

Ohio

Department of Aging

Empowering Elders. Strengthening Communities.



State Plan on Aging 2019 - 2022

Governor John R. Kasich
Director Beverley L. Laubert

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Message from the Director

Ohio's population is aging. Today, our state has 2.5 million residents over the age of 60, and our 60-plus population is growing more than 20 times faster than our overall population. In 2010, only four Ohio counties had populations that were more than 25 percent age 60-plus. By 2030, only seven counties will be *under* that threshold. In just 12 years, Ohio will have nine counties where more than one out of every three residents are seniors.

These trends present challenges for our state and our communities, but we believe they also give us unprecedented opportunities. At the Department of Aging, we believe in celebrating the relevance of our elders every day. When provided with opportunities to continue to grow, thrive and contribute, older adults make our state and everyone living here stronger. We strive to ensure that all older Ohioans are respected as vital members of society and that their communities regularly tap their collective knowledge and giving spirit to address some of the most pressing local issues.

At the same time, we regularly work with our aging network partners to identify service needs and resources to expand existing supports and adopt innovative approaches to meeting our elders' needs. This year, Ohio conducted its most ambitious and comprehensive statewide needs assessment, which gave us unique insights into the needs and preferences of our elders. This information will prove invaluable as we work to shape the future of elder services and long-term supports in our state.

This plan includes goals to address the rise in the incidence of dementia that comes with an aging population and the significant challenges it poses for caregivers, care providers and funders. It also builds on existing strategies to improve long-term care and bolster health and wellness programs.

This is an exciting time to serve older Ohioans and I thank our countless partners for joining us on this journey and for contributing to this State Plan on Aging.



Beverley L. Laubert, Director
Ohio Department of Aging

Acknowledgements

The Ohio Department of Aging thanks the following entities for contributing their expertise and time to our Statewide Needs Assessment and this State Plan on Aging for 2019-2022.

AARP	Ohio Association of Area Agencies on Aging
Advanced Home Health	Ohio Association of Community Health Centers
Age Friendly Cleveland/Cleveland Dept. of Aging	Ohio Association of Gerontology & Education
Age Friendly Columbus	Ohio Association of Regional Councils
Alzheimer's Association, Ohio Chapters	Ohio Association of Senior Centers
Area Agency on Aging 11, Inc.	Ohio Attorney General's Office
Area Agency on Aging 3	Ohio Attorney General's Office, Elder Abuse Unit
Area Agency on Aging District 7, Inc.	Ohio Board of Nursing
Area Agency on Aging Region 9, Inc.	Ohio Commission on Minority Health
Area Agency on Aging, PSA 2	Ohio Department of Developmental Disabilities
Area Office on Aging of Northwestern Ohio, Inc.	Ohio Department of Health
Benjamin Rose Institute on Aging	Ohio Department of Jobs and Family Services (ODJFS)
Board of Executives of LTC Services & Support	Adult Protective Services/ODJFS
Bowling Green State Univ.-Optimal Aging Institute	Ohio Department of Medicaid
Buckeye Hills Regional Council on Aging & Disability	Ohio Department of Public Safety
Catholic Social Services	Ohio Department of Transportation
Central Ohio Area Agency on Aging	Ohio District 5 Area Agency on Aging, Inc.
Cleveland Clinic	Ohio Grandparent Kinship Coalition
Columbus Foundation	Ohio Hospital Association
Corporation for Ohio Appalachian Development	Ohio Housing Finance Agency
Council on Aging of Southwestern Ohio	Ohio Mental Health & Addiction Services
Direction Home Akron Canton Area Agency on Aging	Ohio Pharmacists Association
Disability Rights Ohio	Ohio State Bar Association
Fairhill Partners	Opportunities for Ohioans with Disabilities
Fosterbridge, Inc.	Ohio Colleges of Medicine Government Resource Center
Franklin County Sheriff Office	Kirwan Institute for the Study of Race and Ethnicity, OSU
Governor's Cabinet Opiate Action Team	Prevent Blindness Ohio
Governor's Office on Faith-Based Initiatives	Public Children's Services Association of Ohio
Guernsey County Senior Center	Putnam County Council on Aging, Inc.
Health Policy Institute of Ohio	Rainbow Elder Care
Heartfelt Home Care	Serve Ohio/AmeriCorps
Interact for Health	State Fire Marshall, Ohio Department of Commerce
Jewish Family Services	The George Gund Foundation
Kent State University/Brain Health/Nursing	The Ohio State University
Leading Age	The Ohio State University Extension Office
Lifecare Alliance	Tobacco Free Ohio Alliance
Miami University, Scripps Gerontology Center	Western Reserve Area Agency on Aging
Mid-Ohio Foodbank	Wood County Committee on Aging
Muskingum County Center for Seniors	Youngstown State University
National & Community Service/Senior Corp	
Office of the State Long-Term Care Ombudsman	
Ohio Academy of Nutrition & Dietetics	
Ohio Advisory Council on Aging	
Ohio Alliance of YMCAs	
	The Ohio Department of Aging also thanks the more than 2,100 older adults, caregivers and aging network professionals who contributed to the development of this State Plan.

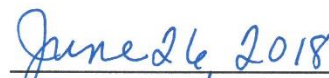
Verification of Intent

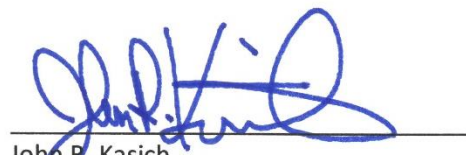
The Ohio State Plan on Aging, FFY 2019-2022, is hereby submitted. Included are assurances (Appendix A: State Plan Assurances, Required Activities and Information Requirements) and plans to be implemented by the Ohio Department of Aging under provisions of the Older Americans Act of 1965 as amended in 2016. The Ohio Department of Aging has been given authority to develop and administer the plan in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated services for older Ohioans, as well as for serving as their effective and visible advocate.

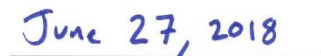
Assurances have been reviewed and approved by the Office of Governor John R. Kasich, constituting authorization to proceed with activities under the plan upon approval by the Assistant Secretary of Aging.

The Ohio State Plan on Aging, FFY 2019-2022, was developed in accordance with all federal statutory and regulatory requirements.


Beverley L. Laubert, Director
Ohio Department of Aging


Date


John R. Kasich
Governor, State of Ohio


Date

Executive Summary

Ohio's State Plan on Aging for 2019-2022 serves as both a mandatory response to the Administration for Community Living of the U.S. Department of Health and Human Services and a continued testament of Ohio's commitment to older Ohioans. This commitment is demonstrated by the dedicated efforts of Ohio's state, regional and local governments, caregivers and volunteers, and Ohio's aging network comprised of the 12 area agencies on aging, senior centers, providers, non-profit organizations and advocacy groups. Collectively, this support system strives to bring happiness, good health and continued independence to our older Ohioans.

The Ohio Department of Aging serves as Ohio's designated State Unit on Aging and administrator of this State Plan on Aging. We look forward to our continued collaboration over the next four years with an array of Ohio partners to advance services and solutions that address the changing needs of older adults. Ohio's age 60-plus population is expected to grow 30 percent by 2030. This State Plan positions Ohio to better meet their anticipated needs. It also provides continuing opportunities for our elders to contribute to their communities and across generations by sharing their wisdom, work ethic and commitment to family and neighbors.

In preparing this State Plan, the department conducted a comprehensive needs assessment that provided a clear perspective of older adult needs. Assessment efforts included focus groups of older adults, caregivers, area agencies on aging staff and providers; a survey that received 1,949 responses from older adults; and roundtable discussions with policy makers, researchers, non-profit organizations and advocacy groups. Department staff facilitated conversations with specialty groups, such as regional ombudsmen, regional planners and organizations that focus on priority populations, including rural, minorities, Holocaust survivors, LGBTQ, Alzheimer's and people with disabilities. Recurring themes of issues and concerns emerged and charted the path for this State Plan's design. The most significant needs of older adults are also the most basic and are the very same that threaten their independence and ability to age in place.

Although this State Plan examines contemporary issues, such as supporting the Livable Communities movement and using technology to better support older adults, it primarily focuses on 24 issues that contribute to older adults' independence, safety, health and wellness, as well as efforts to evaluate and enrich these basic services.

This State Plan is organized into five main areas of older adult needs: 1) Access to Information and Advocacy Services, 2) Population Health, 3) Caregivers, 4) Civic Engagement and 5) Aging in Place. Each area includes an overarching state goal that provides the vision and framework for the supporting objectives and strategies. Outcomes and outputs are also listed with their respective goals, objectives and strategies to provide a better understanding of the intent associated with each goal.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

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

This goal focuses on enabling older adults, adults with disabilities and their caregivers to make person-centered decisions. At a time when older adults are receiving both valid and fraudulent information by phone, by mail, in person, through text and via social media, Ohio's aging and disability resource network must be optimized and marketed as Ohio's front door upon which older

adults, caregivers and persons with disabilities can rely for information, assistance and referrals. Strategies will focus on an optimized front door/no wrong door environment, advocacy efforts, legal assistance development, anti-ageism campaigns and efforts to prevent and respond to elder abuse, neglect and exploitation. We will do so by focusing on the unique needs of priority populations and infusing solutions into services and support offerings.

POPULATION HEALTH

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

This goal represents the State Plan's largest section of objectives and strategies. Our multi-dimensional approaches aim to be inclusive, innovative and evolutionary, and focus on the outcomes and factors that can positively or negatively influence the health and well-being of Ohio's older adult and disabled populations. Factors addressed the importance of nutritious meals, tobacco cessation, physical activity, falls prevention and dental, vision and hearing screenings. This section also includes objectives and strategies to support vulnerable populations, such as individuals who are living with Alzheimer's disease or other dementias, as well as those living with behavioral health, substance abuse or addiction issues.

CAREGIVING

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

This goal focuses on building resources and supports to enable caregivers to continue to provide person-centered, informed care to their loved ones. In Ohio, family caregivers are the backbone of our long-term care services and supports system, providing care that, if provided by paid caregivers, would cost \$16.5 billion each year. Given the expected increase of the older population and rates of illness and disability among older adults, more Ohioans will take on caregiver responsibilities. Acknowledging and investing in informal caregivers' needs is a vital component of Ohio's overall approach to providing long-term services and supports. Strategies will focus on education and awareness, respite services, and resources and supports for working caregivers and older caregivers in a kinship setting.

CIVIC ENGAGEMENT

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

This goal focuses on encouraging and empowering older adults to work, volunteer and engage in their communities. It also aims to develop key partnerships to leverage the use of volunteers in high-need areas. Volunteers can play an important role in filling gaps in services and supports for our older adults, and those volunteers often are older adults themselves. Creatively engaging the volunteer force across the lifespan also increases the efficiency of the aging network. The department administers and supports programs and initiatives, such as "Give Back Go Forward" and the Senior Community Services Employment Program, that support older adults in their communities and their respective workplaces. Strategies focus on innovation and efficiency as solutions to priority issues facing our older adults by partnering with existing volunteer organizations across Ohio.

AGING IN PLACE

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

This goal includes complex issues, such as transportation and housing, that contribute to the continued independence of our older adults and enable them to age in place in their homes or in-home settings of their choice. This section's objectives and strategies build upon other state agencies' planning and work to align local transportation options, improve older road user safety and mobility, and bolster programs and interventions that support safe and affordable housing options. Other essential factors to be strengthened are the aging network's abilities to respond to in-need older adults, as well as raising awareness among our older adults regarding the importance of planning for emergencies. The department will increase the capacity of the workforce that supports older adults and evaluate interventions that address advanced care and unscheduled needs.

The department is proud to partner with Ohio's 12 area agencies on aging, its senior centers, and the array of state agency partners, non-profit organizations, volunteer and advocacy organizations to administer Ohio's State Plan on Aging for 2019-2022 for the betterment of older Ohioans.

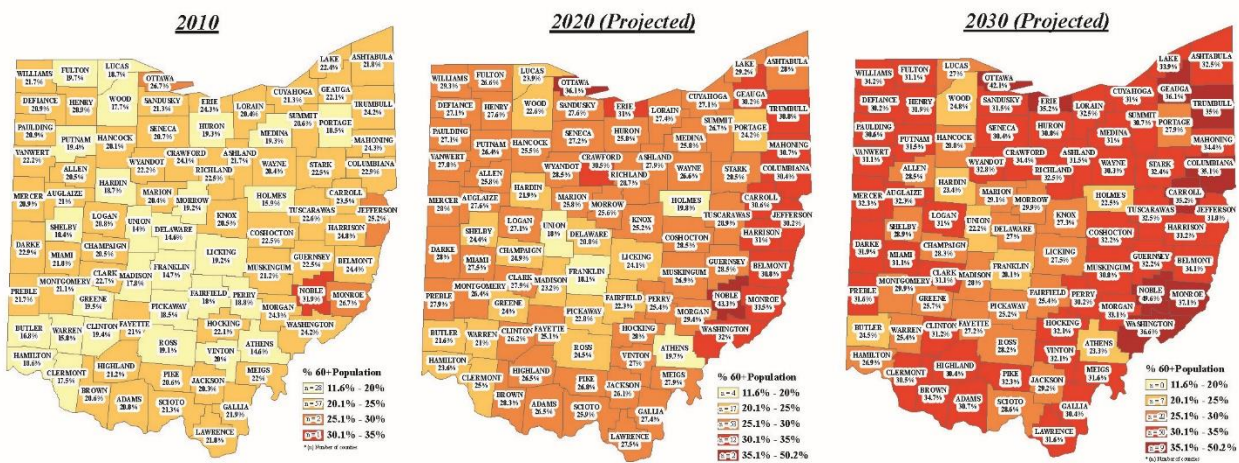
Ohio's Aging Environment

Demographics

Our state is aging at a pace and rate that is propelling a positive shift in how Ohio's businesses and communities are perceiving and planning for our aging population. Ohio currently has the seventh largest older adult population in the nation and that population is growing. While Ohio's overall population is projected to grow 1.6 percent by 2030, Ohio's 60-plus population is projected to grow from 2.6 million to 3.37 million, representing a 30 percent increase.

Ohioans are embracing their abilities to maintain their health, strength, mobility, vitality and independence throughout the lifespan. They also increasingly recognize that retirement from a job might mean the opportunity for a second career or the ability to contribute their time and years of wisdom to work to support all generations in their communities. Doing so also strengthens the civic values and social opportunities that Ohio families and neighbors deserve.

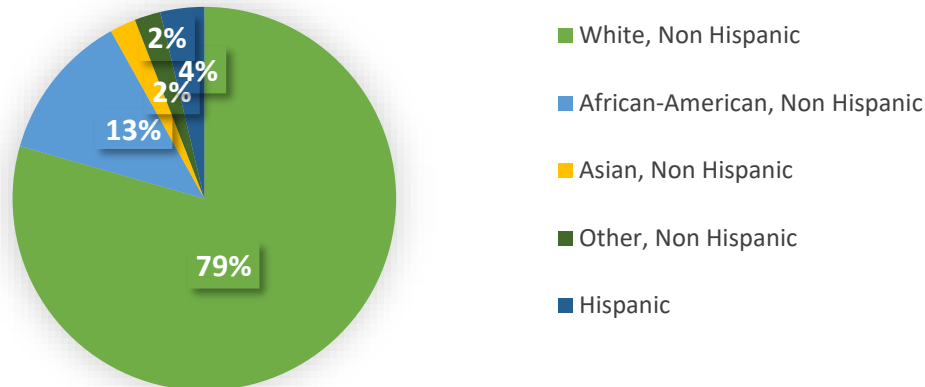
This county-by-county map illustrates the percentages of adults age 60 and older who live (and are projected to live) in each of Ohio's counties, compared to adults under age 60. In 2010, the number of older adults made up 25 percent of the population in only four of Ohio's 88 counties. By 2030, only seven counties will be *under* that threshold of 25 percent age 60 and older.



Source: Scripps Gerontology Center, Miami University

Ohio is home to individuals from diverse social and racial backgrounds. While our population is nearly 80 percent white, it also consists of a rich mix of urban and rural heritages and values developed through generations as the state served as a trading post and industrial hub for the nation.

Minority Distribution



As the number of older adults in our state increases, so too will the number of Ohioans living in poverty and with chronic conditions that can increase the likelihood of disability and loss of independence.

Population Health:

- Among Ohio adults aged 65 years and older, 76 percent have at least one chronic condition, and 43 percent have two or more. (Behavioral Risk Factor Surveillance System, 2015).
- Almost 35 percent of Ohioans age 65 and older live with a disability. (Behavioral Risk Factor Surveillance System, 2015)

Financial:

- The 2016 per capita personal income for Ohio was \$44,876 (30th in the country). (BEA Per Capita Income 2016, Ohio Research Office)
- Almost eight percent of Ohioans age 65 and older live in poverty. (The Ohio Poverty Report – 2017, Ohio Development Services Agency)
- Nearly 18 percent of minority individuals age 60 and older live in poverty. (ACL, Aging Integrated Database (AGID) 2016)

Race:

- Almost 13 percent of Ohioans age 60 and older identify as minorities. (ACL, Aging Integrated Database (AGID) 2016)
- 1.4 percent of all Ohio households are limited English speaking. 31,393 Ohioans age 60 and older speak English “not well” and 14,174 Ohioans age 60 and older speak English “not at all” (2016 American Community Survey 5-Year Estimates)

Living Circumstance:

- More than 23 percent of Ohioans age 60 and older live in rural areas. (AGID, U.S. Census 2010)
- 35 percent of older adults in Ohio live alone. (National Center on Elder Abuse, 2014)

Ohio Department of Aging

The Ohio Department of Aging represents older adults in Ohio's executive branch of government. The director of the department is a member of the governor's cabinet and the agency is a cabinet-level state agency. We work closely with Ohio's 12 area agencies on aging, other state agencies, providers and local partners to address the priority issues and opportunities facing older adults. Our mission is to deliver practical, person-centered strategies and services that will strengthen and support Ohio's elders and their communities. Our programs and services help older adults remain in their homes and communities as they age, as well as assist older adults in long-term care settings, such as assisted living facilities and nursing homes. In addition, we promote active aging and positive attitudes toward growing older through education, outreach and volunteer programs, while we advocate and raise awareness about current and emerging issues facing our older adults.

The department consists of seven divisions: Division for Community Living, Office of the State Long-Term Care Ombudsman, Performance Center, Elder Connections Division, Communications and Government Outreach Division, Information Systems Division and Fiscal Division. The Elder Connections Division is responsible for the oversight, implementation and quality management of this State Plan on Aging, while the other divisions will contribute to and support that work.

The department's staff develop and manage a comprehensive and coordinated system of community services for older adults and people with disabilities. They work closely with staff at the area agencies on aging who receive and distribute funding from the department to service providers in their communities. The services and supports are funded through the federal Older Americans Act along with other state, federal and local dollars. Older Americans Act services include meals, nutrition, transportation, home modification, caregiver support, disease self-management, falls prevention and other supportive services. Medicaid-funded waivers include PASSPORT and Assisted Living, which enable older adults with high care needs to remain at home or in the community instead of relocating to a nursing home. The Older Americans Act and related state and local funds also support the Office of the State Long-Term Care Ombudsman, including its regional programs, which provide person-centered advocacy for older adults wherever they live and receive care and services.

Ohio's Aging Network

Ohio has a robust network of partners and providers who are committed to serving and supporting older adults. The state's aging network is an array of organizations that provide long-term services and supports for older adults in their respective communities. The department and the area agencies on aging effectively form the hub and primary spokes of this network.

Ohio has 12 area agencies on aging, designated by the department, that are geographically disbursed throughout the state to forecast and plan for the needs of Ohio's older adults as well as provide care management services and secure local providers to deliver services and supports in their communities. The area agencies collectively have more than 1,800 employees and utilize federal, state, local and community contributions to provide an array of services and supports to older adults living in their homes, in skilled nursing facilities, in residential care facilities or in other settings of their choice.

Several area agencies also provide care management services through the MyCare Ohio managed care model. MyCare provides in-home care for Ohioans who are dually eligible for Medicare and Medicaid services. The area agencies provide quality assurance and oversight services of managed care organizations by monitoring performance and completion of their contractual obligations.

All but 14 of Ohio's 88 counties, as well as 15 townships and municipalities, have passed tax levies to support elder services and programs. According to the Center for Community Solutions, Ohio's senior services tax levies generated \$191 million in 2016. Four area agencies serve as the administrators of countywide senior services levies. Ohio's expansive local levy systems and robust aging network position us well to strategically address the priority issues facing our older adults.

I. State Plan Purpose and Focus Areas

A. Older Americans Act Core Programs

Older Americans Act core services in Ohio are a primary means for the organization and delivery of social and nutrition services to older adults and their caregivers. They provide a service network and funding that helps older adults live with dignity in their communities for as long as possible. Annually, Older Americans Act core services help approximately 250,000 older adults. Case management, chore services, congregate and home-delivered meals, personal care and homemaker services provide supports for some of the frailest seniors, many of whom are homebound. Still other core services, including transportation, health promotion (preventive health), legal assistance and other community-based services, provide added supports for community and social involvement.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

Finding the right services can sometimes be daunting for individuals and their family members. The system of long-term services and support involves numerous funding streams and is administered by multiple federal, state and local agencies. Individuals can face multiple agencies and organizations with varying requirements and forms, all at a time when they may be most vulnerable or in crisis.

Ohio's aging and disability resource network serves as a trusted resource for older adults and families for accurate and complete information regarding services and supports. Area agency and network staff provide the information and access, and assistance and referral services mandated by the Older Americans Act. They provide information, answer questions, make referrals and help older adults find the services and supports that they need.

Aging and Disability Resource Network

Ohio built its aging and disability resource network with the area agencies on aging serving as the network leader in each of the state's 12 regions. This collaborative model focuses on building and strengthening partnerships between the aging network and organizations that serve older adults and people with disabilities. The goal is to streamline and simplify access to services for those in need. Ohio's 11 centers for independent living are partners in each region, as are county boards of developmental disabilities, county boards of mental health and addiction services, county councils on aging, community action agencies, hospitals, first responders, health care providers, health departments, advocacy groups, non-profit organizations, businesses and more. While the partners in each region may vary, each network consists of organizations that share a common purpose: connecting individuals to services they need. In this State Plan, Ohio continues its commitment to enhancing the aging and disability resource network to provide a consistent, quality-driven front-door experience for all callers. The objectives and strategies are found on page 32.

Benefits Assistance

Our aging and disability resource network partners and area agencies on aging work with aging network partners to assist older adults who have questions about benefits. Entities to which referrals are frequently made include:

- Ohio Senior Health Insurance Information Program, a service of the Ohio Department of Insurance for older adults who have questions about Medicare or need help selecting coverage;
- Ohio's Benefit Bank and local 2-1-1 services, which assist older adults in applying for needed services and benefits; and

- The Office of the State Long-Term Care Ombudsman, which helps consumers address concerns about long-term services and care, and provides information about benefits and consumer rights.

Advocacy

As the state unit on aging, the department is charged to understand current and emerging needs, raise awareness of those needs and partner with area agencies on aging and the aging network to provide services and supports to address them. The department also promotes active aging through education, outreach, volunteer programs and other efforts. We work with governments and other state agencies, such as the Departments of Medicaid and Transportation, on committees and taskforces to advocate with and for Ohio's older adults. Department representatives work with councils and planning groups, such as the Mental Health Planning Council, the Ohio Developmental Disabilities Council, Ohio's Aging Eye Public Private Partnership and the Ohio Statewide Ex-offender Reentry Coalition, to ensure the needs of older adults are considered. The department will continue to serve as the voice of older Ohioans and ensure that their needs and priorities are considered in decision and policy making. The advocacy objective and strategies are found on page 34.

Elder Justice

The Office of the State Long-Term Care Ombudsman works on behalf of consumers to resolve more than 9,000 annual complaints about providers and services. Ombudsmen often are the only connection many consumers have to an individual who is not a care provider. They help consumers select long-term care providers, offer information about benefits and consumer rights, and make regular visits to consumers of long-term services and supports. Ohio's certified ombudsman representatives are experts on person-centered care, who empower consumers and families to expect excellence and ensure their rights are upheld. The office participates in the Ohio Person-Centered Care Coalition, which is comprised of providers, consumers and government agencies working together to influence and support culture change in long-term services and supports. Objectives and strategies are located in the advocacy section that begins on page 33.

Elder Safety

The department is dedicated to preventing and ultimately ending the abuse, neglect and exploitation of older adults, an issue that impacts the lives of thousands in Ohio. The State Long-Term Care ombudsman participate in state-level elder justice activities. In Ohio, adult protective services are housed in the Department of Job and Family Services. The two state agencies work together to identify opportunities for increased collaboration, education and outreach strategies that assist both the local adult protective services offices and the aging network. The department has representation on the Adult Protective Services Advisory Council.

In addition, the Ohio Attorney General's Elder Abuse Commission is a state-level, multi-agency partnership that addresses issues affecting abuse, neglect and exploitation. The department and the State Long-Term Care Ombudsman are active partners of this group. Working collaboratively, the partners organize two regional education forums each year to feature local experts in preventing older adult exploitation. The department will continue to heighten awareness and recognition of elder abuse, neglect and exploitation through the objectives and strategies that begin on page 34.

POPULATION HEALTH

Population health refers to the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The department and area agencies on aging partner with the Ohio Department of Health, local health districts and hospital systems to direct and execute the State Health Improvement Plan and local community health improvement plans, as well as address health needs and improve access to affordable health care. The department will continue to focus on overall health and wellness, but will especially focus on priority populations such as rural, minority, limited English-speaking, holocaust survivors and LGBTQ. We will support older adults living healthier lives by increasing education, partnerships and promotion while maximizing existing funding sources.

HEALTHY U Ohio

HEALTHY U Ohio is an evidence-based suite of programs that provide tools to improve overall health and well-being. Ohio's area agencies on aging and partners held more than 200 HEALTHY U workshops with more than 1,400 participants. The department's partnerships with the Ohio Public Employee Retirement System, Ohio Department of Health and Health Services Advisory Group have helped expand our reach. The HEALTHY U Chronic Pain Self-Management Program, implemented in 2017, helps participants manage their pain symptoms and underlying causes. More than 200 participants have enrolled. Our objectives and strategies in this area begin on page 36.

STEADY U Ohio

STEADY U Ohio is a comprehensive falls prevention initiative that raises awareness of the falls epidemic through a statewide education campaign. Led by the department and supported by the Governor's Office and other state agencies, the initiative engages businesses, medical providers, long term care facilities, caregivers and older adults to ensure that every community and every individual knows how to prevent falls and fall-related injuries. The department has continued to support the expansion of evidence-based falls prevention programs by hosting a Master Trainer Session and partnering with area agencies on aging to host coach trainings in 2017. The department also has focused on the nexus between medications and falls by engaging pharmacists and pharmacy schools. In April 2018, the department partnered with the Ohio Pharmacists Association to host a medication safety awareness week, during which more than 400 pharmacies offered medication reviews for older adults to help identify any that could potentially put them at risk for falls. The department will continue to strengthen falls prevention activities, identify opportunities for new initiatives and amplify the statewide educational campaign to reduce the risk of falls for older adults, as evidenced by our objective and strategies on page 40.

Dental, Vision and Hearing

As Ohioans grow older, they become increasingly likely to experience difficulties with hearing, vision and oral health. Tasks they may have found easy in the past, such as hearing their doctor, reading signs or enjoying a favorite meal, may become more challenging. Hearing, vision and oral health services are not readily available to low income older adults and are not covered by Medicare. During the department's regional forums, participants routinely mentioned a desire for Medicare coverage of eyeglasses, hearing aids and dentures. The department will seek to increase access to dental, vision and hearing health screenings and services for older adults, especially those with low incomes through our objective and strategies on page 38.

The department, the aging network and sister state agencies are involved in initiatives to improve access to vision and oral health services, including, but not limited to:

- **Ohio's Aging Eye Public Private Partnership.** This statewide collaborative, established in 2002 and co-chaired by the director of the department, addresses the growth of aging eye challenges in Ohio. Supported by the department, Prevent Blindness Ohio and an active membership, the partnership develops a strategic plan to address issues relating to vision care policy, services, education and research that impact the quality of life for Ohio's elders now and in the future. Partners provide free adult vision screening and refer older Ohioans, especially those with financial need, to community resources using a variety of means including the Ohio Vision Resources and Services Guide.
- **Dental Options Program.** The Ohio Department of Health partners with the Ohio Dental Association to help working poor adults and older adults who don't qualify for Medicaid access necessary dental services. Eligible individuals are matched with volunteer dentists who charge discounted fees (typically 50 percent or less of the dentist's normal fee). Ohio's two dental schools (The Ohio State University and Case Western Reserve University) operate outreach programs that provide services to low income adults.

Nutrition Programs

Ohio's home delivered meals program provides more than 90,000 older adults with nearly eight million nutritious meals annually. Nutrition programs reduce hunger and food insecurity among older adults, promote socialization, health and well-being, and prevent or delay adverse health conditions. The congregate nutrition program and the home-delivered meals program provide opportunities for social engagement, both for participants and for volunteers who support the programs. For some home delivered meals participants, their meal deliverer may be the only visitor they see, and their interaction helps them maintain a connection to the world around them. It also serves as an informed wellness check by the meal provider. Assessment of home delivered meals participants includes an evaluation of their kitchens to ensure the most appropriate types of meals are provided.

Congregate nutrition sites are found in senior centers, community centers, local restaurants, libraries or college cafeterias. Meals typically are available once a day for five days a week, and take various forms, from family style to cafeteria style, restaurant style or tray-based meals. All sites provide nutrition screening, nutrition consultation or education.

Ohio aims to offer more meal and delivery options and address the nutritional care needs of participants. Nutrition programs must meet 33 1/3 percent of the dietary reference intakes, as well as the 2015-2020 Dietary Guidelines for Americans. The department's nutrition objectives and strategies on page 37 include improving the state's ability to address food insecurity in older adults and increase opportunities to access healthy, affordable food.

Senior Farmers Market Nutrition Program

Each year during Ohio's growing season, the Senior Farmers' Market Nutrition Program helps eligible older adults purchase locally grown produce from participating farmers by providing \$50 in coupons to each participating senior. The program is funded by the U.S. Department of Agriculture with additional funding from state and local resources. It is available in 45 of Ohio's 88 counties and is administered locally by area agencies on aging. Participants enjoy the fresh produce, and farmers benefit from new customers visiting their markets and roadside stands. Ohio is the third-largest recipient of USDA funds to support the program, which has grown significantly over the past decade. The program has

approximately 33,700 annual participants and enjoys a 98.5 percent coupon redemption rate. The department will consider ways to increase access to the program by more eligible older adults, primarily by expanding it into more Ohio counties.

The Supplemental Nutrition Assistance Program is an income-based program that helps eligible older adults purchase foods using public benefit dollars. The department is partnering to increase the participation of eligible older adults as a tactic to combat hunger and food insecurity. Produce Perks is an additional income-eligible program available in Ohio that will double the Supplemental Nutrition Assistance Program benefit toward purchasing fresh fruits and vegetables. Produce Perks can be used at participating retailers and farmers’ markets.

Dementia

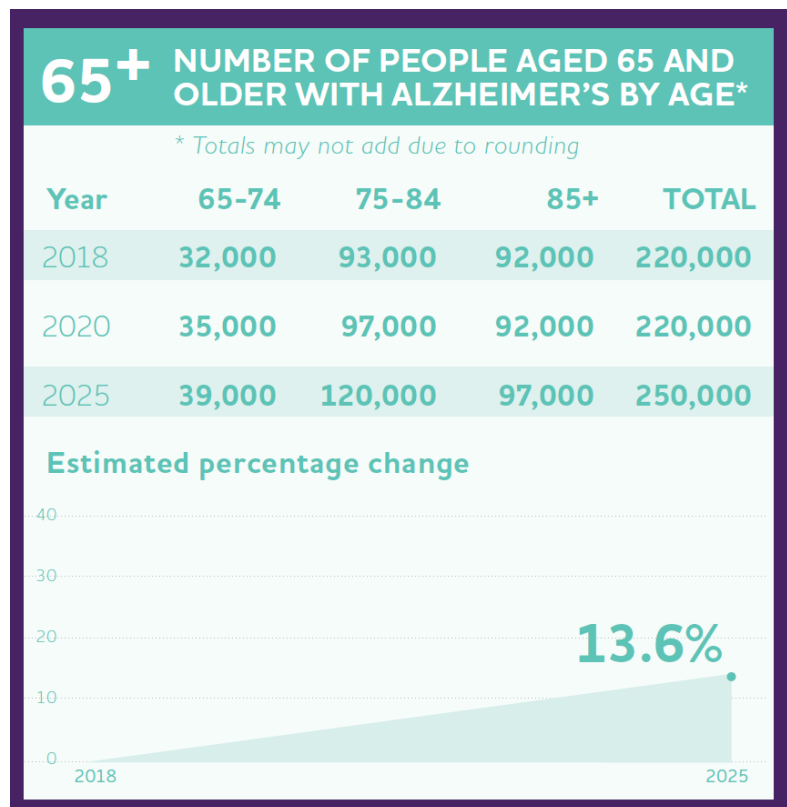
Dementia is a broad term for brain failure. Many diseases, disorders and syndromes can cause a person to experience dementia.

Approximately 210,000 Ohioans live with Alzheimer’s disease, the most common condition that causes dementia. Ultimately, the total number of people living with dementia is unknown; diagnosis can be difficult. Leading health organizations around the world are working to find a cure. Until then, prioritizing care and services remains the best way to empower those living with dementia and their caregivers to maintain a high quality of life.

We included dementia in the population health section of this State Plan because brain health and cognitive health should be considered in the same fashion as

physical health. Infusing brain health and cognitive health into overall population health will reduce the stigma of brain disfunction and failure. When we educate and empower Ohioans to learn more about how their brain functions and what it means when it may not work efficiently, we empower them to have conversations about their brain health and cognitive function with their health care providers.

Ohio is working to establish a coordinated system of dementia care, education, resources and services that is comprehensive and inclusive. Professional and informal caregivers of people with dementia are often unprepared for the daily challenges they will face. The department, through partnerships with the Alzheimer’s Association and other groups, will create an accessible education and resource center for professionals and the public.



Source: Alzheimer’s Association

In addition, local and regional partnerships create opportunities and develop the potential for dementia-capable homes and communities. The department will provide communities with the tools to engage, empower and support people living with dementia and their caregivers. Objectives and strategies in this area begin on page 38.

Substance Abuse and Addiction

Across Ohio, drug abuse and addiction continues to cost the lives of many of our friends, family and coworkers. Unintentional drug overdoses caused the deaths of 4,050 Ohio residents in 2016, according to the Governor's Cabinet Opiate Action Team. This reflects a 32.8 percent increase from 2015, when there were 3,050 drug overdose deaths. Unintentional drug overdoses have been the leading cause of injury-related deaths in Ohio since 2007.

Ohio is making progress against the opioid epidemic. The total doses of opioids dispensed in the state decreased nearly 30 percent, from a high of 793 million in 2012 to 658 million in 2017. The number of individuals engaged in doctor-shopping behavior decreased by 88 percent from 2011 to 2017.

Substance abuse impacts older adults in many ways:

- Older adults are more likely to have chronic medical conditions and pain controlled by opioid medication;
- Prescription opioid misuse increased 66 percent for those aged 50-64 and more than doubled for those aged 65 and older, according to a 2016 CDC report;
- Increased prescribing of controlled substances makes older adults targets for theft and abuse; and
- Many older adults must take a more active role in the lives of their families as addiction and abuse affect family members' ability to care for and raise young children.

The department and the area agencies on aging train intake and case management staff to identify consumers with potential substance abuse or mental health issues, as well as how to best help them receive the services they need. Through partnerships and as an active member of multiple state taskforces and councils (e.g., the Governor's Cabinet Opiate Action Team, Ohio Mental Health Planning Council), we are developing, fostering and disseminating sustainable best practices to address addiction issues. Further, the department supports the state's Start Talking! and Take Charge Ohio public drug abuse education and prevention programs.

The department works with area agencies on aging, law enforcement and local adult protective services programs to raise awareness of addiction, the increased number of older adults now raising grandchildren or young relatives, and the increased risk of elder abuse (financial, physical, emotional and others) due to addicted relatives or friends' mistreatment. We will draw upon these partnerships to improve access to the resources, services and supports needed by older adults to prevent and manage substance abuse and addiction, as seen in our objectives and strategies on page 42.

Mental Health

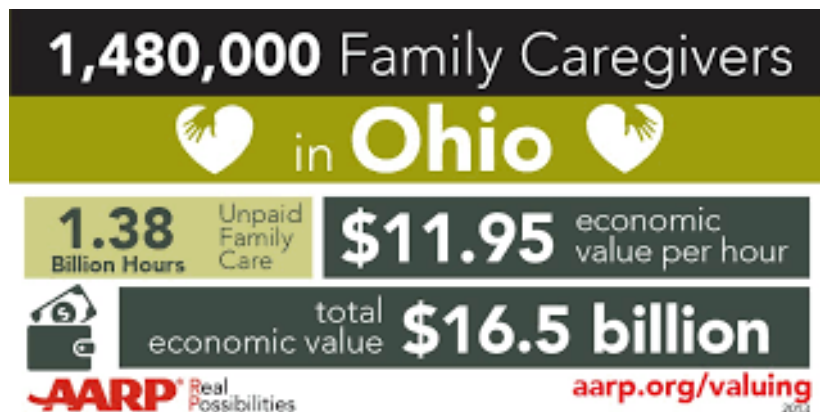
Depression, anxiety, addiction and other mental health issues are not a normal part of aging. Left untreated, they can lead to fatigue, illness and even suicide. Older adults with mental disorders are more likely than those without them to be smokers, to eat an unhealthy diet or not exercise regularly. Unfortunately, mental health problems can be under-identified by older adults, their family members and health care professionals. Stigma surrounding mental illness make people reluctant to seek help.

According to the Ohio Department of Mental Health and Addiction Services, mental health and addiction disorders are more common than diabetes or heart disease, and they are just as treatable. The Substance Abuse and Mental Health Services Administration found that nearly 460,000 Ohioans suffer from a serious form of mental illness.

Stressors, such as reduced mobility, chronic pain, frailty or other health problems, can lead to isolation, loneliness, depression and anxiety. The department and the aging network provide services and supports that can address and alleviate these stressors, offer opportunities to increase older adults' socialization and civic engagement, and provide guidance to available treatment options. The department will increase the aging network's responsiveness to older adults' needs for mental health resources and services, including suicide prevention, through our objective and strategies on page 41.

CAREGIVERS

With Ohio's growing population of older adults and people living with disabilities, family caregivers are more often needed to provide care for their loved ones, friends and neighbors. AARP estimates that the monetary value of the voluntary hours expended by Ohio's family caregivers totals more than \$16.5 billion annually. The department and aging network provide information and services to caregivers across the state.



Source: AARP

The National Family Caregiver Support Program

The Older Americans Act funds the National Family Caregiver Support Program, which provides five basic services for caregivers: information about available services and assistance in gaining access to them; individual counseling; support groups; training to assist in making decisions and solving problems; respite care and limited supplemental services. Services vary by region, but may include support from home health aides and nurses; help with shopping, cooking and cleaning; home maintenance and repair; chore services; meals; transportation; adult day services; senior center access; support groups and legal and financial assistance. Our caregiver objectives and strategies can be found on page 42.

Alzheimer's Respite Care Programs

Caring for a loved one with dementia can have unique challenges. The Alzheimer's Respite Fund provides respite (relief) services and supports for caregivers of individuals with dementia. Alzheimer's Respite programs provide temporary care for an individual with dementia to give family members and other caregivers time to attend to their own personal needs. Additional Alzheimer's Respite services include personal care, homemaker, adult day and visiting services, care coordination and other education programs, support groups and family counseling.

The program is administered locally by the area agencies on aging, in partnership with Ohio's seven Alzheimer's Association chapters. Objectives and strategies related to Alzheimer's Respite Fund services begin on page 42.

Working Caregivers

As Ohioans are living longer, many caregivers find themselves having the dual responsibilities of being a full-time employee as well as a caregiver to parents, other older relatives or loved ones with disabilities. According to AARP's 2015 Caregiving in the U.S. Report, 60 percent of Ohioans who were employed in 2014 were also providing care for a loved one. Of this group, 61 percent experienced at least one negative impact or change to their employment situation due to caregiving, such as reducing working hours, taking a leave of absence, turning down a promotion, retiring early, losing benefits or receiving a warning about performance or attendance.

Many of Ohio's businesses and organizations have recognized the challenges that their working caregivers face and have created policies that provide flexibility and support. The State of Ohio created its Working Caregiver Initiative to help state employees successfully balance their jobs and their caregiving roles. The initiative includes training for managers who have caregivers in their workforce, a website with information and resources for caregivers and educational sessions on topics that are important to working caregivers. Education and expansion of working caregiver policies is discussed in objectives and strategies beginning on page 43.

Kinship Care

Ohio has seen a significant increase in the number of grandparents serving as primary caregivers to their grandchildren or other young relatives. In Ohio, five percent of children live with a relative with no parent present. Many factors contribute to this rise, but the widespread opioid epidemic is a leading factor. The Public Children Services Association of Ohio found that 28 percent of children removed from their homes in 2015 had parents who used opioids. Nearly one-third of children in custody situations are there due to the opioid epidemic.

As primary caregivers, grandparents often face challenges. More than half (57 percent) of kinship care grandparents are still in the workforce and more than one in five (22 percent) grandparents caring for young loved ones live in poverty. The department works with area agencies on aging, county family services offices and advocacy organizations to identify kinship caregivers and equip them with education, resources and assistance through the National Family Caregiver Support Program. The department also supports Kinship Ohio, a collaborative effort to ensure all kinship caregivers are able to access available supports, education and advocacy. By supporting Ohio's kinship caregivers, we are also supporting future generations, as demonstrated by objectives and strategies on page 43.

CIVIC ENGAGEMENT

The department explores innovative ways to support older Ohioans' desire and efforts to access rewarding employment, lifelong learning and volunteer opportunities that are skill-relevant and economically viable.

Senior Community Services Employment Program

The Senior Community Services Employment Program provides paid community service and work-based training for income eligible job seekers age 55 and older. Ohio has seven organizations that administer the program: the AARP Foundation; Goodwill Industries, Inc.; Goodwill Easter Seals Miami Valley; Vantage Aging, Inc.; the National Caucus and Center on Black Aged, Inc.; the National Council on Aging/Pathstone and the Department of Aging (through a sub-grant to Vantage Aging, Inc.). As of December 31, 2017, Ohio Senior Community Services Employment Program providers were serving 1,504 older Ohioans across the state. The program is included in the state's combined Workforce Innovation and Opportunity Act plan, which allows it to better coordinate with other workforce programs, leverage training and supports for older workers, expand outreach to employers and make aging network resources and programs available to employers and working caregivers. The department will expand opportunities for older workers to contribute to Ohio's workforce through our objectives and strategies on page 44.

GIVE Back. GO Forward. Program

The GIVE Back. GO Forward. program is a joint initiative of the department and the Ohio Department of Higher Education that encourages Ohioans age 60 and older to volunteer at least 100 hours per year at local non-profit organizations to earn a three credit-hour tuition waiver from a participating university or community college. Volunteers may use the waiver for themselves or donate it to another Ohio resident. The program model can also involve students of participating colleges or universities who wish to volunteer with older adults to earn a tuition waiver for their own use. Varying iterations of this program are underway at Youngstown State University, Eastern Gateway Community College, Ohio State University, Bowling Green State University and Shawnee State University. For example, Shawnee State University has taken the program concept and tailored it to fit the needs of their students and older adults in the Portsmouth community. Students are paired with older adults to navigate services and resources such as nutrition screening, consultation, education, dining opportunities, falls prevention and home safety inspections.

Social Work Field Placement Project

To meet the evolving needs of our growing older adult population and their caregivers, the department is partnering with the Ohio State University College of Social Work to expand social work field placements statewide. Introducing social work students to the field of geriatrics and gerontology heightens awareness and interest among the students and helps increase the number of social workers who choose gerontology as their career field.

Volunteerism

The department partners with the Corporation for National and Community Service to provide three formal volunteer programs. The Foster Grandparents program engages older adults to tutor and mentor youth with special needs. The Senior Companion program matches older adults with homebound older and other adults to provide companionship that enables them to remain in their own homes longer, prevents feelings of loneliness and isolation, improves emotional well-being and provides respite to families or family caregivers. The Retired and Senior Volunteer Program utilizes volunteers to perform an array of community-enriching tasks, such as safety patrols for local police departments, environmental projects, tutoring and mentoring youth, responding to natural disasters and providing other services through more than 1,900 groups across Ohio.

Department staff also serve on ServeOhio (Ohio Commission on Service and Volunteerism), which strengthens communities by supporting local and statewide service efforts. The State Long-Term Care Ombudsman secured a ServeOhio grant for federal fiscal year 2019 that will fund 11 AmeriCorps member positions across the state. AmeriCorps members will be trained and certified as ombudsman specialists to provide services to long-term care consumers. They will focus their efforts on increasing the presence of the program in long-term care facilities through regular visitation, as well as leveraging the program's current volunteer base to increase service.

The department also actively works with the Governor's Office of Faith-Based and Community Initiatives, which provides support and assistance to Ohio's faith-based and community organizations. We will continue to cultivate volunteer opportunities to engage Ohioans of all ages to support needs in their communities through our objectives and strategies on page 44.

AGING IN PLACE

Most Ohioans desire to remain in their own homes and communities as they grow older. Ohio's aging network continues to prioritize core services and supports that enable older adults to age in place. In this State Plan, the department and Ohio's area agencies on aging, senior centers and providers who serve older adults will continue to enhance these services and supports.

Care Management

Ohio's area agencies on aging employ highly skilled and committed care managers who are dedicated to ensuring the care, safety and independence of many older Ohioans. They begin by talking with the older adult and conducting an assessment to identify if and where services and supports can be provided to enable continued independence. Then, care managers and service providers work as a team to ensure service delivery and plan adjustment as the individual's care needs change. The department and area agencies on aging will continue to focus on person-centered care while addressing current and emerging care needs through our objectives and strategies on page 46.

Home and Community-Based Medicaid Waivers

The department, in partnership with the Department of Medicaid, administers two home and community-based services programs to support older adults who meet certain service and care needs and established financial criteria.

- Ohio's **PASSPORT Medicaid waiver program** helps Medicaid-eligible older adults receive the long-term services and supports they need to stay in their homes or other community settings, rather than enter nursing homes. Once a consumer is determined eligible for PASSPORT, a case manager works with him or her to develop a package of in-home services provided by local service providers. The case manager then monitors the care for quality and changes the care plan as necessary.
- Ohio's **Assisted Living waiver program** provides services in certified residential care facilities to delay or prevent nursing facility placement. The program pays the costs of care in an assisted living facility for certain people with Medicaid, allowing the consumer to use his or her resources to cover room and board expenses.

The department, area agencies on aging and Ohio's aging network will continue to focus on best practices that are person-centered and make use of emerging technologies and solutions. We will research issues, such as unscheduled needs, and evaluate and refine existing programs.

Workforce Capacity

While our population is aging, too few Ohioans are choosing gerontology and direct health and home care as a profession. Similarly, changing family dynamics are leading to fewer informal caregivers. These factors strain existing resources and increase the time necessary to receive professional services. The department and area agencies on aging will identify root causes to address Ohio's workforce capacity challenges through our objectives and strategies on page 46.

Transportation

At the heart of an older adult's independence is the ability to travel at will to the locations where they want or need to be. For some, driving will continue to be a safe option. For others, the difficult decision to stop driving is made easier when there are alternative transportation options available. State and local governments, regional planning councils and communities are working together to amplify public funds and assets to provide more rides, improve infrastructures to heighten safety for older road users and increase public transit options and transit services. The objectives and strategies on page 48 demonstrate these efforts and explain the actions that are planned or underway.

Home Repair, Accessibility Modification and Housing

All homes require maintenance and repairs, but especially those that are more than 20 years old, which is the case for 60 percent of older Ohioans. Balancing limited incomes with homes that have increasing maintenance and repair needs can be challenging. In some cases, minor modifications would allow the home owners to increase comfort, prevent accidents and maintain their independence.

The department, area agencies on aging, local governments and other entities strive to help low-income older adults preserve existing property values and make structural modifications or repairs necessary to help them live safely in their homes. Area agencies use Title III and state Senior Community Services funds to leverage other resources. In 2016, the Ohio Development Services Agency awarded \$4,555,447 to counties for home repairs. This assistance has provided more than 5,000 critical emergency home repairs and accessibility modifications to low-income older homeowners. Area agencies also leverage resources by packaging services from multiple funders. For example, a homeowner might receive gutter and roof repair through Title III and Senior Community Services, a new furnace from the Ohio Housing Trust Fund, federally funded home weatherization through a community action agency and a new septic system through a USDA Rural Development home repair grant. The department continues to increase programs and interventions that support safe and affordable housing for older adults and persons with disabilities through our objectives and strategies on page 49.

Emergency Preparedness and Assistance

Another critical component of aging in place is to ensure safety and preparedness in the event of an emergency. The department is working to strengthen and support its operations during an emergency, as well as define expectations of area agency plans and actions in the event of disasters or health emergencies. We require area agencies on aging to have a written plan, applicable to most emergencies, that ensures continued services to older adults. The policy acknowledges natural and man-made disasters, as well as communicable disease outbreaks, such as a flu pandemic.

The department has a long-established relationship with the Ohio Emergency Management Agency and other partners, such as the Ohio Citizens Corps, Voluntary Organizations Active in Disaster and the American Red Cross. We represent the needs and interests of the aging network in the development of the Ohio Emergency Management Agency's state plan. During state and federal disasters, department staff respond to the needs of older adults at the Ohio Emergency Operation Center. The department also serves on the Ohio Emergency Management Agency Severe Weather Awareness Committee, is partnering with other state agencies in planning for National Preparedness Month, and participates on the Ohio Department of Health's pandemic flu advisory committee. The department will work with partners to expand Ohio's capacity and effectiveness to respond to emergency events through our objectives and strategies on page 50.

B. Administration for Community Living Discretionary Grants

Over the past decade, the department has received several Administration for Community Living discretionary grants that have helped transform Ohio's aging network to better serve older Ohioans and their caregivers. These grants address lifespan respite, chronic disease management, systems integration and dementia support. Many initiatives developed through these one-time discretionary grants have been sustained by Older American Act Title III and related state funds, and embedded into aging network programming. Our most recent discretionary grants have come through the Alzheimer's Disease Supportive Services Program.

Developing a sustainable dementia capable services subsystem in Northwest Ohio

The department, Area Agency on Aging Region 3, the Benjamin Rose Institute on Aging and the Ohio Council for Cognitive Health are expanding the Benjamin Rose Institute Care Consultation Program to help people with dementia, their caregivers and families identify community organizations, groups and entities with which they routinely interact, then provide those entities with education about dementia that can improve their ability to serve these consumers and meet their changing needs. The program, a component of a previous Alzheimer's Disease Supportive Services Program Grant, supports and educates people living with dementia and their caregivers, while also implementing dementia-readiness and inclusivity into surrounding communities. The project uses existing area agency staff and relies on established Alzheimer's Respite Line Item funding to sustain it beyond the grant period.

Partners in Dementia Care

Ohio's Partners in Dementia Care: A Dementia Capable System of Care for Ohio Veterans and their Caregivers is an evidenced-based care coordination program for people with dementia and their caregivers that creates an integrated system of care with primary and specialty health care services from the Veterans Administration and the full range of community-based health, social and support services from the aging network. The program, supported by an Alzheimer's Disease Supportive Services Program grant, targeted 200 veterans and family caregivers in Cleveland and Akron. Partners included the department, the Benjamin Rose Institute on Aging, Western Reserve Area Agency on Aging, the East Ohio Alzheimer's Association Chapter and the Cleveland Veterans Administration Medical Center.

The program ended in 2017, but has spawned several follow-up initiatives. The Geriatrics Department at the Stokes Veterans Administration Medical Center has a five-year agreement to implement the Benjamin Rose Institute Care Consultation as a regular component of care and services for veterans with dementia and their caregivers. The national Veterans Administration Office of Rural Health funded a three-year initiative to similarly use the Benjamin Rose Institute Care Consultation to benefit veterans

with dementia and their caregivers in rural areas of Houston Texas, Gainesville Florida, Atlanta Georgia and Salt Lake City Utah.

Music and Memory™ in the Community

With support of an Alzheimer's Disease Supportive Services Program grant from the Administration for Community Living, Ohio became one of the first states in the nation to develop an infrastructure to make the Music & Memory™ program accessible to individuals and caregivers in home and community settings. Music & Memory™ is an innovative and research-supported approach to care that uses personalized playlists on digital music players to help people with dementia and certain chronic conditions focus and reconnect with the world around them. Ohio's community model used regional hub sites to train staff at community deployment sites, such as adult day health providers, area agencies on aging, hospice, long-term care ombudsman programs and senior companion programs. Ohio's Music and Memory™ in the Community project reached 1,073 persons with dementia and 767 caregivers. Partners created a Music & Memory™ in the Community implementation toolkit that can be used by organizations in Ohio and beyond to tailor the program to meet the needs of the populations they serve.

Ohio Senior Health Insurance Information Program

The Ohio Senior Health Insurance Information Program administered by the Ohio Department of Insurance uses permanent staff and 800 volunteer counselors to help older Ohioans understand their health care insurance options, including Medicare. Working with the State Long-Term Care Ombudsman, OSHIIP recently began providing one-on-one counseling to MyCare Ohio consumers through Centers for Medicare and Medicaid Services Medicare-Medicaid Financial Alignment Initiative funding. OSHIIP counselors and regional ombudsmen present at community education events, via multimedia outreach campaigns and through individual counseling that highlights beneficiary supports.

OSHIIP also leads Ohio Medicare Partners, a team of Medicare contractors, the Social Security Administration, aging network partners, Ohio's Senior Medicare Patrol and other local agencies that refers individuals from each partner's networks to OSHIIP resources. In this State Plan, the department will increase collaboration with the Department of Insurance to evaluate and improve the transition and hand-off processes that occur between aging and disability resource network offices, area agencies and OSHIIP staff as referenced in the objectives and strategies on page 32.

Ohio Senior Medicare Patrol

The Ohio Senior Medicare Patrol program is administered by ProSeniors and employs volunteers to help older adults prevent, detect and report health care fraud, errors and abuse, and prevent identity theft. The program uses tools offered by the Administration for Community Living, including the Personal Health Care Journal, to help older adults detect fraud, errors and abuse. Program partners refer suspected instances to state and federal agencies for further investigation. In this State Plan on Aging, the department will work with ProSeniors to further amplify these efforts. Objectives and strategies regarding these efforts begin on page 34.

Medicare Improvements for Patients and Providers Act

Since 2009, Ohio has used funds from the Medicare Improvements for Patients and Providers Act to support the Ohio Senior Health Insurance Information Program, area agencies on aging and aging and disability resource networks. Partners in this effort include the Departments of Aging and Insurance at the state level, and the area agencies on aging at the regional level. Area agencies work with local partners to provide outreach, education and application assistance to Medicare beneficiaries who may

qualify for the Part D Low Income Subsidy, Medicare Savings Programs and prevention and wellness benefits. Grant funds are allocated based on the number of individuals likely to be eligible for the subsidy, based on projections from the MIPPA technical resource center. Many area agency staff are trained Ohio Senior Health Insurance Information counselors and volunteer with the program in their regions. The program uses grant funds from the act to expand its reach, ensure counselors have the most accurate information and support outreach to partner organizations

C. Participant-Directed/Person-Centered Planning

The department's mission is to deliver practical, person-centered strategies and services that will strengthen and support Ohio's older adults and their communities. A departmental goal is to ensure that local networks acting on behalf of the department deliver an array of high quality services and supports that are person-centered in policy and well-coordinated. When developing the goals of this State Plan on Aging, the department did not focus on creating services and supports *for* older adults, but rather doing so *with* them. We strive to ensure that the older adult being served is at the center of and directs all care decisions to the highest degree possible. We offer choices of services and providers, as well as education and assistance to families and individuals to help them make informed decisions. We also promote practices in service delivery that best meet the needs and preferences of older adults.

The department will revisit and enhance the What Matters Most tool for the PASSPORT home and community-based Medicaid waiver program. The department worked with Scripps Gerontology Center at Miami University and two area agencies on aging to develop What Matters Most, based on the Preferences for Everyday Living Inventory. Direct care workers will be able to use What Matters Most to promote preference-based, person-centered care, by asking a series of questions to understand the older adult's preferences on how the worker can provide the right services, at the right times and in the right way.

Nutrition

The department recently completed a comprehensive review and refiling of rules governing the Older American Act Nutrition Program in Ohio, as well as those pertaining to certified providers furnishing meals to consumers enrolled in the PASSPORT program. The new rules eliminated 210 unnecessary regulations, reduced the impact of 36 other regulations, clarified eligibility requirements and increased providers' ability to offer person-directed meal options.

The revised rules prioritize person-direction, which includes flexible dining formats, locations and times; opportunities for multi-generational dining; and options between complete meals at each mealtime. For home delivered meals, person-direction may involve flexible delivery formats, delivery times and delivery frequency, as well as options between complete meals at each mealtime. The revised rule requires area agencies on aging to award contracts to providers who offer the highest level of options in these areas.

The department supports efforts by area agencies on aging to expand congregate meal services to older adults through new approaches. Several area agencies offer vouchers that participants can use at local restaurants that have agreed to provide a healthy meal that meets the dietary requirements set forth by the Older Americans Act. Another example of innovation are local partnerships to facilitate congregate dining on college campuses, utilizing resources that have similar requirements at the Older Americans Act meal programs and that provide opportunities for intergenerational socialization.

Transportation

The department is facilitating a collaboration between the Corporation for National and Community Service and several area agencies on aging to use Retired and Senior Volunteer Program volunteers to provide transportation services for older adults who need a ride to an appointment or the grocery store. Several area agencies offer DRIVE Training that helps drivers anticipate the transportation needs of older adults and passengers with disabilities, learn correct passenger assistance techniques and deliver transportation services in a person-centered manner. Other area agencies on aging offer CARFIT workshops to help older drivers make physical and behavioral changes that improve the safety of their vehicles and driving.

State Long-Term Care Ombudsman

The State Long-Term Care Ombudsman promotes person-centered care, which puts consumers at the heart of all care decisions and gives them a voice about what care they receive, from whom, when and where. Person-centered care not only leads to better outcomes for the consumer, but also contributes to higher provider staff satisfaction and retention.

Medicaid waiver services

The PASSPORT home and community-based services Medicaid waiver provides options for consumers to direct their own care. Self-direction promotes personal choice and control over the delivery of services, including who provides the services and how services are provided. The consumers recruit, hire, train and supervise the individuals who furnish their services. Consumers who choose self-direction receive ongoing case management support to assist with service delivery and employer-related questions, financial support through payroll services and tax payments on behalf of the consumer, and support from an authorized representative with employer-related activities.

D. Elder Justice

Elder abuse, neglect and exploitation remain a significantly underreported epidemic. The Ohio Department of Job and Family Services adult protective services program receives approximately 16,000 reports of abuse, neglect and exploitation annually. The National Institutes of Health estimates that, for every incident that is reported, as many as 13 additional incidents are not. This means that as many as one in 10 older Ohioans could be subjected to abuse, neglect or exploitation each year.

The department and the State Long-Term Care Ombudsman are active members of the Ohio Attorney General's Elder Abuse Commission, which prioritizes direct services, education, policy and research. The department assisted in the development and execution of regional elder financial exploitation forums, attracting more than 400 older adults throughout the state. These regional education events are specific to financial exploitation of older adults in Ohio, and showcase many local and state resources, such as law enforcement, judges, ombudsman, senior centers, banks and other financial institutions, adult protective services, elder law attorneys and the area agencies on aging. Attendees are empowered to make connections, learn how they can prevent financial exploitation and understand who to contact if they are victims of a scam or financial crime.

In the next four years, the department will work to promote a seamless system of prevention and response through enhanced training, advocacy and legal assistance strategies, using the elder justice roadmap, collective impact and collaboration as our guide and framework. There are tremendous

opportunities to collaborate with the Ohio Department of Job and Family Services to identify efficiencies and share resources where appropriate as they collect and analyze data across the state with newly available data from the National Adult Maltreatment Reporting System.

The department and its partners will create inclusive, culturally aware and relevant outreach materials for older adults and the aging network, as well as enhance the presence of elder abuse, neglect and exploitation across all communications mediums and outlets. We hope heightened awareness will increase the number of reports received by authorities, and we welcome the opportunity to let that serve as our foundation for advocacy strategies and goals.

The State Long-Term Care Ombudsman is represented on the Adult Protective Services and the APS Advisory Council. The department participates on the steering committee of the Ohio Coalition for Adult Protective Services and both the department and the office participate in the Ohio Elder Abuse Commission and Supreme Court's Subcommittee on Adult Guardianship. The office advocates for the least restrictive solutions, including limited guardianships and helping consumers communicate with probate courts. Regional long-term care ombudsman programs participate in local coalitions to discuss elder abuse prevention, detection, investigation and protective services. Ombudsman programs regularly engage law enforcement when complaints warrant and with appropriate consent.

II. State Plan

Approach (Context)

The department reviewed state and national research and worked with Ohio’s area agencies on aging to comprehensively review current issues related to the lives and well-being of the state’s older adults. We built goals, objectives and strategies, and identified partnerships and innovations that will better position Ohio to prepare for and respond to our elders’ needs, support their health and wellness, empower them to age in place wherever they call home and use their time and talents to address some of the most pressing issues facing our communities. The department conducted 18 needs assessment activities, which are detailed below.

Focus Groups

Department staff hosted five regional focus groups to collect the perspectives of older adults, their caregivers and the aging network. We partnered with the area agencies on aging to promote the events and recruit participants. The department promoted the forums on its website and through social media, and provided a toolkit of promotional materials (e.g., public service announcement scripts, social media posts and materials and poster templates) to each area agency. Area agency liaisons identified and invited a minimum of six citizens, six stakeholders and six agency staff to participate, though registration was open to all and no one was turned away. In all, 234 Ohioans participated in the five regional forums.

The agenda for each forum included an introduction followed by a presentation on the “State of Elder Ohio.” Participants then broke into two smaller groups: 1) citizens and caregivers; and 2) providers, stakeholders and area agency on aging staff. Facilitators presented prepared questions and gave participants 75-90 minutes to identify and prioritize the regions’ older adult needs and discuss potential challenges and solutions. Participants’ answers were recorded and documented. At the conclusion of the forum, the smaller groups shared their findings with each other.

After studying responses from all five regional focus groups, the department identified consistent themes.

Older adult/caregiver groups:

Topic	Discussion
Transportation	There is a statewide need for reliable, affordable transportation, including transportation for non-medical trips such as shopping and social activities. Transportation is needed during evenings and weekends.
Information and access to services	Older adults often are unaware of the services available in their communities. Of those who are aware of the services, many do not know where to go or what agency to contact to access them. This holds true for Medicare, Medicaid or Social Security benefits information as well.
Lack of dependable services and providers	Older adults find that needed services are not offered in their areas, or find themselves on waiting lists due to the lack of service providers in the area.
Socialization and isolation	Older adults are keenly aware of becoming isolated in their communities. While transportation is an issue, they also voiced a need for more community resources and activities, especially intergenerational activities.

Topic	Discussion
Housing	Older adults agreed that safe, affordable housing can be difficult to find. It is also difficult to find resources or services to help maintain, repair or modify houses to meet their current needs.

Stakeholder/Provider Groups

Topic	Discussion
Transportation	There is increased demand for transportation services, but access is limited in rural areas. Hours of operation vary and are not responsive to needs. Stakeholders want a connected system that specifically trains providers in the best ways to assist older adults.
Lack of direct care workforce	Providers across the state discussed the difficulty of hiring and retaining direct care workers. There is disparity between the work and the wages. In some areas, providers cannot find sufficient numbers of workers who can pass criminal background checks or drug tests.
Funding	More funding is requested to adequately provide services to a growing aging population. Stakeholders noted that reimbursement rates are reflected in lower wages for employees, and that costs of operation affect the quality of services provided.

Needs Assessment Survey

In addition to the regional forums, the department conducted a survey to collect the opinions of Ohio's older adults and caregivers about what matters most to them. The 60-question survey was available online and in paper format. The department and area agencies actively promoted the survey over an 11-week period in late 2017. In all, 1,944 participants from around the state completed the survey.

Aging Network Partner Roundtable Sessions

After compiling data from the regional focus groups and survey, the department held 13 discussion groups with aging network partners and an array of experts, researchers and government representatives, to further refine our understanding of the current issues related to older adults and, specifically, the more vulnerable among them. Participants included area agency on aging directors, staff and stakeholders, as well as regional planners, senior center directors and regional long-term care ombudsmen. Department staff presented the key issues and findings from previous needs assessment activities and facilitated conversations that resulted in new and strengthened partnerships, a richer awareness of older adults' needs and confirmation of the issues they face.

Area Agency on Aging Staff Webinars

More than 40 area agency staff participated in five webinars to review the draft needs assessment topics. They identified workforce capacity, elder abuse prevention, senior mental health and substance abuse issues, safe and affordable housing, and affordable transportation as common and prominent challenges facing those who serve older Ohioans. Their suggested solutions included streamlining the certification process for providers, partnering with volunteer services for homemaker services, developing curricula for direct care worker training and opening up nursing and social work roles to additional professions by reviewing Ohio licensure rules. Agency staff also recommended outreach and partnerships to extend our services, as well as research of evidence-based practices.

External Partner Roundtables

The department hosted four roundtable sessions attended by more than 50 experts who serve older adults in their respective capacities. The sessions aimed to broaden the perspectives represented in the needs assessment and this State Plan on Aging. Participants represented the following sectors, constituents and issues:

- Abuse, neglect and exploitation prevention;
- Aging and disability resource networks and regional support;
- Advocacy;
- Appalachian region;
- Brain health;
- Critical populations, including Holocaust Survivors and the LGBTQ Community;
- Disabled older adults;
- Emergency preparedness;
- Housing;
- Mental health and addiction;
- Minorities;
- Public safety;
- Research;
- Transportation;
- Higher education;
- Volunteerism and older workers; and
- Workforce capacity.

Common issues identified by these external partners included:

- Access to affordable, safe housing;
- Access to mental health services;
- Older adult education, including financial and long-term care planning;
- Opioid and medication safety and medical diversion; and
- De-stigmatization of aging.

Regional Long-Term Care Ombudsman

Department staff used a State Long-Term Care Ombudsman coordinators meeting to discuss the needs of our most vulnerable populations with regional Ombudsman staff. After a presentation of our data and findings, the coordinators broke into small groups to discuss what was missing from the report. While the coordinators expressed similar concerns, such as quality of care, workforce shortages, lack of affordable transportation and housing, and elder isolation, they also felt strongly that the report did not include other important issues, including:

- Lack of mental health services;
- Staffing shortages, including adult protective services and ombudsmen;
- Lack of priority on home modifications (i.e. ramps) and oversight of contractors; and
- Lack of priority on disease prevention and health and wellness.

Ohio Association of Regional Councils

Department staff attended an Ohio Association of Regional Councils meeting to discuss the needs assessment. The association represents 24 agencies serving more than 1,500 local governments and 10 million Ohio residents. Regional councils coordinate to streamline statewide services at the local level and leverage federal resources. One of the councils' most important roles is to identify the priority needs of local communities. Representatives agreed that transportation, housing and workforce development are statewide issues. Suggestions included policies for multi-modal mobility and alternative transportation, as well as the importance of reaching out to the philanthropic community.

Ohio Association of Senior Centers

Acting on state and national data that indicate older adults are more likely to receive and trust information through senior centers (48 percent) than area agencies on aging (43 percent), department staff engaged the Ohio Association of Senior Centers, the oldest state association of senior centers in the nation, for input on this State Plan on Aging. Association members identified transportation as a consistent request. They also identified housing and home repairs, adult day services, qualified workforces and elder abuse prevention as needs in their communities. Members recommended streamlining application processes for services, as well as relaxing some of the regulations of service providers.

Findings

Survey responses from older adults and experts from more than 80 organizations involved in the aging network confirmed that the greatest needs of older Ohioans are the most basic human needs for independence: safe housing, accessible and affordable transportation, and social interactions with their communities. In addition to creating goals and objectives that focus on building the capacity of the aging network to meet these needs, we targeted objectives and strategies that will build infrastructure and access to information so that older adults can easily learn about and connect to the services they need.

The department developed goals and objectives to help older adults grow and thrive through civic engagement, while also creating a pool of volunteers and older workers who can help meet the needs of their fellow older adults. Based on statewide research, we developed objectives to educate and empower older adults, adults with disabilities and their caregivers to live active, healthy lives, maintain independence and continue to contribute to their communities. Recognizing the needs of caregivers and their invaluable contributions to Ohio's long-term care system, we developed objectives that will ensure they have access to resources and services to enable them to continue to provide care for their loved ones at home.

In the face of a growing aging population, we know we cannot not meet our older adults' needs by simply doing the same things better. We must do better things. The goals and objectives of this State Plan on Aging will, through partnerships and innovation, strategically support older adults' health, wellness and aging in place, and use their contributions to address our communities' most pressing and emerging needs.

Goals and Objectives

The department is pleased to represent more than 2.5 million Ohioans who are age 60 and older in this State Plan on Aging for 2019-2022. The rise of our elder population in the coming years will require a collective approach at all levels of government as the need for support and services increases. We continuously work with Ohio's 12 area agencies on aging and the state's aging network to understand and forecast where older adults may need the most help to retain their health and independence so that they can remain in their homes and contribute to the needs of their neighborhoods and communities.

Ohio's older adults are best supported and served when our local communities are engaged and understand their elders' current and emerging needs. While federal and state frameworks establish and maintain quality standards and base funding, localized delivery systems that have been in place for the past 50 years enable local flexibility and creativity. As a home-rule state, Ohio has 74 countywide and 15 township or municipal tax levies either fully or partially dedicated to elder support in our local communities. Funders across the state are forging strong relationships to collaborate, prioritize their regions' older adult care needs and establish partnerships and models to best leverage available funds. Collective impact models that focus on older adult health, wellness and quality of life must become common expectations.

Likewise, older Ohioans can make powerfully positive differences in their communities through their support of local governments, businesses, schools, faith-based organizations and more. Thus, this State Plan on Aging strengthens partnerships to build sustainable, localized older worker and volunteer networks that embrace and utilize the wisdom and valuable contributions of our elders.

The department continues to strengthen its policy-making role to provide quality guidance, clear expectations and thoughtful oversight of its programs that serve Ohio's older adults. We provide and expect high-quality performance through consistent oversight and quality measures, and maintain excellence through timely and comprehensive technical assistance and corrective actions. This State Plan on Aging and its goals, objectives and strategies further empower and challenge us to attain and sustain a comprehensive, high-quality system of services and supports that Ohio's older adults deserve.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

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

Access to Information

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

Strategies:

- 1.1. Partner with ODA to redefine expectations of Ohio's aging and disability resource networks. (Output: Standards developed)
- 1.2. Implement standards and measures for quality and performance of Ohio's aging and disability resource network operations for a consistent front-door experience for consumers. (Output: Completion of the dashboard; number of trainings completed; percentage of improvements implemented)

- 1.3 Enhance state and regional partnership with the Ohio Senior Health Insurance Information Program to strengthen coordinated use of Medicare Improvements for Patients and Providers Act funds, as well as to improve access to information about health insurance (Medicare, Medicaid, Part D, Medicare Savings Programs, Low Income Subsidy) for individuals contacting Ohio's aging and disability resource networks. (Output: Materials created; plans created; staff trained)
- 1.4 Identify an Older Americans Act-based standardized statewide tool that enables the department and the area agencies on aging to provide information on all services available to older adults – especially free or discounted services. (Output: Percentage of completion)
- 1.5 Standardize the statewide brand of the aging and disability resources networks and develop a public campaign that re-introduces the network as the one-stop solution for information, assistance and connection to older adult services and supports. (Output: Percentage of completion)
- 1.6 Increase access to easy-to-understand information about services needed by older adults. (Output: Guidelines completed; tools developed; percentage completion of communication plan, number of external partners who implemented)

Outcomes:

- Due to the completion of its assessment, analyses and plan, Ohio is well-positioned to implement performance expectations and quality standards for its aging and disability resource network.
- Area agencies on aging and aging and disability resource network members adopt the standards and show progress through indicators on a quality dashboard.
- Through development of consistent tools and coordinated plans, aging and disability resource networks provide consistent, person-centered information about health insurance options.
- Older adult volunteers annually assess a sample of the aging network's information and determine that information is becoming easier to find and easier to understand, as evidenced by improving survey scores over the four-year State Plan period.

Partners: Area agencies on aging, aging and disability resource networks, the Ohio Senior Health Insurance Information Program, Ohio Association of Senior Centers, senior centers, community partners and businesses

Priority Populations

Objective 2: Ohio's aging network will be aware of and focused on the unique needs of our older adult priority populations to deliver person-centered, culturally sensitive services and supports.

Strategy:

- 2.1 Establish and implement a plan that increases awareness and focus among the aging network about the unique needs of our older adult priority populations (e.g., rural, low-income, low-income minority, limited English proficiency, Holocaust survivors, LGBTQ and disabled). (Output: Plan developed; percentage of plan completed; number of partnerships created; number of practices identified and adopted; percentage of assessment completed; percentage of area agencies on aging with monitoring tools; percentage of evaluations completed)

Outcome: Ohio's aging network is culturally competent as evidenced by members of Ohio's older adult priority populations who are receiving services in the manner that aligns with and respects their unique needs.

Partners: Area agencies on aging, the aging network, Ohio Department of Mental Health and Addiction Services, Ohio Advisory Council for Aging, senior centers, community partners

Advocacy

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

Strategy:

- 3.1 Increase area agency on aging and department participation in state and local community, government and organizational planning bodies and activities. (Outputs: Number of groups in which the area agencies on aging are active members and voices for older adults; number of partnerships formed; number of trainings completed; percentage of plan completed)

Outcome: The number of older adult-related action items included in other state-level plans increases.

Partners: Area agencies on aging, Ohio Advisory Council for Aging, legal services providers

Elder Abuse, Neglect and Exploitation

Objective 4: Coordinate with partners in the prevention and response to incidences of elder abuse, neglect and exploitation.

Strategies:

- 4.1 Establish a coordinated prevention strategy that addresses incidence of elder abuse, neglect and exploitation by self or others. (Outputs: Completion of prevention strategy; percentage of research completed; number of area agencies on aging actively engaged with their Interdisciplinary teams; number of active service providers with education materials in their curriculum; number of literature pieces, brochures and social media posts created)
- 4.2 Establish a coordinated response strategy in the aging network that addresses incidence of elder abuse, neglect and exploitation by self or others. (Outputs: Completion of response strategy; number of the department and area agency on aging services with enhanced legal services available; percentage of completion of clarified roles and responsibilities; number of managed care organization staff trained; number of area agencies on aging actively receiving training through the Human Services Training System; number of ombudsman programs actively engaged with adult protective services programs; percentage completion of training materials; percentage completion of the Representative Payee Exploitation grant for action steps that include the department or the State Long-Term Care Ombudsman; percentage of campaign completed)
- 4.3 In collaboration with relevant state agencies and commissions, establish and implement a statewide campaign to promote World Elder Abuse Awareness Day. (Output: percentage of campaign completed)

Outcome: Ohio's partners have a heightened awareness and recognition of elder abuse, neglect and exploitation as evidenced by an increase in the number of reported cases.

Partners: Area agencies on aging, Ohio Department of Job and Family Services adult protective services programs, Ohio Attorney General's Office, State Long-Term Care Ombudsman, Ohio Department of Medicaid, Ohio Department of Mental Health and Addiction Services, Board of Executives of Long-Term Services and Supports, ProSeniors Senior Medicare Patrol, managed care organizations, senior centers, first responders, community partners, legal assistance providers, legal and advocacy groups

Objective 5: Through partnerships with state and local groups, continue work to establish a mechanism that captures data to gain knowledge on the current state of elder abuse, neglect and exploitation in Ohio.

Strategy:

- 5.1 Understand the capability of the adult protective services reporting system and partner in the analysis of the review of the state's data. (Outputs: Number of applicable reporting measures accessible to the aging network; percentage of research completed)

Outcome: All entities that work in the areas of older adult abuse, neglect and exploitation have a coordinated system that assists in the understanding of Ohio-based data as well as provides an accurate picture of outcomes that will enhance our ability to advocate for policy shifts and identified policy initiatives.

Partners: Area agencies on aging, Ohio Department of Job and Family Services adult protective services programs, State Long-Term Care Ombudsman

Objective 6: Address isolation by improving access for older adults to senior centers, community facilities, technologies and opportunities where socialized environments exist or can be created.

Strategies:

- 6.1 Increase awareness of social and geographical isolation among older adults. (Outputs: Percentage of research completed; number of communication campaigns)
- 6.2 Encourage older adults to utilize senior centers and common/community facilities. (Output: Study completed; number of gaps identified; inventory collected)
- 6.3 Identify existing community-based opportunities that can be engaged to reduce risks of isolation among older adults.
- 6.4 Partner with lifelong learning programs (e.g., library systems, senior centers, community centers) using technology solutions to increase opportunities for socialization and decrease isolation among homebound seniors. (Output: Number of partnerships; number of volunteer programs)

Outcomes:

- Ohio has a baseline and a better understanding of isolated older adults.
- More older adults are utilizing their local senior centers or common/community settings as evidenced by the increase in annual attendance.

Partners: Area agencies on aging, community partners, senior centers, service providers

Objective 7: The department will partner with ProSeniors Senior Medicare Patrol to empower and assist Medicare beneficiaries and their caregivers to prevent, detect and report health care fraud, errors and abuse.

Strategies:

- 7.1 Identify opportunities for professional staff at aging and disability resource networks to enhance their understanding of Senior Medicare Patrol and make appropriate referrals. (Output: Number trained staff at each aging and disability resource network)
- 7.2 Develop clear messaging regarding the SMP program on the department's website and social media to help promote referrals that will assist in attracting civic-minded Ohioans wanting to protect older persons' health, finances and medical identity while saving Medicare dollars. (Output: Number of referrals)

Outcome:

More reports are made about fraud, waste, and abuse in Medicare.

Partners: Area agencies on aging, ProSeniors Senior Medicare Patrol

Ageism

Objective 8: Change Ohioans' perspectives and conversations regarding the bias against aging and promote the value of older adults' knowledge, wisdom and resources to strengthen the community.

Strategies:

- 8.1 Develop and implement a community-wide social norming education and awareness campaign that reflects positive aging. (Output: Percentage of campaign completed)

- 8.2 Investigate development of a healthy aging 101 course plan for incorporation into K-12 and higher education “first-year experience” curriculums. (Output: Pilot one program)

Outcome: Ohioans of all ages have a more positive attitude toward aging and older people and a better understanding of elders’ contributions and abilities. More Ohioans positively view older adults as valued contributors to the workplace and community, as evidenced by favorable survey scores pertaining to the diminished views of stereotypes.

Partners: Area agencies on aging, Ohio Department of Education, community partners

Legal Services

Objective 9: Collaborate with existing legal services providers and advocacy groups to understand the legal service needs of Ohio’s older adults and make necessary adjustments to service specifications to accommodate those needs.

Note: legal service-related strategies are included with their relevant topics throughout the goal section of this State Plan. To assist reviewers, all legal services strategies are repeated below. Sub-strategies are not included in the State Plan but are managed by the department as part of the State Plan goals.

Strategies:

Partner with legal service providers to determine unmet needs of older Ohioans and refine funding and service requirements to meet those needs. (Goal 1, Objective 3: Advocacy, Strategy 1).

Explore the need and enhance, if needed, legal assistance and services available to support cases of elder abuse, neglect and exploitation. (Goal 1, Objective 4: Elder Abuse, Strategy 2)

Evaluate regional needs of older adults and expand offerings of Person-Centered Options Counseling to enable older adults to understand, consider and address issues such as benefits, reverse mortgages, health care, finances, legal issues and more. (Goal 5, Objective 3: Long-Term Care Planning, Strategy 2)

Promote home-sharing opportunities for older adults by utilizing legal services as an intermediary. (Goal 5, Objective 7: Housing, Strategy 4)

Research and collect data on the underlying causes of and scope of the problem in older adult homelessness. (Goal 5, Objective 8: Homelessness, Strategy 1)

POPULATION HEALTH

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

Chronic Disease Management and Prevention

Objective 1: Promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic conditions to reduce and control symptoms that would otherwise alter the quality of their lives.

Strategies:

- 1.1 Promote and offer interventions that assist older adults in prevention of chronic disease. (Outputs: Number of actions taken; percentage of new volunteers; percentage of care manager trainings completed; number of collaborations; percentage of increased outreach; number of partner agencies; number of initiatives; number of innovative strategies implemented)

- 1.2 Rebrand the department's health and wellness initiatives and programs to promote a holistic approach to improving health of older adults, particularly those most at-risk and vulnerable. Include research on the return on investment of prevention. (Outputs: Rebranding completed; promotional materials created)
- 1.3 Enhance education, awareness and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs. (Outputs: number of health and wellness sites added to the aging network; development of campaign and toolkits; number of new chronic conditions being addressed through course offerings and local supports; completion of study; completion of pilot projects)
- 1.4 Research, identify and leverage additional funding streams for sustainability of chronic disease prevention and management programs. (Outputs: Number of new or increased funding streams; number of new or expanded local resources that support those under 60; number of new and continuing partners)
- 1.5 Assess and determine viability of emerging technologies that may positively impact the improved health and management of chronic issues among Ohio's older adult population. Support pilot studies of technologies deemed to be viable. (Outputs: number of pilots being tracked)

Outcomes:

- More older adults have heightened awareness and improved strategies to prevent and manage chronic diseases as evidenced by the increased number of training sites and the increased number of persons trained.
- Ohio expends more funds expended on programs that are proven effective, as evidenced by positive variances in the annual State Program Report for total expenditures.

Partners: Area agencies on aging, senior centers, community partners

Nutrition

Objective 2: Address food insecurity and malnutrition in older adults.

Strategies:

- 2.1 Focus on gaps in the community malnutrition setting utilizing recommendations of the Malnutrition Prevention Commission, where appropriate, to better understand and address older adult needs. (Outputs: Percentage of gaps filled in malnutrition; number of collaborations; percentage increase usage of screening tool in SAMS; clearinghouse created; number of expanded programs; percentage of increased consumers served)
- 2.2 Create a workgroup consisting of the department, area agencies on aging, providers and others to develop a tool to conduct regional nutrition environmental scans to better understand the basic needs of current consumers and to develop practical solutions. (Outputs: Scan conducted; increase in the number of healthy retail options identified)
- 2.3 Track research to determine benefit of a second hot meal for at-risk older adults and if risk of falling and other health factors are improved. (Outputs: Percentage of completion of research)

Outcome: An increased number of at-risk older adults are being prioritized and receiving services as evidenced by a redirection in reassessments with malnutrition indicators.

Partners: Area agencies on aging, Ohio Department of Health, Ohio Department of Job and Family Services, community partners, senior centers, service providers

Objective 3: Increase opportunities to access healthy affordable foods in underserved areas and establish strategies to encourage their consumption.

Strategies:

- 3.1 Encourage the expansion of local food procurement in the aging nutrition network (i.e. congregate meal sites and home delivered meals) through training, collective purchasing power and partnerships. (Outputs: Percentage of increased local food procurement)
- 3.2 Leverage partnerships that support consumption of fruits and vegetables through nutrition education, such as SNAP-ED and non-profit entities. (Outputs: Number of increased partnerships; percentage increase in usage; simplified application completed and implemented; percentage of expansion and number of programs)

Outcome: The number of healthy food access points in underserved areas in Ohio is increased as reported by state and local partners.

Partners: Area agencies on aging, community partners, senior centers

Objective 4: Maximize use of current nutrition services programs, including home-delivered and congregate meals.

Strategy:

- 4.1 Research and assess Ohio's current capacity of nutrition services programs and develop plans to increase the usage of and number of sites while removing barriers to access. (Outputs: Research completed; number of increased sites; % of increased usage; number of barriers identified and mitigated)

Outcome: More older adults are receiving nutrition services as evidenced in the annual State Reporting Tool units and total expenditures.

Partners: Area agencies on aging, senior centers, colleges and universities, community partners

Dental, Vision and Hearing

Objective 5: Promote the need for increased access to dental, vision and hearing health screenings and services for older adults, especially those with low incomes.

Strategies:

- 5.1 Increase access to dental, vision and hearing health screenings and services for older adults. (Outputs: Percent of increased expansion; level of activity in existing advocacy efforts; inventory of number of insurers and extent of coverage; report and scorecard)
- 5.2 Increase the number of safety-net providers (e.g., community health clinics) that provide dental, vision and hearing health screenings and services. (Outputs: Training materials and program; engage at least five new entities; policy and plan that allow schools to serve older adults; at least 20 new entities offering pro-bono services)

Outcome: Older Ohioans have access to an increase pool of public and private insurers that cover dental, vision and hearing health screenings and services.

Partners: Area agencies on aging, Aging Eye Public Private Partnership, Ohio Association of Senior Centers, federally qualified health centers, dental centers, community partners

Dementia

Objective 6: Develop and sustain an education and training infrastructure that supports the needs of people living with dementia, as well as paid and unpaid caregivers.

Strategy:

- 6.1 Develop and house an online resource library accessible to professionals and the public. (Outputs: Resource library completed; percentage of research efforts completed; number of tools available in the online library)

Outcome: As evidenced by follow-up surveys, consistent access to education and training resources improves quality of life for families and professional caregivers by positioning them to feel empowered to provide informed care.

Partners: Area agencies on aging, Alzheimer's Association, Ohio Department of Medicaid, colleges and universities

Objective 7: Partner in the enrichment of career curriculums and continuing education for professions that work with people with dementia and their caregivers.

Strategies:

- 7.1 Implement a research study that considers what education and best practices will keep direct care workers fulfilled and more equipped to work with people living with dementia, and if enhanced training retains workers. (Output: Percentage of research completed)
- 7.2 Establish a workgroup with the Ohio Department of Health and licensing boards to explore current curriculum content and opportunities for development pertinent to dementia education. (Outputs: Number of meetings and action steps identified; number of surveys taken; number of State Tested Nursing Assistants reporting higher levels of job readiness)

Outcome: Because of increased dementia-related coursework and examination requirements in the State Tested Nursing Assistant curriculum, Ohio's nursing assistant workforce is well-positioned to anticipate, understand and effectively manage the unique care demands for adults living with one or more cognitive impairments.

Partners: Area agencies on aging, Alzheimer's Association, Ohio Department of Health, Ohio Health Care Association, LeadingAge Ohio, licensing boards, colleges and universities

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

Strategies:

- 8.1 Strengthen area agencies on aging advocacy roles and support of dementia-related activities in their respective regions and equip them with the resources, education and tools that communities need to be successful. (Outputs: Number of area agencies on aging designated dementia experts and liaisons; number of listening sessions held and number of attendees; number of area agencies on aging (or communities) that have formed a dementia taskforce; number of area agencies on aging (or communities) with a dementia strategic plan)
- 8.2 Monitor emerging technologies and pilot programs of viable interventions that would mitigate safety risks faced by people with dementia. (Outputs: Inventory of technologies; number of pilots underway or completed)

Outcome: Older adults have access to a "no-wrong door" system of dementia resources and assistance that is championed by each community as evidenced by an increase in inquiries and referrals recorded in the aging and disability resources network and Alzheimer's Association databases.

Partners: Area agencies on aging, Alzheimer's Association, Benjamin Rose Institute on Aging, local health districts, community partners, senior centers

Objective 9: Partner with first responder agencies and organizations to enhance the safety of persons with dementia and their caregivers.

Strategies:

- 9.1 Establish an older adult driver committee to work with the Ohio Bureau of Motor Vehicles on training and resources related to knowing the signs of cognitive impairment and what to do if you suspect that an older driver is unsafe on the road. (Output: number of Bureau of Motor Vehicles offices that adopt training practices; completion of analysis)
- 9.2 Partner in the creation and sustaining of a coordinated approach for missing older adults with dementia. (Output: Number of state and regional agencies that prioritize missing older adults)
- 9.3 Establish a workgroup to support the enhancement and infusion of dementia education into first responder training curriculum (e.g., communication, de-escalation, referrals), where relevant. (Output: Number of first responder groups that incorporate dementia education)

Outcome: Ohio has a coordinated system of public safety and response for adults with suspected or diagnosed dementia as evidenced by trained responders and formalized statewide interventions.

Partners: Area agencies on aging, Ohio Department of Public Safety, Ohio Department of Transportation, Alzheimer's Association, first responders, law enforcement

Falls Prevention

Objective 10: Strengthen existing falls prevention activities, identify opportunities for new initiatives and continue the educational campaign to reduce the risk of falls for older Ohioans.

Strategies:

- 10.1 Expand the role of first responders in falls prevention. (Outputs: Percentage of expansion completed; number of models and best practices identified; number of additional fire departments implementing falls prevention related interventions on falls and lift assist calls)
- 10.2 Expand the availability of Tai Chi and other evidenced-based fall prevention classes statewide. (Outputs: Data obtained about best practices and effectiveness; number of Tai Chi trainers and workshops statewide; number of Tai Chi instructors statewide; updated and more effective Tai Chi landing page on STEADY U Ohio website)
- 10.3 Increase professional and public awareness and actions regarding falls risks through falls prevention studies and campaigns. (Outputs: Advocacy to professional organizations of health care professionals for accurate coding of fall-related injuries with falls as the primary code)
- 10.4 Reassess falls prevention risk assessment in Medicaid waiver programs. (Outputs: Research completed; risk assessment developed and implemented)

Outcomes:

- More first responders are supporting older adults through falls risk interventions as evidenced by more zip codes served and reduced number of transports to emergency departments for lift assist calls.
- More older Ohioans have increased access to and choice of fall prevention courses across the state.
- Older adults proactively reduce their risk of falling as evidenced by reduced admissions to emergency departments and hospitals.
- Waiver consumers are managing their falls risk due to home modifications, falls prevention programs and occupational and physical therapy as evidenced by the number of referrals.

Partners: Area agencies on aging, Ohio Department of Health, Ohio Department of Medicaid, senior centers, community partners

Pain Management

Objective 11: Support increased use of alternative interventions that older adults can use to manage their temporary or chronic pain without the use of controlled substances.

Strategies:

- 11.1 Evaluate current needs and gaps relative to older adults' management of pain, identify evidenced-based pain management interventions (including technology-based solutions) and advocate for adoption in appropriate settings. (Outputs: Number of new interventions introduced)
- 11.2 Identify pain management resources and collaborate with statewide partners and health providers (Output: Number of new interventions introduced)
- 11.3 Expand availability, capacity and use of the Chronic Pain Self-Management Program and list as an education option under Take Charge Ohio. (Output: Number of referrals)
- 11.4 Educate and encourage physicians and allied health professionals to refer patients and clients to pain management resources through development of a toolkit and collateral materials. (Output: Completion of toolkit)

Outcome: More older adults are utilizing non-opioid options and interventions to manage their temporary or chronic pain as evidenced by the reduction of opiate prescriptions in the state as compared to the previous year.

Partners: Area agencies on aging, State of Ohio Medical Board, federally qualified health clinics, pain clinics

Mental Health

Objective 12: Increase awareness of the need for mental health resources and services for older Ohioans.

Strategies:

- 12.1 Establish our current state regarding mental illness among older adults to determine where the aging network can best address the care needs for this population. (Output: Research completed)
- 12.2 Explore mental health evaluation tools used with older adults to identify preferred standards and options for use among medical professionals. (Output: Exploration and research completed)
- 12.3 Establish prioritization for home and community-based services for at-risk older adults with mental illness. (Output: Prioritization tool completed and implemented)
- 12.4 Partner with state, local and community entities to address specific mental health needs of our older adults. (e.g., county behavioral health authorities). (Output: Number of new partnerships)
- 12.5 Adopt training curriculum specific to the aging network's ability to screen and address unique care delivery of older adults with mental health issues. (Output: Number of referrals as evidenced in the Adult Comprehensive Assessment Tool)

Outcome: Older adults have improved access to the resources and services they need to manage mental health concerns as evidenced by increased utilization of programs and referrals to appropriate services.

Partners: Area agencies on aging, Ohio Department of Mental Health and Addiction Services, community partners, senior centers

Objective 13: Raise awareness of older adult suicide risks; educate and encourage adoption and utilization of strategies to aid in the prevention of suicide.

Strategies:

- 13.1 Research and monitor data trends in suicide rates among older adults. (Output: Research completed; data collected)
- 13.2 Provide training and education about risk factors for suicide among older adults. (Outputs: Number of trainings completed; number of people trained)

Outcome: Professionals, family members and older Ohioans will be more aware of the risk factors for suicide in older adults and better prepared to identify and support at-risk older adults.

Partners: Area agencies on aging, Ohio Department of Mental Health and Addiction Services, Ohio Association of Senior Centers, community partners, senior centers

Substance Abuse and Addiction

Objective 14: Support increased access to the resources and services needed by older adults to better prevent and manage substance abuse and addiction.

Strategies:

- 14.1 Monitor available data on opioid use disorder, overdoses and deaths avoided with naloxone to forecast needs of future older adults. (Output: Data collected and analyzed)
- 14.2 Support the campaign to combat the opioid crisis and substance abuse among older Ohioans through education, screenings, referrals and community-based interventions (e.g., drug take-back programs, advocacy for multi-disciplinary care teams, Start Talking campaign) (Outputs: Interventions implemented; number of adults served; percentage of increased usage; Older adults' needs are represented; percentage of increase of campaigns and outreach; percentage increase in alternative therapies)
- 14.3 Utilize and encourage senior centers and other focal points in the community to provide screenings, addiction self-management classes and support groups for addictions afflicting older adults (e.g., alcoholism, substance abuse, gambling). (Outputs: Number of facilities providing services; number of people served; number of people screened)
- 14.4 Support the adoption and implementation of technology-based interventions to curb and stop the abuse of opioids in Ohio through solutions of the Ohio Opioid Technology Challenge. (Output: Number of older adult interventions piloted or implemented)

Outcome: In addition to the existing and emerging state strategies and interventions to combat the opiate and substance abuse crisis, the interventions employed by the Aging Network contribute to the effective efforts as evidenced by a decline in the number of substance-related accidental deaths in older adults.

Partners: Area agencies on aging, Ohio Department of Mental Health and Addiction Services, Governor's Cabinet Opiate Action Team, community partners, senior centers

CAREGIVING

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

Caregiver Support

Objective 1: Provide meaningful education and heighten awareness of caregiving issues.

Strategies:

- 1.1 Research and assess the effectiveness of current interventions and explore best practices to develop a full-service caregiving solution. (Output: Percentage of completion)
- 1.2 Pilot promising interventions that benefit caregivers (e.g., technology-based solutions or other emerging innovations, evidence-based and evidence-informed training programs for caregivers). (Output: Percentage of completion of pilot projects or percentage of growth of classes held as evidenced by data from Workshop Wizard)

- 1.3 Explore opportunities to educate parents and caregivers, educators, health care professionals, therapists, executives and managers, public service leaders, employees and others on compassion training programs (e.g. Compassion Cultivation Training). (Output: Percentage of completion)

Outcome: Caregivers utilize information, resources and education opportunities about caregiving as evidenced by attendance statistics of caregiver education and referral numbers.

Partners: Area agencies on aging, community partners, senior centers

Objective 2: Increase the capacity of respite opportunities statewide.

Strategies:

- 2.1 Research, identify and strengthen volunteer opportunities to address respite needs (e.g. senior companion program, collegiate programs and state agencies). (Output: Research completed)
- 2.2 Encourage nursing facilities to monitor the care needs (emotional, personal) of the caregiver visiting a loved one to make appropriate referrals or provide care consultation services to those caregivers in need. (Output: Development of a pilot project)
- 2.3 Research and understand the cause of adult day closures in Ohio and develop strategies to increase the capacity of adult day centers across the state. (Output: Research completed; number of adult day centers.)
- 2.4 Explore and identify traditional and non-traditional sources that may provide additional support for respite services and caregiver support (e.g., OSU Social Worker field placement Respite program). (Output: Percentage of completion)

Outcome: Caregivers have the resources they need to access respite care as evidenced by an increase in the number of respite-related service units in the annual State Program Report.

Partners: Area agencies on aging, Board of Executives of Long-Term Services and Supports, State Long-Term Care Ombudsman, community partners, senior centers, service providers

Objective 3: Encourage employers' adoption of best-practice policy reforms that support caregivers in the workplace.

Strategies:

- 3.1 Encourage adoption of State of Ohio's Working Caregiver Initiative (or adoption of similar programs) by Ohio's public and private employers. (Output: Number of public and private employers implementing a working caregiver initiative; number of practices, policies and programs adopted; number of materials developed; number of presentations conducted)
- 3.2 Explore best-practice policy initiatives that could benefit caregivers (e.g. pre-tax adult day tax benefit, universal leave policies). (Output: Percentage of project plan completed; number of policies identified)

Outcome: Caregivers are better able to balance work and caregiving as evidenced by a decrease in work impacts reported.

Partners: Area agencies on aging, chambers of commerce, community partners, senior centers

Kinship Care

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

Strategies:

- 4.1 Strengthen kinship caregiver support through advocacy and use of existing or new caregiver programs. (Outputs: Number of contacts made regarding kinship (e.g., number of aging and disability resource

network contacts and referrals; percentage of website hits on kinship; percentage of referrals to kinship resources; percentage of utilization of the 10 percent of allowable funds)

- 4.2 Outreach to partners, peer advocates and social service agencies to identify and share needs of kinship caregivers (e.g. educational supports, food assistance) and match existing or new community solutions to address the needs, where appropriate. (Output: Percentage of completion)

Outcomes:

- Older adults in kinship situations receive services that better equip them to care for themselves and their young loved ones.
- Children in kinship situations are better positioned to learn and grow while being cared for as reported by the Public Children's Services Association of Ohio.

Partners: Area agencies on aging, community partners

CIVIC ENGAGEMENT

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

Volunteerism

Objective 1: Engage more older adults and Ohioans of all ages in volunteer activities that support both older adults and community needs.

Strategies:

- 1.1 Ensure that more Ohio communities have access to Senior Corps programs and advocate for adequate financial resources in support of those programs. (Output: Number of AmeriCorps volunteers serving older adults; number of new programs)
- 1.2 Continue to work with partners in volunteerism and civic engagement communities of interest to ensure that older adults are included in program design and decision-making as well as in implementation. (Output: Percentage of increase of older adult involvement)
- 1.3 Establish a best practices inventory of the types of volunteer opportunities in which older adults are serving. (Output: Benchmark completed and best practice models established; research completed; data collected; number of focus groups created; number of presentations to disseminate best practices)
- 1.4 Recruit, pilot and evaluate the use of person-centered volunteer opportunities. (Outputs: number of pilots underway or completed; Respite and homemaker pilot completed in one area agency on aging; grant application completed; percentage of retired volunteer engagement; percentage of increase in student engagement; transportation pilot completed, number of adults served)

Outcome: More older Ohioans are serving in volunteer capacities as evidenced by an increase in Ohio's percentage and state ranking of older adults who volunteer as reported by the Corporation for National and Community Services and other volunteer community organizations.

Partners: Area agencies on aging, Senior Corps, ServeOhio, Ohio Association of Gerontology and Education, community partners

Employment

Objective 2: Expand and enhance opportunities for older workers and job seekers to participate in and contribute to Ohio's workforce.

Strategies:

- 2.1 Work with community partners and funders to advocate for the expansion of encore career models and programs (e.g., Cleveland Foundation, Vantage Aging). (Output: Number of encore initiatives created)
- 2.2 Partner with sister agencies, community organizations and employers to implement strategies contained in Ohio's Combined Workforce Plan and Senior Community Service Employment Program strategic plan. (Outputs: Implement strategic plan; number of strategies implemented; number of workforce reforms incorporated into the Senior Community Service Employment Program; number of program providers and OhioMeansJobs centers content linked; number of program providers and OhioMeansJobs centers distributing survey; number of statewide strategies developed and implemented; number of in-demand pathways developed; number of regional forums held)
- 2.3 Advocate to expand Program 60, administered by Ohio's state supported universities and colleges, to allow older learners and job seekers to receive credit for course work and for programs that lead to a degree, certificate or accreditation that could enhance employment opportunities for in-demand jobs. (Output: Number of institutions that allow credit course work)
- 2.4 Work with community partners and funders to replicate best-practice programs (e.g., Employment for Seniors of Columbus) that link older workers of all incomes, occupations and professions with employers. (Output: Number of programs created)

Outcome: More older Ohioans are active in the workforce as evidenced by an increase in the percentage of older workers that participate in Ohio's workforce.

Partners: Area agencies on aging, Senior Community Service Employment Program, Ohio Department of Job and Family Services, Ohio Department of Higher Education, colleges and universities, community partners, providers

Intergenerational Connections

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

Strategies:

- 3.1 Support communities in their utilization of older adults to fill gaps of service and provide older adults opportunities for engagement. (Output: Expansion of programs)
- 3.2 Promote opportunities for intergenerational volunteerism (e.g., expand the Give Back, Go Forward models across the state). (Output: Expansion of programs)
- 3.3 Advocate for and cultivate the development of intergenerational shared site models for programs and projects in area agency on aging site models (e.g., nutrition, transportation, housing). (Output: number of programs in area agencies on aging expanded to become intergenerational)

Outcome: Ohio entities that work with or serve older Ohioans are embracing the benefits of intergenerational environments and utilizing workers of all ages as evidenced by an increase of intergenerational workers that participate in Ohio's workforce.

Partners: Area agencies on aging, Ohio Department of Higher Education, colleges and universities, community partners, first responders, senior centers

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

Strategies:

- 4.1 Promote opportunities for continued personal growth and learning for older adults. (Output: Number of new programs)
- 4.2 Expand the Give Back, Go Forward models across the state. (Output: Expansion of program by adding one school per year; completion of pilot in an area agency on aging)

Outcome: Older adults will have increased opportunities for personal growth as evidenced by the number of projects completed.

Partners: Area agencies on aging, Ohio Department of Higher Education, colleges and universities, community partners, senior centers

AGING IN PLACE

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

Care Management

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

Strategies:

- 1.1 Review relevant state programs, policies and practices pertaining to direct care services for older adults with the goals of increasing the capacity of the care management and direct care workforces while also providing for the safety and well-being of our older adult population. (Outputs: Review completed; number of workgroups established; number of recommendations established; number of recommendations implemented)
- 1.2 Examine Ohio's Disability Technology First movement created through governor's executive order, and collect and analyze current and emerging innovations to provide technology-based methods to deliver care management and care services (e.g., telehealth, Skype, virtual assistants). (Outputs: Number of recommendations established; number of recommendations implemented)

Outcome: The department has policies and guidance that reflect comprehensive person-centered assessment and care services.

Partners: Area agencies on aging, state agency partners, Ohio Association of Gerontology and Education, community partners, service providers

Workforce Capacity

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

Strategies:

- 2.1 Create and implement an awareness and education communication campaign to generate awareness about the current and emerging high need for caring and direct care workers for older adults. (Outputs: Percentage of campaign completed)
- 2.2 Engage higher education (i.e., two and four-year colleges, technical and trade schools and universities) as partners in cultivating students' heightened awareness of older adult needs as well as fostering interest in students' selection of professional careers that include a focus on gerontology. (Output: Percentage of strategic plan completed; number of schools piloting this initiative)
- 2.3 Conduct a service design review and task analysis study to inventory and assess the services expected of direct care workers in public and private pay settings who serve older adults to determine if modifications to the current service design could improve retention issues with the publicly-funded workforce. (Outputs: Percentage of review completed; number of employers administering the survey; pilot project in one Ohio college; percentage of curriculum studied and enhanced; percentage of campaign completed; number of practices implemented)

- 2.4 Utilize existing workforce development and volunteerism programs to augment the direct care workforce. (Outputs: Number of programs utilized; number of workers added to the direct care workforce; number of action steps in Workforce Innovation and Opportunity Act strategic plans; number of Senior Community Service Employment Programs integrating their services into long-term services and supports; number of ombudsman programs with AmeriCorps volunteers; number of area agencies on aging with AmeriCorps volunteers; number of mentoring opportunities)

Outcome: Careers and professions that serve and support older adults are more attractive and economically viable as evidenced by Ohio's ability to strategically evaluate the foundational issues of direct care workforce shortages.

Partners: Area agencies on aging, Ohio Department of Higher Education, Ohio Department of Job and Family Services Office of Workforce Development, Office of Workforce Transformation, Senior Community Service Employment Program, State Long-Term Care Ombudsman, Ohio Association of Gerontology and Education, Ohio Board of Nursing, colleges of medicine, Ohio Association of Community Colleges, AmeriCorps, colleges and universities, community partners, service providers

Long-Term Care Planning

Objective 3: Advocate for the importance of long-term care planning for older adults to support their choice to age in place.

Strategies:

- 3.1 Study the current state of Ohioans' long-term care planning efforts that will enable them to age in place, and understand the implications associated with Ohioans under-planning for long-term care. (Outputs: Completion of the study and findings; completion of an inventory of best practices; number of advancements achieved)
- 3.2 Evaluate regional needs of older adults and expand offerings of person-centered options counseling to enable older adults to understand, consider and address issues such as benefits, reverse mortgages, healthcare, finances and legal, and more. (Output: Number of people assisted through options counseling)
- 3.3 Explore Medicaid administrative claiming as a mechanism to keep more older adults living in home and community settings by diverting those deemed to be at-risk from enrolling into a Medicaid waiver program. (Output: Completion of study)

Outcome: The potential impacts associated with older adults' under-planning for long-term care needs are known and policy-level changes are under consideration to mitigate the future impacts to Ohio and to our older adult population.

Partners: Area agencies on aging, aging and disability resource networks, Ohio Department of Medicaid, Ohio Association of Area Agencies on Aging, aging network partners, community partners

Livable Communities

Objective 4: Heighten awareness and adoption of livable community models in Ohio communities.

Strategy:

- 4.1 Partner to establish a comprehensive approach to encourage the adoption of the livable community and smart city models in support of older Ohioans and their abilities to age in place. (Outputs: Number of trainings conducted; number of villages developed; summit administered, number of attendees; number of communities that adopt complete streets policies; viability determined; collaborative established; action plan created; application completed; percentage of evaluation completed)

Outcome: More older Ohioans are living in communities that are conducive to aging in place as evidenced by an increase in the number of communities that have attained an age-friendly or similar status.

Partners: Area agencies on aging, AARP, Ohio Department of Health, Ohio Department of Transportation, Ohio Disability and Health Program, community partners

Transportation

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

Strategies:

- 5.1 Increase department efforts and capacity for transportation programming and oversight. (Output: Increase in annual hours expended on transportation initiatives)
- 5.2 Support statewide transportation policy alignment to enable coordination and enhance mobility for older adults and individuals with disabilities. (Output: A single health and human service transportation rule)
- 5.3 Research and advocate for use of transportation best practices (e.g., mobility management, transportation coordination) at the local and regional levels. Identify opportunities for partnership with community organizations and transportation providers and strengthen the area agencies on aging, as needed. (Output: Index of transportation best practices that includes partnership opportunities)
- 5.4 Evaluate all current roles in regional transportation planning and coordination, and determine if refinements are needed. (Output: Revised department of aging policy)
- 5.5 Study 49 U.S.C. 5310 and seek to utilize, where possible, the transit assistance program for seniors and individuals with disabilities to determine if there are opportunities for the assignment of this role to the area agencies on aging. (Output: Number of area agencies on aging who attain assignment as a mobility manager)
- 5.6 Re-evaluate and refine transportation service specifications for older adults, persons with disabilities and those living with dementia or other impairments who require supportive services in addition to traditional transportation services (e.g., companion services). (Output: Completion of the evaluation; number of rules or policies refined; refinements in place)
- 5.7 Area agencies on aging are active participants in regions' transit plans that impact older adults. (Output: Number of area agencies on aging involved in regional transit planning committees)

Outcome: Older Ohioans and individuals with disabilities who need transportation are better positioned to receive services as evidenced by an increase in annual total units reported.

Partners: Area agencies on aging, Ohio Department of Transportation, state partners, community partners, senior centers, service providers

Objective 6: Increase awareness and availability of information, resources and tools to improve older road user safety and mobility.

Strategies:

- 6.1 Partner with the Ohio Department of Transportation on the older road users strategic plan. (Outputs: Partnership established; percentage of campaign completed; website and print-based materials created; policy improved)
- 6.2 Expand mobility alternatives available for older road users. (Output: Resources on website; percentage of options clearinghouses created; number of promotional efforts complete; percentage of completion of project)
- 6.3 Study viability of utilizing volunteers to increase the region's capacity to address person-centered transportation for older adults and people with disabilities, and launch pilot using organizations (e.g.,

volunteerism organizations) to assess and determine if continuation or expansion is beneficial in reducing the transportation demand. (Outputs: Completion of study; number of pilots launched; number of programs underway)

Outcomes:

- Fewer older adults are involved in accidents that result in serious injuries or fatalities.
- Older Ohioans are better able to use alternative options to self-manage their transportation needs.

Partners: Area agencies on aging, aging and disability resource networks, Ohio Department of Transportation, state partners, metro and rural planning organizations, community partners, senior centers, service providers

Housing

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

Strategies:

- 7.1 Promote, advocate and pilot programs that provide for the safety and well-being of older adults and persons with disabilities and their rights to age in place and to stay in their communities of choice. (Outputs: Research completed, next steps identified; increase in number of courses; percentage of inventory complete; research completed; percentage of study completed; recommendations completed)
- 7.2 Research technology enhancements that could be used to improve quality and safety among older adults living independently; seek partnership with the Ohio Department of Developmental Disabilities. (Outputs: Percentage of inventory complete; research completed)
- 7.3 Study and inventory key services challenges that may threaten the independence of older adults such as the ability to be responsive to unscheduled needs (e.g., incontinence, being chair or bed bound) that are faced by older adults who live alone; develop and implement recommendations. (Output: Completion of study; inventory completed; number of recommendations implemented)
- 7.4 Advocate for affordable housing units and alternative housing options for older adults. (Output: Number of affordable housing units and options added to the area agency on aging since 2018; partnership established; tools implemented throughout aging network; increase in number of home-sharing opportunities; pilots launched; number of new interventions launched)
- 7.5 Partner with Ohio Housing Finance Agency. (Output: Scan and study completed; percentage of increase in the number of affordable senior housing units)

Outcome: Safe and affordable housing units for older adults are a community priority due to the aging network's advocacy as evidenced by an increase in the number of interventions completed.

Partners: Area agencies on aging, Ohio Housing Finance Agency, Ohio Department of Medicaid, state agencies, colleges and universities, community partners, legal service providers, faith-based partners

Homelessness

Objective 8: Increase understanding of older adult homelessness and advocate for interventions.

Strategy:

- 8.1 Research and collect data on the underlying causes of and scope of older adult homelessness (e.g., mental health, victims of abuse, neglect, exploitation, choice). (Outputs: Percentage of research completed; number of partners engaged; number of presentations conducted that include research findings).

Outcome: The aging network is more aware and engaged in the homelessness situation among older adults as evidenced by the increased number of area agencies on aging, state agencies and community partners involved in addressing the solution.

Partners: Area agencies on aging, Ohio Housing Finance Agency, Ohio Department of Medicaid, Coalition on Homelessness and Housing in Ohio, state agencies, colleges and universities, community partners, legal service providers, faith-based partners

Emergency Preparedness

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

Strategies:

- 9.1 Establish statewide emergency communication protocols for area agencies on aging and aging network partners. (Output: Statewide communication protocols established)
- 9.2 Develop and participate in a training and education program, including table top exercises and use of best practices within the aging network that support the development of department, area agency on aging and provider emergency preparedness plans. (Outputs: Training developed and implemented; number of providers trained)
- 9.3 Educate older adults through various multi-media outlets about the importance of planning for emergency events. (Output: Number of outreach and communication plans established; number of plans implemented)
- 9.4 Advocate for the heightened utilization of senior centers during emergency events. (Output: Number of advocacy efforts; percentage of increased utilization of senior centers as emergency sites)

Outcome: More older adults are prepared for emergency events as evidenced by an increase in persons stating readiness in the statewide needs assessment survey.

Partners: Area agencies on aging, Ohio Emergency Management Agency, American Red Cross, State Long-Term Care Ombudsman, senior centers, community partners

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

Strategies:

- 10.1 Partner with state agencies, community first responders and community partners to develop cross-collaboration emergency management protocols. (Output: Percentage of increase in partnerships; benchmarking completed)
- 10.2 Establish and maintain department and area agency on aging consumer-focused emergency management plan and protocols. (Output: All area agencies on aging have emergency management plans; safety procedures established and implemented)

Outcome: The department and area agencies on aging have plans that are coordinated and responsive to the emergency needs of older Ohioans as evidenced by successfully tested plans.

Partners: Area agencies on aging, Ohio Emergency Management Agency, American Red Cross, Ohio Department of Mental Health and Addiction Services

Use of Technology

Objective 11: Explore new and emerging technologies that support the continued independence, health and well-being of Ohio's priority populations of older adults and people with disabilities.

Note: Strategies that involve the use of technology are included with their relevant topics throughout the goal section of this State Plan. To assist reviewers, all technology-related strategies are also repeated below. Sub-strategies are not included in the State Plan but are managed by the department as part of the State Plan goals.

Strategies:

- **Care Management:** Collect and analyze current and emerging innovations to provide technology-based methods to deliver care management and care services (e.g., telehealth, Skype, virtual assistants). (Goal 5, Objective 1: Care Management, Strategy 2)
- **Substance Abuse and Addiction:** Support the adoption and implementation of technology-based interventions to curb and stop the abuse of opioids in Ohio through solutions of the Ohio Opioid Technology Challenge. (Goal 2, Objective 14: Substance Abuse and Addiction, Strategy 4)
- **Population Health:** Assess and determine viability of emerging technology that may positively impact the improved health and management of chronic issues among Ohio's older adult population. Support pilot studies of emerging technology deemed to be viable. (Goal 2, Objective 1: Chronic Disease Management and Prevention, Strategy 6)
- **Isolation (sub-strategy):** Partner with lifelong learning programs (e.g., library systems, senior centers, community centers) using technology solutions to increase opportunities for socialization and decrease isolation among homebound seniors. (Goal 1, Objective 6: Isolation, Strategy 4)
- **Pain Management:** Evaluate current needs and gaps relative to older adults' management of pain; identify evidenced-based pain management interventions including technology-based solutions and advocate for adoption in appropriate settings. (Goal 2, Objective 11: Pain Management, Strategy 1)
- **Dementia:** Monitor emerging technologies and pilot viable interventions that would mitigate safety risks faced by people with dementia. (Goal 2, Objective 8: Dementia, Strategy 2)
- **Housing sub-strategy:** Research technology enhancements that could be used to improve quality and safety among older adults living independently; seek partnership with the Ohio Department of Developmental Disabilities. (Goal 5, Objective 7: Housing, Strategy 2)

OPTIMIZING PERFORMANCE

INTERNAL GOAL: The Department of Aging and Ohio's area agencies on aging are well positioned to perform, forecast and meet the needs of older Ohioans and people with disabilities.

Business Acumen

Objective 1: Optimize department and area agency on aging abilities to serve and effectively advocate for older Ohioans and people with disabilities by maximizing operational performances and strengthening governance and utilization of data collection tools.

Note: This objective includes new strategies as well as existing business acumen-related strategies found in other goal sections of this Plan. The existing strategies are repeated and cataloged here to assist reviewers. Note that sub-strategies are not included in the State Plan but are managed by the department as part of the State Plan goals.

Strategies:

- INT:1.1: Overhaul and standardize the administration and use of SAMS to achieve heightened governance and standards in this environment. (INT:1.1)
- Strengthen direct link between consumers served, units served and dollars spent to more accurately capture service occurring across the state.
 - Determine and implement best practices to achieve heightened reporting of local funding, program income funds and in-kind contributions.

- Ensure that area agencies on aging continue to strengthen and normalize their transitions from the OASIS legacy system into SAMS. (Output: Quarterly monitoring reports that compare the area agencies on aging monthly requests to funds expended in SAMS).

INT:1.2: Collaborate with state procurement and contracting specialists to achieve an agreed upon set of best practice options for model procurements and model contracts to achieve optimized competitive selection processes and effectively negotiated contracts and agreements yielding high-quality older adult services and supports. (INT:1.2)

INT:1.3: Develop partnerships, standards and quality improvements to achieve greater business acumen within the area agencies on aging. (INT:1.3)

Aging and Disability Resource Network Development:

- Identify and leverage available funding resources to expand and support a comprehensive aging and disability resource network structure. (Goal 1, Objective 1: Access to Information, Strategy 1, Sub-strategy 2)
- Implement identified front-door improvements to attain quality standards among all entities that administer an aging and disability resource network program. (Goal 1, Objective 1: Access to Information, Strategy 2, Sub-strategy 3)

Information and Access:

- Partner to develop guidelines and advocate adoption and use by community and business partners that increase the ease of readability and interpretation of information that older adults consume. (Goal 1, Objective 1: Access to Information, Strategy 5, Sub-strategy 1)
- Establish and maintain partnerships with organizations that effectively represent Ohio's priority, at-risk populations. (Goal 1, Objective 2: Priority Populations, Strategy 1, Sub-strategy 1)
- Evaluate and strengthen existing service specifications to include culturally competent practices for providers that serve priority populations. (Goal 1, Objective 2: Priority Populations, Strategy 1, Sub-strategy 4)
- Actively engage in subcommittees, coalitions and partnerships to ensure inclusion of older adult needs and priorities. (Goal 1, Objective 3: Advocacy, Strategy 1, Sub-strategy 1)
- Develop competency among all staff for consistent quality representation at external partner meetings. (Goal 1, Objective 3: Advocacy, Strategy 1, Sub-strategy 2)
- Represent the aging network during policy discussions and initiatives that support elder abuse prevention resources and services. (Goal 1, Objective 4: Elder Abuse, Neglect and Exploitation, Strategy 1, Sub-strategy 2)

Population Health:

- Collaborate with other state agencies (i.e. State Office Rural Health, Ohio Department of Health, Ohio Commission on Minority Health) to increase outreach to underserved communities to focus on achieving health equity. (Goal 2, Objective 1: Chronic Disease Management and Prevention, Strategy 1, Sub-strategy 3)
- Implement and optimize data collection system for evidence-based programs. (Goal 2, Objective 1: Chronic Disease Management and Prevention, Strategy 1, Sub-strategy 6)
- Increase standardized use of the National Aging Program Information System (NAPIS) nutrition module in the Social Assistance Management System (SAMS) to produce both regional and statewide details that demonstrate the need for and benefit of consumers receiving home-delivered and congregate meals. (Goal 2, Objective 2: Nutrition, Strategy 1, Sub-strategy 3)
- Participate in local community health improvement plans and prioritize dementia within those plans. (Goal 2, Objective 8: Dementia, Strategy 1, Sub-strategy 5)

- Partner with first responders in the community (e.g., fire departments, police, EMS) to develop and integrate falls risk assessments into procedures. (Goal 2, Objective 10: Falls Prevention, Strategy 1, Sub-strategy 2)
- Educate and encourage physicians and allied health professionals to refer patients and clients to pain management resources through development of a toolkit and collateral materials. (Goal 2, Objective 11: Pain Management, Strategy 4)
- Partner with state, local and community entities to address specific mental health needs of our older adults (e.g., County Behavioral Health Authorities). (Goal 2, Objective 12: Mental Health, Strategy 4)

Caregiving:

- Explore best-practice policy initiatives that could benefit caregivers (e.g., pre-tax adult day tax benefit, universal leave policies). (Goal 3, Objective 3: Caregiver Support, Strategy 2)

Transportation:

- Research, and advocate for use of transportation best practices (e.g., mobility management, transportation coordination) at the local and regional levels. Identify opportunities for partnership with community organizations and transportation providers and strengthen as needed. (Goal 5, Objective 5: Transportation, Strategy 3)

Housing:

- Partner with local governments and communities to assess and predict current and future affordable housing shortages and establish plans to address the shortages. (Goal 5, Objective 7: Housing, Strategy 3, Sub-strategy 1)

Emergency Preparedness:

- Partner with state agencies, community first responders and community partners to develop cross-collaboration emergency management protocols. (Goal 5, Objective 10: Emergency Preparedness, Strategy 1)

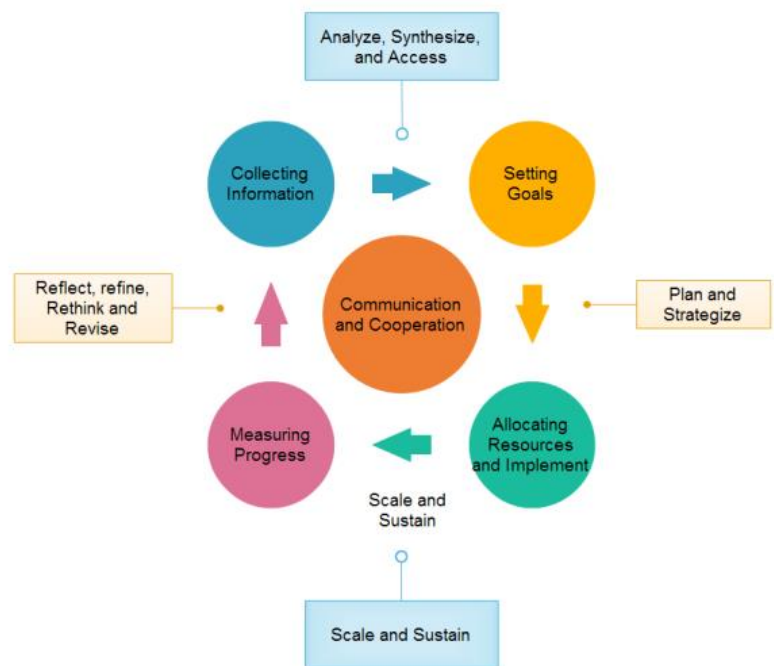
Outcome: The department, area agencies on aging and providers are better positioned to make data-driven decisions due to the optimized state of SAMS as evidenced by increases in accurate reporting and number of standard operating procedures that are in place.

Outcomes and Performance Measures

Outcomes for this State Plan on Aging are included with their respective goals, objectives and strategies to provide a better understanding of the plan and intent associated with each goal. Performance measures are referred to as “outputs” and are listed with each strategy or sub-strategy in the goals section of this plan.

Quality Management

As the department works toward the objectives and strategies of this State Plan on Aging, we will engage quality management practices that utilize data collection, data analysis, assessments, studies and other analyses to guide system and service improvements where needed. Our goals are to provide person-centered, quality services and supports, as well as amplify resources to serve more older adults through new and expanded efficiencies. The department and the area agencies on aging will embrace a philosophy of continuous improvement so that we can keep pace with the changing needs and preferences of our older adults.



For the priorities and projects contained in this State Plan on Aging, the department will employ a project success model. The project success model includes four project phases: 1) concept, 2) planning, 3) execution and 4) closure. Although all projects will have unique variations, some level of action must occur within each of these four phases to achieve a quality result. Strategies that involve significant time and resources will include formal project plans to guide the work and ensure quality across the span of the project. Strategies that require less time and fewer resources will utilize project standards to a lesser degree, ensuring quality oversight with minimal administrative burden.

The department will continue its existing quality management initiatives, which include an array of person-centered home and community-based services efforts and monitoring of area agencies on aging and providers to strengthen assessments and oversight responsibilities. Examples of continued quality management initiatives include:

HCBS enhancements: The department is collaborating with the Ohio Department of Medicaid to align services, supports and provider qualifications in Medicaid home and community-based services waivers requiring a nursing facility level of care, including our PASSPORT and Assisted Living Waiver programs. These efforts streamline the state’s Medicaid waivers, enabling individuals to seamlessly transition from one waiver to another as their situation or care needs change. Additionally, home care providers can

receive the same rate for the same service delivered in various state systems. This work sets the stage for the creation of a single Medicaid waiver for nursing home level of care.

Electronic Visit Verification (EVV): The department also is collaborating with the Department of Medicaid to investigate the use of an Electronic Visit Verification system for many home and community-based services. The system verifies when provider visits occur and documents the precise time services begin and end. It ensures that individuals receive their medically necessary services.

MyCare Ohio Ombudsman grant: During state fiscal year 2017, the State Long-Term Care Ombudsman's Office completed the first three years of the MyCare Ohio Ombudsman grant. MyCare Ohio is a system of managed care plans that coordinates the delivery of benefits and services to Ohioans who are eligible for both Medicare and Medicaid services. Ombudsman representatives helped to resolve more than 1,400 complaints with an 86 percent resolution rate.

Nursing Home Quality Improvement Projects: The State Ombudsman's Office works on quality improvement projects aimed at raising the bar for quality in Ohio's nursing homes. State law requires each nursing home to complete at least one project every two years to remain eligible for licensure. Projects focus on key quality issues, such as minimizing infections, reducing the use of antipsychotic medications and improving wound care, but also promote innovative, person-centered approaches to care, such as using the arts and music to improve physical and emotional well-being. Recently, the office launched a two-year, \$2 million quality improvement program to enhance staff engagement, reduce turnover and create greater workforce stability. The project includes specific training to ensure staff understand the unique challenges of dementia care beyond the use of drugs. The project is supported by civil monetary penalties funds, which are fines collected from certified nursing homes when they are cited for violations.

C. Intrastate Funding Formula

During the 2019-2022 State Plan period, the department is using Census data for population factor weights in its formula. For the FFY 2019 allocations, the department updated the relevant data sources using current data from the Census as referenced below. The department utilizes the medically underserved area data as well as analyzes the health professional shortage area data to support its data decisions. Due to the variation of the medically underserved area data, the department is working with the Department of Health to determine how to utilize supportive technologies along with available data to best address these underserved areas.

The allocation of Title III funds to area agencies on aging is based on the economic and social needs of the population of persons age 60 or older in each planning and service area after a base level of funding is assured to each agency. The awards for FFY 2017 are included in this State Plan on Aging.

Title III Factors

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

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

Data Source

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

Poverty 60+: "S21042: Sex by Poverty Status in Previous Year by Household Type (Including Living Alone) and Relationship for the Population 60 Years and Older," 2012-2016 American Community Survey.

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

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

Rural 60+: "R: Urban/Rural Update," U.S. Census Bureau, Census 2010.

Medically Underserved Area (MUA) 60+: "Index of Medical Underservice/Health Professional Shortage Area," U.S. Census Bureau, Census 2010

Title III-D Factors

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

- Persons at or above age 60: 20 percent

Minorities at or above age 60: 20 percent

Low-income persons at or above age 60: 20 percent

Medically underserved persons at or above age 60: 40 percent

Title VII Factors

The allocation of Title VII funds to area agencies on aging is based on the percentage of licensed long-term care beds, population age 75 and over and geographic area in each region. Title VII Ombudsman is solely based on the percentage of current year licensed nursing home and adult care facility beds in each region (as licensed by the Department of Health and Department of Mental Health and Addiction Services). The Title VII Elder Abuse Prevention funds are allocated to the area agencies on aging based on 10 percent square miles and 90 percent population age 75 and over (2010 Census).

FFY 2018 Annual Grant Award

AAA	AAA Admin	III-B Supportive Services	III-C1 Congregate Meals	III-C2 Home-Delivered Meals	III-D Preventive Health	III-E Admin	III-E Services	Total Title III	Title VII Elder Abuse Prevention	Title VII Ombudsman	Total Title VII	Total Title III and Title VII
1	404,906	1,571,772	1,587,775	1,039,248	90,077	77,610	698,489	5,469,877	22,789	26,335	49,124	5,519,001
2	368,412	1,339,506	1,353,144	885,675	80,048	65,553	589,973	4,682,311	20,787	18,625	39,412	4,721,723
3	228,869	451,405	456,001	298,467	25,982	19,450	175,046	1,655,220	7,483	7,321	14,804	1,670,024
4	318,677	1,022,978	1,033,393	676,388	94,152	49,121	442,089	3,636,798	16,391	15,689	32,080	3,668,878
5	256,780	629,042	635,446	415,919	19,289	28,671	258,039	2,243,186	10,452	7,996	18,448	2,261,634
6	399,587	1,537,915	1,553,573	1,016,862	91,596	75,852	682,671	5,358,056	21,557	23,135	44,692	5,402,748
7	245,764	558,932	564,622	369,563	90,920	25,032	225,283	2,080,116	8,816	6,466	15,282	2,095,398
8	213,600	354,225	357,832	234,212	33,054	14,405	129,643	1,336,971	5,450	3,160	8,610	1,345,581
9	257,294	632,312	638,750	418,082	34,475	28,841	259,567	2,269,321	10,557	8,616	19,173	2,288,494
10A	558,940	2,552,104	2,578,087	1,687,438	201,445	128,501	1,156,507	8,863,022	37,839	40,300	78,139	8,941,161
10B	367,264	1,332,200	1,345,763	880,844	54,927	65,173	586,561	4,632,732	20,784	21,513	42,297	4,675,029
11	299,302	899,667	908,827	594,855	45,762	42,719	384,479	3,175,611	14,280	12,199	26,479	3,202,090
Total	3,919,395	12,882,058	13,013,213	8,517,553	861,727	620,928	5,588,347	45,403,221	197,185	191,355	388,540	45,791,761

Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

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

the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of

funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

- (B) disclose to the Assistant Secretary and the State agency--
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;

- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

- (D) 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 contract or such relationship;

- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances 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;

(15) provide assurances that funds received under this title will be used--

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements: ...

(3) The plan shall--

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

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

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

(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division

(i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal

assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

(a) ELIGIBILITY—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .
- (2) the State agency shall—
- (G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
- (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
- (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

- (a) . . . Each such plan shall— (6) provide that the area agency on aging will—
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

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

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

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

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

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

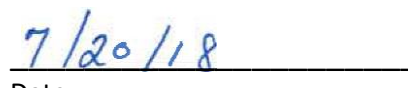
(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).


Beverley L. Laubert, Director
Ohio Department of Aging


Date

Appendix B Information Requirements

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

This section is addressed as part of the assurances included in each area agency on aging's strategic area plan, which include a targeting outreach plan. The area agency must create a four-year plan that specifies where and how the agency intends to target its priority populations and describes the mechanisms to be used to reach out to those populations. In addition, the department annually incorporates various portions of the assurances into its monitoring tool. The tool is forwarded to each area agency on aging, which must provide details indicating how preference is given.

Section 306(a)(17)

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

The department includes a section in the area agencies' strategic area plan template that requires them to provide information relative to their emergency preparedness plans. Further, the department is working closely with the agencies to strengthen our collective emergency and planning response protocols. The area agencies on aging also are working to strengthen existing partnerships and establish new partnerships with first responders and emergency volunteerism groups. These efforts are explained in Goal 5: Aging in Place, Objective 9: Emergency Preparedness.

Section 307(a)(2)

The plan shall provide that the State agency will --...

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

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

As part of the strategic area plan process, each area agency on aging is required to demonstrate its allocation of the required five percent for access, in-home and legal assistance. This data is captured on a budget page in the area plan. Additionally, the department has a policy for area agencies on aging specific to priority services that further support the minimum requirements.

Ohio maintains an Administrative Rule for cost sharing for all Older Americans Act funded services. Cost sharing is applied in the form of a voluntary contribution by individuals receiving all other OAA funded services except for those individuals with a self-declared income at or below one hundred forty-nine percent of the federal poverty level. The state provides a sliding fee scale for use by service providers to determine the suggested cost share. Individuals can be asked to make a voluntary contribution towards the determined cost share for services such as adult day care, homemaker and personal care services, and chore services. Exclusions from cost-sharing include (a) Information and assistance, outreach, benefits counseling, case management, disease prevention, health promotion, or volunteer placement, (b) Education, training, or a support group provided through the national family caregiver support program, (c) Congregate and home-delivered meals, (d) Ombudsman, elder abuse prevention, legal assistance, or another consumer protection service, and (e) Transportation, although the AAA may apply to ODA for a waiver of this exemption if the transportation is coordinated with other services and is paid, in whole or in part, with Older Americans Act funds.

Section 307(a)(3)

The plan shall--

...

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

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

The department's maintenance of effort was submitted to ACL on July 28, 2017 and is available upon request.

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

The department has produced its projected costs of services:

Service	2019 -2022 Projected Costs per year	Service	2019 -2022 Projected Costs per year
Personal Care	\$ 1,135,850	Nutrition Education	\$ 8,444
Homemaker	\$ 771,835	Information and Assistance	\$ 592,082
Chore	\$ 126,769	Outreach	\$ 47,055
Home Delivered Meals	\$ 11,979,225	Health Promotion	\$ 801,706
Adult Day Care	\$ 541,972	Caregiver Counseling, Support Groups and Training	\$ 89,537
Case Management	\$ 403,405	Caregiver Respite	\$ 992,405
Assisted Transportation	\$ 69,069	Caregiver Supplemental Services	\$ 227,443
Congregate Meals	\$ 5,442,436	Caregiver Cash and Counseling	\$ 108,670
Nutrition Counseling	\$ 11,365	Caregiver Access Assistance	\$ 564,605
Transportation	\$ 4,813,234	Caregiver Information Services	\$ 16,262
Legal Assistance	\$ 436,670	Other	\$ 2,538,458
Grand Total Each Year \$31,718,498			
We project costs for services to rural customers will remain static over the four years of this plan.			

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

As part of the preparation for developing a strategic area plan, each area agency on aging conducts public hearings and a needs assessment to determine where gaps exist in the planning and service area. The information and interventions are included in their plans. Each of our area agencies on aging have areas within their regions that are considered rural. We include a factor in our funding formula that takes rural population into consideration. In addition, our area agencies on aging maintain established funding formulas that further focus on their respective priority populations, including those in rural areas.

Section 307(a)(10)

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

The department addresses this requirement through the area agency on aging strategic area plan assurances along with Ohio's intrastate funding formula for Title III. Each area agency on aging is allocated a base grant. After base and administrative funds are removed, the balance of Title III funding to each area agency on aging is based on population factor weights. The intrastate funding formula for Title III includes a factor specific to rural areas, which requires that a percentage of funds be allocated to rural areas.

Section 307(a)(14)

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

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

According to the 2018 Ohio Poverty Report, the 2016 poverty rate in Ohio was 27.7 percent for all minorities combined. Poverty rates by Age Group are:

Age 55-64:	10.8 percent
Age 65-74:	7.5 percent
Age 75 and Over:	9 percent

In 2012, 0.9 percent of Ohioans age 60 and older had limited English proficiency.

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

This section is addressed as part of the assurances included in each area agency on aging's strategic area plan. The plan also includes a section specific to targeting minority individuals and minority individuals with limited English proficiency. Within the section, the area agency on aging is required to indicate how preference is given to this consumer group. In addition, the department annually incorporates various portions of the assurances into the tool used to monitor the area agencies on aging.

Section 307(a)(21)

The plan shall --

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

According to the 2017 American Census QuickFacts, 0.3 percent of Ohio's population (approximately 25,000 individuals of all ages) identify as Native American. Of that population, fewer than 2,000 individuals are age 60 or older. Although there are no federally recognized tribes located within Ohio, the department will develop partnerships with tribal representatives within the state and will continue to build on these partnerships through the 2019-2022 State Plan on Aging. The department will reach out to the Native American Indian Center of Central Ohio (NAICCO), a non-profit organization dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio.

As part of the area agency on aging strategic area plans, the agencies must complete a targeted outreach plan, explaining planned outreach activities to address the identified service needs of targeted populations. This is also addressed as part of the assurances included in each area agency on aging's strategic area plan. See attached documents "Targeting Underserved Populations."

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

The department conducted a broad needs assessment to understand the needs of older adults across the state in addition to the region-based assessments being conducted by our AAAs. Through an agreement with Scripps Center for Gerontology at Miami University, Oxford, Ohio, the department has the projected changes in populations in each of our 88 Ohio counties for 2020, 2030 and 2040.

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

Regarding the impacts of these changes on our older adult populations, our needs assessment identified and informed issues that are being addressed in our State plan such as the need for more direct care workers and more professionals in our gerontology fields.

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

Although one may speculate that Ohio may also realize an overall increase in the demand for all types of services, the department in cooperation with the AAAs and Ohio's 74 local levy administrators, will be working to inventory the local levies' types and levels of services that occur outside of the Older Americans Act. Local levies represent an estimated \$191 million in annual funding for senior services. This study will enable the department and AAAs to then further analyze the potential impacts with these known variables and position (or re-position) funding/services to best serve our high-priority older adult populations. Further, the department will be modifying programs (and policies that support program management) based on needs assessments to drive programmatic improvement and heightened performance.

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

The population analysis by Scripps for each decade also includes the projection of older adults at ages 60 and over, 65 and over and 80 and over. The analysis indicates that Ohio may see up to a 46 percent increase in our 80+ age population from a current (2015) population of 482,518

Ohioans who are age 80+ to a projection that by 2030, Ohio may be fortunate to have 704,362 adults who are age 80 and older. The efforts referenced above includes this population of older adults. We understand with this increase in this segment of this population there will be a corresponding increased need for long-term services and supports, caregiver support and assistance needed to manage chronic health conditions.

Section 307(a)(29)

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

The department participates in all Ohio Emergency Operations Agency CAS 1 level briefings, including informing and, as needed, activating area agencies on aging and aging network providers. Staff at the department and the State Long-Term Care Ombudsman support emergency support functions 6 (Mass Care) and 8 (Health Care). The department also serves on the Safe Ohio Assessment Team and is, as needed, deployed to support local disaster response and recovery efforts across the state. The department is also preparing to utilize a web-based business continuity tool to manage its planning and response efforts.

During the last several years, the department and Ohio's aging network has responded to a wide-range of emergencies, including heat waves, blizzards, flooding, tornados, ice storms, high winds, thunderstorms and water emergencies. In addition to facilitating local aging network support, the department works with sister state agencies and partners to activate "check on your neighbor" campaigns and promote "knock and talk" efforts to provide wellness checks.

Further, the department works closely with the area agencies on aging to strengthen our collective emergency and planning response protocols. In May 2018, the department worked with the Ohio Association of Area Agencies on Aging and State Long-Term Care Ombudsman staff to host a statewide summit on disaster preparedness to reset our baseline expectations and to identify best practices for adoption among the agencies. The summit was held at the Ohio Emergency Management Agency. The department also makes preparedness presentations at nursing home and assisted living association events. The department's emergency preparation efforts are explained in Goal 5: Aging in Place, Objective 9: Emergency Preparedness.

Section 307(a)(30)

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

The department serves on Ohio Emergency Management Agency committees to develop, update and exercise various state preparedness, response and recovery plans. Currently, department staff are involved in updating the State's emergency support function 14 (Recovery) housing, and health

and human services recovery plans, pandemic flu and streamlining area agency on aging emergency preparedness plans.

Section 705(a) ELIGIBILITY --

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

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

The State Long-Term Care Ombudsman is established in Ohio law and is governed by rules 173-14-01 through 173-14-27 of the Ohio Administrative Code. The State Ombudsman's staff conduct designation & service reviews to assure compliance with statute and rules that are congruent with the requirements of this subtitle. Reports of abuse and neglect in nursing facilities are reviewed and investigated by the state Long Term Care Ombudsman program, reported to the Ohio Department of Health and, if criminal, to the Ohio Attorney General's Health Care Fraud Unit.

The department is working with Ohio's Board of Executives of Long Term Services and Supports in creating and distributing training to long-term care administrators and staff to ensure they are positioned to recognize the signs of financial exploitation.

In Ohio, the Adult Protective Services (APS) program is a community program available through the Ohio Department of Job and Family Services (ODJFS) and administered by the local County Job and Family Services (CJFS). Counties are mandated to investigate reported abuse. If the county in which the reported abuse occurs determines there is abuse, they connect the older adult with support services to assist them and remediate the situation.

The ODJFS budget, is the dedicated source of state funding for APS in Ohio. It funds a substantial portion of the APS program for many counties in the state, though additional allocations to APS and supportive services come from other state agencies and community levies. Each community funds the wraparound services that incorporate APS. In addition to the county and state JFS, local law enforcement, Area Agencies on Aging, local prosecutors, and probate courts all play crucial roles in the way APS are administered. The state has made significant progress in expanding the partnership between these groups and APS, through the creation of interdisciplinary teams (I-Teams).

To create a coordinated elder abuse, neglect and exploitation prevention and response strategy, the department is collaborating with the Ohio Department of Job and Family Services, Ohio Attorney General's Office and Area Agencies on Aging to identify efficiencies and share resources where appropriate to collect and analyze data across the state with newly available data from the National Adult Maltreatment Reporting System.

The State Long-Term Care Ombudsman is represented on Ohio's Adult Protective Services and APS Advisory Council. The Council is used as a platform for interested parties around the state to come together to advance better APS practices. The department participates on the steering committee of the Ohio Coalition for Adult Protective Services and participates in the Ohio Elder Abuse Commission which prioritizes direct services, education, policy and research. The department also

participates on the Supreme Court's Subcommittee on Adult Guardianship. The office advocates for the least restrictive solutions, including limited guardianships and helping consumers communicate with probate courts. Regional long-term care ombudsman programs participate in local coalitions to discuss elder abuse prevention, detection, investigation and protective services. Ombudsman programs regularly engage law enforcement when complaints warrant and after appropriate consent.

The department assisted in the development and execution of regional elder financial exploitation forums throughout the state. These regional education events are specific to financial exploitation of older adults in Ohio, and showcase many local and state resources, such as law enforcement, judges, ombudsman, senior centers, banks and other financial institutions, adult protective services, elder law attorneys and the area agencies on aging. Attendees are empowered to make connections, learn how they can prevent financial exploitation and understand who to contact if they are victims of a scam or financial crime.

The Department has an appointed representative on the Ohio AMBER Alert Advisory Committee, a committee tasked with aiding in the identification and location of missing adults age 65+. When an Endangered Missing Adult Alert is issued, sufficient descriptive information about the individual and the circumstances surrounding the individual's disappearance are provided to media outlets, law enforcement, and others, who are active in search of the missing adult.

The department will work to promote a seamless system of prevention and response through enhanced training, advocacy and legal assistance strategies as noted in this State Plan. The department and its partners will create inclusive, culturally aware and relevant outreach materials for older adults and the aging network as a result of implementing these strategies. The presence and availability of these materials will be shared across all communications mediums and outlets.

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

The department is committed to receiving the opinions and feedback of older adults, caregivers, area agencies on aging, providers, advocates and external partners as evidenced by the thorough needs assessment conducted in preparation for this State Plan on Aging. Each area agency on aging also conducts a needs assessment, by various means including public hearings, town hall meetings and electronic or paper surveys, to develop the content of the strategic area plan. This is addressed in each area agency on aging strategic area plan as part of the certification by board president, advisory council chair and area agency on aging director.

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

The department, the State Long-Term Care Ombudsman, regional ombudsman programs, area agencies on aging, Ohio Senior Insurance Information Program, the Senior Medicare Patrol program and Ohio's aging and disability resource network members are committed to providing information and assistance to individuals to access benefits and exercise their rights. Area agencies on aging also

have staff who are certified Ohio Benefits Bank counselors who assist older adults in identifying and accessing services and benefits for which they are eligible.

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

State general revenue funds as well as Ombudsman bed fee funds are allocated to regional ombudsman programs by formula. Title VII funds are not used to supplant funds under this subtitle. Regional ombudsman programs are required to submit budgets to the state ombudsman and they are reviewed to assure proper planning and expenditure of funds. Additionally, regional programs may seek additional grants or benefit from local levy funds.

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

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

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

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

- (i) public education to identify and prevent elder abuse;*
- (ii) receipt of reports of elder abuse;*
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;*
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order.*

The State Long-Term Care Ombudsman is represented on the steering committee of the Ohio Coalition for Adult Protective Services. Both the department and the State Long-Term Care Ombudsman participate in the Ohio Elder Abuse Commission and Supreme Court's

subcommittee on adult guardianship. Regional long-term care ombudsman programs participate in local coalitions to discuss elder abuse prevention, detection, investigation and protective services. The State Long-Term Care Ombudsman advocates for the least restrictive solutions, including, but not limited to limited guardianships and assisting consumers with communicating with probate courts. Ombudsman programs regularly engage law enforcement when complaints warrant and with appropriate consent. Confidentiality is a pillar of State Long-Term Care Ombudsman and a regular focus of designation and service review conducted by state ombudsman designees. Legal counsel provided by the department and the Ohio Attorney General act, as needed, to protect the records of the State Long-Term Care Ombudsman.

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

See Section 705(a)(1) above.