

# Ohio Department of Aging



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

Planning and Service Area 8

Buckeye Hills Area Agency on Aging  
(Area Agency on Aging)

# Strategic Area Plan Elements Submission for 2011–2014

1. Buckeye Hills – Area Agency on Aging  

<u>Mailing Address</u>	<u>Physical Address</u>
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2. Frederick D. Hindman, Area Agency on Aging Director/Assistant Executive Director  
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740-373-6400
  
3. 31-0843760  
Federal Tax Identification Number
  
4. I certify that I am authorized to submit this Strategic Area Plan on behalf of the designated grantee agency and that a public hearing was held to assist in the development of this Strategic Area Plan, **as evidenced by the attached public hearing summary**. The Advisory Council has reviewed and commented upon this plan and the Board has approved its submission.

\_\_\_\_\_  
AAA Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

# Submission Checklist

## Strategic Elements

Check each Exhibit that is included in this plan:

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

## Appendices

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

## Assurances

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

## Attachments

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



**Section A**  
**Strategic Area Plan Elements**  
**2011–2014**

**Exhibit A: Mission and Vision Statement**

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

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**Mission Statement**

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To advocate for and educate older adults and their caregivers and promote long-term care choices and consumer protection so they can take advantage of opportunities that enable them to maintain wellness, independence and dignity.

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

*Please insert the Area Agency on Aging Vision Statement below.*

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**Vision Statement**

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To position the Area Agency on Aging 8 in the community as a facilitator and planning unit for health related issues and positive lifestyles through the coordination of services.

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

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

**Goal 1: There will be an increasing number of seniors entering the aging network as the Baby Boomers begin to retire. This generation is of a different mindset and will make demands on the aging network for services different from those traditional aging services. However, traditional services will need to continue in conjunction with non-traditional services**

**Status: Completed**

**Narrative:** AAA8 completed the Needs Assessment; a total of 557 individuals participated. Results were recorded and analyzed in preparation to begin the 2011-2014 Strategic Area Plan. The AAA8 and Buckeye Hills Economic Development Department began information sharing and collaboration on the writing of the Comprehensive Economic Development Strategy and the Strategic Area Plan. A restaurant meal pilot program utilizing ARRA funding has been initiated in PSA8. This program has been met with overwhelming public response. This pilot program provides the type of non-traditional meal service that baby boomers are seeking. AAA8 sponsored educational workshops for both professionals and the general public about pre-planning for healthcare expenses.

**Goal 2: The demand for community and home-based is the preferred choice for long term care services**

**Status: On-going**

**Narrative:** The Home Healthcare Provider Co-op is a legally formed entity. The Co-op Board is working to develop the processes between the educators and the employers. Funding to support training efforts has not yet been secured; the education partners are assisting with the funding issue. AAA8 will continue its effort to partner and collaborate with a wide variety of providers in SE Ohio in an effort to meet the presenting needs of each individual including mental health and disability needs.

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**Goal 3: Increase community and legislative awareness of the aging network.**

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**Status: On-going**

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**Narrative:** AAA8 has initiated and led many advocacy efforts many of which were successful. Through both the AAA8 and Buckeye Hills, the staff of both will continue to advocate for the seniors of the region. AAA8 hosted in-home legislative home visits with PASSPORT consumers, performed legislative visits at both the federal and state levels and has hosted town hall forums.

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**Goal 4: Commitment and support of Ohio's Unified Long-term Care budget.**

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**Status: On-going**

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**Narrative:** AAA8 has systematically moved toward becoming an integrated point of entry in the long-term care service system. AAA8 plans to continually develop working partnerships with organizations in the aging, mental health and disability networks to ensure ease in access to services and supports.

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**Goal 5: The aging network will begin to incorporate and rely more on volunteers to assist in providing services.**

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**Status: On-going**

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**Narrative:** AAA8 has completed the development of a work plan and is progressing toward the implementation of a volunteer program to help expand the service base in the planning and service area.

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Exhibit A-2: Intentionally Left Blank

Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8

Strategic Plan Period: 2011–2014

Date Submitted: April 2010

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**Exhibit A-3: Environmental Scan**

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

**DEMOGRAPHICS**

The Bureau of Census population projections released in 1996 anticipates a moderate increase in the elder population until about 2010, a rapid increase for the next 20 years to 2030 and then a return to a moderate increase between 2030 and 2050.

In the early period, the elder population is expected to increase by 17 percent from 33.5 million in 1995 to 39.4 million in 2010. In the next period, 2010 to 2030, the population aged 65 and over is expected to grow by 75 percent to over 69 million. During the 2030 to 2050 period the growth rate is projected to increase to 14 percent, and the number of elderly is expected to increase to about 79 million.

*US Age 65+ Population Projections*

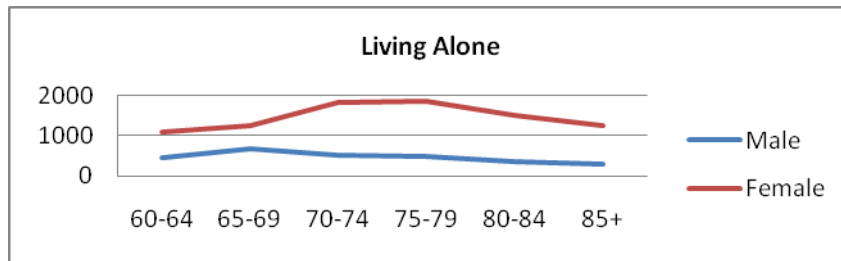
Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
1,963,489	2,030,742	2,229,938	2,465,638	2,726,699	2,908,799	2,983,440

Per the 2000 Census Special Tabulation on Aging, there are 44,815 individuals aged 60+ residing in the AAA8 service area. The largest cohort within the 60+ category is those aged 60-64 (20%), known as the “Baby Boomers”.

	60-64	65-69	70-74	75-79	80-84	85+	TOTALS
Athens	1950	1655	1510	1190	675	735	7715
Hocking	1455	1265	880	670	435	440	5145
Meigs	1045	1015	815	680	500	390	4445
Monroe	805	695	635	465	330	340	3270
Morgan	925	680	570	460	335	235	3205
Noble	620	610	450	330	220	230	2460
Perry	1400	1985	1050	960	570	320	6285
Washington	2850	2620	2470	1945	1385	1020	12290
AAA8	11050	10525	8380	6700	4450	3710	44815
	29955			11150		3710	

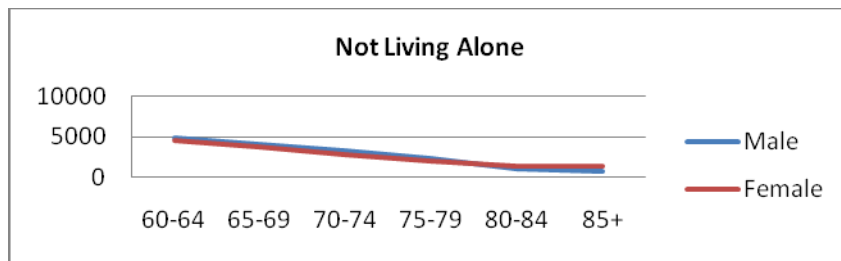
*Source: 2000 Census, Special Tabulation on Aging*

26% of the individuals in the AAA8 service area live alone; 24% are male and 76% are female. The largest cohort within the 60+ living alone category are females aged 70 to 74.



Source: 2000 Census, Special Tabulation on Aging Age by Sex Living Alone, TABP50H

74% of the individuals in the AAA8 service area do not live alone; 51% are male and 49% are female. The largest cohort within the 60+ not living alone category are male aged 60 to 64.

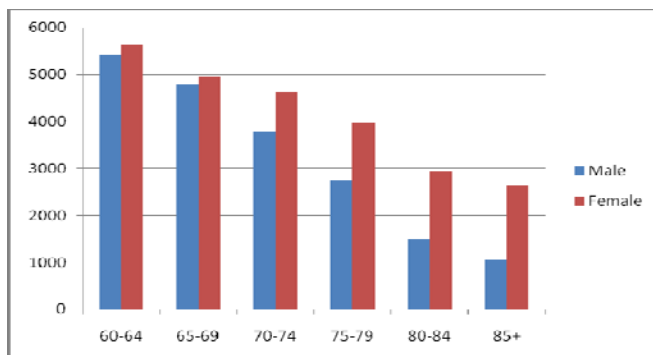


Source: 2000 Census, Special Tabulation on Aging Age by Sex Living Alone, TABP50H

Women tend to outnumber and outlive men. The gender ratio changes considerably at age 70-74.

Gender Ratio by Age – AAA8						
	60-64	65-69	70-74	75-79	80-84	85+
Male	5410	4785	3775	2740	1510	1060
Female	5635	4950	4615	3960	2940	2650

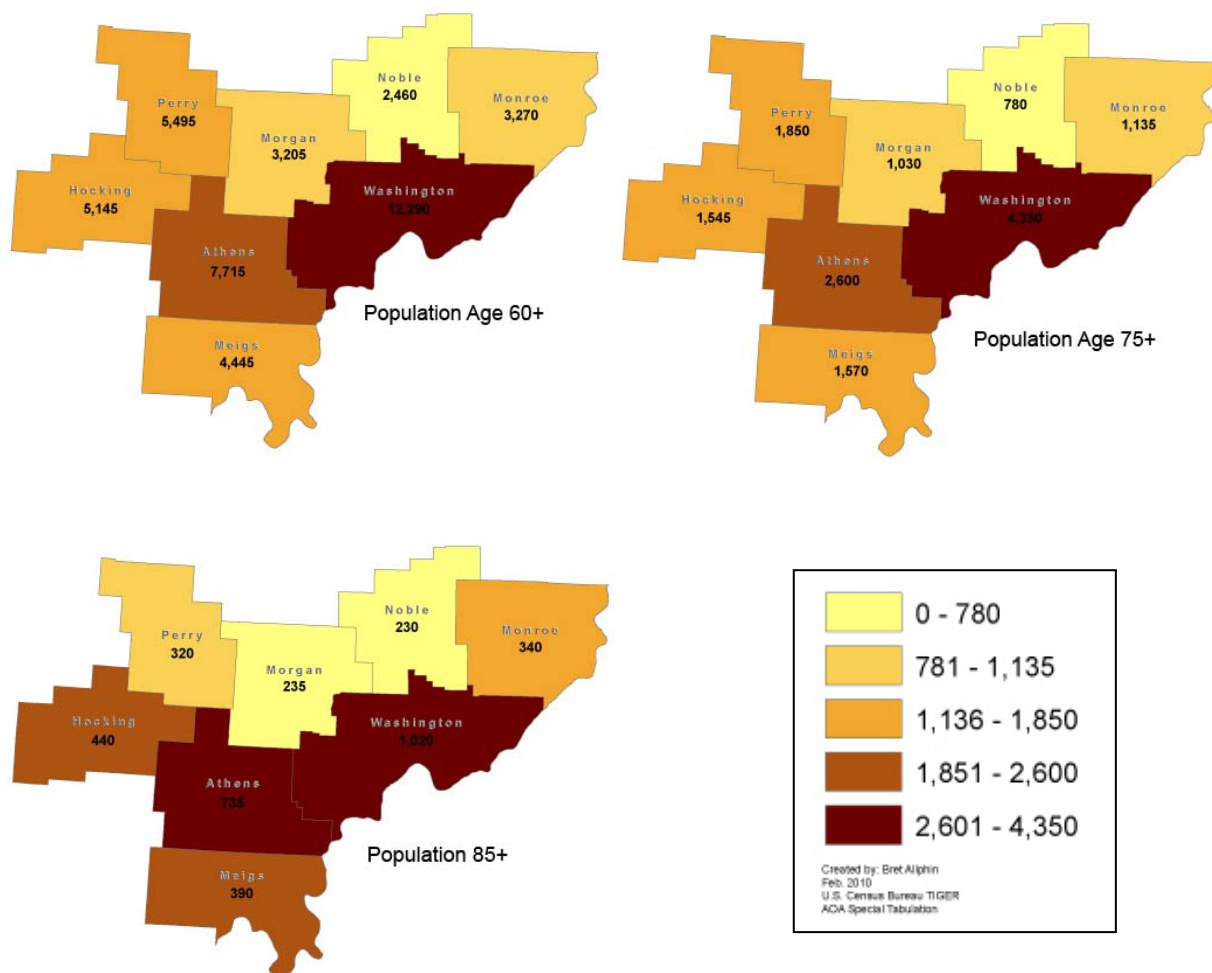
2000 Census, Special Tabulation on Aging Age by Sex Living Alone, TABP50H



The age distribution of individuals 60+ by county is proportionate to the total 60+ population with the exceptions of the 85+ age group in Athens County and Washington Counties who have a much higher proportion of 85+ individuals.

20% of the 60+ individuals in Athens County are 85+ years old and in Washington County 27% of the 60+ age group are 85+.

	60+	75+	85+
Athens	17%	17%	20%
Hocking	11%	10%	12%
Meigs	10%	11%	11%
Monroe	7%	8%	9%
Morgan	7%	7%	6%
Noble	5%	5%	6%
Perry	14%	12%	9%
Washington	27%	29%	27%



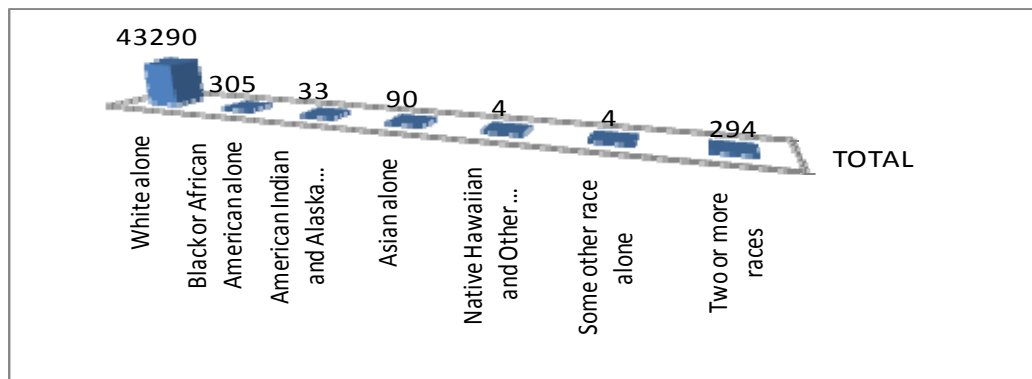
Located in the foothills of rural Appalachia the majority (70%) of the 60+ individuals residents are considered rural.

	60-64	65-69	70-74	75-79	80-84	85+
AAA8 Rural	70%	70%	64%	63%	58%	51%
AAA8 Urban	30%	30%	36%	37%	42%	49%

The total population in Ohio is 85.2% white and 11.9 % African American. Nationally, the population is 80.4% white and 12.8% African American.

In the AAA8 eight-county service area the 60+ population is:

- 98.34% White Only
- .69% Black or African American alone
- .07% American Indian and Alaska Native alone
- .20% Asian alone
- .01% Native Hawaiian and Other Pacific Islander alone
- .01% Some other race alone
- .67% is two or more races.



Source: 2000 Census, Special Tabulation on Aging Age by Race for the Population 60 years and Over, TAB P70H

98.1% of the residents who are 60+ and reside in the aAA8 service area speak only English. Of those who are limited English speaking:

- 1.43% speak English “very well”
- .34% speak English “well”
- .10% speak English “not well”
- .02% speak English “not at all”

Source: 2000 Census, Special Tabulation on Aging Age by Ability to Speak English for the population 60 years and Over, TAB P170H

## Poverty

There is a high percentage of poverty across the eight-county region. The average county poverty rate for individuals 60 in PSA8 is 12%.

<b>60+</b>	Total	# Below Poverty	% Below Poverty
Athens	7340	890	12%
Hocking	4750	680	14%
Meigs	4260	620	15%
Monroe	3150	340	11%
Morgan	3040	430	14%
Noble	2290	260	11%
Perry	5310	630	12%
Washington	11640	1070	9%
AAA8	41780	4920	12%

*Source: 2000 Census, Special Tabulation on Aging 1999 Income by Gender and Poverty*

## Poverty and Gender

There is a consistently higher occurrence of poverty among women 60+ years of age (15%) than that of men (8%) across the service area. This could be attributed to a longer lifespan of women and the outliving of their financial resources.

<b>60+</b>	Male			Female		
	Total	# Below Poverty	% Below Poverty	Total	# Below Poverty	% Below Poverty
Athens	3140	250	8%	4200	640	15%
Hocking	2150	240	11%	2600	440	17%
Meigs	1830	150	8%	2430	470	19%
Monroe	1460	100	7%	1690	240	14%
Morgan	1420	170	12%	1620	260	16%
Noble	1010	90	9%	1280	170	13%
Perry	2380	200	8%	2930	430	15%
Washington	5080	260	5%	6560	810	12%
AAA8	18470	1460	8%	23310	3460	15%

*Source: 2000 Census, Special Tabulation on Aging 1999 Income by Gender and Poverty*

## **HEALTHCARE FACTORS**

The healthcare industry generally refers to three sectors: ambulatory health care services, hospitals and nursing and residential care facilities. There are 77 different occupations that may be considered health care occupations. Employment in these occupations is projected to grow 19.5% from 2004—2014, compared with 7.3% across all occupations. The four health care occupations that are projected to be among the fastest-growing of all occupations are: home health aides (45.0%), physician assistants (43.0%), medical assistants ((42.4%) and diagnostic medical sonographers (31.0%). There will be 22,176 projected annual openings in health care occupations from 2004 to 2014, 48.1% of which will be for replacement needs due to the “graying of the workforce”. (Source: ODJFS, Bureau of Labor Market Information/Office of Workforce Development; Ohio Healthcare Employment, Labor Market Trends and Challenges, 2008.)

Healthcare – AAA8									
	AAA8	Athens	Hocking	Meigs	Monroe	Morgan	Noble	Perry	Washington
Physicians	305	124	26	4	15	3	4	13	116
Hospitals	5	2	1	0	0	0	0	0	2
# Beds	527	202	75	0	0	0	0	0	250
NFs	38	8	5	5	1	3	1	8	7
# Beds	3610	418	634	500	100	251	150	800	757
Residential Care	9	2	1	0	1	1	0	0	4
# Beds	600	172	50	0	42	32	0	0	304

*Source: Ohio Department of Development  
Office of Strategic Research and Strategic Planning, 2007*

The arrival of the “boomers” will place an even greater strain on the already limited healthcare resources available in SE Ohio. There are only 5 hospitals in the PSA8 service area with a total of 527 beds to serve the total population of 254,511. Areas that border West Virginia have seen an increase in usage of their healthcare system which is not equipped to handle the influx of patients from Ohio.

There are 305 physicians in the eight-county service area—the population to physician ratio is 834:1, an insurmountable task by any physician. Each of the eight counties in the service area has been designated as a Medically Underserved Area in full or in part by HRSA. All counties have been identified as a Healthcare Professional Shortage Area in full or in part with the exception of Athens and Hocking Counties.

*Source: U.S. Department of Health and Human Services,  
Health Resources and Services Administration*

### **Home healthcare**

The population projections compared with available medical care and facilities and the projected high demand and growth rate of 51% over the next ten years in home health services leads AAA8 to conclude that the need for the recruitment and training of health care workers in the home health industry is immediate. The potential labor pool of individuals age 55 and older is growing quickly. Unfortunately, there are few, to no

incentives to enter the home health care industry as the pay is minimal and there are rarely benefits associated with entry level positions.

Home health agencies currently conduct in-house training for new hires. This in-house training is not standardized and does not result in any type of certification. The entry level certification program for the home health industry is State Tested Nursing Assistant (STNA). Individuals who access the STNA training and certification program through local career centers typically pursue employment at nursing and residential care facilities whose salary and benefits far outweigh the low salary and lack of benefits in the home health field.

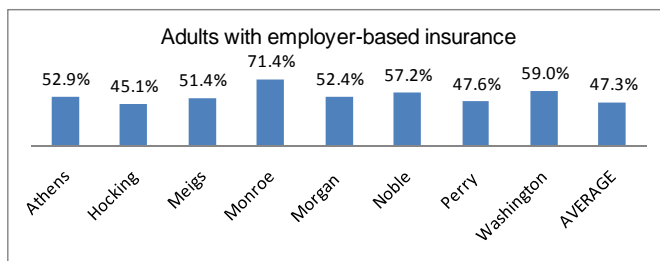
As high as 80% of the individuals who complete the in-house training provided by the home health agencies soon leave to pursue employment elsewhere leaving the employer to once again recruit and train at the average replacement cost of \$3,500 for an \$8-per-hour employee. This is a costly cycle that many of the home health agencies in Southeast Ohio currently experience. Until the home health care agencies offer the same and/or better incentives as the hospitals, nursing and residential facilities in the region, the home health care field will experience workforce shortages causing many home health agencies to close their doors even further burdening an already overtaxed home health care system.

In addition to the low wages and lack of benefits, the home health care system has little to offer in the way of career growth and advancement. Those individuals who wish to increase their education and employment level must exit the home health industry to seek a higher level of employment, usually in an institutional setting, although their passion may be for home health care. In light of the initiatives being introduced to the state of Ohio, (Nursing Home Diversion Program, Home Choice and Unified Long-Term Care System), and across the nation, (Project 20/20), in response to consumer choice, a career lattice/ladder can realistically be created in the home health industry enabling career growth opportunities.

**Uninsured population**

Although many uninsured individuals may be eligible for healthcare benefits through state funded programs, there is a reluctance to enroll. This is true for not only healthcare related benefit programs but for other types of assistance as well. Consistent preventative healthcare could help to decrease the overall cost of healthcare in the long run, especially for those who have chronic conditions. Education about the self-management of chronic conditions has begun to be implemented across the eight-county service area.

Uninsured Population	
Ohio	11.20%
AAA8	14.10%
Athens	12.40%
Hocking	17.90%
Meigs	11.00%
Monroe	16.80%
Morgan	7.80%
Noble	11.30%
Perry	13.90%
Washington	13.15%



Source: Ohio Department of Development Office of Strategic Research and Strategic Planning, 2007

Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most prevalent, costly, and preventable of all health problems. Heart disease accounted for 27% of deaths in Ohio in 2005, while strokes caused 6% of deaths. In 2007, 28% of adults reported having high blood pressure. Cancer is the second leading cause of death in the United States accounting for almost one in every four deaths. 23% of all deaths in Ohio in 2005 were due to cancer. In 2005, diabetes was the sixth leading cause of death in the U.S. Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age. In 2005, 3,794 adults in Ohio died from diabetes mellitus and in 2007, 8% of adults in Ohio reported being diagnosed with non-pregnancy related diabetes. (Source: Center for Disease Control, Ohio: Burden of Chronic Diseases, 2008.)

### **Disability Factors**

Forty percent of those age 65 and older report having some form of disability. More than half of these individuals report having two or more disabilities.

Disability by type and age group—AAA8							
	AAA8	With Sensory Disability	With Physical Disability	With learning, remembering concentrating disabilities	With self-care disability	With go outside the home disability	With employment disability
60-64	3625	22%	64%	18%	12%	28%	48%
65-74	6295	29%	70%	19%	15%	37%	0%
75-84	5515	38%	68%	29%	23%	48%	0%
85+	2080	58%	74%	34%	36%	62%	0%

*Source: 2000 Census Special Tabulation on Aging Age by Sex by type of disability for the civilian Non-institutionalized population 60 years and over, TABP36OH*

- In 2007, 309,000 Ohioans of all ages had severe disability and that group will grown to 348,000 by 2020 (13% increase).
- Forty percent of these individuals rely on the Medicaid program.
- Four in ten individuals with severe disability receive assistance only from family or privately purchased care.
- One-quarter of Ohioans with severe disability live in nursing homes.

### **Mental Health Factors**

Nearly 20 percent of those who are 55 years and older experience mental disorders that are not normal part of aging. Most common disorders, in order of prevalence, are: anxiety, severe cognitive impairment, and mood disorders. Studies report, however, that mental disorders in older adults are underreported. The rate of suicide is highest among older adults compared to any other age group—and the suicide rate for persons 85 years and older is the highest of all —twice the overall national rate. (Source: American Association for Geriatric Psychiatry, Geriatrics and Mental Health – The Facts)

Older Americans account for only 7% of all inpatient mental health services, 6% of

community based mental health services and 9% of private psychiatric care, despite comprising 13% of the population. Reasons cited for this underutilization include stigma, denial of problems, access barriers funding issues, lack of collaboration and coordination between mental health and aging networks and shortages of appropriate health professions.

- Each county in the PSA8 service area with the exception of Washington County have been designated as a Mental Health Professional Shortage Area.
- Currently the only counties in the PSA8 service area that have a mental health levy in place are Athens, Hocking, Morgan, Noble, and Perry.

*Source: U.S. Department of Health and Human Services, Health Resources and Services Administration*

### **Shift in the Choice for LTC in Ohio**

Ohio has begun to change the long-term care delivery system of older people with severe disability. In 1993, nine of ten older people supported by Medicaid were in nursing homes; by 2007 that proportion had dropped to 62%. The proportions have also changed for the less than 60 year old population dropping from 64% using nursing homes in 1997, to 51% in 2007.

Over the last ten years, despite increases in the number of those age 85 and above by more than 74,000, Ohio has seen a 9% reduction in Medicaid nursing home use by individuals age 60 and older. At the same time we have experienced a 17% increase in the under 60 population using Medicaid nursing homes.

*Source: Miami University, Scripps Gerontology Center, Providing Long-Term Services and Supports to an Aging Ohio: Progress and Challenges.*

### **Prescription Drugs**

The majority of older adults have access to prescription drug coverage through Medicare, Medicaid or private health insurance plans. Twenty percent of those individuals who have Medicare do not have prescription drug coverage as they are not currently taking any prescribed drugs.

Only an average of 7 percent of the 17 million seniors on Medicare drug plans switch plans each year, according to the Centers for Medicare and Medicaid Services. Experts on Medicare say this suggests that millions of beneficiaries could be paying more than they should for their drug coverage. There is a reluctance to switch plans because it is “what they are used to” and it is a hassle to change.

Changes to the eligibility criteria for the Medicare “Extra Help” program effective January 2010 has made more individuals eligible for assistance with the expenses associated with Medicare Part D but many are unaware of the program or are reluctant to enroll for a variety of reasons.

High potential eligibility and low enrollment in this valuable program have initiated outreach efforts nationwide, in Ohio and our region.

### **POLITICAL FORCES**

## **Possible Impact due to Census 2010**

The total Ohio population will remain very stable through 2030 with a total growth rate of 0.6% for the 25-year period. The projected increase for the same time period nationwide is 17.4%. Due to a very small projected population growth, Ohio will represent a small portion of the total U.S. population in the future which could reduce the power of the state at the federal level with fewer congressional seats and reduced a funding allocation at a time when the elderly population is rapidly growing in the PSA.

## **Senior Service Levies SE Ohio**

Each of the eight counties in the PSA8 service area administers senior service levies. Unlike other counterparts across the state, AAA8 does not administer these senior service levies leaving AAA8 at a disadvantage regarding match requirements. The senior service levies are administered under a variety of models including county government distribution, through multi-purpose senior centers and independent councils on aging.

Senior service levies support a wide range of home and community-based services such as nutrition programs, transportation, adult day services and in-home support programs. Many times senior service levy funds are used as the match requirement for Older Americans Act funded programs.

## **Mental Health Levies SE Ohio**

Athens, Hocking, Morgan, Noble and Perry counties were successful in passing mental health levies. In the AAA8 service area, all but Washington County has been designated as a Mental Health Professional Shortage Area (Ohio Department of Health, Primary Care Office, May, 2007). As the number of elderly disabled continues to rise, the number of individuals requiring some type of mental health assistance will continue to rise as well. Even with the levies in place, the fact that there is a shortage of mental health professionals across the region will hamper access to services for many.

**The Olmstead Act** has important implications for elders and individuals with disabilities; however, the elderly have not taken advantage of the opportunity. The Olmstead Act provides access to community-based care rather than institutionalization and, in some cases, allows frail elders who live in nursing homes to go back to their home. The Olmstead Act requires that States administer their services, programs, and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities” with on exclusion based on age. Many elders are dealing with physical, mental and emotional disabilities which make them eligible to be covered under the mandates of the Olmstead Act.

**The Medicare Modernization Act** was signed into law on December 8, 2003. This landmark legislation provides seniors and individuals with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare.

## **Deficit Reduction Act 2005: Implications for Medicaid**

This Act is expected to generate \$99 billion over the 2006—2015 period. The DRA includes net reductions of \$26.1 billion over the next ten years from Medicaid. Many of the policy changes in the DRA shift costs to beneficiaries and have the effect of limiting health care coverage and access to services for low-income beneficiaries. Provisions related to premiums and cost sharing, benefits, and asset transfers make up about half of the savings in the DRA and have the most significant implications for beneficiaries. Premium and cost sharing changes, asset transfer changes and prescription drug payment changes have been proposed to reduce spending. The DRA also includes additional spending on a variety of demonstration programs such as *“Money Follows the Person”*. MFP funds are used to relocate approximately 2,200 older adults and persons with disabilities from institutions to home and community based settings helping to balance long-term support and structure.

**Aging Disability Resource Centers** are service centers that provide a place for the public to get accurate, unbiased information on all aspects of life related to aging or living with a disability. Individuals, family members, friends or professionals working with issues related to aging, physical disabilities, developmental disabilities, mental health issues, or substance use disorders can receive information specifically tailored to each person’s situation.

The **Unified Long-term Care System** is one that reacts to the needs and wishes of the individual rather than making the individual “fit” into a specific programmatic model or category.

## **SOCIAL FACTORS**

**Homestead Exemption** is open to any Ohio homeowner who is 65 or anyone certified totally and permanently disabled or the surviving spouse of a qualified homeowner, and who was at least 59 years old on the date of their spouse’s death. Eligible homeowners are able to shield \$25,000 worth of the market value of their home from local property taxes.

### **Education**

Southeast Ohio has a somewhat lower level of overall educational attainment than the rest of the state. There are seven post-secondary training providers in Southeast Ohio offering over 800 different programs. The educational attainment for persons over 25 in the region are as follows: no high school diploma - 19.4%, high school graduate - 44.3%, some college, no degree - 16.5%, associate’s degree - 6.3%, bachelor’s degree - 7.8%, masters degree or higher - 5.6%. (Source: ODJFS, Workforce Analysis, Southeast Ohio, Economic Development Region 11, October 2007.)

### **Employment and Workforce**

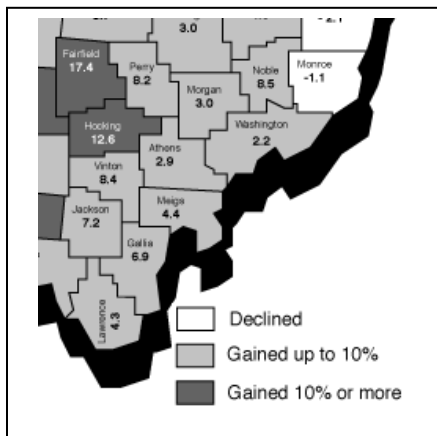
The largest employment by industrial sector in Southeast Ohio is state and local government, retail trade, health care and social assistance and manufacturing. From 2004 to 2014, Southeast Ohio is projected to add about 5,500 jobs in net. The fastest-growing industry sectors will be educational and health services; professional, scientific and technical services and information. Although manufacturing is not likely to experience growth in employment, there will be job opportunities because of substantial replacement needs in skilled production occupations. On the other hand, growth

industries, such as health services, will need to meet the expected net employment growth needs, as well as replace existing workers.

The Ohio 55-64 population is expected to rise to nearly 1.4 million by 2010, a gain of 390,000. The percent of the Ohio labor force, age 55 and older, was 12.1 percent in 1992, and increased to 14.6 percent in 2002. This share is projected to rise to 18.8 percent in 2012. The participation rate in the oldest age category, 65 and over rose from 10.4 percent in 1992 to 13.4 percent in 2002. The expected increase to 16.1 percent in 2012 can be partially attributed to the Senior Citizens Freedom to Work Act of 2002 which eliminated the earnings penalty, in the form of reduced benefits, for those aged 65 to 70 who continue to work. Workers are electing to stay on the job longer meaning that the workforce is steadily becoming older. In addition to growing older, the labor force will become more diverse as more minorities and women continue to enter the workforce. The 60+ population in our region was 47,670 in 2005 and is projected to rise to 53,330 by 2010 and to 60,050 by 2015. (Source: ODJFS, Graying of the Ohio Labor Force, Demographic Changes to 2010.)

### Rural Rebound

Ohio has been experiencing both a growth in population and what is being termed a “rural rebound” during the 1990s. During the period from 1990-97, the state experienced a population growth of 3.1%. This compares to a population growth of only 0.5% in the 1980s and a 1.3% growth in rural areas, particularly in areas near the major cities and in the Appalachian areas of the state.



Fourteen counties lost population during 1990-97, one of which was Monroe County (-1.1%). Interestingly, the Appalachian region experienced noticeable growth during 1990-97. Historically, this region lost population until the 1970s when it experienced substantial growth. The 1990s are mimicking the 1970s and are referred to as the “rural rebound.” Several Appalachian counties grew at more than twice the state rate and included Hocking (+12.6%), Noble (+8.5%) and Perry (+8.2%) counties.

Several concerns arise as a result of this rural migration. One concern is the heavy flow of elderly residents which constitutes a major part of the migration in Ohio. The elderly may be moving for retirement reasons or because of a desire to return home or perhaps to be closer to other family members. This influx of older residents contributes not only to the aging of the area into which they move but also to an increase in the need for services. Another concern is the extent to which economic opportunities in the nonmetropolitan areas will be able to increase fast enough to support large influxes of people.

As a result, rural communities are undergoing many changes, especially political ones. Local governments, which are often resistant to change, may have to develop new policies and programs to deal with the increasing demands. The need for planning at the local level due to the influx of people is critical for local housing, transportation, environmental and land-use issues. (Source: Ohio State University Data Center, Ohio Trends, Vol. 1, No. 1)

## **Appalachian Culture**

The cultural characteristics of the Appalachian population must be understood in order to effectively provide service to this demographic group. The most obvious characteristics of this group are its individualism, self-reliance and pride. Not wanting to be “beholding” to others and to look after oneself or family is a way of life. Appalachians are family centered with the family being the working unit. Neighbors will help each other out but are suspicious of strangers. Their love of place sometimes leads them to stay in places where there is no hope of maintaining a quality of life due to their ties to place. This mindset often leads to the individuals who are the most in need becoming the ones who are most likely not to seek the help and services that they need.

## **Out migration**

The majority of people in SE Ohio tend to stay in the same home. In 2007, 59.2% of the population were still in the same house as in 1995; 19.8% were in a different house but the same county; 14.4% were in a different county but same state; and 5.8% were in a different state. (Source: Ohio Department of Development Office of Strategic Research and Strategic Planning, 2007.)

**Caregiving** will preoccupy American families well into the 21st century as the 76 million baby boomers join the ranks of older Americans. Currently, nearly one out of four U.S. households provides care to a relative or friend aged 50 or older; informal, unpaid care from family, friends, or neighbors is the main source of help for the majority of older people with disabilities living in the community. According to the Alzheimer’s Association, the total value of unpaid care in the U.D. in 2009 was \$5,697,617,333 a staggering number which is expected to grow as the population ages.

The average age of a primary caregiver is over 60 years of age and over 75% of them are women. Studies show that caregiver’s experience sense of burden and estimated 46% are clinically depressed. Up to half of the primary caregivers caring for someone with Alzheimer’s develop a significant psychological distress.

## **Working Caregivers and the impact on employers**

47% of caregivers are employed; 71% are employed full time. The number of workers over age 55 is projected to nearly double from 2002 to 2012 increasing the need for spousal and eldercare arrangements. The estimated annual cost to U.S. employers in terms of lost productivity due to caregiving is \$29 billion per year (*MetLife and the National Council on Aging*). Replacement costs including recruiting, relocation, training, temporary inefficiency of new hires and vacant positions have been estimated to be equal to 75% of the annual salary costs for employees who had to leave due to caregiving responsibilities.

## **Housing Opportunities and Trends**

Retirement communities have been built in Athens (Athens County) and Barlow (Washington County) however, these planned communities are not affordable for the majority of the area’s population. These homes are marketed outside the area in an attempt to attract retirees from urban areas with a much higher cost of living.

## **Civic Engagement and Volunteerism**

Senior citizens make up an increasing proportion of the population of this country. Currently, seniors comprise approximately 21 percent of the residents of the United States. This number is only going to increase over the next twenty to thirty years as the almost 79 million members of the "Baby-Boomer" generation mature. With retirement coming earlier to many in this group, senior citizens today are active, involved, and interested in helping whether it is through charitable contributions or volunteer time.

According to a recent survey, almost 44 percent of all people 55 and over volunteer at least once a year; over 36 percent reported that they had volunteered within the past month. These older volunteers give on average 4.4 hours per week to the causes they support. The 26.4 million senior volunteers gave approximately 5.6 billion hours of their time—a value of \$77.2 billion to nonprofit organizations and other causes in this country.

The desire to help others less fortunate is a major motivation for seniors to volunteer. Senior volunteers stated most often that the ability to help individuals meet their needs and the feeling that those that have more should help those with less were major motivations that drive them to be volunteers in their community.

Giving back to society, either financially or socially, are also major motivations for volunteerism among seniors. Over one-third of senior volunteers reported that they volunteered because they wanted to give back to society some of the benefits they received individually; they wanted to enhance the moral basis of society; or they felt that it was important to keep taxes and other costs down.

## **TECHNOLOGICAL FACTORS**

### **RENEW Ohio-18 (Broadband)**

BH-AAA8 staff actively participated on several committees organized by Ohio Congressman Zack Space, as part of his 'RENEW Ohio 18' initiative. The purpose of this body is to bring together individuals with relevant knowledge in the areas of broadband, agriculture, healthcare, and alternative energy, with the hopes of advancing these issues within the congressional district.

These groups are tasked with brainstorming, discussing, researching, and producing creative ways to better implement these technologies, programs, and strategies. The goal of the RENEW Ohio 18 initiative is to help reverse some of the recent setbacks that have befallen the district as a result of major losses in the manufacturing sector.

Out of these collaborative workings, broadband coverage for rural Ohio has emerged as a major objective set forth by Congressman Space. All three Ohio LDD's worked closely in late 2008 to begin forming a major broadband coverage project/ concept, which continues to gain momentum today.

**Geographic Information System Services (GIS)** Buckeye Hills provides GIS mapping services to the eight county region. In coordination with Emergency Management partners throughout the district, these services will now include mapping of 'at risk' residents. PASSPORT case managers were trained with handheld GPS devices to

“map” AAA8 clients. These maps will provide Emergency Management officials with details on at-risk residents in the case of emergencies such as flood, snow and fire.

**Project Lifesaver** relies on proven radio technology and a specially trained Law Enforcement search and rescue team. Clients enrolled in Project Lifesaver wear a personalized wristband that emits a tracking signal. When caregivers notify the local Project Lifesaver agency that the person is missing, a search and rescue team responds to the wanderer's area and searches with the mobile locator system. In over 1,500 searches, there have been no reported serious injuries or deaths and recovery time averages less than 30 minutes. Designed to track and rescue those with cognitive conditions who tend to wander, this service answers a critical need for protecting people at risk of wandering, including children and adults with Alzheimer's, Autism, Down syndrome and Dementia. Each county in this PSA participates in the Project Lifesaver Program.

**RUOK** is an automated telephone reassurance program that uses an auto dialer to call the homebound resident and checks to ensure that an individual answers the phone. Some of these systems include an IVR that allows the call recipient to provide a positive response to the phone call to ensure their well being. If the call is not answered, the system can automatically call a family member (if available) or a community service organization such as the police or fire department. RUOK has been initiated in Washington and Monroe Counties.

### **Seniors and technology**

Although technology has rapidly advanced throughout the world, Southeast Ohio has been slow to follow suit. Many 55+ individuals still lack the basic computer skills necessary to compete in today's job market. Senior Centers and Adult Basic Education and Centers for Learning offer basic computer classes but other barriers such as low self-confidence in their ability to learn, transportation and accessibility due to the distance that must be traveled to attend still prevent many from accessing further training and education.

### **Internet impact/influence**

Programs such as the Ohio Benefit Bank, Benefits Check-up, Medicare supplemental and assistance programs are web-based increasing accessibility. Additionally, the need to install software programs for consumer data and service delivery input has been eliminated due to the fact that they too are now web-based.

### **Website**

AAA8 has overhauled its website and now utilizes for electronic access to Requests for Proposal, Policies and Procedures, User's Manuals and other documents that were traditionally distributed in hard copy in an effort to go green, conserve resources and reduce waste.

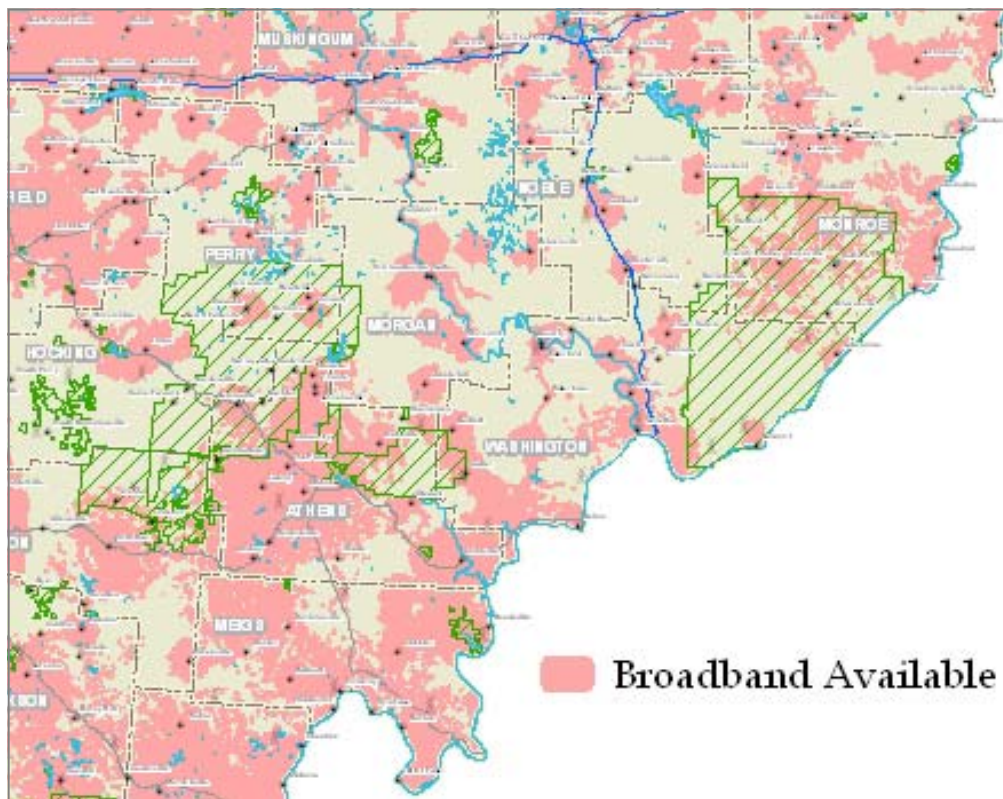
### **E-Newsletter**

AAA8 instituted the distribution of a monthly e-newsletter and special advocacy or funding-related alerts as needed across the district. The electronic monthly newsletters from AAA8 have a distribution of over 500 recipients. The AAA8 website offers visitors the opportunity to subscribe to monthly newsletter.

## Broadband—Connect Ohio

The Buckeye Hills staff has been actively participating in the planning and visioning process initiated by Connect Ohio. The main objective of this group is to spread the availability and adoption of high speed internet service across Ohio, while also expanding the overall use and adoption of computers by Ohio's populous. Connect Ohio has also undertaken an initiative to more accurately map existing broadband services and facilities currently available throughout the state. This group has been holding community based meetings in all 88 counties with the focus on helping counties identify potential projects that will improve the aforementioned areas, as well as identify areas of local expertise, local partners, and potential funding sources for these identified projects. A seven percent increase in broadband adoption in Ohio could result in:

- More jobs: An additional 96,000 jobs per year created or saved worth about \$3.6 billion
- Reduced health care costs: About \$25.4 million saved annually
- Fewer miles driven by Ohioans: Savings of \$248 million a year
- Cleaner air: About 126 million fewer lbs. of CO2 emissions annually across the state
- Better access to goods and services: A savings of 144 million hours a year from accessing broadband at home, worth nearly \$1.3 billion annually
- Total direct economic impact: \$5.2 billion annually by accelerating broadband usage across Ohio



Source: Connect Ohio, *Broadband Service Inventory Southeastern Region Ohio*

## **ECONOMIC FACTORS**

### **Per Capita Income**

BEA Personal Per Capita Income 2004-2007 (in current dollars)				
	2004	2005	2006	2007
United States	\$33,123	\$34,757	\$36,714	\$38,615
Ohio	\$30,744	\$31,939	\$33,320	\$34,468
AAA8	\$21,106	\$21,689	\$22,670	\$23,399
Athens	\$20,934	\$21,371	\$22,030	\$22,864
Hocking	\$22,911	\$23,707	\$24,690	\$25,469
Meigs	\$19,575	\$20,257	\$21,754	\$22,226
Monroe	\$22,455	\$22,720	\$23,998	\$25,250
Morgan	\$19,403	\$19,461	\$20,094	\$20,654
Noble	\$17,182	\$17,973	\$18,366	\$18,441
Perry	\$20,672	\$21,278	\$22,095	\$23,007
Washington	\$25,713	\$26,743	\$28,330	\$29,281

The table above illustrates the personal per capita income of counties within the region as compared to the state and federal levels over the period from 2004 to 2007. In 2007 the average per capita income for the AAA8 district was \$23,399; which was \$11,069 below the state average and \$15,216 below the national average. As evidenced by comparing the years shown, the gap between the AAA8 personal per capita income average and the state and national averages continues to grow. Over this four-year span, Noble County had the lowest average annual per capita income in the region at \$17,990.

The Personal Per Capita Income figure illustrated above is calculated by the Bureau of Economic Analysis on an annual basis. The BEA Per Capita Income figures include the value of food stamps, Medicaid, and Medicare, as well as other forms of assistance to individuals and families. According to the U.S. Bureau of Economic Analysis, the counties in the AAA8 region ranked as follows in per capita personal income in the state for 2006:

- Noble County – 88 (out of 88)
- Morgan County – 86
- Meigs County – 85
- Perry County – 83
- Athens County – 84
- Monroe County – 77
- Hocking County – 72
- Washington County – 44

With the exception of Washington County, the district clearly has the lowest per capita incomes in the state.

The AAA8 region has been hard hit by losses in the manufacturing sector, which may be driving the negative net migration figures higher as residents look for work outside

the district. The recent economic difficulties that have gripped our country have only led to a tightening of the local job markets, making it unlikely that these figures will continue to improve in the near future.

Migration can be caused by many factors; in most cases these numbers are influenced by proximity to local job markets (i.e. people commuting in or out of a county to find work.) or proximity to a major transportation artery. The largest net gain was seen in Hocking County (311), while Washington County continued to suffer the biggest loss (-1,487). The net migration loss in Washington County continues to be the largest; however they have been steadily improving since reaching a high of -403 in 2004 - 2005.

All of the counties in SE Ohio are in the Appalachian Region. The Appalachian Regional Commission has designated three counties in this EDR as “transitional” for fiscal year 2007, meaning their economic indices (comprised of unemployment, per capita market income and the poverty rate) ranks in the middle 50 percent nationally. Three more counties were designated as “at-risk,” meaning their indices rank below 75 percent of counties nationally. Athens and Meigs Counties were both “distressed,” with indices below 90 percent of counties nationally, though Athens County’s index may be artificially low due to its large student population. Source: ODJFS, Workforce Analysis, Southeast Ohio Economic Development Region 11

**Section 2: Basic Demographics:**

<b>County</b>	<b>60+</b>	<b>75+</b>	<b>85+</b>	<b>Rural 60+</b>	<b>Males</b>	<b>Females</b>	<b>Living Alone</b>	<b>Minority 60+</b>
Athens	7715	2600	735	7715	3265	4450	2235	171
Hocking	5145	1545	440	5145	2395	2740	1190	132
Meigs	4445	1570	390	4445	1900	2555	1270	44
Monroe	3270	1135	340	3270	1470	1790	780	4
Morgan	3205	1030	235	3205	1460	1750	815	109
Noble	2460	780	230	2460	1095	1365	665	22
Perry	6285	1850	320	6285	2425	3065	1480	69
Washington	12290	4350	1020	12290	5245	7045	3140	182
<b>Totals</b>	<b>44815</b>	<b>14860</b>	<b>3710</b>	<b>44815</b>	<b>19255</b>	<b>24760</b>	<b>11575</b>	<b>733</b>

*Source: Census 2000, Special Tabulation on Aging, TABP40H, TABP50H, TABP70H*

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

### Section 1: Strengths

Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8

Strategic Plan Period: 2011–2014

Date Submitted: April 2010

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

- **Caregiver Advocacy Program** offers assistance to individuals caring for a friend or loved one, support groups, assistance to the working caregiver and their employer through an Employee Assistance Program.
- **AAA8 is a program of Buckeye Hills—Hocking Valley Regional Development District.** Buckeye Hills is organized as a voluntary organization of local government political subdivisions in Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, and Washington Counties to foster cooperative efforts in regional planning, and the implementing of regional plans and programs.
- **Working relationship with local, state and federal elected officials**
- **Strong community partnerships** County EMAs, county sheriff offices, local community colleges, technical and career centers, universities, volunteer programs, faith-based and community programs, correctional facilities (prisoner re-entry).
- **Strong partnerships with focal points**
- **Housing Coordination program**—AAA8 operates a housing modification and minor home repair program. This program focuses on combating issues such as rural homelessness and affordable housing. This program also provides other services such as small home repairs that allow seniors to remain in their own homes, rather than alternative living facilities.
- **On-going staff development** - Training for technological and programmatic training programs for AAA8 staff enabling a broader community base to be served by AAA8 staff
  - AIRS Certification for AAA8 staff
  - Staff trained as Ohio's Benefit Bank counselors
  - Staff trained as OSHIIP Counselors
  - Senior Medicare Patrol
  - MIPPA
  - Case Management staff training for use in GIS mapping
- **Evidence-based programming**—Four master trainers for CDSMP, Healthy IDEAS trainer.
- **Senior Levies** are available in each of the eight counties in the service area

- **Home Healthcare Provider Co-op** - comprised of five home healthcare providers. The mission of this co-op is to “share resources and strengthen the home healthcare workforce”. Education partners provide training and referrals of potential employees to the co-op.
- **Senior Farmer’s Market Nutrition Program** is in each county in the PSA. This is by far the most popular program administered by AAA8. This program not only benefits the nutrition for seniors in SE Ohio but offers a prime opportunity for outreach for additional programs.
- **Strong Regional Advisory Council and County Councils on Aging**

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

### Section 2: Weaknesses

Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8

Strategic Plan Period: 2011–2014

Date Submitted: April 2010

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

- **Limited/reduced Federal and State and local resources** - In the current budget climate, it is difficult to meet the demands of the growing population due to funding and the consequent staffing shortages. There is an inability to meet match requirements limiting grant application opportunities. Levies are managed at the county level unlike other AAAs.
- **Lack of transportation resources** – AAA8 continues to experience limited transportation resources. The demand for transportation and medical escort service is increasing due to the aging population's inability to access medical care locally.
- **Public awareness** of existence and role of Area Agency on Aging; Other community organizations do not see the value in partnering because AAA8 is viewed as only "PASSPORT".
- **Limited Adult Protective Services** – Funding reductions for Adult Protective Services at a time when the 60+ population is quickly growing will leave many abused, neglected or exploited elders with nowhere to turn as resources are dwindling.
- **Limited Alcohol, Drug and Mental Health Services** due to funding reductions and restrictions at state and local levels
- **Strain of economic climate on provider network;** low reimbursement rates resulting in low wages and staffing shortages for home health
- **Rural service delivery is more costly** than that of an urban area. Funding streams contribute to inconsistency in service delivery and availability in the PSA.
- **Resistance to change**
- **Limited access to broadband service** – Makes it difficult to use web-based programs in the field.
- **High Poverty Rate** - Lack of individual financial security and pre-planning for long-term care cause many people to make decisions in a crisis situation.
- **Resistance to private pay services/case management** – Many do not understand the role that case management services play when faced with a long-term care issue. Many individuals are unwilling to pay for the service, although they have the

ability to pay, as they view it as unnecessary or as a “waste of money”.

- **Assisted Living facilities not willing to participate in Medicaid Waiver Programs**
  - There are only two Assisted living facilities who participate in Medicaid Waiver programming in the PSA. The rules impose a high investment on the front end with low reimbursement at the back end.
- **Senior Housing Shortage** - Lack of elder-friendly, affordable housing stock available; limited availability of low-income and senior housing options. Available housing stock is old and is expensive to maintain heat and cool.

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

**Section 3: Issues**

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

- **Healthcare Estate Planning** - Need increased education and implementation of healthcare estate planning to avoid the necessity of liquidating assets to become Medicaid eligible and making decisions during a crisis situation.
- **Stronger network** linking the aging, healthcare, disability and mental health networks.
- **Innovative outreach strategies and partnerships** to let people know 1) we are here 2) what we do
- **Increase and strengthen home healthcare workforce** - Continue to work with home health providers in an effort to make the home healthcare field a more attractive option for training and employment to boost the home healthcare workforce.
- **Need to overcome the resistance to benefit enrollment** and make people aware of healthcare, prescription and other benefits they may be eligible for and provide application assistance
- **Help to resolve multi-generational issues in the home setting:**
  - Theft
  - Exploitation
  - Abuse/neglect
  - Rx theft
  - Prisoner re-entry
  - Grandparents raising grandchildren
- **Evolving outcome of healthcare reform**
- **Difficult to serve populations** – There is significant difficulty in serving the minority population as only 1.66% of the PSA8 60+ population is minority. Often times this population is difficult to locate and resistant to assistance.

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

**Section 4: Positions**

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

- **Aging, Disability Resource Network**— strengthen existing partnerships and develop others to be better positioned to assist all individuals.
- **Volunteers and Civic Engagement** - AAA8 will work toward creating a volunteer network to address service needs and gaps in the community.
- **Evidence-based programming**—AAA8 will continue to promote and expand evidence-based programming in an effort to educate individuals in the PSA about chronic disease self-management techniques.
- **Advocacy**— AAA8 will continue to educate and inform elected officials at state, local and regional levels about the services, programs and needs of the aging, disability, and mental health networks.
- **Appropriate placement**—AAA8 will strive to ensure that all individuals receive appropriate care in the setting of their choice.
- **Senior safety and protection** can be increased through civic engagement and partnership with local law enforcement.
- **Assisted living facilities are hesitant to participate in Medicaid Waiver programs** due to low reimbursement; mandates and guidelines for program participation increase overhead for low return
- **Housing Stock** - There is a need for an increase in elder-friendly, affordable housing stock in order to accommodate the area's growing aging population
- **There is a need for available funding to be transitioned to non-traditional services (i.e. Restaurant meal programs)** to meet the service delivery preference of the baby boom generation.

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

**Include in your response:**

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

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**1. Service Need/Gap: Transportation/Medical Escort**

The Needs Assessment conducted by AAA8 in 2009 indicates that Transportation and Medical Transportation services were ranked numbers two and three respectively as most important services in order to maintain independence.

The demand for transportation and medical escort service is increasing due to the senior's inability to access medical care locally. Many seniors are forced to travel out of the area for medical appointments as only three counties in the PSA have hospitals. Lack of transportation results in the senior's inability to access preventative healthcare resulting in a further diminished state of health.

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**2. Service Need/Gap: In-home and supportive services**

The Needs Assessment conducted by AAA8 in 2009 indicates that Homemaker Service was the number one most important service in order to maintain independence. Home Delivered Meals was ranked at number four and Personal Care Service at number five. Additionally, home maintenance and yard work were identified as the number one and two, respectively, hardships faced by seniors.

The demand for in-home and supportive services will continue to increase as the population ages. An increase in funding to meet to the growing demand is not anticipated therefore, engaging a new strategy in order to meet the growing need and demand will need to occur.

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**3. Service Need/Gap: Nursing Home Diversion and Transition Service**

When offered the choice, the vast majority of individuals would choose to stay in their home; a more cost effective choice. By making diversion and transition services available, individuals are enabled to make that choice even after NF placement.

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**4. Service Need/Gap: Stronger partnership between aging, mental health and disability networks.**

In order for individuals to effectively access health and other long-term support options, a strong network between state and local organizations must work together in a coordinated manner to provide access points to all long-term services and supports.

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**5. Service Need/Gap: Affordable, universally designed housing stock not available.**

As our population ages, the home in which they have lived for years may not be conducive to an elderly or disabled individual. Many “empty nesters” are seeking to move into smaller dwellings but elder/disability friendly housing stock is not readily available.

Through the education of local developers and home owners, the amount of elder/disability friendly housing stock could increase to meet the demand.

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**6. Service Need/Gap: People have not planned for their future long-term care needs.**

Most individuals have not planned for their long-term care needs and do not understand the difference between retirement and estate planning. Furthermore, many do not realize that Medicare or other insurance plans do not cover the cost of long-term nursing facility placement. Many decisions are made in crisis mode forcing many in poverty with no resources to contribute toward their care. In addition, many aging parents of disabled children are at a loss as to how their child will be taken care of after they are no longer able to provide their care.

Pre-planning for long-term care is paramount to the ability to remain independent and free to make the choices that are best. Education about the legal aspect of pre-planning could play a pivotal role in the future of many individuals.

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

Column 1 (Number Sequentially)	Column 2 Objectives	Column 3 Evaluation Methodology For Goal:
<b>Strategic Issue #1: Ensure ease in access to information about available programs and services and increase efficiency of referrals to service network.</b>		
<p><b><u>Goal 1:</u></b> Serve as the integrated point of entry into the long-term care service system.</p> <p><b><u>Rationale:</u></b> Pool and coordinate resources and streamline access to existing services and supports to better serve individuals in SE Ohio.</p> <p><b><u>Completion Date:</u></b> 12/2014</p>	<p>1.1 Prepare AAA8 for front door role. **</p> <p>1.2 Develop strong working relationships with the mental health and disability networks and other partner agencies. **</p> <p>1.3 Provide application assistance, education and outreach for benefits, programs and services for all individuals. **</p>	<p>1.1.1 AIRS Certification of AAA8 staff</p> <p>1.2.1 Host regional collaborative(s) to cultivate networking between MH, DoDD and Aging Networks.</p> <p>1.2.2 Establish a workgroup of representatives from each discipline (MH, DoDD, and Aging) and each county in the PSA to work toward coordination of services and supports for older adults, persons with disabilities, family members and care givers.</p>
<b>Strategic Issues #2: Ensure least restrictive most cost effective choices in continuum of LTC for individuals.</b>		
<p><b><u>Goal 2:</u></b> Nursing Home Diversion and Transition</p> <p><b><u>Rationale:</u></b> HCBS is the setting of choice and most cost effective.</p> <p><b><u>Completion Date:</u></b> 12/2014</p>	<p>2.1 Utilize Ombudsman in diversion/transitions of consumers from LTC facilities. **</p> <p>2.2 Implement Care Transitions program. **</p>	<p>2.1.1 Outcome measures will be defined by the number of persons diverted from NFs and the number of persons transitioned from NFs</p> <p>2.2.1 Outcome measures will be defined by the number of persons assisted</p>

Column 1	Column 2	Column 3
(Number Sequentially)	Objectives	Evaluation Methodology For Goal:
<b>Strategic Issue #3: Alternate sources for needed services will need to be cultivated to meet the increasing demand.</b>		
<p><b><u>Goal 3:</u> Increase civic engagement in the AAA8 service area</b></p> <p><b><u>Rationale:</u></b> Funding will not increase at the same rate as the aging population. The creation of a volunteer program to meet service needs and gaps will help to meet the demand for service as well as the need for individuals to serve their community.</p> <p><b><u>Completion Date:</u></b> 12/2014</p>	<p>3.1 Develop and implement a volunteer program.</p> <p>3.2 Partner with existing volunteer programs (i.e. RSVP) to expand leader base for evidence-based programs. **</p> <p>3.3 Utilize volunteers to fill service gaps through volunteer respite program.**</p> <p>3.4 Increase the safety of seniors through the use of volunteers for:</p> <ul style="list-style-type: none"> <li>• SALT Councils (Seniors and Law Enforcement Together)</li> <li>• Citizen’s Circles</li> <li>• CERT teams (Citizen Emergency Response Teams)</li> </ul>	<p>3.2.1 Outcome measures will be defined by the number of leaders trained, the number of workshops conducted and the number of workshop participants attending.</p> <p>3.3.1 Outcome measures will be defined by both volunteer and service recipient satisfaction surveys, the number of volunteers trained and the number of volunteer hours logged.</p> <p>3.4.1 Outcome measures will be defined by both volunteer and service recipient satisfaction surveys, the number of volunteers trained and the number of volunteer hours logged.</p>

**Strategic Issue #4: Increase barrier-free housing stock**

**Goal 4: Advocate for the development and construction of affordable, barrier-free housing stock.**

**Rationale:** The amount of barrier-free housing stock for the aged and disabled members of our society will need to be increased as these demographic groups continue to grow in numbers.

**Completion Date:** 12-2014

- 4.1 Meet with local developers to educate them about the housing needs of older adults and individuals with disabilities\*.
- 4.2 Partner with Continuums of Care to alleviate homelessness and housing issues\*

- 4.1.1 Outcome measures will be defined by the number of developers who have been made aware of the need for barrier free housing stock
- 4.2.2 Outcome measures will be defined by the number of persons assisted

**Exhibit A-7: Targeting Unserved and Underserved Populations**  
**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**  
**Strategic Plan Period: 2011–2014**  
**Date Submitted: April 2010**

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

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

**Response:**

The primary focus of AAA8 is to provide services to older individuals who are in the greatest economic and social need. In reviewing the available demographic data, the largest demographic group falling into both categories is females aged 70 -74 as they tend to live alone and are in poverty possibly due to outliving their resources.

The predominant race in the AAA8 service area is “white only” at 98.34% compared to that of the state of Ohio at 85.2%. In light of the fact that such a small percentage of minority individuals reside in SE Ohio, outreach and targeting is performed based on economic and social need. A conscious effort has been made to identify geographic regions in the service area that has a high number of minority individuals and outreach has been performed through partnership with the county focal points.

AAA8 utilizes consumer information in targeting efforts for programs and services for which they may be eligible. For example, if an individual is eligible for HEAP their potential eligibility for Medicare Extra Help or Senior Farmers Market is increased. AAA8 strives to ensure that eligible individuals are made aware of as many benefits as possible. AAA8 refers to this practice as “bundling”.

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

**Response:**

AAA8 is considered rural in its entirety per the Appalachian Regional Commission and the Economic Development Association. AAA8 strives to serve the entire region however; we are unable to serve some of the most outlying areas due to funding constraints. Alternate methods of service delivery such as meals delivered via USPS have been utilized to be sure that individuals most in need will have access to services. AAA8 will strive to create partnerships with organizations located in smaller towns and villages to ensure access to services in all areas.

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

Response:

A total of .12% of the 60+ population in the AAA8 service area speaks English "not well" or "not at all". To date, AAA8 has not been unable to communicate effectively with any individual in the service area. In the event that a language barrier is encountered, access to individuals fluent in a variety of languages can be consulted for assistance at local colleges, community colleges and high schools.

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

Response:

In its pursuit to become the integrated point of entry into the long-term care system, AAA8 will continue to foster its relationship with the County Departments of Developmental Disabilities and Departments of Mental Health. AAA8 will hold a series of regional meetings for open discussion and input. From these regional meetings, a workgroup dedicated to working toward the integration of these three systems to ensure that no individual "falls through the cracks" or goes without service will be formed. Specific goals for the workgroup to work toward will be identified through the open discussion held at the regional meetings.

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

Response:

Veterans

AAA8 will collaborate with the county veteran's service groups to identify and help meet the need of the veterans in our service area.

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.

Response:

The effectiveness of resources will be evaluated through outcome measures established by AAA8. The number of referrals to and from an agency or organization, the number of long-term care consultations or PASSPORT assessments as well as the number of enrollments will be documented and reviewed to verify which outreach methods and resources were the most effective. Consumer satisfaction surveys will be utilized and ongoing dialogue through the ADRN workgroup will help to create the most effective system possible.

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

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

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

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

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

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

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

1. Service category (reference ODA service taxonomy).

Health Education and Medication Management

2. Geographic area in which service will be provided.

The Trainer will be available to Athens, Hocking and Perry Counties for Health Education and all 8 counties for Medication Management (Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, Washington)

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

AAA 8

4. An RFP process was used to solicit potential providers of this service: Yes X No

If no, explain why an RFP process was not used to solicit potential providers.

An RFP process was used to solicit potential providers for Health Education and 3 of the 8 counties had no bids. AAA 8 will provide the service in those counties.

An RFP process was not used to solicit potential providers for Medication Management. With such a small amount of funding available, retaining the dollars within the AAA will allow for more targeted medication management activities across the region.

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

There are no plans to reallocate these dollars outside the AAA.

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

- X To ensure adequate supply.

As there were no bids from potential providers for the three counties indicated above for the Health Education, the AAA will take the responsibility of ensuring that this much needed service is available to all counties in our region.

- Service is directly related to AAA administrative function.

- X AAA can provide service more efficiently and effectively.

Since there is limited funding for Medication Management, it is more efficient for the AAA Trainer to provide this service in conjunction with other events and efforts throughout the region.

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

The AAA 8 Trainer will focus on counties/areas throughout the region with no existing access to these services.

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

PASSPORT consumers have the ability to benefit from these services as well as any other consumer. We make all information and resources available to PP consumers.

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

March 26, 2010

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

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

Beginning 2011 Ending 2014

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

\_\_\_\_\_  
Date

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

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

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

\_\_\_\_\_  
Date

**Instructions:** Complete this exhibit only if the AAA plans to allocate Older Americans Act grant funds for purposes as outlined in Section 321(b)(1) of the Older Americans Act. Please ensure that your responses are presented in a font that is clearly differentiated from the questions.

A. Respond to the following:

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

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

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

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

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

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

C. The AAA Director assures that:

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

---

Signature of AAA Director

---

Date

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

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

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

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

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

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

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011–2014**

**Date Submitted: April 2010**

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

**Summary of Appendix 6:**

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

Column 1: Nutrition Program Service Function (detailed description)

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

Column 3: AAA Staff Name and Position

Column 4: Counties in which Service Function will be provided

Column 5: Budget Funding Source and Amount

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

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011-2014**

**Date Submitted: April 2010**

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

Page 1\_\_of 2\_\_

<b>Nutrition Program Service Function</b>	<b>Rationale for Direct Provision of Nutrition Program Service Function</b>	<b>AAA Staff Name &amp; Position</b>	<b>Counties Served</b>	<b>Budget Funding Source</b>	<b>Amount</b>
Menu Writing	See #4 below	Rhonda Davisson, RD, LD	All 8	Title III C-1, C-2	\$11,250.00
Provider Level Policy and Procedure Development and Nutrition Service Training	See #4 below	Judy Kuhn, RN, QI Manager	All 8	Title III C-1, C-2	\$3,717.00
Provider Level Policy and Procedure Development and Nutrition Service Training	See #4 below	Debra Huff, LSW, MSW, QI Coordinator	All 8	Title III C-1, C-2	\$3,658.00

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

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

\_\_\_\_\_  
AAA 8

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

\_\_\_\_\_  
None

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

If yes, when \_\_\_\_\_

4. The Nutrition Program service function does not duplicate a provider activity, i.e., the AAA will be the primary provider of the Nutrition Program service function. Registered, licensed dieticians are not readily available in Southeastern Ohio. It is more economical for AAA 8 the use the dietician already contracted with to perform certain activities for the eight counties, rather than have the providers hire individuals in each county. AAA 8 staff oversight and training for the providers is essential to ensure quality meal services.

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

\_\_\_\_\_  
Date

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

**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**

**Strategic Plan Period: 2011-2014**

**Date Submitted: April 2010**

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

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

A. Priority Service category:

Access Services       In-Home Services       Legal Assistance

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

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

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

No, a public hearing was not held

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

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

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

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

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

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

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

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

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

**Appendix 7: Waiver of Title III-B Priority Services (cont.)**  
**Area Agency on Aging: Buckeye Hills - Area Agency on Aging 8**  
**Strategic Plan Period: 2011–2014**  
**Date Submitted: April 2010**

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

**Service category:**

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

\*Clients served through both Title III and SCS services

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

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

\_\_\_\_\_  
Date

## AAA Notice of Intent for Funding Priority Services

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

This Notification will inform the Ohio Department of Aging of the intent of (name of the AAA) \_\_\_\_\_ 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).

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

\_\_\_\_\_  
Date

## AAA Assurances for 2011-2014

Area Plan Assurances, Section 306, Older Americans Act

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

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

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

Older Americans Act Programs Non-Discrimination Policy

Verification of Intent

# Strategic Area Plan Assurances – 2011

## Section 306 Older Americans Act

The Buckeye Hills Area Agency on Aging 8 assures the following:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance and case management services), in-home services (including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders), and legal assistance.  
306(a)(2)(A)(B)(C)
2. Designate where feasible, a focal point for comprehensive service delivery in each community. Specify in grants, contracts and agreements implementing the plan, the identity of each focal point so designated. 306(a)(3)(A)(B)
3. Provide assurances that the area agency will set specific objectives consistent with state policy for providing services: to older individuals with greatest economic and social need, and older individuals at risk for institutional placement; to low-income minority older individuals, older individuals with limited English proficiency, and older persons in rural areas. The area agency shall also include methods to achieve objectives described in this paragraph. 306(a)(4)(A)(i)(I).
4. Each AAA shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will according to 306(a)(4)(A)(ii):
  - a. Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the area agency on aging for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.
4. The AAA assures it will use outreach efforts according to 306(a)(4)(B) that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - a. Older individuals residing in rural areas;
  - b. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - c. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

## Strategic Area Plan Assurances – 2011 (cont.)

- d. Older individuals with severe disabilities;
  - e. Older individuals with limited English proficiency (LEP);
  - f. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - g. Older individuals at risk for institutional placement
5. The AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (306(a)(4)(C))
  6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.(306(a)(5))
  7. The AAA assures it will provide information and assurances concerning services to older individuals who are American Indians including:
    - a. Information concerning whether there is a significant population of older American Indians in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older American Indians to programs and benefits provided under this title;
    - b. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
    - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, whom are older American Indians. (306(a)(11))
  8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.(306(a)(13)(A))
  9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
    - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
    - b. The nature of such contract or such relationship. (306(a)(13)(B))

## Strategic Area Plan Assurances – 2011 (cont.)

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

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Signature of AAA Director

---

Date

# Strategic Area Plan Assurances – 2011

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

### FY 2011 Strategic Area Plan

Buckeye Hills Area Agency on Aging 8 certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

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

---

Signature of Authorized Individual

---

Date

# Strategic Area Plan Assurances – 2011

## Certification for Contracts, Grants Loans & Cooperative Agreements

### FY 2011 Strategic Area Plan

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

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

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

### Statement for Loan Guarantees and Loan Insurance

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

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

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

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

# Strategic Area Plan Assurances – 2011

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

### FY 2011 Strategic Area Plan

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

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

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

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

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

**Frederick Hindman**

\_\_\_\_\_  
Name of Designee (type or print)

**Buckeye Hills-Hocking Valley Regional Development District**

\_\_\_\_\_  
Name of Recipient (type or print)

**P.O. Box 520, Reno, Ohio 45773**

\_\_\_\_\_  
Street Address or P. O. Box City State ZIP Code

**31-0843760**

\_\_\_\_\_  
IRS Employer Identification Number

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Strategic Area Plan Assurances – 2011

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

### FY 2011 Strategic Area Plan

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

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

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

Ron Moore

Applicant (type or print)

Date

Signature & Title of Authorized Official

P.O. Box 520,

Applicant's Mailing Address

Reno,

City,

OH

State,

45773

ZIP Code

# Strategic Area Plan Assurances – 2011

## Older Americans Act Programs Non-Discrimination Policy

### FY 2011 Strategic Area Plan

It is the policy of the Buckeye Hills Area Agency on Aging 8 to provide services to all persons 60+ and employment services to all persons 55+ as mandated by the Older Americans Act, as amended, State statutory law, and their applicable rules and regulations pursuant thereto without regard to race, color, national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military discharge, or age. The Buckeye Hills Area Agency on Aging 8 does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the State statutory law, Title VI of the U.S. Civil Rights Act, as amended; Title VII of the U. S. Civil Rights Acts, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act, as amended; the Age Discrimination in Employment Act, as amended, their applicable rules and regulations pursuant thereto; the Constitution of the United States, and the Constitution of the State of Ohio.

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

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

The persons designated to coordinate compliance with the Civil Rights Program is Frederick D. Hindman, and can be reached at 740-373-6400.

Approved and agreed to on behalf of the Buckeye Hills Area Agency on Aging 8.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# Strategic Area Plan Assurances – 2011

## Verification of Intent

### FY 2011 Strategic Area Plan

The Strategic Area Plan on Aging hereby submitted for the Buckeye Hills Area Agency on Aging 8 for the period January 1, 2011 through December 31, 2014. It includes all assurances and plans to be followed by the Buckeye Hills Area Agency on Aging 8 under provisions of the Older Americans Act, as amended during the period identified, the Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State of Ohio policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

## Attachment 1

# Public Hearing Summary

A Public Hearing for the presentation of the AAA8 2011-2014 Strategic Area Plan was held on March 26, 2010 in Marietta, Ohio. A total of 30 people were in attendance; 14 of those individuals were 60+ years of age. Attendees represented a variety of community organizations. Representatives from the Athens, Hocking, Meigs, Monroe, Noble, Perry and Washington County Councils on Aging were in attendance. A representative from the County Board of Commissioners from Athens, Hocking, Meigs, Monroe, Noble and Washington Counties were in attendance as well as representatives from the Noble County Health Department, Scenic Hills Senior Center of Hocking County, Guardian Medical Monitoring, United Seniors of Athens County, Inc., Athens County DJFS, Washington County DJFS, Fosterbridge, Inc., Masonic Senior Services, Noble County DJFS, and the Morgan County Office on Aging.

The public hearing for the AAA8 2011-2014 Strategic Area Plan was held in conjunction with a special meeting sponsored by the AAA8 Regional Advisory Council. The special meeting featured two speakers on the topic of the 2010 Census and the importance of participation and how the information collected helps older people and retirees. Guest speakers were the Directors of the Athens and Washington County Departments of Jobs and Family Services both of whom are serving as the lead on the county complete count committees.

Presentation of the Strategic Elements Plan was conducted by AAA8 Director Rick Hindman. A handout (Attachment1.A) was furnished to attendees that illustrated the goal relationship between Project 2020, the Strategic Plans for both the Administration on Aging and the Ohio Department and AAA8.

Following the presentation, participants were given the opportunity to comment on the plan both verbally and in writing. No comments were received by AAA8 therefore there were no changes made to the Strategic Elements following the public hearing.

**Attachment 2**  
**Detailed Demographics**

Detailed demographics appear in the Environmental Scan.

### Attachment 3

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

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

### Care Coordination Budget Exhibit

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

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

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

#### 1. Personnel:

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

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

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

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

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

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

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

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

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

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

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

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

### Exhibit D-2b Housing

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

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

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

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

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

Line 2a: **Travel:**

Line 2b. **Audit:**

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

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

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

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

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

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

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

## Exhibit D-2b: Nutrition Program Services

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

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

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

2. **Other Costs:**

Line 2a.           **Travel:**

Line 2b.           **Audit:**

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

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

Line 2e.           **Misc. Costs**

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

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

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

4. Identify Other Funding Sources in Column 4.

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

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

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

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

2. **Other Costs**

Line 2a.           **Travel:**

Line 2b.           **Audit:**

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

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

Line 2e.           **Misc. Costs:**

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

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

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