual Area Plan Emergency Request (skip to last section)			
1.	Section 307(a)(8) of the OAA states that services will not be provided directly by the Area Agency on Aging unless in the judgement of the state agency it is necessary			

the waiver is requested (more than one may be selected).

 ⋈ (i) provision of such services by the Area Agency on Aging is necessary to assure an adequate supply of such services;

due to one or more of the provisions listed below. Please select the basis for which

- ⋈ (ii) such services are directly related to such Area Agency on Aging's administrative functions; or
- 2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

□ Fund: <u>Title III-D</u>	<u> </u>
☑ Fund: SCS	<u>\$ 22,300</u>
☐ Fund:	\$
Total request	\$ <u>99,928</u>

Note: Approved amounts are valid for a 12-month period.

Are you currently receiving other funding to provide evidence-based programming in your PSA? If yes, please include source(s) and annual amount(s):

Yes, we received a \$5,000 grant this year from ODA for Diabetes Self-Management Project

3. Please refer to Policy 204.04-Waiver Request by AAAs for details and additional requirements.

a. State the justification to keep funds in-house and date last service was competitively bid:

Our last competitive bid was in 2015. ODA's requirement that the AAA oversee the coordination of Healthy U program makes it is necessary to continue to seek a direct waiver to ensure we can provide this required function in an effective way through coordination with a wide array of community partners. COA is an integral part of the Healthy U partnership in our area and as the license holder, must continue to play a role. Even with our partnerships it is necessary to ensure that the program is reaching seniors in all parts of our service area.

b. If you received a Title III-D waiver in FFY 2018, please complete the following table with information from FFY 2018 EB workshops:

Workshop Type	Total # o Workshop		Counties where works	hops conducted	# of Completers	Total AAA Cost of Personnel	Total Costs for Supplies	Total Cost for Stipends
CDSMP	25	1	Hamilton, Butler, Warren	and Clermont	138	20,837	1,940	7,500
DSMP	18	1	Hamilton, Butler and Wa	ren	106	14,486	1,420	5,400
CPSMP	N/A							
Tai-Chi	N/A							
МОВ	23	1	Hamilton, Butler and Wa	ren	215	18,778	2,330	7,380
Powerful Tools for Caregivers	N/A							
Other	N/A							
Coach/Leader Trainings	4				40 Plus Leader Training		400	
TOTALS:	70	3	4		499	\$53,651	\$6,090	\$20,260
# of Workshops Total (from ab	pove)	# of Consumers To	tal (from above)	Average Cos	st per consume	r Avera	age Cost Per Wo	rkshop
66		459		\$173		\$1,20	5	
Other (i.e., care transitions):	1			,				

c. Please complete the chart below with projected activity to occur in FY2019. Note: Evidence-based (EB) disease prevention and health promotion services and information must meet the requirements of ACL's EB definition or is an EB program approved by the US Department of Health and Human Services and is shown to be effective and appropriate for older adults. More information can be found on Title III D by visiting ACL's website at https://www.acl.gov/programs/health-wellness/disease-prevention.

Workshop Type		jected # of orkshops	Counties where workshops conducted	Projected Costs for Personnel	Projected Costs for Supplies	Projected Costs for Stipends
CDSMP	25		Hamilton, Butler, Warren and Clermont	20,400	1,950	7,500
DSMP	18		Hamilton, Butler and Warren	14,500	1,450	5,400
CPSMP	N/A					
Гаі-Chi	N/A					
MOB	23		Hamilton, Butler and Warren	18,300	2,350	7,400
Powerful Tools for	N/A					
Caregivers						
Other						
Coach/Leader Trainings						
TOTALS:	66		4	\$53,700	\$5,750	\$20,300
Projected # of Workshops Tota above)	al (from	Projected Cos	st Per Workshop			1
66		\$1,208				

4. Provide documentation of the public hearing held or other mechanism used to gather public input that confirms the need for the AAA to directly deliver this service.

A public hearing was held on August 7th. See attachment for public hearing details. The community needs assessment showed strong community need for senior to understand the complex options associated with long term care.

 Provide a copy of the Request for Proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why proposal(s) were not acceptable. Also explain the methods used for notification.

In 2015, the service was competitively bid with only 2 providers bidding and receiving contracts for these services. COA did consider rebidding the service in 2017, but instead, provided education to the two contracted providers on ways to expand their programs with their current contracts ending 9/30/2018. These providers do not have the capacity to furnish programming to all counties in our service area. As the ODA designated site coordinator for our service area, we will continue to provide some direct service in this area and we are therefore requesting a waiver for a portion of program operations. COA will continue to employ a part time Healthy U Coordinator/Master Trainer, as well as a part-time Healthy U/A Matter of Balance Coordinator, and continue to provide leader trainers to ensure a supply of adequate leaders in the community.

CFR 1321.53(10)(c) states, in part: The area agency on aging shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated. Please state efforts taken to comply with this section relative to this request:

Our current Title III agreements designate focal points with respective contracted senior centers. Focal points are designated during the Title III RFP process. This process is scheduled to take place during 2019, effective for Y 2020.

Emergency Waiver Request

Include a copy of the correspondence by or between the AAA or provider indicating the circumstances that resulted in the interruption of services.

a. Is the copy attached?

Yes □ No ⊠

b. List the service(s) to be provided. N/A

Signature of AAA Director	<u>8/28/18</u> Date
N/A	0/00/40
Your request may not exceed	ch this emergency waiver is being requested. current plan year.
c. Dollar amount requested: \$	N/A

ASSURANCES

Section 306 Older Americans Act

Council on Aging of Southwestern Ohio

Assures the following:

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

- f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). (§306(a)(4)(B))
- g. Holocaust survivors in need of ombudsman, nutrition, transportation and other supportive services.
- h. Older individuals with behavioral health concerns.
- 5. The AAA assures it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))
- 6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).
- 7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
 - a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older Native Americans. (§306(a)(11))
- 8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)(13) (A))
- 9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
 - The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
 - b. The nature of such contract or such relationship. (§306(a)(13)(B))
- 10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))

- 11. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
- 12. The AAA assures it will, on the request of the Assistance Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
- 13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
- 14. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(15))

Signature of AAA Director

8/28/18

Date

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

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

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

man Dun	8/28/18
Signature of AAA Director	Date

Certification for Contracts, Grants, Loans & Cooperative Agreements

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

- Someone Duko	8/28/18
Signature of AAA Director	Date

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

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

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

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

The recipi	pient [check (a) or (b)]:	
a. □ b. ⊠	Employs fewer than fifteen persons Employs fifteen or more persons and, pursuant to §84.7(a) of the regular C.F.R. 84.7(a)], has designated the following person(s) to coordinate its to comply with the Health and Human Services regulations:	ation (45 s efforts
	ounty Parkway; Cincinnati, OH 45246 Idress or PO Box City, State & ZIP Code 86	
	IRS Employer Identification Number	
I certify that th	he above information is complete and correct to the best of my knowledge).
Signature of A	AAA Director 8/28/ Date	18

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

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

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

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

Council on Aging of Southwestern Ohio	August 28, 2018	
AAA Name (type or print)	-	Date
Mark H. Reed, Vice President Compliance &	Legal Affairs	
AAA Director or Authorized Agent		
3		
175 Tri County Parkway	Cincinnati, OH 45246	
Applicant's Mailing Address	City, State & ZIP Code	

Older Americans Act Programs Non-Discrimination Policy

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

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

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

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

Mark H. Reed, Vice President Co	ompliance & Legal Affairs
(513) 345-3393 Area Code & Phone Number (XXX) XX	X-XXXX
Approved and agreed to on behalf of	Council on Aging of Southwestern Ohio
Signature of AAA Director	August 28, 2018 Date

Verification of Intent

The Strategic Area Plan on Aging hereby submitted for the:						
Council on Aging of Southwestern Ohio Area Agency on Aging						
1/1/2019 to 12/31/2022						
It includes all assurances and plans to be followed by C Southwestern Ohio under provisions of the Older American the period identified, the Area Agency identified will assume administer the Area Plan on Aging in accordance with all received State of Ohio policy. In accepting this authority, the major responsibility to develop and administer the Area Plan coordinated system of services and to serve as the advocate people in the planning and service area.	ns Act, as amended during full authority to develop and quirements of the Act and Area Agency assumes for a comprehensive and					
The Strategic Area Plan on Aging has been developed in acregulations specified under the Older Americans Act and is Ohio Department of Aging for approval.						
Amary Jules	8/28/18					
Signature of AAA Director	Date					
The Area Agency Advisory Council on Aging has had the opcomment on the Strategic Area Plan on Aging. (Please atta						
Signature of Advisory Board Chair	8/28/18					
Signature of Advisory Board Chair	Date					
The governing body of the Area Agency has reviewed and a Plan on Aging.	pproved the Strategic Area					
Jane Osegne	8/28/18					
Signature of Governing Board Chair	Date					



Council on Aging of Southwestern Ohio

Exhibit D-2b: Housing AAA: 1 **Operation Plan Year:** 2019 PY 2019 AAA SERVICE-RELATED COSTS BY PROGRAM ACTIVITY **Original Submission Date:** Revision #: _____ Revision Date: Program: HOUSING Α В С D Ε F G Н TOTAL SCS **Section 1: Housing Coordination** OAA/Title III **HEAP** *OHTF **OTHER** County Levy **Service Dollars** Time/Funds 1. Personnel* Position Title (Insert additional lines as necessary) % time % time % time % time % time % time (2) ADRC Specialist 6% 74% 20% 100% Housing Program Associate 15% 85% 100% Home Modification Specialist 100% 85% 15% 0% **Total Personnel Cost** 6,900 82,500 | \$ 5,761 \$ \$ 77,786 \$ 18,895 \$ 191,842 List by position title (per Organization Chart) with % of time charged to the Program or Activity noted above* 2. Other a. Travel \$ \$ \$ - \$ \$ \$ \$ b. Audit c. Rent/Utilities \$ \$ \$ - \$ d. Training/Conferences \$ \$ - \$ \$ e. Misc. Costs \$ 31,586 \$ 31,586 f. Total Other Cost \$ \$ \$ 31,586 \$ \$ - \$ - \$ 31,586 3. Total Costs \$ 6,900 \$ 82,500 \$ 37,347 \$ 77,786 \$ \$ 18,895 \$ 223,428 **SECTION 2: Home Repair Services** TITLE III-B SCS OAA/Title III HEAP OHTF **County Levy** OTHER TOTAL 1. Title III/SCS \$ Set Aside for Repair \$ \$ 2. Other dollars available for Home Repair Services \$ \$ - \$ - \$ *Ohio Housing Trust Fund, including service coordination contracts and/or home repair grants. (Note: We were not awarded any money from the Housing Trust Fund)

Exhibit D-2b: Nutrition									
AAA:									
Operation Plan Year: 2019									
Original Submission Date:	P	'Y 2019 AAA S	ERVICE-RELA ⁻	TED COSTS BY	PROGRAM ACTIVI	TY			
OR									
Revision #: Revision Date:									
	Nutrition Direct Service								
Program: Nutrition	1	2	3	4	5	6			
	SCS RD/LD Staffing	TITLE III-C1	TITLE III-C2	scs	ALL OTHER FUNDS	TOTAL TIME/FUNDS			
1. Personnel (By Position)	Ţ.								
a. Position Title (Insert additional lines as necessary	% time	% time	% time	% time	% time				
						0%			
						0%			
						0%			
b. Total Personnel Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
2. Other									
a. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
b. Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
c. Rent/Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
d. Training/Conferences	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
e. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
f. RD/LD Consultant Contract	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
g. Total Other Costs	\$ -	\$ -	\$ -	\$ -	-	\$ -			
				Ī					
3. Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
4. Column 5 List of Other Funding Sources									
a.									
b.									
c. etc.									
Notes:									

Care Coordination Profile

	420	460	540	500	Total
AAA	2,995,230	-		184,959	3,180,188
Sub-Contract		1,544,439	1,033,258		2,577,697
CM Admin		509,921	341,086		851,007
Provider Total	-	2,054,360	1,374,344	-	3,428,704
Grand Total	2,995,230	2,054,360	1,374,344	184,959	6,608,892
	430	470	545	510	Total
Homemaker	-	-	-	522,898	522,898
Home Care	7,262,468	3,114,126	2,586,583	-	12,963,176
Personal Care	-	-	-	3,604	3,604
Respite	-	-	-	3,008	3,008
HDM	3,220,365	1,898,804	1,493,305	64,086	6,676,560
Adult Day Serv	410,521	61,097	109,028	17,917	598,563
Total	10,893,354	5,074,027	4,188,915	611,513	20,767,809
Tot Admin / CM	13,888,584	7,128,386	5,563,260	796,472	27,376,702 29,936,262
				Diff	(2,559,560)

Exhibit D-2b AAA: 1															
Operation Plan Year: 2019 Original Submission Date: OR Revision #: Revision Date:	-	PY 2019 AAA SERVICE-RELATED COSTS BY PROGRAM ACTIVITY													
Revision # Revision Date.											1				
Program: Care Transitions	1	2	3	4	5	6	7	8	9	10	11 Total All				
r rogram. Care transitions	Title III B	Title III C-1	Title III C-2	Title III D	Title III E	scs	Alzheimer's	SSBG	on-ODA Fund City Levy	Other		tai Ali lumns			
1. AAA Personnel (by position)								0000	Oity Levy	Other	1				
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time					
4 Hospital Coaches	62%			0%		22%			16%		1	00%			
2 Field Coaches	62%			0%		22%			16%			00%			
												0%			
												0%			
Total Personnel Costs	\$193,739	\$ -	\$ -	\$ -	\$ -	\$ 67,300	\$ -	\$ -	\$ 51,700	-	\$	312,739			
2. Other	T	ı	I	<u> </u>			1	1	ı	T	1				
a. Travel	\$ 6,764	¢ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	6,764			
b. Audit		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	- 0,704			
c. Rent/Utilities		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-			
d. Training/Conferences	\$ 1,330		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	1,330			
e. Miscellaneous Costs	\$ 6,167		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	6,167			
f. Total Other Costs	\$ 14,261	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	14,261			
3. Total Costs	\$208,000	\$ -	\$ -	\$ -	\$ -	\$ 67,300	\$ -	\$ -	\$ 51,700	\$ -	\$	327,000			
4. Columns 6, 5, and 10. List of Non-ODA 1 anding										1					
Couross	_										1				
a. b.															
c. etc.	-	1	1				_		-	<u> </u>					
Notes: Miscellaneous Cost: Cell Phone for 6 people at \$4,194 /	Annually. Also	office supplies	and postage co	st of \$1,973 a	annually.										
		•		· · · · · · · · · · · · · · · · · · ·											
Reported As:															
Service		Un	it (e.g., 1 hou	r)			Planne	ed Units			ost Per Un				
1 Care Transition Interventions	Completer								818			400			
2										\$					
3									C	\$					

	_											
Exhibit D-2b												
AAA: 1												
Operation Plan Year: 2019	1											
Original Submission Date:	1		PY 2	2019 AAA	SERVIC	E-RELA	TED COSTS	BY PRO	OGRAM AC	TIVITY		
OR	1											
Revision #: Revision Date:	4											
	1	2	3	4	5	6	7	8	9	10	11	
Program: Caregiver Case Management								N	on-ODA Fundi	na Sources	Total All	
	Title III B	Title III C-1	Title III C-2	Title III D	Title III E	scs	Alzheimer's	SSBG	City Levy	Other	Columns	
1. AAA Personnel (by position)									, ,			
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time		
,					38%				62%		100%	
		i	Ī		38%				62%	ì	100%	
			Ī							ì	0%	
											0%	
Total Personnel Costs	\$ -	\$ -	\$ -	\$ -	\$ 31,134	\$ -	\$ -	\$ -	\$ 49,756	\$ -	\$ 80.	,890
				•	<u> </u>			•				
2. Other												
a. Travel	\$ -	\$ -	\$ -	\$ -	\$ 882	\$ -	\$ -	\$ -	\$ 588	\$ -	\$ 1.	,470
b. Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	_
c. Rent/Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	_
d. Training/Conferences	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-
e. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ 5,984	\$ -	\$ -	\$ -	\$ 656	\$ -	\$ 6.	,640
f. Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ 6,866	\$ -	\$ -	\$ -	\$ 1,244	\$ -	\$ 8.	,110
3. Total Costs	\$ -	\$ -	\$ -	\$ -	\$ 38,000	\$ -	\$ -	\$ -	\$ 51,000	\$ -	\$ 89.	,000
Sources												
a.												
b.												
c. etc.	î .											
Notes: Miscellaneous Cost- Cell Phone for 2 people at \$820 ann	ually										•	
Reported As:												
Service	Т	Hn	it (e.g., 1 hou	r)			Dlanne	d Units			ost Per Unit	
1 Caregiver Case Management		Uli	it (e.g., 1 110u	11)			riallile	u Ullita	2460			55
						2468 \$						
<u>2</u> 3	1					0 \$						_
ು	1								0	φ		-

Exhibit D-2b Disease Prevention & Health AAA: 1 Operation Plan Year: 2019 PY 2019 AAA SERVICE-RELATED COSTS BY PROGRAM ACTIVITY **Original Submission Date:** OR Revision #: _____ Revision Date: 1 2 3 5 6 7 8 10 11 Program: Evidence-Based Health EDU Non-ODA Funding Sources Total All Title III B Title III C-1 Title III C-2 Title III D Title III E SCS Alzheimer's SSBG City Levy Other Columns 1. AAA Personnel (by position) Position Title (Insert additional lines as necessar % time Healthy U Coordinator 100% 100% Healthy U Coordinator 0% Healthy U Supervisor 0% 0% **Total Personnel Costs** \$ 37,450 \$ - \$ - \$ - | \$ 37,450 2. Other a. Travel b. Audit \$ \$ \$. | \$ - \$ c. Rent/Utilities \$ \$ - \$ \$ d. Training/Conferences e. Miscellaneous Costs \$ \$ 40,178 \$ \$ 22,300 \$ \$ 62,478 f. Total Other Costs \$ 40,178 \$ \$ 22,300 \$ 62,478 - \$ - \$ - \$ 77,628 \$ - \$ 22,300 \$ 3. Total Costs - \$ - \$ - \$ - \$ - \$ - \$ 99,928 a. b. Notes: \$800 for books and workshop supplies, \$200 for Leader Training suplies, \$16,700 to reimbursement to centers for Healthy U workshops. Reported As: Service Unit (e.g., 1 hour) **Planned Units** Cost Per Unit

0 \$

325

274 \$

Completer

2 Healthy U

Exhibit D-2b											
AAA: 1											
Operation Plan Year: 2019	1										
Original Submission Date:	-		PY 2	2019 AAA	SERVIC	E-RELA	TED COSTS	BY PRO	OGRAM AC	TIVITY	
	-										
OR											
Revision #: Revision Date:											
	1	2	3	4	5	6	7	8 9		10	11
Program: Own Your Future	Title III B	Title III C-1	Title III C-2	Title III D	Title III F	scs	Alzheimer's		on-ODA Fundi	ng Sources	Total All
	110011113	1100 111 0 1	1100 111 0 2	1100 111 5	1100 111 2		ALLIONIO	SSBG	City Levy	Other	Columns
1. AAA Personnel (by position)											
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time	
											0%
											0%
	<u> </u>										0%
Total Daysannal Coata	^	Φ.	•	•	Φ.	•	Φ.	•	Φ.	•	0%
Total Personnel Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
2. Other	T	1	T	I	li e	ı	1		<u> </u>	ı	1
	\$ 21	¢.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ 25
a. Travel b. Audit	\$ 8,075		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,425	
c. Rent/Utilities	\$ 2,253		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,425	
d. Training/Conferences	\$ 2,255	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500	
e. Miscellaneous Costs	\$ 3,570		\$ -		\$ -		\$ -	\$ -	\$ -	\$ 630	
F. Indirect Cost (6.7%)	\$ 1,075		Φ -	ф -	ф -	ф -	ъ -	ф -	Φ -	\$ 190	\$ 4,200
f. Total Other Costs	\$ 14,994		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,146	\$ 20,140
1. Total Other Costs	\$ 14,994	Φ -	Φ -	φ -	ф -	Ф -	Φ -	ф -	Φ -	\$ 5,146	\$ 20,140
3. Total Costs	\$ 14,994	I ¢	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,146	\$ 20,140
3. Total Costs	\$ 14,994	Φ -	Φ -	φ -	Ф -	Ф -	Φ -	ф -	Φ -	\$ 5,146	\$ 20,140
4. Columns 6, 3, and 10. List of Non-ODA I unumg	Т	1		Г	1	1	1			1	1
a.											
b.	<u> </u>										
c. etc.											
Notes: Speakers for the event are professionals and do not charge	ne for present	ation COA sur	port is by indire	ect staff			1				
Total of the state	go .o. p.ooo	a 00/10u/	sport to by main	001 014111							
Reported As:											
Service		Un	it (e.g., 1 hou	ır)			Planne	d Units		Co	ost Per Unit
1. Education	1 unit = 1	hour of educa							10	\$	2,014
2										\$	-
3										\$	-

Exhibit D-2b Information & Assistance	-		PY 2	2019 AAA	SERVIC	E-RELA	TED COSTS	BY PRO	OGRAM AC	TIVITY	
	1	2	3	4	5	6	7	8	9	10	11
Program: Information and Referral	Title III B	Title III C 1	Title III C-2	Title III D	Title III E	scs	Alzheimer's	N	on-ODA Fund	ing Sources	Total All
	Title III B	Title III C-1	Title III C-2	Title III D	Title III E	303	Aizheimers	SSBG	City Levy	Other	Columns
1. AAA Personnel (by position)											
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time	
ADRC Business Manager	1%				1%				10%	88%	100%
ADRC Specialist (8.8)	20%				25%				23%	32%	100%
ADRC Specialsit	30%				30%				35%	5%	100%
											0%
Total Personnel Costs	\$ 189,013	\$ -	\$ -	\$ -	\$ 97,969	\$ -	\$ -	\$ -	\$ 183,262	\$ 136,330	\$ 606,574
2. Other											
a. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Rent/Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Training/Conferences	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Total Costs	\$ 189,013	\$ -	\$ -	\$ -	\$ 97,969	\$ -	\$ -	\$ -	\$ 183,262	\$ 136,330	\$ 606,574
Sources											
a.											
b.					ì						
c. etc.											1
Notes:	•		•			•	•	•			
Reported As:											
Service	1	Hn	it (e.g., 1 hou	r)		1	Planne	d Units		C	ost Per Unit
1	 	011	(o.g., 1 110u	•,			, iaiiiie	a omia	(\$	-
2										\$	
3	1									\$	
<u> </u>	1					1				′ <u>1</u> Ψ	

	l											
Exhibit D-2b												
AAA: 1												
Operation Plan Year: 2019	1											
Original Submission Date:			PY 2	2019 AAA	SERVIC	E-RELA	TED COSTS	BY PRO	OGRAM AC	TIVITY		
OR	1											
Revision #: Revision Date:												
	1	2	3	4	5	6	7	8	9	10	11	
Program: Housing Resources	III D	 0.4		III D		200		Non-ODA Fundin		ng Sources	Total All	
	Title III B	little III C-1	Title III C-2	little III D	litle III E	scs	Alzheimer's	SSBG	City Levy	Other	Columns	
1. AAA Personnel (by position)												
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time		
Resource Coordinator	85%								15%		100%	
											0%	
											0%	
											0%	
Total Personnel Costs	\$ 47,752	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ 55,752	
2. Other												
a. Travel	\$ 420	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 420	
b. Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
c. Rent/Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
d. Training/Conferences	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
e. Miscellaneous Costs	\$ 828	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 828	
f. Total Other Costs	\$ 1,248	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,248	
	_			_								
3. Total Costs	\$ 49,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ 57,000	
4. COMMINS 0, 3, AND TO. LIST OF NON-ODA FUNDING												
Courses												
a.												
b.												
c. etc.												
Notes: Miscellanous cost is for one cell phone												
Reported As:												
Service		Un	it (e.g., 1 hou	r)			Planne	d Units		C	st Per Unit	
1 contact with consumer	phone cont		_ · •			1056 \$					54	
2						0 \$						
3						0 \$						

Exhibit D-2b Ombudsman AAA:												
Operation Plan Year: 2019 Original Submission Date:	PY 2019 AAA SERVICE-RELATED COSTS BY PROGRAM ACTIVITY											
OR Revision #: Revision Date:												
	1	2	3	4	5	6	7	8	9	10	11	
Program:	Title III B	Title III C-1	Title III C-2	Title III D	Title III F	scs	Alzheimer's		on-ODA Fundi	_	Total All	
	THE IN B	Title III G-1	Title III G-2	THE IN D	THE IN L	000	Alzileiller 3	SSBG	City Levy	Other	Columns	
AAA Personnel (by position)												
Position Title (Insert additional lines as necessary)	% time	% time	% time	% time	% time	% time	% time	% time	% time	% time		
											0%	
											0%	
											0%	
Total Personnel Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	
Total Personnel Costs	ф -	Φ -	Φ -	ф -	Φ -	φ -	Φ -	φ -	Φ -	5 -	Φ -	
2. Other	I	ı		I		I	ı		ı			
a. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
b. Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
c. Rent/Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
d. Training/Conferences	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
e. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	
f. Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
3. Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4. Columns 8, 9, and 10: List of Non-ODA Funding												
Sources												
a. b.												
c. etc. Notes:	l.	<u> </u>		l.			l		l			
Reported As:	Unit (on 4 hand)											
Service	Unit (e.g., 1 hour) Planned Units							Cost Per Unit				
2						-				\$	<u>-</u>	
3	-					-				\$		

2019-2022 STRATEGIC AREA PLAN ATTACHMENTS

ATTACHMENT 1: COA ADVISORY COUNCIL TENURE LIST 2018-2019

ATTACHMENT 2: COMMUNITY NEEDS ASSESSMENT PRESENTATION

ATTACHMENT 3: COA CLIENT INTERVIEW RESULTS; MARCH 2018

ATTACHMENT 4: COA PUBLIC HEARING MEETING NOTES; 8/8/18

ATTACHMENT 5: BUTLER COUNTY CENSUS BLOCK GROUPS

ATTACHMENT 6: PROVIDER SERVICE AREA CONGREGATE MEAL SITES

ATTACHMENT 7: COA ORGANIZATION CHART

ATTACHMENT 8: COA TITLE III COMPLAINT PROCESS

Council on Aging of Southwestern Ohio

COA Advisory Council Tenure List - 2018-2019

Need 12 Members Total - 7 must be 60+ and 5 must be 60-

Name	Initial Appt. Date	Age 60 or Over?(must be over 51%)	Race	Current Term	1st Term Expires	2nd Term Expires	3rd Term Expires	Add'l Yr. Expires	Eligible for Re- election?	Officer/dates	Comments
Butler County											
John McCarthy	Dec 2014	+60	White	3rd	Nov 2016	Nov 2018	Nov 2020		Yes		Currently in 1st year of 3rd term - 3rd Term ends November 2020
Linda Ambrose	6.28.16	+60	White	2nd	May 2018	May 2020	May 2022		Yes		Currently in 1st year of 2nd term - 2nd term expires May 2020
Clermont County											
Lee Pinkerton	8.29.17	+60	White	1st	July 2019	July 2021	July 2023		Yes		Currently in 1st year of 1st term - 1st term expires July 2019
Diana Martel	8.29.17	+60	White	1st	July 2019	July 2021	July 2023		Yes		Currently in 1st year of 1st term - 1st term expires July 2019
Clinton County											
Dana Dunn	2.27.18	+60	White	1st	Jan 2020	Jan 2022	Jan 2024		Yes		Currently in 1st year of 1st term - 1st term expires January 2020
Hamilton County											
Robert Leininger	2.23.16		White	2nd	Jan 2018	Jan 2020	Jan 2022		Yes		Currently in 1st year of 2nd term - 2nd term expires January 2020
Phillip Williams	3.17.16	+60	African Amer	2nd	Feb 2018	Feb 2020	Feb 2022		Yes		Currently in 1st year of 2nd term - 2nd term expires Feb 2020
Jacqueline Carter	4.24.18	+60	African Amer	1st	March 2020	March 2022	March 2024		Yes		Currently in 1st year of 1st term - 1st term expires January 2020
Warren County											
Jamie Hunter	April 2014	-60	White	3rd	March 2016	March 2018	March 2020		Yes		Currently in 1st year of 3rd term - 3rd term expires March 2020 Currently in 2nd year of 2nd
Jane Ripberger, AC Chair	Feb 2015	-60	White	2nd	Jan 2017	Jan 2019	Jan 2021		Yes	2018-2019 Chair	Term - 2nd term expires January 2019
Bill Thornton	2.28.17	+60	White	1st	Jan 2019	Jan 2021	Jan 2023		Yes		Currently in 2nd year of 1st term - 1st term expires January 2019

Revised 7.18.18

Community Needs Assessment

Spring 2018







On-line survey open for 6 weeks March – April 2018

- Website
- COA newsletter blast
- Email distribution lists
- Third party group distribution
- Facebook

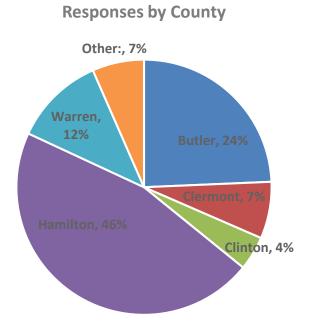


Goals of the survey to identify

- 1. Service needs & gaps
- 2. Priorities
- 3. Where more or less financial investment is needed
- 4. Which services are working and not working

Who Responded?

- 627 responses
- **45% 60+**
- 22% COA provider
- 18% family caregiver



Highest Priority Services



- 1. Transportation to Medical Appointments
- Home Delivered Meals
- 3. Information and Referral, Guidance, Advice, Connection to resources
- 4. Assistance applying for benefits
- 5. Homemaking and Personal Care

Highest Priority Services continued

- Grab bar installation, ramps, bathroom modifications
- 7. Emergency Response Systems
- 8. Housing options
- Adult Day Services
- 10. Ombudsman



Mid Level Priority Services

- 11. Counseling/Mental Health
- 12. Family Caregiver Support
- 13. Assistance with health insurance
- 14. Emergency furnace, plumbing, electrical repair
- 15. Alzheimer Support
- 16. Legal Assistance
- 17. Classes on managing chronic diseases

Lowest Priority Services

- 18. Transportation to senior centers
- 19. Transportation to other locations
- 20. Wellness programs
- 21. Congregate Meals
- 22. Recreation/ Activities

Higher Levels of Funding

- 1. Housing Options
- 2. Transportation to medical appointments



- 3. Homemaking/Personal Care
- 4. Adult Day Services
- 5. Transportation to other settings
- 6. Information and Referral

Top <u>Unmet</u> Community Needs

(open ended responses)

- Transportation
- Housing
- Home Care (staffing problem)
- ✓ "Affordable" services
- Mental Health



Common Comments

- Transportation and Housing needs
- Home care aide problems
- Grandparents raising grandchildren
- Fixed income, rising costs
- Lack of knowledge about what is available, complicated system

Council on Aging of Southwestern Ohio Client Interview Results

March 2018 Submitted by: Abbe Lackmeyer

Background

Major Themes

- Overall Satisfaction with COA
 - COA as an agency
 - o Care Managers
 - o Communication
 - Meeting Needs & Adapting to Changes
 - o Suggestions for Improvement / Thoughts from Clients
- Improvements with Providers: Concerns with Consistency & Communication

Use of Technology

Client Interview Schedule

Background

In March 2018, a total of 12 current Council on Aging ESP and PASSPORT clients were interviewed to learn about their experiences with COA and their service providers. Of the 12 interviews, 11 were conducted face-to-face and one by phone (per recommendation of the care manager). Interviewees represented Hamilton County ESP (6 clients), Clinton County ESP (2 clients) and PASSPORT (4 clients). The following questions were used to guide the interviews:

- What is working well with Council on Aging services and programs?
- If you had a magic wand to fix three things with the services you receive thru Council on Aging, what would they be?
- Are your needs being met? Any unmet service needs or gaps in care that you need to stay safe at home?
- How well does communication work with Council on Aging, your service provider?
- Have you had health changes, and has Council on Aging adapted your services to meet changing needs?
- Do you use technology such as a computer, smart phone or other? What technology do you use? Email, text, use Facebook, etc.?

The following provides a summary of responses as it relates to two themes that emerged through the interviews. In addition, a summary of the use of technology is provided.

Major Themes

Throughout the interviews, two major themes emerged:

- 1. Overall, all clients are satisfied with and have an appreciation of Council on Aging;
- 2. If there were any complaints or areas they would like to see improved, it was primarily with their direct service provider.

Overall Satisfaction with COA

It was clear through the interviews that all clients were very happy with and grateful for the work of Council on Aging. Clients spoke highly of COA as an agency and highly of their care managers who in many cases appeared to be the "face" of COA. In addition, clients were satisfied with their level of communication with COA and the efforts of COA to meet their needs, address any issues, and adapt to changes.

COA as an Agency

Clients recognized the value of having Council on Aging as local resource and acknowledge the positive impact COA has had in their own lives and communities as a whole. Clients described COA or its programs as "great", "cool", or a "Godsend". In addition, clients were grateful knowing that services exist that allow them to stay in the comfort of their own home.

- "We are really happy we have friends that are a little younger and they cannot wait to get a little older so they can call COA."
- "We wanted to live in this house we have been here 56 years, this is where our kids grew up. This allows us to stay in our house which is what we really wanted."
- "Looking out for the seniors see what they can do to help us. Very beneficial for that reason."
- "When you have a problem (even with payment), you can call and they always help."
- "I love Council on Aging people working for people I love them too."
- "COA is very good at their job. [They] understand their clients and what they need."
- "They connect you to everything."

- "My mother was a PASSPORT client. I always said if anything ever happened to me, I wanted
 to be part of PASSPORT. People are nice and you do not need to go up a mountain and back
 down to get what you need. PASSPORT has been just as good to me as it was to my
 mother."
- "Saying COA in Clinton County has a good connotation all of the people I know speak well
 of COA. I have not heard anything negative."

For those ESP clients that have a co-pay, they appreciated that the cost fit into their budget and made it possible for them to afford services in their home. Some clients did express that they wished they could afford just a few additional hours of service.

 "The amount we are charged is very helpful and has been good for and helpful to our budget."

Some clients also recognized that their services and the work of COA is supported by local funding and have encouraged others to support the programs when they are on the ballot:

 I always tell people, even if they do not get it [services], to vote for it if it is on the ballot because they will need it someday."

Care Managers

All clients expressed that they were happy with their care managers and other COA employees that assist with their care. They knew their care managers by name and it appeared that in many cases the care manager was the "face" of the organization. Clients indicated that they felt comfortable contacting their care manager or COA if there were any issues and also expressed appreciation in the amount of contact they received from their care managers.

- "[CM] is very responsive"
- "[CM] is very efficient, very knowledgeable, conscientious about our needs & is friendly"
- "[CM] is lovely, she does very well, listens very well and will take care of anything you bring
 up. She is very good, we like her a lot, we like good communicators!"
- "[CM] is very busy. When she comes, she listens but doesn't say a lot follows through with clients. Not very vocal but does not expect her to be her friend she is doing her job."

• "[CM] – she was really good. Able to answer every question appropriately – she did not promise the 'pie in the sky'. She was realistic, not negative, but realistic. She is very well trained."

Communication

In general, clients were satisfied with the level of communication they maintain with COA and in most cases, when asked about communication with COA, clients focused on the communication they have with their care managers (or individuals who assist the care manager and help coordinate services). Clients appreciated the timeliness of receiving a returned phone call from COA and the ease of contacting COA and receiving what they need. Clients were also happy when they received calls from their care manager to check on them following a stay in the hospital.

Only two clients commented on the system used in reaching COA and care managers. One client said that sometimes it seems like she waits a while and will wonder if her call was lost while she was waiting on the line. Another client expressed her dissatisfaction with the new phone system. She was unhappy to be guided through a calling system with nobody to talk to when directing her call. She misses being able to select an extension and reach her care manager directly. If she leaves a message, she will almost always receive a call back in a timely manner, but there have been a few instances where her care manager never received her message so she did not receive a call back.

Meeting Needs & Adapting to Changes

Overall, clients were quick to state that their needs are being met by COA and they do not have any complaints as far as getting what they need. One client in particular appreciated that their needs are able to be met on a schedule that works best for them and their daily activities (receiving 1.5 hours of service rather than 4). Some clients acknowledged that all of their needs are being met because they have a strong support system among their friends and family and that COA provides services that compliment the support already being realized ("Yes, because I have family that does a lot").

On a few occasions, clients did comment that if there was any gap in services, it would be related to transportation. This is not necessarily a complaint of a specific transportation service, but rather they wish they had a better way of getting to places without relying on family or friends or dealing with public transportation. Clients discussed the desire to be able to run to a store or run errands on their own terms or on an "as needed" basis. One client described her ideal situation as having "a service that was almost like a chauffeur."

Most clients indicated that they had yet to experience a change in their health that would require modifications to their services but everyone said that they would feel comfortable contacting COA in the event of any health changes. For those few clients that had experienced a change in their health, they felt that COA adapted to their needs. In talking about a client's health changes, the wife of a client commented that her husband had "actually experienced some healing and we are happy with how services adapted to his situation."

One client did comment that she felt like she was "lost in the system" after having been admitted to the hospital and then having a stay at a nursing home. She did not feel like anyone knew where she was in the process or in the system until after she returned home (including COA).

Suggestions for Improvement / Thoughts from Clients

Throughout the interviews, there were a few clients that offered suggestions for a few changes or different programs or offered their thoughts on what they wished for in an <u>ideal</u> setting:

- Online Bill Payment a very computer/tech savvy client indicated that she would like the option to pay online or have direct pay for her COA bill. COA is the only place she sends a check to on a monthly basis. She sent a money order last time because she does not want to buy checks for just a once a month payment. She understands that for most individuals, checks would be the best option, but would appreciate the ability to pay online.
- One Stop Shop another client wishes that COA was more of a "one stop shop" where she
 could get everything she needed from COA rather than going through providers. Her best
 service is with COA and her care manager so she wishes she only had to deal/work with COA
 directly.
- As Needed Services a client mentioned the desire for services on an "as needed" basis. For example, "as needed" drivers for quick trips to the store, or "as needed" service hours. There have been times when feels like she could use more than 40 hours in a month (for example when she needs to skip cleaning because she needs to go to the doctor).
- Less Stringent Financial Check one client commented that while she understands and can appreciate the process, the yearly financial check can be difficult, especially related to finding exact receipts.

Improvements with Providers: Concerns with Communication & Consistency

It was clear throughout the interviews that if there were any complaints, it was directed towards their home health service providers, especially within the areas of consistency and communication.

It should be noted that this was not the case with every client interviewed as there are some clients that are very satisfied with their direct service provider and have not experienced any issues. Those who were very satisfied were also those clients who had the same aide or provider for an extended amount of time and were able to experience consistency with those who come to their home every day or week. These clients commented that they are happy with their caregiver, that they like and feel comfortable with their aide, and that they feel fortunate with the individuals who have come into their home. One client said that "the work of the aide allows her to have what she needs in her own house."

Several clients passed along stories of times when their aide showed up late or not at all, when their aide had been switched without their knowledge, or when they had little or no success in communicating with the service provider.

Clients wished for a better communication system with their service providers when changes are being made to a schedule or an aide or when an aide is going to be tardy or absent. Many clients stated that they receive no communication from the provider agency when changes are made and have experienced times when they receive no response or no one returns their calls. After calling on two separate occasions to discuss what she considered the poor performance and the disrespect of an aide (client stated that the aide refused to talk directly to the client, and forged the client's name on documents), the client commented that "they do not care" and she does not want to "bother with them anymore."

In a few cases, clients had developed a work around to their communication issue and maintained direct communication with the aide rather than going through the provider agency. Clients and aides have exchanged numbers which clients have found to be a much better way of knowing if an aide is going to be late or off work on a given day.

While many clients acknowledged that it is not always possible, many wished for consistency with who is coming into their home. Clients discussed the need to trust someone coming into your home and it can be difficult when that changes. One client commented that "I am surrounded by friends, several who are widows, and the one thing I have learned is the fear of someone coming into

your home that you do not know. I only let people in who have been referred to me and I write everything down in a book to keep track." Another client said that she trusts the individual that comes into her home on a regular basis so having a person she does not know is difficult and she does not want to have someone there that she has to worry whether they may take something from her. One client expressed concerns about consistency in training each new aide that comes into their home on the use of necessary medical equipment. They commented that training new aides "gets old" and would like if they were given training by the agency prior to coming into their home.

One client who had been receiving transportation services for just a few months (3 attempts at using the transportation service) had yet to have a positive experience between transportation showing up too late for him to make his appointment, waiting for a ride home for hours, or receiving a ride where the driver pulled over and made a 20-minute personal phone call. This client questioned how agencies are held accountable and expressed concern about service providers not treating clients as patients who need more attention. He stated that it is "Imperative that they impress to these drivers that they need to treat them like patients – these older people do not feel well and need to be given more attention."

Use of Technology

The use of technology varied significantly among interviewees. Some clients were very tech savvy and others did not use any technology other than a cordless phone. ESP clients were more likely to use all sources of technology than PASSPORT clients (only 1 PSP had a computer which was never used, only 1 had a smart phone which was only used to make calls, and no PASSPORT client emailed, sent texts or had a Facebook account). Below describes the use of technology by source:

Computer

- 6/12 clients have a computer
 - 3 are quite tech savvy (use different programs (Excel, etc) one even pulled up their calendar on the computer when confirming an interview time)
 - o 2 have a computer but do not use it or it no longer works
 - o 1 has a computer but it is only used by their spouse
- 2/12 have a tablet or iPad
- 1 ESP client was recently assessed by the Cincinnati Association for the Blind and Visually
 Impaired and told that she qualified for a grant to receive an Apple IPad that is equipped with a
 screen/technology that will allow her to use even with her vision issues.

Smart Phone

- 6/12 have a smart phone
 - 3 use it frequently
 - 1 uses it just to make calls
 - o 1 uses it to make calls and play 2 different games
 - 1 is used only by spouse

Texting

- 5/12 will text
 - o 3 text frequently
 - 1 text is used by spouse
 - 1 uses talk text (due to vision issues)

Emailing

- 6/12 email
 - o 4 email frequently
 - 1 email is used by spouse
 - o 1 will email but has difficulties due to vision issues

Facebook

- 6/12 have a Facebook account
 - o 2 use it frequently as a means to stay connected to family or friends
 - o 4 have accounts (1 is spouse of client) but do not use it on a regular basis



COUNCIL ON AGING OF SOUTHWESTERN OHIO STRATEGIC AREA PLAN 2019 – 2022 PUBLIC HEARING MEETING NOTES OF AUGUST 8, 2018

ATTACHMENT 4

<u>Meeting Purpose</u>: Ken Wilson, Vice President of Program Operations addressed meeting participants in an open forum, engaging conversation, taking questions, comments, and suggestion from the group pertaining to the Council on Aging of Southwestern Ohio's draft 2018-2021 Area Plan and Title III Funding Priorities.

Meeting Notice: Notices were sent out on July 12th about meeting, the draft plan, and how to provide comments.

<u>Attendance:</u> 24 participants including health system employees, community advocates, provider staff, and 5 COA employees.

Prior to the start of the meeting, introductions of the group were made.

The public hearing meeting began with a review of the Presentation for the Area Plan 2019-2022. This document captures questions and discussion points noted below. A copy of the full draft Area Plan was available on-line, and copies available at the meeting.

Overview of Federal Funding:

COA receives approximately \$7,000,000 per year in Federal and State funding. The funding has been flat for the past 10+ years with no significant changes. Ken emphasized that we are dealing with a growing population with growing needs and no additional funding has been provided. At the Federal level, it is not an entitlement program; therefore, it frequently receives cuts. COA uses a funding formula that has been consistent for years in order to distribute the funds appropriately to each county. This is to ensure every county gets its fair share based on the population size of the county.

Ken reviewed the types of funding and the restrictions associated with each source of funding, the timeline for the Area Plan, and the future RFPs.

In reviewing the allocation of the Federal and State Funding, a question was proposed to clarify the Title III E funding. Ken clarified that this is for Caregiver funding also known as the National Family Caregiver Support Program.

When reviewing the timeline for the 2019 RFP and contracts, it was asked where the existing caterer, Derringer was located. It was communicated that Derringer is located in Fairfax.

Community Needs Assessment Results:

Ken reviewed the results of the community needs assessment based on over 600 respondents.

It was questioned by a meeting participant that earlier in the presentation, The draft State Plan for Ohio had Work Force noted as a high priority and wanted to know if this was the same priority noted from the Needs Assessment Survey as Homemaking and Personal Care (which was rated as 5th in priority). Ken confirmed that this was the same issue.

Ken noted to the group that the Needs Assessment Survey ranked congregate meal as one of the lowest priority services. After this finding, we reviewed 17 years of trend data which showed a dramatic decline in meal volume, with a 44% decline since 2000. Ken noted that COA has adequate coverage for congregate meal sites and offered a map to the group showing these locations. It was noted that Clermont County and Clinton County were lacking on geographical coverage; however, there isn't a lack of availability in any of the other counties. Ken also noted that not all funding priorities listed in the needs assessment survey are funded in Title III (i.e. housing).

Ken reviewed top Unmet Community Needs, ranking them in order of importance by survey results. Transportation, Housing and workforce issues with homemaking and personal care were the top priority services. The lowest priority services included transportation to senior centers and other locations, wellness programs, congregate meals, and recreation/activities. He noted that Mental Health was an issue that hadn't been recognized in the past; however, it has become an issue with our aging population. There were themes in the comments including "grandparents raising grandchildren" which speaks to the opioid epidemic, as well as economic circumstances forcing children to rely on grandparents to assist with providing for grandchildren.

Area Plan Goals:

Ken reviewed the goals and initiatives individually with the group noting they are outlined in response to the community needs assessment and aligned to the State's Area Plan.

A meeting attendee asked Ken to clarify the difference between Adult Day Centers and Senior Recreation Centers, noting that adult day centers were rated with a high priority and senior recreation centers rated as a much lower priority, which would make it logically incorrect. Ken explained that the adult day center would provide a higher level of care than typically those attending need 24-hour care and would not be successful in a senior recreational program. Other attendees added that funding for adult day centers needs to increase. Another attendee from Clermont County who was an adult day center supervisor noted that referrals to adult protective services with regard to adult day services plays a vital part in reducing rates of abuse and neglect. She stated that a lot of abuse and neglect is due to stressed caregivers and that Respite and Adult Day Centers are vital. Several attendees reiterated that funding that is allocated for Adult Day Centers is very different from Adult Recreation and Senior Centers. Ken explained that the source of funding is also different. Adult Day Center services are funded by Title III E which is the National Family Caregiver Support Program that must go to supporting family caregivers and providing respite relief. Alzheimer's Respite is another source funded with our senior service levies; whereas recreation is funded by Title III B — which is a different bucket of funding.

Another attendee from Clermont County noted Adult Day Centers with Alzheimer's and dementia patients need 24/7 care and most have feeding and toilet needs and constant direction and help with everything they do. This differs from the Senior Recreation Centers as these are active seniors who are able to drive to the center, and are independent with their care. She emphasized that the Adult Day Center is a medical setting.

It was noted by another participant that with different levels of needs at the Adult Day Center and patients who have progression with dementia, there is a social piece of it that enables them to keep a higher level of functionality for a longer timeframe. This also allows family members to manage care at home for a longer period of time.

Another meeting attendee agreed with this perspective noting that they recently visited McGregor Pace in Cleveland, OH and noted that they had a combination of a senior center and adult day center. He said that they had some people being fed and supported with oxygen tanks, while others were in the fitness room, making the combined services a good combination of the two facilities. He was wondering why this is the only Pace Program facility in Ohio and wondered why we didn't have a combined facility as such in the Southwestern Ohio Counties.

Ken noted that we used to have this type of facility in the Southwestern Ohio Area which is known as PACE; however, TriHealth who operated the program also known locally as Senior Link decided to cease operations a few years ago. The State opted to implement and expand MyCare Ohio rather than the PACE program. It was also discussed with the group that many senior centers in the communities are multi-functional with services provided for seniors during the day and other services offered to children and families later in the day (after 3:00 pm) and evenings.

An attendee noted that he used to operate a senior center and has changed his business model in providing senior services as there isn't a sustainable funding model for stand-alone senior centers.

When Ken introduced Goal Area: Aging In Place, Livable Communities, it was asked by the group what models exist locally. Ken noted that it was primarily supported by AARP and the City of Oxford is pursuing this model, as well as Wilmington and the City of Cincinnati. Several attendees confirmed that these communities were interested in pursuing this designation.

When Ken was reviewing the Goal Area: Aging in Place, Housing, a request for an explanation as to why the Cincinnati Metropolitan Housing Authority has changed a lot of their facilities from senior facilities to opening them up for everyone to have an opportunity to use the facilities rather than keep them strictly as senior housing. They explained that many seniors don't want to share housing with someone that has a younger lifestyle and that they no longer feel safe in their facility because of this change. Why are the seniors forced out of their communities? Ken noted that he didn't have an answer and thought that it was a CHMA Policy. They asked if the COA Strategy would be looking at those providing senior housing and what their mechanism is to provide for the senior housing need. Eugene Rose of Warren County noted that it was a HUD issue. It was also noted from the group that a lot has to do with tax credits, believing there were better opportunities to open up designated senior housing to all ages.

A question was proposed as to whether some of COA's funding went to senior housing. Ken informed the group that COA does not fund housing with none of the current sources allowing that; however, we can be an advocate for policy changes as well as support to find better sources of funding from HUD and others.

A meeting participant who is a local independent health insurance agent asked if COA could look at state regulations for a collaborative opportunity for independent agents that works within their guidelines. Ken noted that this would entail not steering seniors towards one particular program, but one that meets their needs. Ken noted that this also came up in the Needs Assessment. The participant also noted that many of the Medicare Advantage Plans are offering transportation not just to doctor

appointments, but to Silver Sneaker locations, recreation centers, etc. as an added benefit. They have third party contract lists. This could also involve a co-pay, depending on their individual insurance provider.

A meeting attendant wanted clarification on the priority services versus the funding. Ken reiterated that community needs assessments are a reflection of what people are asking for; whereas the others are regulatory. Restrictions and priorities are determined during the budget process at the State or Federal level on the funding source coming into our communities which mandates how the money is spent.

Another question proposed was that with the lack of brick and mortar senior centers, where are the elderly spaces located? Ken deferred this question to Nancy Green, COA's Relationship Manager for an explanation. Nancy explained that COA operates the wellness programs, being the central coordinator and working under the Ohio Department of Aging's license for the Healthy You Program. Nancy informed the group that there are multiple senior sites (total of 30). These include various YMCA's, community centers, churches, and assisted living locations, in addition to the traditional senior center setting. Nancy also noted that we are partnering with the Veterans Administration (VA) and are using some of their primary care centers. We also partner with TriHealth and some of their primary care practices in the outlining areas. The question was then proposed as to whether these locations were accessible from a transportation perspective for the people that need services. Nancy noted that generally there are not issues with transportation, particularly with senior recreation centers. Nancy noted that one of the values of the Healthy U Program is that we do offer them within residences, so transportation is not a barrier. She noted Baldwin Grove and some of the church residences as an example. For primary care sites, this is often coordinated with physician appointments. Nancy noted that we service the central scheduler and coordinator. These services will be listed on the COA Website.

A question was proposed with regard to evidence based programming as to whether COA is limited to certain ones that are established by the Ohio Department of Aging. Programs mentioned were the chronic disease self-management and diabetes self-management. It was also mentioned by the attendee proposing the question that there are other programs that are not under ODA designation and are we offering those programs? Nancy Green responded by informing the group that we have Better Balance which addresses falls and Healthy You for chronic disease. The attendee mentioned that she partners with National Parks and Recreation, referencing other programs that are available and not endorsed by ODA such as Walk with Ease or Fit and Strong that are exercise based programs and asked if that is something that Council on Aging would consider. Nancy informed the group that we have a list of ODA approved evidence based Programs, and are currently working within that list that has been approved as evidence based. The group asked for that listing and they were informed by Nancy that she would post the list on the COA Website. There was an interest in Tai Chi for arthritis and Nancy informed them that Tai Chi was on the list.

Another question from the group was proposed with regard to the balance of the Needs Assessment Survey versus the State Priority. They questioned that 600 seniors who were surveyed is not a huge representation of the aging population in this area. This was of concern as to how we are actually managing the priorities given the small percentage of survey respondents. Ken noted that the Needs Assessment Survey was only one segment of what COA did as we also conducted focus groups. It was explained that this focus group was based on a third party consultant doing interviews with community leaders and stakeholders. Ken informed the group that COA had someone who is not an employee interview senior adults in their homes. Ken noted the huge amount of alignment with the priorities noted in the various survey methods. Ken also noted that when data was reviewed across counties, the

differences were negligible. He informed the group that the Needs Assessment was designed to be very broad and hit the population as a whole. For example, COA could have gone to the senior centers to see what the needs were; however, that would have been skewed data. It was reiterated with the group that congregate meals are a very important service and must continue.

During the discussion, the representative (Eugene Rose) from Warren County stated he wasn't aware of anyone who was consulted from his county regarding the survey and priority preferences. Ken noted that they were in fact consulted about the survey.

Another attendee who is a director of homecare and case management from Clermont County noted that our survey results fit what people are calling their in-take department such as transportation, housing and meals, and is in alignment with their in-take calls.

Ken reiterated to the group that all the services on the list are very important; however, this standing issue is that COA has the same amount of funding covering a growing population and costs, there are not enough funds to publically support all services and community needs.

Funding Priorities:

Ken noted that COA is going to award minimum levels of funding based on ODA Policy and/or Ohio Federal or State Funding for required service categories. For example, the Federal Government gives us money for congregate meals, respite care, caregivers and wellness based programs. He emphasized that all the programs have minimum funding requirements. All services will be competitively bid during 2019 unless a waiver has been granted or the funds are specifically designated per ODA policy. An example would be the Pro-Seniors which is designated as the ombudsman program by the Department of Aging. The Alzheimer's Association is designated as the recipient of a certain portion of the Alzheimer's Respite Funds. Those funds are not subjected to competitive bidding; however, everything else is. COA is required to fund services at a minimum level. Depending on the funding priorities, COA can determine whether to fund only the minimum amount or a higher level. Ken reviewed the minimum level funding mandated services with the group. He also reviewed services that will be awarded according to priority in the COA Area Plan.

A question was proposed from the group as to whether Passport Services were funded from Title III. Ken noted these are separate; however, with regard to ESP programs, there are certain services that are blended with Title III money along with county taxes. These services include home delivered meals and adult day care.

Ken noted that with regard to direct service waiver requests in the Area Plan, COA receives Title III funds for information referral caregiver support and case management, stating the case management is the care transitions intervention and does not require a waiver from the Ohio Department of Aging; however, COA is proposing to seek waivers to provide housing coordination, Healthy U and the annual *Own Your Future* training. Ken informed the group the waivers are required by the ODA. We are applying for these waivers to maximize efficiency in the delivery of these services.

A question from the group was asked what the housing coordination service would look like if COA was granted this waiver. Ken noted we would be able to provide more hands-on assistance for seniors needing help applying for housing benefits or finding housing resources in the community. It was asked if a list would be provided. Ken said it would entail more than a list, and would be focused on providing assistance for individual needs. This could also be to coordinate with other funding sources such as local levies. The respondent agreed this was a community need, and supported COA's request to provide this service.

Paula Smith, Marketing Manager gave meeting attendees an overview of the Program *Own Your Future*, noting it was a services provided annually by COA where speakers provide unbiased education to seniors in the community about providing for their long-term needs and the costs involved for long term care, and what resources would be available. Paul noted workshops are coming up next month in Loveland and West Chester. Information is available about this on the COA Website.

No other questions, comments or concerns were voiced by attendees about COA's proposed waiver requests.

Attendees of this meeting were invited to contact Ken Wilson directly by email at kwilson@help4seniors.org in order to incorporate or answer any additional questions/comments they had prior to submittal of the area plan to Ohio Department of Aging. After that was mentioned, a

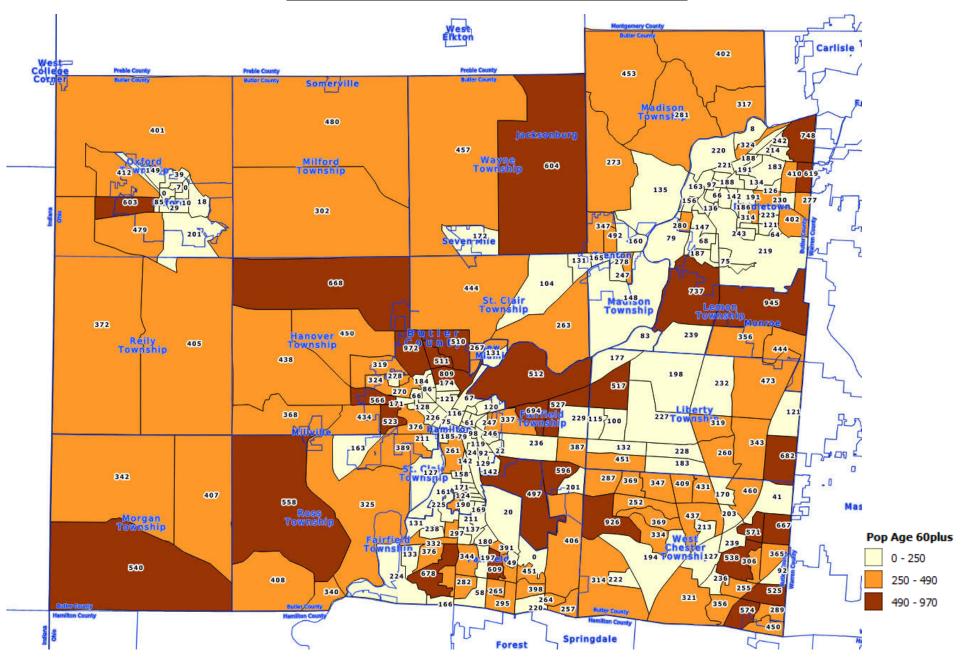
question was asked regarding bids in 2019 and what the dates were. Ken informed the group that no dates have been determined for bidding; however, all bids would happen prior to September 30th and would be staggered as there are several RFP's that must be issued in 2019. For example, the caterer RFP will need to be completed before COA implements the Home Delivered Meals RFP. With that noted, it was questioned if we knew who the caterer for meals would be. Ken informed them the RFP process will determine that, and that key providers who utilize the caterer would be involved in that process.

The final question was asked as to where the Area Plan would be sent. Ken informed the meeting attendees that COA sends it directly to the Ohio Department of Aging by electronic email, along with a hard copy being mailed to them in Columbus, Ohio.

In closing, Ken thanked the group for attending the COA 2019-2022 Area Plan Public Meeting.

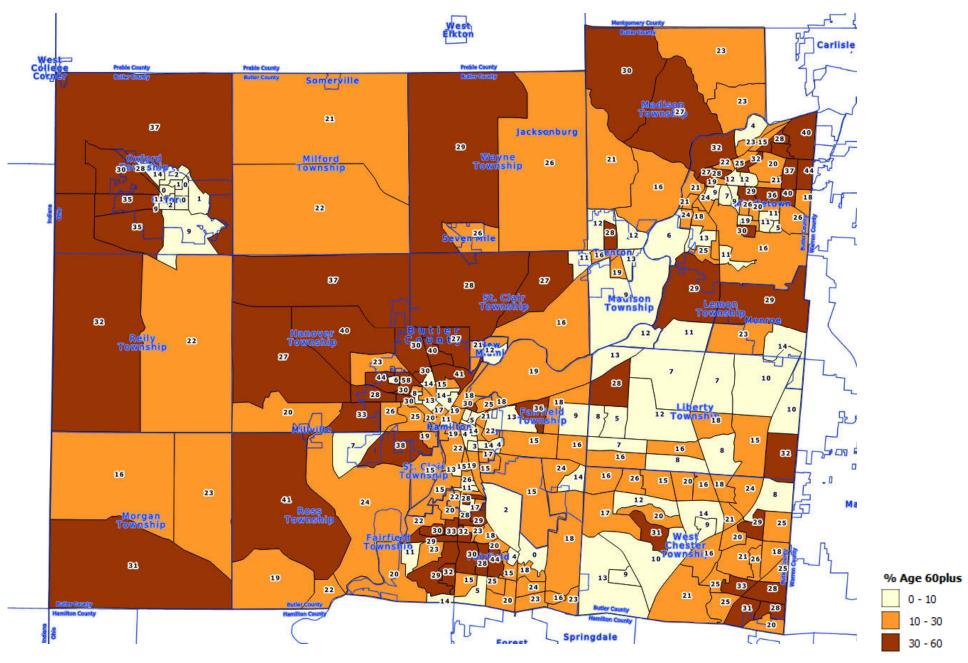
ATTACHMENT 5

Butler County Census Block Groups - Population Age 60 Plus

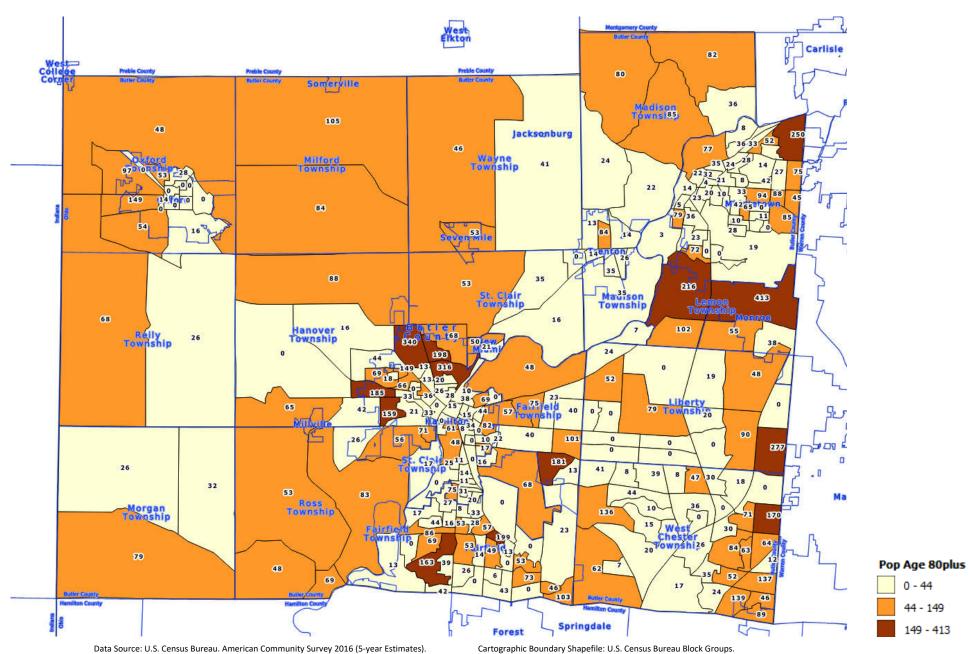


Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups – Percentage of Total Population Age 60 Plus

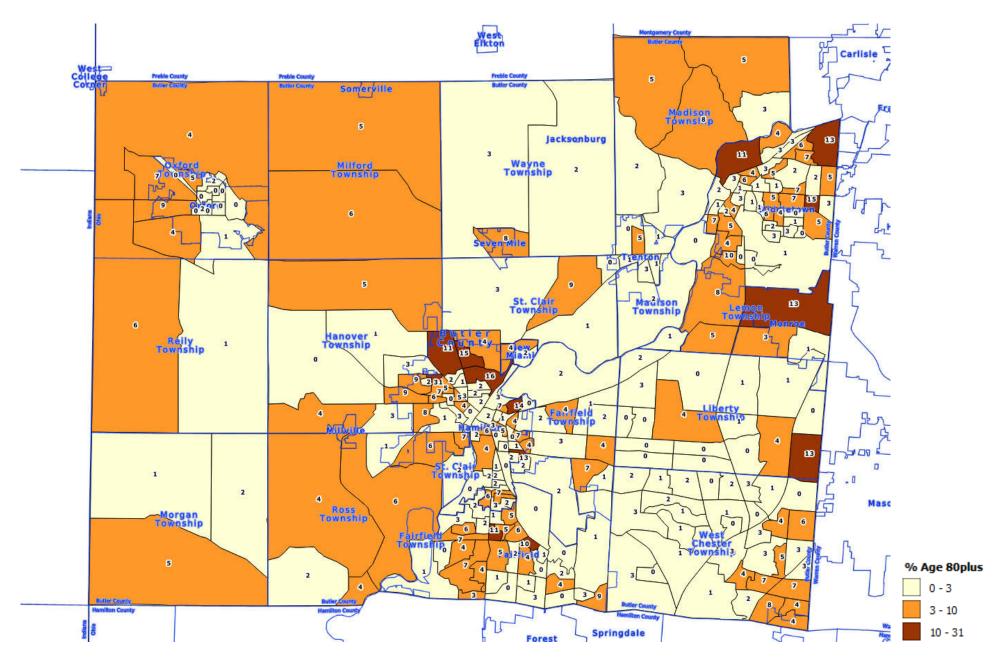


Butler County Census Block Groups - Population Age 80 Plus



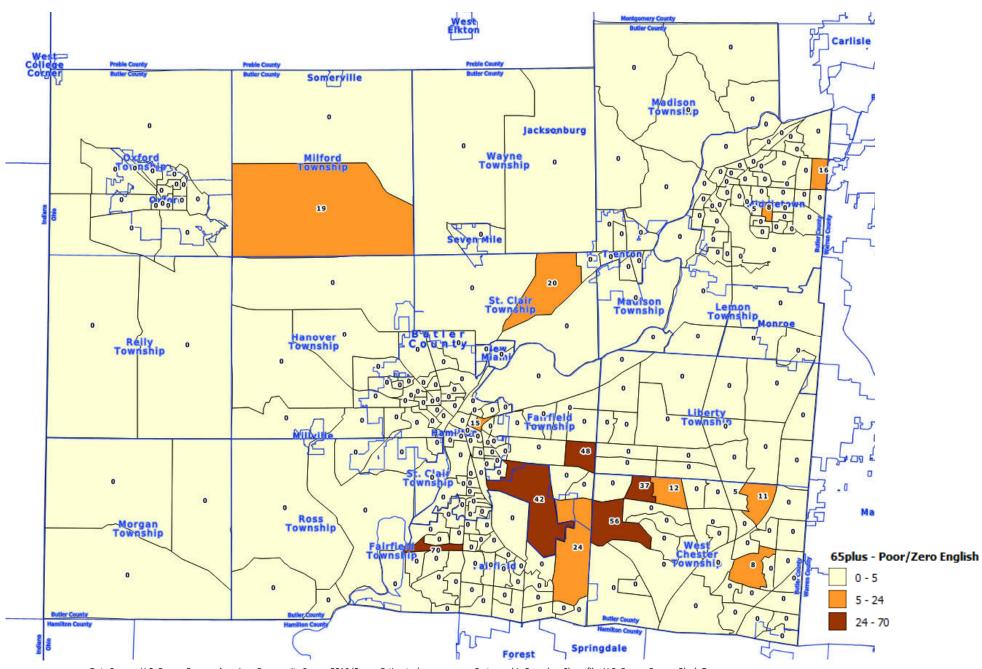
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups – Percentage of Total Population Age 80 Plus



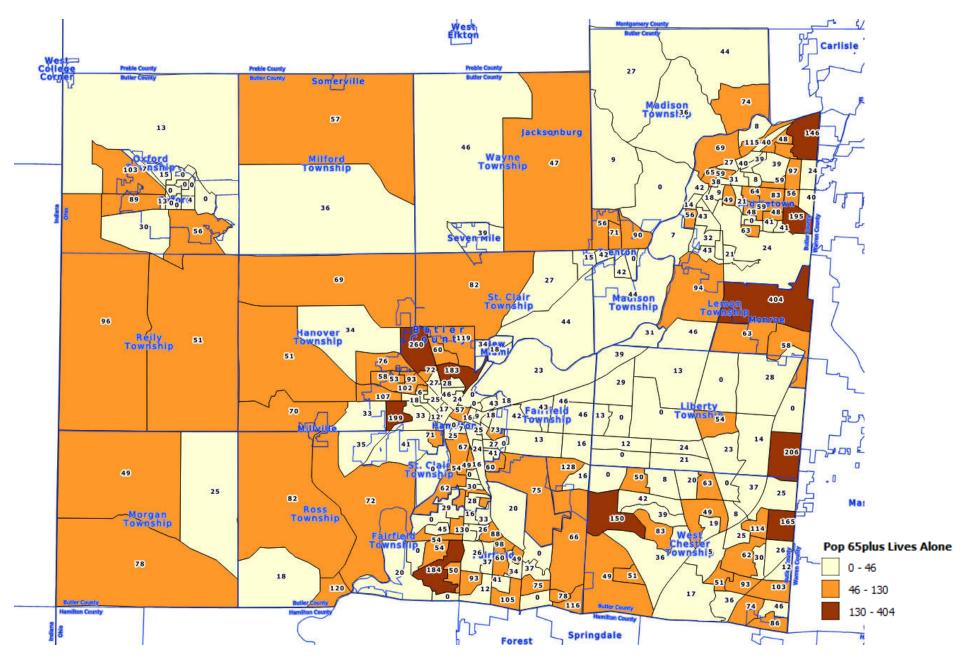
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - Population Age 65 Plus with Poor/Zero English Skills



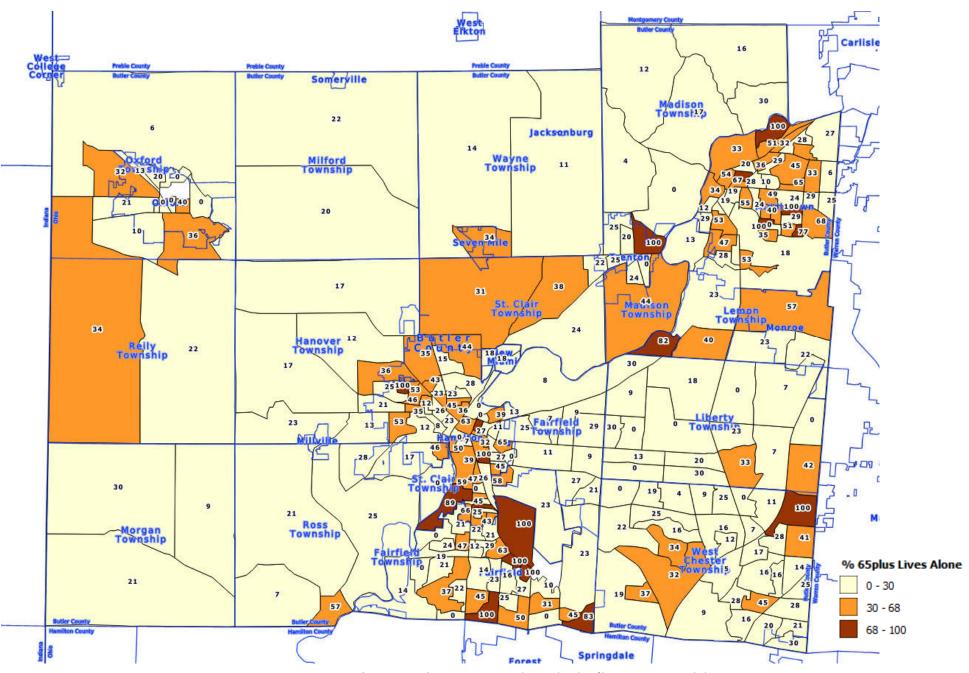
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - Population Age 65 Plus that Lives Alone



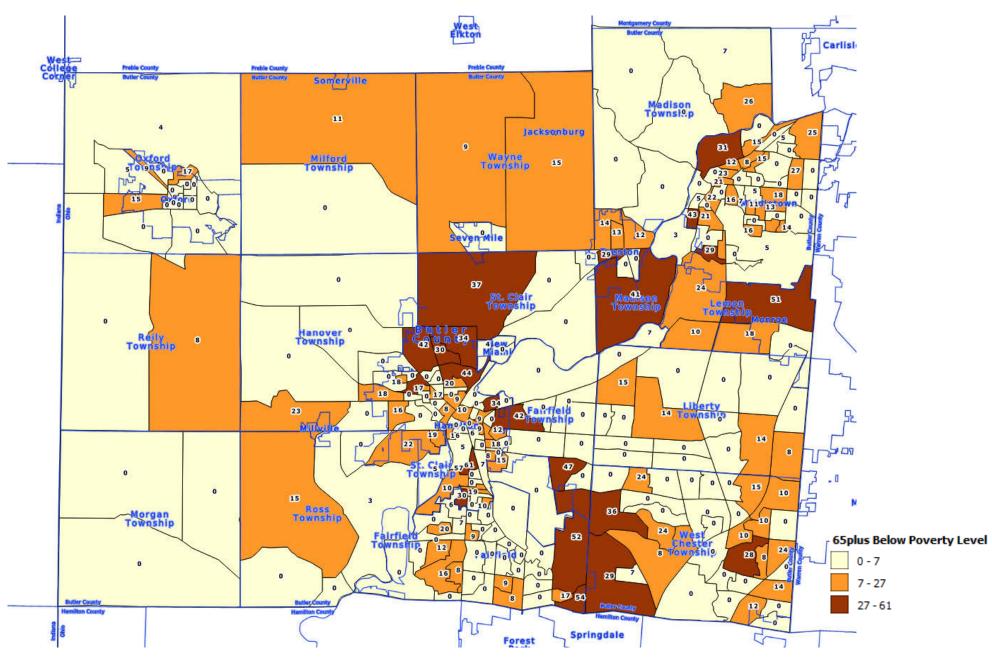
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - Percentage of Population Age 65 Plus that Lives Alone



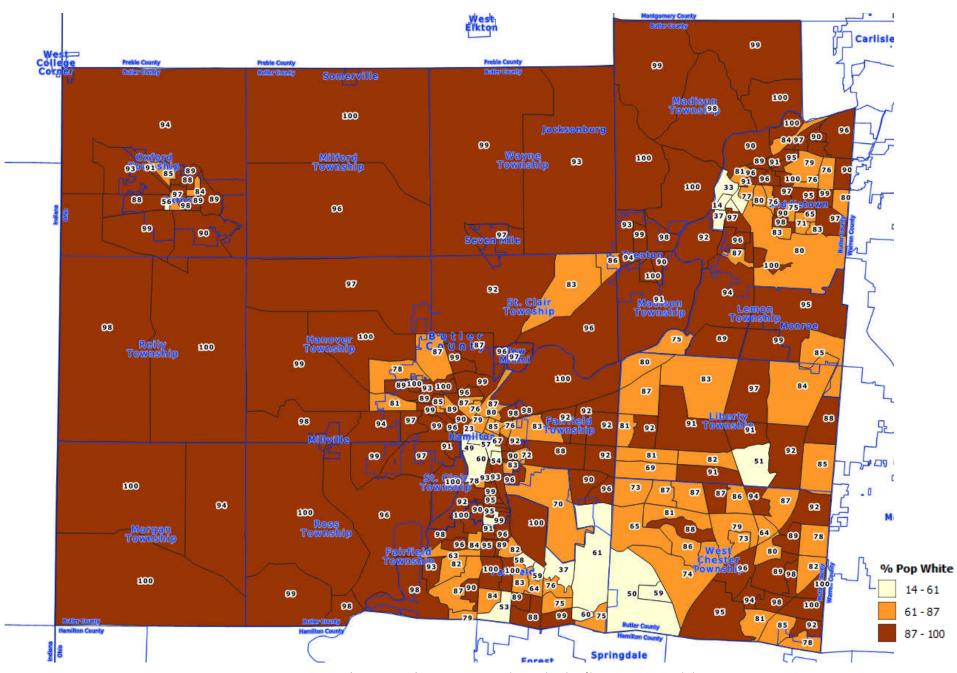
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - Population Age 65 Plus Below Poverty Level



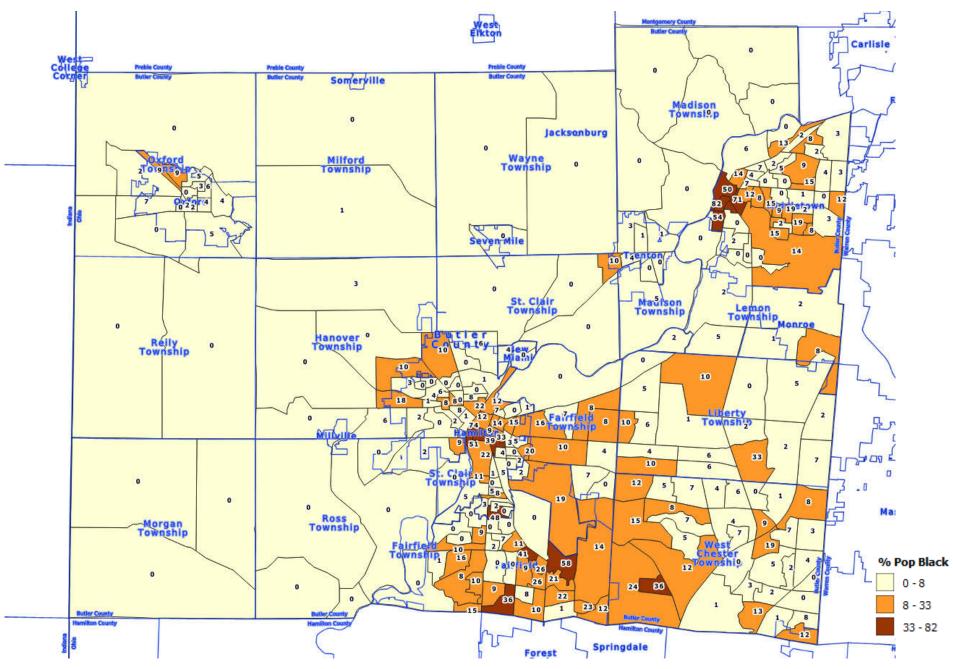
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - % of Total Population is White



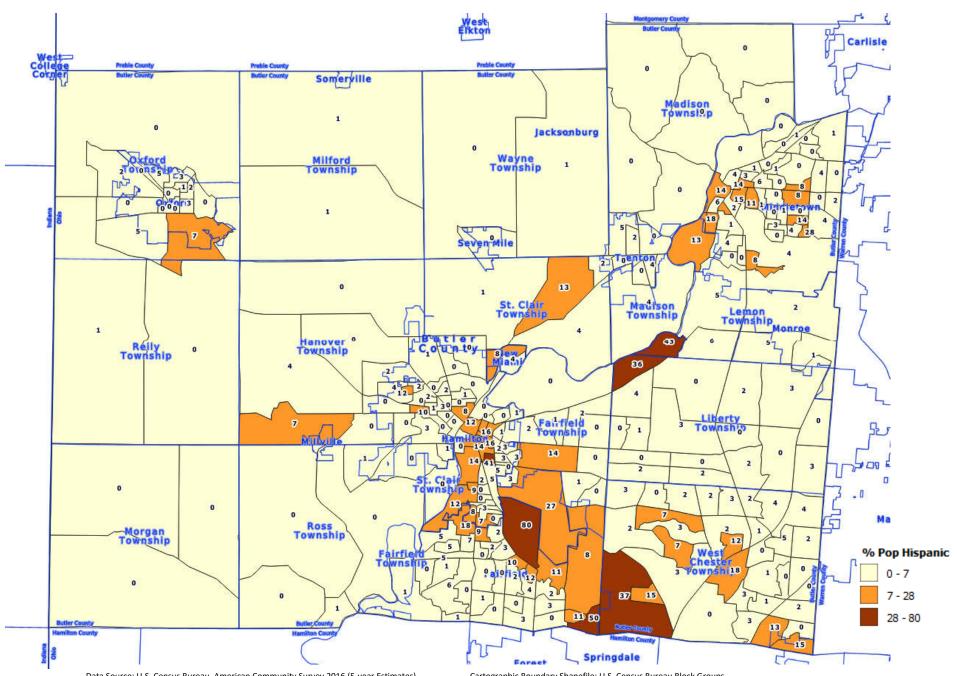
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

<u>Butler County Census Block Groups – % of Total Population is Black</u>



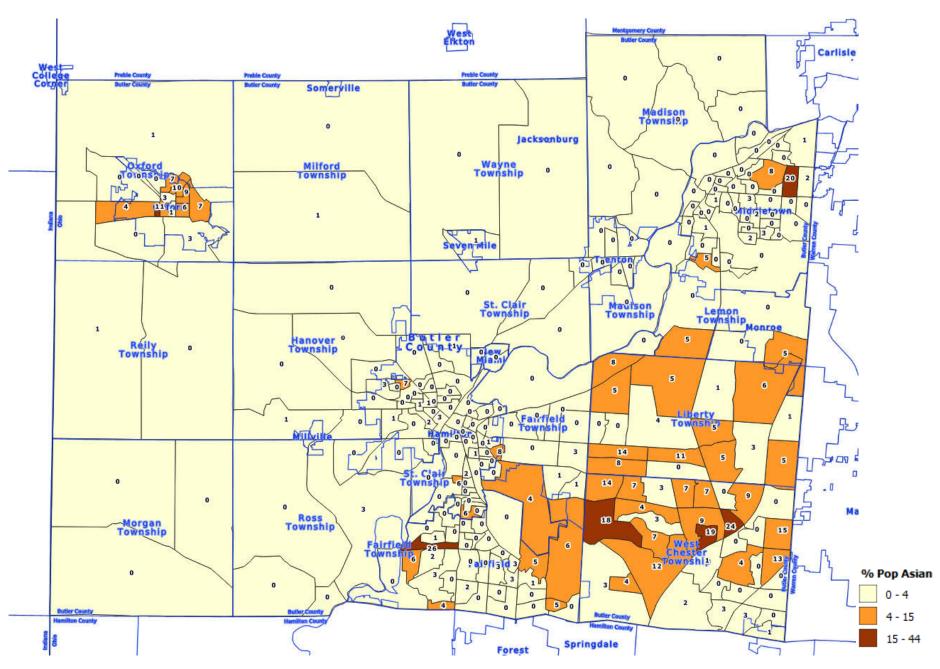
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

<u>Butler County Census Block Groups – % of Total Population is Hispanic</u>



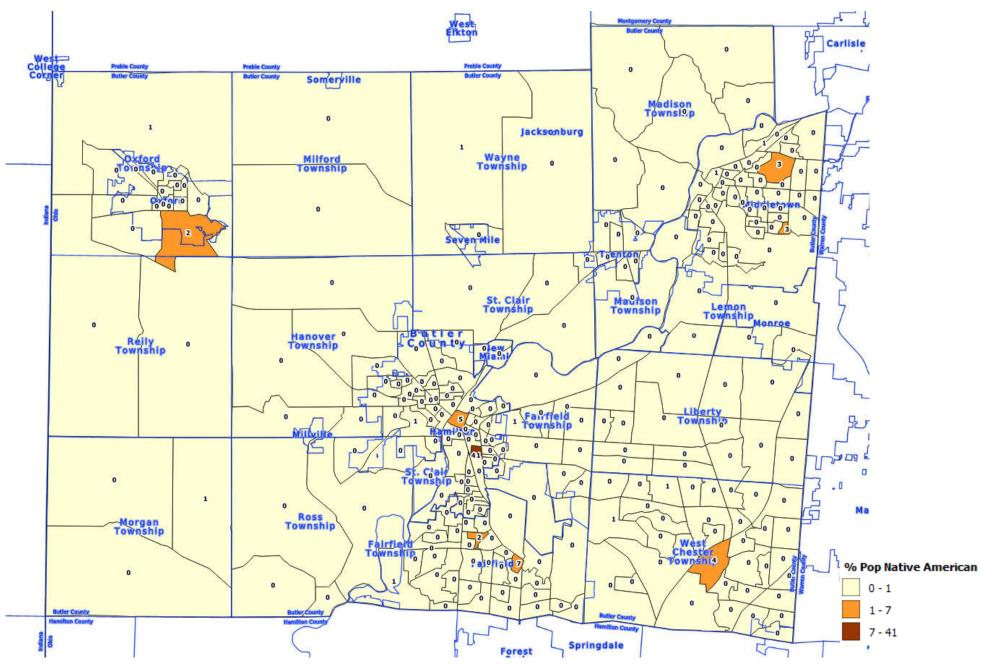
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Butler County Census Block Groups - % of Total Population is Asian



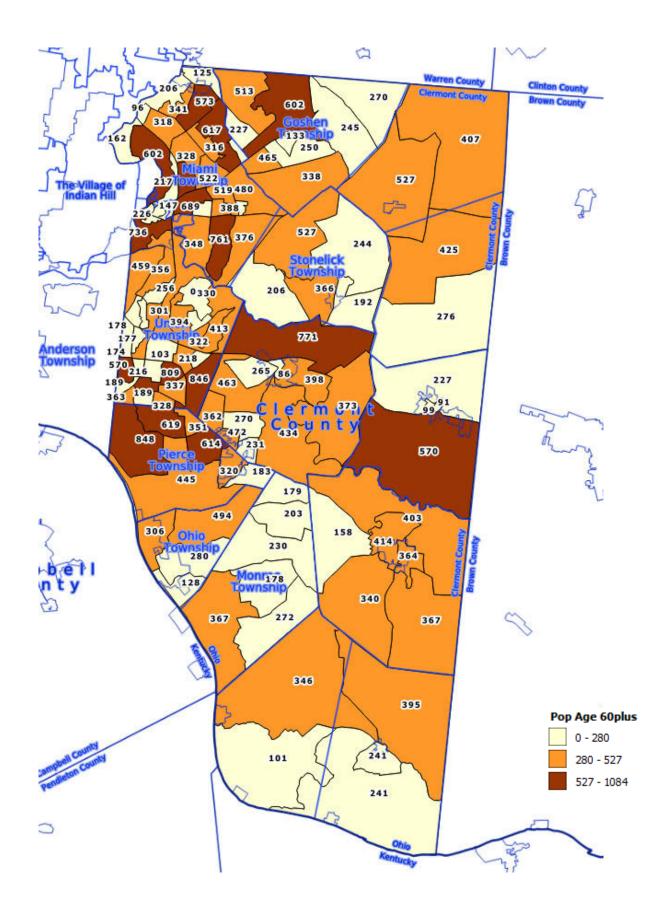
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Butler County Census Block Groups - % of Total Population is Native American

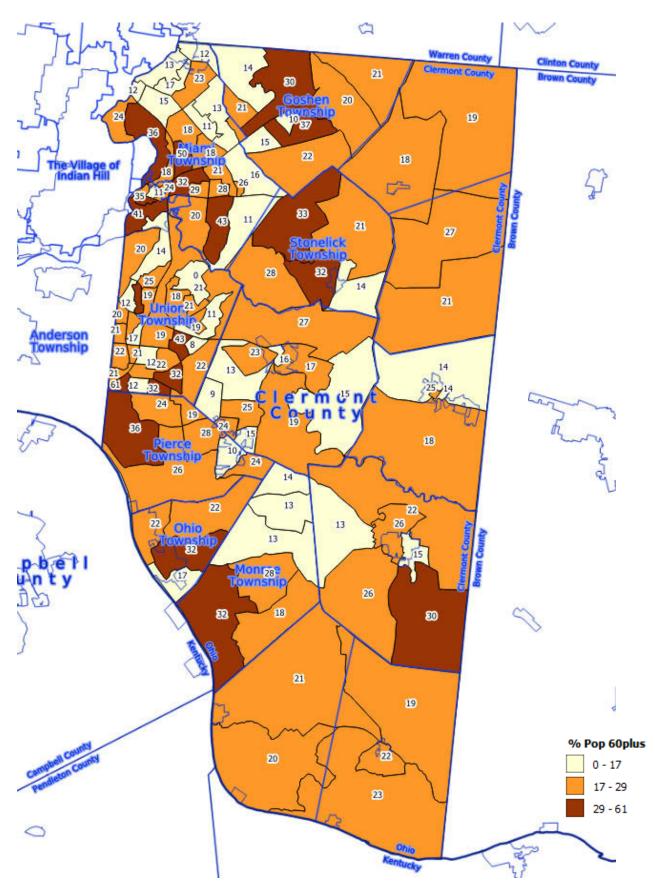


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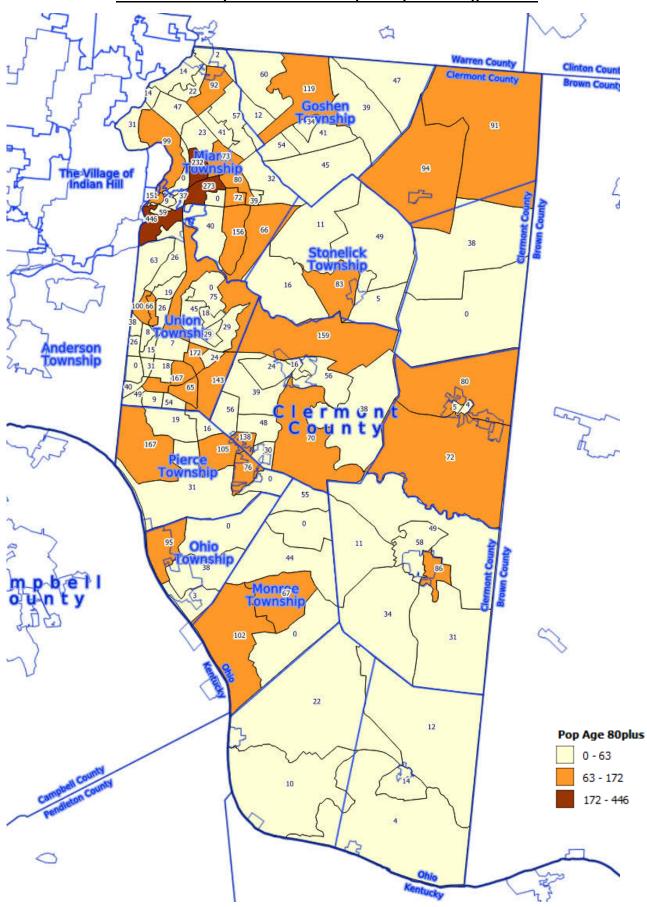
Clermont County Census Block Groups - Population Age 60 Plus



<u>Clermont County Census Block Groups – Percentage of Total Population Age 60 Plus</u>

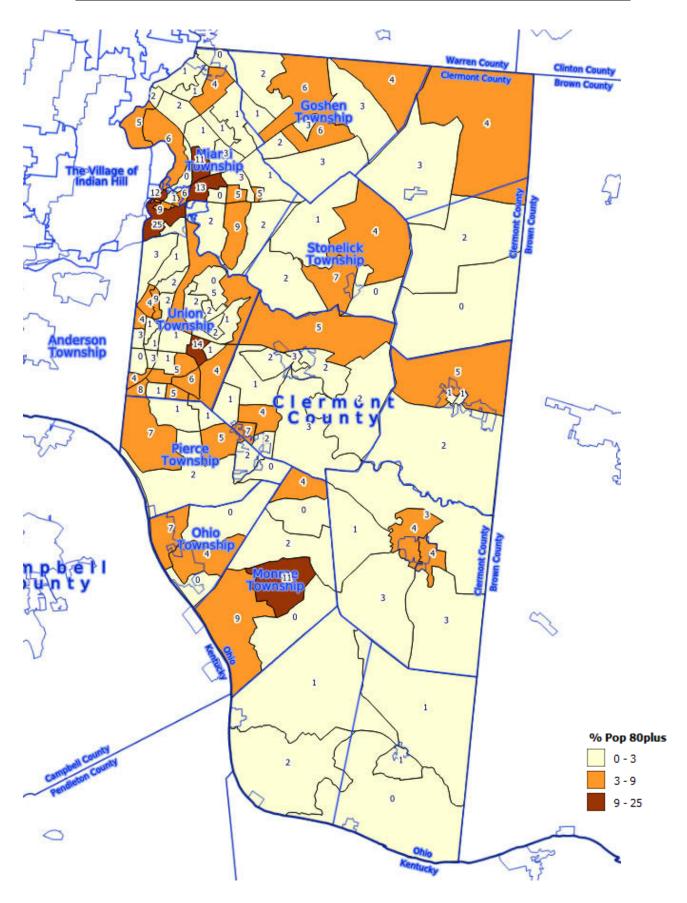


<u>Clermont County Census Block Groups – Population Age 80 Plus</u>

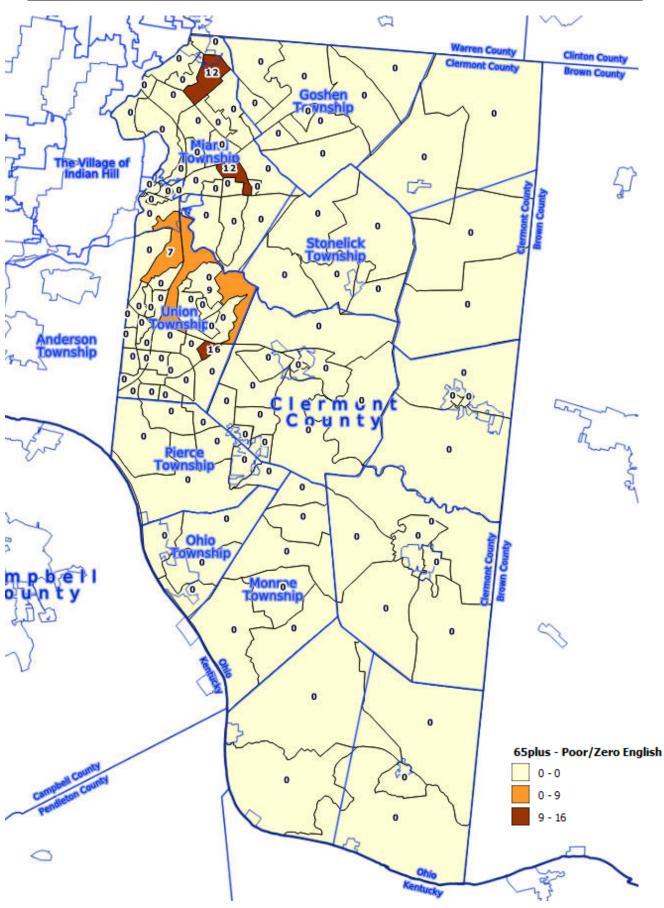


Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

<u>Clermont County Census Block Groups – Percentage of Total Population Age 80 Plus</u>

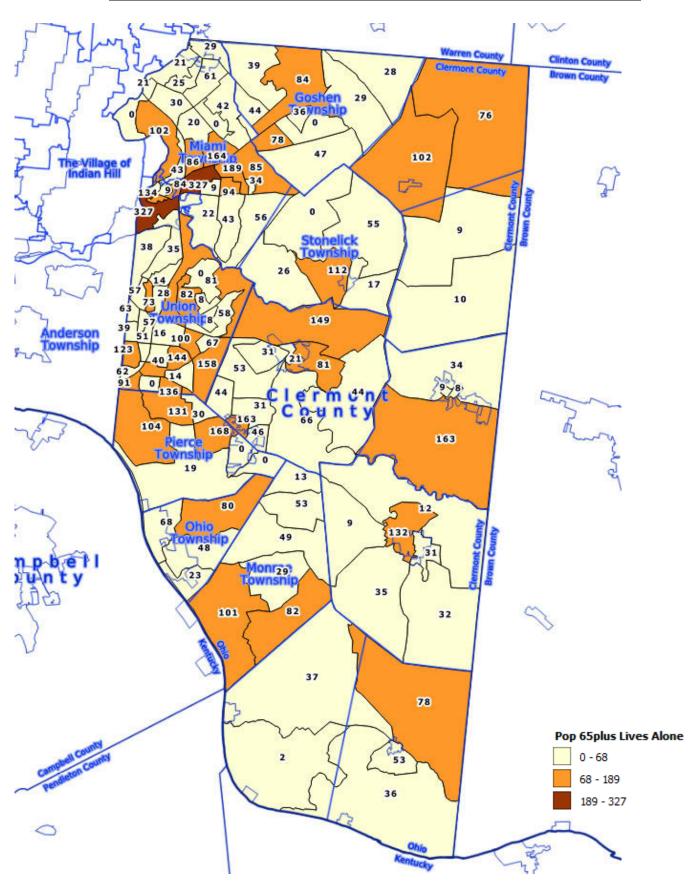


<u>Clermont County Census Block Groups – Population Age 65 Plus with Poor/Zero English Skills</u>

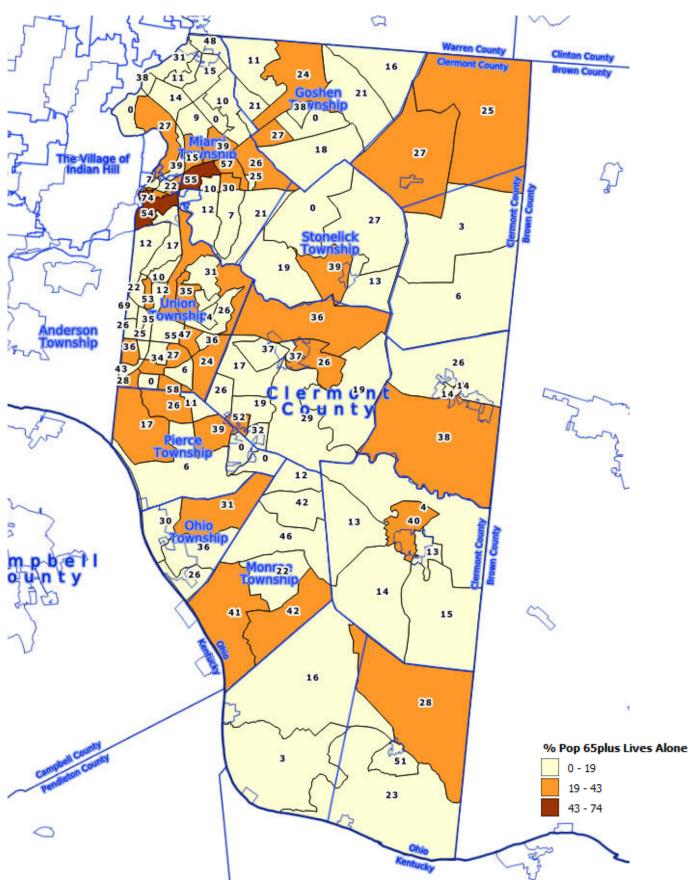


Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

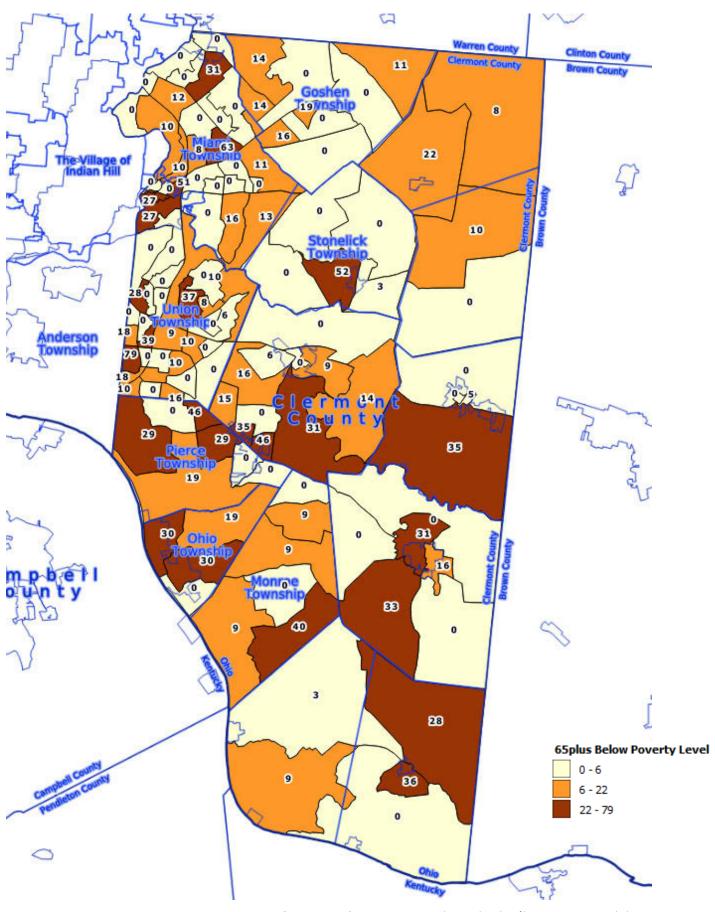
<u>Clermont County Census Block Groups – Population Age 65 Plus that Lives Alone</u>



<u>Clermont County Census Block Groups – Percentage of Population Age 65 Plus that Lives Alone</u>

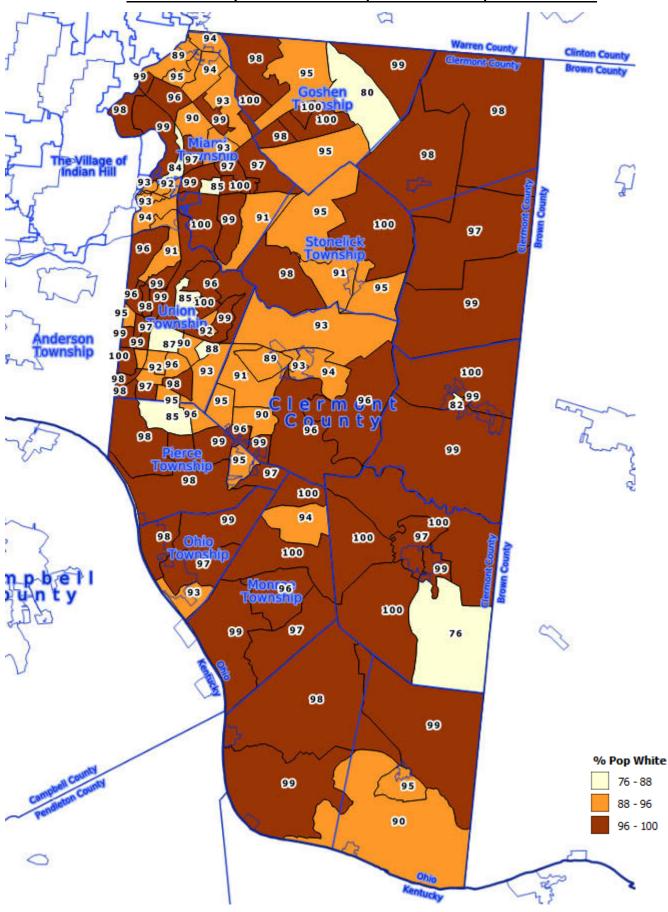


<u>Clermont County Census Block Groups – Population Age 65 Plus Below Poverty Level</u>



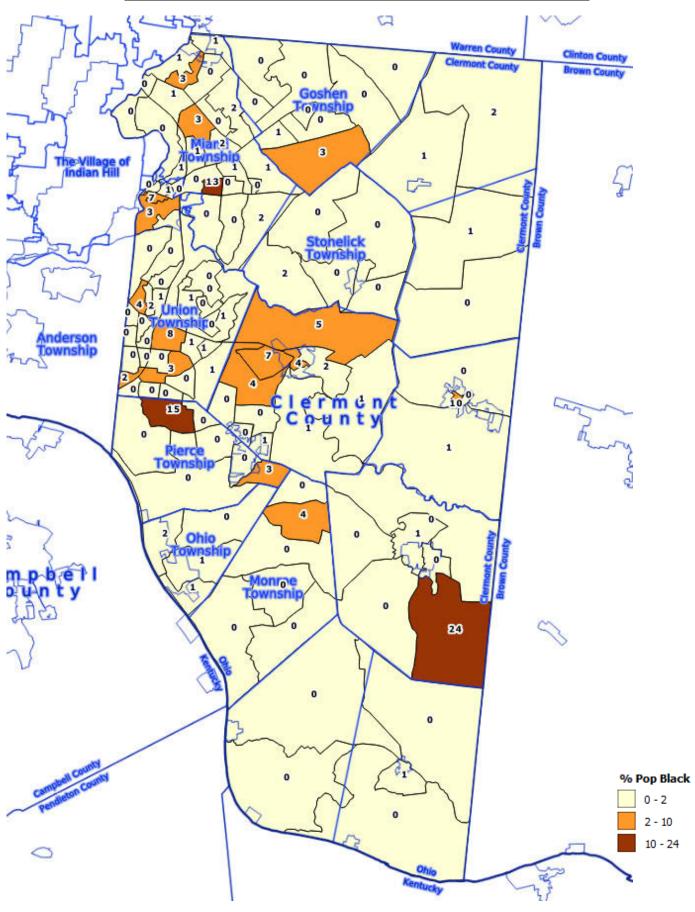
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Clermont County Census Block Groups - % of Total Population is White



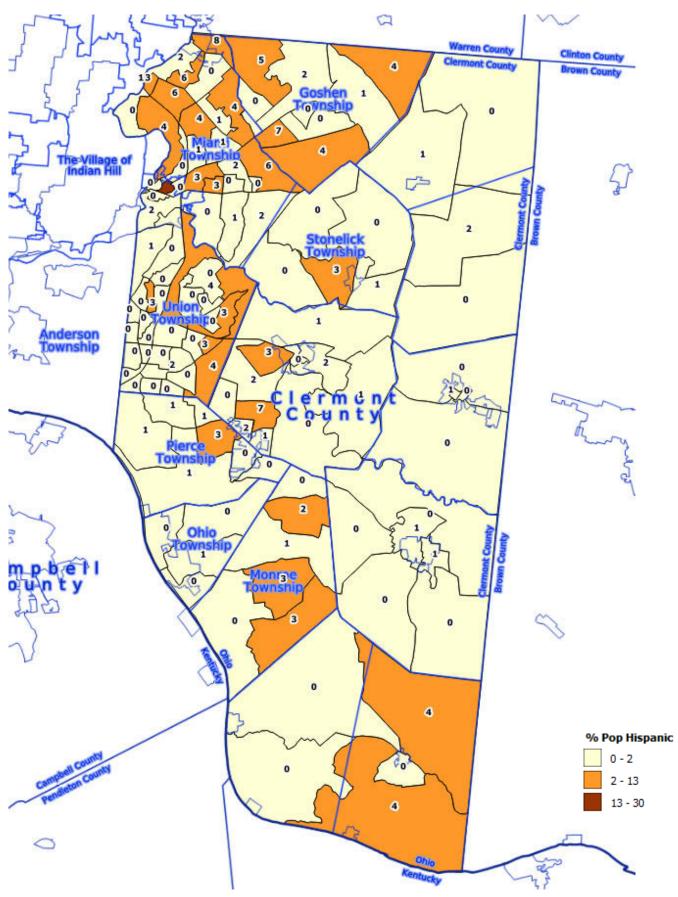
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

<u>Clermont County Census Block Groups – % of Total Population is Black</u>



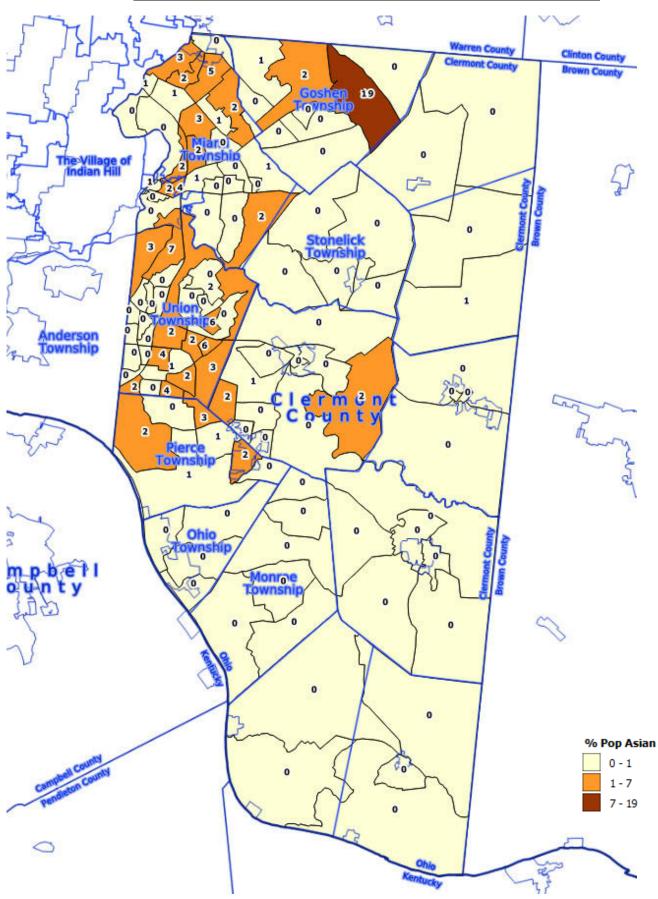
Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

<u>Clermont County Census Block Groups – % of Total Population is Hispanic</u>

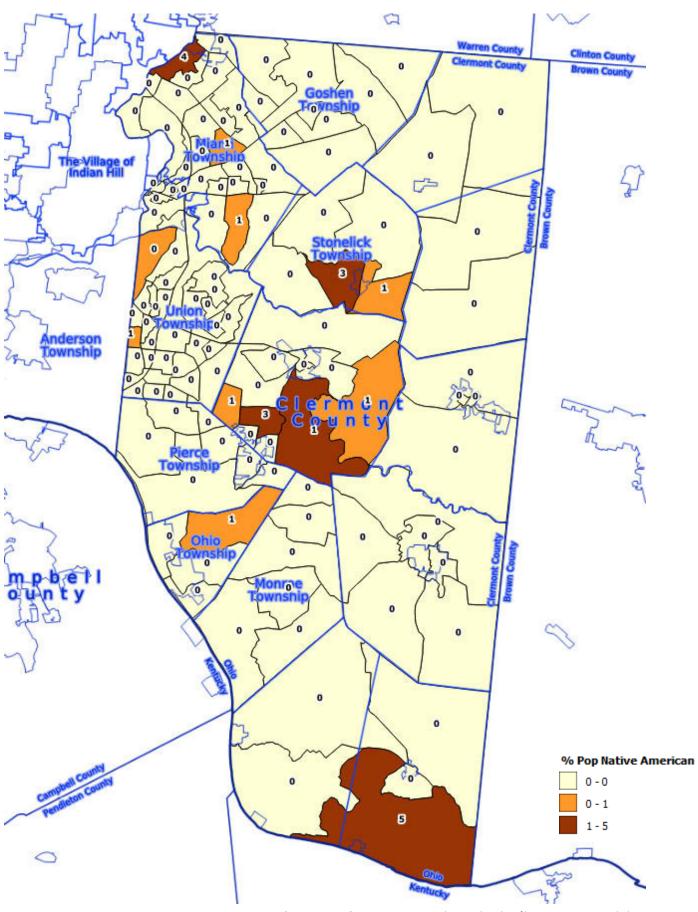


Data Source: U.S. Census Bureau. American Community Survey 2016 (5-year Estimates). Map Creator: P. E. Sauer Date: 07/20/18

Clermont County Census Block Groups - % of Total Population is Asian

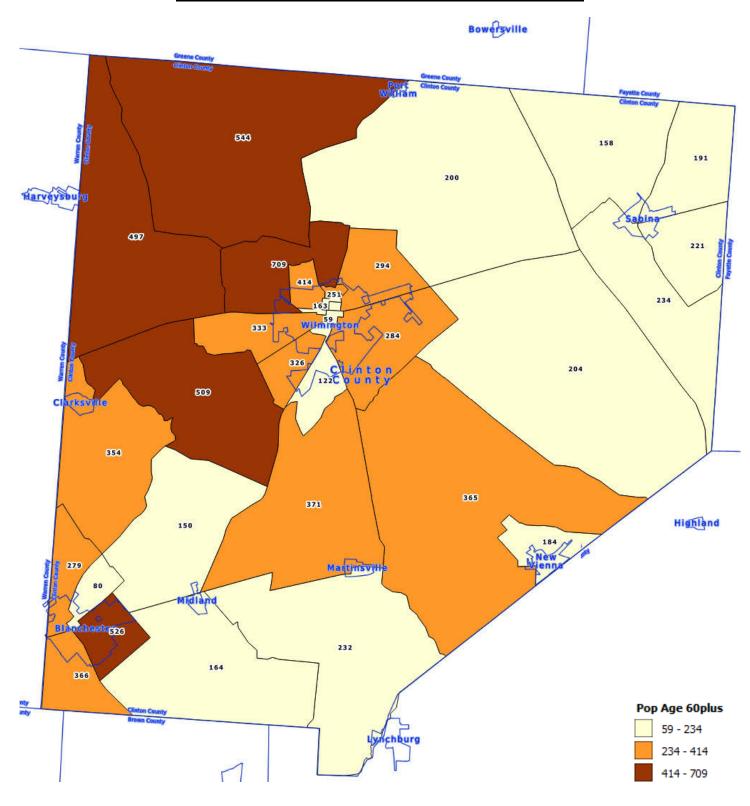


<u>Clermont County Census Block Groups – % of Total Population is Native American</u>

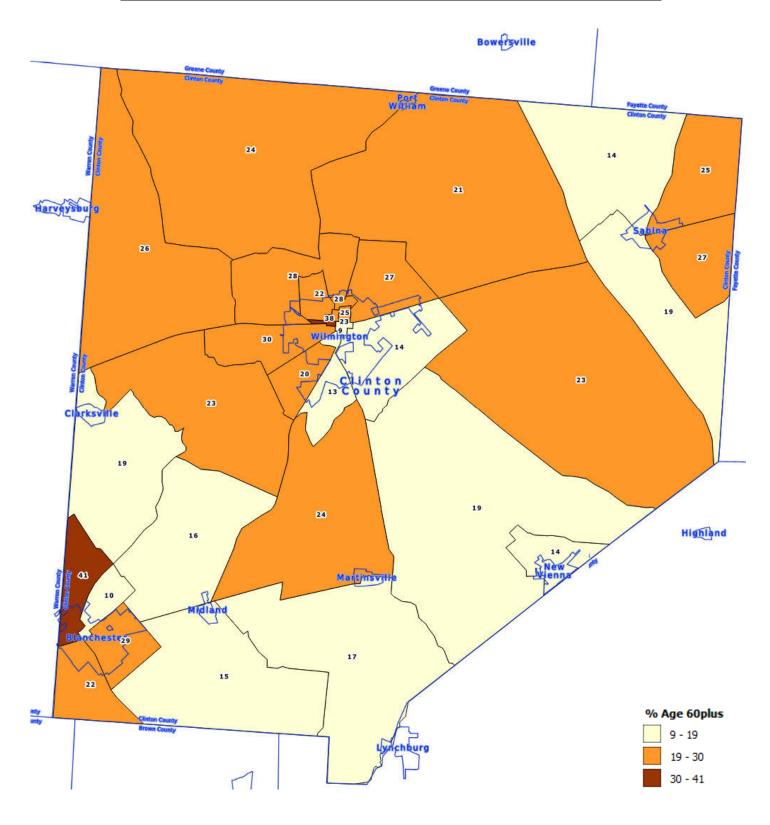


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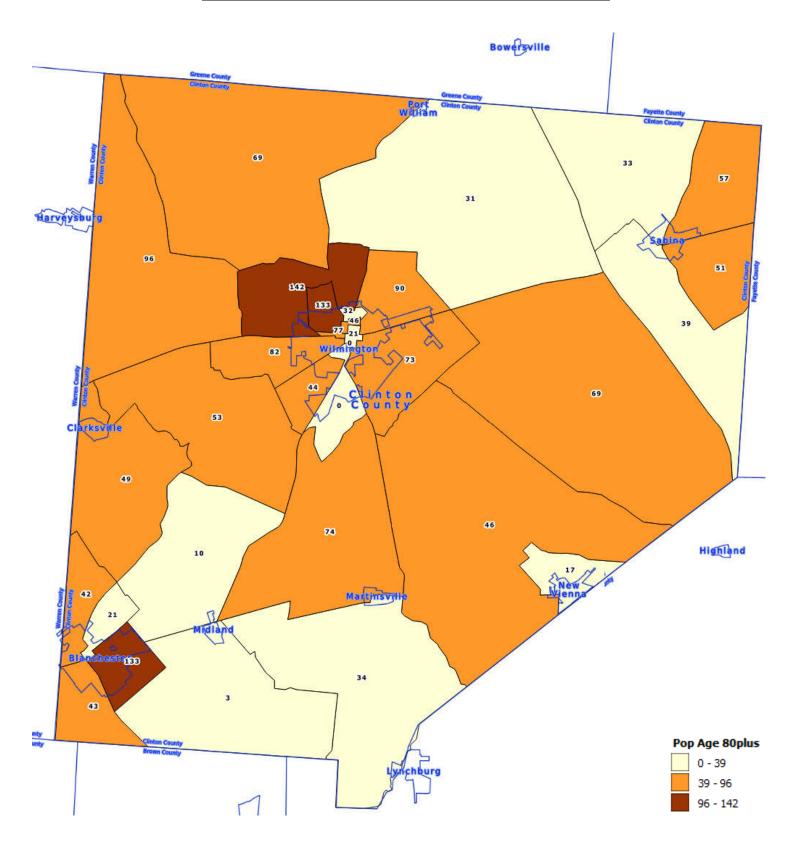
Clinton County Census Block Groups - Population Age 60 Plus



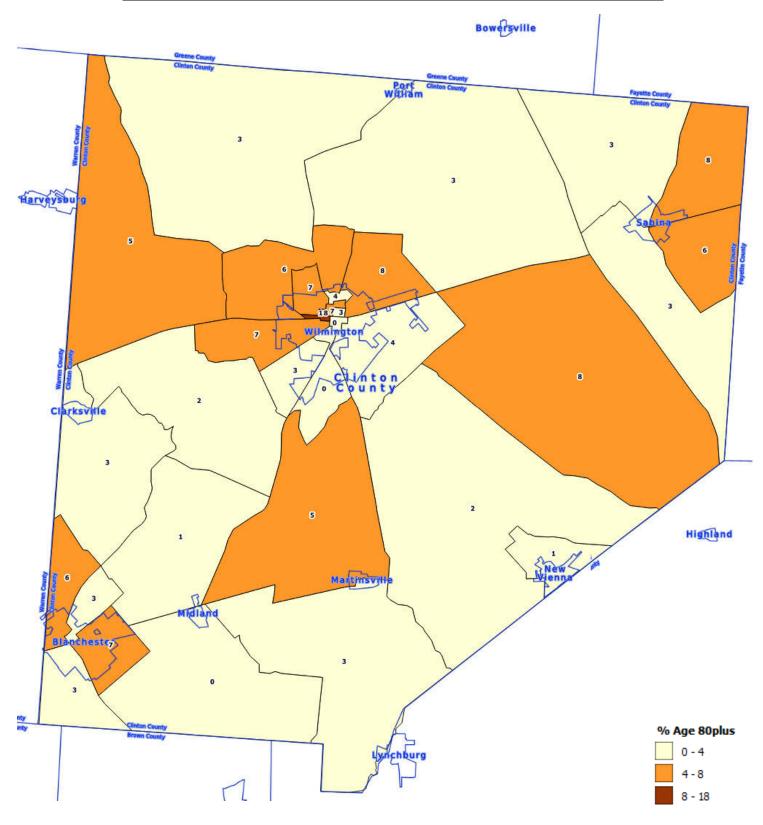
Clinton County Census Block Groups - Percentage of Total Population Age 60 Plus



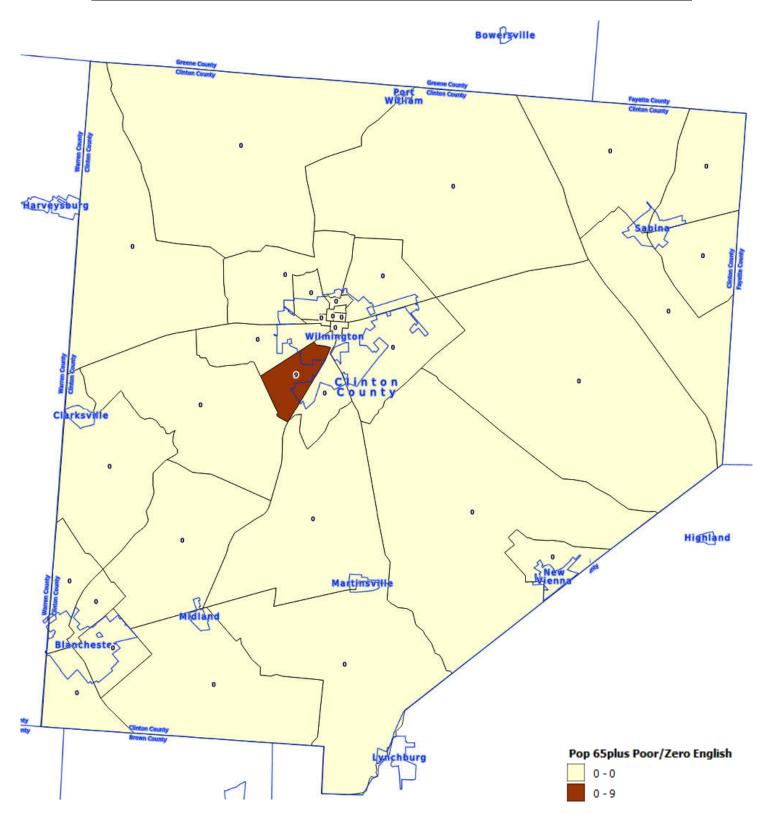
Clinton County Census Block Groups - Population Age 80 Plus



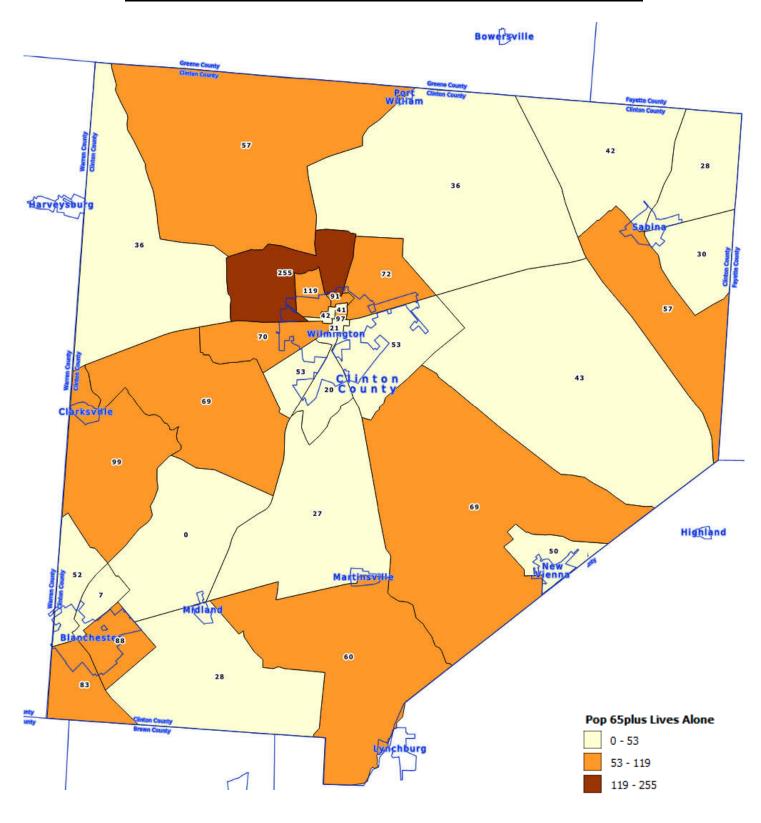
<u>Clinton County Census Block Groups – Percentage of Total Population Age 80 Plus</u>



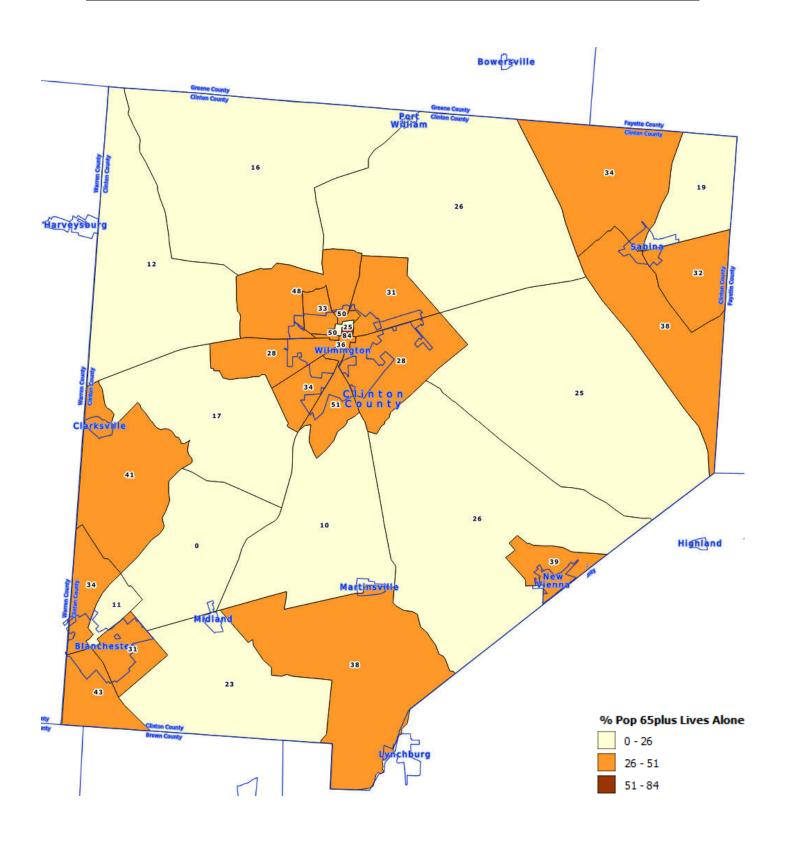
Clinton County Census Block Groups - Population Age 65 Plus with Poor/Zero English Skills



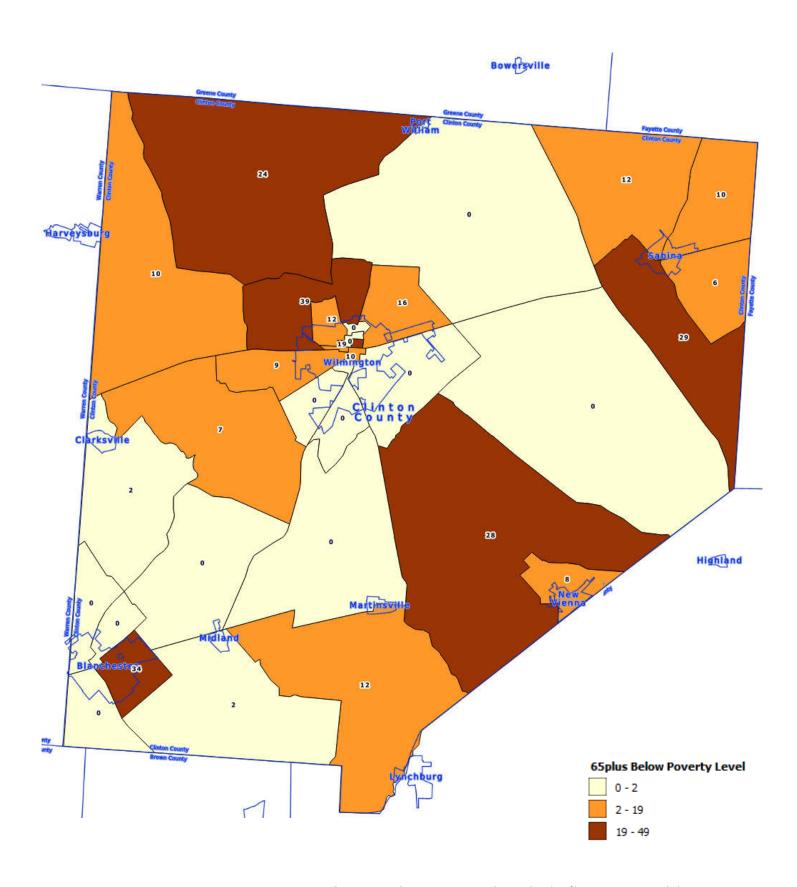
<u>Clinton County Census Block Groups – Population Age 65 Plus that Lives Alone</u>

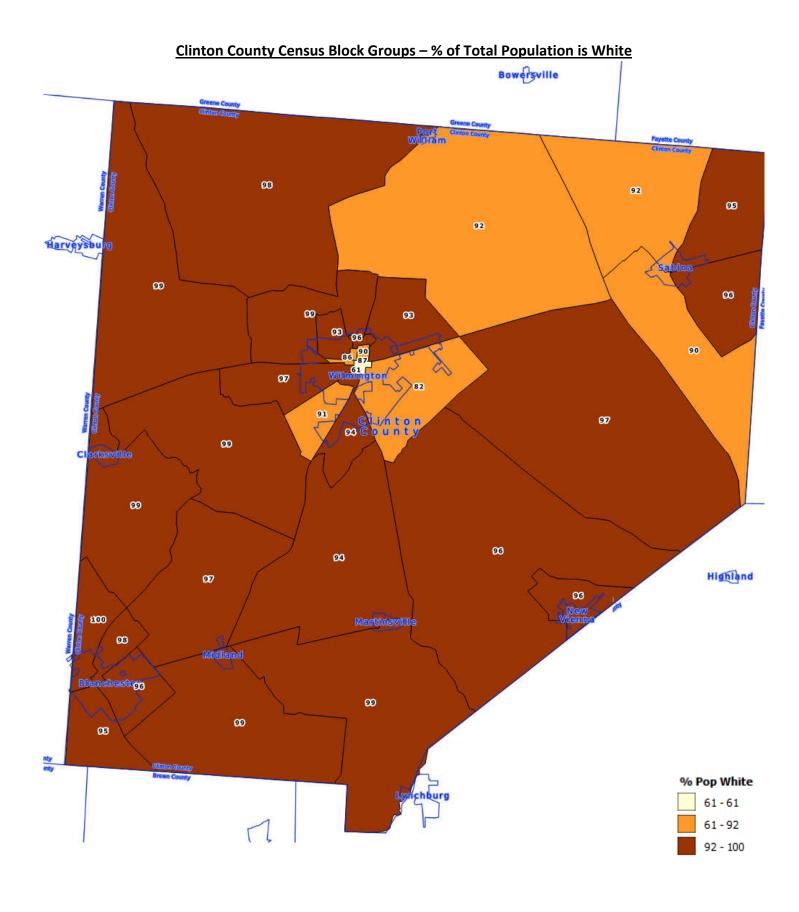


<u>Clinton County Census Block Groups – Percentage of Population Age 65 Plus that Lives Alone</u>

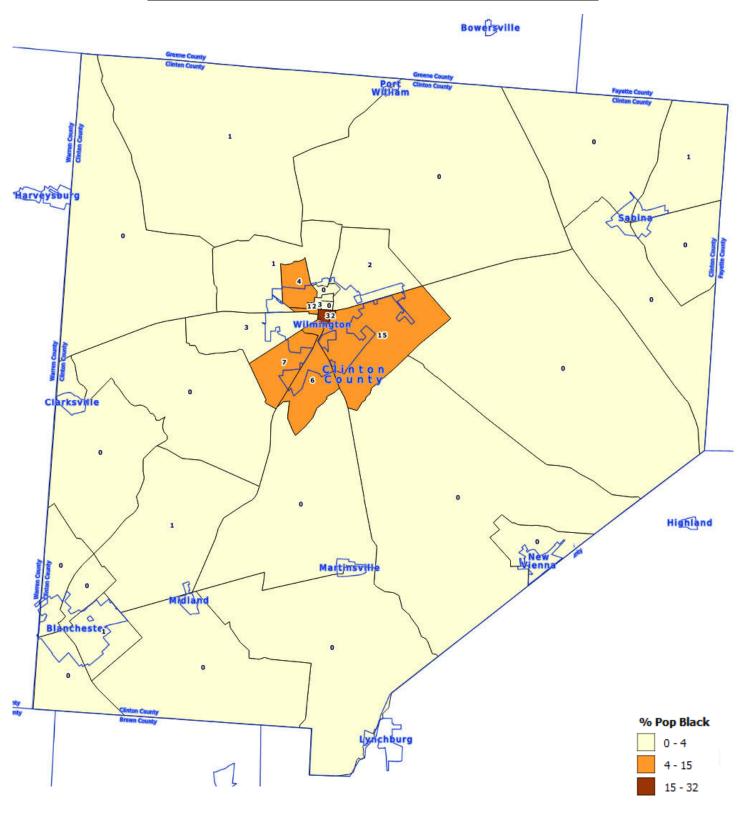


Clinton County Census Block Groups - Population Age 65 Plus Below Poverty Level

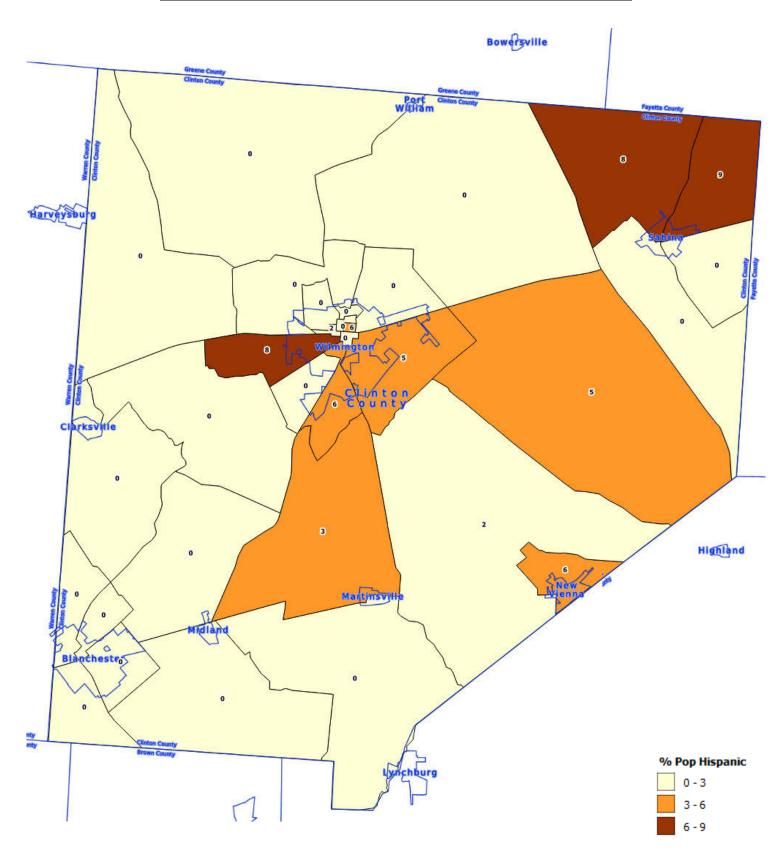




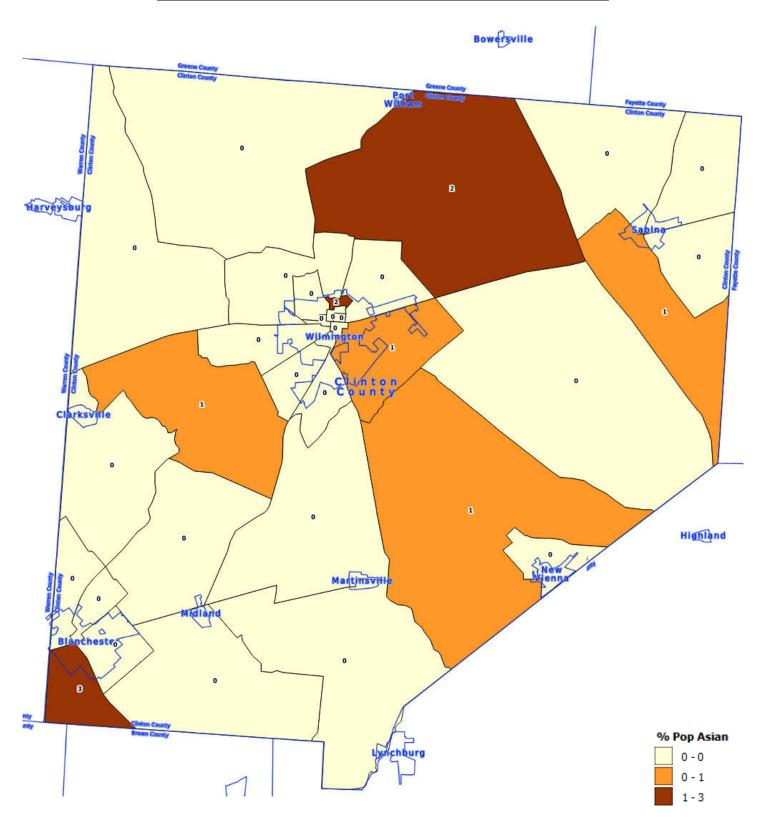
Clinton County Census Block Groups – % of Total Population is Black



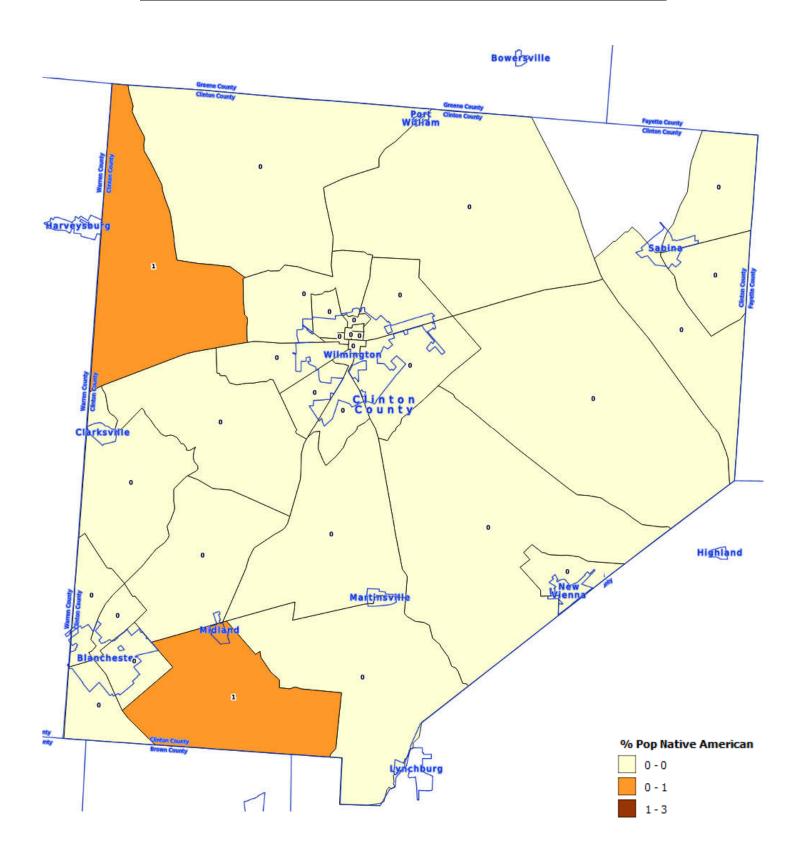
<u>Clinton County Census Block Groups – % of Total Population is Hispanic</u>



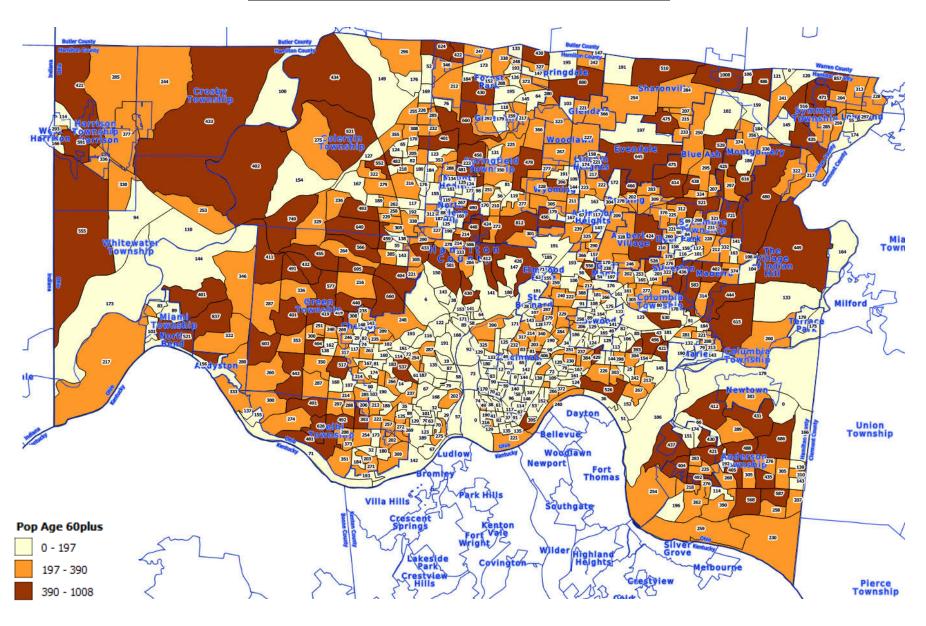
Clinton County Census Block Groups – % of Total Population is Asian

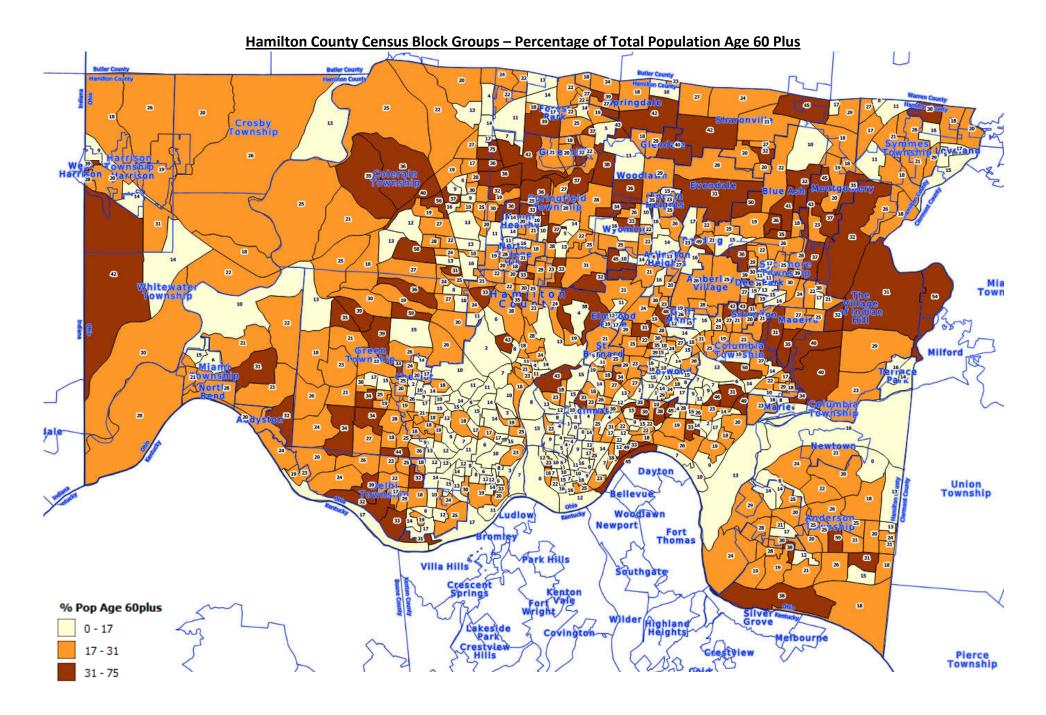


<u>Clinton County Census Block Groups – % of Total Population is Native American</u>

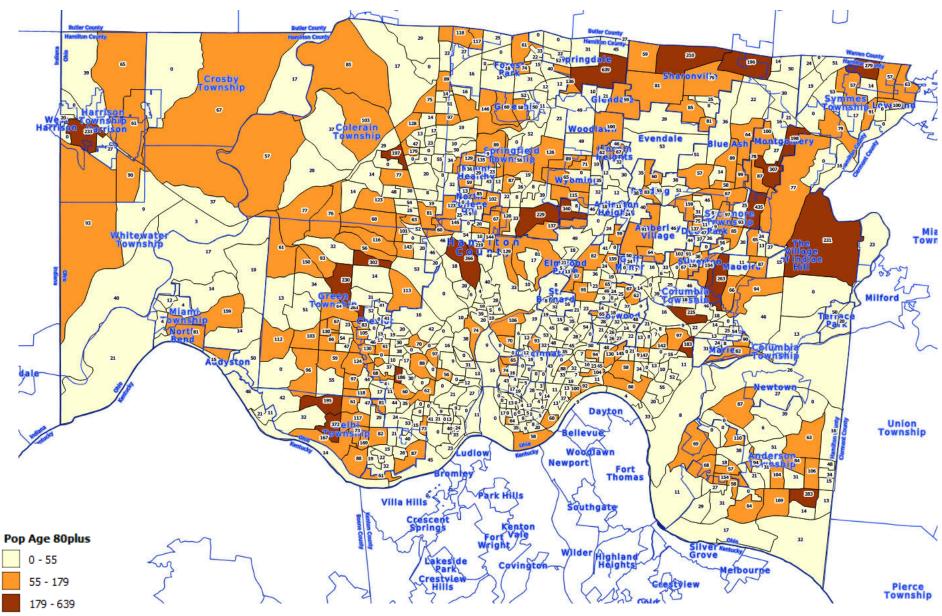


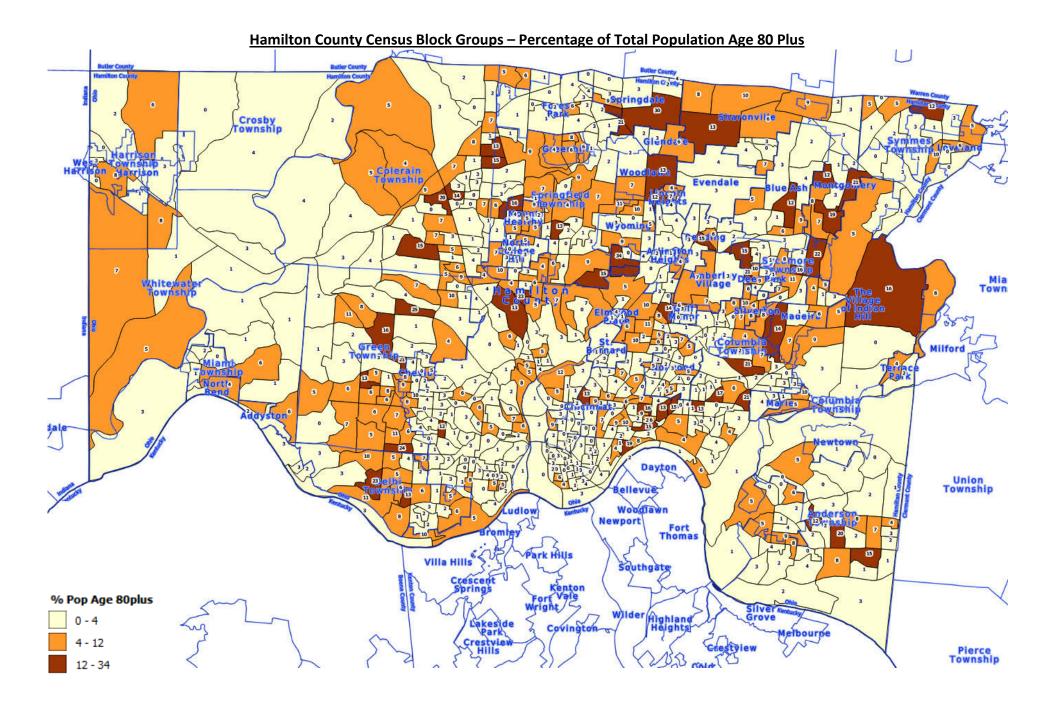
Hamilton County Census Block Groups - Population Age 60 Plus



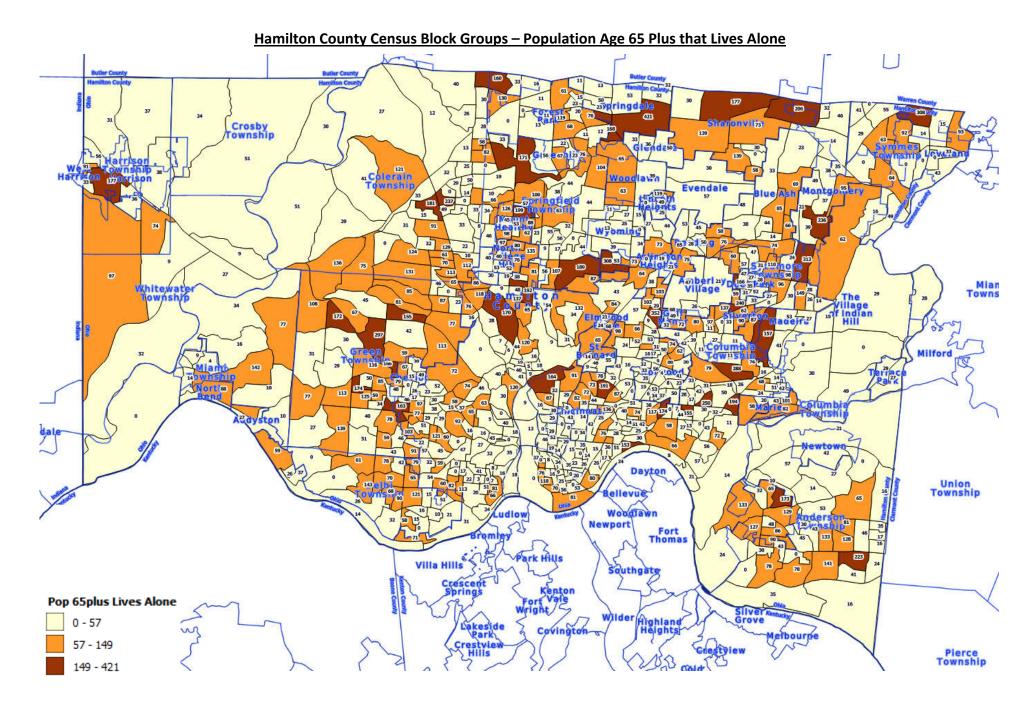


Hamilton County Census Block Groups - Population Age 80 Plus

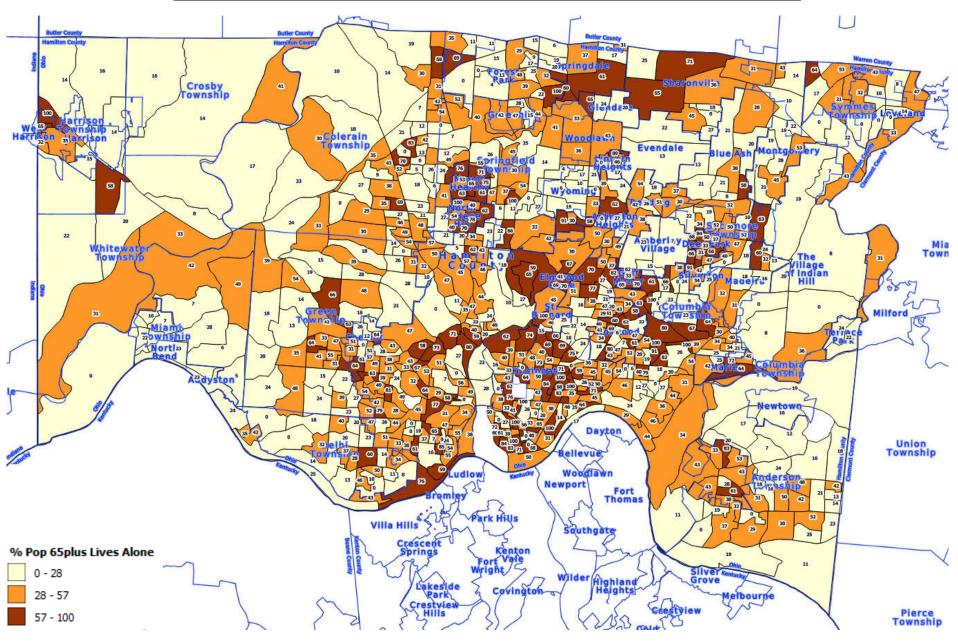




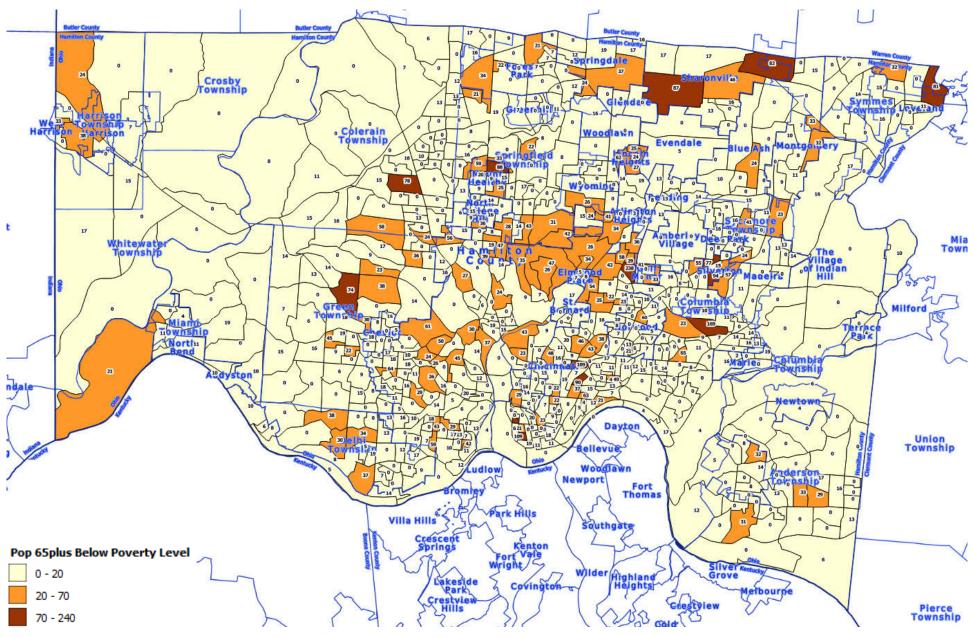
Hamilton County Census Block Groups - Population Age 65 Plus with Poor/Zero English Skills Sharonville. Crosby Mia Village f Indian Hill Milford North Dayton Union Township Bellevue Newport Fort Thomas Villa Hills Southgate Pop 65plus Poor/Zero English 0-9 9 - 31 Pierce Township 31 - 92



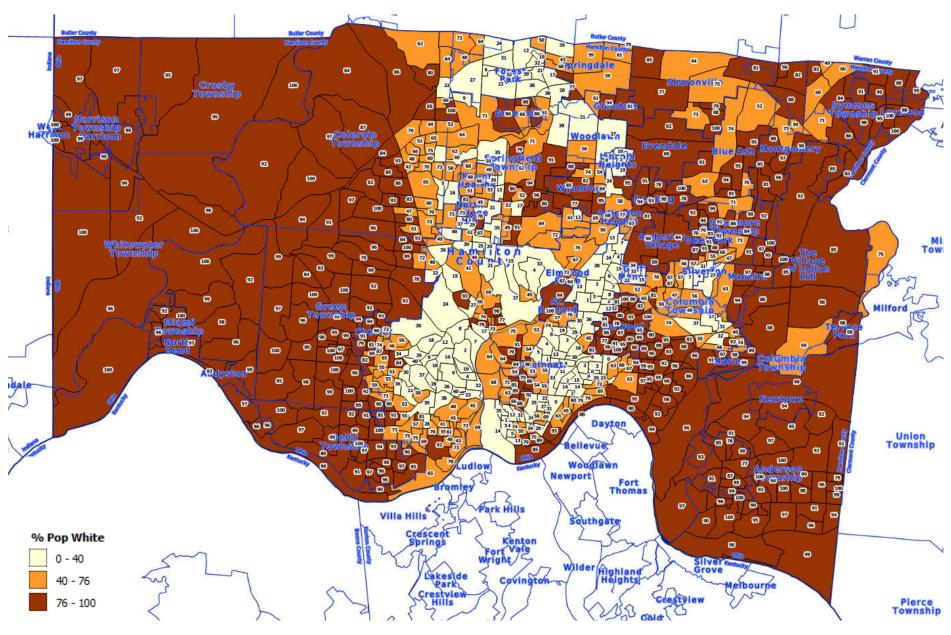
Hamilton County Census Block Groups - Percentage of Population Age 65 Plus that Lives Alone



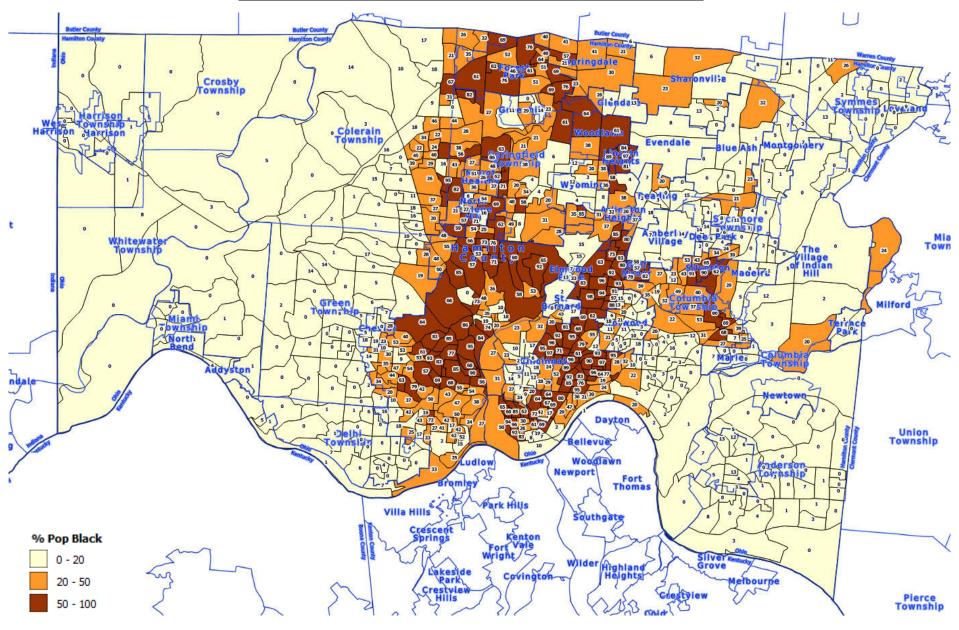
<u>Hamilton County Census Block Groups – Population Age 65 Plus Below Poverty Level</u>



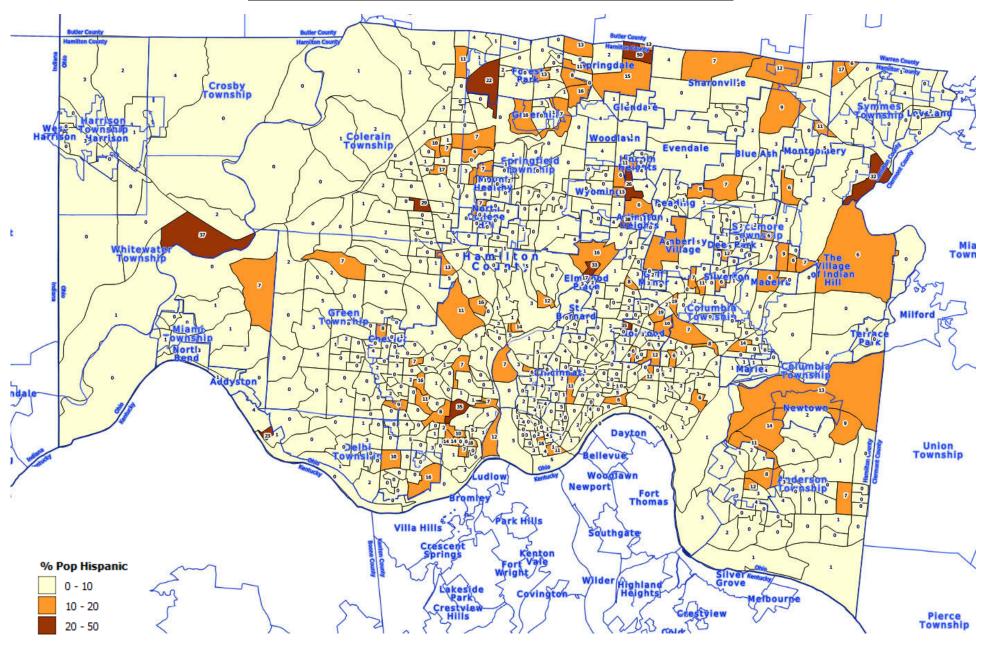
<u>Hamilton County Census Block Groups - % of Total Population is White</u>



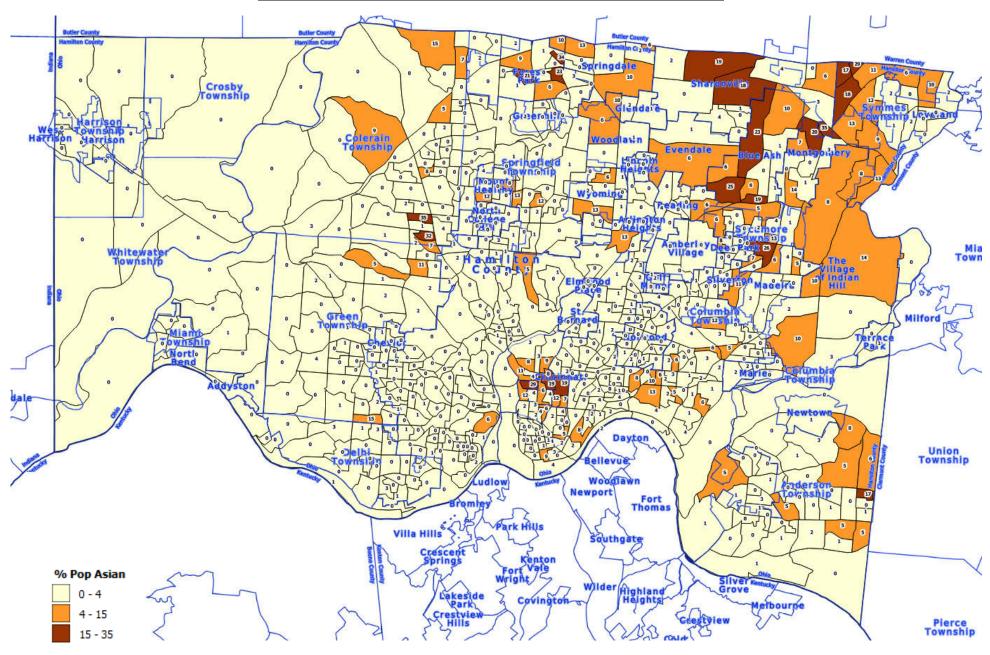
Hamilton County Census Block Groups – % of Total Population is Black



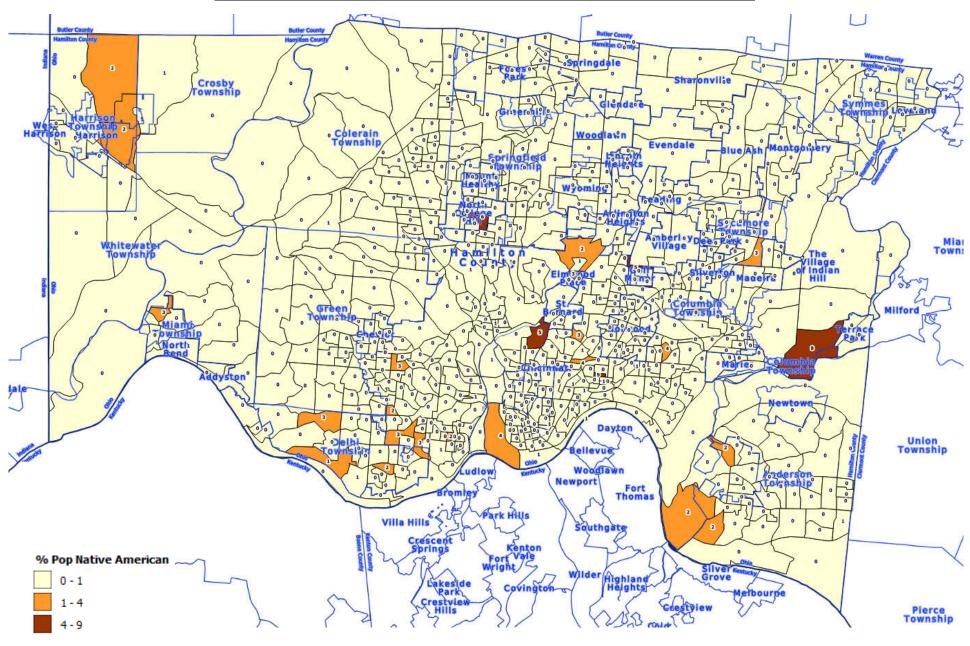
<u>Hamilton County Census Block Groups – % of Total Population is Hispanic</u>



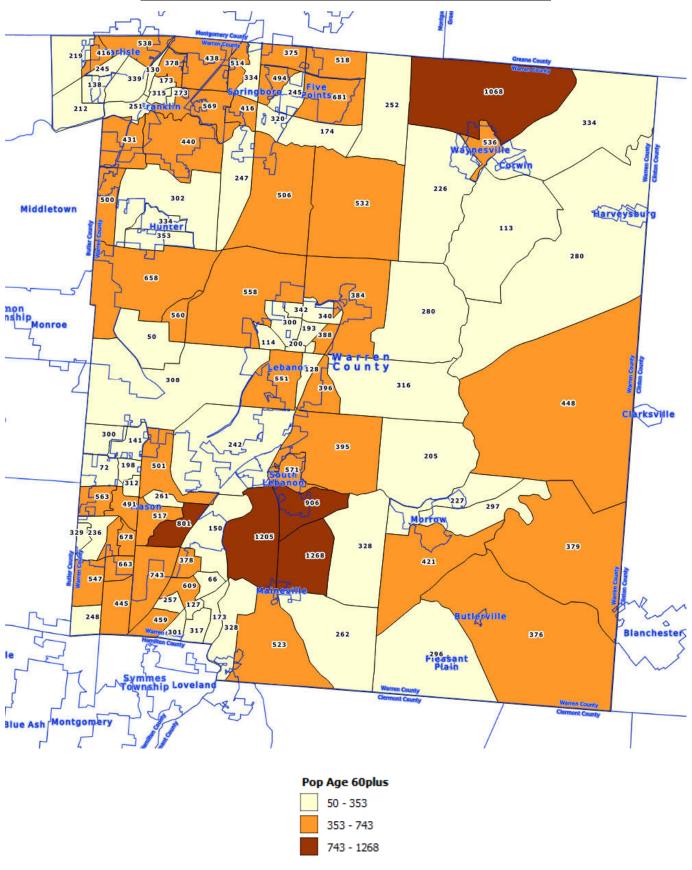
Hamilton County Census Block Groups - % of Total Population is Asian



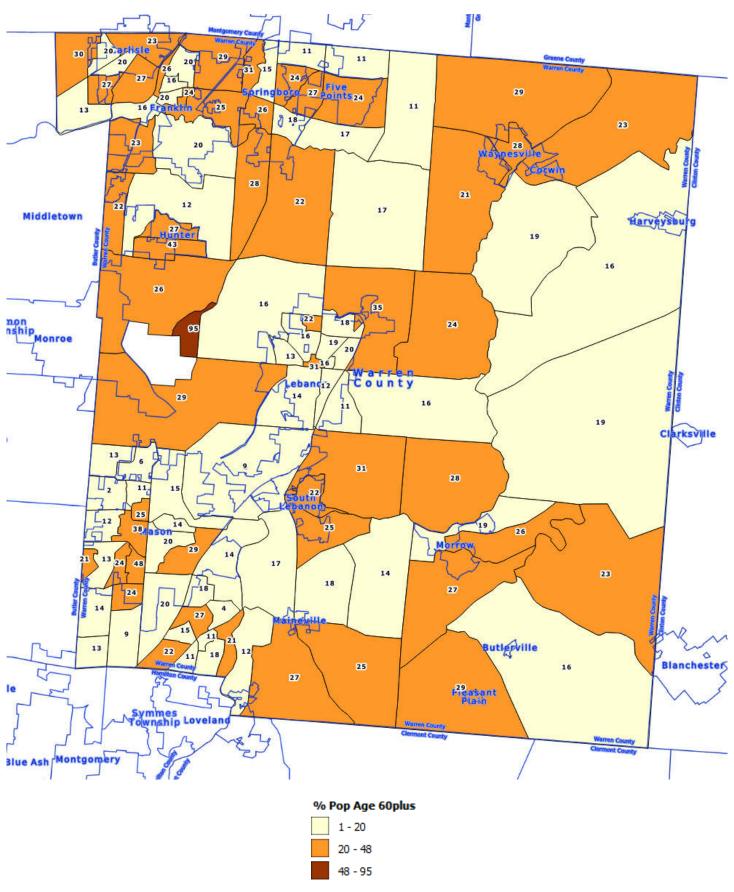
Hamilton County Census Block Groups - % of Total Population is Native American



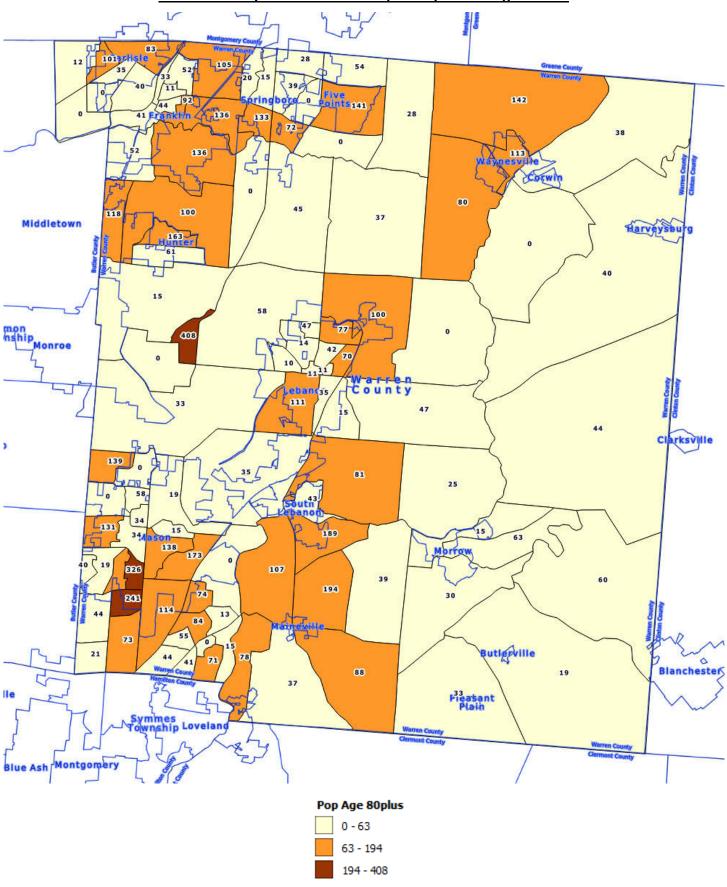
Warren County Census Block Groups - Population Age 60 Plus



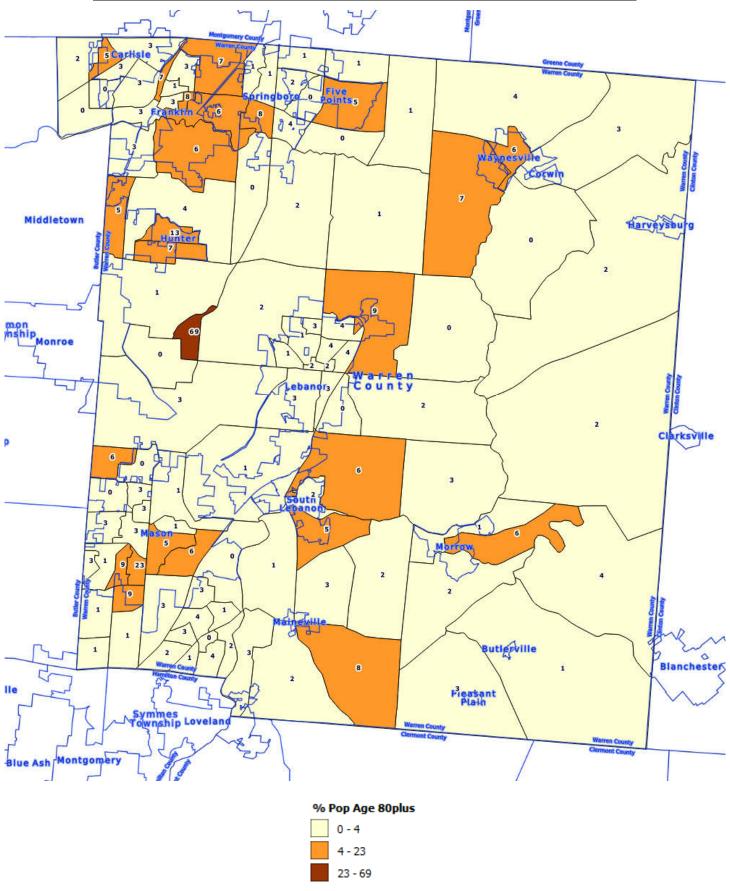
Warren County Census Block Groups - Percentage of Total Population Age 60 Plus



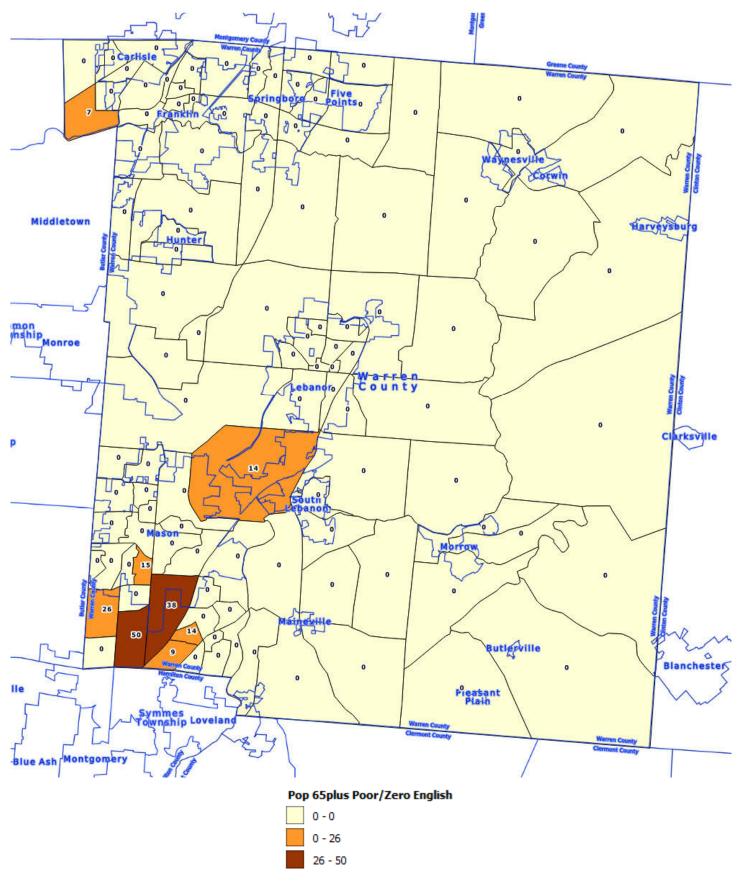
Warren County Census Block Groups - Population Age 80 Plus



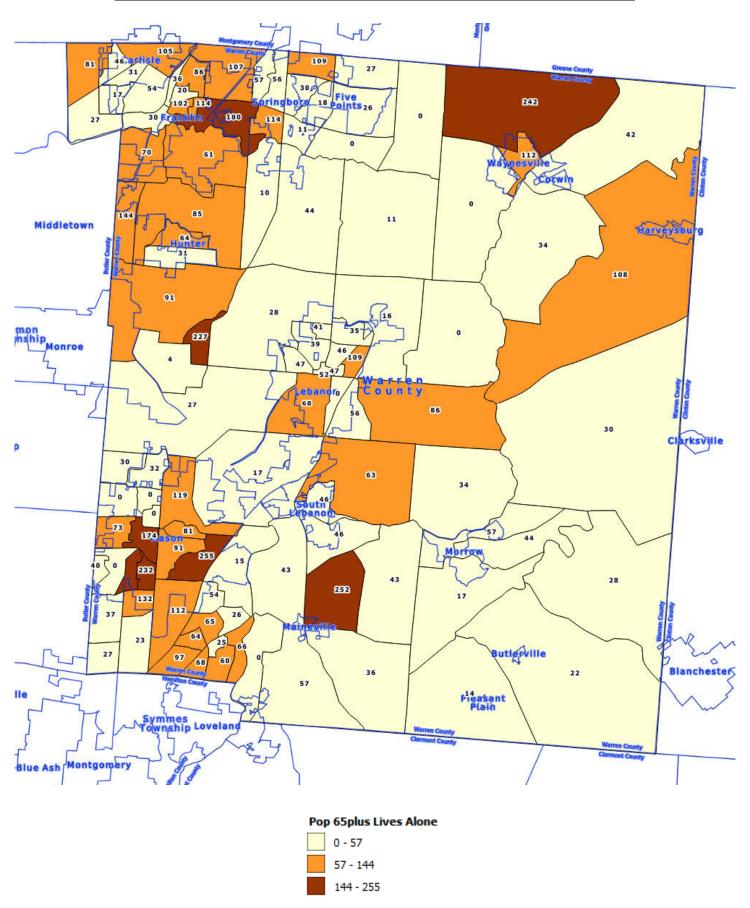
Warren County Census Block Groups - Percentage of Total Population Age 80 Plus



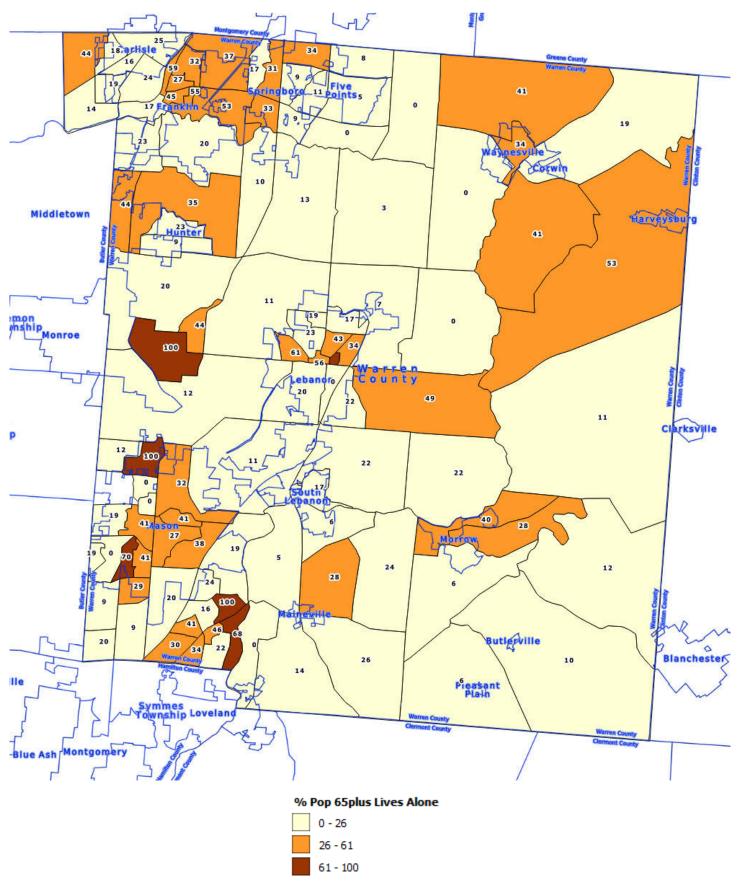
Warren County Census Block Groups - Population Age 65 Plus with Poor/Zero English Skills



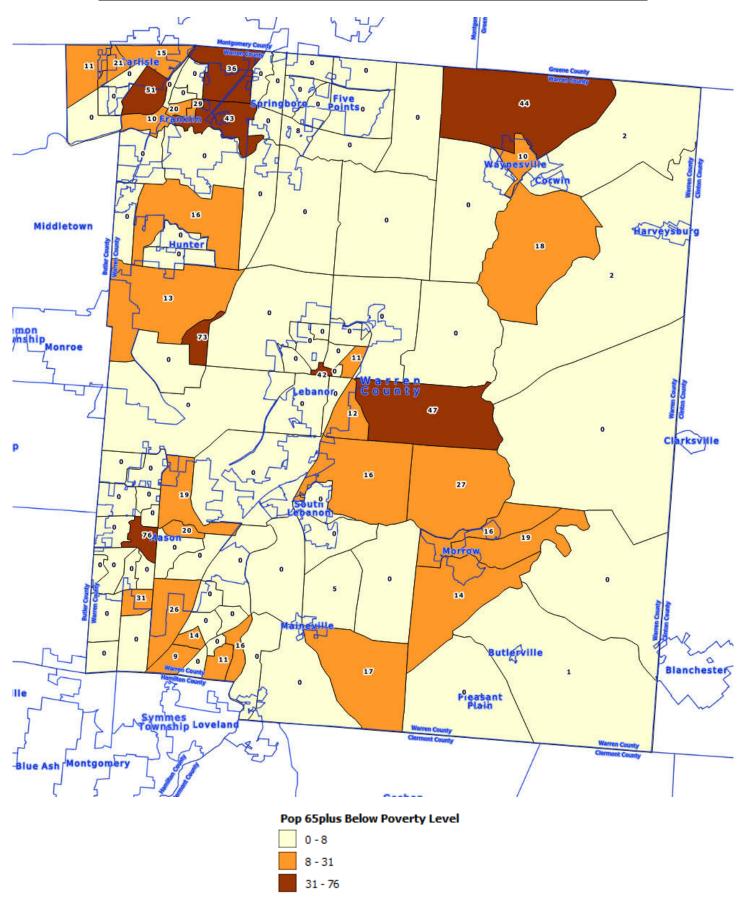
Warren County Census Block Groups - Population Age 65 Plus that Lives Alone



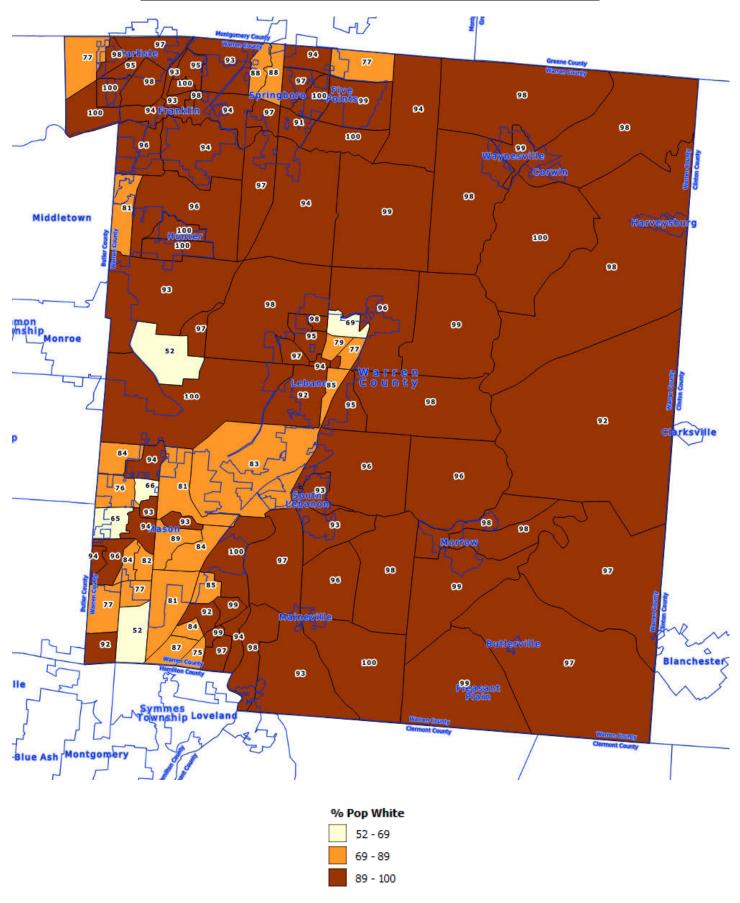
Warren County Census Block Groups - Percentage of Population Age 65 Plus that Lives Alone



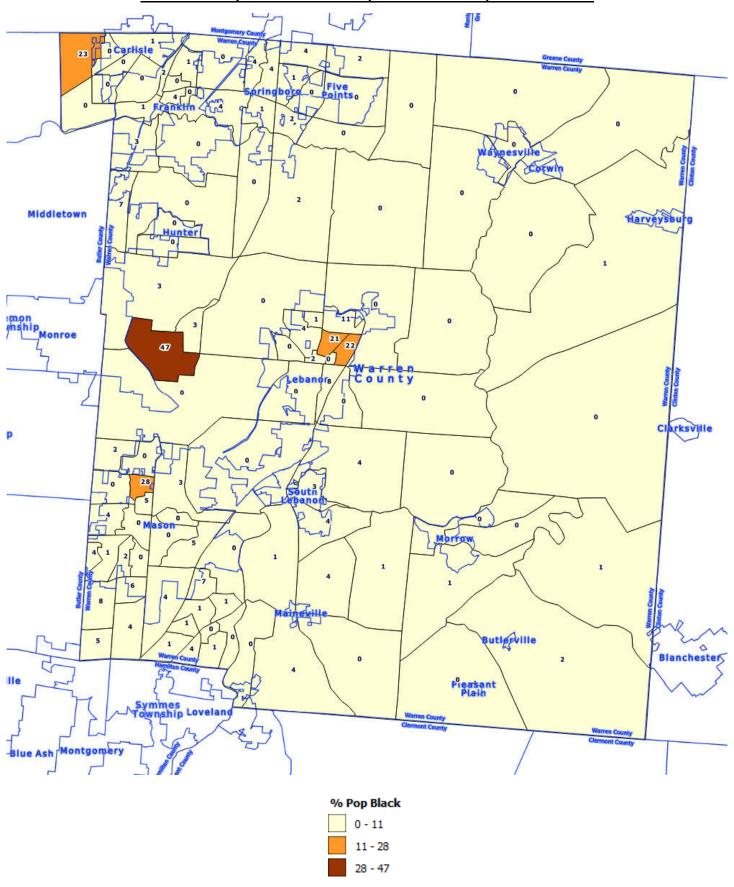
Warren County Census Block Groups - Population Age 65 Plus Below Poverty Level



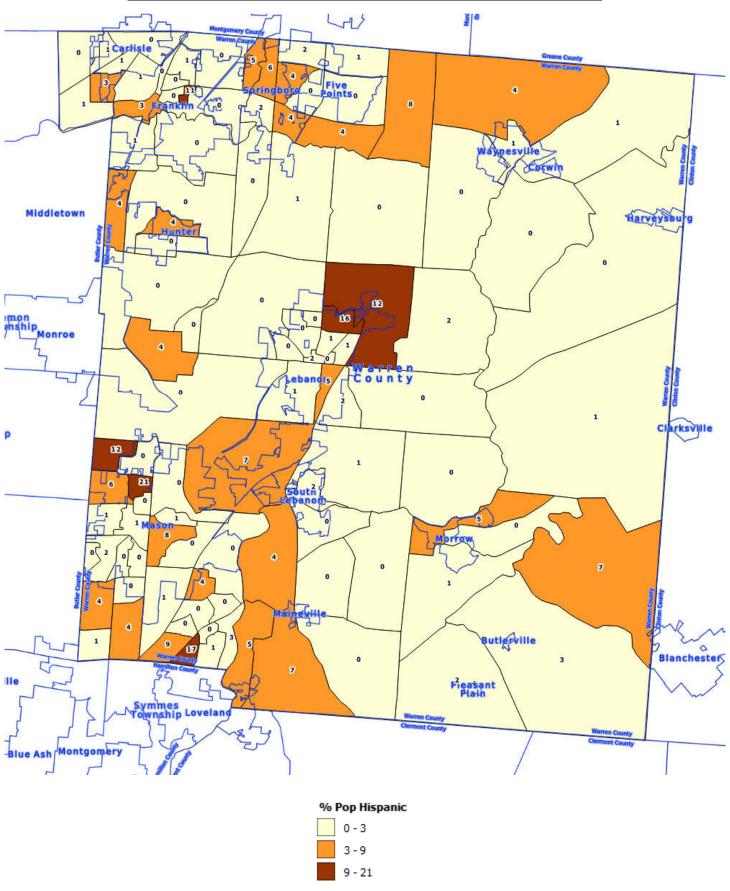
Warren County Census Block Groups - % of Total Population is White



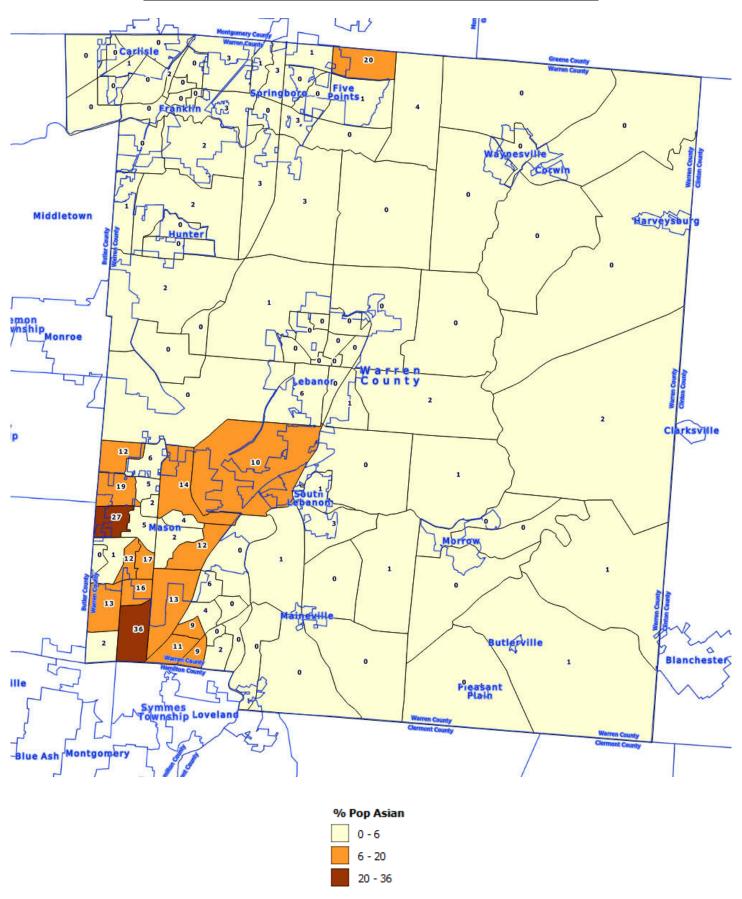
Warren County Census Block Groups – % of Total Population is Black



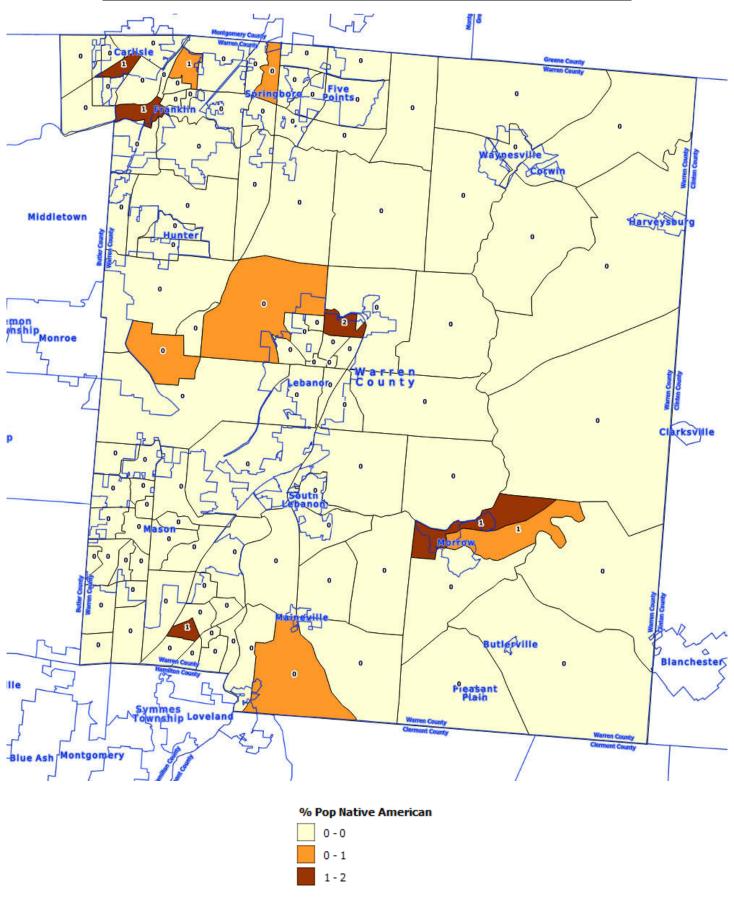
Warren County Census Block Groups - % of Total Population is Hispanic



Warren County Census Block Groups - % of Total Population is Asian

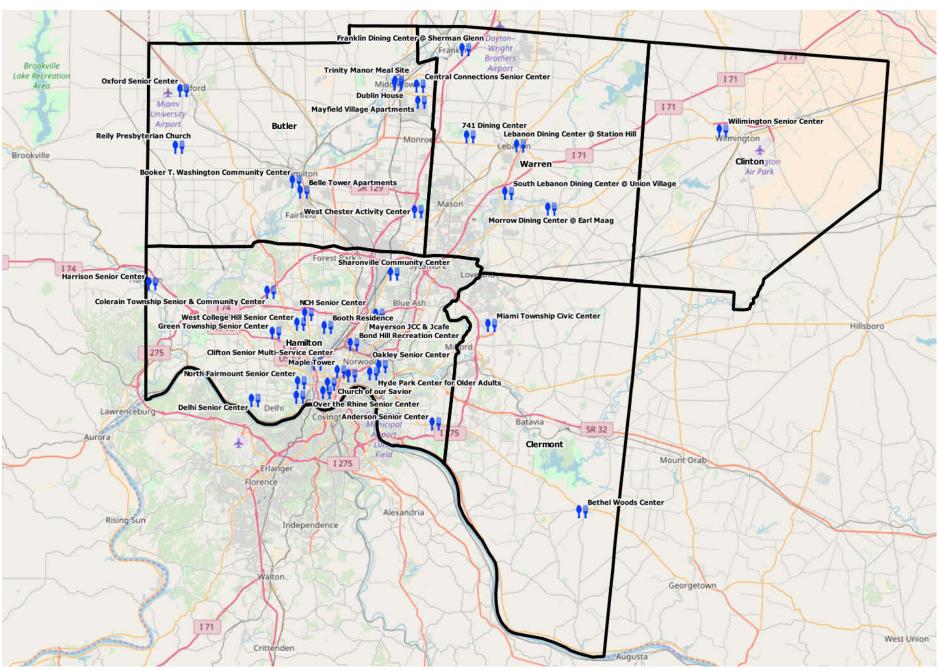


Warren County Census Block Groups - % of Total Population is Native American



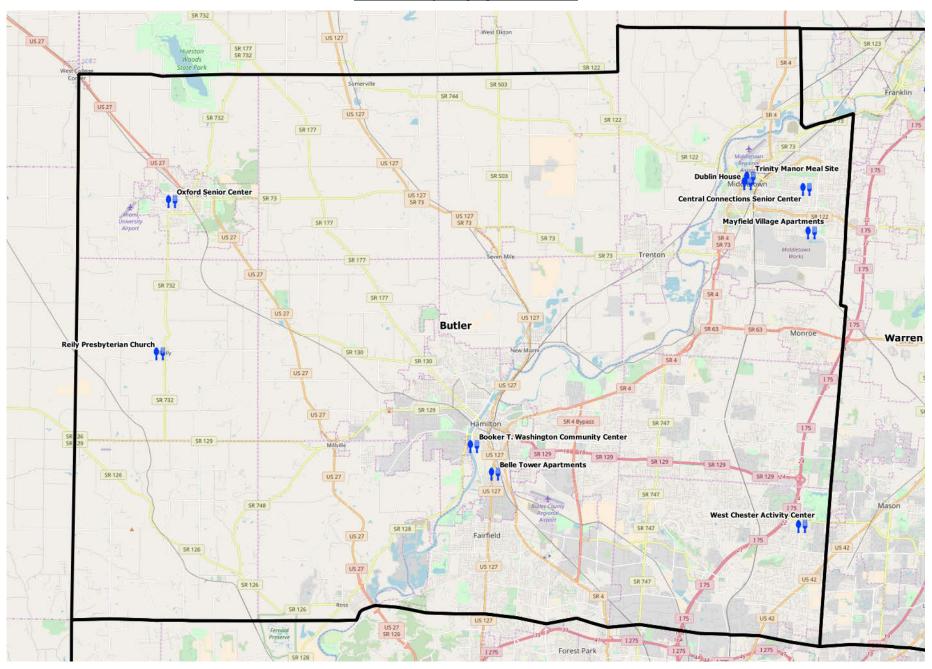
ATTACHMENT 6

Provider Service Area (Butler, Clermont, Clinton, Hamilton, and Warren County) Congregate Meal Sites



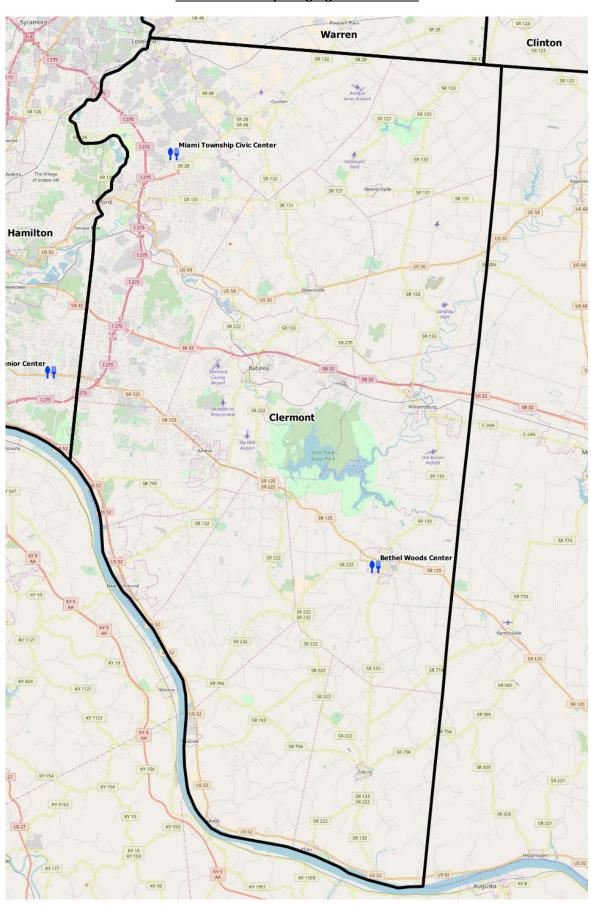
Data Source: Council on Aging, 2018. Map Creator: P. E. Sauer Date: 07/22/18 Cartographic Boundary Shapefile: U.S. Census Bureau Counties. Map Overlay: Open Street Map - Standard.

Butler County Congregate Meal Sites

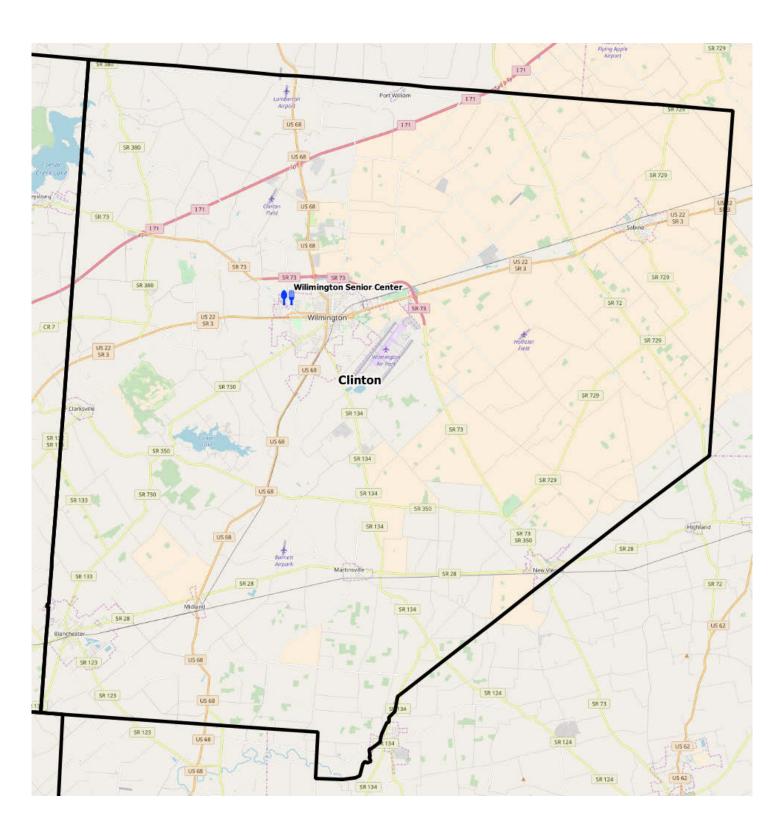


Data Source: Council on Aging, 2018. Map Creator: P. E. Sauer Date: 07/22/18 Cartographic Boundary Shapefile: U.S. Census Bureau Counties. Map Overlay: Open Street Map - Standard.

Clermont County Congregate Meal Sites

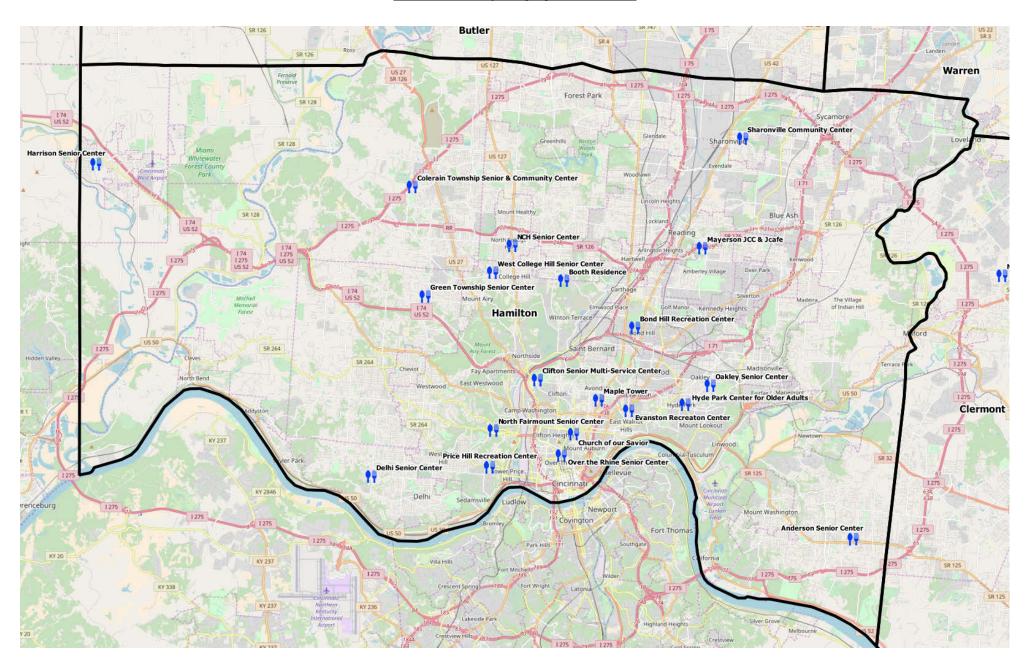


Clinton County Congregate Meal Sites

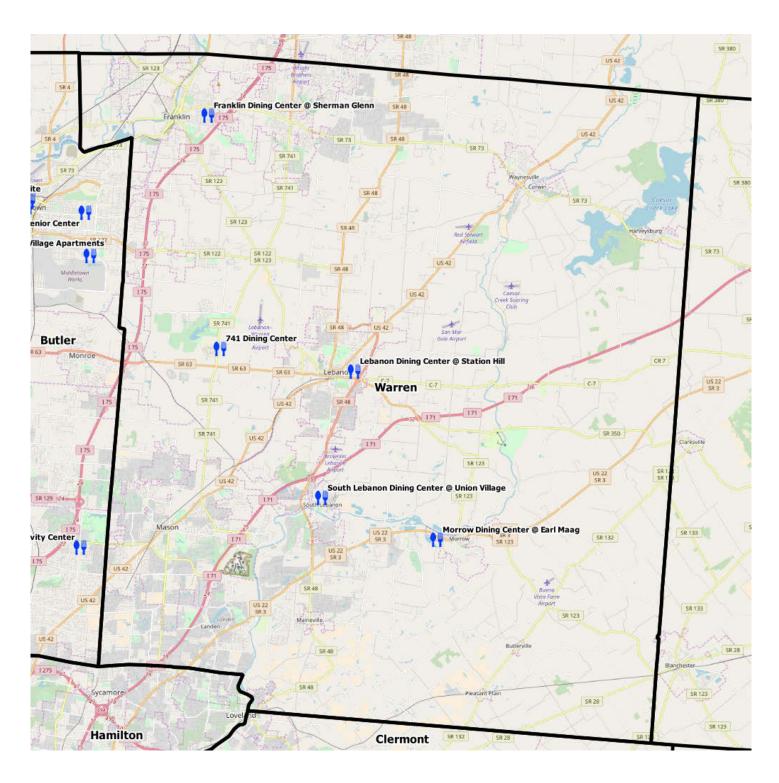


Data Source: Council on Aging, 2018. Map Creator: P. E. Sauer Date: 07/22/18 Cartographic Boundary Shapefile: U.S. Census Bureau Counties. Map Overlay: Open Street Map - Standard.

Hamilton County Congregate Meal Sites

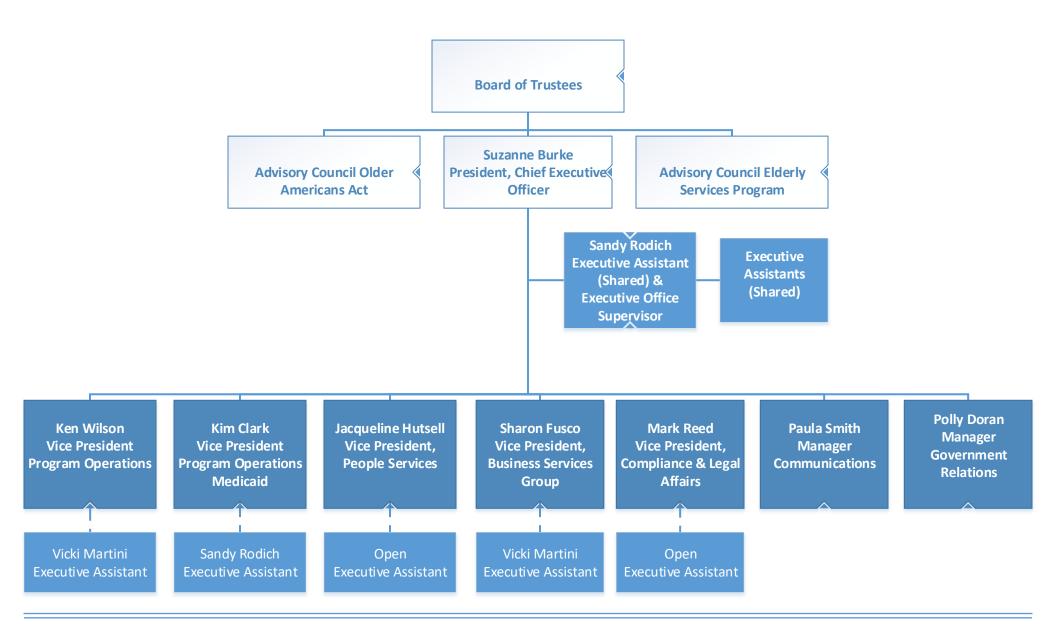


Warren County Congregate Meal Sites

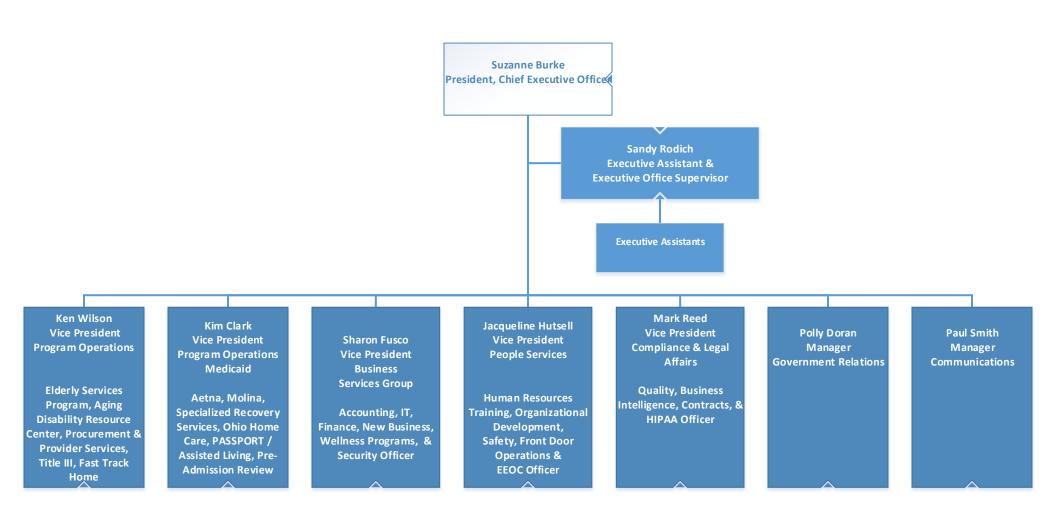


Data Source: Council on Aging, 2018. Map Creator: P. E. Sauer Date: 07/22/18 Cartographic Boundary Shapefile: U.S. Census Bureau Counties. Map Overlay: Open Street Map - Standard.

Organization Chart

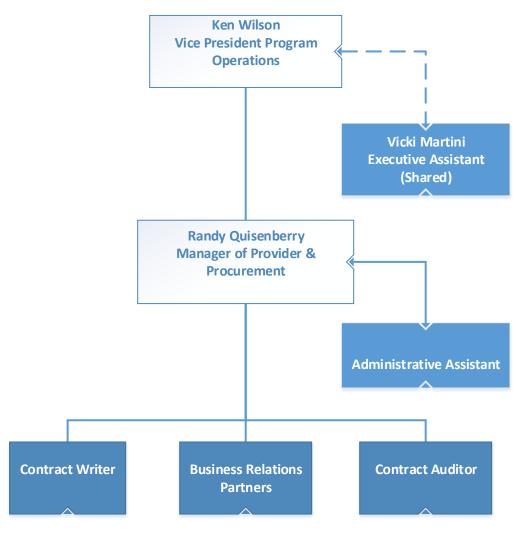


President, Chief Executive Officer

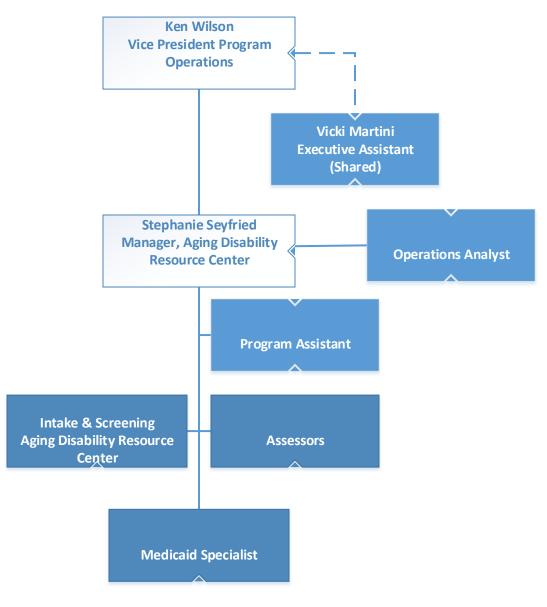




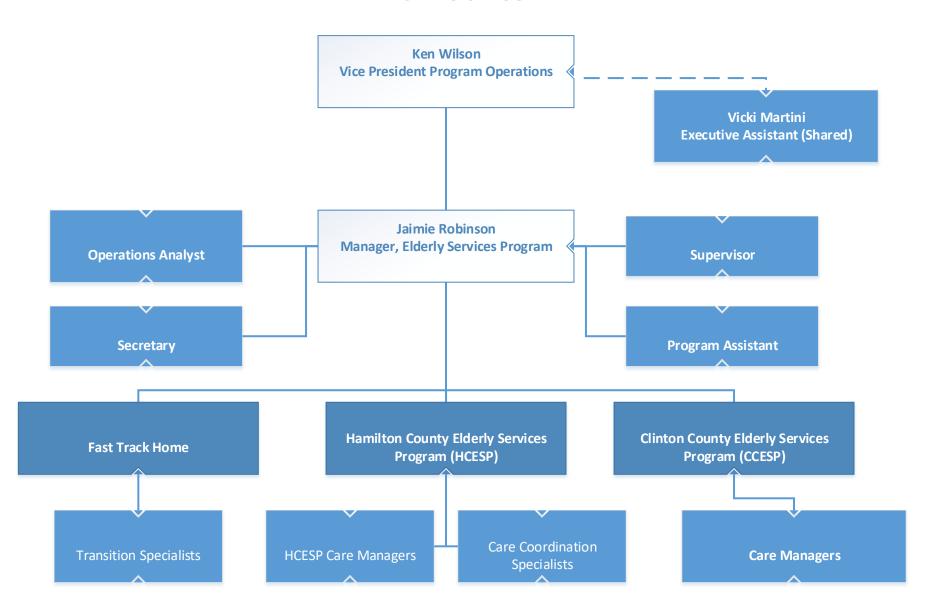
PROCUREMENT/ PROVIDER RELATIONS



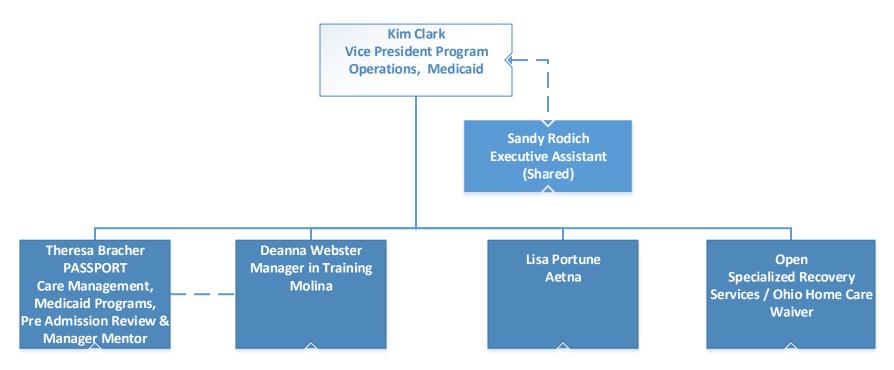
AGING DISABILITY RESOURCE CENTER

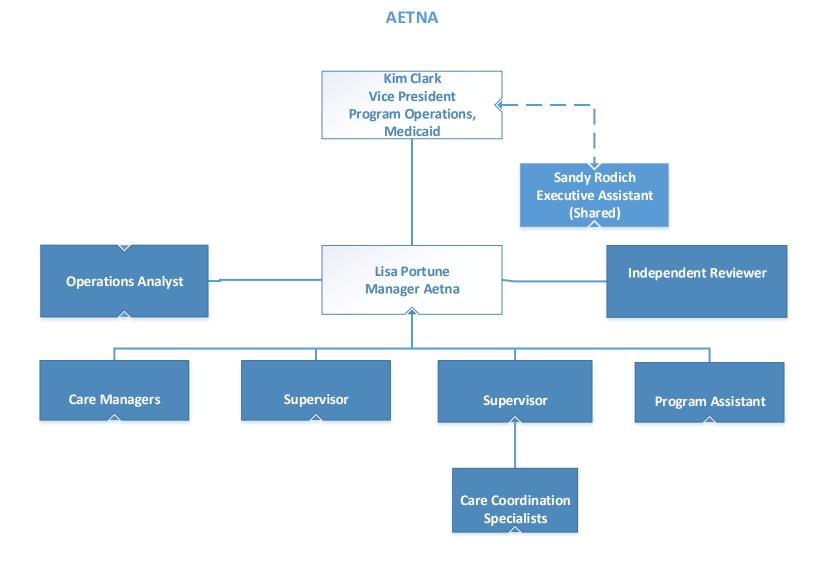


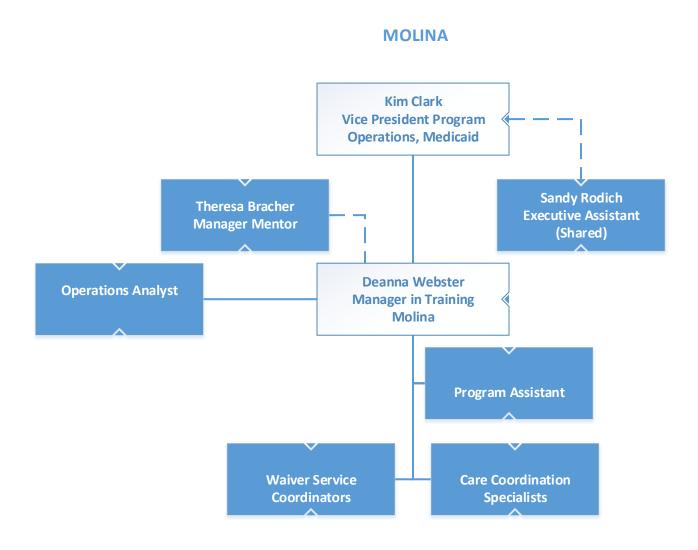
ELDERLY SERVICES PROGRAM



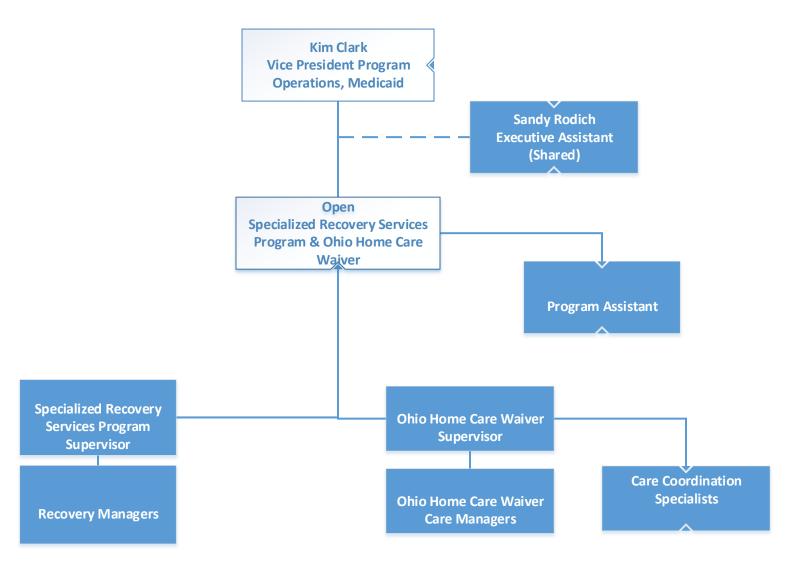
PROGRAM OPERATIONS, MEDICAID

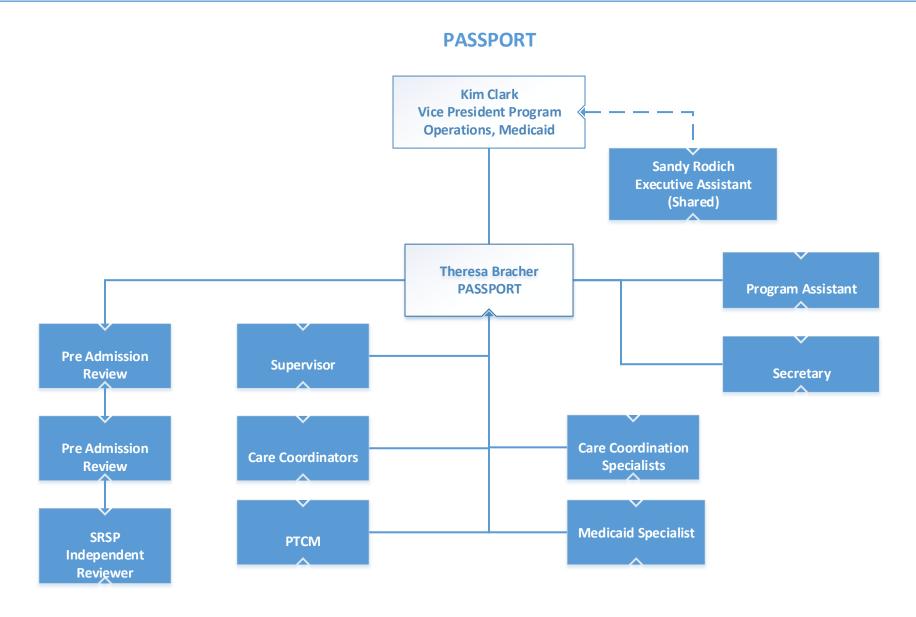




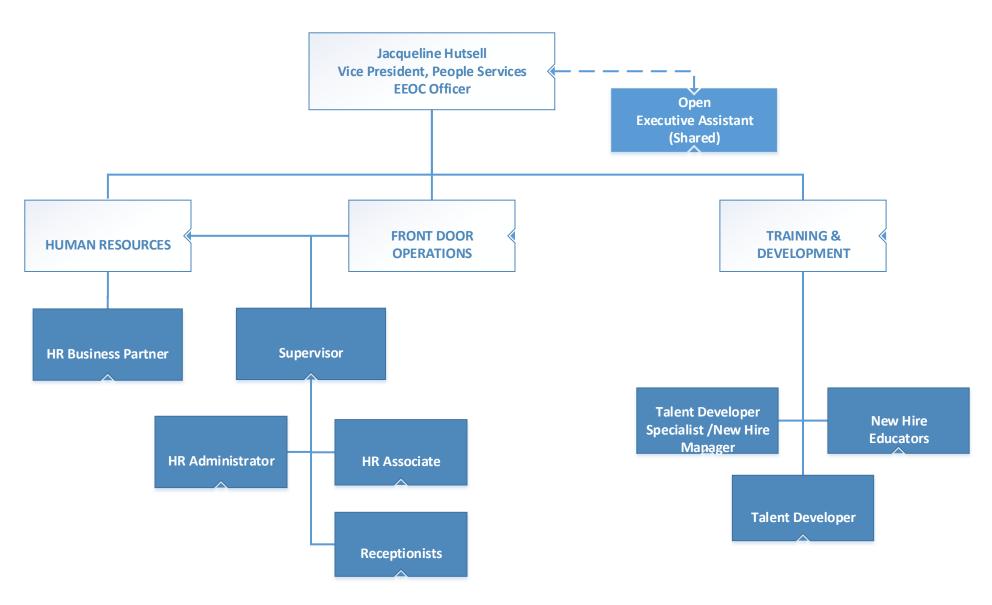


OHIO HOME CARE WAIVER

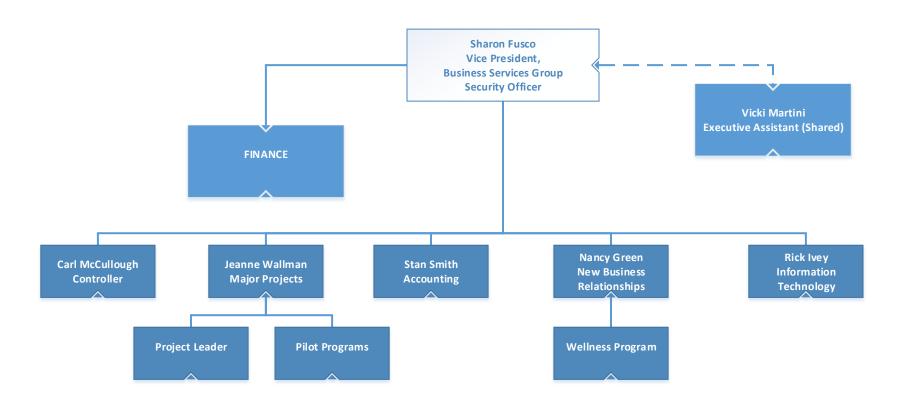




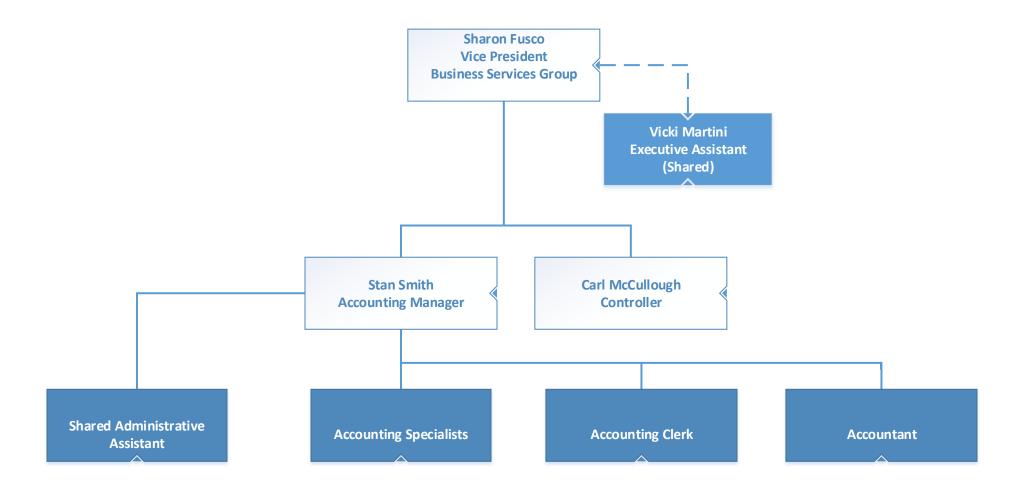
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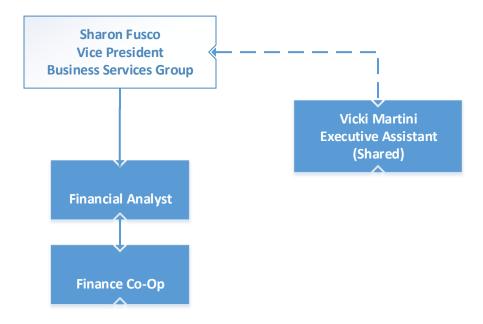
BUSINESS SERVICES GROUP



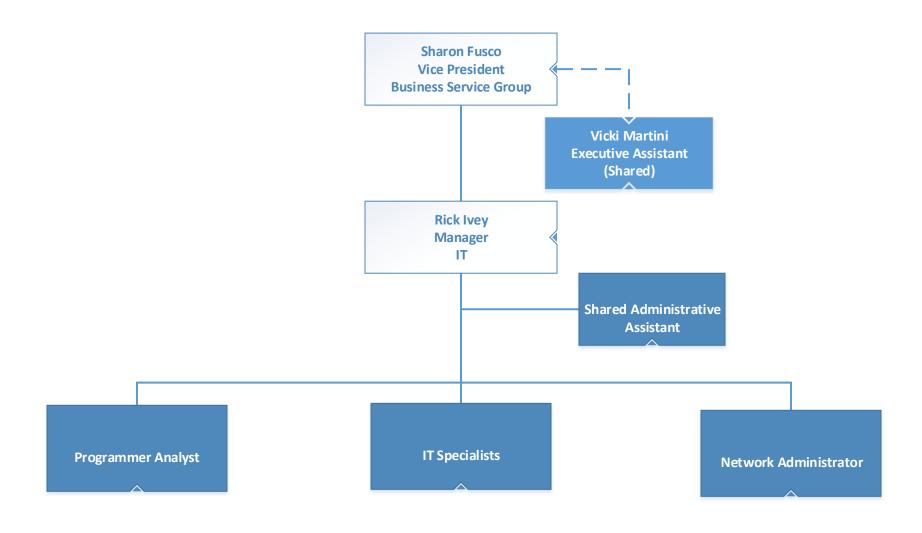
BUSINESS SERVICES GROUP ACCOUNTING



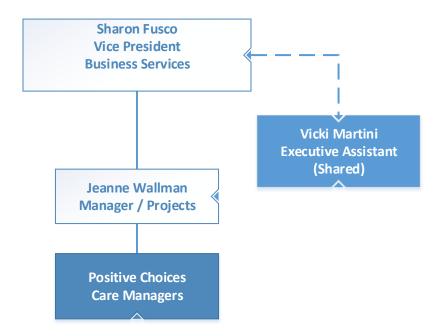
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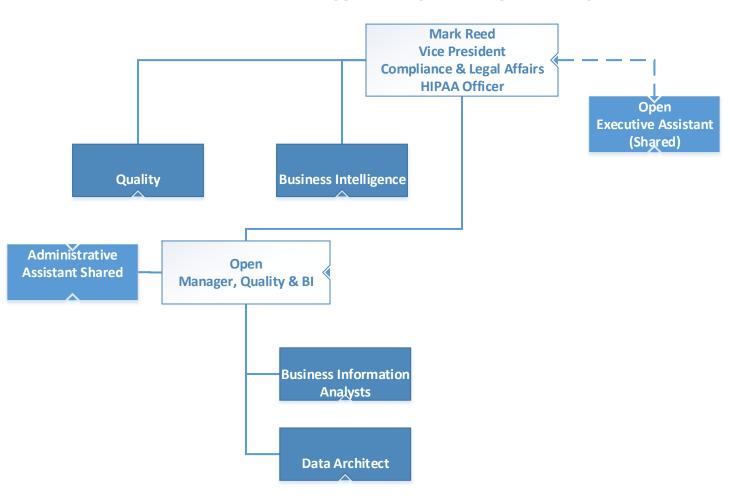
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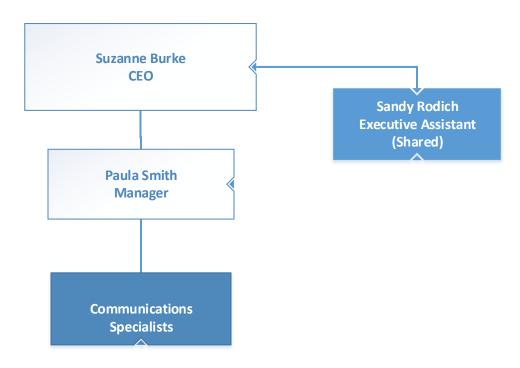
BUSINESS SERVICES GROUP POSITIVE CHOICES



COMPLIANCE AND LEGAL AFFAIRS



COMMUNICATIONS



ATTACHMENT 8

Council on Aging

Operating Procedure: Title III Complaint Process

Departments: Long Term Care (LTC)

Position Title: All LTC staff

Effective Date: 05/21/2014 (new) Revised Date: 05/26/2015 Next Review Date: 05/26/2016



SCOPE:

This policy and related procedure are applicable to all Long Term Care (LTC) Departments and all LTC staff. The policy and related procedure serve to establish a consistent process for reporting Title III complaints.

POLICY:

The purpose of this policy is to ensure that COA has developed a complaint process to identify and resolve complaints regarding LTC services/programs offered through COA or its contracted providers. The process will address intake, assignment, timeliness and resolution of complaints. Any client of COA services or assistance has the right to file a grievance or complaint over any unresolved conflict or issue that arises during the course of receiving services, including service received directly from COA or service received by a contracted agency.

PARTICIPANT RIGHTS:

- 1) The right to contact the Office of the State-Long-Term Care Ombudsman to seek assistance in resolving grievances against the AAA or a provider.
- 2) The right to be fully informed, in advance, about each service the AAA or its providers offer to the individual, and about any change in the services being received by the individual that may affect the individual's well-being;
- 3) The right to participate in planning and changing services provided under the OAA by the AAA or its providers, unless the individual has been judicially adjudicated incompetent;
- 4) The right to voice grievances with respect to any service the AAA provides, or fails to provide, to the individual without discrimination or reprisal as a result of having voiced the grievance, and to be treated with dignity and respect;
- 5) The right to have all records related to the individual treated confidentially, except as otherwise required by law:
- 6) The right of the individual to have the individual's property treated with respect;
- 7) The right to be fully informed (orally and in writing) of individual rights under the OAA, in advance of receiving a service; and,
- 8) The right to receive a written response from the AAA or its providers to every grievance voiced by the individual.

RETALIATION:

No AAA shall retaliate or discriminate against any individual who submits a grievance to the AAA or one of its provider agencies.

DEFINITIONS:

Complaint: A complaint may regard any aspect of LTC services, including COA staff action or inaction and may be received from any source verbally or in writing. Sources of complaints may include, but not be limited to, clients, caregivers, authorized representatives, families, neighbors, agencies, providers and legislators.

PROCEDURE:

- A. All clients will be made aware of the COA complaint process and will be informed that any complaint should be discussed initially with the client's first point of contact at COA.
- B. Every effort should be made to resolve grievances as early in the grievance process as possible, preferably at the provider level. Therefore, COA shall require every provider to have a written grievance process in place. COA however, shall not require an individual to seek a resolution of their grievances from a provider prior to submitting their grievance to COA for consideration.
- C. All complaints, whether verbal or written, must be logged on the COA Complaint Form by first point of contact COA staff (i.e., Care Manager/Care Coordinator). (Refer to COA Complaint Form). If the complaint is made verbally COA must transcribe complaint into a written statement shortly after receipt, and verify with the individual who registers the complaint that the written statement is an accurate reflection of the oral grievance.
- D. All complaints received will be submitted for review to the Operations Analyst (OA) for the program the complaint originates in within one (1) day of receiving the complaint. All complaints must include the following information:
 - 1. The reason for the complaint;
 - 2. Expected resolution or outcome
 - 3. Any attempts (including a timeline of events) made to resolve the issue previously
- E. If the complaint received is related to service delivered by a COA contracted provider, the OA will follow up with the provider and the assigned Provider Relations Specialist directly.
- F. COA to acknowledge receipt of grievance in writing within five (5) CALENDAR days of receipt; unless resolved prior to 5 days. COA will refer the individual registering a complaint to the Ombudsman Program for assistance in remedying the grievance. Client may request face to face meeting prior to COA determination. If the complaint indicates the potential for physical harm to a client, it will be addressed within one (1) day of receipt of the complaint.
- G. The OA will confer with all parties directly involved in the complaint to determine all pertinent facts, clarify all applicable statutes and regulations, develop an appropriate recommended resolution and provide feedback to all parties involved.
- H. OA will render a decision in writing mailed to client within fifteen (15) CALENDAR days of receipt.
- I. COA will allow no less than ten (10) CALENDAR days for client to review and respond to COA decision before it becomes final.
- J. COA shall keep on file written documentation of all steps taken to resolve a complaint, the recommended resolution and the response to the recommended resolution made by the parties to the complaint.
- K. Complaint information will be documented, maintained and used to identify any quality improvement opportunities, staff education and/or updates to policies and procedures as appropriate.
- L. The OAs will work with the HR training team to ensure that COA staff is provided education regarding the complaint process. Copies of the training methods used and documentation of the staff's participation will be maintained.

M.	The OAs will ensure that the confidentiality of the client is maintained at all times during the complaint process.		
	TC Complaint Process	Pavised Date: 05/26/2015	Page 2 of 2