

**Request for Proposal  
For Community-Based Services for Older Adults  
Program Year(s):  
2027-2030**

Funds Available:  
Older Americans Act  
Nutrition Services Incentive Program  
Senior Community Services State Subsidy  
State Alzheimer's Respite Funds  
Title XX Social Services Block Grant (Lucas County Only)  
Lucas County Senior Services Levy (Lucas County Only)

**Administered By:  
Area Office on Aging of Northwestern Ohio, Inc.  
2155 Arlington Ave.  
Toledo, Ohio 43609-1997  
Phone: (419) 382-0624  
Fax: (419) 382-4560**



Proposals due electronically thru online grant application  
No later than 11:59 PM EDT, Tuesday, April 14, 2026  
Bidder's Conference is scheduled for  
Tuesday, March 10th at 9:30 am at the Mott Branch Library (1010 Door St., Toledo, Ohio 43607)  
and via Zoom

It is highly encouraged that all potential bidders attend the bidder's workshop.

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## Introduction and General Guidelines

### **Purpose of RFP:**

As the official planning and service development agency for senior services covering 10 counties in Northwestern Ohio, the Area Office on Aging of Northwestern Ohio, Inc. (AOoA), is seeking proposals from qualified respondents for the provision of home and community based services to be provided to older adults (individuals aged 60+) within the geographic area of: Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties. Services will be rendered under Title IIIB (Supportive Services and Senior Centers), Title IIIC (Nutrition Service), Title IIID (Evidence-Based Disease Prevention and Health Promotion Services), Title IIIE (National Family Caregiver Support Program) and Title VII (Elder Abuse and Ombudsman) of the Older Americans Act (OAA) for Program Year 2027-2030 with services starting on or after January 1, 2027. In addition, the AOoA is making available, through this Request for Proposals (RFP), Nutrition Services Incentive Program (NSIP), Senior Community Services (SCS) and State Alzheimer's Respite funds (ALZ). Finally, this RFP also includes funds for programs and services provided in Lucas County; Lucas County Senior Services Levy (LCSS) and Title XX Social Services Block Grant (TXX).

The awarded respondents will be required to provide services in accordance with *AOoA Service Provider Policies and Procedures Manual* and published rules from the Ohio Department of Aging, Chapter 173 of the Ohio Administrative Code (<https://codes.ohio.gov/ohio-administrative-code/173>). Compliance with requirements will be the responsibility of the awarded respondent.

To provide the best service with the highest quality and most cost-effectiveness, respondents will have the opportunity to apply for as much of or as little of the request for proposal services, depending on capability and capacity. Not being able to provide all services or not being able to provide services to all of our service area will not disqualify an applicant.

### **Background Information/Application Types:**

This RFP is separated into 4 application types:

- Family Caregiver Support Program (FCSP) and Plan4Home (P4H) Application
  - The AOoA Family Caregiver Support Program provides information, referral and assistance, as well as, case management to caregivers of older adults.
  - The AOoA Plan4Home Program provides case management to older adults.
  - Both of these programs contract with providers for home and community-based services, which help older adults remain independent in the home.
  - For both of these programs, the AOoA staff administer the program, including data entry into the Ohio Department of Aging's designated database, and collection of program income/cost share. In addition, staff authorize services based on consumer demand and preference.
  - The services that will be purchased under this RFP for these programs include Chore (includes pest control), Personal Care, Homemaker, Emergency Response

System, Home Delivered Meals, Home Maintenance, Home Medical Equipment, Grocery Ordering and Delivery, Transportation: One-Way Trip, Home Injury Control/Assessment, FCSP Health Screening/Medical Assessment, FCSP Adult Day Service, FCSP Institutional Care, FCSP Education/Training, FCSP Evidence-Based Wellness Programs, FCSP Counseling (Support Groups included) FCSP Benefits Counseling.

- Potential funding sources include Alzheimer’s Respite Funds; OAA Titles IIIB, IIIC2 and IIIE, Lucas County Senior Services Levy, Senior Community Services, and Title XX Social Services Block Grant.
- OAA Home and Community Based Services (HCBS) Proposal
  - For these programs, the provider is responsible for the program administration to include data entry into the Ohio Department of Aging’s designated database.
  - The service provider submits, thru this proposal, a plan for services, which includes a budget.
  - The AOoA then contracts with providers for a set amount of units of service, based upon anticipated available funding.
  - Eligible Services include Adult Day, Benefits Counseling, Care Coordination, Chore, Congregate Meals (includes Grab and Go), Consumer Finding/Outreach, Education/Instruction, Grocery Ordering and Delivery, Evidence-Based Wellness Programs, Health Screening/Medical Assessment, Home Delivered Meals (excludes Lucas County), Home Delivered Meal Assessment, Home Maintenance, Home Modifications, Legal Assistance, Long Term Care Ombudsman, Housekeeping, Nutrition Education, Socialization/Recreation, Supportive Services, Transportation: One-Way Trip, Escort-Assisted Transportation: One-Way Trip.
  - For Lucas County transportation services only, please see Lucas County Transportation Service Application below. Lucas County Senior Centers may include the transportation services in this proposal, as well as, submit an application for the brokered transportation services.
  - Potential funding sources include Alzheimer’s Respite Funds, OAA Titles IIIB, IIIC, IIID and Title VII; NSIP and Senior Community Services. In addition, Lucas County Senior Services Levy is available in Lucas County only.
- **\*New\*** Lucas County Home Delivered Meals Application
  - This program is being implemented to allow home delivered meal participants in Lucas County their choice of nutrition providers. An HDM Assessment provider will determine if the individual is eligible to receive home delivered meals. Based upon funding availability, the AOoA Government, Nutrition and Health Department will offer a choice of providers to the individual. Then, a referral will be made to the nutrition provider chosen by the meal participant.
  - The home delivered meal provider is responsible for delivering the meal and submitting an invoice to the AOoA for reimbursement.
  - The AOoA staff administer the program, including data entry into the Ohio Department of Aging’s designated database, and collection of program

- income/cost share. In addition, staff authorize services based on consumer demand and preference.
- The unit rate for all meals contracted under this application will be \$9.00 per meal.
- Potential funding sources include OAA Title IIIC, NSIP, Senior Community Services, and Lucas County Senior Services Levy.
- **\*New\*** Lucas County Transportation Service for Older Adults Application
  - The AOoA will be implementing a transportation brokerage program. will offer a choice of providers to the individual. Older adults in Lucas County who need transportation, which is not available thru another funding source/program, will be offered choice of transportation providers. Based upon funding availability, the AOoA will coordinate transportation with the provider of choice.
  - The transportation provider is responsible for providing transportation and submitting an invoice to the AOoA for reimbursement.
  - The AOoA staff administer the program, including data entry into the Ohio Department of Aging’s designated database, and collection of program income/cost share. In addition, staff authorize services based on consumer demand, available funding, and preference.
  - Lucas County Senior Centers may include the transportation services in their OAA HCBS proposal, as well as, apply for the brokered transportation services.
  - Potential funding sources include OAA Title IIIB, Senior Community Services, and Lucas County Senior Services Levy.

**Targeting Services**

Per the Older Americans Act, services will be targeted to adults, age sixty or over with the greatest socio-economic need with particular attention to:

- Low-income older individuals
- Low-income minority older individuals
- Older individuals with limited English proficiency
- Older individuals residing in rural areas, and
- Older individuals at risk for institutional placement.

The Older Americans Act provides the following definitions for greatest socio-economic needs:

- The term “at risk for institutional placement” means with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.
- The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disabilities”, or “physical disability”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments that results in substantial functional limitations in 1 or more of the following areas of major life activity: self-care, receptive and expressive

language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment.

- The term “greatest economic need” means the need resulting from an income level at or below the Federal poverty line.
- The term “greatest social need” means the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social and geographical isolation, including isolation caused by
  - Racial and ethnic status
  - Native American identity
  - Religious affiliation
  - Sexual orientation, gender identity, or sex characteristics
  - HIV status
  - Chronic conditions
  - Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs
  - Interpersonal safety concerns
  - Rural location, or
  - Any other status that
    - Restricts the ability of an individual to perform normal or routine daily tasks, or
    - Threatens the capacity of the individual to live independently.

The Area Office on Aging also identifies veterans who have served in the armed forces as a target population with greatest social need at risk for social isolation.

**Anticipated Contract Term:**

This RFP is for the fiscal period beginning January 1, 2027, and ending December 31, 2030. The AOoA may terminate the agreement, rather than fulfill all years of the multi-year term, under any one or more of the following circumstances:

- The provider does not demonstrate satisfactory performance
- The provider fails to submit programmatic and financial reports in accordance with policy and procedures
- The provider does not meet the match requirements
- The AOoA does not have funds to pay for the goods or services for a subsequent year
- A situation arises that was unforeseen at the time the AOoA and the provider entered into the agreement. Examples of unforeseen situations are changes in the market conditions or changes in the law regulating the goods or services the agreement covers.

**Availability of Funding:**

The agreement is a purchase of service, which means a provider is paid, wholly or in part, a pre-determined “unit of service” reimbursement rate for goods and services actually delivered in

accordance with federal, state and AOoA policies and procedures. All costs to provide the service should be included in the unit of service rate.

The funds allocated each contract year are subject to limitations of funds allocated to the AOoA from federal, state and local sources. Situations for which the AOoA may increase the unit rate include, documented increased costs associated with implementing more person-centered services, improved quality and incentive payments for performance outcomes, documented increase in service costs (i.e. increase in gasoline cost).

Payment will be made by the 15<sup>th</sup> of the month for services provided the month prior, providing accurate fiscal and designated data base reports (i.e. the Ohio Department of Aging's designated database for OAA HCBS providers) were submitted by the 5<sup>th</sup> working day of the month.

For Family Caregiver Support Program and Plan4Home, Lucas County Home Delivered Meals and Lucas County Transportation contracts, the provider is only reimbursed for pre-authorized services as specified in the signed agreement.

For OAA Home and Community Based Services, if, by September 30 of each year, the AOoA determines that a service provider is not earning a proportionate share of the funds specified in the contract between the service provider and the AOoA, the AOoA may reallocate funds that it estimates a service provider will not earn to other service providers.

To be eligible to receive funding under this RFP, applicants must be a formally organized service agency or organization in existence and providing services for at least two years prior to the date of application. Applicants must be able to demonstrate that they have sufficient funds for start-up and operations for at least 60 days for all services requested under this application. Any provider the System for Award Management database lists as excluded or disqualified from agreements involving federal funds is ineligible.

#### Family Caregiver Support Program and Plan4Home, Lucas County Home Delivered Meals and Lucas County Transportation

For Family Caregiver Support Program and Plan4Home, Lucas County Home Delivered Meals and Lucas County Transportation, funds are allocated based on service authorization and participant demand and direction. Please note for FCSP supplemental services (home maintenance, home medical equipment and FCSP Health Screening/Medical Assessment) there will be a required three bid comparison done annually as services are requested before authorizing services.

#### OAA Home and Community Based Services

For OAA Home and Community Based Services, the AOoA will negotiate the cost of services on an annual basis with the provider.

For OAA HCBS, federal funds of the Older Americans Act will be allocated based on the funding formula (**Appendix A-Funding Formula**), provider capacity, and provider's funding request in their proposal; additionally, proposals must meet Request for Proposal guidelines, the rating criterion and AOoA board approval. AOoA reserves the right to allocate funds from county to county or program to program based on demonstrated need.

#### Estimated Funds for 2027

These dollar amounts are estimates *only* and based on 2025 funding allocations. Actual funding will vary from these estimates and awards will be based on actual amounts as awarded by funding agencies and approved by the AOoA Board of Directors. Estimated funds for provider services include about \$1 million in Title IIIB OAA, \$565,000 in Title IIIC1 OAA, \$1 million in Title IIIC2 OAA, \$96,000 in Title IIID OAA, \$16,000 in Title VII Elder Abuse OAA, \$17,000 Title VII Ombudsman, \$346,000 in Senior Community Services, \$4.9 million in Lucas County Senior Services Levy, and \$546,000 in Nutrition Services Incentive funds (NSIP). AOoA reserves the right to accept or reject any proposal submitted.

#### **Quality Improvement/Performance Measurement:**

The AOoA wants to ensure the highest quality services are provided to older adults. In an effort to improve quality, one of the objectives in our 2027-2030 Strategic Area Plan is to incentivize service providers to deliver higher quality services. Our strategy to achieve this objective is to establish continuous quality incentive payments for providers after developing outcomes measurements and a baseline. During this RFP cycle, the AOoA will explore the development of performance metrics because we want to establish effective, appropriate, measurable standards to assess quality. If performance measures are developed a baseline will be determined, as well. Then, the AOoA will explore linking payments/incentives to performance measures in subsequent program years based on available funding source, rules and regulations. This may result in additional reporting/data entry.

In addition, the AOoA may consider discontinuing funding those existing providers that have chronic low participation so those resources can be used to fill the identified service gaps.

#### **Qualifications of the Bidder**

This RFP is a competitive process open to non-profit, for-profit, private or public bidders who have been an established business for a minimum of two years and in good standing with the Ohio Secretary of State and the Office of the Ohio Attorney General. Applicants must be able to demonstrate that they have sufficient funds for start-up and operations for at least 60 days for all services requested under this application. Any provider the System for Award Management database lists as excluded or disqualified from agreements involving federal funds is ineligible.

Bidders will be required to provide services in accordance with Older Americans Act found at: [Older Americans Act Of 1965 as amended by Public Law 116-131 on 3-25-2020.pdf](#) and published rules and policies of the Ohio Department of Aging found at:

<https://codes.ohio.gov/ohio-administrative-code/173>. Compliance with requirements is the responsibility of the awarded bidder/applicant.

- Bidder/Applicant must possess the ability to perform successfully under the terms and conditions of the contract.
- Bidder/Applicant must meet the Conditions of Participation as specified in Policy 402 of the *Area Office on Aging Service Provider Policy and Procedures Manual* and the Acknowledgements, Assurances and Certifications section of this proposal.
- Bidder/Applicant must provide proof of current registration with the Secretary of State as a non-profit organization, a cooperative, or a for-profit business, limited liability company, limited partnership, or a partnership having limited liability.
- Bidder/Applicant must be in good standing with the local health department and/or state or federal Department(s) of Agriculture, as documented by attaching a copy of the most recent Ohio Department of Agriculture/Ohio Department of Health Standard Inspection Report for each preparation site and a copy of current Food Service Establishment License for preparation site. “Good standing” is defined as the food service establishment license has not nor been in the process of being denied, suspended or revoked.
- Bids/applications are encouraged from small businesses, women-owned businesses and minority-owned businesses.
- Bidder/Applicant is required to demonstrate financial solvency.
- Bidder/Applicant may bid on the entire geographic area of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties or portions thereof.
  - Bids will be accepted for as small as one congregate meal site program/senior center, or one neighborhood of services.

This is a competitive process open to all entities: non-profit, for-profit, faith-based, private and public. Applicants, whose existing contracts with AOoA are not in good standing, will not be considered for a contract. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

AOoA is specifically interested in receiving proposals from organizations with previous or current experience in providing these services. Providers who are certified through Ohio's Medicaid Waiver program, PASSPORT, or other programs for related services are strongly encouraged to apply.

**Right to Reject Proposal:**

AOoA reserves the right to reject and/or accept any or all proposals and/or applications if it is deemed in the best interest of the Agency, even those submitted after the submission deadline.

**RFP and Submission Information:**

Proposal deadline and submittal procedures:

Date: Tuesday, April 14, 2026  
Time: 11:59 PM EDT  
Location: Proposals must be submitted electronically thru Euna Grants.

OAA Home and Community Based Services Proposal:

<https://www.gotomygrants.com/Public/Opportunities/Details/2a44e5e7-7a86-4dae-96f8-12dfad26bbd5>

Caregiver Support and Plan4Home Application:

<https://www.gotomygrants.com/Public/Opportunities/Details/51013cc3-a970-4c3b-9dd6-c7173b9cc40b>

Lucas County Home Delivered Meals Application:

<https://www.gotomygrants.com/Public/Opportunities/Details/78aa7001-237d-4f7a-af16-0aeb8b83bddd>

Lucas Transportation Service for Older Adults Application:

<https://www.gotomygrants.com/Public/Opportunities/Details/acdad16-4271-4f11-be24-1959cb27091a>

All proposals must be complete. Incomplete proposals may not be reviewed. Paper copies of proposals will not be accepted. The AOoA reserves the right to accept proposals after the deadline, if it is deemed in the best interest of the Agency.

**Bidder's Conference:**

All potential bidders are highly encouraged to attend the Bidder's Conference, which will be held on:

Tuesday, March 10<sup>th</sup> at 9:30 am:  
Mott Branch Library  
1010 Dorr St.  
Toledo, Ohio 43607

Or, via Zoom.

Autumn Richards is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

<https://us06web.zoom.us/j/89694501693?pwd=nsm8ZilKl2yEbFSalzmV5fk3lb3RbL.1>

Meeting ID: 896 9450 1693

Passcode: 058211

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One tap mobile

+13126266799,,89694501693#,,,,\*058211# US (Chicago)

+16465588656,,89694501693#,,,,\*058211# US (New York)

Join instructions

[https://us06web.zoom.us/meetings/89694501693/invitations?signature=WGotnmUXpqYKpHvQCaAkdGgeYCxWvTa3fZgHS9vxxOM](https://us06web.zoom.us/join/https://us06web.zoom.us/meetings/89694501693/invitations?signature=WGotnmUXpqYKpHvQCaAkdGgeYCxWvTa3fZgHS9vxxOM)

The purpose of the Bidder’s Conference is to clarify the RFP process and the scope of the required services. A question-and-answer session will follow the presentation. The AOoA strongly encourages all prospective respondents to attend the conference. No information stated at the meeting or in conversation with the AOoA staff is legally binding on the AOoA unless it is contained in a written addendum to the RFP.

**Contact Person:**

Please direct any questions to the following:

Planning and Program Development

[RFP@areaofficeonaging.com](mailto:RFP@areaofficeonaging.com)

Please note any questions submitted outside of the bidder’s conference must be in writing and received before March 20, 2026, by 5:00 pm.

**Euna Grants Training and Office Hours**

Euna Grants will be providing a technical assistance session to review the grant proposal/application platform on March 12, 2026 at 12 pm EST.

They will also be conducting office hours for questions and answers about the platform on March 26, 2026 at 12 pm EST.

The link for both of these virtual sessions is

<https://eunasolutions.zoom.us/j/99260182377?pwd=agssW3loMOxsyrbFWs2uctsqfNPC4X.1>

**Timeline:**

Release Date of this Request for Proposals:	March 9, 2026
Bidder’s Conference:	March 10, 2026
Euna Grants Platform TA Session:	March 12, 2026
Final Date to Submit Bidder’s Questions:	March 20, 2026
Euna Grant s Platform Office Hours:	March 26, 2026
Application Due:	April 14, 2026

Proposal Review Committee and AOOA Board of Directors Approval:	May 28, 2026
Letter of Intent to Contract Issued:	June 2026
Release of FCSP/P4H, Lucas County HDM and Transportation Contracts:	June/July 2026
Release of Notification of Grant Award (Funds):	October 2026
Anticipated Contract Services Effective Date:	January 1, 2027

Note: Renewed annually thru December 31, 2030. AOOA reserves the right to adjust the contract effective dates as circumstances dictate.

**Detailed Application Review:**

Applications from existing providers will each be reviewed individually and judged on their own merit. AOOA may compare all narrative, statistical and financial information for previous full contract years, current mid-year, and current year/twelve-month projection performance data from information available to AOOA; similar past performance information will be requested of any new applicants. Application review may also use aggregate data such as from the WellSky Aging and Disability (formerly SAMS) or NAPIS reporting systems and various internal data related to service provisions.

OAA Home and Community Based Services Proposals

For OAA HCBS proposals, all final decisions will be made by the Proposal Review Committee (PRC) Committee and the AOOA Board of Directors.

Family Caregiver Support Program/Plan4Home, Lucas County Home Delivered Meals, and Lucas County Transportation Applications

For Family Caregiver Support Program/Plan4Home, Lucas County Home Delivered Meals, and Lucas County Transportation Applications, AOOA staff rather than the PRC Committee will review applications.

# Instructions for Older Americans Act Home and Community Based Services (OAA HCBS) Proposal

## **General Instructions:**

1. Prior to completing the application, please review the service provider conditions of participation policy (Appendix B) service taxonomy (Appendix C), OAC Chapter 173, in part (Appendix D), and Wellsky Aging and Disability (formerly SAMS) data collection procedures (Appendix E). At the time of this application, the Ohio Department of Aging is transitioning from Wellsky Aging and Disability to a new database.
2. Read all instructions and become familiar with the proposal forms prior to their completion.
3. You may access the proposal at <https://www.gotomygrants.com/Public/Opportunities/Details/2a44e5e7-7a86-4dae-96f8-12dfad26bbd5>
4. Applicants must meet the Conditions of Participation and attest to compliance with Acknowledgements, Assurances and Certifications section of this proposal.
5. To be considered for a contract, any applicant, who is not currently an AOoA contracted provider for OAA services, must provide proof of current registration with the Secretary of State as a non-profit organization, a public agency, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability.
6. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

## **Primary Considerations for OAA HCBS proposals:**

1. Complete, accurate, and timely submittal of the application;
2. Indicators of quality, contract compliance and capacity, such as past performance and Budget Narrative (It is expected performance that is not ideal will be adjusted to meet performance metrics);
3. Clientele to be served (higher percentages of individuals in target populations identified on pages 5-6 will increase the score);
4. Essential services will be weighed more heavily and include Congregate Meals, Home Delivered Meals, Transportation-all types, Chore, Housekeeping, Adult Day Service, Home Maintenance, and Supportive Services.
5. Number of units and resulting unit rates for a service;

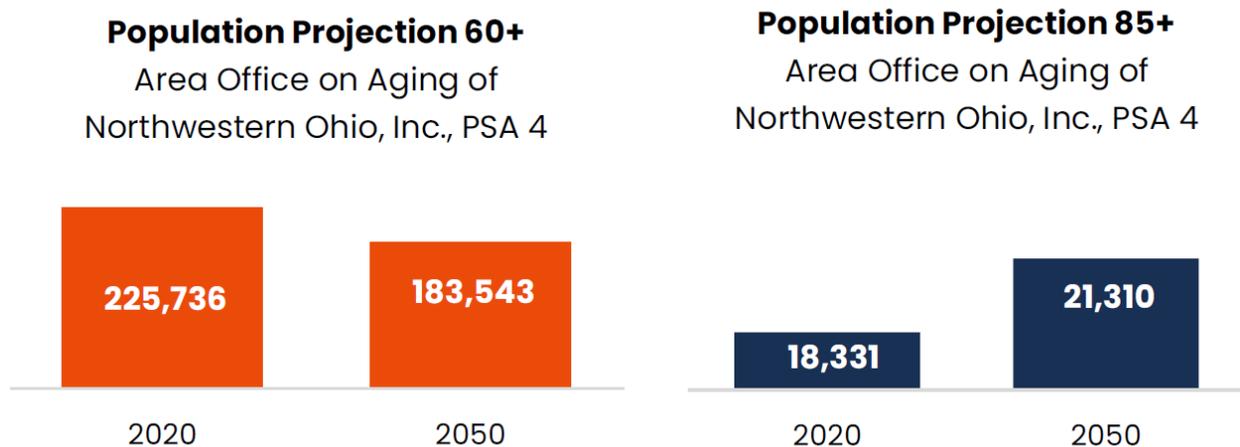
6. Amounts of matching funds, client contributions, and other cash (higher amounts are more favorable; more matching dollars, client contributions or cash from other sources will increase the score); and
7. Amount of person direction incorporated into nutrition services (more instances of person direction is more favorable).

**Background Information/Scope of Work:**

*Unmet Needs and Gaps in Service*

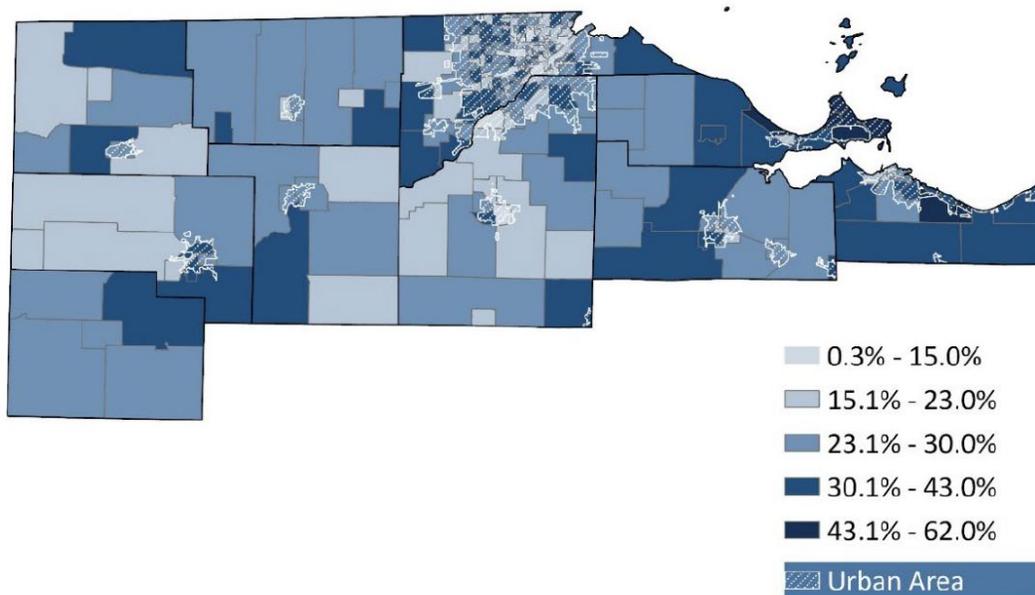
The AOoA has completed our Strategic Planning Process for 2027-2030. As part of this planning process, the Center for Community Solutions assisted with the completion of a needs assessment of older adults and caregivers in the region. Some of the unmet needs and gaps in services identified during this process include:

- The population age 85+ years is projected to increase 16 percent by 2050 compared to 2020. Increasing numbers of the oldest residents are expected to increase demand for supportive services including home-delivered meals, housekeeping, home modification, in-home care, and social connectedness.



- The concentration of older adults varies across the region. The map below illustrates the percentage of population 60+ by census tract. There are many neighborhood senior centers throughout the region that have been in existence for decades. However, they may not be located where there are the highest concentration of older adults.

## Percent of Population 60 and Older by Census Tracts

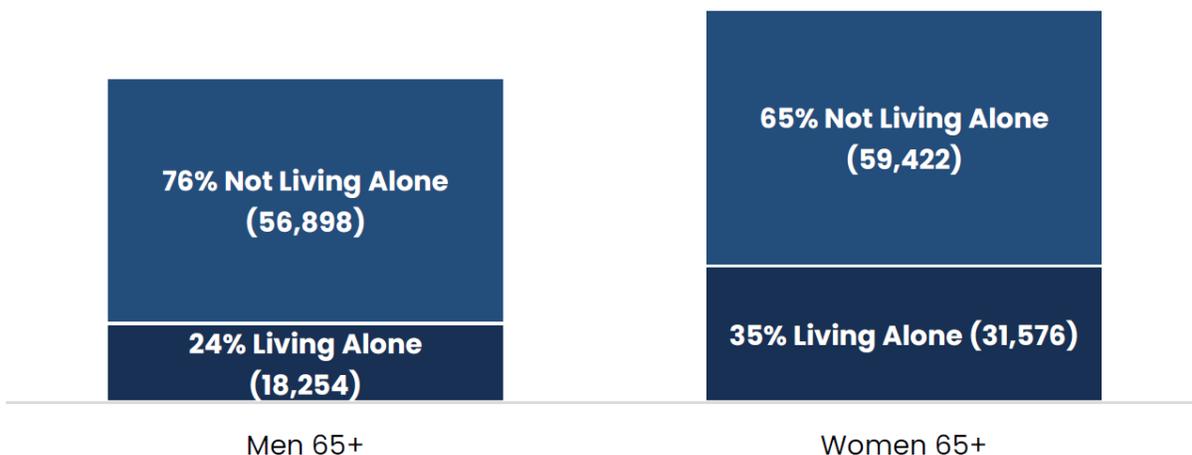


Source: U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates

- In terms of households over the age of 60, more than two out of five (43.8 percent) live alone. Living alone can contribute to social isolation and vulnerability. Almost a third of adults (30.0 percent) 65 and older are living alone. This is more pronounced for women 65 and older. Thirty-five percent of women 65 and older are living alone.

### Adults 65 and Older Living Alone by Sex

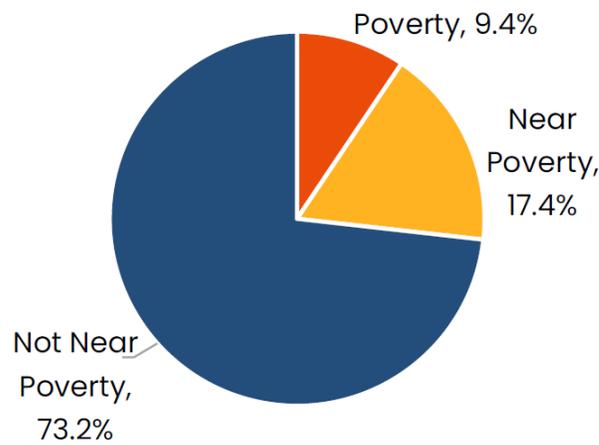
Area Office on Aging of Northwestern Ohio, Inc., PSA4



- The number of older adults in the United States who need long-term services and supports (LTSS) is growing rapidly, with unpaid family care accounting for 65 percent of that care. However, one in seven older adults with significant needs for LTSS in 2020 did not have a spouse or children; by 2080, the proportion will be one in four. While some of the care for that population is projected to shift to paid care professionals, adults aging solo often turn to friends, neighbors and other members of their social networks to provide care.
- One in ten older adults (10.0 percent) have incomes that officially fall below the poverty threshold meaning that over 22,000 people over age 60 in the region are living in poverty.

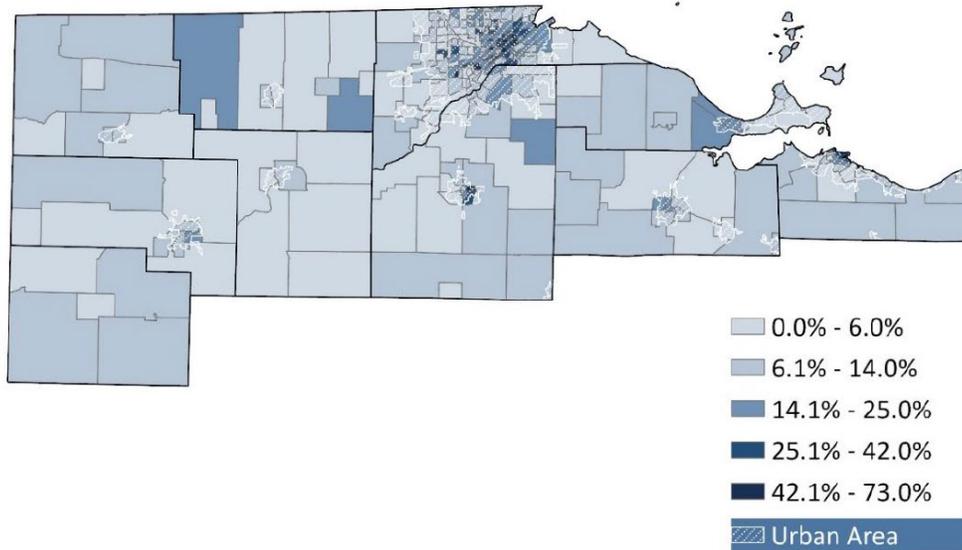
**Older Adults (65+) at Specified Levels of Poverty**

Area Office on Aging of  
Northwestern Ohio, Inc., PSA4



- Poverty is not spread evenly throughout the region. The map below shows the concentration of older adults living in poverty in various parts of the region.

## Percent of Population 60 and Older Below Poverty by Census Tracts

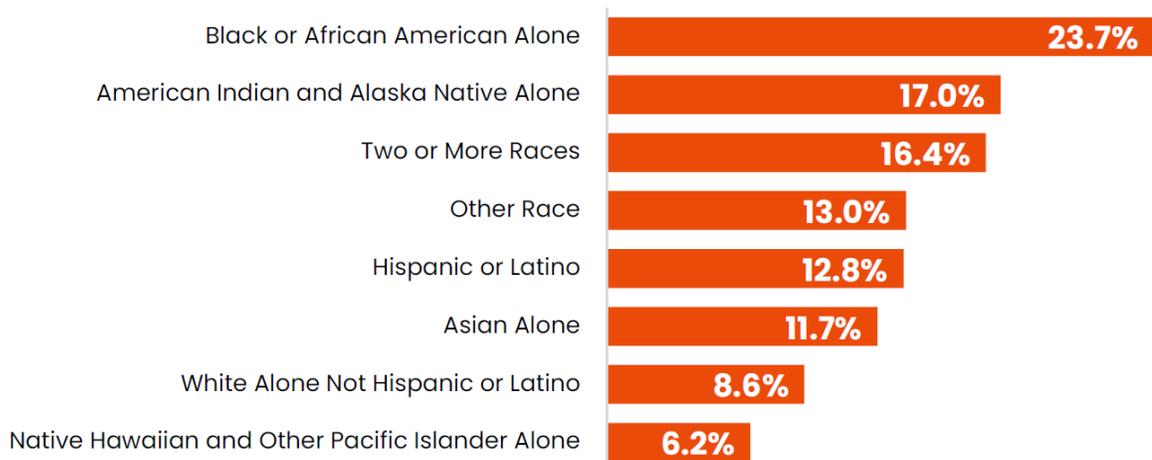


Source: U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates

- There are also racial disparities in poverty. As shown in the chart below, people over age 60 who are Black or African American are almost three times more likely to live in poverty than non-Hispanic White older adults, and the poverty rate for Hispanic or Latinx people over age 60 is one and a half times the poverty rate for non-Hispanic Whites.

### Poverty Rate (60+) by Race/Ethnicity

Area Office on Aging of Northwestern Ohio, Inc., PSA4



- Many older adults experience food insecurity, the condition that leads to hunger. Across Ohio, 8.3 percent of older adults (60+) are food insecure according to the latest data from Feeding America.
- Among older adults living in the community, most own their homes. Around 80 percent are owners and 20 percent are renters. In fact, although people ages 60 and above make up 26 percent of the population, 46 percent of all people who own their homes in the ten-county area are older adults.
- Of all people in the AOoA’s region, 121,597 individuals ages 60 and older live in rural areas, accounting for 54 percent of the older adult population. Individuals who live in rural areas may have to travel further for basic goods and services, such as food and healthcare. Rural areas may be lacking in coordinated transportation options for individuals who do not drive.

County	Percent of Population living in areas defined as rural
Defiance	53.6%
Erie	28.2%
Fulton	82.2%
Henry	67.9%
Lucas	5.0%
Ottawa	62.5%
Paulding	100.0%
Sandusky	43.3%
Williams	75.1%
Wood	30.1%

- Twenty-nine percent of all non-institutionalized adults over age 60, or 63,456 people, had one or more disabilities. This percentage jumps to one in three (32.8 percent) of adults over age 65, or 52,384 people. This includes 24.8 percent of those ages 65-74 and 45.6 percent who are 75 and older. As shown below, ambulatory difficulties, defined as having serious difficulty walking or climbing stairs, were most common, followed by hearing difficulty, and independent living difficulties, where a person has difficulty doing errands alone such as visiting a doctor’s office or shopping.

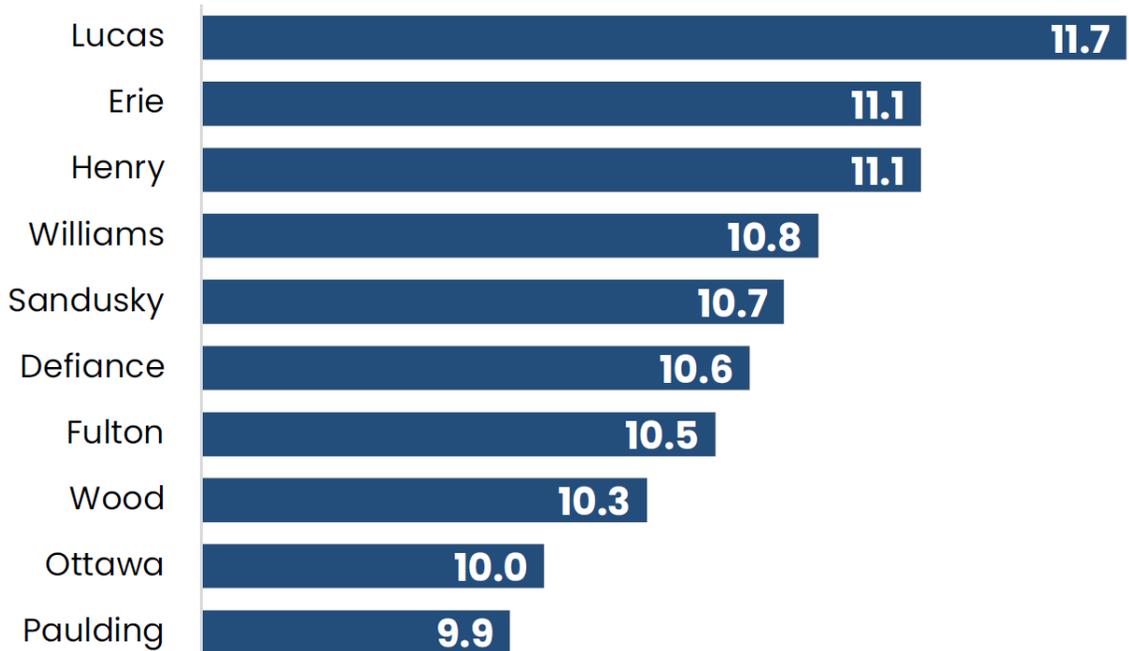
<b>Older Adults 65+ With One or More Disabilities</b>	<b>#</b>	<b>%</b>
With a <b>Hearing</b> Difficulty: <i>Deafness or serious difficulty hearing</i>	22,051	13.8%
With a <b>Vision</b> Difficulty: <i>Blindness or serious difficulty seeing, even with glasses</i>	8,894	5.6%
With a <b>Cognitive</b> Difficulty: <i>Serious difficulty concentrating, remembering, or making decisions</i>	11,293	7.1%
With an <b>Ambulatory</b> Difficulty: <i>Serious difficulty walking or climbing stairs</i>	32,609	20.4%
With a <b>Self-Care</b> Difficulty: <i>Difficulty bathing or dressing</i>	9,554	6.0%
With an <b>Independent Living</b> Difficulty: <i>Difficulty doing errands alone, such as visiting a doctor's office or shopping</i>	18,810	11.8%

<sup>3</sup>“How Disability Data are Collected from The American Community Survey”, U.S. Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html>

- It is estimated that 11.1 percent of adults 65 and older in the AOoA region have Alzheimer’s Disease. This is an estimate of over 18,000 older adults across the region. Alzheimer’s Disease prevalence estimates vary across the ten counties, with Lucas County having the highest estimated prevalence of 11.7 percent of the population 65 and older.

**Alzheimer's Disease Estimate**

Area Office on Aging of Northwestern Ohio, Inc., PSA4



- One out of every eight people over the age of 60 in the region are veterans, accounting for 12.3 percent of the total.
- Participation at senior centers and nutrition dining sites have been declining. The success of both the senior center and dining program are interconnected. It is integral both of these entities work together on innovative service delivery to meet the changing needs of the older adult population we serve. Currently, outside of Lucas County the same provider operates a senior center also operates the meal program at the senior center. However, in Lucas County most meals are prepared by providers, who do not operate any of the senior centers.
- Need for collaborative outreach campaigns.
- Need for effective client finding, as well as, person-directed service delivery for emerging and underserved populations with the greatest social need.
- Need to better coordinate and expand highly successful evidence-based practices related to chronic disease prevention and management.
- Need for coordinated, impactful service delivery. For example, transportation services range from county-wide coordinated public transportation to multiple, uncoordinated transportation providers, to no viable public transportation options outside of OAA contracted providers.
- Need for home delivered meal choice of providers in Lucas County and flexibility in allocating funds based upon person direction.
- Need to allow for some grab and go meals, based upon assessment of individual need.
- Services are needed to combat social isolation among homebound older adults, as well as increase in-person opportunities at senior centers.
- Need for benefits counseling.
- Need for services to better support individuals with Alzheimer's disease and related dementias and their caregivers.
- Need to evaluate and identify partnerships and programs to assist individuals at high risk for inability to navigate the healthcare system and long-term services and supports, i.e. individuals with dementia, individuals with no family caregivers.
- Need to consolidate services for unhoused older adults.
- Need for affordable housing, service coordination and home maintenance/modification.
- Need for behavioral and mental health resources to support older adults, caregivers and senior center directors.
- Need for a home safety check program to identify risks for falls and make recommendations to reduce risk.
- Need for Age-Friendly and Dementia-Friendly Communities.
- Need to diversify funding and private pay options with clear policies and procedures.

- Need for data to drive funding decisions that are made regarding service providers, as well as establish performance measures and evaluate satisfaction, participation rates and impact.
- Need for a referral system between senior centers in Lucas County, if another senior center provides a service not available at current center.
- Need for digital literacy training focusing on basic device use, telehealth access and staying socially connected online.
- Need for elder abuse and fraud prevention education for older adults and caregivers.
- Need for caregiver awareness, education and support.
- Need to expand services that support Kinship/Grandfamilies.
- Need for respite care for caregivers.

Strategies to Meet Unmet Needs

**Areas of Interest to meet unmet needs include:**

- Title IIIB (Supportive Services)
  - Innovative Programs to Address Social Isolation.
  - Case Management and Home Care
  - Benefits Counseling to include SNAP Outreach, Information and Assistance
  - Housing and Home Repair to include Wrap Around Services to Support Older Adults in Senior Housing to Age in Place
  - Adult Day Services
  - Senior Center programming centered around physical, cultural and intellectual aspects; such as foreign languages, continuing education, music and arts instruction
  - Prevention education for older adults and caregivers on topics such as financial safety, scam prevention, and healthy caregiving relationships
  - Digital literacy training for basic device use, telehealth and social connection
  - Community Health/Mental Health/Behavioral Health worker to provide supportive services to senior center participants
  - Care Coordination to assist individuals who need more in-depth supportive service navigation but not case management
  - Expanded program hours for older adults who are still in the workforce
  - Chore (Lawn Mowing and snow shoveling) and Housekeeping Services
  
- Title IIIC (Nutrition)
  - Restaurant Meals for Areas with Service Gaps
  - Grab and Go Meals for those individuals who are assessed for need
  
- Title IIID (Evidence-Based Wellness Programs)

- Expansion of Evidence Based Wellness Programs both service delivery area and diversity of programs
- Behavioral Health Programs for Older Adults, for example [Healthy IDEAS](#), [Wellness Recovery Action Plan \(WRAP®\)](#) , and [PEARLS](#)
- Ongoing Evidence-Based Wellness Programs, such as [Geri-Fit®](#) , [AEA Arthritis Foundation Aquatic Program](#); [SAIL](#) , and [Enhance®Fitness](#)

### Pilot Programs

We realize there may be services/expansion of current services to meet unmet needs, which are not quite ready for implementation on January 1, 2027. In addition, new programs may not prove successful/impactful. Therefore, we are accepting proposals for pilot programs, for which the implementation date may be delayed until a later date within the funding cycle. In addition, outcomes/evaluation criteria will be established for these funding opportunities. Providers will be expected to provide monthly updates related to the outcomes/evaluation criteria. The funding for pilot programs will be for 12 months with the possibility of renewing based on funding and outcomes. While the program will be reviewed monthly, the final determination for renewing funding will occur in the ninth month of the pilot project.

### Data Entry

For all OAA HCBS services, data entry is required in the Ohio Department of Aging’s database. At the time of this application, the Ohio Department of Aging is transitioning from Wellsky Aging and Disability to a new database. The AOoA pays for 1 user license per service provider for this database. Additional license may be purchased at the service provider’s expense. Currently, the cost of an additional license is \$492.08/year. Unfortunately, we do not know what the costs will be for the Ohio Department of Aging’s new designated database. Please use \$492.08 in the budget for this proposal.

Data is to be collected and reported as an integral part of the Service Provider’s day-to-day operations. At a minimum, providers are required to capture all contracted service units plus the units provided with required matching funds. In addition, all congregate and home delivered meal providers are required to report all NSIP eligible meals served, even those provided by local funds. NSIP funding is based on the total number of meals served. A report for the Ohio Department of Aging’s designated database capturing the total cost and number of units provided by funding source and service shall be submitted with the monthly request for payment.

Currently, information required to be captured in the Ohio Department of Aging’s designated database varies by service. Some services are reported by individual, and others are reported as an aggregate number of consumers in a group. Depending on the service, providers are responsible for collecting and reporting information, such as participant name, date of birth, gender with which the individual identifies, address, in poverty (yes/no), lives alone (yes/no), nutrition risk based on DETERMINE checklist score, rural (yes/no), number ADL/IADL, ethnicity

and ethnic race, disabled (yes/no), NSIP eligible (yes/no) , NSIP eligible type, service type, service units, and funding source.

The AOoA desires to further substantiate efficient and impactful utilization of Lucas County Senior Services levy funds and better understand the average daily number of participants served by a provider and the average number of services participants receive in a day. To this end contracted providers of services in Lucas County are encouraged to enter all services by individual.

Data entry and reporting requirements may change during the contract period based on reporting required by the Administration on Community Living or the Ohio Department of Aging. In addition, the AOoA may request additional data to track outcomes/outputs or changes in participant status.

### Service Delivery

Please see the Appendices for service taxonomy, significant Ohio Administrative rules, and AOoA policies and procedures.

### Requirements for all Nutrition Providers

#### *Person Direction/Person Centeredness*

Per Ohio Administrative Code (OAC) 173-4-04, the AOoA is procuring for person-directed nutrition services. Person-direction allows a consumer to decide what is best for himself/herself from a range of viable options. The AOoA defines person-direction to include:

- Allowing Congregate meal participants to decide when they would like to eat lunch rather than a set mealtime. For example, an individual may eat lunch anytime between 11:30 am and 1 pm.
- Offering breakfast (morning) and/or dinner (evening) meals for Congregate meal participants, in addition to the lunch meal.
- Allowing Congregate meal participants to receive a meal without an advance reservation, and/or accommodating “walk-ins.”
- Serving traditional, in-person, hot meals on Thanksgiving and Christmas Days.
- Offering culturally appropriate meals for predominately African American older adults at the J. Frank Troy Senior Center and Spencer Township Senior Center, as well as meals for Asian Americans at the Asian Resource Center and a combination of Hispanic-Latino/African American Meals at the Mayores Senior Center.
- Offering a choice of food items within a meal, which could include choice of sides and/or entrée.
- Offering the choice of vegan/vegetarian option, lower-fat and lower sodium food alternatives for high fat and high sodium items, as well as the choice of a lower carbohydrate dessert.

- Providing key nutrient information (i.e. calories, fat, sodium, carbohydrate) on a HDM menu or dining site menu board, which allows participants to make informed choices.
- Incorporating locally grown fresh fruits and vegetables as an alternate to canned and frozen items.
- Offering a choice of dining formats. This includes serving meals on plates rather than trays; using wait staff to serve participants; and offering a delicatessen/café type dining service.
- Offering home delivered meal participants the choice of hot or frozen meals, choice of delivery time (morning or afternoon) and delivery frequency (daily or periodically).

Providers may incorporate other types of person-directed service into the nutrition program. However, provider is required to incorporate into nutrition services all the person-direction included in their proposal.

#### *Home Delivered Meal Assessment*

Each potential HDM participant shall be assessed in his/her home to determine eligibility to receive HDMs and assess needs. Assessment shall be made within 10 working days after the request for service has been made and annually thereafter. An AOoA-approved assessment tool shall be used to assess potential HDM participants. The in-home assessment shall be done under the supervision of a Licensed Social Worker, Registered Nurse, Licensed-Registered Dietitian, or a professional approved by AOoA. Nutrition Providers may include this service in their home delivered meal unit rate or contract for a separate service, home delivered meal assessment.

*\*New\**-Because the AOoA is transitioning to a referral-based home-delivered meals program in Lucas County, the AOoA is seeking a provider for home delivered meal assessments that is not providing home delivered meals in Lucas County. The home delivered meals assessment will not be included in the unit rate for home delivered meals. The AOoA will provide the home delivered meal provider the names of individuals to assess for eligibility.

#### *Additional Responsibilities of Meal Provider*

All meal providers are responsible for the following:

- Hiring, training and supervising dining site managers. Currently in Lucas County, some senior center staff are paid by the meal provider to serve as dining site managers but are not employees of the meal provider.
- Collection and reporting program income (participant donations)
- Completing monthly, quarterly and annual reports required by the AOoA.
- Service delivery data entry to include the collection and reporting of NAPIS information required by the Administration for Community Living.
- *\*New\** meal provider is responsible for ensuring meals are reviewed and approved by a licensed dietitian ensuring they comply with nutrition guidelines.

### *Therapeutic Meals*

A provider may offer therapeutic meals, medical food or food for special dietary use. The provider shall comply with OAC 173-4-06 if it provides therapeutic meals.

### *Food Safety*

The Ohio Department of Agriculture and/or the local health department has jurisdiction to monitor the provider's compliance with food-safety laws, including sanitation, food temperatures, thermometers, food-borne illnesses, packaging and dating meals. The provider will be responsible for maintaining the appropriate food service license(s).

### *Lucas County Congregate Meal Providers*

Currently, congregate meals are being served at 18 dining sites within Lucas County. The AOoA is responsible for approving the opening and closing of all dining sites in Lucas County at which contracted congregate meals are served. The AOoA may open new sites during the contract period giving preference to neighborhoods that serve individuals with the greatest economic and social need.

Current Congregate Meal Sites, Serving Days, Average Number of Meals Served

<b>Meal Site</b>	<b>Location</b>	<b># Serving Days (Monday-Friday)</b>	<b>Average Number Meals/Day</b>
Asian Resource Center	1865 Finch St. Toledo, Ohio 43609	2-3	25
Chester Zablocki Senior Center	200 E. Bancroft St. Toledo, Ohio 43620	5	41
East Toledo Senior Center	1001 White St. Toledo, Ohio 43605	5	20
Eleanor Kahle Senior Center	1315 Hillcrest Drive Toledo, OH 43612	5	15
J. Frank Troy Senior Center	545 Indiana Ave. Toledo, OH 43604	5	61
Friendship Park Senior Center	2930 131st Street Toledo, OH 43611	5	17
James Hancock Senior Center	5760 Bayshore Road Oregon, OH 43616	5	10
Madonna Homes	722 N. Huron St. Toledo, Ohio 43604	3	27
Margaret Hunt Senior Center	1339 S. Byrne Rd. Unit 28A Toledo, Ohio 43614 Moving next to AOoA Main Office in Toledo in 2027.	5	11
Maumee Senior Center	2430 S. Detroit Ave. Maumee, Ohio 43537	5	27
Mayores Senior Center	One Aurora Gonzalez Road Toledo, OH 43609	5	58
Northgate Apartments	610 Stickney Ave. Toledo, Ohio 43604	3	39
Renaissance Apartments	419 N. St. Clair St. Toledo, OH 43604	5	14
Senior Centers Inc.	2308 Jefferson Ave. Toledo, OH 43604	5	31
Spencer Township Community Center	330 Oak Terrace Blvd Holland, OH 43528	5	17
Sylvania Senior Center	7140 Sylvania Ave. Sylvania, OH 43560	5	19
The Commons at Garden Lake	1065 Garden Lake Parkway Toledo, Ohio 43614	4	35
Waterville Library	800 Michigan Ave. Waterville, Ohio 43566	2	39

Current Home Delivered Meal Participation

<b>Zip Code</b>	<b>Approximate Number of Individuals Served Per Month</b>	<b>Approximate Number of Meals Served Per Month</b>
43412	2	46
43504	2	46
43522	1	19
43528	31	602
43537	32	657
43542	1	23
43558	10	213
43560	38	814
43566	7	159
43571	7	129
43604	66	1472
43605	110	2344
43606	54	1117
43607	113	2461
43608	74	1683
43609	88	2026
43610	30	637
43611	61	1290
43612	62	1268
43613	72	1516
43614	72	1681
43615	128	2732
43616	62	1266
43617	6	135
43620	54	1287
43623	57	1304
<b>Total</b>	<b>1,240</b>	<b>27,048</b>

# Detailed Instructions for submitting the OAA Home and Community Based Services Proposal

**Open the OAA Home and Community Based Services Proposal:**

<https://www.gotomygrants.com/Public/Opportunities/Details/2a44e5e7-7a86-4dae-96f8-12dfad26bbd5>

**Select *Apply***

Community-Based Services for Older Adults - Program Year(s): 2027-2030

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Opportunity Information

Title Community-Based Services for Older Adults - Program Year(s): 2027-2030

**Select *Register*, create an account and answer the questions in the application**

**EUNA Grants**  
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## Login

Email   
The Email field is required

Password  show  
The Password field is required

Remember my email      [Forgot your password?](#)

Log in with SSO

[Register](#)      [Login](#)

## Background Section

Applicant Agency: (Sponsor)	Place the legal name of the sponsoring Organization in this area.
dba Project Name:	Place the name of the project in this block (if different from the legal name of the sponsor).
Federal Tax I.D.:	Place the nine-digit assigned to the sponsoring organization by the Internal Revenue Service in this area.
EIN:	Enter the employee identification number for the sponsoring organization, which may be the same as the federal tax ID
Business Address:	Place the primary address where the Applicant Agency is located in this area.
Mailing Address:	Place the address where correspondence should be sent if different from the business address given.
Executive Director/Director/CEO:	Place the name of the Executive Director/Director/CEO to be contacted in the event questions arise regarding this application.
Contracting Contact:	Enter the name and contact information for the individual responsible for any contracting questions.
Billing Contact:	Enter the name and contact information for the individual responsible for any billing/reimbursement questions.
Referral Contact:	Enter the name and contact information for the individual responsible for receiving referrals for services.

## Organizational Capacity

Organizational Capacity-All applicants should complete this section.

**\*New\***-Please note: there is a separate scoring for this section and will determine if the provider meets the minimum score to advance in the review process. If the provider meets/exceeds the minimum score, then the proposal review committee (PRC) will score each service.

## Service Delivery Sections

If you are applying for evidence-based wellness, transportation and/or meals services there are additional questions specific to these services. These questions will appear in the application after you select *yes* to the question about if you are applying for the evidence-based wellness, transportation, or meals service. All other services will be requested separately, as Service Delivery-Other Service 1, Service Delivery-Other Service 2, etc. For each service delivery form, please indicate if you are applying for service using this form, save, and “mark as complete.” Applicants will need to respond to each service delivery form—even if they are answering “no”—to be able to submit the completed application.

Please note: Lucas County Senior Centers may apply for transportation funding in this section, as well as the Lucas County Transportation Application.

Service Delivery-Please answer questions for all the services for which you are requesting a contract.

Targeting Services and Person-Direction-please answer questions. Groups to be targeted and examples of person direction for meals are included in the background information.

Outcomes and evaluations-The AOoA may establish outcomes incentives. Regardless, all programs and services should include outcomes and evaluations to include targeting, satisfaction and impact. Please describe how this will be incorporated into service delivery.

Budget and narrative-Please complete the MS Excel Budget sheet for each service requested in the proposal. The MS Excel Budget sheet may be found as a separate file on the AOoA website under the 2027-2030 OAA HCBS RFP section. You must upload the completed MS Excel Budget form for each service in the service delivery section for the service.

- The Total Budgeted Expenses Should Match the Total Revenue
- You may leave a category blank if no expenses are associated with it.
- The budgeted Inkind Expenses should be the same as the Inkind Revenue.
- The AOoA provides 1 Wellsky Aging and Disability User License per provider. The cost is already entered as an expense and a revenue on the form.

Examples of in-kind contributions:

- volunteer services (a reasonable hourly rate applied to a volunteer’s time multiplied by the number of hours he/she works). For example, advisory/grievance council members, kitchen help, servers, receptionist, HDM drivers.
- donated time of employees from other organizations (salaries or positions must not be supported by Federal funds).
- unpaid interns or fellows.

- donated supplies and loaned equipment.
- donated food from food banks, etc.
- donated utilities.
- donated or discounted space; and/or,
- transportation services to and from nutrition sites, medical appointments, shopping trips, etc. provided from non-federal sources.

#### In-Kind Guidance

- Volunteer time should be valued at the current minimum wage.
- Donated Services of professionals can be valued at an appropriate higher rate.
- Indicate whether donated equipment is actual value or rental value.
- Donated space can be valued at fair market rates.
- In-Kind resources represent the value of the non-cash resources provided by the applicant.
- To be claimed the value must be documented in project records, fair and reasonable, necessary to the achievement of the project's objectives and not included by any other federal or state-assisted program.

For Nutrition Providers, 15% match is required. For non-nutrition providers, match requirements are typically 25% new providers, 40% 2nd year provider and 100% 3+ year providers.

Non-Federal matching funds may include cash, expenditures by the grantee and third-party in-kind contributions. To be used as match, in-kind contributions must be from a third-party, verifiable and the records must show how the value of the in-kind contribution was determined. That valuation must be reasonable, subject to audit and meet the requirements of 45 CRF 75.306.

#### Calculating Match.

For this example, a provider is allocated \$100,000 OAA Title IIIC1 for congregate meal service.

$\$100,000/0.85=\$117,647-\$100,000=\$17,647$  matching funds.

#### **Sample Budget Form**

On the next page is an example of how a budget might be completed. The figures were randomly selected for this example and not necessarily based on actual costs. Please remember to spread costs across services. For example, if rent is \$50,000 for the year and five services are equally provided in the location, then the budgeted cost for rent for each service is \$10,000.

Provider: Sample Meal Provider  
 Service Name: Congregate Meals  
 Program Year: January 1, 2027-December 31, 2027

EXPENSES	Budget
Salaries and Wages	\$100,000.00
Fringe Benefits	\$30,000.00
Travel and Training	
Staff Mileage	
Staff Professional License Fees	\$200.00
Facilities Rental/Lease	
Utilities	\$2,400.00
Trash/Recycling Removal	\$1,000.00
Janitorial	
Equipment (Maintenance)	\$1,000.00
Equipment (Replacement Reserve)	\$2,000.00
Raw Food Cost	\$70,000.00
Frozen Food Cost	
Catered Food Cost	
Disposable Products	\$1,000.00
Delivery Vehicle-Maintenance (meals)	
Delivery Vehicle-Replacement Reserve (meals)	
Gasoline Expense	
Professional Memberships/Dues	
Insurance	\$1,000.00
IT Equipment/Software	
Office Expenses	
Outreach	
Other	\$400.00
Wellsky Aging and Disability User License	\$425.08
Additional Wellsky Aging & Disability User License	
In-kind-Personnel	\$10,000.00
In-kind-Facilities	\$6,000.00
In-kind-Other	
Indirect administrative	
<b>Total Budgeted Expenses</b>	<b>\$225,425.08</b>

Revenue	Budget
Local Cash Match	\$39,780.90
In-kind-Personnel	\$10,000.00
In-kind-Facilities	\$6,000.00
In-kind-Other	\$0.00
Program Income	\$15,000.00
Gifts/Fundraisers	\$5,000.00
Wellsky License	\$425.08
AOoA Funds	\$149,219.10
<b>Total Revenue</b>	<b>\$225,425.08</b>

<b>Proposed Units</b>	15000
<b>Proposed Unit Rate</b>	\$15.03

**Attachments:**

Please upload the appropriate documents, i.e. organizational chart.

**Required Signatures:**

Please complete and sign acknowledgements, assurances and certifications found as a separate file (2027-2030 Required Signature Page) on the AOoA website under the 2027-2030 OAA HCBS RFP section. Then, upload these documents into the Euna Grants proposal

The Minority Agency Certification should only be completed if applicable.

**Pilot Program:**

OAA Home and Community Based Services Program Applicants- Provide Total Funding Requested for Pilot Program for 2027-2030P. Please indicate the timeframe for pilot program and total amount requested. Please indicate the counties you intend to serve.

If you are not applying for pilot funding, the form must still be completed indicating “No,” saving, and marking as complete.

**Rating Criteria:**

**Rating Criterion of Proposals** All proposals submitted will be evaluated on a point system. Points will be awarded based on the following table of criterion:

**Rating Criterion-Organizational Capacity**

Total of 100 Points Possible - Must Score 70 or More Points to Qualify. Proposals receiving less than a score of 70 points will not be considered.

<b><u>CRITERION</u></b>	<b><u>CORRESPONDING SECTION(S) OF RFP</u></b>	<b><u>Maximum POINTS</u></b>
Previous successful experience in operating similar programs. Qualifications of bidder's personnel who will be providing the activity. Ability to leverage other funding	<b>Organizational Capabilities</b>	35
Extent to which the proposed program reaches target populations and addresses identified unmet needs.	<b>Targeting Services</b>	35
Organizations demonstrated efforts to reduce costs (unit rates) and/or create efficiencies through partnerships, MOUs, or subcontracting.	<b>Collaboration</b>	15
Bidder's plan to achieve goals, track consumers and meet performance standards.	<b>Outcome and Program Evaluation</b>	15
<b>TOTAL POINTS</b>		<b>100</b>

**Rating Criterion-Service Delivery**

If the proposal meets the minimum organizational capacity score requirements, then the PRC will use the following criterion to rate each service.

<u>CRITERION</u>	<u>CORRESPONDING SECTION(S) OF RFP</u>	<u>Maximum POINTS</u>
Completeness and quality of planned program’s activities and services for older adults. Extent to which the proposed program’s design incorporates services, including service gaps, to allow older adults to remain in their homes. Essential services will be weighed more heavily and include Congregate Meals, Home Delivered Meals, Transportation-all types, Chore, Housekeeping, Adult Day Service, Home Maintenance, and Supportive Services.	<b>Service Delivery</b>	40
Extent to which the service delivery incorporates person direction. More points will be awarded for more person direction.	<b>Person Direction/Person Centeredness</b>	20
Reasonableness and necessity of proposed costs; efficiency and effectiveness of proposed use of funds. Bidder's administrative environment and fiscal responsibility. Competitive unit rate and required matching funds.	<b>Budget</b>	40
<b>TOTAL POINTS</b>		<b>100</b>
<b>Pilot Program (Optional)-Recommend Supporting if Funding is available (Yes or No)</b>		

# Instructions for Lucas County Only Home Delivered Meals Application and Lucas County Only Transportation Services Application

Please complete these applications if you are applying to be a home delivered meals provider in Lucas County and/or a Transportation Provider in Lucas County for the brokerage transportation services.

## **General Instructions:**

1. Prior to completing the application, please review the service provider conditions of participation policy (Appendix B) service taxonomy (Appendix C), OAC Chapter 173, in part (Appendix D), and Wellsky Aging and Disability (formerly SAMS) data collection procedures (Appendix E). At the time of this application, the Ohio Department of Aging is transitioning from Wellsky Aging and Disability to a new database.
2. Read all instructions and become familiar with the application forms prior to their completion.
3. Applicants must meet the Conditions of Participation and attest to compliance with Acknowledgements, Assurances and Certifications section of this proposal.
4. To be considered for a contract, any applicant, who is not currently an AOoA contracted provider for OAA services, must provide proof of current registration with the Secretary of State as a non-profit organization, a public agency, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability.
5. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

## **Open Lucas County Home Delivered Meals Application:**

<https://www.gotomygrants.com/Public/Opportunities/Details/78aa7001-237d-4f7a-af16-0aeb8b83bddd>

Or

## **Open Lucas Transportation Service for Older Adults Application:**

<https://www.gotomygrants.com/Public/Opportunities/Details/acdad16-4271-4f11-be24-1959cb27091a>

## Select Apply

Community-Based Services for Older Adults - Program Year(s): 2027-2030

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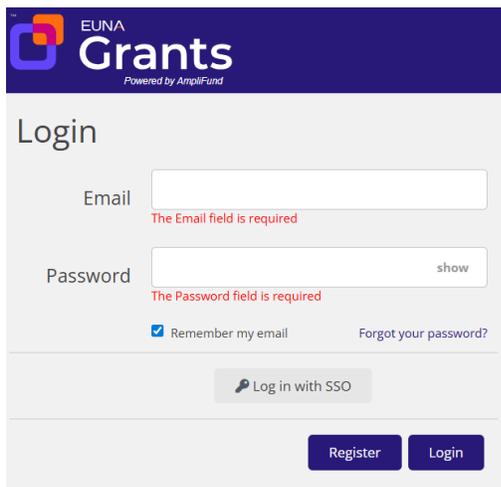
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Apply

Opportunity Information

Title Community-Based Services for Older Adults - Program Year(s): 2027-2030

If you have not already registered, select **Register** and create an account. Otherwise, enter your login information. Then, answer the questions in the application.



### Detailed Instructions:

#### Background Section

Applicant Agency:  
(Sponsor)

Place the legal name of the sponsoring Organization in this area.

dba Project Name:

Place the name of the project in this block (if different from the legal name of the sponsor).

Federal Tax I.D.:

Place the nine-digit assigned to the sponsoring organization by the Internal Revenue Service in this area.

EIN:

Enter the employee identification number for the sponsoring organization, which may be the same as the federal tax ID

- Business Address:** Place the primary address where the Applicant Agency is located in this area.
- Mailing Address:** Place the address where correspondence should be sent if different from the business address given.
- Executive Director/Director/CEO:** Place the name of the Executive Director/Director/CEO to be contacted in the event questions arise regarding this application.
- Contracting Contact:** Enter the name and contact information for the individual responsible for any contracting questions.
- Billing Contact:** Enter the name and contact information for the individual responsible for any billing/reimbursement questions.
- Referral Contact:** Enter the name and contact information for the individual responsible for receiving referrals for services.

**Organizational Capacity and Service Delivery**

Organizational Capacity-All applicants should complete this section.

Please note: Lucas County Senior Centers may apply for transportation funding in the OAA HCBS proposal, as well as the Lucas County Transportation Application.

Service Delivery-Please answer questions for all the services for which you are requesting a contract.

**Attachments:**

Please upload the appropriate documents, i.e. organizational chart.

**Required Signatures:**

Please complete and sign acknowledgements, assurances and certifications found as a separate file (2027-2030 Required Signature Page) on the AOoA website under the 2027-2030 OAA HCBS RFP section. Then, upload these documents into the Euna Grants proposal

The Minority Agency Certification should only be completed if applicable.

**Rating Criteria:**

All proposals submitted will be evaluated on a point system. Points will be awarded based on the following table of criterion:

Total of 100 Points Possible - Must Score 70 or More Points to Qualify. Applicants receiving less than a score of 70 points will not be considered.

<b><u>CRITERION</u></b>	<b><u>CORRESPONDING SECTION(S) OF RFP</u></b>	<b><u>Maximum POINTS</u></b>
Previous successful experience in operating similar programs. Qualifications of bidder's personnel who will be providing the activity. Ability to leverage other funding	<b>Organizational Capabilities</b>	35
Completeness and quality of planned program's activities and services for older adults. Extent to which the proposed program's design incorporates services, including service gaps, to allow older adults to remain in their homes.	<b>Service Delivery</b>	40
Extent to which the service delivery incorporates person direction. More points will be awarded for more person direction.	<b>Person Direction/Person Centeredness</b>	20
Bidder's plan to achieve goals, track consumers and meet performance standards.	<b>Outcome and Program Evaluation</b>	20
<b>TOTAL POINTS</b>		<b>100</b>

# Instructions for Family Caregiver Support and Plan4Home Application

Please complete this application if you are only applying to be a provider for the Family Caregiver Support and Plan4Home Programs.

## **Background Information/Scope of Work:**

### *Family Caregiver Support Program*

Outside of nursing homes, unpaid caregivers provide most long-term services and supports. In fact, 87% of caregiving is provided by unpaid family caregivers. The average family caregiver spends 24 hours per week on unpaid caregiving activities and spends over \$5,000 per year on out-of-pocket caregiving expenses for their aging loved one. In addition, 34% of caregivers are 65 years of age or over, and upwards of 75% of all caregivers are female. Research has shown that caregiving exacts a heavy emotional, physical and financial burden. The AOoA Family Caregiver Support Program provides information, referral and assistance, as well as case management to caregivers of older adults. In addition, they contract with providers for additional services as needed.

The following specific populations of family caregivers are eligible to receive services:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age or older;
- Adult family members or other informal caregivers age 18 or older providing care to individuals of any age with Alzheimer's disease and related disorders;
- Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
- Older relatives (not parents) age 55 and older providing care to adults age 18-59 with disabilities.

### *Plan4Home*

The AOoA Plan4Home Program provides case management to older adults throughout our service area, who are not enrolled in a Medicaid Waiver program. In addition, they contract with providers for additional services as needed.

To be eligible for enrollment in the Plan4Home program, an individual must meet the following requirements:

- Be 60 years of age or older
- Permanently reside in a non-institutional setting
- Participate in an initial eligibility assessment to determine if the individual's care needs can be met through the Plan 4 Home program.

- Must need ongoing or episodic case management for coordination of services delivered by community-based provider and/or information for caregivers.
- Individuals receiving services funded through Title XX, must also meet income eligibility guidelines (household gross monthly income below 150% FPL).

*Service Authorization:*

Both programs authorize services and provide referrals to providers incorporating the participant’s choice.

**General Instructions:**

1. Prior to completing the application, please review the service provider conditions of participation policy (Appendix B) service taxonomy (Appendix C), OAC Chapter 173, in part (Appendix D), and Wellsky Aging and Disability (formerly SAMS) data collection procedures (Appendix E). At the time of this application, the Ohio Department of Aging is transitioning from Wellsky Aging and Disability to a new database.
2. Read all instructions and become familiar with the application forms prior to their completion.
3. Applicants must meet the Conditions of Participation and attest to compliance with Acknowledgements, Assurances and Certifications section of this proposal.
4. To be considered for a contract, any applicant, who is not currently an AOoA contracted provider for OAA services, must provide proof of current registration with the Secretary of State as a non-profit organization, a public agency, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability.
5. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

**Open Caregiver Support and Plan4Home Application:**

<https://www.gotomygrants.com/Public/Opportunities/Details/51013cc3-a970-4c3b-9dd6-c7173b9cc40b>

**Select Apply**

Select **Register**, create an account and answer the questions in the application

**EUNA Grants**  
Powered by AmpliFund

## Login

Email   
The Email field is required

Password  show  
The Password field is required

Remember my email [Forgot your password?](#)

Log in with SSO

[Register](#) [Login](#)

**Detailed Instructions:**

**Background Section**

- Applicant Agency: (Sponsor) Place the legal name of the sponsoring Organization in this area.
- dba Project Name: Place the name of the project in this block (if different from the legal name of the sponsor).
- Federal Tax I.D.: Place the nine-digit assigned to the sponsoring organization by the Internal Revenue Service in this area.
- EIN: Enter the employee identification number for the sponsoring organization, which may be the same as the federal tax ID
- Business Address: Place the primary address where the Applicant Agency is located in this area.
- Mailing Address: Place the address where correspondence should be sent if different from the business address given.
- Executive Director/Director/CEO: Place the name of the Executive Director/Director/CEO to be contacted in the event questions arise regarding this application.
- Contracting Contact: Enter the name and contact information for the individual responsible for any contracting questions.
- Billing Contact: Enter the name and contact information for the individual responsible for any billing/reimbursement questions.
- Referral Contact: Enter the name and contact information for the individual responsible for receiving referrals for services.

**Organizational Capacity**

Organizational Capacity-All applicants should complete this section.

**Service Delivery Section**

If you are applying for FCSP education, emergency response, transportation, home delivered meals and/or home medical equipment services there are additional questions specific to these services. These questions will appear in the application after you select yes to the question

about if you are applying for the evidence-based wellness, transportation, or meals service. All other services will be requested separately, as Service #1, Service #2, etc. For each service delivery form, please indicate if you are applying for service using this form, save, and “mark as complete.” Applicants will need to respond to each service delivery form—even if they are answering “no”—to be able to submit the completed application.

Service Delivery-Please answer questions for all the services for which you are requesting a contract.

For Home Delivered Meal Providers, Person-Direction may include, but not limited to:

- Serving traditional, hot meals on Thanksgiving and Christmas Days.
- Offering culturally appropriate meals.
- Offering a choice of food items within a meal, which could include choice of sides and/or entrée.
- Offering the choice of vegan/vegetarian option, lower-fat and lower sodium food alternatives for high fat and high sodium items, as well as the choice of a lower carbohydrate dessert.
- Providing key nutrient information (i.e. calories, fat, sodium, carbohydrate) on a HDM menu or dining site menu board, which allows participants to make informed choices.
- Incorporating locally grown fresh fruits and vegetables as an alternate to canned and frozen items.
- Offering home delivered meal participants the choice of hot or frozen meals, choice of delivery time (morning or afternoon) and delivery frequency (daily or periodically).

Program Unit Rate-Please answer questions related to the unit rate for services.

Average Unit Rate-The average unit rate for services provided in our region are below:

Service	Min	Max	Median	Average
Personal Care (per hour)	\$20.68	\$36.96	\$24.98	\$26.9
Homemaker (per hour)	\$23.00	\$36.96	\$26.95	\$28.47
Emergency Response System (per month)	\$25.00	\$32.95	\$29.00	\$28.98
Home Delivered Meals (per meal)	\$6.99	\$9.53	\$7.62	\$7.94
FCSP Caregiver Training (per hour)	\$70.00	\$165.67	\$125.00	\$120.22
FCSP Counseling (per hour)	\$88.00	\$125.00	\$106.50	\$106.50

**Attachments:**

Please upload the appropriate documents, i.e. organizational chart.

**Required Signatures:**

Please complete and sign acknowledgements, assurances and certifications found as a separate file (2027-2030 Required Signature Page) on the AOoA website under the 2027-2030 OAA HCBS RFP section. Then, upload these documents into the Euna Grants proposal

The Minority Agency Certification should only be completed if applicable.

**Rating Criteria:**

All applications submitted will be evaluated on a point system. Points will be awarded based on the following table of criterion:

Total of 100 Points Possible - Must Score 70 or More Points to Qualify. Applicants receiving less than a score of 70 points will not be considered.

<b>Rating Criteria of Proposals</b>	
<b><u>Section I</u></b> <b>(10 points each)</b>	<b><u>Score</u></b>
Organizational Chart -5 pts.	
Resume of Key Staff (Half page bio accepted) and Copy of Licensures for LSWs, RNs, & Counselors – 5 pts.	
<b><u>Section II</u></b> <b>(20 points total)</b>	<b><u>Score</u></b>
Applicant is providing service with another AOoA funding source-5 pts.	
Provider performance with another AOoA funding source.-5 pts.	
Unit Rate is no more than 1 standard deviation from average unit rate -10 points	
<b><u>Section III:</u></b>	<b><u>Score</u></b>
Organizational Capacity-20 pts	
Service Delivery-30 pts	
Program Unit Rate-20 pts	
<b>TOTAL SCORE</b>	

# Appendix A

## Area Office on Aging of Northwestern Ohio Funding Formula Factors for Older Americans Act Title III

County	Ages		Age 60+				% OAA Funding
	60+	75+	Poverty	Minority	Live Alone	Rural	
Defiance	10,398	3,221	882	790	1,874	5,571	4.37%
Erie	23,781	7,533	2,384	2,402	5,065	6,704	9.91%
Fulton	11,147	3,234	830	647	2,295	9,158	4.93%
Henry	7,393	2,234	442	510	1,510	5,023	3.05%
Lucas	103,112	29,307	12,209	22,065	25,076	5,140	45.62%
Ottawa	14,885	4,642	1,176	789	3,059	9,298	6.28%
Paulding	4,953	1,410	410	145	1,194	4,953	2.32%
Sandusky	16,306	4,651	1,980	1,745	3,495	7,052	7.46%
Williams	9,930	3,065	830	328	2,119	7,458	4.34%
Wood	29,993	8,672	2,536	2,010	6,897	9,019	11.73%
<b>Totals</b>	<b>231,898</b>	<b>67,969</b>	<b>23,679</b>	<b>31,431</b>	<b>52,584</b>	<b>69,375</b>	<b>100.00%</b>
<b>Formula weights</b>	0.41	0.075	0.25	0.1	0.075	0.09	
<b>Source for Data: 2020 Census extracted by Center for Community Solutions</b>							

Prepared by:  
**Planning & Program Development Department**  
**Area Office on Aging of Northwestern Ohio, Inc.**

Source (except rural): ACS 2024 5 Year Estimates  
Rural Source: 2020 Decennial Census + ACS 2024 5 Year Estimates

\*\*Pending Fiscal Review.

**Appendix B**  
**AOoA Service Provider Policy 402: Service Provider Conditions  
of Participation**

**POLICY 402**

**SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

The Agency is required by the Ohio Department of Aging and the U. S. Administration on Aging to develop specific Conditions of Participation, as a contractual requirement with which Service Providers receiving Title III, Senior Community Services (SCS), Nutrition Services Incentive Program (NSIP) and Alzheimer’s Respite funds must comply. By agreement with the Lucas County Commissioners, this same requirement applies to the Lucas County Senior Services Levy funds administered by the Agency.

These Conditions of Participation are an integral part of the agreement reached between the **AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.**, an Ohio nonprofit corporation (the "Agency"), having an address of Executive Administration Office Building, 2155 Arlington Avenue, Toledo, Ohio 43609 and the “Service Provider”. The parties’ agreement consists of the Notice of Grant Award signed by the Service Provider and these Conditions of Participation (the “Contract”).

**WITNESSETH:**

**WHEREAS**, the Agency has been designated the official regional planning and service development organization for Older Northwest Ohioans and shall award funds for this purpose; and,

**WHEREAS**, the Service Provider has submitted to the Agency an application/ proposal (the "Application") to provide services to people aged 60 and over and/or their caregivers; and,

**WHEREAS**, the Agency desires to award a contract to the Service Provider, subject to the terms and conditions of the Notification of Grant Award, the Application/Proposal, the Service Provider’s approved budget, and any other conditions set forth by the regulatory body providing these funds; and,

**WHEREAS**, the Service Provider agrees this is either a "Purchase-of-Service Agreement" or a "Time-and-Materials Agreement", as specified in the current notification of grant award/contract and will be reimbursed. A “purchase of service agreement” means an agreement through which a service provider is paid a pre-determined unit rate for only the services it actually provides in accordance with the agreement. A “time-and-materials agreement” means an agreement through which a Service Provider is paid for services it provides to individuals based on the Service Provider’s actual costs; and,

**WHEREAS**, this Contract will start and end on the dates specified in the Notification of Grant Award to the Service Provider, unless otherwise notified by the Agency; and,

**WHEREAS**, the Agency may terminate this Contract, rather than fulfill all years of the multi-year Term, under any one or more of the following circumstances:

- The Service Provider does not demonstrate satisfactory performance
- The Service Provider fails to submit programmatic and financial reports in accordance with policy and procedures
- The Service Provider does not meet the match requirements
- The Agency does not have funds to pay for the goods and/or services for a subsequent year
- A situation arises that was unforeseen at the time the Agency and the Service Provider entered into the Contract. Examples of unforeseen situations are changes in the market

conditions or changes in the law regulating the goods or services the Contract covers;  
and,

**WHEREAS**, this Contract may be terminated with or without cause by either party upon 60 days advance written notice to the other party; and,

**WHEREAS**, the Agency may terminate the Contract immediately in the event there is loss of funding, disapproval by a federal administrative agency, or upon discovery of noncompliance with any term in this contract of any federal or state law, rule, executive order or regulation governing the work to be performed by Service Provider under this contract, including failure to effectuate the program goals or agency priorities, as determined by the Agency, the Ohio Department of Aging (AGE), or the federal awarding agency pursuant to 2 CFR 200.340. In the event of termination pursuant to this paragraph, the Agency shall send a written notice of termination specifying the reason for the termination to the Service Provider as soon as possible after the Agency becomes aware of the need for termination. The Service Provider's breach or violation of terms of this agreement may result in imposition of administrative, contractual or legal remedies, including sanctions and penalties as appropriate and/or provided by law; and,

**WHEREAS**, this Contract and the Agency's obligations contained herein are contingent upon the availability of funding (which could be reduced by the regulatory and/or administrative entity without notice or cause), the Agency may modify this Contract at any time such condition occurs; and,

**WHEREAS**, the Agency may de-obligate and redistribute funds, if the Service Provider is not, in a timely manner, earning the funds it was awarded. The Service Provider may appeal the Agency's decision to redistribute funds under rule 173-3-09 of the Ohio Administrative Code; and,

**WHEREAS**, the Agency reserves the right to disallow costs and recover funds on the basis of a later audit or other review. The Agency reserves the right to request the return of funds received by the Service Provider from the Agency in excess of allowable expenses at any time. The Agency will give at least one-week notice of this request; and,

**WHEREAS**, service units and unit rates, including the maximum allowable funding ceiling, are non-negotiable after the approval and signing of this contract, unless additional resources are secured by the Agency for the purpose of increasing the provision of service units; and,

**WHEREAS**, the Agency may increase the unit rate in the following circumstances: documented increased costs associated with implementing more person-centered services, improved quality and incentive payments for performance outcomes, documented increase in service costs (i.e. increase in gasoline cost), or other reason listed in the request for proposal for this Contract; and,

**WHEREAS**, the Service Provider shall ensure that the rates charged in this Contract are not more than the usual and customary fees charged to non-Agency clients for the same service; and,

**WHEREAS**, except as otherwise required by federal law, all expenses charged or allocated to this Contract shall be reasonable, allowable and allocable, as defined by the United

States Office of Management and Budget (OMB) for purposes of the federal grants awarded by the United States government; and,

**WHEREAS**, this Contract will be monitored and evaluated for contract compliance and/or program outcomes and/or performance. Contracts may be reduced or discontinued for non-compliance, failure to submit financial and programmatic reports according to the policies and procedures, and/or lack of performance. The Agency shall provide written notice of deficiencies to the Service Provider and allow a reasonable opportunity (not to exceed six months) for the Service Provider to take corrective action, prior to the implementation of any sanction(s); and,

**WHEREAS**, the Agency and the Service Provider shall be generally guided by the principles and standards of the Older Americans Act of 1965, as amended, regardless of the funding source, in the administration and delivery of all programs and services for Older Northwest Ohioans; and,

**WHEREAS**, the Service Provider shall comply with federal laws if the Service Provider receives federal funds. These laws include the Older Americans Act, Subparts C and D of 45 CFR Part 1321, 2 CFR 200.318 to 200.327 and 2 CFR Part 300, 45 CFR Parts 160,162 and 164 regarding individually identifiable health information and protected health information, and all other applicable federal laws, rules or executive orders; and

**WHEREAS**, If an amendment, repeal or rescission of any law, rule, or regulation cited in Notification of Grant Award/Contract would change the responsibilities of the Agency, the Service Provider, or both the Agency and the Service Provider, then the Agency, the Service Provider or both the Agency and the Service Provider shall comply with the amendment, repeal, or rescission of the law, rule, or regulation even if the agreement is not updated before the amendment, repeal, or rescission takes effect; and

**WHEREAS**, the Service Provider shall comply with all applicable state laws, rules, or executive orders.; and

**WHEREAS**, unless otherwise indicated in the Contract, the Contract is subject to any rule in chapter 173-3 or 173-4 of the Ohio Administrative Code regulating agreements in general or the provision of any service procured through the Contract. The Service Provider shall sign up for email updates about these rules at <https://aging.ohio.gov/see-news-and-events/subscribe/subscribe>; and,

**WHEREAS**, the Service Provider shall cooperate with the Agency and the Ohio Department of Aging to assess disaster impact on service participants and to coordinate with public and private resources in the field of aging to assist service participants when the President of the United States declares that the Service Provider's service area is a disaster area; and,

**WHEREAS**, these Conditions of Participation will be used in administering all funding awards of the Agency, unless otherwise specified in the Contract; and,

**WHEREAS**, if the Service Provider provides a service to an individual who is enrolled in a case management services as part of care coordination, then the Service Provider shall notify the Agency of any significant change that may necessitate a reassessment of the case-managed individual's need for the service no later than one day after the Service Provider is aware of a repeated refusal to receive the service(s); changes in the individual's physical, mental or

emotional status; documented changes in the individual's environmental conditions; or other significant documented changes to the individual's health and safety. If "one day after" falls on a weekend or legal holiday, the deadline is extended to the next business day.

**WHEREAS**, If the Service Provider provides a service to an individual who is enrolled in a case management service with the Agency as part of care coordination, the Service Provider shall notify the Agency and the case-managed individual in writing of the anticipated last day the Service Provider will provide service to the case-managed individual no later than thirty (30) days before the anticipated last day, unless the reason for discontinuing the service is the hospitalization, institutionalization, or death of the consumer; serious risk to the health or safety of the provider; the individuals' decision to discontinue the service; or a similar reason why the provider is unable to notify the Agency and the case-managed individual thirty days before the anticipated last day. The Service Provider shall also notify the case-managed individual on how to reach a long-term care ombudsman. If the thirtieth day falls on a weekend or legal holiday, the deadline is extended to the next business day.

**WHEREAS**, If a federal, state or local government regulatory authority prohibits the Service Provider from providing the goods or services required by the Contract, the Service Provider shall notify the Agency of the disciplinary action and the Agency shall, simultaneous to the date of the regulatory authority's disciplinary action, deem the Service Provider to be ineligible to be paid with Older Americans Act funds for providing goods or services to individuals;

**WHEREAS**, the Service Provider shall ensure that all necessary records are maintained to fully disclose the extent of services provided for a period of three (3) years from the expiration date of this Contract, or until an audit is completed and every exception resolved, whichever is later, and to provide these records upon request to the Agency or its designee for audit purposes; and,

**WHEREAS**, the Service Provider shall store each service recipient's electronic records in a password protected file and physical records in a designated, locked storage space.

**WHEREAS**, The Service Provider shall immediately report any reasonable cause to believe an individual is the victim of abuse, neglect or exploitation to the local adult protective services program in accordance with section 5101.63 of the Revised Code.

**WHEREAS**, the Agency's obligations contained herein are contingent upon the availability of federal, state and local funding, which may be reduced by the regulatory or administrative entity without notice or cause during the Program Year; and,

**WHEREAS**, the Agency is not allowed to enter into an agreement with any service provider that the SAM database lists are excluded or disqualified from agreements involving federal funds. As used in this paragraph, "SAM database" means the general service administration's "System for Award Management," which is available to the general public for free on [www.sam.gov](http://www.sam.gov); and,

**NOW, THEREFORE**, the Agency and the Service Provider agree as follows:

#### **1. Matching Share**

All Service Providers awarded Title III-B funds of the Older Americans Act, are required to identify in the approved budget all matching resources (cash and/or in-kind) by source and amount. First year Service Providers must provide at least a 25 percent match of the Title III-B

allocation in local matching resources; second year Service Providers must provide a 40 percent match of the Title III-B allocation in local matching resources; third year Service Providers and those funded thereafter, must provide at least a 100 percent match of the Title III-B allocation in local matching resources. Service Providers must provide non-federal match as outlined in the approved budget and must keep the records necessary to document these costs, since such costs will be audited.

All Service Providers awarded Title III-C funds of the Older Americans Act, are required to identify in the approved budget all matching resources (cash and/or in-kind) by source and amount. Service Providers must provide a 15 percent match of the Title III-C allocation in local matching resources. Service Providers must provide non-federal match as outlined in the approved budget and must keep the records necessary to document these costs, since such costs will be audited.

Failure to properly document non-federal match may result in repayment or de-obligation of the funds for which the match was required, depending upon the time at which the deficiency is discovered.

## 2. Services

(a) The Service Provider shall furnish services on behalf of the Agency. The Service Provider shall perform the services in order to meet, prior to the expiration of the Term, the approved service objectives set forth in the application.

(b) The objectives may not be revised without the written approval of the Agency. The Service Provider shall submit to the Agency, at least thirty (30) days prior to the proposed effective date of any changes, a written statement setting forth the proposed revisions, and the reasons for seeking revisions. Failure to do so may result in recovery or de-obligation of funds allocated to that specific objective, depending upon the time at which the deficiency is discovered.

(c) Preference shall be given to older individuals with the greatest economic or social needs. Service Providers shall maintain adequate documentation to support these preferences, which are set forth by Agency, ODA and the Administration on Aging (AOA).

**i. Greatest economic need:** means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

**ii. Greatest social need:** means the need caused by noneconomic factors, which include:

☐ Physical and mental disabilities;

☐ Language barriers;

☐ Cultural, social, or geographical isolation, including due to:

- Racial or ethnic status;

- Native American identity;

- Religious affiliation;

- Sexual orientation, gender identity, or sex characteristics;

- HIV status;

- Chronic conditions;

- Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;

- Interpersonal safety concerns;

- Rural location; or
- Any other status that:
  - Restricts the ability of an individual to perform normal or routine daily tasks; or
  - Threatens the capacity of the individual to live independently; or
- Other needs as further defined by AGE and the Agency based on local and individual factors.

#### **4. Payments to the Service Provider**

(a) Service Provider shall submit an invoice using the Request for Funds (RFF) form along with the corresponding SAMS Agency Summary Report to Agency fiscal staff within five (5) calendar days following the last day of service each month. The Agency issues payment on the 15th and the last day of the month. The Agency fiscal staff will review the invoice for completeness and accuracy prior to authorizing payment for the fifteenth (15) calendar day. An invoice that contains errors, incorrect rates, or non-covered services is subject to adjustment to issuance of payment. In the event the provider submits an invoice that is not accurate or timely submitted, Agency fiscal staff will utilize its best efforts to have the invoice paid within the fifteenth (15) calendar-day period described above. However, this is not guaranteed and payment may be delayed to the next time payments are issued.

(b) The Agency shall have the right to refuse payment of Service Provider claims when claims are not received within sixty (60) days of the end of the month in which services were delivered. Please note, the Agency will not provide reimbursement after the fiscal period for the funding source, or the agency, has been closed.

(c) A correct invoice shall include the SAMS Agency Summary Report attached to the RFF. Units of service on the RFF, program income collected, and total request for reimbursement from the Agency shall match the information on the SAMS Agency Summary Report.

(d) All outstanding Notification of Grant Awards must be signed by the Service Provider before any payment is released by the Agency.

(e) Wellsky Aging and Disability (SAMS) is the current program database designated by the state for reporting. In the event, the state changes databases, the Service Provider shall use the replacement database in place of Wellsky Aging and Disability (SAMS).

(f) If the Service Provider discovers an error in previously processed billing, then the Service Provider should report this immediately. The Service Provider shall submit a revised Request for Funds form and Agency Summary Report for the service month where the error occurred.

(g) The Service Provider shall file all reports and documentation by the due date specified herein with the Agency.

(h) In addition, the Agency may de-obligate and redistribute funds if the provider is not, in a timely manner, earning the funds it was awarded.

(i) The Service Provider is eligible for reimbursement by the Agency upon providing authorized units of service in accordance with the Conditions of Participation and Service

Specifications to individuals identified by the Agency as eligible according to the terms and conditions of this Contract.

(j) In the event that the Service Provider is paid for services not allowable under terms of this Contract, the Service Provider shall return such funds. The Agency may also deduct the amount of the overpayment from future reimbursement with or without any prior notice to the Service Provider. If the amount of the future reimbursement is insufficient to cover this obligation, the Agency shall require remittance from the Service Provider. The Service Provider shall notify the Agency's President/CEO immediately, in writing, upon the discovery of any overpayment.

(k) The Service Provider shall return any payments for its services, if the Service Provider's provision of the services did not comply with applicable laws, rules, or executive orders.

#### **5. Program and Fiscal Reporting**

(a) The Service Provider shall submit to the Agency financial reports, program reports, and supporting documentation as may be requested or required by the Agency, the Ohio Department of Aging (AGE), the Administration on Aging (AOA) and any other appropriate authority.

(b) The Service Provider shall meet the monitoring, auditing and financial reporting requirements set forth in 2 CFR 200 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards", 45 CFR Part 75 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards", the Ohio Revised Code and any other applicable federal, state or local regulations.

(c) Failure to submit programmatic and financial reports on time may be basis for withholding payments, suspension, termination, or denial of continued funding.

#### **6. Service Provider Carry-over of Funds**

Funds remaining unspent at the end of the contract period **may not** be carried over by the Service Provider. These funds revert to the Agency for reassignment, re-budgeting, and/or return to the state or federal government.

#### **7. Accounting, Books and Records.**

(a) The Service Provider will submit a written budget with the request for proposal. If the provider requests a change in their unit rate during the contracting period, then they will submit a revised budget with the request for change in unit rate.

(b) The Service Provider shall maintain and retain such books of account, records, and other supporting documentation as may be required by "Generally Accepted Auditing Standards", 45 CFR Part 75, the Agency, ODA, or the AOA. The AOA, ODA, the Agency, other funding authorities and Agency auditors may inspect all books, records and documents of the Service Provider in connection with the Services.

(c) The Service Provider shall comply with rule 173-3-07 of the Administrative Code, Older Americans Act: voluntary contributions, cost sharing and other program income.

(d) The Service Provider shall establish and implement procedures satisfactory to the Agency for soliciting, collecting, and accounting for Program Income and provide the Agency with written documentation of such procedures. "Program Income" has the same meaning as in

2 C.F.R. 200.1 Under 45 C.F.R. 1321.9(c)(2)(xii), “program income” includes voluntary contributions and cost sharing.

(e) The Service Provider shall submit to the Agency proof of non-profit (501(c)(3) status, if applicable.

(g) Expenses charged against the funds included here shall not be incurred by the grantee, except during the term of the Contract, as specified in the Notice of Grant Award. All expenses allocated to senior services must be reasonable, using an acceptable method and supported by appropriate worksheets and/or time studies. All expenses incurred or obligated for the approved programs must be supported by signed contracts, payroll records, purchase orders, requisitions, bills or other evidence of liability consistent with the Agency’s established procurement procedures.

(h) The Service Provider shall ensure that any requests for additional program funds and/or units of service or a one-time request for reallocation of funds and/or units of service are forwarded to the Agency not later than August 1st of the Contract year. The Agency has until October 31st to approve and revise the Notification of Grant Award.

#### **8. Service Provider Monitoring**

The Service Provider agrees to participate in good faith in monitoring the Service Provider’s provision of services to include program and fiscal operations. To participate in good faith includes assisting the Agency and AGE with the scheduling of announced or unannounced monitoring and providing the Agency and AGE with access to its business site(s) during the provider’s normal business hours, a place to work in its business site(s), and access to policies and records for each unit of service billed.

Monitoring sessions may be conducted periodically throughout the Term of this Contact.

#### **9. Insurance**

The Service Provider shall purchase and maintain the following types of insurance: workers' compensation; comprehensive general liability with limits no less than \$1,000,000; comprehensive automobile liability (where applicable) with limits no less than \$1,000,000, and an umbrella policy. All policies shall name the Agency as an additional insured. The policies shall contain a provision prohibiting cancellation or substantial change without thirty (30) days prior written notice to the Agency. The Service Provider shall furnish the Agency with Certificates of Insurance covering the term of the Contract.

The Service Provider agrees to indemnify, defend, and hold harmless the Agency against any and all liability, costs, expenses, attorney's fees, claims and demands which may arise from, or be asserted against the Agency in connection with, any undertakings or responsibilities of the Service Provider, its officers, or employees, including all negligent acts or omissions on the part of the Service Provider, its agents, officers or employees.

The Service Provider shall obtain “Employee Dishonesty” coverage for all employees who have access to funds. Limits should be high enough to cover 100% of the Notification of Grant Award/Contract.

#### **10. Supplies and Equipment.**

(a) Title to all equipment, supplies, real property, personal property, and fixtures purchased with funds under this contract shall be vested with the Agency.

(b) The Service Provider shall comply with Agency Policy 314, Multipurpose Senior Center Capital Improvements, and Agency Policy 309, Vehicle Acquisition and Disposal, if applicable.

#### **11. Confidentiality**

(a) The Service Provider **shall not** disclose any information about, or obtained from, an individual served or employed by the Service Provider without the individual's written consent. Client profile data may not be released without the prior written permission of the Agency.

(b) The Service Provider shall not use or disclose any information concerning an individual for any purpose not directly associated with the provision of goods or services, even if the individual consents to doing so.

(c) When disclosing protected health information, the Service Provider shall also comply with the Agency's Business Associate Agreement and the required federal laws.

(d) The Service Provider shall not provide access to their senior clientele to any agency or individual seeking information through questionnaires, polls, assessments, etc. without prior written approval of the Agency.

#### **12. Personnel**

(a) The Agency recommends that Service Provider staff new-hires (Executive Director, Program Directors, etc.) receive orientation to the Agency. Arrangements shall be made through the Agency's Provider Relations Department. Additionally, the Agency recommends that all key staff new-hires attend the Ohio Association of Area Agencies on Aging's (O4A) orientation program "Aging in Ohio." Information on this program is available at O4A's website <http://www.ohioaging.org>.

(b) The Service Provider is responsible for maintaining a current staffing plan, organizational chart and job descriptions, and for submitting them to the Agency as required.

(c) The Service Provider shall submit personnel policies, which include the Service Provider's grievance procedure, to the Agency, upon request.

(d) The Service Provider shall develop and keep on premises its policy on employment and service provisions for the disabled and a plan for compliance with Sections 503 and 504 of the Rehabilitation Act and the Americans with Disabilities Act, as amended.

(e) The Service Provider shall develop and keep on premises its policy on sex discrimination and a written plan for compliance with Title VII of the Civil Rights Act and the Equal Pay Act of 1963, as amended.

(f) The Service Provider shall provide the name and contact information for its board president, if applicable, and notify the Agency of any changes within 30 days.

(g) The Service Provider shall develop a conflict-of-interest policy and provide to the Agency upon request. The policy should include the following provisions: (1) Using official positions for the purpose of private gain is prohibited. This pertains to any person who is an employee, elected agent, consultant, officer, or appointed/elected official of a recipient program receiving funds or of any designated public agency or sub-recipient. (2) No person who exercises any functions or responsibilities in publicly funded activities may obtain a personal or financial interest or benefit from the activity other than by receipt of a salary. This also applies

to those with whom they have family or business activities, during their tenure or for one (1) year thereafter. (3) To avoid even the appearance of Conflict of Interest, the Service Provider should know the members and directors of organizations with whom they conduct business.

(h) The Service Provider shall develop and maintain a written plan for compliance with the Drug Free Workplace Act of 1988.

(i) When hiring an applicant for, or retaining an employee in, a paid direct-care position, the Service Provider is subject to section 173.38 of the Revised Code and Chapter 173-9 of the Administrative Code, or if self-employed, section 173.381 of the Revised Code and Chapter 173-9 of the Administrative Code.

### **13. Compliance with Laws, Policies and Procedures Manual**

(a) The Service Provider acknowledges that this contract is a "sub-grant" as defined in 45 CFR Part 75 . The Service Provider shall comply in all respects with 45 CFR Part 75 and shall cooperate with and assist the Agency in meeting its obligations hereunder.

(b) The Service Provider shall obtain and maintain all necessary licenses and permits and comply with all federal, state, and local laws and ordinances concerning health and safety.

(c) The Service Provider shall comply with all local, state and federal laws and regulations including the filing, payment and withholding of local, state and federal taxes, retirement and other such requirements as may be on employers. The Service Provider shall provide proof of (1) State and federal identification number; and (2) Exemption from federal income tax number pursuant to (501)(c)(3).

(d) If applicable, the Service Provider shall submit to the Agency a copy of Federal Form 990 - "Return of Organizations Exempt from Income Tax" for the previous year.

(e) The Service Provider shall comply with all established service standards and other policies and procedures applicable to the provision of services contracted for between the Agency and the Service Provider. The Agency's Policy and Procedures Manual shall be the formal document containing all service specifications and policies and procedures pertaining to contracted services and Service Provider relations and responsibilities to the Agency.

### **14. Attendance at Agency Meetings**

The Service Provider's Project Director and appropriate staff person(s) are required to attend any conferences, meetings and training sessions sponsored by the Agency, unless specifically exempted.

### **15. Publicity**

The Service Provider shall assume the primary responsibility for publicizing services, in order to assure that persons in the service area are aware of the availability of said services. All publicity initiated for the project shall be submitted in advance to the Agency, if possible. The Agency shall be listed as a sponsor of the project on all publicity pertaining to the project.

### **16. Covenants of the Agency.**

(a) If requested in writing, the Agency will provide technical assistance to the Service Provider in preparing the reports required hereunder.

(b) The Agency reserves the right to de-obligate after September 30 of the Term, as specified in the Notice of Grant Award, any funds which the Agency believes will not be expended by the end of December 31 of the term.

### **17. Defaults and Remedies.**

(a) The Service Provider shall be in default under this contract upon the occurrence of any of the following events of default: (1) The Service Provider fails to perform any term or condition of this contract or any other contract or agreement between the Agency and the Service Provider; (2) The Service Provider fails to meet service levels as described in the Contract. (3) Any of the Assets is damaged or destroyed and such damage or destruction is not covered by insurance; (4) The Service Provider becomes insolvent, a petition in bankruptcy is filed by or against the Service Provider, the Service Provider makes an assignment for the benefit of creditors, or a receiver is appointed on behalf of the Service Provider; (5) The Service Provider submits fraudulent reports to the Agency or misappropriates funds provided by the Agency for services under this contract; or (6) Service Provider receives a qualified opinion, an adverse opinion or a disclaimer of opinion on financial statements examined by independent auditors.

(b) Upon the occurrence of an event of default, the Agency may terminate or suspend the Contract in whole or in part in accordance with 45 CFR 75

#### **18. Hearing Procedure for Appeal of Adverse Action:**

The Agency shall provide an opportunity for a hearing to any Service Provider whose contract is terminated or not renewed, except as provided in 45 CFR, Part 74, Subpart M (See Appendix), and item 17 of the above.

(a) If a Service Provider wants a hearing, a request must be filed in writing with the Agency within thirty (30) days following its receipt of the notice of the adverse action detailing the specific complaint of the Service Provider.

(b) The Agency will acknowledge, by letter, the receipt of the appeal.

(c) The Agency and the Service Provider have ten (10) working days to resolve the appeal informally by negotiation.

(d) If no informal remedy is made within ten (10) working days, the Agency will conduct hearing procedures. An Appeals Officer will be designated by the Agency to conduct the hearing procedures.

(e) The Agency will notify all of the parties involved of the hearing date, time and location by certified letter signed by the President/CEO of the Agency. The hearing procedures will be completed within one hundred twenty (120) working days of the original receipt of the appeal by the Agency.

(f) The Agency shall forward a copy of the Service Provider's written request for the hearing and a copy of the Agency's final decision on the matter to AGE no later than five days after the date the Agency renders its final decision. If the fifth day falls on a weekend or legal holiday, as defined in section 1.14 fo the Revised Code, the deadline is extended to the day immediately following the fifth day that is not a weekend or legal holiday.

(g) After the Agency renders a final decision on the appeal, the provider may request an administrative hearing before ODA per rule 173-3-09 of the Ohio Administrative Code.

#### **19. Notices Regarding Appeals**

Any notices required or permitted hereunder shall be sent by certified mail, return receipt requested, with postage prepaid, to the address set forth above or to any address to which the sending party has received notice. All notices shall be effective, regardless of whether

or not received, on the earlier of actual receipt or two days after mailing in accordance with this paragraph.

#### **20. Miscellaneous**

(a) This Contract may only be amended by an instrument in writing executed by the Agency and the Service Provider.

(b) This Contract shall be governed by and in accordance with the policies of the Agency, AGE, AOA, the Older Americans Act and implementing regulations, and the laws and regulations of the State of Ohio and any other applicable local and federal laws.

(c) These Conditions of Participation and the Notification of Grant Award constitute the parties' Contract, and it shall be binding upon, and inure to the benefit of, the Agency, the Service Provider, and their respective heirs, executors, administrators, personal representatives, and permitted assigns.

(d) If any provision of this Contract is held to be invalid or unenforceable, that holding shall be without effect upon the validity and enforceability of any other provision of this Contract.

(e) Headings are inserted for convenience and reference only and are not to be construed in the construction or interpretation of any provision of this Contract.

(f) The Service Provider shall not assign, in whole or part, any of its rights under this Contract. The Service Provider shall not delegate or subcontract any of its duties under this Contract without the prior written consent of the Agency.

(g) Service Providers may not engage in activities which constitute a "Conflict of Interest," or violate applicable standards of professional and business ethics, as defined under the Ohio Revised Code and any other local, state and federal laws related to the Older Americans Act and state funded programs.

(h) No Service Provider shall use his authority, influence through gifts or other such means, to secure business from clients or employees of the Agency.

(i) Service Providers shall not actively recruit or hire employees or former employees of the Agency, for a period of at least one year from the last day of departure from the Agency.

(j) Service Providers shall not knowingly recruit or solicit clients or staff from other Agency Service Providers.

#### **21. Records**

(a) The Service Provider may use an electronic system to collect or retain records.

(b) The Service Provider is required to retain any record relating to services provided, including activity plans (if required), assessments (if required), permits (if required), evaluations (if required) and mandatory reporting items to verify a unit of service, until all of the following periods of time have passed:

i. Three (3) years after the date the Service Provider receives payment for the services.

ii. The date on which AGE, the Agency, or a duly authorized law enforcement official concludes monitoring the records and any findings are finally settled.

iii. The date on which the auditor of the State of Ohio, the inspector general, or a duly authorized law enforcement official concludes an audit of the records.

(c) The Service Provider shall retain all records regarding an employee's background checks and qualifications, including records on initial qualifications, successful completion of orientation and subsequent training (if required), and performance reviews (if required) until all of the following periods of time have passed.

i. Three (3) years after the date the Service Provider no longer retains the employee.

ii. The date on which AGE, the Agency, or a duly authorized law enforcement official concludes monitoring the records and any findings are finally settled.

iii. The date on which the auditor of the State of Ohio, the inspector general, or a duly authorized law enforcement official concludes an audit of the records.

22. **Communications** with the Agency are to be made as follows:

a. Official correspondence and policy questions - **President/CEO with a copy to Vice President, Provider Relations;**

b. Additional Funding Requests or Modifications to Notification of Grant Award/Contract-**President/CEO with a copy to Vice President, Provider Relations**

c. Compliance/monitoring, contracted services and service levels, and WellSky Aging and Disability Data Entry, **Provider Relations Specialist-OAA;**

d. Fiscal Reports and Request for Funds (for services delivered) - **Fiscal Department;**

e. Agency Business Associate Agreement, HIPAA Compliance and Breaches of Protected Health Information – **Agency HIPAA Compliance Officer.**

23. **Final Acknowledgement of Contract Responsibilities**

By signing and returning the Notice of Grant Award portion of the Contract, the Service Provider promises and warrants compliance with these Conditions of Participation and with all local, state, and federal regulations, rules and conditions governing the funds to which they are attached. Further, the Service Provider certifies that they have the authority to enter into the Contract and assume responsibility/liability for compliance. This Contract is subject to revisions, and other modifications, with or without notice, as deemed necessary by the Agency, and the Agency has the right to terminate this Contract, as specified in the aforementioned Conditions of Participation.

Appendix C  
AOoA Service Provider Policy 303: Service Specifications and  
Policy 304: Service Taxonomy

### **Policy 303: Service Specifications**

The Agency is required by the Ohio Department of Aging and the U. S. Administration on Aging to include Service Specifications as contractual requirements with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer’s Respite funds must comply. By agreement with the Lucas County Commissioners, these same requirements apply to the Lucas County Senior Services Levy funds administered by the Agency.

#### **PROCEDURE ACURRENT SERVICE SPECIFICATIONS**

Service Specifications for the ~~six~~ services listed below have been adopted as rules in the Ohio Administrative Code (OAC) as indicated:

- |    |  |                           |
|----|--|---------------------------|
| a. | Adult Day Service  | OAC 173-3-06.1            |
| b. | Home Maintenance and Chore Service                           | OAC 173-3-06.2            |
| c. | Home Modification  | OAC 173-3-06.3            |
| d. | Homemaker Service  | OAC 173-3-06.4            |
| e. | Personal Care Service  | OAC 173-3-06.5            |
| f. | Transportation Service                                       | OAC 173-3-06.6            |
| g. | Legal Assistance   | OAC 173-3-06.10           |
| h. | Outreach and Publication                                     | OAC 173-3-06.11           |
| i. | Disease Prevention and Health Promotion                      | OAC 173-3-06.14           |
| j. | Congregate Meal Service                                      | OAC 173-4-5 and 173-4-5.1 |
| k. | Home Delivered Meal Service                                  | OAC 173-4-5 and 173-4-5.2 |
| l. | Congregate Meal Service Based in Restaurant or Grocery Store | OAC 173-4-5 and 173-4-5.3 |
| m. | Nutrition Counseling Service                                 | OAC 173-4-07              |
| n. | Nutrition Education Service                                  | OAC 173-4-08              |
| o. | Nutrition Health Screening Service                           | OAC 173-4-09              |

- p. Grocery Shopping Assistance Service OAC 173-4-10
- q. Grocery Ordering and Delivery Service OAC 173-4-11

The Agency has adopted these rules for use as published in the OAC. Accordingly, the Service Specifications previously contained in this Policy and Appendices A through F of this Policy are deleted effective of the revision date of this Policy.

The full text of these rules can be obtained by using the following web link:

[173 - Ohio Administrative Code | Ohio Laws](#)

**Effective:** 1/1/2027  
**Revised:** 1/29/2026

The Agency has developed the following standard Service Taxonomy with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer’s Respite funds must comply. By agreement with the Lucas County Commissioners, these same requirements apply to the Lucas County Senior Services Levy funds administered by the Agency. In addition, the Service Provider must also comply with more detailed Service Specifications, which are contained in the Ohio Administrative Code Chapter 173-3 and 173-4. These rule numbers are listed in the Service Taxonomy below and Policy 303 of this manual.

## **PROCEDURE A BASIC SERVICE DEFINITIONS AND GUIDELINES**

The following basic service definitions and guidelines apply to all services contracted for by the Agency, regardless of funding source.

### **SERVICE CODE 1: PERSONAL CARE - Community Based Care**

- a. **Definition:** “Personal care service” means a case-managed service comprised of tasks that help a client achieve optimal functioning with ADLs and IADLs. Examples of components of a personal care service are:
1. Tasks that are components of a homemaker service under rule 173-3-06.4 of the Ohio Administrative Code, if the tasks of the homemaker service are specified in the client's service plan and are incidental to the services provided, or are essential to the health and welfare of the client, rather than the client's family. The tasks include routine meal-related tasks, routine household tasks and routine transportation tasks.
  2. Tasks that assist the client with managing the household, handling personal affairs, and providing assistance with self-administration of medications.
  3. Tasks that assist the client with ADLs and IADLs
  4. Respite services

Personal Care does not include the following activities:

1. Activities provided outside of the home except for routine transportation activities listed in paragraph (a)(1) above.
  2. Activities within the scope of home maintenance and chores.
  3. Activities available through third-party insurers, community supports, Ohio Medicaid State Plan, or Medicaid Waiver program.
  4. Activities to administer or set-up medications.
- b. **Unit of Service Definition:** One hour of personal care service. Providers may report partial hours to two decimal places (e.g. 0.25 hours).
- c. **Unit of Service Counts:** Unit of service counts should be equal to or greater than the number of clients served, unless one hour of service is provided to each client.
- d. **Minimum Required Supporting Documentation:**

- The following are the mandatory reporting requirements for each episode of service:
  - Client's name
  - **Date of service delivery**
  - Personal Care Aide's arrival time
  - Personal Care Aide's departure time
  - Description of activities provided
  - Number of service units provided
  - Name of each Personal Care Aide in contact with the client
  - Unique identifier of the client or the client's caregiver to attest to receiving the service
  - Unique identifier of the Personal Care Aide in contact with the client to attest to providing service
  
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.5.**

**SERVICE CODE 2:                    HOMEMAKER – Community Based Care**

- a. Definition:    “Homemaker service” means a case-managed service that provides routine tasks to help a client to achieve and maintain a clean, safe, and healthy environment.
- b. Service Activities May Include:
1. Routine meal-related tasks: Planning a meal, preparing a meal, and planning a grocery purchase.
  2. Routine household tasks: Dusting furniture, sweeping, vacuuming, mopping floors, removing trash, and washing the inside of windows that are reachable from the floor, kitchen care (washing dishes, appliances, and counters), bedroom and bathroom care (changing bed linens and emptying and cleaning bedside commodes), and laundry care (washing, folding, ironing, and putting the laundry away and washing and drying at a laundromat if the client does not have a working washer and dryer).
  3. Routine transportation tasks: Performing an errand outside of the presence of the client (e.g., picking up a prescription), grocery shopping assistance, or transportation assistance, but not a transportation service under rule 173-3-06.6 of the Ohio Administrative Code.
  4. Respite services.
- c. Service Activities Do Not Include:
1. Activities provided outside of the home with exceptions of the laundry activities in paragraph (b)(2) and transportation activities in paragraph (b)(3).
  2. Activities within the scope of home maintenance and chores.
  3. Activities available through third-party insurers, community supports, Ohio Medicaid State Plan, or Medicaid Waiver Programs.
  4. Activities to administer or set-up medications.
- d. Unit of Service Definition:    A unit of homemaker service is one hour of homemaker service. Providers may report partial hours to two decimal places (e.g. 0.25 hours).
- e. Unit of Service Counts:        Unit of service counts should be equal to or greater than the number of clients served, unless less than one hour of service is provided to each client.
- f. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for each episode of service:
  - - Client’s name
    - Date of service delivery
    - Aide’s Arrival time
    - Aide’s Departure time
    - Service Description
    - Number of service units provided
    - Name of each aide in contact with the client
    - Unique identifier of client or client’s caregiver to attest to receiving the service.

During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.

- Unique identifier of each aid in contact with the client to attest to providing the service.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.4.**

**SERVICE CODE 3:            CHORE – Community Based Care**

- a. **Definition:** "Chore service" means a service providing critical cleaning or maintenance of elements in a client's home or surrounding property which are necessary to preserve the client's health and welfare.
- b. **Service Activities May Include:**
- Heavy household cleaning: washing walls and ceilings; washing the outside of windows, washing the inside of windows that are difficult to reach; removing, cleaning, and re-hanging curtains or draperies; and shampooing carpets or furniture;
  - Simple household maintenance: replacing light bulbs; unclogging a drain; lighting and relighting a pilot light; and replacing a furnace filter;
  - Pest control;
  - Disposal of garbage or recyclable materials; and,
  - Seasonal maintenance: cleaning gutters and downspouts; removing snow or ice; trimming shrubs, cutting grass, and removing leaves; and installing existing storm windows.
- c. **Eligibility:** A client is only eligible if no other person (e.g., a landlord) has a legal or contractual responsibility to perform the service, and activity is not available through third-party insurers, community supports, Ohio Medicaid State Plan, or a Medicaid waiver program.
- d. **Unit of Service Definition:** One unit of chore service is one activity reported in hours. Provider may report partial hours to two decimal places (e.g. 0.25 hours). The rate for pest control is negotiable and subject to approval of the Agency before the service is provided.
- e. **Unit of Service Counts:** Unit of service counts should be equal to or greater than the number of clients served, unless less than one hour of service is provided to each client.
- f. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of service:
    - Client's name
    - Service date
    - ⊖ Service description
    - Written or electronic consent agreement from the homeowner, which may be the client, the client's family or a landlord
    - Number of units of service provided
    - Name of each employee providing the activity
    - Unique identifier of the provider to attest to providing the activity
    - Unique identifier of the client or the client's caregiver to attest to receiving the activity. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.2.**

**SERVICE CODE 4:**

**HOME DELIVERED MEALS – Community Based Care**

- a. **Definition:** "Home Delivered Meal" is a service that safely delivers nutritious meals, approved by a licensed dietitian, to eligible clients in a home setting. Nutritional adequacy is defined in rule 173-4-05 of the Ohio Administrative Code.
- b. **Eligibility:** Meals delivered to a residence are eligible for payment if they meet the requirements for meals in chapter 173-4 of the OAC and if the recipient is one of the following:
- A client who is sixty years of age or older
  - For each client, consideration is given to the following:
    - The client's ability to shop for and prepare nutritious meals.
    - The client's degree of disability.
    - Other relevant factors pertaining to the client's need, including social need and economic need.
  - The spouse of a client, who is eligible for home delivered meals.
  - A volunteer who provides volunteer services to the eligible home delivered meals client during meal hours.
  - A person with disabilities, who resides in the home of the eligible home delivered meals client.
- c. **Eligibility Verification:**
1. Initial Verification-Before enrolling a client into a home-delivered meals service, the Service Provider shall verify the client is eligible by conducting a home delivered meals assessment in the client's home. An assessment tool approved by the Agency shall be utilized for the assessment. The assessment shall be completed under the supervision of a licensed social worker, registered nurse, licensed dietitian or a professional approved by the Agency.
  2. Annual Verification-The Service Provider may keep a client enrolled in a home-delivered meals service for more than one year only if, at least once every calendar year, the Service Provider verifies that the client's home-delivered meals continue to be eligible by conducting a home delivered meals assessment as described above.
  3. Temporary Verification-A Service Provider may deem a discharge order to be adequate verification to authorize temporary payment for home-delivered meals until the provider conducts the home delivered meals assessment, but only if the following conditions are met:
    - (a) The client requires meals before the provider can verify that the client's home delivered meals are eligible for payment/
    - (b) The client is sixty years of age or older.
    - (c) The discharge order indicates the client is unable to prepare his or her own meals, unable to consume meals at the congregate location due to physical or emotional difficulties, and lacking another meal support service in the home or community.
    - (d) The Service Provider begins providing the home-delivered meals no later than seven days after the discharge.
    - (e) The Service Provider conducts the initial verification no later than thirty consecutive days after discharge.

- d. Waiting Lists: If a waiting list exists for enrolling an individual into the service, the Service Provider shall develop a prioritization system that is approved by the Agency and distributes meals equitably by prioritizing clients who have the highest nutrition risk, as determined by the following:
1. The result of a nutrition health screening of the client conducted according to rule 173-4-09 of the Ohio Administrative Code.
  2. The nutrition risk status of the spouse (if any), if the spouse is determined to have a higher nutritional risk than the client.
- e. Delivery Verification: The provider may deliver meals to the client's home only when the client or the client's caregiver is home, unless otherwise authorized by the AAA.
- f. Unit of Service Definition: One unit is one meal provided in compliance with rule 173-4-05.2.
- g. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- h. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for each episode of service:
    - Client's name
    - Delivery date
    - Number of meals delivered
    - Unique identifier of the client, the client's caregiver or the delivery person to attest to the delivery. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-2, 173-4-5 and 173-4-05.2**

**SERVICE CODE 5: ADULT DAY SERVICES – Community Based Care**

- a. Definition: "Adult day service" ("ADS") means a regularly scheduled service delivered at an adult day center (center) in a non-institutional, community-based setting. ADS includes recreational and educational programming to support a client’s health and independence goals; at least one meal, but no more than two meals per day and, sometimes, health status monitoring, skilled therapy services and transportation to and from the ADS center.
- b. Service Levels: There are three levels of Adult Day Services. Each level is a separate service.
  - 1. Basic ADS includes structured activity programming, health assessments and the supervision of one or more ADL.
  - 2. Enhanced ADS includes the components of basic ADS, plus hands-on assistance with one or more ADL (bathing excluded), hands-on assistance with medication administration, comprehensive therapeutic activities, intermittent monitoring of health status and hands-on assistance with personal hygiene activities (bathing excluded).
  - 3. Intensive ADS includes the components of enhanced ADS, plus two or more ADLs, regular monitoring of health status, hands-on assistance with personal hygiene activities (bathing included, as needed), social work services, skilled nursing services (e.g., dressing changes), and rehabilitative services, including physical therapy, speech therapy and occupational therapy.

In addition, the Service Provider shall transport the client to and from the ADS center by performing transportation in compliance with rule 173-3-06.6 of the Ohio Administrative Code, unless the Service Provider enters into a contract with another provider or unless the caregiver provides or designates another person or non-provider, other than the ADS center to transport the client to and from the ADS center.

- c. Unit of Service:
  - Units of ADS are calculated as follows:
    - Less than four hours of ADS per day is a half-unit of ADS.
    - Four to eight hours of ADS per day is one unit of ADS.
    - Every fifteen minutes of ADS provided beyond eight hours up to, and including, a maximum of twelve hours in one day is a fifteen-minute unit.
  - A provider shall not bill the AAA for more than twelve hours of ADS per day per client.
  - A unit of ADS does not include a transportation service, as defined by rule 173-3-06.6 of the Administrative Code, even if the transportation service is provided to transport the client to or from the ADS facility.

Amount of ADS Service	Units
<u>Less than 4 hours/day</u>	<u>0.5</u>

<u>4 to 8 hours/day</u>	<u>1</u>
<u>8 hours 15 minutes</u>	<u>1.03</u>
<u>8 hours 30 minutes</u>	<u>1.06</u>
<u>8 hours 45 minutes</u>	<u>1.09</u>
<u>9 hours</u>	<u>1.13</u>
<u>9 hours 15 minutes</u>	<u>1.16</u>
<u>9 hours 30 minutes</u>	<u>1.19</u>
<u>9 hours 45 minutes</u>	<u>1.22</u>
<u>10 hours</u>	<u>1.25</u>
<u>10 hours 15 minutes</u>	<u>1.28</u>
<u>10 hours 30 minutes</u>	<u>1.31</u>
<u>10 hours 45 minutes</u>	<u>1.34</u>
<u>11 hours</u>	<u>1.38</u>
<u>11 hours 15 minutes</u>	<u>1.41</u>
<u>11 hours 30 minutes</u>	<u>1.44</u>
<u>11 hours 45 minutes</u>	<u>1.47</u>
<u>12 hours</u>	<u>1.50</u>

d. Minimum Required Supporting Documentation for Service Verification:

The following are mandatory reporting items for each episode of service:

- Client's name
- Service date
- Client's arrival and departure times
- Client's mode of transportation
- Unique identifier of the client or the client's caregiver to attest to receiving the service. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.1.**

**SERVICE CODE 6: CASE MANAGEMENT –Community Based Care**

- a. **Definition:** A service that offers assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers so that they can continue to live independently, in their own homes.
- b. **Service Activities Include:**
- Case/Client finding activities
  - Assessing needs
  - Care Plan development and implementation
  - Authorizing services
  - Arranging services
  - Coordinating the provision of services among providers
  - Regular review, reassessment and follow-up of client status
  - Client transfer and/or discharge
  - Case closing
- c. **Unit of Service Definition:** One hour of staff time expended on behalf of a Client constitutes one unit of service, reported to the nearest quarter hour.
- d. **Minimum Required Supporting Documentation:**
- Agency-approved intake and screening form
  - **Information Sheet containing:**
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Name of person providing the service
    - Length of staff time expended on behalf of a client
    - Unique identifier of individual providing the service
  - The Service Provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 7: CONGREGATE MEALS – Community Based Care**

- a. **Definition:** "Congregate Meal" is a service that safely provides nutritious meals, approved by a licensed dietitian, to eligible clients in a group setting. Nutritional adequacy is defined in rule 173-4-05 of the Ohio Administrative Code.
- b. **Eligibility:** Meals offered at a congregate dining location are eligible for payment if they meet the requirements for meals in chapter 173-4 of the OAC and if the recipient is one of the following:
- A client, who is sixty years of age or older
  - The spouse of a client, who is sixty years of age or older, if the spouse accompanies that client to the congregate dining location
  - A volunteer, who provides volunteer services during meal hours
  - A person with disabilities, who resides in the home of an individual who is 60 years of age or older
  - A person with a disability, who resides in a non-institutional residential building, but only if the building's residents are primarily sixty years of age or older and the meal is offered through a congregate dining location located in the person's building
- c. **Unit of Service Definition:** One unit is one meal provided in compliance with rule 173-4-05.1.
- d. **Unit of Service Counts:** Unit of service counts should be equal to or greater than the number of clients served.
- e. **Waiting Lists:** If a waiting list exists for enrolling an individual into the service, the Service Provider shall develop a prioritization system that is approved by the Agency and distributes meals equitably by prioritizing clients who have the highest nutrition risk, as determined by the following:
1. The result of a nutrition health screening of the client conducted according to rule 173-4-09 of the Ohio Administrative Code.
  2. The nutrition risk status of the spouse (if any), if the spouse is determined to have a higher nutritional risk than the client.
- f. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of service:
    - Client's name
    - Date of meal provision
    - Unique identifier of the client or the client's caregiver to attest to receiving the meal. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.
- g. **Special Events**
- Congregate Meals Subservice Special Events are meals served at a special event,

such as Senior Day or Senior Prom, which meet Title III-C requirements and are served to Title III-C-eligible participants.

- These meals may be recorded under an individual record or as a client group.
- The provider may offer an opportunity for clients to contribute a voluntary donation toward the meal service but may not charge a fee if utilizing Title III-C funds.

Minimum documentation for special events include a paper or electronic file that contains the following:

- Title of the event
- Date of the event
- Sign-in or reservation sheet for the event
- Statement that the meals and participants met Title III-C requirements.
- Unit of service for special event is one eligible meal.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-2, 173-4-5 and 173-4-5.1**

**SERVICE CODE 7:**

**CONGREGATE MEALS: RESTAURANT/GROCERY –  
Community Based Care**

- a. **Definition:** "Congregate Meal: Restaurant/Grocery" is a service that provides nutritious meals, approved by a licensed dietitian, to eligible clients in a restaurant or grocery store setting. Nutritional adequacy is defined in rule 173-4-05 of the Ohio Administrative Code.
- b. **Eligibility:** Meals offered at a restaurant or grocery store are eligible for payment if they meet the requirements for meals in chapter 173-4 of the OAC and if the recipient is one of the following:
- A client, who is sixty years of age or older
  - The spouse of a client, who is sixty years of age or older, if the spouse accompanies that client to the congregate dining location
  - A volunteer, who provides volunteer services during meal hours
  - A person with disabilities, who resides in the home of an individual who is 60 years of age or older
  - A person with a disability, who resides in a non-institutional residential building, but only if the building's residents are primarily sixty years of age or older and the meal is offered through a restaurant or grocery store located in the person's building
- c. **Eligibility Verification:** The Service Provider shall use one of the following methods to verify clients' eligibility.
- Identification card (whether or not electronically verified): The Service Provider that uses this method shall register each client that it serves and issue the client an identification card. When the client visits the restaurant or grocery store, the client shall show the identification card to the designated staff person at the restaurant or grocery store to receive a prepared meal. The Service Provider may use an electronic verification system to validate the identification card.
  - Voucher method (whether or not electronically verified): The Service Provider that uses this method shall register each client that it serves and issue the client a voucher. When the client visits the restaurant or grocery store, the client shall provide a voucher to the designated staff person at the restaurant or grocery store to receive a prepared meal. The Service Provider may use an electronic verification system to validate the voucher.
  - Handwritten verification method: Before providing a client his or her first meal, the Service Provider shall verify the person meets eligibility requirements and maintains a log of minimum reporting requirements to include capturing the unique identifier of the client attesting to receiving the meal.
- d. **Unit of Service Definition:** One unit is one meal provided in compliance with rule 173-4-05.3.
- e. **Unit of Service Counts:** Unit of service counts should be equal to or greater than the number of clients served.
- f. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of service:
    - Client's name

- Date of meal provision
- Unique identifier of the client or the client’s caregiver to attest to receiving the meal. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-2, 173-4-5 and 173-4-5.3**

**SERVICE CODE 8: Nutrition Counseling – Community Based Care**

- a. **Definition:** “Nutrition counseling” is a service provided under Title III, parts C1 and C2, of the Older Americans Act which 45 C.F.R. 1321.87 requires to align with the Academy of Nutrition and Dietetics. “Nutritional Assessment” has the same meaning as in rule 4759-2-01 of the Administrative Code.
- b. **Licensure and Practice Limitations:** Only a licensed dietician working for an agency provider, or a licensed dietitian working as a self-employed provider may provide counseling to clients. Before the Service Provider counsels a client, the Service Provider obtains an order for the client’s counseling from a licensed healthcare professional, whose scope of practice includes ordering counseling. The Service Provider may only provide counseling up to the amount the licensed healthcare professional ordered. The Service Provider shall only provide counseling to a client’s caregiver if the licensed health professional has ordered counseling for the client’s caregiver to improve the caregiver’s care to the client.
- c. **Service Activities Include:**
- Nutritional Assessment to include client’s nutritional intake, anthropometric measurements, biochemical values, physical and metabolic parameters, socio-economic factors, current medical diagnosis and medications, pathophysiological processes and access to food and food-assistance programs.
  - Nutrition Intervention Plan to include clinical and behavioral goals and a care plan; intervention planning including nutrients required, feeding modality, and method of nutrition education and counseling with expected measurable outcomes; consideration for input from client, licensed healthcare professional, who ordered the counseling, case manager (if any), client’s caregiver (if any), and relevant service provider (if any).
  - The Service Provider may conduct sessions by telephone, video conference, or in person in the client's home.
- d. **Unit of Service Definition:** A unit of counseling equals one hour counseling reported in increments of one-quarter hour. A unit of nutrition assessment is one nutrition assessment session per client.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of counseling/assessment service:
    - Date of session
    - Time of day each session begins and ends
    - Name of the dietitian providing the service
    - Unique identifier of the licensed dietitian to attest to providing the session
    - Unique identifier of the client or the client’s caregiver to attest to receiving the session. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-7.**

## **SERVICE CODE 9: ESCORT-ASSISTED TRANSPORTATION**

- a. **Definition:** A service designed to provide assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. A single escort may assist more than one individual. If the agency provides door-to-door and/or through-the-door service, the driver may also provide escort services. “Transportation” does not include the following:
- Trips otherwise available, or funded by, Ohio’s Medicaid program or another source.
  - Trips provided through a similar service in chapter 173-3 or chapter 173-4 of the Ohio Administrative Code.
  - If a provider is seeking reimbursement for socialization/recreation, then the provider may not request reimbursement for transportation. Instead, the cost to provide transportation shall be included in the socialization/recreation service unit rate.
- b. **Service Activities May Include:**
- Activities that support the direct provision of transportation service to a person who has difficulties (physical or cognitive) using that transportation service without such assistance and are related to the provision of trips to and/or from community resources.
- c. **Unit of Service Definition:** One-way trip
- d. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each trip provided:
    - Date of trip
    - Names of client
    - Type of trip (i.e. escort-assisted transportation or transportation)
    - Pick-up location and time of pick-up
    - Destination location and time of drop-off
    - Name of driver
    - A unique identifier of the client or the client’s caregiver to attest to receiving the trip. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative code 173-3-06.6.**

**Required forms associated with this service may be found at <https://aging.ohio.gov/agencies-and-service-providers/rules-and-forms/forms>.**

**SERVICE CODE 10:           TRANSPORTATION**

- a. **Definition:** "Transportation service" means a service that transports a client from one place to another through the use of a provider's vehicle and driver, and which may or may not include providing the client with assistance to safely enter and exit the vehicle.

Drivers shall provide assistance to individuals entering or exiting the vehicle, if necessary (i.e. difficulty entering/exiting vehicle, navigating steps, stepping over curb, etc.).

“Transportation” does not include the following:

- Trips otherwise available, or funded by, Ohio’s Medicaid program or another source.
- Trips provided through a similar service in chapter 173-3 or chapter 173-4 of the Ohio Administrative Code.
- If a provider is seeking reimbursement for socialization/recreation, then the provider may not request reimbursement for transportation. Instead, the cost to provide transportation shall be included in the socialization/recreation service unit rate.

- b. **Service Activities May Include:**

- Examples of places to which the service may transport a client are a medical office, congregate nutrition program site, grocery store, senior center, or government office.

- c. **Unit of Service Definition:** One-way trip

- d. **Minimum Required Supporting Documentation:**

- The following are the mandatory reporting requirements for each trip provided:
  - Date of trip
  - Names of client
  - Type of trip (i.e. escort-assisted transportation or transportation)
  - Pick-up location and time of pick-up
  - Destination location and time of drop-off
  - Name of driver
  - A unique identifier of the client or the client’s caregiver to attest to receiving the trip. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.6.**

**Required forms associated with this service may be found at <https://aging.ohio.gov/agencies-and-service-providers/rules-and-forms/forms>.**

**SERVICE CODE 11:            LEGAL ASSISTANCE**

- a.     **Definition:**     "Legal assistance" means legal advice, counseling, or representation by an attorney to clients with economic or social needs, and includes, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law.

“Legal assistance” includes advice, counseling, or representation on any of the following topics:

- Public benefits
- Advance directives and designating surrogate decision makers who will effectuate clients' wishes if they become incapacitated.
- Defense of guardianship.
- Available housing options, including low-income housing programs that allow independence in homes and communities.
- Foreclosure or eviction proceedings that jeopardize the ability to stay independent in homes and communities.
- The full benefit of appropriate long-term care private financing options.
- Long-term financial solvency and economic security.
- Clients' rights when transferring from long-term care facilities to home and community-based services.
- Elder abuse, neglect, and exploitation.

- b.     **Service Activities May Include:**

- Provision of legal advice and information
- Legal research on behalf of client(s)
- Education concerning legal rights
- Representation by an attorney at law, a trained paralegal, and/or a law student; and
- Provision of client advocacy to secure needed and entitled benefits.

- c.     **Service Activities Do Not Include:**

- Fee-generating cases, unless other adequate representation is unavailable
- Political activities
- Lobbying
- Public demonstration, picketing, boycott, strike, unless permitted by law in connection with employment
- Encouraging or coercing others to demonstrate, picket, boycott or strike
- Criminal defense

- d.     **Unit of Service Definition:**     One hour of provision of legal assistance, which a provider reports in partial hours per day to two decimal places (e.g. “0.25 hours” or “1.50 hours”).

- e.     **Unit of Service Counts:**     Unit of service counts should be equal to or greater than the number of clients served, unless client is provided less than one hour of service.

- f.     **Minimum Required Supporting Documentation:**

- The following are the mandatory reporting requirements for each episode of

legal assistance:

- Service Date
  - Type of legal assistance provided (advice, counseling, or representation)
  - Units of legal assistance provided
  - Name of professional providing the legal assistance.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.10.**

**SERVICE CODE 12:            Nutrition Education**

- a. **Definition:** “Nutrition Education” means an intervention that provides clients and caregivers with knowledge and skills to make healthy food and beverage choices.
- b. **Service Activities Include:**
- The Service Provider shall provide education content that the licensed dietitian has approved as promoting better health by providing clients or caregivers with accurate and culturally-sensitive, regionally appropriate, and instruction on nutrition, physical activity, food safety or disease prevention, and as being tailored to client’s needs, interests and abilities (including literacy levels). It supports food, nutrition, and physical activity choices and behaviors in order to maintain or improve health and address nutrition-related conditions. The content is consistent with the Dietary Guidelines for Americans.
  - The Service Provider may provide education in person, through remote formats (including video, audio or online), or through the distribution of materials.
  - Service Provider shall implement a methodology for evaluating the effectiveness of its nutrition education that has the Agency’s approval.
- c. **Unit of Service Definition:**    One unit of nutrition education is one nutrition education session per client.
- d. **Unit of Service Counts:**        Unit of service counts should be equal to the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of nutrition education provided at a congregate dining site:
    - Each client’s name (i.e. in a list)
    - Session date
    - Duration of session
    - Educational topic
    - Instructor’s name
    - Unique identifier of the instructor to attest to providing the session
  - The following are the mandatory reporting requirements for each episode of nutrition education provided thru home delivered meal programs or in a restaurant or supermarket:
    - Number of clients who received the approved content
    - Service date
    - Topic of approved content
    - Unique identifier of the provider to attest to providing the approved content.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-08.**

**SERVICE CODE 14:            CLIENT FINDING/OUTREACH**

- a. **Definition:** Service Provider-initiated one-on-one intervention with a potential client or caregiver, in the client's or caregiver's preferred location, which is typically in their home, that may or may not have access to supports to identify a potential need for services and benefits, or denial of rights, and encourage the use of existing services.
- b. **Service Activities May Include:**
- Providing information and education about assistance, resources, or other services to potential clients or caregivers who would not otherwise have access.
  - Initiating the identification of potential clients or caregivers to inform them of existing services and benefits.
  - Tailoring an outreach strategy to the intended audience's needs in relation to information and access to human services and community resources.
  - Communication, training and service for potential clients that engage activities.
  - For example, conducting search and find activities (e.g., canvassing door to door and personal contact with older persons whose names have been solicited from community resources) which seek out and identify hard to reach older persons and older adults with the greatest economic and social needs.
  - Informing persons of benefits and activities available
  - Encouraging older persons to participate in senior programs
- c. **Service Activities May Not Include:**
- Any activity that involves a contact with a client or caregiver who currently receives services or benefits
  - Contact with multiple potential clients or caregivers through publications, publicity campaigns, presentation to the public conducted at a fair booth/exhibit, or other mass medica activities. These should be reported under Outreach/Public Information.
- c. **Unit of Service Definition:** One contact with a potential client, caregiver, another provider, or organization. Units are based on an initial contact by a service provider and may be counted only once in any program year.
- d. **Unit of Service Counts:** Unit of service counts should be equal to the number of clients contacted.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of outreach:
    - Date of service delivery
    - Client's name
    - How contacted
    - Name of individual conducting outreach
    - Unique identifier of individual conducting outreach to attest to providing the service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.12.**

**SERVICE CODE 16: COUNSELING**

- a. **Definition:** Counseling means a service to a client or to a client's caregiver to promote the client's physical, social or emotional well-being; and the development and maintenance of a stable and supportive environment for the individual.

b. Service Activities May Include:

- Crisis interventions, grief counseling, and other counseling interventions that support the individual's health and welfare.
- Service may be provided in the client's home, in another community-based setting agreed upon by the client and the Service Provider, or by telephone or video conference as permitted by the licensing board for the licensed professional providing the service.

c. Service Activities May Not Include:

- A service provided in place of case management
- A service provided to the client's caregiver that is unrelated to the client's wellbeing
- Activities available through third-party insurers, community supports, Ohio Medicaid State Plan, or Medicaid Waiver program.

d. Service Provider Qualifications: No person may provide the service unless the person meets the following qualifications:

- The person has a current, valid license in good standing with the Service Provider's state licensing board to be one of the following:
  - Licensed psychologist or licensed psychologist with an e-passport.
  - Licensed professional clinical counselor (LPCC), including an LPCC from a member state with an unencumbered multistate license under section 4757.51 of the Ohio Revised Code.
  - Licensed professional counselor (LPC), including an LPC from a member state with an unencumbered multistate license under section 4757.51 of the Ohio Revised Code.
  - Independent marriage and family therapist (IMFT)
  - Marriage and family therapist (MFT)
  - Licensed independent social worker (LISW) including, beginning on August 2024, an LISW from a member unencumbered multistate license under section 4757.52 of the Ohio Revised Code
  - An advanced practice RN designated as CNP or CNS and certified as a psychiatric-mental health CNP or CNS by the American nurses credentialing center

e. Additional Service Requirements:

- The Service Provider shall assess each client, including the client's psycho-social, financial and environmental statuses.
- The Service Provider shall develop and implement a treatment plan that includes a method of treatment and number of sessions and share the plan with the client.

f. Unit of Service Definition: One hour of time spent by a qualified clinician counseling one or more older adults reported in 15-minute increments. For FCSP, unit of service is one session per participant.

d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served, unless less than 1 hour of service is provided.

e. Minimum Required Supporting Documentation:

- The following are the mandatory reporting requirements for each episode of counseling:
  - Date of session
  - Time of day each session begins and ends
  - Client's name
  - Name of counselor providing the service to the individual or the individual's caregiver
  - Unique identifier of the counselor to attest to providing the session
  - Unique identifier of the client or the client's caregiver to attest to receiving the session. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
- The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 17:            EDUCATION/INSTRUCTION**

- a.    **Definition:**    Services which provide individuals with opportunities to acquire knowledge and skills suited to their interests and capabilities through formally structured, group-oriented lectures or classes. Such programming should be provided by an individual that is a subject-matter-expert or someone with formal training about the subject. Subject areas for education/instruction may include health, mental health, personal care, crime prevention, legal rights/entitlements, retirement orientation and life enrichment.
- b.    **Service Activities May Include:**
- Providing academic courses, classes, seminars, lectures and other presentations
  - The Service Provider may provide education in person, through remote formats (including video, audio or online), or through the distribution of materials.
  - Service Provider shall implement a methodology for evaluating the effectiveness of its education.
- c.    **Unit of Service Definition:**    One hour of time spent by a qualified person providing education/instruction (does not include preparation time).
- d.    **Unit of Service Counts:**        Unit of service counts should be less than the number of clients served.
- e.    **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each episode of education:
    - Date of service delivery
    - Specific title of the instruction/education activity
    - Names of attendees (i.e. list of names)
    - Number of attendees
    - Name of instructor
    - Unique identifier of instructor to attest to providing the service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 19:            HOME MODIFICATION AND HOME MAINTENANCE**

- a. Definitions:
- (1) "Home-maintenance service" means a service that provides critical maintenance of elements necessary to preserve the health and safety of a client in the client's home.
- (2) "Home-modification service" means a service that adapts elements of the interior or exterior of a client's residence to increase accessibility and enable the client to function with greater independence in the residence.
- b. Activities May Include:
- Home Maintenance May Include:
    - Inspection of a furnace, water heater, or water pump
    - Repairing damaged, malfunctioning, or unsafe HVAC equipment, plumbing, electrical systems, roofing, stairs or floors
    - Replacing or Installing an electrical fuse, broken window panes, repairing/replacing damaged windows or doors
  - Home Modification May Include:
    - Installing grab bars or other devices to improve the consumer's ability to perform ADLs
    - Modifying the interior or exterior of the client's home to improve the client's health and safety
    - Installing a wheelchair ramp to a doorway or another modification to improve the client's accessibility
    - Repairing or replacing a home modification previously completed with funding provided by the Agency, if the previous modification cannot be repaired or replaced through another resource
- c. Activities May Not Include:
- Home Maintenance may not include:
    - An activity that another person (e.g., a landlord) has a legal or contractual responsibility to provide
    - An activity that is available through third-party insurers, community supports, Ohio Medicaid State Plan, or a Medicaid Waiver Program.
  - Home Modification may not include:
    - An activity that another person (e.g., a landlord) has a legal or contractual responsibility to provide
    - An activity that is available through third-party insurers, community supports, Ohio Medicaid State Plan, a Medicaid Waiver Program, or another government program pursuant to 45 CFR 1321.3
    - The service would add square footage to the home
    - The service would provide general utility and not direct medical or remedial benefit to the client.
    - The service would repair or replace a home modification previously provided with funding by the Agency that is damaged as a result of apparent abuse, misuse or negligence

- d. Unit of Service
- (1) A unit of service is one completed job order.
  - (2) The per-job rate for a service is negotiable and is subject to the approval of the AAA before the service is provided. It includes assessment, materials, and labor.
- e. Service Verification
- The following are the mandatory reporting requirements for each episode of home maintenance:
    - Client's name
    - Date(s) of service
    - Service description, including a comparison between tasks in the job order and tasks completed
    - Written or electronic consent of the homeowner, which may be the client, the client's family, or the landlord prior to the service being completed
    - Name of each employee providing the service
    - Unique identifier of the Service Provider to attest to providing the activity
    - Unique identifier of the client or the client's caregiver to attest to receiving the activity. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify the activity provided without collecting the unique identifier of the client or the client's caregiver.
  - Additional minimum reporting requirements may be required and found in the Agency's Home Repair Manual or the Scope of Work for Ohio Housing Trust Funds.
  - Cumulus is the current software platform utilized by the Agency for home maintenance and modification. The Service Provider shall utilize this program or any other program designated by the Agency for home maintenance and modification.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.
- f. Additional Policies and Procedures
- In addition to this manual and the Ohio Administrative Code 173-3, the provider will also comply with the Agency Home Repair Manual
  - If the Service Provider receives Ohio Housing Trust Funds, then the Service Provider shall also comply with the Scope of Work for Ohio Housing Trust Funds included in the Agency Notification of Grant Award/Contract

**Authority: Ohio Administrative Code 173-3-06.2 and 173-06.3; Ohio Housing Trust Fund Agreement.**

**SERVICE CODE 20: INFORMATION, REFERRAL AND ASSISTANCE**

- a. Definition: A service for older individuals and caregivers that: a) Provides individuals with current information on opportunities and services available to them within their communities, including information relating to assistive devices/technology; b) links the individual to the opportunities and services that are available; and, to the extent practicable c) follow-up contact to evaluate the effectiveness of the referral or information provided.
- b. Service Activities May Include:
- Provision of specific information about appropriate community resources which will meet the immediate expressed need of the individual, including information regarding assistive technology. This might range from an organization’s name, telephone number, and address to detailed data about community service systems and procedures for applications.
  - Assessing the needs of the inquirer, identifying appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirer make an informed decision
  - Helping inquirers for whom services are unavailable by locating alternative resources, and when necessary, actively participating in linking the inquirer to needed services by scheduling appointments, three-way calling or negotiating for the inquirer
  - Follow-up activities conducted with older persons and/or agencies to determine whether the services have been received and the identified need met following the formal referral
- c. Service Activities May Not Include: any activity that involves a contact with several current or potential clients/caregivers (what is considered group services)
- c. Unit of Service Definition: An individual client contact (one-on-one) made for information, referral, or assistance either by mail, email, telephone or in person. Internet website “hits” are to be counted only if information is requested and supplied.
- d. Unit of Service Counts: An individual client may have one or more contacts. One unit includes all referral and follow-up on behalf of a client’s request. If the same client contacts the I&A service provider again about the same issue, no additional units of service may be counted. Additional units may be counted if different information is requested on another date. Unit of service counts should be equal to or greater than the number of clients served.
- d. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for each episode of information, referral and assistance, where possible:
    - Date of contact
    - Client’s name
    - Resource information requested
    - Brief description of information provided and/or referral(s) made
    - Follow-up information for client and/or resource
    - Unique identifier of person providing service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.



**SERVICE CODE 21: PUBLIC INFORMATION/MASS OUTREACH**

- a. **Definition:** “Public Information” means mass media or general communications campaigns that are broadly distributed with the intent to increase enrollment in available services.
- b. **Service Activities May Include:**
- Newsletters to non-members and direct mailings
  - Speaking engagements
  - In-person, interactive presentation to the public at fair booth/exhibit, conference of other public event
  - Radio, television or website event
- c. **Unit of Service Definition:** A unit is one activity
- d. **Unit of Service Counts:** Unit of service counts should be less than the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for each public information activity:
    - Date of service
    - Activity conducted
    - Location of activity
    - Number of older adults or caregivers contacted or in attendance
    - Copy of mailing list (if mail delivery utilized)
    - Unique identifier of individual conducting public information activity to attest to providing the service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.12**

**SERVICE CODE 22:            HEALTH SCREENING/MEDICAL ASSESSMENT**

- a.     Definition:     Services provided to assist individuals in achieving and maintaining a favorable health status by assisting them in identifying and understanding their physical and mental needs and the need to seek out medical assistance, when indicated. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to health care systems/providers, not on diagnosis, treatment and monitoring. Service must be provided by appropriately qualified and credentialed individuals.
- b.     Service Activities May Include:
- Blood pressure and blood glucose testing
  - Vision screening/glaucoma testing
  - Podiatry evaluation
  - Hearing evaluation
  - Anemia screening
  - Coordinating the provision of vaccinations (flu, pneumonia, etc.)
  - Other activities directly related to health/medical screenings, including individual health consultation and education
  - Pre-and post-program screenings for wellness programs as defined in Service Code 46, Health Education
- c.     Service Activities May Not Include:
- Screenings and evaluations conducted by another organization being reimbursed by the Agency for the same service but are using the service provider’s facilities.
- c.     Unit of Service Definition:     One individual screening of an older person by a properly qualified and credentialed individual. If the individual screening includes both blood sugar and blood pressure testing, this should only be counted as one unit of service.
- d.     Unit of Service Counts:     Unit of service counts should be equal to the number of clients served.
- e.     Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for health screening/medical assessment:
    - Date of service delivery
    - Client’s name
    - Type of individual screening/evaluation
    - Specific service(s) provided
    - Unique identifier of individual providing the screening to attest to the service provision.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 25:            SOCIALIZATION/RECREATION**

- a. Definition: Activities that foster the health and social well-being of individuals through social interaction. In determining and developing recreational activities, the needs and interests of the seniors should be the primary consideration. See Service Code 46, Health Education for outcomes-based/evidenced-based wellness programming as it is contained in this taxonomy.
- b. Service Activities May Include:
- Instruction or participation in recreational dance, fitness/wellness activities (e.g., Tai-Chi, line-dancing, Zumba, swimming, walking programs, etc.), games, crafts and hobbies
  - Organized games, sports and other physical activities
  - Connect older adults to meaningful activities such as art or music to eliminate isolation (e.g., through the Toledo Museum of Art for volunteerism, art classes, and/or visiting exhibits.)
  - Group tours and outings to points of interest
- c. Service Activities May Not Include:
- General exercise/fitness room use that does not include an organized group activity
  - General technology/computer lab use that does not include an organized group activity
- d. Unit of Service Definition: One scheduled activity
- e. Unit of Service Counts: Unit of service counts should be equal to the number of qualified activities provided. Activities require a minimum of two participating individuals to qualify for reimbursement.
- f. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for socialization/recreation:
    - Date of service delivery
    - Identification of activity
    - Names of participating clients
    - Number of participating clients
    - Name of person facilitating the activity
    - Unique identifier of person facilitating the activity to attest to service provision
    - Name and certifying signature of authorized provider staff, if different than activity facilitator
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 26:            SOCIALIZATION/TELEPHONING**

- a. Definition: Telephone calls at specified times to or from individuals who live alone, to determine if they require special assistance and to provide psychological reassurance and reduce isolation.
- b. Service Activities May Include:
- Identifying and reporting a client’s need for services
  - Establishment of an emergency plan for clients if telephone call is not answered
  - Telephone calls to each client at regularly scheduled times incorporating person-directed, client preference
  - Telephone calls to determine clients are safe and/or have access to services to meet their immediate needs during disasters and emergency situations (hot weather, snow emergencies, flooding, public health emergency, etc.)
  - Follow-up notification to family, physician, police, etc., in the event the client needs assistance
- c. Unit of Service Definition: One telephone reassurance call placed or received from a client.
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for socialization/telephoning:
    - Date of service delivery
    - Client’s name
    - Client’s telephone number
    - Name of person placing/receiving call
    - Unique identifier of person placing/receiving call
    - Name and unique identifier of authorized provider staff, if different from caller
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 27:            SOCIALIZATION/VISITING**

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- a. Definition: Regular visits by staff or volunteers, who meet Criminal Records Check standards in 173-9 of the Ohio Administrative Code, to socially and/or geographically isolated individuals for the purpose of providing companionship and social contact with the community, as well as respite to caregiver of older adult. The program is for the older person who is often unable to leave his/her residence and who has few or no friends, family or neighbors who can visit regularly. Frequency and schedule of visits should incorporate person-direction, client preference.
- b. Service Activities May Include:
- Visiting client's at the client's home
  - Visiting to determine that older persons are safe and/or have access to services to meet their immediate needs during disasters and emergency situations (hot weather, snow emergencies, flooding, etc.)
  - Visiting with care recipient while caregiver completes other activities.
- c. Service Activities May Not Include:
- Homemaking service activities
  - Housekeeping service activities
  - Personal Care service activities
- c. Unit of Service Definition: One hour of time spent visiting with the older person. Partial hours may be reported to 2 decimal places.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of .hours of support provided.
- e. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for visiting:
    - Date service delivered
    - Client's name
    - Client's address
    - Unique identifier of the client or the client's caregiver to attest to receiving the service
    - Unique identifier of the staff member or volunteer in contact with the client to attest to providing service
    - Name and certifying signature of authorized provider staff, if different from visitor
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 28:                    VOLUNTEER MANAGEMENT**

- a. Definition: “Volunteer Management” means coordination of the recruitment, screening, training, placement and evaluation of volunteers to expand the provision of aging-related home and community-based services. “Volunteer” means a person who participates in a volunteer opportunity that supports older adults or family caregivers, or a person who is an older adult who participates in a volunteer opportunity, without compensation for time and effort, unless the person participates in the Americorps Senior Program.
- b. Service Activities May Include:
- Ensuring that consumers have access to a full range of home and community-based services and civic-engagement programs through the management of existing volunteer opportunities and the development of volunteer opportunities
  - Coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community-based settings
  - Collecting methods of success and best practices in recruiting volunteers, retaining volunteers, and resolving the rate of volunteer turnover
- d. Service Activities May Not Include:
- Paying a volunteer unless through an Americorps Senior stipend
  - Fundraising, unless the requirements of 45 CFR 1321.9(c)(ii)(D) are met
  - Ombudsman volunteer program
- e. Unit of Service Definition: A unit of volunteer management is an hour managing volunteers who provide services to clients or older adults who participate in a volunteer opportunity.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for volunteer management:
    - Type of volunteer opportunity
    - Date of volunteer opportunity
    - Number of volunteers placed to serve in the volunteer opportunity
    - Total volunteer service hours per volunteer opportunity
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-3-06.13**

**SERVICE CODE 33: GROCERY SHOPPING ASSISTANCE**

- a. Definition: “Grocery Shopping Assistance” means a service that assists clients with the act of grocery shopping.

- b. Service Activities May Include:
- Transferring the groceries the client purchases to/from the shopping cart, to/from the vehicle, from the grocery store to the client's home, and/or to/from the vehicle to the client's home
- f. Service activities may not include: paying for groceries.
- d. Unit of Service Definition: One unit of grocery shopping assistance is one-way transportation to or from a grocery store and the provision of assistance.
- e. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for grocery shopping assistance:
    - Date of service delivery
    - Name of client
    - Pick-up time and location
    - Drop-off time and location
    - Service units
    - Unique identifier of the client or the client's caregiver to attest to receiving the service. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client's caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-10.**

**SERVICE CODE 61 :      GROCERY ORDERING AND DELIVERY**

- a. **Definition:** “Grocery Ordering and Delivery” means a service for a client, who needs assistance shopping for groceries that allows the client to order groceries, then delivers the ordered groceries to the client’s home or vehicle (e.g. at a drive-thru pick-up window).
- b. **Service Activities May Include:**
- Assist client with ordering groceries online
  - Assist client with ordering food items from food pantry or commodity food distribution program
  - Pick-up groceries client ordered online and safely deliver to the client’s home
- b. **Service activities may not include:** paying for groceries.
- d. **Unit of Service Definition:** One unit of grocery ordering and delivery includes both assisting with the order process and delivery.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for grocery ordering and delivery:
    - Service date
    - Name of client
    - Unique identifier of the client or the client's caregiver to attest to receiving the service. During a state of emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority: Ohio Administrative Code 173-4-11.**

**SERVICE CODE 34:            SUPPORTIVE SERVICES**

- a.     **Definition:**     One-on-one activities that foster the independence and well-being of seniors by providing individual assistance, education, and advocacy. Note that preparing and submitting Golden Buckeye Card applications and sorting, staging and distribution of federal/state food commodities are not authorized under this service and these services cannot be paid for with federal or state funds. *(The exception to this provision is that in Lucas County, Service Providers participating in commodities programs may apply for Lucas County Senior Services Levy funding to provide this monthly service.)* Services may be provided by professionals, trained volunteers, or service provider staff.
- b.     **Service Activities May Include:**
- Assistance in preparing forms and responding to official inquiries (income tax returns, HEAP applications, etc.
  - Translation services for seniors with limited or no English-speaking ability
  - Assistance in responding to Medicare/Medicaid inquiries, applying for prescription drug discount programs and other state and federal programs
  - Other activities that foster the independence and well-being of older adults
- c.     **Unit of Service Definition:**     One contact with client per day.
- d.     **Unit of Service Counts:**     Unit of service counts should be the same as or greater than the number of clients served.
- e.     **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for supportive service:
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Name of person providing the service
    - Unique identifier of person providing the service
    - Name and certifying signature of authorized provider staff, if different than person providing the service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 36:            Nutrition Health Screening (DETERMINE Checklist)**

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- a. **Definition:** “Nutrition Health Screening” means using ODA0010 to screen client for nutritional risks and, if the screening determines the client to be at high nutritional risk, referring client to providers of home and community-based goods and services with potential for reducing the risk. The Service Provider may screen clients by telephone, video conference, or in person, but in person is strongly encouraged.
- “High Nutritional Risk” means the status of a client whose score on form ODA0010 is six or above.
- “Form ODA0100” means the “DETERMINE Your Own Nutritional Health” checklist. ODA publishes the form on [www.aging.oh.gov](http://www.aging.oh.gov).
- b. **Service Activities May Include:**
- Providing form to congregate and home delivered meal participants at least annually.
  - If screening determines a client to be at high nutritional risk, the provider shall refer the client to providers of home and community-based goods and services (e.g. commodity supplemental food program, SNAP, encourage participant to talk to primary care physician about trouble swallowing.)
- c. **Unit of Service Definition:** One unit nutrition health screening provided as a stand-alone service is equal to a single instance of screening one client. However, this service is part of the cost of providing a unit of a home delivered meal or congregate meal service.
- d. **Unit of Service Counts:** Unit of service counts should be the same as the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for nutrition health screening:
    - Date of screening
    - Client’s name
    - Provider’s name
    - Indication whether the client is at high nutritional risk
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority Ohio Administrative Code 173-4-09.**

**SERVICE CODE 39:            BENEFITS COUNSELING**

- a.    Definition:    Specialized assistance by professionals or volunteers certified by the Ohio Senior Insurance Information Program (OSHIIP) to assist seniors in navigating, assessing and applying for benefits such as Medicare/Medicaid, other managed care programs, pension benefits, social security, supplemental health insurance, life insurance, etc.
- b.    Service Activities May Include:
- Assisting the client in preparing and submitting forms and documentation
  - Advocacy on behalf of the client in such matters
  - Referral to other service providers for additional assistance in such matters
- c.    Unit of Service Definition:    One hour of contact with the client or one hour of service on behalf of the client. Partial hours may be reported to 2 decimal places.
- d.    Unit of Service Counts:    Unit of service counts should be the same as or greater than the number of clients served, unless less than one hour of service is provided to clients.
- e.    Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for benefits counseling:
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Name of person providing the service
    - Unique identifier of person providing the service
    - Name and certifying signature of authorized provider staff
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 41:            HOME INJURY CONTROL/ASSESSMENT**

- a. **Definition:** Services designed to promote home safety for older adults. These services are generally provided by licensed health care professionals, to include occupational or physical therapists and other properly trained and credentialed individuals.
- b. **Service Activities May Include:**
- Assessing high risk home environments as they affect the safety and well-being of the client, for example an occupational identifying risk factors in the home for falls
  - Provision of information on, or referral to sources of information on, home injury prevention (e.g., fall and fracture prevention, cooking safety, water temperature control)
  - Referral to chore service provider to assist individual with removing risk hazards for falls, i.e. moving furniture, removing rugs, etc.
  - Referral to home modification provider to assist with installation of assistive devices, such as grab bars.
- c. **Unit of Service Definition:** One individual assessment.
- d. **Unit of Service Counts:** Unit of service counts should be the same as or greater than the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for home injury control/assessment:
    - Date of service delivery
    - Type of assessment conducted
    - Name of client
    - Client's address
    - Name of person conducting the assessment
    - Unique identifier of person conducting the assessment to attest to providing service
    - Unique identifier of client or caregiver to attest to receiving service
    - Name and certifying signature of authorized provider staff
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 46:**                    **EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION**

- a.     **Definition:**     Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), infectious disease, and vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition. “Evidence-based” means that a disease prevention and health promotion service complies with 42 USC 3030m and 45 CFR 1321.89.
- b.     **Service Activities May Include:**
- Wellness activities include, but are not limited to: Tai Chi: Moving for Better Balance, Matter of Balance, and HomeMeds
  - A listing of evidence-based programs may be found on the National Council on Aging’s website <https://www.ncoa.org/evidence-based-programs/>
- c.     **Unit of Service Definition:**     A unit of evidence-based wellness program is one session of service, regardless of number of clients attending the session.
- d.     **Minimum Required Supporting Documentation:**
- The following are the mandatory reporting requirements for evidence-based wellness programs:
    - Date of service session
    - Name of evidence-based wellness program
    - Names of clients attending the session
    - Name of individual(s) conducting the program
    - Unique identifier of individual(s) facilitating the program to attest the service was delivered
    - Name and certifying signature of authorized provider staff
  - The following records may be reviewed during monitoring visit:
    - License to provide evidence-based wellness program, if applicable
    - Certificate of completion or other document demonstrating individuals facilitating sessions have had the appropriate training
    - Evidence of compliance with evidence-based program fidelity
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**Authority Ohio Administrative Code 173-3-06.14.**

**SERVICE CODE 77:**            **CARE COORDINATION –**  
**Community Based Care Lucas County Senior Services Levy**  
**Funded Only**

- a. **Definition:**      Care coordination provided by a qualified provider that connects appropriately screened and qualified older adults with the resources and services necessary to live safely and independently in their own homes.
- b. **Service Activities Include:**
- Helping individuals with in-depth detailed issues such as landlord/tenant problems; obtaining suitable housing; issues with energy/phone services; accompanying clients to offices to obtain benefits (such as Social Security, Jobs and Family Services); recertification issues with benefit offices; referrals to service providers and coordinating medical appointments.
  - Intake and assessment conducted either in the client's residence or during a client visit to the Agency.
  - Plan to coordinate services
  - Regular review and follow-up of client status
- c. **Unit of Service Definition:**      One hour of staff time expended on behalf of a Client constitutes one unit of service. Partial hours may be reported to 2 decimal places.
- d. **Minimum Required Supporting Documentation:**
- Agency-approved intake and screening form
  - The following are the mandatory reporting requirements for care coordination:
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Name of person providing the service
    - Length of staff time expended on behalf of a client
    - Unique identifier of person providing the service
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

**SERVICE CODE 62:            Emergency Response System**

a.    Definition:    A service that provides emergency intervention services comprised of telecommunications equipment, an emergency response center and a medium for two-way communication between the client and the emergency response center. Personnel at the emergency response center intervene in an emergency once the center receives an alarm signal from ERS equipment.

b.    Service Activities May Include:

- One-time installation of PERS unit
- Ongoing monitoring for one or more days of a month

c.    Service Activities May Not Include:

- Remote visual monitoring (e.g. closed-circuit television)
- Boundary alarms.
- Medication dispensers or reminders. This should be reported under Home Medical Equipment.
- Any other equipment or home medical equipment regardless of whether equipment is connected to the ERS equipment.
- Installation fees.

d.    Unit of Service Definition:    One unit of monthly PERS is one or more days of PERS in a month.

PERS Installation: The one-time cost for installing PERS equipment, the initial training of the individual on how to use the PERS equipment, the initial response plan, the initial training of responders and verifying the success of the individual's return demonstration.

e.    Minimum Required Supporting Documentation:

- The following are the mandatory reporting requirements for personal emergency response system:
  - Date of service delivery
  - Identification of service provided
  - Name of client
  - Provider's name
  - Unique identifier of person providing the service

**SERVICE CODE: 63**

**Home Delivered Meal Assessment**

- a. Definition: “Home Delivered Meal Assessment” means conducting an assessment of home delivered meals recipients in the home initially and annually, utilizing an Agency approved home delivered meals assessment form. The assessment shall be completed under the supervision of a licensed social worker, registered nurse, licensed dietitian or a professional approved by the Agency.
- b. Service Activities May Include:
- Screening for ADLs, IADLs and nutrition risk, using Agency approved home delivered meals assessment form
  - Referral to home and community based goods and services based on information from home delivered meals assessment
- c. Unit of Service Definition: One unit home delivered meal assessment is one completed in-home assessment. Cost of home delivered meal assessment may be incorporated into the home delivered meal unit rate or as a stand-alone service.
- d. Unit of Service Counts: Unit of service counts should be the same as the number of clients served.
- e. Minimum Required Supporting Documentation:
- Agency approved home delivered meal assessment form.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

## **Family Caregiver Support Program**

Caregiver Services are services that provide information, assistance and respite for caregivers. The caregiver is the primary recipient of the service, and as such, is considered the client. Even though the person being cared for (the care recipient) benefits from the service, they are not considered the client.

Respite and Supplemental Services: The caregiver must be caring for an individual who is 60 years of age or older and frail or the caregiver must be 55 years of age or older and caring for an individual aged 18 or younger meeting the definition of “grandchild” (defined as an individual, who is not more than 18 years of age cared for by grandparent, step-grandparent, relative by blood or marriage, person with legal relationship or is raising the child informally) or other family member with a diagnosed condition of MR/DD who is age 18 or younger.

1. Respite Care: services which offer temporary, substitute support or living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers. Respite care includes: In-home respite (personal care, homemaker and other in-home respite); respite provided by attendance of the care recipient at a senior center, adult day services, or other nonresidential program; institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. Ohio Respite Services include:
  - a. FCSP Personal Care (1 hour-see personal care taxonomy)
  - b. FCSP Homemaker (1 hour-see homemaker taxonomy)
  - c. FCSP Adult Day Services (1 day-see Adult Day taxonomy)
  - d. FCSP Institutional Care (1 person per day)
2. Supplemental Services: services provided on a limited basis that complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. The service FCSP Supplemental Other: is designed to offer flexibility in meeting needs that are specific to individual caregiver situations. Other Supplemental Services include:
  - a. FCSP Chore (1 hour-see chore taxonomy)
  - b. FCSP Home-Delivered Meals (1 meal-see home delivered meal taxonomy)
  - c. FCSP Congregate Meal (1 meal-see Congregate meal taxonomy)
  - d. FCSP Escort-Assisted Transportation (1 one-way trip-see Escort-Assisted Transportation taxonomy)
  - e. FCSP Transportation (1 one-way trip-see Transportation taxonomy)

- f. FCSP Legal Assistance (1 hour-see Legal Assistance taxonomy)
- g. FCSP Emergency Response System (1 month rental price-see Emergency Response System taxonomy)
- h. FCSP Home Maintenance (1 completed job order-see Home Maintenance taxonomy)
- i. FCSP Home Medical Equipment (1 item purchased or rented)
- j. FCSP Supplemental: Other (1 occurrence)

**SERVICE CODE 95:            Housekeeping**

- a. Definition:    “Housekeeping service” means a service that provides routine tasks to help a client to achieve and maintain a clean, safe, and healthy environment.
- b. Service Activities May Include:
- Routine household tasks: Dusting furniture, sweeping, vacuuming, mopping floors, removing trash, and washing the inside of windows that are reachable from the floor, kitchen care (washing dishes, appliances, and counters), bedroom and bathroom care (changing bed linens and cleaning bathroom), and laundry care (folding, ironing, and putting the laundry away).
- c. Service Activities May Not Include:
- Activities provided outside of the home.
  - Activities within the scope of home maintenance and chores, i.e. heavy household cleaning, pest control, disposal of garbage or recyclable materials; and/or seasonal maintenance.
  - Activities related to meal-preparation.
  - Activities to administer or set-up medications.
  - Activities related to personal care, i.e. bathing, dressing, and toileting.
- d. Unit of Service Definition:    A unit of housekeeping service is one hour of cleaning service reported to the nearest quarter hour. Providers may report partial hours to two decimal places (e.g., *0.25 hours*)
- e. Unit of Service Counts:            Unit of service counts should be equal to or greater than the number of clients served.
- f. Minimum Required Supporting Documentation:
- The following are the mandatory reporting requirements for housekeeping service:
    - Client’s name
    - Date of service delivery
    - Arrival time
    - Departure time
    - Specific service(s) provided
    - Number of service units provided
    - Name of each individual in contact with the client
    - Unique identifier of client or client’s caregiver to attest to receiving the service. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the client or the client’s caregiver.
    - Unique identifier of each aid housekeeper in contact with the client to attest to providing the service.
  - The provider may use a technology-based system to collect or retain the minimum required supporting documentation.

## Appendix D

Ohio Administrative Code Section 173, in part Chapter 173-3

<https://codes.ohio.gov/ohio-administrative-code/chapter-173-3>

Provider Agreements and Chapter 173-4 Older Americans Act  
Nutrition Program

<https://codes.ohio.gov/ohio-administrative-code/chapter-173-4>

Appendix E  
WellSky Aging and Disability Data Entry

**Policy 404 WellSky Aging and Disability (formerly\_SAMS) Data Collection and Quarterly Reporting**

All contracted Service Providers, unless exempted in writing, shall collect and submit WellSky Aging and Disability (formerly SAMS) data for all services provided, regardless of funding source.

**PROCEDURE A COLLECTION AND REPORTING OF DATA**

- a. WellSky Aging and Disability (formerly\_SAMS) data is to be collected and reported as an integral part of the Service Provider’s day to day operations. The Agency’s Planning and Program Development Department will monitor WellSky Aging and Disability data for quality and timeliness of submission.
  - i. Unless an organization is providing services to a consumer, the organization shall not make any changes to that consumer's WellSky Aging and Disability record. If while conducting a search, and the organization notices issues with a record for an individual whom you do not provide services and/or a duplicate consumer, please forward these to the AOoA WellSky Aging and Disability ~~SAMS~~ Administrator
  - ii. User Names and passwords shall not be shared for HIPAA compliance; additionally, each person accessing the SAMS portal is required to have a unique User ID, which may not be shared per the contract with WellSky.
  - iii. Provider will obtain prior approval from the AOoA to import data into WellSky Aging and Disability from another software system, such as MJM, CAREeVantage, or My Senior Center. Provider is responsible for all costs associated with implementation, training, technical support and hosting of import/export module.
- b. All contracted service providers will comply with minimum data entry requirements by service type according to the Ohio Department of Aging publication, *Ohio’s Reporting Guide*.
- c. Provider will submit WellSky Aging and Disability Agency Summary Report with monthly request for funds. There should not be any discrepancies between these documents.
- d. When entering service delivery into WellSky Aging and Disability database, the provider should indicate the funding source for payment.
  - i. Program Income. The provider shall report program income in whole units. Provider will carry over any excess program income into the following months, until a whole unit may be reported. WellSky Aging and Disability shall not be utilized to keep track of program income collected by specific individuals. Rather, the total number of units of service paid

- for with program income will be reported by random individuals in the database.
- ii. Provider will utilize program income first, then federal and state funding administered by the Agency before reporting local funds.
  - iii. All providers are required to enter required matching units as *Local Cash Match* or *Local In-Kind Match*.
  - iv. To maximize NSIP funds, all nutrition providers are required to enter all NSIP eligible meals provided into the database, even those served above the required match. All non-nutrition providers are encouraged to enter all service units provided above match to better advocate for additional funding needs.
  - v. The Agency may transfer units between funding sources within the provider contract in the WellSky Aging and Disability database using unit distribution.
- e. If a wait list occurs, provider may be asked to report this information in WellSky Aging and Disability database.

**PROCEDURE B      WELLSKY AGING AND DISABILITY (FORMERLY SAMS) USERS GROUP**

- a. Participation in the Agency's WellSky Aging and Disability (formerly\_SAMS) Users Group is mandatory for all contracted Service Providers. This group meets periodically for provider training and technical assistance.

**Effective April 1, 2015**

**Revised February 19, 2019**

## Appendix F Acronym Glossary

ACRONYM	Long Term
ADL	Activity of Daily Living
ALZ	State Alzheimer’s Respite Funds
AOoA	Area Office on Aging of Northwestern Ohio
FCSP	Family Caregiver Support Program
HCBS	Home and Community Based Services
HDM	Home Delivered Meal
IADL	Instrumental Activity of Daily Living
LCSS	Lucas County Senior Services Levy
LGBT	Lesbian, Gay, Bisexual, Transgender
LSW	Licensed Social Worker
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act of 1965, as amended
OAA Title IIIB	Section of Older Americans Act pertaining to Supportive Services and Senior Centers
OAA Title IIIC1	Section of Older Americans Act pertaining to Nutrition Services-Congregate Meals
OAA Title IIIC2	Section of Older Americans Act pertaining to Nutrition Services-Home Delivered Meals
OAA Title IIID	Section of Older Americans Act pertaining to Evidence-Based Disease Prevention and Health Promotion Services
OAA Title IIIE	Section of Older Americans Act pertaining to National Family Caregiver Support Program
OAA Title VII	Section of Older Americans Act pertaining to Elder Abuse and Ombudsman
ODA	Ohio Department of Aging
OHTF	Ohio Housing Trust Fund
PASSPORT	Pre-Admission Screening System Providing Options & Resources Today (Medicaid Waiver Program)
P4H	Plan4Home
PERS	Personal Emergency Response System
PRC	Proposal Review Committee
RDN	Registered Dietitian
RFP	Request for Proposals
RN	Registered Nurse
SAMS	Social Assistance Management System
SCS	Senior Community Services
TXX	Title XX Social Services Block Grant