Ohio State Plan on Aging

FFY 2015 - 2018

Ohio | Department of Aging

From Choice to Voice

John R. Kasich, Governor

Bonnie K. Burman, Director

Table of Contents

Director's Letter 1

I - Executive Summary 2

II - Context 5

III - Goals, Objectives, Strategies and Outcomes/Impact 14

IV - Quality Management 19

Appendices:

A - Assurances

B - Information Requirements

C - Intrastate Funding Formula (IFF)

D - Ohio Demographic Characteristics

E - Planning & Service Areas

F - ODA Advisory Council on Aging

Director's Letter

American economist and Harvard Business School professor Theodore Levitt wrote, "Just as energy is the basis of life itself, and ideas the source of innovation, so is innovation the vital spark of all human change, improvement and progress." At the Ohio Department of Aging, we have embraced the reality that we will not meet the needs of our growing and changing aging population by simply doing the same things better. We must courageously seek and adopt new and promising practices if we wish to attain our goal of placing and keeping our state on the leading edge of serving our elders.

We have shifted away from measuring success on the number of services provided and consumers served. Our priority today is to understand how the programs and services we operate and administer impact our consumers. The theme of this State Plan on Aging, and everything we do, is "From Choice to Voice," and reflects our commitment to person-centered care that truly puts the individual at the center of all care decisions and leads to better outcomes, not only for the care recipient, but also for the care providers and Ohio's taxpayers.

In all our policy and program decisions, we ask the same question: "For the sake of what are we doing this?" The answer, invariably, comes down to creating a better life and higher quality of care for our elders. Through innovation and a focus on choice with voice, the Department of Aging and our partners in Ohio's aging network will help ensure that our elders are respected as vital members of society who continue to grow, thrive and contribute.

Bonnie K. Burman, Sc.D.

Definition of an Elder

An elder is a person
Who is still growing,
Still a learner
Still with potential and
Whose life continues to have within it
Promise for and connection to the future
***
An elder is still in pursuit of happiness,
Joy and pleasure
And her or his birthright to these
Remains intact.

Source: Barry Barkan

I - Executive Summary

Improving the Health Outcomes of our Golden Buckeyes

The Ohio Department of Aging's (ODA) 2015-2018 State Plan recognizes a significant culture change in long-term services and supports for elders taking place in in Ohio: moving from "choice" to "voice." ODA is the federally designated state unit on aging and through our state plan we are promoting choice, independence and quality of life for aging Ohioans wherever they call home. Our previous state plan solidified our commitment to giving our elders choices by focusing on person-centered services and providing more opportunities for them to tell us what they value most. With the support of our network partners and administration, we are confident that we will to continue to shape a long-term services and supports system that not only offers our elders choices, but also gives them a true and audible voice in shaping the types and quality of care and services they receive.

In 2011, Governor John R. Kasich built the framework for choice and voice by establishing the Governor's Office of Health Transformation (OHT). The purpose of OHT is to modernize our Medicaid system, improve health outcomes of Ohioans by placing emphasis on person-centered care, and pay for value by engaging private sector partners to set clear expectations for better health outcomes, better care and lower costs through improvement. The administration and OHT have fostered a culture of "agencies without walls." Collaboration, cooperation and innovation between agencies allow Ohio to be forward-thinking and focus on solutions-oriented strategies that transform Ohio into a model of health and economic vitality. ODA fully supports OHT's efforts and has integrated OHT's guiding principles into how we serve and do business.

OHT's Guiding Principles	
Market-Based	Reset the basic rules of health care competition so the incentive is to keep people as healthy as possible.
Personal Responsibility	Reward Ohioans who take responsibility to stay healthy – and expect people who make unhealthy choices to be responsible for the cost of their decisions.
Evidence-Based	Rely on evidence and data to complement a lifetime of experience, so doctors can deliver the best quality care at the lowest possible cost.
Transparent	Make information about price and quality transparent, and get the right information to the right place at the right time to improve care and cut costs.
Value	Pay only for what works to improve and maintain health – and stop paying for what doesn't work, including medical errors.
Primary Care	Transform primary care from a system that reacts after someone gets sick to a system that keeps people as healthy as possible.
Chronic Disease	Prevent chronic disease whenever possible and, when it occurs, coordinate care to improve quality of life and help reduce chronic care costs.
Long-Term Care	Enable seniors and people with disabilities to live with dignity in the settings they prefer, especially their own home, instead of a higher-cost setting like a nursing home.
Innovation	Innovate constantly to improve health and economic vitality – and demonstrate to the nation why Ohio is a great place to live and work.

Fostering Innovation

ODA's mission is: "Ohio is on the leading edge of innovation and is responsive to the growing and changing aging population." We continuously strive to improve the quality of life of our "Golden Buckeyes" and make the lives of our elders better today than they were yesterday. We are leading our network by changing the way we do business and being more strategic in how we develop policy, how we implement programs and how our network serves our consumers.

Historically, we have tracked inputs, outputs and outcomes. We are also now tracking and evaluating the *impact* of our services and supports. Instead of only counting the number of services we provide, or consumers we serve, we now strive to also understand how our programs and services affect our consumers.

To ensure that our network implements programs and solutions that are successful and sustainable, we have developed an approach to innovation and improvement based on IHI Science of Improvement (www.ihi.org) and Rogers' Theory of Innovation (Everett Rogers, Diffusion of Innovations, Fifth Edition 2003, Free Press, NY). The approach helps us assess concepts before implementation, track procedures and processes, and identify best practices. The four steps below help shape our work.

For the sake of what are we doing this?

"So that..."

Step 1: Setting Aims: Improvement requires setting aims. The aim should be time-specific, measurable, and define the specific population, system or entity that will be affected.

How will we know that a change is an improvement?

Step 2: Establishing Measures: Teams use quantitative measures to determine if a specific change actually leads to an improvement.

What innovation can we adopt that will result in improvement?

Step 3: Selecting the Innovation: An innovation is an idea, practice or object perceived as new by the individual or other unit of adoption. Ideas may come from the insights of those who work in the system, from change concepts or other creative thinking techniques, or by borrowing from the experience of others who have successfully improved.

Assessing the innovation

Step 4: Assessing the Innovation: Five characteristics largely determine the innovation's chance of adoption and rate of adoption:

- Relative advantage;
- Simplicity;
- Compatibility with existing values and practices;
- Trialability; and
- Observability.

Linking our Strategic Plan, AAA Area Plans, and our State Plan on Aging

To be responsible and innovative stewards of taxpayer resources, the Ohio Department of Aging strives to serve multiple purposes in all that we do. Our agency's strategic plan drives the development of the state plan and AAA area plans (see Appendix B-7 through B-10). The goals and objectives identified in this state plan have a direct link to our strategic plan goals, and together, the strategic plan and state plan drive us toward our mission.

Strategic Plan Goals

- **ODA and other state agencies integrate elders' needs into their plans and services.**
- **Ohio communities and businesses will design and implement solutions that address the issues, opportunities and impact of an aging population.**
- **Ohioans strive to improve and maintain their health and well-being across the lifespan.**
- **Ohio's long-term care system allows elders and their caregivers to access a wide array of person-centered and well-coordinated services and supports.**
- **ODA is fiscally responsible and an innovative steward of resources.**
- **ODA prepares and builds a responsive statewide infrastructure for Ohio's aging population.**
- **All ODA-administered funding and plans purposefully link to the ODA strategic plan and ensure that outcomes and performance measures drive us toward achieving our ultimate outcome.**

State Plan Goals

- **Intensify reach of ombudsmen to home- and community-based consumers.**
- **Create a person-centered informal caregiver support system.**
- **Develop a sustainable approach to assuring the values and priorities of care recipients are considered and respected.**
- **Equip communities to adapt and respond to the changing needs of people living with dementia.**
- **Encourage all Ohioans to engage in health promotion and disease prevention activities.**

Mission

Ohio is on the leading edge of innovation and is responsive to the growing and changing aging population.

Vision

Elders are respected as vital members of society who continue to grow, thrive and contribute

During the development of our state plan, we identified the five overarching state plan goals above to address in FFY 2015-2018 that will result in increased access to the aging network, services and opportunities for person-centered and person-directed care. Ohio is moving from choice to voice, and we look forward to continuing to evolve in how we serve our Golden Buckeyes. The Department of Aging, working alongside our partners, is poised to create a new culture and a new era of aging in Ohio.

II - Context

Programs and Services

Core Services and a Snapshot of Our Consumers

Older Americans Act (OAA) core services in Ohio mitigate the effects of declining physical health and functioning experienced by frail older adults. In 2013, OAA core services helped more than 283,500 elders. Case management, chore services, congregate and home-delivered meals, personal care and homemaker services provided supports for some of the frailest elders, many of whom are homebound. Still other core services, including transportation, health promotion (preventive health), legal assistance and other community-based services provided added supports for community and social involvement.

Consumer Base

A comparison of Ohio's OAA-funded programs and services between 2012 and 2013 showed that the number of consumers served through the OAA did not change significantly, with the exception of the percentage of minority consumers served. The average consumer is a white female, 60-74 years old, living in a non-rural setting and receiving congregate or home-delivered meals. One out of four consumers has an income below the poverty level. Nearly one-third of those entering the nutrition program are at high nutritional risk.

Consumer Base	2012	2013	Difference
Total consumers	281,472	283,554	1%
Total registered consumers	89,355	88,748	-1%
Minority consumers	18.46%	19.86%	8%
Rural consumers	35.62%	36.60%	3%
Consumers below poverty	26.92%	26.57%	-1%
Consumers with 3+ ADLs	9,077	9,237	2%
Persons at high nutrition risk	25,756	25,990	1%

Source: *Ohio Department of Aging's State Program Report to the U.S. Administration for Community Living*

Nutrition Programs

Ohio provides nearly 90,000 older adults with almost eight million nutritious meals annually. Nutrition services play a role not only in reducing hunger and food insecurity, promoting socialization and addressing the health needs of older adults, but also in helping older adults remain at home in the community. The congregate nutrition program and the home delivered program provide opportunities for social engagement, both for participants and for volunteers who support the programs. For some home delivered meals participants, their meal deliverer may be the only visitor they see, and their interaction helps them maintain a connection to the world around them.

Congregate nutrition settings can be community centers, local restaurants, libraries or college cafeterias. Meals typically are available once a day for five days a week and take various forms, from family style, cafeteria style, restaurant style or tray-based meals. All sites provide nutrition screening, nutrition consultation or education. Assessment of home delivered meals participants includes an evaluation of their kitchens to ensure the most appropriate types of meals are provided.

One of our goals is to offer more meal and delivery options, and address the nutritional care needs of participants.

Ohio Highlights ~ Nutrition Programs

"Selects on Demand" is a program in southwestern Ohio in which participants in a senior apartment complex can choose from more than 30 frozen meal choices delivered via a specialized vehicle. Consumers can pre-select their meals or choose their meals for the week on the spot when the truck visits the complex.

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program (SFMNP) is a popular program that provides $50 worth of coupons that eligible older adults can use to purchase locally grown produce from participating farmers. It provides locally grown produce to assist seniors with their nutritional needs while also supporting local farmers. Ohio is the third-largest recipient of USDA funds to support the SFMNP, and our program has experienced tremendous growth and favor among farmers and participants over the past decade.

Beyond the basic services, many participating farmers' markets or roadside stands have evolved to offer amenities such as convenient places to sit to enjoy a conversation, a "veggie valet" service in which local Boy Scouts troops carry produce to participants' cars, and access to a bus route. In some areas, farmers visit congregate nutrition sites with produce for a "one- stop" shopping event.

ODA's award for 2013 of $1,663,374, with a redemption rate of 97.9%, allowed us to serve 31,061 low-income older adults and support 170 farmers' markets and 313 roadside stands in 45 counties.

Disease Prevention and Health Promotion

Evidence-based Disease Prevention Programs

Evidence-based disease prevention and health promotion programs support health care reform by providing better care, improved health and reduced healthcare costs. These programs significantly improve the health and well-being of participants, helping them maintain their independence. Participants themselves provide many of the ideas and solutions for making lifestyle changes and managing symptoms, and report better quality of life and increased self-confidence in managing health conditions.

Evidenced-based disease prevention programs are offered by all 12 area agencies on aging in Ohio. In collaboration with the Ohio Department of Health, area agencies on aging, local health departments, senior centers and other providers, ODA has put in place a statewide training infrastructure to implement the following programs in Ohio:

HEALTHY U – The Chronic Disease Self-Management Program, Diabetes Self-Management Program, and Chronic Pain Self-Management Program are all programs developed by researchers at Stanford University. Ohio delivers these programs under the HEALTHY U Ohio brand.

- **HEALTHY U: Chronic Disease** treats the whole person by providing person-centered care focused on long-term health conditions that can hinder the ability to remain in the home.
- **HEALTHY U: Diabetes** is specifically tailored to people with type 2 diabetes. The program provides specific activities for improving nutrition, planning meals, monitoring blood sugar, managing sick care and stress, and communicating with health care providers.
- **HEALTHY U: Chronic Pain** addresses conditions such as arthritis, back pain, fibromyalgia, and chronic pain from injuries.

What participants say about evidence-based disease prevention and health promotion programs:

"Now I have [self-management skills], and it's changed my whole life. It's the best program I've seen in years, and I have been looking for some time."

"I learned to how to set personal goals, figure correct portion size, and read food labels. Everything we discussed was useful."

"This class was extremely informative and taught me how to organize and make plans for controlling my diabetes."

"I want to take this class again and learn more!"

Better Choices, Better Health is an online program that helps participants develop self-management skills to better manage their chronic conditions. A Better Choices, Better Health online workshop offers the same great information as the community-based HEALTHY U workshop, but participants join from any computer with an Internet connection, logging in at their convenience. Topics include finding practical ways to deal with pain, fatigue and stress, getting better nutrition, making informed exercise choices and setting personal goals.

A Matter of Balance is an award-winning falls prevention program. A growing number of older adults fear falling and, as a result, limit their activities and social engagements. This can result in further physical decline, depression, social isolation and feelings of helplessness. A Matter of Balance helps participants change their perception of falls by teaching strategies to reduce their fear of falling, increase their physical activity and gain confidence in their ability to prevent falls. Statewide expansion of A Matter of Balance is a key strategy of the state's STEADY U older adult falls prevention initiative.

"Better Choices, Better Health gave me new strategies for keeping depression and pain at bay, ways to relax my mind and body, and eye-opening ideas about exercise that I could do."

"I'm picking up my feet more when I walk. I'm not trying to carry all my groceries at once into my home. I'm using a cane more when I walk on my lawn. I'm turning on more lights as I travel in my home."

"I'm already noticing a difference in my physical being. I'm sure I'm a little more mobile than I had been, and plan to continue these exercises. Hopefully, I'll be jumping over the moon - soon!"

These innovative programs are attractive to potential participants and funders, and create powerful partnerships at the state, regional and local levels with various organizations, including health care providers. During this state plan period, we will continue to recruit organizations to pay for or provide these services. The proven outcomes will help private partners save money on health care expenses, and the additional sources of funding will help drive innovation in the programs. These programs are supported with limited OAA

funds. In addition, grant funds are used as seed money to promote a flexible service system that is client-centered and promotes health and wellness.

Community-based Care Transitions Program (CCTP)

Ten out of Ohio's 12 area agencies on aging have received Community-based Care Transitions Program (CCTP) grants from the Centers for Medicare & Medicaid Services (CMS) to reduce avoidable hospitalizations. All area agencies provide Dr. Eric Coleman's evidence-based Care Transitions Intervention (CTI) to eligible consumers. We have worked at the state level to help support the work of the area agencies by forming the Ohio Care Transitions Collective. The collective meets quarterly to share best practices and lessons learned, as well as provide program updates. The collective also works to identify new practices that help the program to remain sustainable and viable in the network.

STEADY U Ohio

On behalf of the Governor's Office, The Ohio Department of Aging is leading STEADY U Ohio, a statewide initiative aimed at reducing falls. The STEADY U Ohio website (www.steadyu.ohio.gov) is a one-stop source of falls prevention tools and information. STEADY U Ohio strengthens existing falls prevention efforts; provides physicians with resources and falls risk assessments; encourages businesses, healthcare, long-term care facilities and communities to make environmental changes that reduce falls risks; and expands the evidence-based program for older adults, A Matter of Balance. Currently, ODA is teaming up with more than 25 state partners to engage community members and encourage people to find and embrace their role in preventing falls across Ohio.

Aging and Disability Resource Network

Ohio has built its Aging and Disability Resource Network (ADRN) with the area agency on aging as the lead in each of Ohio's 12 regions. Our collaborative model focuses on building and strengthening partnerships between the aging network and organizations that serve individuals with disabilities to streamline and simiplify access to services for those in need. Ohio's 11 centers for independent living (CILs) are partners in each region, along with county boards of developmental disabilities, county boards of mental health and addiction services, county councils on aging, community action agencies, hospitals and health departments. While the partners in each regional ADRN vary, the result is a network of organizations sharing a common purpose of connecting individuals to services they need.

The ADRN has been identified as the infrastructure to support Ohio's implementation of the Centers for Medicare & Medicaid Services (CMS) Balancing Incentive Program (BIP). BIP will build on the partnerships in each community to support the required Level 1 screening, Level 2 assessment and other requirements for BIP implementation.

Elder Rights

The Office of the State Long-term Care Ombudsman works on behalf of consumers to resolve nearly 9,000 annual complaints about providers and services. Ombudsmen are the only connection many consumers have to an individual who is not a care provider. They help consumers select long-term care providers, offer information about benefits and consumer rights, and make regular visits to consumers

of long-term services and supports. Ohio's certified ombudsman representatives are experts on person-centered care, and they empower consumers and families to expect excellence. They work to make sure the rights of consumers are upheld. The office coordinates the Ohio Person-Centered Care Coalition, which is comprised of providers, consumers and government agencies working together to influence and support culture change in long-term services and supports.

Ohio has more than 2,300 facility-based long-term care providers, and the ombudsman program strives to conduct quarterly visits with each home. The state ombudsman office is working to recruit volunteer ombudsman associates to intensify the office's reach into home- and community-based services. Ten of the 12 regional ombudsman programs are transition coordinators for Ohio's Money Follows the Person demonstration project. They have helped more than 1,000 nursing home residents return to the community. The project also has been a significant source of revenue, which is being used to increase ombudsman presence with consumers.

ODA is dedicated to ending and ultimately preventing the abuse, neglect and exploitation of elders, an issue that impacts the lives of thousands of older adults in Ohio. The state ombudsman and legal service developer participate in state-level elder justice activities. Through involvement on the Ohio Attorney General's Elder Abuse Commission, the Supreme Court's Adult Guardianship Subcommittee and other efforts, ODA focuses on prevention while advocating for an adequate system of adult protective services. The department also has a seat on the Ohio Senior Medicare Patrol Advisory Council, which focuses on reducing Medicare fraud, and the state ombudsman is a member of the Ohio Coalition for Adult Protective Services. With their one-to-one contact with elders, our regional ombudsman programs are at the forefront of ending and preventing elder abuse, neglect and exploitation. Title VII prevention funding supports their work on local collaboration and training.

Supportive Services

Consumer-directed Services

Consumer-directed services are long-term care services that help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal care services and supports works best for them. Providers can be agency or non-agency professional caregivers or individual providers such as friends, neighbors or relatives. The consumer is the "employer of record" for individual providers and is responsible for hiring, firing and training. A financial management service assists the consumers with the financial aspects of managing their care, including completing all necessary tax forms and payroll duties for the workers.

ODA promotes consumer-directed services for older Ohioans through services in the PASSPORT Medicaid waiver and the OAA-funded program. We support the area agencies on aging in the development of veterans-directed services through their partnership with the Veterans Administration. We also work closely with the Ohio Departments of Medicaid and Developmental Disabilities to develop consumer-directed services in a consistent manner to participants in each department's waiver programs.

Consumer Involvement

Elders are encouraged to be their own best advocates by participating in public hearings on aging issues, holding seats on advisory councils to the area agencies on aging and organizing grassroots efforts to improve legislation and policy. More importantly, OAA programs give Ohio's elders many opportunities to take personal responsibility for their health and to contribute financially toward the services they receive, resulting in more resources for the system.

Emergency Preparedness

In 2013, to better support the needs of Ohio's elders and vulnerable populations, ODA began participating in all Ohio Emergency Management Agency CAS-level briefings. As needed, we inform and activate area agencies on aging and aging network providers. ODA staff and the State Long-term Care Ombudsman support emergency support functions 6 (mass care) and 8 (health care).

During the past two years ODA and Ohio's aging network responded to a range of disasters and emergencies, including heat waves, blizzards, flooding, tornados, ice storms, high winds, water emergencies, and propane shortages. In addition to facilitating local aging network support, we worked with sister state agencies and partners to activate "check on your neighbor" campaigns and promote "knock and talk" efforts to provide wellness checks.

In 2013, ODA worked with the Ohio Association of Area Agencies on Aging to host a pre-conference session on disaster preparedness at their annual conference. During the past year, ODA made preparedness presentations at several nursing homes and assisted living association events. In 2014, ODA, in conjunction with Miami University's Scripps Gerontology Center and Ohio Department of Health, added a preparedness module (e.g., energy source for heating, back-up generators, emergency stores, participation in local planning efforts) to Ohio's annual survey of long-term care facilities. In May 2014, ODA participated in a functional needs summit hosted by the Ohio Emergency Management Agency.

Transportation and Mobility

Transportation helps us participate in daily activities that enhance our quality of life, as well as access resources that are essential to our health and well-being. As our population ages and the number of older drivers increases, the safety of every driver and passenger on Ohio roadways becomes a greater concern. Safe driving involves knowledge and experience, as well as physical and cognitive ability. For many older Ohioans and their families, the choice to "hang up the keys" is a difficult and emotional one. Having transportation options available can ease these emotions and help families make the best decisions.

Ohio communities large and small are struggling to meet the transportation needs of elders and people with disabilities. In June 2014, ODA and local area agency on aging partners will host four regional community forums to share and promote best practices with community leaders to assist them to meet the transportation needs of elders and persons with disabilities living in their respective communities. Best practices models include: ITNAmerica®, Area Agency on Aging Mobility Management Programs, Beyond Driving with Dignity and local best practices.

Caregiver Support

Alzheimer's Disease Supportive Services Program

ODA currently is working on three initiatives funded by the Administration on Community Living's ***Alzheimer's Disease Supportive Services Program*** (ADSSP). The aim of the ADSSP is to deliver supportive services, translate evidence-based models that have proven beneficial for people with Alzheimer's disease and related dementias and their family caregivers into community-level practice, and advance state initiatives toward coordinated systems of home- and community-based care. Projects include:

Reducing Disabilities in Alzheimer's Disease (RDAD) was developed by researchers at the University of Washington and has been refined and taken to scale in Ohio through a partnership among ODA, seven Alzheimer's Association chapters serving Ohio and the Benjamin Rose Institute on Aging. In the program, people with Alzheimer's disease and related dementia who live at home receive exercise training while

their family caregivers receive simultaneous training about management of behavioral symptoms. The program currently is offered by five of Ohio's seven Alzheimer's Association chapters. Ohio refinements and additions include booster sessions, group sessions, and home health implementation. Ohio achieved its participation goal by serving more than 1,400 individuals. In addition to families reporting being very satisfied with the program, families who received more targeted exercise training saw improvement in caregiver strain and physical functioning of the person with Alzheimer's disease or related dementia, and those who received more targeted behavior management had fewer unmet needs after three months.

Support, Health, Activities, Resources and Education (SHARE) is a project to evaluate the feasibility, acceptability and efficacy of the revised Early Diagnosis Dyadic Intervention (EDDI-II), a seven-session preventive psychosocial "promising practice" found to benefit both the individual with early-stage dementia and family caregiver. Over the three-year project period SHARE, a partnership among ODA, Benjamin Rose Institute on Aging, Pennsylvania State University, Alzheimer's Association chapters and area agencies on aging serving northern Ohio, served 250 individuals. To date, families and Alzheimer's Chapter staff are very enthusiastic about the positive impact from SHARE. Chapters are very interested in working to find ways to continue to offer SHARE to their families once current Federal funding has ended. In April 2012, in collaboration with FIT Interactive, LLC, our project team submitted a grant application to the National Institute on Aging through the Small Business Innovation Research Program (SBIR) and received an award to create an electronic version of the SHARE Training and Intervention materials.

Partners in Dementia Care (PDC): A Dementia Capable System of Care for Ohio Veterans and their Caregivers enrolled its first participants in March 2013. Funded by ADSSP through funding from the federal Administration for Community Living's Systems Integration Grant, PDC establishes a formal working partnership between VA Medical Centers and community service organizations. The evidence-based care coordination program creates an integrated system of care that includes primary and specialty health care services from the VA and the full range of community-based health, social and support services from the aging network. Sites in Cleveland and Akron are implementing the partnership model and have begun to deliver PDC care coordination to 200 veterans and their family caregivers. ODA's partners include the Benjamin Rose Institute on Aging, Western Reserve Area Agency on Aging, East Ohio Alzheimer's Association Chapter and the Cleveland VA Medical Center.

An overarching goal of all three of Ohio's ADSSP Initiatives is program sustainability, replication and dissemination. ODA and its project partners are exploring funding options and strategies, and developing tool kits to support replication of these programs at both the organizational and state levels. To support these efforts, the Benjamin Rose Institute on Aging is exploring the creation of a center for evidence-based programs and policies.

Lifespan Respite

In 2011, the U.S. Administration on Aging awarded ODA, the Ohio Respite Coalition, the Ohio Family and Children First Council and other partners a three-year Lifespan Respite Initiative grant to better coordinate existing state respite services and develop additional services to support the growing number of family caregivers across the lifespan. Building on the information gathered during statewide respite summits, ODA awarded a total of $60,000 in competitive mini-grants to four existing volunteer respite programs to expand their programs. In addition to expanded respite services, ODA will use the infrastructure information to create an Ohio-centric volunteer respite manual, which will provide proven models of successful programs for any organization interested in forming a volunteer respite program.

National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) and state Alzheimer's respite funds provide information and assistance, individual counseling, organization of support groups, caregiver training and respite services to family members and others who care for and assist frail elders in the community. These services help keep the caregivers healthy while OAA services keep care recipients in their homes and communities. Having established caregiver support services statewide, NFCSP is moving toward outcome-based assessment of caregiver needs, with an emphasis on consumer input and choice. In 2014, the Administration for Community Living will conduct a national evaluation of NFCSP. ODA will use results from the survey to further guide the development and growth of the program.

Civic Engagement

Senior Community Services Employment Program

Ongoing workforce demographic changes present Ohio with both challenges and opportunities. Through 2018, Ohio will see a substantial decrease in a prime working age group: those age 45-54. The 25-34 age group is expected to grow, but not enough to offset the decline. As the 55 and older cohort increases, workers from this age group may be needed to fill shortages. ODA recognizes that our elders have talents and skills to offer that will help us to achieve our statewide goals. Older workers will require a variety of personal and occupational skills to help Ohio employers compete in a global economy.

In SFY 2013, ODA worked with the Ohio Office of Workforce Transformation to include the Senior Community Service Employment Program (SCSEP) in Ohio's Integrated Workforce Plan for program years 2012-2016. SCSEP is a paid community service and work program for income-eligible job seekers age 55 and older. The program provides service-based training at local non-profit organizations. Participants provide 20 community service hours per week to prepare themselves for unsubsidized employment. ODA collaborates with SCSEP providers across the state to promote overall system changes that help participants and all older workers continue to grow, thrive and contribute to Ohio's economy and workforce.

In the spring of 2013, ODA collaborated with researchers at Scripps Gerontology Center at Miami University and Mature Services, Inc., a SCSEP provider, to develop strategies to use SCSEP to support another important state service, the Office of the State Long-term Care Ombudsman. One strategy is recruitment of SCSEP participants to be trained to serve as ombudsman associates to support the expansion of ombudsman services to home settings.

Senior Corps

During 2012-2013, more than 16,000 older Ohioans contributed their time and talents in one of three Senior Corps volunteer programs. Foster Grandparents served as tutors and mentors to more than 3,700 young people who have special needs. Senior Companions helped more than 1,300 homebound seniors and other adults maintain independence in their own homes. Retired and Senior Volunteer Program (RSVP) volunteers conducted safety patrols for local police departments, protected the environment, tutored and mentored children, responded to natural disasters and provided other services through more than 1,700 groups across Ohio.

In spring 2013, ODA partnered with the Ohio Department of Education to connect elders in RSVP with Project MORE, an evidence-based volunteer reading mentoring program. Volunteers help schools ensure at-risk students are on track for reading success. In return, they benefit from the intergenerational relationships they build and can teach the children they mentor about the importance of community

service, healthy choices and prevention for a long, productive life. The pilot included partnerships with five RSVP project sites and will be expanded statewide in fall 2014. They are also supporting Project MORE deployment in the schools that serve Ohio's Juvenile Correction Facilities.

Ohio's 2014-2015 budget included language that requires Senior Corps programs that receive state subsidy funds to support priorities established by ODA and the state office of the Corporation for National and Community Service. This language helps programs meet national performance measures and ensures that they address priorities and needs critical to Ohio, such as Project MORE.

Special Projects

Ohio's Unified Prevention and Long-term Care System Initiative

Ohio was one of four states awarded Systems Integration Grant funds from the Administration for Community Living. The three-year, $3.2 million initiative will ensure that older adults, individuals with disabilities and family caregivers have access to a system of person-centered services that can help them remain independent and healthy in the community. Many of the projects undertaken as part Ohio's System Integration Initiative are noted throughout this state plan.

Coordinate the integration of a statewide set of programs that includes a single entry point with no wrong door access for individuals.

- Balanced Incentive Program (BIP) universal assessment tool and data elements
- HEALTHY U, caregiver support and disaster preparedness added to Ohio Benefit Bank
- Care transitions support

Implement disability, dementia, veteran-capable, person-centered care, and elder abuse awareness strategies.

- Partnerships with state Alzheimer's Association chapters
- Elder abuse prevention (e.g., compendium of trainings and resources, My Care Ohio Integrated Care Delivery System)
- OSU Nisonger Center "Ohio Disability and Health Program"
- Veterans-directed home- and community-based services expansion

Ensure access to a comprehensive, sustainable set of high-quality services relevant to the population residing in the state's service area.

- Evidence-based prevention and disease self-management expansion
- Respite Feasibility Project
- Rural Health Prevention Strategy – St. Clair Commons
- Sustainability and community engagement, outreach and marketing (e.g., "Unleash Your Power: Be a Golden Buckeye" branding, STEADY U Ohio initiative)
- Volunteer development (e.g., Project MORE, Integrated Transportation Network, Ombudsman Associate recruitment, university/college engagement)
- Ohio Internships in Aging Program
- National Core Indicators Project

III - Goals, Objectives, Strategies and Outcomes/Impact

Ohio's Strategic Goals FFY 2015 - 2018

To develop Ohio's State Plan on Aging, ODA consulted with our partners and stakeholders, including the Ohio Association of Area Agencies on Aging and the Ohio Advisory Council for Aging. We developed five goals that embrace person-centered and person-directed approaches to improve services and health outcomes. We solicited public comment via our website, social media and stakeholder outreach.

Goal 1: Intensify reach of ombudsmen to home- and community-based consumers.

State Plan Link

- Focus Area D: Elder Justice

ODA Strategic Plan Link

- Ohio's long-term care system allows elders and their caregiver to access a wide array of person-centered and well-coordinated services and supports.
- ODA will prepare and build a responsive statewide infrastructure for Ohio's aging population.

Strategies:

1. Rebuild the ombudsman training curriculum to reflect the needs of those residing in the community.
2. Design an outreach plan that will increase the visibility of the role of the ombudsman.

Objectives for Strategy #1

- **October 2014 –** Implement new ombudsman training curriculum.
- **October 2014 –** Train first cohort of ombudsmen using the new curriculum.

Objectives for Strategy #2

- **September 2014 –** Distribute volunteer recruitment and ombudsman outreach materials.
- **July 2015 –** Update policies and guidance to reflect the broader and intensified reach of the Office of the State Long-term Care Ombudsman.

Outcomes/Impact:

- Increased number of individuals receiving home- and community-based services will know how to contact the State Long-term Care Ombudsman and volunteer ombudsmen.
- Increased number of individuals receiving home- and community-based services will know the role of an ombudsman.
- 50 percent increase in the number of volunteer ombudsmen.
- Increased number of home care complaints will be received, with an achieved 70 percent resolution rate.
- 50 percent of reported complaints will be received from home- and community-based consumers.
- Consumers expect excellence.

Goal 2: Create a person-centered informal caregiver support system.

State Plan Link

- Focus Area C: Participant-directed/Person-centered Planning

ODA Strategic Plan Link

- Ohio's long-term care system allows elders and their caregiver to access a wide array of person-centered and well-coordinated services and supports.
- ODA will prepare and build a responsive statewide infrastructure for Ohio's aging population.
- Ohio communities and businesses will design and implement solutions that address the issues, opportunities and impact of an aging population.
- Ohioans strive to improve and maintain their health and well-being across the lifespan.

Strategies:

1. Create an Ohio Preferences for Everyday Living Inventory (O-PELI) for caregivers.
2. Include a caregiver assessment in the Social Assistance Management System (SAMS) for OAA programs that mirrors the Universal Assessment Tool.
3. Develop new partnerships and strengthen existing partnerships (e.g., Alzheimer's Association, Employee Assistance Program).
4. Inventory current caregiver programs and services.
5. Complete a survey or needs assessment to build off the needs of caregivers.
6. Build awareness through the launch of a public campaign to educate the public about what a caregiver is and what services are available.

Objectives for Strategy #1

- **July 2015 –** Develop questions for Caregiver O-PELI that address preferences of caregivers.
- **July 2016 –** Pilot Caregiver O-PELI.
- **July 2017 –** Implement Caregiver O-PELI.
- **July 2018 –** Evaluate Caregiver O-PELI.

Objectives for Strategy #2

- **January 2015 –** Refine the caregiver assessment tool for implementation in the SAMS system.
- **February 2015 –** Create a policy regarding expectations for using the caregiver assessment tool.
- **April 2015 –** Add the caregiver assessment tool to SAMS system.
- **May 2015 –** Conduct caregiver assessment tool training for area agencies on aging.
- **July 2015 –** Launch the caregiver assessment tool as part of area agency on aging assessment process.
- **December 2015 –** Evaluate caregiver assessment tool.

Objective for Strategy #3

- **July 2018 –** Identify and build five public-private partnerships (e.g., Rotary clubs, first responders, physicians) to expand the reach of the aging network.

Objective for Strategy #4

- **August 2014 –** Release a report to area agencies on aging to educate staff about caregiver services across Ohio.

Objectives for Strategy #5

- **October 2014 –** Craft survey/needs assessment questions about caregiver needs and services to identify potential changes to be made to the system.
- **April 2015 –** Launch survey/needs assessment regarding caregiver needs and services.

Objectives for Strategy #6

- **January 2016 –** Develop a caregiver toolkit to equip communities with research and evidence-based practices that will improve outcomes of caregivers.
- **April 2016 –** Launch a caregiver awareness campaign to educate the public about caregiver needs and available services.
- **April 2016 –** Distribute caregiver toolkits to communities to equip them with research and evidence-based practices that will improve outcomes of caregivers.

Outcomes/Impact:

- Increased awareness about what a caregiver is.
- Increased awareness about available caregiver services across Ohio.
- Increased number of caregivers who receive services.
- Reduced number of caregivers experiencing burden and stress.
- Improved health outcomes of caregivers.

Goal 3: Develop a sustainable approach to assuring the values and priorities of care recipients are considered and respected.

State Plan Link

- **Focus Area C –** Participant-directed/Person-centered Planning

ODA Strategic Plan Link

- ODA and other state agencies integrate elders' needs into their plans and services.
- Ohio communities and businesses will design and implement solutions that address the issues, opportunities and impact of an aging population.
- Ohio's long-term care system allows elders and their caregiver to access a wide array of person-centered and well-coordinated services and supports.
- ODA is fiscally responsible and an innovative steward of resources.
- ODA will prepare and build a responsive statewide infrastructure for Ohio's aging population.
- All ODA-administered funding and plans purposefully link to the ODA strategic plan and ensure outcomes and performance measures drive us toward achieving our ultimate outcome.

Strategies:

1. Assure that nutrition and dining are an integral part of individualized living.
2. Develop the Ohio Preferences for Everyday Living Inventory (O-PELI) for long-term care consumers.
3. Create policy that reflects our goal of assuring the values and priorities of care recipients are considered and respected.
4. Ensure a reimbursement system that reflects our goal of assuring the values and priorities of care recipients are considered and respected.

Objectives for Strategy #1

- **July 2018 –** Create a specific waiver for a person-centered meal program that focuses on empowering the consumer to select alternative meals.
- **January 2018 –** Work with area agencies on aging to develop partnerships with restaurant chains for a place where those less fortunate can dine with client's choice (e.g., Panera Cafés available throughout service regions to provide meals for consumers offering choices).

Objectives for Strategy #2

- **June 2014 –** Pilot O-PELI with three area agencies on aging.
- **July 2014 –** Scripps Gerontology Center researchers make on-site visits to observe O-PELI implementation and discuss use with care managers and providers.
- **August 2014 –** Scripps researchers hold two focus groups with care managers and providers to discuss O-PELI items and their use in care planning.
- **October 2014 –** Scripps modifies O-PELI tool based on feedback received.
- **November 2014 –** ODA and Scripps develop final training for data collection and use of O-PELI for statewide implementation.
- **November 2014 –** Scripps develops evaluation plan for statewide O-PELI implementation.
- **December 2014 –** Scripps and ODA hold training session about how to use the O-PELI tool in practice.
- **January 2015 –** Implement O-PELI statewide.

Objectives for Strategy #3

- **January 2015 –** Develop a review process to determine if current ODA rules and policies reflect that the values and priorities of care recipients are considered and respected.
- **January 2016 –** review current ODA rules and policies for expected measure of reflection of the values and priorities.
- **June 2016 –** Update guiding documents that are in need of revision to reflect expectations.
- **December 2016 –** Train stakeholders regarding expectations of person-centered care.

Objective for Strategy #4

- **July 2017 –** Develop a method to incentivize providers and area agencies on aging to implement activities that reflect that the values of care recipients are considered and respected.

Outcomes/Impact:

- Increased consumer satisfaction with meals due to more available meal options.
- Increased consumer satisfaction with programs and services.
- Creation of a standard method to measure reflection of the values and priorities in our guiding documents.
- A shared understanding of the network's definition and expectations of person-centered care.
- Increased numbers of providers offering Ohio's definition of person-centered care.
- Increased number of consumers receiving Ohio's definition of person-centered care.

Goal 4: Equip communities to adapt and respond to the changing needs of people living with dementia.

State Plan Link

- **Focus Area B—**ACL Discretionary Grants (ADSSP)

ODA Strategic Plan Link

- ODA and other state agencies integrate elders' needs into their plans and services.
- Ohio communities and businesses will design and implement solutions that address the issues, opportunities and impact of an aging population.
- Ohio's long-term care system allows elders and their caregiver to access a wide array of person-centered and well-coordinated services and supports.
- ODA is fiscally responsible and an innovative steward of resources.
- ODA will prepare and build a responsive statewide infrastructure for Ohio's aging population.
- All ODA-administered funding and plans purposefully link to the ODA strategic plan and ensure outcomes and performance measures drive us toward achieving our ultimate outcome.

Strategies:

1. Develop new partnerships and strengthen existing partnerships.
2. Create education, training and certification opportunities (e.g., colleges/universities, banks, retailers, human resource industry).
3. Identify best practices.
4. Identify a reimbursement system that reflects our goal of communities adapting and responding to the changing needs of people living with dementia.

Objectives for Strategy #1

- **December 2014 –** Develop a memorandum of understanding with the Ohio Council of Alzheimer's Associations that outlines our shared vision and commitment to a dementia-capable Ohio.
- **December 2015 –** Develop private partnerships to support the implementation of the Music and Memory program in six regions of the state.

Objectives for Strategy #2

- **December 2016 –** Identify and offer training opportunities within the dementia-capable training infrastructure to at least two previously unreached partners.
- **July 2015 –** Develop an infrastructure to support expansion of the Music and Memory program in home- and community-based settings in six regions of the state.

Objectives for Strategy #3

- **January 2015 –** Develop a survey tool that captures dementia-specific initiatives in place across the state and disseminate it through the Ohio Association of Gerontology and Education (OAGE), the aging network, and others.
- **December 2015 –** Develop a dementia-capable location on the ODA website to house dementia-capable best practices.

Objective for Strategy #4

- **July 2015 –** Advocate for restoration of the Alzheimer's respite line item in the state biennial budget to SFY 2011 levels ($4,131,595) in order to support Ohio's dementia capable goals.

Outcomes/Impact:

- Communities and organizations will understand how they can support individuals with dementia.
- Ohio will support individuals with dementia and their caregivers through an array of services.
- Ohio will demonstrate its commitment to making the state dementia capable.
- Music and Memory will be available in community-based settings.
- Individuals with dementia will have their voices heard.

Goal 5: Encourage all Ohioans to engage in health promotion and disease prevention practices.

State Plan Link

- **Focus Area A—**Older Americans Act Core Programs, Evidence-based Disease Prevention Programs

ODA Strategic Plan Link

- Ohioans strive to improve and maintain their health and well-being across the lifespan.
- ODA is fiscally responsible and an innovative steward of resources.
- ODA will prepare and build a responsive statewide infrastructure for Ohio's aging population.
- All ODA-administered funding and plans purposefully link to the ODA strategic plan and ensure outcomes and performance measures drive us toward achieving our ultimate outcome.

Strategies:

1. Increase availability of and educate consumers about the accessibility of evidence-based health promotion and disease prevention programs.
2. Create a policy to encourage people to engage in health promotion and disease prevention practices.
3. Identify and develop reimbursement streams.
4. Integrate evidence-based health promotion and disease prevention programs into care plans of state waiver and Older Americans Act consumers.

Objectives for Strategy #1

- **July 2014 –** Host/sponsor A Matter of Balance Master Training to increase the number of regions in Ohio that offer the evidence-based falls prevention program.
- **July 2018 –** In conjunction with the Ohio Department of Health and YMCAs, develop recommendations for evidence-based chronic disease and diabetes self-management education programs for key stakeholders (e.g., health care providers, insurers, state government) that include program elements, desired outcomes, evaluation methods and reimbursement methods.

Objectives for Strategy #2

- **February 2015 –** Develop a statewide collaborative focused on community engagement regarding health promotion and disease prevention.
- **July 2016 –** Implement a policy encouraging enrollment in health promotion and disease prevention programs.
- **September 2016 –** Implement a policy requiring PASSPORT Administrative Agencies to document in PIMS and care plans that they have spoken with consumers about health promotion and disease prevention programs that are being provided and offered in their area.

Objectives for Strategy #3

- **February 2015 –** Develop a statewide collaborative focused on community engagement regarding health promotion and disease prevention.
- **July 2016 –** Our partners at OPERS will provide full reimbursement for HEALTHY U participants.
- **April 2018 –** Convene key stakeholder and potential partners to identify potential reimbursement streams for participation in A Matter of Balance.

Objectives for Strategy #4

- **December 2015 –** Provide recommendations to Medicaid waiver committees regarding the implementation of health promotion and disease prevention assessments.

Outcomes/Impact:

- Increased participant enrollment in evidence-based health promotion and disease prevention programs.
- Improved health outcomes.
- Sustainable health promotion and disease prevention programs embedded into aging network services.

IV - Quality Management

ODA will treat the State Plan on Aging as a living document. We will review this document as we work toward achieving the goals laid out in our state plan. As time progresses, we will compare the work we have completed to the work currently addressed in the state plan. It is possible that strategies may change during the course of our planning period. Should this happen, we will update our state plan and send it to ACL for approval. We highly value continuous quality improvement and see the State Plan on Aging as a tool to help us in this effort.

Appendix A

FY 2015 State Plan Guidance

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views ofrecipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging

will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will-
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging 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.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging 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, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in 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.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title

will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Provide assurances that funds received under this title will be used-
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division
(A) will be subject to specific restrictions and regulations promulgated under the Legal Services

Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area-

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals

in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will-
(A) identify individuals eligible for assistance under this Act, with special emphasis on
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization beca"!-lse of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a)

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
(22) If case management services are offered to provide access to supportive services, the plan shall

provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made-
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill ajob opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of

this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3-
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order

Sec. 307(a) STATE PLANS

(l)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(l 1), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures,

to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency-
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agcncys or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

_____ _____
Signature and Title of Authorized Official Date

Appendix B

FY 2015 State Plan Guidance Attachment B
Information Requirements

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

ODA addresses this section as part of the assurances included in each AAA's Strategic Area Plan (see attachment 305.a.2.E). The area plan also includes an exhibit specific to targeting underserved populations wherein the AAA is required to indicate how preference is given to underserved consumer groups (see attachment 305.a.2.E). In further support of this requirement, each year our agency incorporates various portions of the assurances into our monitoring tool. The tool is forwarded to each AAA, which must provide details indicating how preference is given.

Please see attachment 305.a.2.E – Targeting Underserved Populations" & "PY2015-2015 Strategic Area Plan Assurances, at the end of this section.

Section 306(a)(l 7)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

ODA participates in all Ohio Emergency Operations Agency CAS 1 level briefings, including informing and, as needed, activating area agencies on aging and aging network providers. ODA staff and the State Long-term Care Ombudsman support Emergency Support Functions 6 (Mass Care) and 8 (Health Care). ODA also serves on the Safe Ohio Assessment Team and is, as needed, deployed to support local disaster response and recovery efforts across the state.

During the past two years ODA and Ohio's aging network responded to a wide-range of disasters and emergencies, including Heat Waves, Blizzards, Flooding, Tornados, Ice Storms, High Winds, Water Emergencies, and Propane Shortages. In addition to facilitating local aging network support, ODA works with sister state agencies and partners to activate "check on your neighbor" campaigns and promote "Knock and Talk" efforts to provide wellness checks.

ODA and AAA staff make numerous presentations each year to long-term care , aging network and emergency management provider associations on disaster preparedness, response and recovery. In 2013, ODA worked with the Ohio Association of Area Agencies on Aging to host a pre-conference session on Disaster Preparedness in conjunction with their annual conference. During the past year ODA made preparedness presentations at several nursing home and assisted living association events. In May 2014, ODA will participate in a Functional Needs Summit hosted by the Ohio Emergency Management Agency (OEMA).

In 2014, ODA in conjunction with Scripps Gerontology Center and Ohio Department of Health added a preparedness module (e.g., energy source for heating, back-up generators, emergency stores, participation in local planning efforts) to Ohio's annual survey of long-term care facilities.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.)

As part of the Strategic Area Plan each AAA is required to demonstrate its allocation of the required five percent for access, in-home, and legal assistance. This data is then captured on a budget page included in the area plan. Additionally, our agency has a policy for AAA's specific to priority services that further support the minimum requirements.

Please see attachment 307.a.2– Policy 205-Priority Services, at the end of this section.

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

Please see attachment 307.a.3.B.i – MOE, at the end of this section.

(ii) identify,for each.fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

Please see attachment 307.a.3.B.ii – Rural, at the end of this section.

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

As part of the preparation for developing a Strategic Area Plan, each AAA is required to conduct public hearings and a needs assessment to determine where gaps exist in the planning and service area. The information must be documented and forwarded to our agency along with the plan.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Our agency addresses this requirement through the AAA Strategic Plan assurances along with Ohio's Intrastate Funding Formula (IFF) for Title III. Each AAA is allocated a base grant. After base and administrative funds are removed, the balance of Title III funding to each AAA is based on

population factor weights. The IFF includes a factor specific to rural areas which requires that a percentage of funds be allocated to rural areas.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared-

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency;

According to The 2012 American Community Survey (ACS) the poverty statistics are as follows;

Poverty by Age Group

Age 55-64	10.2%
Age 65-74	7.8%
75 and Over	8.3%

Ability to Speak English among Persons Age 60 Years or More in Ohio, 2012 is 0.9%.

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

This section is addressed as part of the assurances included in each AAA's Strategic Area Plan (see attachement 305.a.2.E). The plan also includes a section specific to targeting minority individuals with Limited English Proficiency. Within the section, the AAA is required to indicate how preference is given to this consumer group (see exhibit). In addition, each year our agency incorporates various portions of the assurances into its monitoring tool. The tool is forwarded to each AAA who must provide details indicating how preference is given.

See attached documents "Targeting Underserved Populations" & "PY2015-2015 Strategic Area Plan Assurances."

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (title III), if applicable, and specify the ways in which the State agency intends to implement the activities .

This assurance is not applicable to the state of Ohio.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

ODA participates in all Ohio Emergency Operations Agency CAS 1 level briefings, including informing and, as needed, activating area agencies on aging and aging network providers. ODA staff and the State Long-term Care Ombudsman support Emergency Support Functions 6 (Mass Care) and 8 (Health Care). ODA also serves on the Safe Ohio Assessment Team and is, as needed, deployed to support local disaster response and recovery efforts across the state.

During the past two years ODA and Ohio's aging network responded to a wide-range of disasters and emergencies, including Heat Waves, Blizzards, Flooding, Tornados, Ice Storms, High Winds, Water Emergencies, and Propane Shortages. In addition to facilitating local aging network support, ODA works with sister state agencies and partners to activate "check on your neighbor" campaigns and promote "Knock and Talk" efforts to provide wellness checks.

ODA and AAA staff make numerous presentations each year to long-term care , aging network and emergency management provider associations on disaster preparedness, response and recovery. In 2013, ODA worked with the Ohio Association of Area Agencies on Aging to host a pre-conference session on Disaster Preparedness in conjunction with their annual conference. During the past year ODA made preparedness presentations at several nursing home and assisted living association events. In May 2014, ODA will participate in a Functional Needs Summit hosted by the Ohio Emergency Management Agency (OEMA).

In 2014, ODA in conjunction with Scripps Gerontology Center and Ohio Department of Health added a preparedness module (e.g., energy source for heating, back-up generators, emergency stores, participation in local planning efforts) to Ohio's annual survey of long-term care facilities.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

ODA serves on OEMA committees to develop, update and exercise various State preparedness, response and recovery plans. Currently, ODA staff is involved in updating the State's Emergency Support Function 14 (Recovery) Housing, and Health and Human Services Recovery Plans.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

The Office of the State Long-Term Care Ombudsman is established in Ohio law and is governed by rules 173-14-01 through 173-14-27 of the Ohio Administrative Code. The State Ombudsman's designated staff conduct Designation & Service Reviews to assure compliance with statute and rules that are congruent with the requirements of this subtitle.

The Elder Rights Division includes legal services development activities and coordinates with legal services and ombudsman programs to ensure the needs of older Ohioans are met.

The Department and the State Ombudsman are both represented on the Ohio Elder Abuse Commission and the Ohio Supreme Court's Subcommittee on Adult Guardianship. Elder abuse prevention funds are awarded to regional long-term care ombudsman programs to conduct presentations, participate in local coalitions, and educate consumers about elder abuse risks and prevention.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

This assurance is not applicable to the state of Ohio.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

The Elder Rights Division of the Department, regional ombudsman programs, and AAAs provide information and assistance to individuals to access benefits and exercise their rights. Many Area Agency on Aging staff around the state are certified Ohio Benefits Bank counselors.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter,

State General Revenue Funds as well as Ombudsman Bed Fee funds are allocated to regional ombudsman programs by formula. Title VII funds are not used to supplant funds under this subtitle. Regional ombudsman programs are required to submit budgets to the State Ombudsman and they are reviewed to assure proper planning and expenditure of funds. Additionally, regional programs may seek additional grants and/or provide transition coordination for Ohio's Money Follows the Person Demonstration.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entitiesfor designation as local Ombudsman entities under section 712(a)(5);

(6) Regulations governing the designation of sponsoring agencies for regional ombudsman programs are congruent with federal requirements.

(7) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(BJ the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

The Office of the State LTC Ombudsman is represented on the Steering Committee of the Ohio Coalition for Adult Protective Services and both the Department and the Office participate in the Ohio Elder Abuse Commission and Supreme Court's Subcommittee on Adult Guardianship. Regional long-term care ombudsman programs participate in local coalitions to discuss elder abuse prevention, detection, investigation and protective services. The Office advocates for the least restrictive solutions, including, but not limited to, limited guardianships and assisting consumers with communicating with probate courts. Ombudsman programs regularly engage law enforcement when complaints warrant and with appropriate consent. Confidentiality is a pillar of the Office and a regular focus of designation and service review conducted by State Ombudsman designees. Legal Counsel provided by the Department and the Ohio Attorney General take action as needed to protect the records of the Office of the State LTC Ombudsman.

Attachment 305.a.2.E -Targeting Underserved Populations" & "PY2015-2015 Strategic Area Plan Assurances

PY 2015-2018 Strategic Area Plan

Targeting Underserved Populations

Please explain your response in detail and include supporting data and analysis as applicable.

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

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

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

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

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

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

Attachment 305.a.2.E -Targeting Underserved Populations" & "PY2015-2015 Strategic Area Plan Assurances

Section 306 Older Americans Act

Name of AAA

Assures the following:

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

6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities (§306 (a)(5)).
7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
   a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
   b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
   c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older Native Americans. (§306(a)(11))
8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a))13)(A))
9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
   a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
   b. The nature of such contract or such relationship. (§306(a)(13)(B))
10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
11. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
12. The AAA assures it will, on the request of the Assistance Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
14. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(15))

_____ _____

Signature and AAA Director Date

Attachment 307.a.2- Policy 205-Priority Services

Policy

Area Agencies on Aging (AAAs) will allocate an "adequate proportion": (a minimum of 5% before transfers) of Title Ill B funds for each of the following categories of services or demonstrate to the satisfaction of ODA that services being furnished for such category are sufficient to meet the need for such services in such area (Section 306(b)(2) OAA):

1. Services associated with ACCESS to services (e.g. transportation, outreach, and l & R);
2. In-Home Services (e.g. homemaker, home health aide, visiting, telephone reassurance, chore, home maintenance, and supportive services) ;and
3. Legal Assistance.

Any AAA allocating less than 5% of Title IIIB funds to any of the service categories must submit a Letter of Notification outlining the AAA's intention to fund any of the above categories below the 5%requirement. This must be done six months prior to the fiscal year in which funding for such categories will be below the 5% minimum. ODA will approve or disapprove this action.

This Policy does not apply to allocation of carryover funds.

Procedure A -Letter of Notification

1. ODA will review the AA.1''.s Letter of Notification document for appropriateness. The format for the Letter of Notification will be pre-printed by ODA.
2. ODA will review the Letter of Notification and \\thin 30 days, notify the AAA of approval/ disapproval status. If the Letter of Notification is not approved, the.AAA is eligible to apply for a waiver of this Policy.

Procedure B -Area Plan

1. Each AAA shall prepare its Area Plan reflecting "adequate proportions" of Title III-B funds allocated to access, in-home, and legal services or shall demonstrate through the appropriate Area Plan exhibits that other funding sources are providing these categories of services and are sufficient to meet the need for such services in such area.

Procedure C-Request for Waiver

1. Any AAA which cannot meet the requirements of Procedure B due to:
   a. the inability to secure services; or
   b. the inability to secure a reasonable rate for such services; or
   c. the determination of the lack of need for such service;

   must notify ODA in writing of its intent to apply to this policy five months prior to the fiscal year in which the 5% minimum will not be met. The waiver (the Area Plan Appendix 4: Waiver of the Title III-B Priority Services) will be submitted to ODA through the Area Plan process.
2. Prior to the submission of the waiver, the AAA shall conduct a public hearing to receive comments from concerned individuals within the planning and service area (PSA).
   a. The AAA shall follow its procedure pursuant to Policy 201.00 to notify the general public of the date, time, and place of the public hearing. Notices of the public hearing shall contain the following:
      i. the reason for the hearing
      ii. the date of the hearing
      iii. the time of the hearing

iv. the location of the hearing

v. the deadline and address of where written comments will be accepted;

vi. how the document may be previewed prior to the public hearing;

vii. contact name for more information

b. The AAA shall prepare a record of the hearing, which shall be submitted with the Area Plan and become part of the waiver requested to ODA. The record must contain documentation of eth waiver review and included comments from the public on the AAA's intent to request a waiver of the 5% minimum funds requirement.

3. The Waiver shall also include:

   a. detailed rationale which supports the AAA's reasons for requesting a waiver from the 5% minimum categorical funding of priority services;

   b. and if appropriate, any action the AAA will take to meet these unmet needs.

Procedure D - Approval/Disapproval

1. ODA will approve or disapprove the waiver as part of the annual Operational Plan review process.

AAA Notice Intent for Funding Priority Services

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

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

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

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

Ohio | Department of Aging

John Kasich, Governor
Bonnie K. Burman, Director

July 29 2013

Mr. Jim Varpness, Regional Administrator Administration for Community Living
233 N. Michigan Ave.,Suite 790
Chicago, IL 60601-5519

Dear Mr. Varpness:

In response to AoA Program Instruction 13-01the State of Ohio is providing information regarding Maintenance of Effort requirements for federal fiscal year 2012 Title Ill and Title VII.

The State of Ohio met the requirements in Title Ill by spending at least as much state funds in FY 2012 as the average of FY 2009 through FY 2011 (45 CFR 1321.49). In addition, expenditures on the Statewide Ombudsman Program in FY 2012 were not less than the funds expended in Title 111-B and Title VII funds for FY 2000 [Section 307(a)(9)].

All Area Agencies on Aging in Ohio met the requirement of Section 306{a)(9) for fiscal year 2012, by spending at least as much of Title Ill funds for the Ombudsman program in FY 2012 as were spent in FY 2000.

Please find Certification of Maintenance of Effort Form OMB-0985-0009 and Certification of Long-Term Care Ombudsman Program Expenditures Form OMB-0985-0009 attached.

We appreciate the opportunity to continue working with your agency to provide valuable assistance to Ohio's seniors.

Sincerely,

Bonnie K. Burman Director

Enclosures BKB/kf

50 W. Broad Street I 9th Floor
Columbus, OH 43215-3363 U.S.A.
www.aging.ohio.gov

Main: (614) 466-5500
Fax: (614) 466-5741
TIY: Dial 711

DRAFT DRAFT

Attachment 307.a.3.B.i - MOE

PMB NO. 0985-0009
Expires: 08-31-2014

Certification of Maintenance of Effort

CERTIFICATION OF STATE RESOURCES EXPENDED, UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENEDED, TO MEET THE REQUIRED LEVEL OF MAINTENANCE OF EFFORT DURING FISCAL YEAR 2012

STATE: OHIO

I, the undersigned, certify that the Sate resources expended to meet the maintenance of effort requirement set forth by Title III of the Older Americans Act, under the approved State plan, for the period of October 1, 2011 through September 30, 2012 were $8,100,000.

This amount is (check one):

◯ Less than the required level of maintenance effort

Ⓧ Equal to the required level of maintenance effort

◯ More than the required level of maintenance effort

Signature of Authorized State Official

July 29, 2015
Date

FFY 2012
7/29/2013 I:\Users\TShore\Federal reports and PIs\PIs\MOE Title III annual Analaysis

DRAFT DRAFT

Attachment 307.a.3.B.i - MOE

OMB # 0985-0009, exp.8/31/2014

Certification of Long-Term Care Ombudsman Program Expenditures

State Agency Expenditures: In accordance with Sections 307(a)(9) and 705(a)(4) of the Older Americans Act (OAA), I certify that for Fiscal Year 2012 the State Territory of Ohio expanded on its statewide Long-Term care Ombudsman Program not less than the amount expended by the State agency with funds received under Title III for Fiscal Year 2000, that all Title VII expenditures supplemented and did not supplant any Federal, Sate or local funds expended by the State or unit of general purpose local government to provide ombudsman services.

Area Agency Expenditures: I further certify that, in compliance with Section 306(a)(9) of the OAA, each area agency on aging in the State which expended Title III funds received under section 304(d)(1)(D) of teh Act on ombudsman activities in FY 2000 expended at least this amount on the Ombudsman Program, as defined in Section 712 of the OAA, during the past fiscal year and that these expenditures supplemented and did not supplant any Federal, Sate or local funds expended by the State or unit of general purpose local government to provide ombudsman services.

29-Jul-13
Signature of authorized State official Date

29-Jul-13
Signature of State Long-Term Care Ombudsman Date

For reference, the following represents your state's expenditures for FY 2000 as previously reported to the Administration on Aging:

Source	Base year (FY 2000)
*Title VII, Chapter 2, Ombudsman	$ 352,011
Title VII, Chapter 3, Abuse Prevention	197,185
*Title III, expended by the State, as authorized by OAA, Sec. 304(d)(1)(B)	
Title III provided at AAA level	1,350,037
Other Federal	-
State Funds	1,846,760
Local (Does not include "in kind")	48,603
TOTAL	$ 4, 128,240

**Expenditures of these funds are subject to minimum funding requirements in the Older Americans Act (2006 Authorization). FY 2011 expenditures must have met or exceeded these amounts.*

Please send this signed certification for the preceding fiscal year expenditures to your regional Administrator. Administration on Aging, by the date indicated in the accompanying Program Instruction.

Attachment 307.a.3.B.ii - Rural

Projected Cost of Providing Services to Rural Consumers in 2014 - 2017

Service	2014 - 2017 Projected Cost Each Year
Personal Care	$ 741,707
Homemaker	$ 818,647
Chore	$ 102,043
Home Delivered Meals	$ 12,953,489
Adult Day Care	$ 698,902
Case Management	$ 583,587
Assisted Transportation	$ 71,368
Congregate Meals	$ 5,374,729
Nutrition Counseling	$ 7,432
Transportation	$ 4,294,274
Legal Assistance	$ 411,280
Nutrition Education	$ 21,848
Information and Assistance	$ 558,581
Outreach	$ 49,080
Health Promotion	$ 1,037,484
Caregiver Counseling, Support Groups & Training	$ 151,779
Caregiver Respite	$ 1,087,934
Caregiver Supplemental Services	$ 172,583
Caregiver Cash and Counseling	$ 96,833
Caregiver Access Assistance	$ 368,443
Caregiver Information Services	$ 38,659
Other	$ 1,970,428
Grand Total Each Year	**$ 31,611,109**

Ohio's federal, state and local funding have not changed significantly in the last 3 years, therefore we project that our costs for services to rural consumers will remain fairly static in the coming 3 years.

FFY 2014 Annual Award

AAA Award	AAA Administration	III-B Supportive Services	III-C-1 Congregate Meals	III-C-2 Home-Delivered Meals	III-D Preventive Health	Title III-E Administration	Title III-E Services	Total	Title VII Elder Abuse Prevention	Title VII Ombudsman Total	Title III and VII
1	372,800	1,535,245	1,450,947	938,598	77,572	65,917	593,250	5,034,329	22,789	25,005	5,082,123
2	341,293	1,309,190	1,237,305	800,396	68,936	55,676	501,084	4,313,880	20,787	18,445	4,353,112
3	220,823	444,836	420,411	271,958	22,375	16,519	148,673	1,545,595	7,483	7,170	1,560,248
4	298,356	1,001,126	946,155	612,055	81,082	41,720	375,481	3,355,975	16,391	15,412	3,387,778
5	244,919	617,723	583,805	377,656	16,611	24,351	219,162	2,084,227	10,452	8,125	2,102,804
6	368,207	1,502,294	1,419,805	918,453	78,880	64,424	579,816	4,931,879	21,557	19,968	4,973,404
7	235,409	549,487	519,316	335,939	78,298	21,260	191,341	1,931,050	8,816	6,698	1,946,564
8	207,641	350,255	331,023	214,134	28,465	12,234	110,110	1,253,862	5,450	3,251	1,262,563
9	245,363	620,906	586,813	379,601	29,689	24,495	220,459	2,107,326	10,557	8,639	2,126,522
10A	505,781	2,489,363	2,352,676	1,521,914	173,480	109,140	982,260	8,134,614	37,839	38,261	8,210,714
10B	340,302	1,302,079	1,230,584	796,048	47,302	55,354	498,185	4,269,854	20,784	18,771	4,309,409
11	281,631	881,112	832,731	538,683	39,410	36,284	326,549	2,936,400	14,280	12,498	2,963,178
Total	3,662,525	12,603,616	11,911,571	7,705,435	742,100	527,374	4,746,370	41,898,991	197,185	182,243	42,278,419

DRAFT

Appendix C

Intrastate Funding Formula

During the 2012-2014 state plan period, the Department of Aging used Census 2010 and 2000 data for population factor weights in its formula – except for rural and medically underserved factors. For the FFY 2014 allocations, ODA did update the data for Rural 60+ data with 2010 Census results. The Rural 60+ factor is used in the AAA allocation formula for Title III Administration, Title III B Supportive Services, Title III C1 & C2 Nutrition, and Title III E National Family Caregiver Support Program. The weight of the Rural 60+ factor is 2 percent for each of those parts. Note that between 2000 and 2010, the Census Bureau modified the definition of "Rural". The new definition is available at http://www.census.gov/geo/reference/urban-rural.html which were based on Census 1990 data. The Department will continues to use the medically underserved factor with 1990 population data and is researching a new medically underserved factor more suitable for an older population.

Allocation of Title III funds to area agencies on aging is based on the economic and social needs of the population of persons age 60 or older in each planning and service area after a base level of funding is assured to each agency.

Title III Factors

Each area agency is allocated a base grant of $375,000. Of that amount, $170,000 is allocated for administrative costs. After base and administrative funds are removed, the balance of Title III funding to each agency is based on the population factor weights:

Individuals at or above age 60: 43 percent
Individuals at or above age 75: 28 percent
Individuals at or above age 60 and below the federal poverty level: 11 percent
Minorities at or above age 60: 8 percent
Individuals at or above age 60 who live alone: 8 percent
Individuals at or above age 60 who live in rural areas: 2 percent

Data Source
Ages 60+ & 75+: "P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, Census 2010.

Poverty 60+: "S21042: Sex by Poverty Status in Previous Year by Household Type (Including Living Alone) and Relationship for the Population 60 Years and Older," 2005-2009.

Minority 60+: "P121: Sex by Age (White Alone, Not Hispanic or Latino)" and "P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, Census 2010.

Live Alone 60+: "P24: Households by Presence of People 60 Years and Over: Household Size and Household Type," U.S. Census Bureau, Census 2010.

Rural 60+: AoA advises to continue using 2000 data as it will be a while before the census addresses this factor.

Medically Underserved Area (MUA) 60+: Based on 1990 data from ODH until ODA decides how it will define this factor.

Title III-D Factors

Title III-D funds are allocated based on these population factor weights:

Persons at or above age 60: 20 percent
Minorities at or above age 60: 20 percent
Low-income persons at or above age 60: 20 percent
Medically underserved persons at or above age 60: 40 percent

Data Sources
U.S. Census 2010, U.S. Census 2000, U.S. Census 1990 and Ohio Department of Health

Appendix D

Ohio Demographic Characteristics

Two main sources were used for these data. Age data came from Census 2010's Demographic Profile - 1, and represents the most current available. All other characteristics are based on the American Community Survey (ACS) of population estimates for 2005-2009.

Population

Ohio's population is aging. From 2000 to 2030, based on U.S. Census Bureau projections, the percentage of Ohioans age 65 and older will increase from 13 percent to 20 percent, the old-age dependency ratio (age 65-plus/age 20 – 64) will increase from 23 to 38, and Ohio's median age will increase from 36.2 to 40.2.

65-plus Population

	Ohio	United States
2000	1,507,757	34,991,753
2010	1,622,015	38,000,870

Age & Gender

Based on Census 2010 data, Ohio's 60-plus and 75-plus populations, factors used in the intrastate funding formula, are growing. We had 323,935 more residents age 60-plus, and 54,276 more age 75-plus, in 2010 than in 2000.

Age & Gender 2010

	Men	Women	Total
60-plus	1,005,862	1,281,562	2,287,424
70-plus	294,502	477,279	771,781

In 2010, Ohio had 230,429 older adults age 85-plus, a growth of 53,633 in the past decade.

Marital Status & Households

According to 2005-2009 ACS population estimates, 57.3 percent of Americans age 60-plus were married during this period but were separated during the survey, 24.5 widowed, 11.8 percent divorced, 1.4 percent separated and 5.1 percent never married. In Ohio, 56.8 percent of residents age 60-plus were married during this period but were separated during the survey, 25.6 percent widowed, 12 percent divorced, 0.9 percent separated and 4.7 percent never married.

Of household types in Ohio, 54.9 percent were identified as family households for adults age 60-plus, 45.6 percent were married couples, 7.3 percent were female householders with no husband present, 45.1 percent were nonfamily households and 43 percent were householders living alone.

Educational Attainment

According to 2005-2009 ACS population estimates, 22.9 percent of 60-plus Americans were not high school graduates, 33.2 percent were high school or equivalent graduates, 22.3 percent had some college or an associate's degree and 21.7 percent had a bachelor's degree or higher. In Ohio, 22.2 percent of 60-plus residents were not high school graduates, 41.2 percent were high school or equivalent graduates, 19.6 percent had some college or associate's degree and 16.9 percent had a bachelor's degree or higher.

Race and Hispanic or Latino Origin

Based on 2005-2009 ACS population estimates, 99.4 percent of Ohioans age 60 and older identified themselves by one race. Of that percentage, 89.7 percent are white, 8.4 percent are black or African-American, 0.1 percent are American Indian and Alaska native, 0.9 percent are Asian, 0.3 percent are some other race and 0.6 percent are two or more races. Additionally, 1 percent identified themselves as Hispanic or Latino origin (of any race) and 89 percent as white alone, not Hispanic or Latino.

Nativity and Language

Four percent of people living in Ohio in 2005-2009 were foreign born, while 96 percent were native to the U.S., including 75 percent born in Ohio. Of the 2,047,433 state residents who were 60-plus, 96 percent were native born Ohioans, 21.4 percent were not U.S. citizens, and of these individuals, 78.6 percent were naturalized U.S. citizens.

Among people age 60-plus living in Ohio during 2005-2009, 94.9 percent spoke English only at home, 5.1 percent spoke a language other than English at home and 2.2 percent spoke English less than "very well." Besides English, other language groupings were Spanish or Spanish Creole, other Indo-European languages, Asian and Pacific Island languages and other languages in general.

Income & Poverty

Based on 2005-2009 ACS population estimates, 42.7 percent of Ohioans age 60 and older had earned income, 79.1 percent had Social Security income, 4.7 percent received Supplemental Security Income, 1.7 percent received cash public assistance income, 52 percent had retirement income and 6.2 percent received food stamp benefits.

Employment

The U.S. labor market continued to improve slowly in 2012 as unemployment trended downward and employment grew since the recession in 2008. Unemployment rates hit a record high for older workers in 2009. According to Labor Force Statistics from the Current Population (US Department of Labor), during 2012, 32.4 million Americans age 55 and older were working or looking for work. The majority were employed, including 23.2 million age 55-64 and 7.2 million age 65-plus. In Ohio, 1,186,000 older adults age 55-plus were in the labor force and 64,000 (11.9 percent) were unemployed.

Health Insurance Coverage

During 2005-2009, 99.5 percent of non-institutionalized Ohioans age 65-plus were covered by some type of health insurance. Medicare, which covers mostly acute care services and requires beneficiaries to pay part of the cost, covered 95 percent. In addition to Medicare, 62 percent also were covered by private insurance, whether employment-based, self-employment or direct purchase, 6.2 percent were covered by Medicaid and 7.4 percent by military health care. In contrast, 0.5 percent of Ohioans age 65-plus were not covered at any time during 2009.

Disabilities

According to 2009 population estimates, there are 37,932,497 older adults age 65 and older in the U.S. Of that total, 14,189,006 (37 percent) have a disability. Of Ohio's 1,519,620 adults age 65-plus, 560,102 have a disability, the same percentage as nationally.

Housing

Based on 2005-2009 ACS population estimates, Ohio has 2,145,085 houses that are occupied by owners. Of that number, 385,182 are occupied by Ohioans age 65 or older and 313,488 of those occupants are living alone. Of those houses that are occupied by renters, 28,394 householders are age 65 or older.

Grandparents

Nationally, with a universe population of 176.5 million adults age 30-plus, 30 percent are age 60-plus. Of the elders, 5.2 percent have grandchildren living with them and 1.6 percent have primary responsibility for the care of the grandchildren. In Ohio, the universe population shifts to 31 percent age 60-plus. Of the elder population, 3.5 percent have grandchildren living with them, and 1.3 percent have primary responsibility for the care of their grandchildren.

Appendix E

Planning & Service Areas

Appendix F

The Ohio Advisory Council for Aging

The Ohio Advisory Council for Aging includes twelve governor-appointed members plus four from the legislature and directors of the state departments of Mental Health and Addiction Services, Developmental Disabilities, Health and Job and Family Services. The advisory council reviews plans, budgets and issues that impact older Ohioans and advocates specific administrative and legislative actions.

Chair
Ginni D. Ragan, Columbus
Alzheimer's Disease Advocate

Vice Chair
John T. Urbanski of Findlay
United Way of Hancock County

Louis M. Borowicz of Worthington
Baxter & Borowicz Co., LPA

Beth L. Cameron of Beavercreek
Dayton VA Medical Center

William R. Demjan of Steubenville
Veteran's Service Commission
& Prime Time Advocate

Heath Hughes of Columbus
Senior Home Choice

Fred Pieper of Paulding
Paulding County Commissioner

John C. Thatcher of Centerburg
Knox County Prosecutor

General Assembly Ex-Officio Members

Ohio Senate:
The Honorable Peggy Lehner (R-6th)

The Honorable Capri Cafaro (D-32nd)

Ohio House of Representatives:
The Honorable Christina M. Hagan (R-50th)

The Honorable Dean Ramos (D-56th)

State Department Ex-Offico Members

Ohio Department of Health
Selina Larson, Representative

Ohio Department of Medicaid
Debby Moscardino, Representative

Ohio Department of Mental Health &
Addiction Services
Adreana Tartt, Representative

Ohio Attorney General's Office
Michele Colliver, Representative

Non-Member Representatives

Ohio Association of Senior Centers
Dave Bibler

Ohio Association of Area Agencies on Aging
Larke Recchie

Alzheimer's Association Greater East Ohio Chapter
Pamela C. Schuellerman

AARP OHio
Jane Taylor

Benjamin Rose Institute on Aging
Semanthie Brooks

Caresource
Toni Fortson-Bigby

Ohio Council for Home Care & Hospice
Beth Foster

Ohio | Department of Aging

John R. Kasich, Governor

Bonnie K. Burman, Director