

2027-2030

State Plan on Aging

A Multisector Plan on Aging

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Department of
Aging

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Navigating the State Plan

Ohio's 2027-2030 State Plan on Aging is guided by information gathered through a multi-phased needs assessment process, as well as the local priorities established by Ohio's 12 Area Agencies on Aging (AAAs). This plan is influenced by the six strategic priorities established by the Administration for Community Living (ACL).

Figure 1. ACL's Strategic Priorities



Caregiving



Economic Security



Protecting Rights and Preventing Abuse



Connecting People to Services



Employment



Whole-Person Health

Figure 2. Ohio's 2027-2030 State Plan on Aging Priorities



Caregiver Supports



Financial Well-Being



Quality and Coordinated Health Care



Safe and Accessible Housing



Community Supports and Services



Healthy Food Access



Reliable Transportation



A Message from the Director

Dear Colleagues,

I am pleased to introduce Ohio's 2027-2030 State Plan on Aging. Ohio is entering a pivotal moment. Demographic shifts among older adults, paired with emerging technologies, are creating a fundamental transformation in the systems that support individuals as they age.

The reality is simple: every Ohioan is aging and embedded in that fact is tremendous opportunity. Each of us carries both a role and a responsibility to keep ourselves, our families, and our communities safe, healthy, and thriving as we grow older. The State Plan on Aging channels our work into a clear and actionable framework designed to meet this moment.

Our progress to date is significant, and together we have built a strong foundation. Key accomplishments include:

- Designation as an Age-Friendly state
- Development of quality frameworks to ensure the most vulnerable are safe and well cared for
- Expanded and effective public-private partnerships
- Meaningful dialogue around research and policy initiatives
- Robust investment in modern data systems and advanced technology
- Significant sustainable investments in workforce capacity
- Strategic resource deployment across public service systems to reinforce the shared responsibility for healthy aging

We are carrying forward the lessons learned and—most importantly—the voices of older Ohioans themselves—to guide priorities as we work toward making Ohio the best place to age in the nation.

This journey will require strong partnerships, coordinated action, and the full use of the tools available to us. Above all, it demands continued prioritization of older adults across both public and private sector policy. The need for additional resources is clear, and data consistently shows that these investments generate meaningful economic returns.

Together, we have the vision, the momentum, and the commitment to build a future where every Ohioan can age with dignity, security, and opportunity—and we are prepared to lead the nation in making that future a reality.



Ursel J. McElroy

Director
Ohio Department of Aging

2025 Governor's
Policy Summit on
Healthy Aging



About the Ohio Department of Aging

The Ohio Department of Aging (AGE) is a beacon of support and advocacy for 2.8 million Ohioans age 60 and older, along with their families, caregivers, and communities. AGE supports the state's nursing homes, assisted living communities, adult day centers, senior centers, and home- and community-based services (HCBS) providers, as well as Ohio's network of Area Agencies on Aging (AAA) and Aging and Disability Resource Network (ADRN) partners. During the period covered by the current 2023 - 2026 State Plan on Aging, AGE made significant progress toward the department's vision: Make Ohio the best place to age in the nation.

The 2027–2030 State Plan on Aging builds on the progress achieved towards goals established in the prior State Plan. Recent accomplishments span the continuum of care and reflect AGE's ability to translate investments into results. Some examples of accomplishments include:

- ✓ Deploying \$40 million of one-time Healthy Aging funding rapidly to drive lasting impact across 97% of Ohio's counties.
- ✓ Opening the Golden Buckeye Center for Dementia Caregiving, the first facility in Ohio specifically focused on developing and strengthening the knowledge, skills, and supports of those who provide care to their loved ones.
- ✓ Leveraging historic provider rate increases across the continuum of long-term care to drive workforce stability, accessibility of services, quality, and accountability.
- ✓ Implementing a series of holistic initiatives aimed at transforming Ohio's nursing homes, including the launch of the national-award-winning Ohio Long-Term Care Quality Navigator that has helped more than 200,000 users easily access information needed to make life changing care decisions.
- ✓ Establishing public-private partnerships that expand access to innovative care models, including the Program of All-Inclusive Care for the Elderly (PACE) and affordable assisted living, to help older adults remain healthy, independent, and connected to their communities.

In implementing the State Plan on Aging, AGE will fulfill its role as the federally designated State Unit on Aging to administer programs relating to older Ohioans, as outlined in ORC 173.01, including convening key partners, supporting the development and dissemination of data and research, delivering and coordinating older adult programs and supports, overseeing the aging network, and advising other state agencies and policy makers on older adult programs and policies.

AGE's North Star

Making Ohio the best place to age in the nation requires strategic policy, partnership, and financial alignment with the issues most pressing in the lives of Ohio's aging population. AGE holds four key pillars as the basis for the department's North Star.

Each pillar of the North Star supports Ohio's vision for empowering older Ohioans to age well.



Quality of Life

Ensure older Ohioans have what they need to thrive and be connected to family and community.

Quality of Care

Enable Ohio providers to deliver the care that drives positive health outcomes.

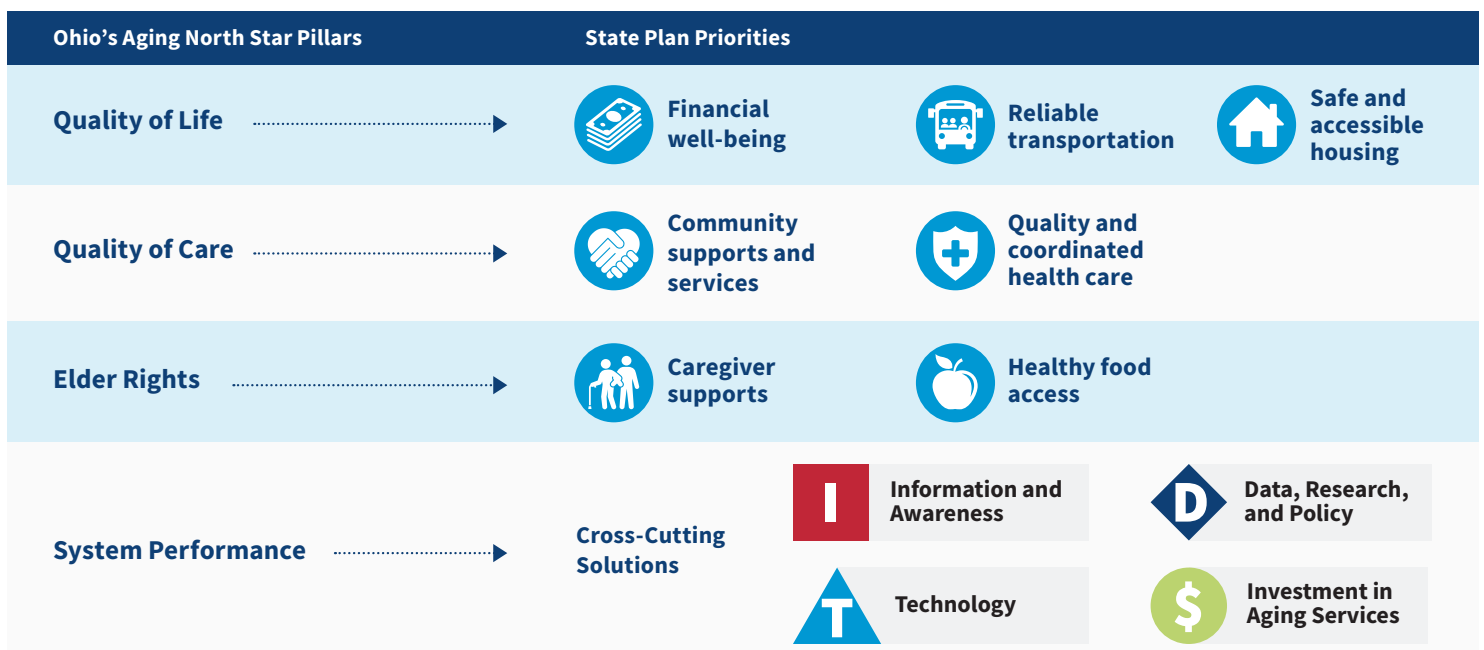
Elder Rights

Ensure those who need services can receive them timely, with dignity and choice.

System Performance

Ensure modern efficient systems and processes to improve outcomes.

Alignment Between State Plan Priorities and AGE's North Star



Acknowledgments

AGE contracted with the Health Policy Institute of Ohio (HPIO) to support the development of Ohio's 2027-2030 State Plan on Aging. AGE extends its gratitude to the following entities, as well as Ohio's older adults, caregivers, and aging network professionals, whose expertise and lived experience informed this work:



Governor DeWine and Director McElroy - 2025 Governor's Policy Summit on Healthy Aging

- Council on Aging of Southwestern Ohio
- Area Agency on Aging, PSA 2
- Area Agency on Aging 3
- Area Office on Aging of Northwestern Ohio
- Ohio District 5 Area Agency on Aging
- Central Ohio Area Agency on Aging
- Area Agency on Aging District 7
- Buckeye Hills Regional Council
- Area Agency on Aging Region 9
- Western Reserve Area Agency on Aging
- Direction Home Akron Canton Area Agency on Aging and Disabilities
- Direction Home of Eastern Ohio
- AARP
- ADvancing States
- Advocates for Ohio's Future
- Alzheimer's Association
- Association of Ohio Health Commissioners
- Benjamin Rose Institute on Aging
- Bowling Green State University
- Brain Injury Association of Ohio
- Case Western Reserve University
- Center for Community Solutions
- Coalition of Homelessness and Housing in Ohio
- County Commissioners Association of Ohio
- Department of Children and Youth - Kinship Care
- Department of Developmental Disabilities
- Easter Seals
- Entyre Care
- Gilcrest Center, LOOK U
- Golden Buckeye Center for Dementia Caregiving
- Governor's Office of Appalachia
- Governor's Office of Faith Based Community Initiatives
- Latino Affairs Commission
- LeadingAge Ohio
- Mental Health & Addiction Advocacy Coalition
- Miami University Scripps Gerontology Center
- National Caucus and Center on Black Aging
- Ohio Academy of Nutrition and Dietetics
- Ohio Adult Day Healthcare Association
- Ohio Advisory Council on Aging
- Ohio Alliance of YMCAs
- Ohio Arts Council
- Ohio Assisted Living Association
- Ohio Association of Area Agencies on Aging
- Ohio Association of Community Health Centers
- Ohio Association of Foodbanks
- Ohio Association of Gerontology and Education
- Ohio Association of Goodwill Industries
- Ohio Association of Health Plans
- Ohio Association of Senior Centers
- Ohio Attorney General's Office
- Ohio Chamber of Commerce
- Ohio Coalition for Adult Protective Services
- Ohio Commission on Minority Health
- Ohio Council for Home Care & Hospice
- Ohio Department of Commerce
- Ohio Department of Development
- Ohio Department of Health
- Ohio Department of Medicaid
- Ohio Department of Behavioral Health
- Ohio Department of Rehabilitation and Correction
- Ohio Department of Transportation
- Ohio Department of Veterans Services
- Ohio Department of Job and Family Services
- Ohio Health Care Association
- Ohio Hospital Association
- Ohio House of Representatives
- Ohio Housing Council
- Ohio Housing Finance Agency
- Ohio Jewish Communities
- Ohio Job and Family Services Directors' Association
- Ohio Office of the State Long-Term Care Ombudsman
- Ohio Senate
- Ohio Senior Health Insurance Information Program
- Ohio Statewide Independent Living Council
- Ohio Suicide Prevention Foundation
- Ohio University
- Opportunities for Ohioans with Disabilities
- Prevent Blindness Ohio
- Pro Seniors
- RecoveryOhio
- Senior Transportation Connection
- Simply EZ
- The Ohio Council of Behavioral Health & Family Services Providers
- The Ohio State University Institute on Aging
- United Senior Services Ohio
- Youngstown State University

Verification of Intent

Ohio's 2027–2030 State Plan on Aging is hereby submitted. Included are State Plan assurances and required activities, information requirements, and plans to be administered by the Ohio Department of Aging under provisions of the Older Americans Act of 1965 as amended in 2024. The Ohio Department of Aging is primarily responsible for the development of comprehensive and coordinated services for older Ohioans, their families, and caregivers, as well as for serving as their effective and visible advocate.

Ohio's 2027–2030 State Plan on Aging was developed in accordance with all federal statutory and regulatory requirements and has been reviewed and approved by the Office of Governor Mike DeWine, constituting authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging.

Ursel J. McElroy

Director, Ohio Department of Aging

Date

Mike DeWine

Governor, State of Ohio

Date



Executive Summary

Ohio's 2027-2030 State Plan on Aging (hereafter referred to as State Plan) sets a bold vision: through partnership and collaboration, we can advance innovative solutions that support healthy aging across systems and communities. Progress toward this vision is essential, because healthy aging is one of the most important investments we can make. Yet for too many Ohioans, the opportunity to age well remains out of reach.

Today, nearly one in four Ohioans are aged 60 or older, and older adults are the only age group expected to grow in the years ahead. By 2030, it is estimated that Ohio will have more than 80,000 additional residents over age 60¹, underscoring the urgency of preparing now to meet the needs of a rapidly aging population.

The state is committed to building the policies, partnerships, and community driven strategies required to ensure every Ohioan can thrive as they age — regardless of geography, income, or background. Through intentional planning and sustained collaboration, the state can strengthen systems of care, expand access to supportive services, and create environments that empower all Ohioans to lead healthier, longer lives.

Achieving Ohio's State Plan Goals and Vision

The State Plan is a bold, actionable roadmap designed to advance health and well-being for older Ohioans. Building on the previous state plan, it lays out a collaborative vision to guide Ohio's service providers and other partners (displayed in figure 3).

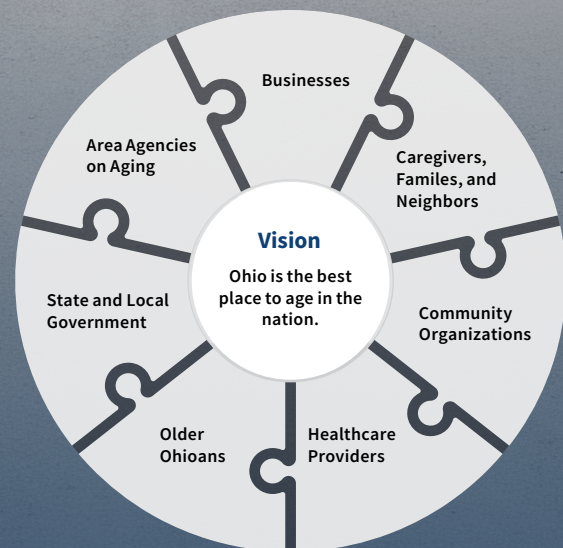


Figure 3. Multi-sector partnerships to achieve the State Plan vision

With a strong commitment to evidence informed strategies and responsible use of data, the outcomes and objectives in Ohio's State Plan are both realistic and actionable. Achieving this vision requires intentional, coordinated efforts across sectors to ensure that every Ohioan can age with grace and dignity—supported in the setting of their choice and empowered with meaningful opportunities to contribute and thrive.

Consistent with longstanding Older Americans Act (OAA) guidance, resources will continue to be directed to individuals with the greatest economic and social needs, ensuring that funding advances fairness, protection, and well being for older adults who face the most significant barriers.

¹Source: Miami University, Scripps Gerontology Center

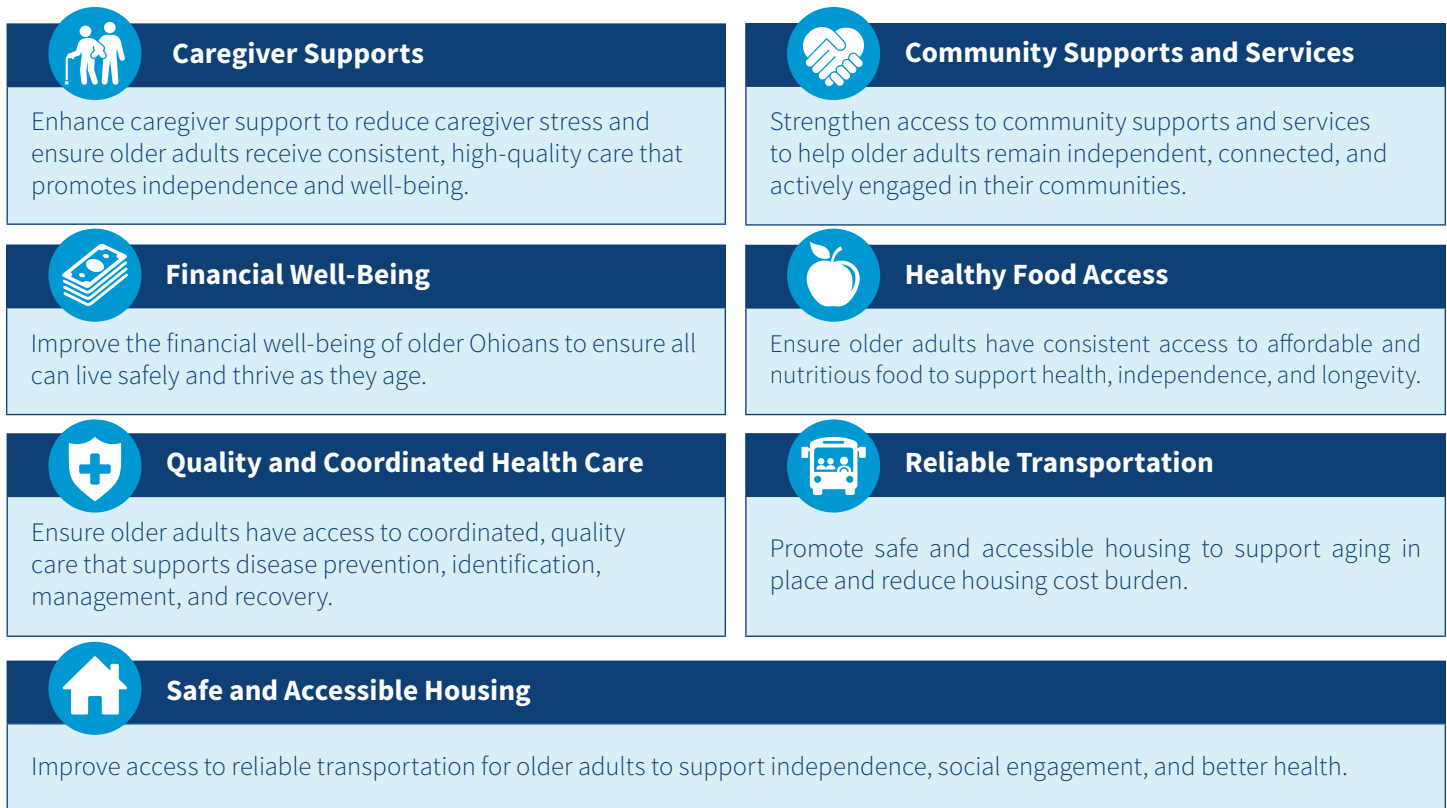
The Power of Partnership: Investing in Connection to Advance Healthy Aging

Ohio's State Plan outlines the strengths and needs of communities across the state and charts a shared path toward healthy aging for all (displayed in Figure 4). Achieving this vision will require collaboration among partners in every sector and every community.

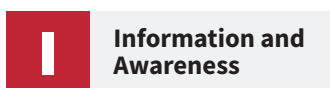
Each partner—state and local government, healthcare providers, caregivers, businesses, community organizations, and older adults themselves—plays a crucial role in creating a stronger, more connected, age-friendly Ohio. With this unifying framework, partners can work together to make Ohio the best place to age in the nation.



Figure 5. Ohio's 2027-2030 State Plan on Aging Priorities



Cross-cutting Solutions



Ohio's recognition as an Age-Friendly State in September 2025 reflects meaningful progress toward ensuring all Ohioans can age comfortably in their communities. Continued progress will require even stronger collaboration across sectors and communities. The State Plan encourages Ohioans to expand existing partnerships and ensure that older adults are included and represented in all systems that shape daily life.

Building the best place to age in the nation starts by working together to achieve the following objectives.

State Plan Objectives



Caregiver Supports

- Objective 1.1: Promote and expand the use of care navigation support models.
- Objective 1.2: Raise awareness of caregiving role and available resources to support caregivers.
- Objective 1.3: Enhance policies and systems to support caregivers in the workplace.



Community Supports and Services

- Objective 2.1: Increase awareness of, and participation in, care coordination programs.
- Objective 2.2: Increase access to quality home- and community -based services by investing in supports for the direct care workforce.
- Objective 2.3: Increase participation in community-based enrichment activities.
- Objective 2.4: Increase awareness of, and participation in, volunteer and civic engagement opportunities.
- Objective 2.5: Strengthen awareness of elder rights and empower older Ohioans to understand, navigate, and exercise those rights through information, support, and advocacy.



Financial Well-Being

- Objective 3.1: Increase education and awareness of policies and available resources to support financial health.
- Objective 3.2: Strengthen workforce policies and programs that support choice for employment options.



Healthy Food Access

- Objective 4.1: Promote, expand, and maintain policies and systems that encourage healthy eating.
- Objective 4.2: Improve access to affordable healthy foods.
- Objective 4.3: Increase awareness of available resources to support healthy eating and nutrition education.



Quality and Coordinated Health Care

- Objective 5.1: Expand use of care coordination models and improve systems that support care transitions.
- Objective 5.2: Increase systemic use of early detection and screening tools.
- Objective 5.3: Increase access to chronic disease prevention and behavioral and cognitive health promotion programs.
- Objective 5.4: Increase awareness of affordable healthcare coverage and support programs.



Reliable Transportation

- Objective 6.1: Expand access to public and local transportation systems.
- Objective 6.2: Increase utilization of coordinated transportation and navigation services for older adults.
- Objective 6.3: Increase participation in vehicle safety programs.

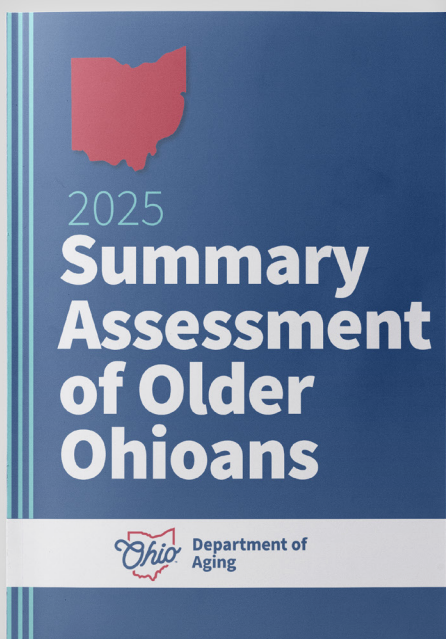


Safe and Accessible Housing

- Objective 7.1: Increase awareness of policies and available program resources to support housing stability and affordability.
- Objective 7.2: Increase access to home repairs and modification programs.
- Objective 7.3: Expand access to service-enriched housing options.

How was the State Plan Developed?

The State Plan builds on previous planning efforts and the 2025 Summary Assessment of Older Ohioans. Developed through extensive engagement with older adults, caregivers, and partner organizations, the State Plan outlines updated priorities and strategies to guide Ohio's aging services over the next four years.



2025 Summary Assessment of Older Ohioans

1. Captured insights from older Ohioans and Ohio communities through:
 - ◊ Six community listening sessions conducted across Ohio with 133 participants;
 - ◊ Key informant interviews with service providers;
 - ◊ Six town halls that included 180 older Ohioans, caregivers, providers, and lawmakers; and
 - ◊ A survey of 1,935 older Ohioans and caregivers.
2. Gathered input from AGE employees through an internal online survey.
3. Compiled and analyzed data metrics on the health and well-being of older adults and caregivers across Ohio.
4. Reviewed and incorporated local priorities from all 12 Ohio Area Agencies on Aging (AAA) needs assessments and strategic area plans.
5. Collected program and service data on the administration of programs to support healthy aging in Ohio.



2027-2030 State Plan on Aging

1. Convened a multi-sector Advisory Committee across 11 meetings, which included representatives of 73 organizations.
2. Conducted a prioritization survey and a strategy survey with the Advisory Committee to narrow the State Plan's areas of focus.
3. Selected seven priorities that contribute to health and well-being.
4. Compared Ohio data to state and national benchmarks to set targets for short-, mid-, and long-term outcomes.
5. For each priority, identified:
 - ◊ Measurable and specific objectives;
 - ◊ Pathways for implementation, driven by AGE; and
 - ◊ Evidence-informed practices that can be implemented to improve the priority area.
6. Offered a 30-day public comment period to broadly engage the public.

Action Steps for All Ohioans

Progress happens through collaboration by building strong partnerships, sharing knowledge, and working toward shared goals. There is room for every Ohioan to make a difference — every effort, big or small, creates communities where older adults can thrive.



All of us can advocate for federal, state, and local policies and funding that align with the State Plan. Raising awareness about the challenges older adults face, and the resources available to support them, is a powerful way to help.

State and local policymakers can expand opportunities for healthy aging by reviewing the State Plan and identifying and removing barriers to healthy aging, especially for older Ohioans with the greatest economic and social needs. They can also keep the unique needs of older adults at the forefront while planning the systems and policies that shape our communities.

Service providers and community-based organizations can implement, track, and evaluate evidence-based and evidence-informed practices. They can select the programs, services, and policies in the State Plan that best fit their communities, while strengthening the state's aging services network through cross-sector collaboration and engagement of new partners.

Foundations and other philanthropic organizations can support smart investments by providing funding, resources, and technical support to advance the programs, services, and policies in the State Plan.

Businesses can create accessible, supportive workplaces for older adults and caregivers, fostering environments where all employees can succeed.

Caregivers can seek out services and supports that help them maintain their own health while caring for clients and loved ones.

Older Ohioans can lead the way; advocating for State Plan priorities, engaging in advisory councils and community initiatives, and sharing their ideas, skills, and leadership to make Ohio the best place to age in the nation.



Current State of Aging in Ohio

Needs Assessment Findings

The **2025 Summary Assessment of Older Ohioans** (hereafter referred to as Summary Assessment) provides a comprehensive picture of the health and well-being of older Ohioans. It summarizes a demographic profile of older Ohioans and describes the most important factors that impact their health and well-being. The following key themes emerged in the Summary Assessment:

- Many older Ohioans struggle to afford basic needs, including food and housing.
- More caregiver supports are needed to sustain independent living for older Ohioans.
- Older adults and caregivers need reliable access to information about programs and services to support health and well-being.
- Older adults want to remain physically active as they age to prevent and manage chronic disease and maintain and improve their quality of life.
- Quality healthcare services are inaccessible to many older Ohioans with the greatest economic and social need.
- Reliable transportation for older adults is a gap in Ohio.
- Social connections and community engagement are essential behavioral health and well-being supports for older Ohioans.

Spotlight from the Summary Assessment Geography and Aging

Average life expectancy in Ohio is 75.9 years, but it varies throughout the state. There is an 11.4-year gap in life expectancy between Delaware County and Vinton County, and the lowest-life-expectancy counties are clustered in rural Appalachia.



Life expectancy at birth (2018-2022)



Note: Data was not available for Noble County

Source: U.S. Census Bureau and the Ohio Department of Health



Attachment F provides more information on Ohio's needs assessment activities and findings.

Ohioans with the Greatest Economic and Social Need

Under the OAA, each State Plan must identify which older adults have the greatest economic and social need and ensure that services are directed to those individuals and their family caregivers. The Summary Assessment identifies these groups based on data (i.e., groups of Ohioans experiencing outcomes at least 10% worse than the state overall).

To ensure that State Plan policies, programs, and services effectively reach these populations, implementation will be guided by the following considerations:

- Using available program-level and population-level data to identify needs and measure the effectiveness of services for older adults with the greatest economic and social need.
- Tailoring outreach and messaging to increase access, awareness, and engagement.
- Ensuring meals can be adapted to meet cultural preferences and providing medically tailored meals to the maximum extent practicable.
- Offering home-delivered meal participants opportunities, when feasible, to attend congregate meal sites and participate in health and wellness activities, based on person-centered planning and local service availability.
- Adjusting programs and services to better meet the needs of older adults living with chronic conditions, such as HIV/AIDS.
- Supporting participant-directed and person-centered planning for older adults and caregivers across the continuum of long-term services and supports, including home, community, and institutional settings.
- Incorporating innovative practices that increase access to services—particularly for individuals with mobility or transportation challenges and those living in rural areas—such as:
 - ◊ Making accommodations or modifications to support older adults with disabilities or mobility limitations;
 - ◊ Selecting service locations that are convenient, accessible, and safe to reduce transportation barriers; and,
 - ◊ Offering virtual services and telehealth, when allowable and appropriate, to expand access to care.

AGE works to allocate funds based on the economic and social needs of older adults and caregivers statewide. As regional representatives of AGE, the AAAs maintain strong connections across 12 planning and service areas, providing valuable insight into the unique needs of their communities. AGE collects this information through the local area plan process annually.

Ohio's Aging Network



Ohio Department of Aging Team

State Plan Priorities

The State Plan's priorities (Figure 6) were directly shaped by the perspectives and experiences of older Ohioans and the priorities of partners, including local AAAs. The seven **priorities** outline the key objectives and pathways for advancing health and well-being for older Ohioans. Four **cross-cutting solutions** weave throughout the priorities, providing integrated approaches to support progress.

Figure 6. Ohio's 2027-2030 State Plan on Aging Priorities



Caregiver Supports

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Community Supports and Services

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Financial Well-Being

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Healthy Food Access

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Quality and Coordinated Health Care

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Reliable Transportation

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Safe and Accessible Housing

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KEY

Cross-cutting Solutions

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Information and Awareness

D

Data, Research, and Policy

T

Technology

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Investment in Aging Services



Navigating the Priorities



Objectives that outline key pathways and partnerships. The Action Plans (Attachment H) include tables that display which sectors in the state are best suited to collaborate on implementation.



Pathways, or strategies that can increase uptake of evidence-informed practices or identify and elevate emerging best practices. Pathways will be driven by AGE and are designed to strengthen collaboration with partners. Four **cross-cutting solutions** (information and awareness; data, research, and policy; technology; and investment in aging services) are woven throughout the pathways and are indicated



Outcomes that track progress on the State Plan's goals. For each outcome with available data, the State Plan includes target values. By setting these targets, the State Plan articulates clear goals and provides benchmarks for measuring progress along the way. Short-, mid-, and long-term outcomes are detailed in Attachment G.



Featured evidence-based and evidence-informed practices that can support the priority. These are policies, programs, and services that were identified by partners because there is evidence that they improve outcomes. Featured practices are those that were prioritized by the Advisory Committee as the most important to improve outcomes.

Attachment H provides a full menu of additional evidence-based and evidence-informed practices to provide flexible options for rural, suburban, and urban community partners. These practices are intended to further strengthen local efforts and drive measurable improvements for older adults across the state. This menu is reflective of the practices available during development of the plan. As additional practices are identified in the future, they will be shared through the aging network. Partners are encouraged to adopt, implement, and support these practices within their own organizations and communities to help advance the mission of the State Plan.



Caregiver Supports

Enhance caregiver support to reduce caregiver stress and ensure older adults receive consistent, high-quality care that promotes independence and well-being.

Caregiver support is essential to the health and longevity of older adults. Family and caregivers provide critical assistance with daily activities, medication management, and emotional support, enabling older adults to remain safely at home and avoid unnecessary hospitalization or institutional care.

When caregivers have access to training, respite services, and resources, they experience less stress and burnout, which directly benefits the well-being of those they provide care. Strengthening caregiver support systems ensures continuity of care, promotes independence, and creates a stable environment that fosters healthier aging and longer life expectancy.¹

Objectives

The following objectives outline key pathways and partnerships to improve caregiver support. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of family caregivers served through AGE funded programs
- Number of adult day visits funded through AGE programs
- Number of in-home respite visits funded through AGE programs
- Number of caregiver personal care services provided through AGE funded programs
- Number of caregiver homemaker services provided through AGE funded programs
- Number of family education and support groups offered through AGE funded programs

Objective 1.1 Promote and expand the use of care navigation support models.

AGE-Driven Pathways

- Use community health workers to support and expand care navigation.
- Build evidence for effective navigation models and engage payers to increase investment.
- Strengthen connections to specialty centers for newly diagnosed patients and caregivers.
- Improve access to quality care through person-centered, culturally responsive approaches.
- Promote virtual caregiving training, support groups, and 24/7 resource portals.

Objective 1.2 Raise awareness of caregiving role and available resources to support caregivers.

AGE-Driven Pathways

- Develop a standardized data collection method to measure family caregiver well-being and financial impacts.
- Create an educational campaign to increase caregiver self-identification.
- Reduce stigma to encourage use of available caregiver supports.
- Develop a geographic map of respite service providers to promote utilization and guide strategic planning.

Objective 1.3 Enhance policies and systems to support caregivers in the workplace.

AGE-Driven Pathways

- Partner with Ohio leaders to advocate for legislative policies supporting paid family leave.
- Collaborate with business partners to increase awareness of model policies that assist family caregivers.
- Use return on investment studies to demonstrate the financial effects of family caregiver support policies.

Aligning Caregiver Supports

AGE is collaborating with partners to increase uptake of the National Strategy to Support Family Caregiving, and has implemented an updated assessment tool to gather more accurate caregiver data. AGE supports and participates in Ohio Kinship and Adoption Navigator (OhioKAN), a responsive program serving children, kinship caregivers, and families statewide. AGE also surveyed AAAs to identify best practices and needs. In partnership with the National Technical Assistance Center on Grandfamilies and Kinship Families, AGE will continue assessing services, informing policy opportunities, and providing training and technical assistance.

Outcomes

Progress on improving caregiver supports will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome A.1 Increase policy supports for working caregivers.

Increase Ohio's rank out of 50 states and D.C. on policies that support working caregivers. (Data source: AARP Long Term Services and Supports State Scorecard)

Outcome A.2 Reduce negative financial impacts to family caregivers.

Reduce the current 41 percent of Ohio family caregivers experiencing negative financial impacts. (Potential data source: AARP Caregiving in the U.S. 2025 Report, Ohio profile)

Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve caregiver supports. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Care navigation support for caregivers, such as with [patient navigators](#) or [community health workers](#)
2. Respite care programs, such as [Lifespan Respite Care](#) and [adult day services](#)*

**Evidence of effectiveness is emerging.*





Community Supports and Services

Strengthen access to community supports and services to help older adults remain independent, connected, and actively engaged in their communities.

Community supports and services play a vital role in increasing life expectancy and improving overall health for older adults. These resources help individuals remain independent, socially connected, and engaged, reducing isolation and its associated health risks. Access to supportive services facilitates timely assistance with daily needs, while enrichment and volunteer activities promote purpose, mental stimulation, and physical activity. By fostering strong community connections and providing reliable support systems, these initiatives create a foundation for healthier aging, improved well-being, and longer, more fulfilling lives.²

Objectives

The following objectives outline key pathways and partnerships to improve community supports and services. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of personal care service hours provided to older Ohioans through AGE funded programs
- Number of ombudsman complaints resolved regarding HCBS
- Number of older Ohioans served through evidence-based health promotion programs funded by AGE
- Number of legal assistance cases completed through AGE funded programs

Objective 2.1 Increase awareness of, and participation in care coordination programs.

AGE-Driven Pathways

- Maintain Medicaid HCBS waivers and OAA services to support community living for older adults.
- Collaborate with state and local agencies, age-friendly communities, community organizations, and healthcare providers to raise awareness of community-based supports.
- Strengthen connections between the aging network and community health workers to improve care coordination.
- Expand awareness and use of virtual service delivery to enhance access for homebound and rural older adults.

Objective 2.2 Increase access to quality home- and community-based services by investing in supports for the direct care workforce.

AGE-Driven Pathways

- Provide education and training to service providers to strengthen geriatric-care-informed and trauma-informed practices.
- Deliver specialized training on topics such as dementia and ageism to support effective interactions between direct care workers and older adults.
- Collaborate with provider agencies on strategies to recruit and retain a high-quality workforce.
- Monitor and report on key quality of care metrics.

Objective 2.3 Increase participation in community-based enrichment activities.

AGE-Driven Pathways

- Conduct a survey and analyze the data from older adults to assess interest in and availability of community-based programs.
- Inventory current use of evidence-based and evidence-informed programming to strategically expand access.
- Identify innovative models for delivering community programs and activities in Ohio and share best practices across the aging network.

Objective 2.4 Increase awareness of, and participation in, volunteer and civic engagement opportunities.

AGE-Driven Pathways

- Promote organizations connecting older adults with volunteer opportunities in partnership with the Ohio AmeriCorps Seniors Association.
- Support development of statewide volunteer matching databases.
- Identify barriers to volunteerism and highlight effective, innovative models operating in Ohio.

Objective 2.5 Strengthen awareness of elder rights and empower older Ohioans to understand, navigate, and exercise those rights through information, support, and advocacy.

AGE-Driven Pathways

- Strengthen cross-system coordination and representation to advance access to legal services for older adults.
- Expand and promote elder abuse prevention programs to enhance older adult health and safety.
- Advance a comprehensive elder justice policy agenda to strengthen protections for older Ohioans.

Reducing Elder Abuse, Neglect, and Exploitation

Ohio is strengthening protections by increasing collaboration across systems to prevent elder abuse, neglect, and exploitation. Additionally, Ohio is working to educate older adults to empower them to understand their rights and use them with confidence. AGE and partners are working together to offer practical education such as workshops on advance directives, fraud and financial-scam prevention, and guidance on guardianship and decision-making, for older adults to learn how to recognize violations, speak up, and access help. Legal aid partners and the State Long-Term Care Ombudsman office provide direct support when older adults need to assert their rights in care settings or navigate complex legal situations.

Outcomes

Progress on improving community supports and services will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome B.1 Increase first time Level of Care assessment.

Increase the number of individuals who complete an initial Level of Care assessment system by 11 percent from 78,426 in FFY 2025 to 87,255 in FFY 2030, ensuring more older adults can live safely in their communities and increasing access to long-term support services.

Outcome B.2 Increase volunteerism.

Increase the percent of adults, age 65 and older, who report volunteering in the past 12 months from 28.1 percent (2022) to 33.7 percent (2030). (Data source: Corporation for National & Community Service, as compiled by America's Health Rankings)

Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve community supports and services. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Chronic disease self-management programs, including OAA-approved evidence-based health promotion programs (e.g., Wellness Recovery Action Plan (WRAP), Better Choices, Better Health)
2. Home- and community-based care coordination services, including case-managed care for community-dwelling elders, integrated long-term care for community-dwelling elders, community health workers, and Program of All-Inclusive Care for the Elderly (PACE)
3. The Ohio Interdisciplinary Teams (I-Teams) model and coordinated cross-agency response to investigate complex exploitation and abuse cases*

*Evidence of effectiveness is emerging.

Expanding Access to Home- and Community-Based Services (HCBS)

Ohio is committed to helping older adults live independently with high-quality supports at home and in the community. Through AGE, AAAs, Ohio Department of Medicaid, and many other aging network partners, Ohio is ensuring older adults have the services and supports they need to remain independent. Ohio's Aging Compass (see Page xx) will track progress through clear indicators to ensure a responsive and informed long-term care system.

Expanding access to managed HCBS – Ohio is evolving to ensure coordinated, person-centered options are available through PASSPORT, the Assisted Living Waiver, Next Generation MyCare Ohio, and expansion of PACE – Program for All-inclusive Care for the Elderly.

Building a more connected long-term care system – Ohio has actively pursued a more connected long-term care support system by raising awareness of and offering a broad range of services to support older Ohioans. AGE has emphasized the need to promote quality options for HCBS, enhance caregiver supports, and expanded tools like the Long-Term Care Quality Navigator.

Integrating Aging Network and Medicaid services – AGE administers Medicaid waivers within Ohio in conjunction with the AAAs. This robust integration ensures aligned care planning, and expanded consumer-directed options across programs.

Assistive Technology

AGE helps older adults learn about and access assistive technology that supports safety and independence at home. This includes devices such as low-vision and hearing aids, medication reminder systems, communication tools, dining assistance devices, and home automation equipment. Older Ohioans can call 1-800-784-3425 to explore available options. AGE also promotes Assistive Technology of Ohio, a federally funded nonprofit at The Ohio State University that offers device lending and rental, computer refurbishing, training, and other supports to help individuals remain independent as their abilities change.



Financial Well-Being

Improve the financial well-being of older Ohioans to ensure all can live safely and thrive as they age.

Improving the financial well-being of older adults leads to better health and longer life. Financial security improves access to health care, medications, and preventive services, allowing chronic conditions to be managed earlier and more effectively. It also reduces financial stress, which lowers the risk of mental health problems and stress-related illnesses.

With adequate resources, older adults are more likely to live in safe housing, eat nutritious food, and stay socially and physically active. These factors support independence, reduce disability, and improve overall health status. Over time, better financial well-being contributes to longer life expectancy and healthier aging.³

Objectives

The following objectives outline key pathways and partnerships to improve financial well-being. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of older adults receiving services funded through Home Energy Assistance Program (HEAP)
- Number of older adults receiving services funded through Ohio Senior Health Insurance Information Program (OSHIIP)
- Number of older adults receiving services funded through Medicare Improvements for Patients and Providers (MIPPA)
- Number of older adults receiving services funded through Senior Community Service Employment Program (SCSEP)

Objective 3.1 Increase education and awareness of policies and available resources to support financial health.

AGE-Driven Pathways

- Sustain implementation support for AGE programs that alleviate financial burden on older adults.
- Increase awareness and use of Ohio's Homestead Exemption among older adults.
- Increase awareness of, and participation in, the Ohio Senior Health Insurance Information Program (OSHIIP).
- Provide training to Ohio Means Jobs Centers to support engagement of older job seekers.
- Collaborate with partners to expand digital literacy programs that help older adults safely manage online banking, budgeting apps, and financial records.
- Partner with stakeholders to broaden knowledge of legal supports and encourage their use in addressing financial exploitation.

Objective 3.2 Strengthen workforce policies and programs that support choice for employment options.

AGE-Driven Pathways

- Sustain support for job entry training for low-income workers through the Senior Community Services Employment Program (SCSEP).
- Develop an educational campaign to highlight the value older workers bring to Ohio's workforce.
- Increase awareness and use of Ohio Department of Higher Education (ODHE) adult learner programs.
- Collaborate with OhioMeansJobs Workforce Development Boards to strengthen policies that support engagement of older workers.



Senior Community Service Employment Program

Authorized under Title V and administered by the U.S. Department of Labor, SCSEP provides community service opportunities, job training, and supportive services for unemployed, low-income older adults. By addressing common employment barriers, such as stress, limited support, physical demands, and strict qualification requirements, SCSEP helps participants build skills, improve long-term job prospects, and strengthen financial stability. The program offers individualized on-the-job training, tailored skill-building, and connections to services often delivered through OAA programs, including nutrition assistance, HEAP, home repairs, kinship care support, and transportation. SCSEP operators also collaborate with employers across the state to promote inclusive workplace policies and hiring practices that recognize and support older workers.

Outcomes

Progress on improving financial well-being will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome C.1 Increase median household income.

Increase median household income in the past 12 months with a householder, age 65 and older, from \$53,095 (2022) to \$55,091 (2030). (Data source: U.S. Census Bureau, American Community Survey)

Outcome C.2 Decrease poverty.

Decrease the percent of adults, age 65 and older, who live in households with incomes at or below the poverty level from 10.4% (2022) to 9.7% (2030). (Data source: U.S. Census Bureau, American Community Survey)

Featured Evidence-Informed Practices

The following programs, policies, and services can be implemented by aging network partners and others to improve financial well-being. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Education for older Ohioans on available benefits, including Social Security, survivor benefits, pensions, and veterans' services.
2. Income support policies, to include reviewing Supplemental Security Income (SSI) supplemental payments, promoting paid family and sick leave, and expanding access to unemployment insurance.
3. Planning for long-term services and supports, including OSHIIP*

**Evidence of effectiveness is emerging.*





Healthy Food Access

Ensure older adults have consistent access to affordable and nutritious food to support health, independence, and longevity.

Access to nutritious food is essential to maintain health, prevent or manage chronic disease, and extend life expectancy. A healthy diet supports physical strength, cognitive function, and immune system health, reducing the risk of hospitalization and disability. Ensuring consistent access to healthy meals supports older adults and alleviates stress about food availability. By strengthening programs that provide affordable, balanced food options and connecting individuals to reliable food resources, communities create a foundation for better health outcomes and longer, more independent lives.⁴

Objectives

The following objectives outline key pathways and partnerships to improve community supports and services. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of older adults served congregate meals through AGE funded programs
- Number of older adults receiving home-delivered meals provided through AGE funded programs
- Number of new alternative meal distribution programs established through AGE funding
- Number of older adults receiving services funded through Senior Farmers Market Nutrition Program (SFMNP)

Objective 4.1 Promote, expand, and maintain policies and systems that encourage healthy eating.

AGE-Driven Pathways

- Research innovative policy models and collaborate with partners on policies to improve malnutrition and food insecurity.
- Work with Ohio leaders on “Food Is Medicine” initiatives and ensure older adults are included in planning and implementation.
- Share best practices for retail-based healthy food accessibility and identify ways to strengthen connections with aging network service providers.
- Coordinate with policymakers and key partners to prioritize federal and state nutrition programs that support healthy eating for older adults.

Objective 4.2 Improve access to affordable healthy foods.

AGE-Driven Pathways

- Collaborate with transportation systems on initiatives that improve access to healthy foods by reducing transportation barriers.
- Research national models for healthy food incentive programs for growers and retailers, and advocate for expanding resources that specifically support older adults.
- Partner with existing community dining providers—including higher education institutions, community-based organizations, and faith-based organizations—to connect and expand co-located community dining sites.

Objective 4.3 Increase awareness of available resources to support healthy eating and nutrition education.

AGE-Driven Pathways

- Empower older adults to find resources by promoting and maintaining an online database of available food programs and nutrition education. (e.g. foodbanks, senior centers, faith-based organizations).
- Coordinate with nonprofit organizations to cross promote food programs and nutrition education.
- Support technology that enables online grocery delivery and meal-ordering platforms to increase access to healthy foods.
- Prioritize program participants by implementing a risk-based process for existing nutrition service programs, using nutrition risk scores.
- Collaborate with nutrition service providers to prioritize older adults at high nutrition risk and those at risk for malnutrition.
- Establish and expand person-centered approaches within existing food programs (e.g. grab-and-go, culturally appropriate meals, and meal satisfaction).

Addressing malnutrition

Nationally, 3.7 million older adults are malnourished and one in four struggles with poor nutrition. In Ohio, the 2018 Malnutrition Prevention Commission found that over 443,000 older adults face hunger, nearly 672,000 are isolated, and nearly 695,000 live at or near the poverty line. These factors contribute to food insecurity, low SNAP participation, and unintentional weight loss. The risk is heightened when combined with the presence of chronic disease, depression, and functional decline. In response, AGE, and key partners will monitor malnutrition and food insecurity data, continue working to expand SNAP outreach, and enhance senior nutrition services (including congregate and home-delivered meals and nutrition education). Together, these combined efforts aim to reduce malnutrition, improve health outcomes, and lower health care costs among older Ohioans.

BY THE NUMBERS

443,000
Older Ohioans
face hunger

672,000
Older Ohioans
are isolated

695,000
Older Ohioans live at or
near the poverty line

Outcomes

Progress on improving healthy food access will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome D.1 Decrease food insecurity.

Decrease the percentage of adults age 60 and older who lack access to enough food for an active and healthy life due to limited financial resources from 6.5 percent (2022) to 4.7 percent (2030). (Data source: Feeding America, Food Insecurity Among Seniors and Older Adults Report Series, as compiled by America's Health Rankings)

Outcome D.2 Decrease concern about food running out.

Decrease the percentage of Ohioans age 65 and older who worry about food running out before having money to buy more in the past 12 months from 9.5 percent (2023) to 7.7 percent (2030). (Data source: Ohio Medicaid Assessment Survey)

Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve healthy food access. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Nutrition service programs for older adults, including diversified funding for congregate, grab and go, and home-delivered meals
2. Healthy food affordability initiatives, including healthy food initiatives in food banks and competitive pricing for healthy food





Quality and Coordinated Health Care

Ensure older adults have access to coordinated, quality care that supports disease prevention, identification, management, and recovery.

Quality and coordinated health care boost older adults' life expectancies and support healthy aging by enabling early detection and prevention, managing complex chronic conditions, reducing harmful errors (like drug interactions), preventing hospitalizations, and integrating social support. By focusing on personalized, team-based care and addressing social factors, healthcare systems can prevent crises and promote sustained well-being.⁵

Objectives

The following objectives outline key pathways and partnerships to improve community supports and services. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of older Ohioans participating in evidence-based health promotion programs funded through AGE
- Number of older Ohioan contacts through the Ohio Senior Health Insurance Information Program (OSHIIIP)
- Number of older Ohioans enrolled in case management with a care plan and active services funded through AGE programs

Objective 5.1 Expand use of care coordination models and improve systems that support care transitions.

AGE-Driven Pathways

- Strengthen coordination between healthcare systems and aging-services systems to improve care transitions..
- Identify Ohio best-practice care-transition models and support uptake through learning communities and incentives.
- Promote the use of community health workers to improve care coordination.
- Expand access to telehealth, remote patient monitoring, and digital health coaching, particularly in rural and underserved areas.

Objective 5.2 Increase systemic use of early detection and screening tools.

AGE-Driven Pathways

- Develop a best practice process map, in collaboration with partners, to integrate early detection and screening tools into primary care settings.
- Provide regional data on the most prevalent health conditions among older adults to demonstrate the need for early detection and screening tools.
- Increase optimal use of electronic health records to ensure appropriate screenings are administered during annual visits.
- Strengthen partnerships with Federally Qualified Health Centers to provide education on older adult health topics and increase screening efforts.

Objective 5.3 Increase access to chronic disease prevention and behavioral and cognitive health promotion programs.

AGE-Driven Pathways

- Implement a survey to identify older adults' priority health concerns and program interests.
- Inventory current evidence-based programs and expand capacity based on regional health needs.
- Strengthen partnerships between clinical providers and community organizations to ensure programs are available for adults who screen positive for a health condition.
- Expand innovative transportation models that support attendance at healthcare appointments and health promotion sessions.

Objective 5.4 Increase awareness of affordable healthcare coverage and support programs.

AGE-Driven Pathways

- Maintain or expand capacity for existing services to support affordable health care for older adults.
- Inventory and assess current healthcare coverage and affordability programs, including areas of low uptake.
- Increase awareness of and access to affordability programs in underutilized areas.

Preventing Chronic Disease

Preventing chronic disease helps older Ohioans stay independent, reduce avoidable healthcare costs, and improve overall well-being. Ohio's aging network targets conditions that disproportionately affect older adults through dementia initiatives, fall-prevention programs, and mental health efforts focused on screenings, referrals, and reducing isolation. Together, these strategies build a more connected, resilient system that supports health, autonomy, and quality of life.

Outcomes

Progress on improving quality and coordinated health care will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome E.1 Increase usual source of care.

Increase the percentage of adults age 65 and older with a usual source of care from 93.8% (2023) to 96.3% (2030). (Data source: Ohio Medicaid Assessment Survey)

Outcome E.2 Decrease emergency department visits.

Decrease emergency-department visits per 1,000 Medicare beneficiaries from 606 (2023) to 549 (2030). (Data source: CMS Mapping Medicare Disparities)



Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve quality and coordinated health care. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Programs and services that reduce healthcare costs, including patient financial incentives for preventive care, charity care, affordable cessation therapy for tobacco and other substances, healthy home environment assessments (e.g., the Healthy Homes Program), patient shared decision making, telemedicine/telehealth, federally qualified health centers (FQHCs), medical homes, and Ryan White providers
2. Early detection and screening, including cognitive impairment screening; hypertension screening and follow-up, including outside of clinical settings; depression and suicide risk screening; risk assessment and personalized approaches to fall prevention; Prediabetes and Type 2 Diabetes screening; breast, colorectal, and lung cancer screening; Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Brief Intervention and Treatment for Elders (BRITE)
3. Care transition and discharge planning supports, including Care Transitions Intervention (CTI), HOME Choice program,* and PREPARE For Your Care

**Evidence of effectiveness is emerging.*



Reliable Transportation

Improve access to reliable transportation for older adults to support independence, social engagement, and better health.

Reliable transportation is a critical factor for promoting health and longevity for older adults. It creates a foundation for healthier aging by enabling access to medical care, nutritious food, social activities, and other community resources. Being able to confidently reach these essential services and maintain social connections improves physical and mental health and well-being.⁶

Objectives

The following objectives outline key pathways and partnerships to improve caregiver support. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of transportation coordination service hours provided through AGE funded programs
- Number of older adults utilizing local mobility manager services
- Number of assisted transportation trips provided through AGE funded programs
- Number of vehicle safety programs offered through AGE funded programs

Objective 6.1 Expand access to public and local transportation systems.

AGE-Driven Pathways

- Improve education and awareness of public and local transportation options for older adults.
- Work with partners to adapt existing transportation services to increase use among older adults.
- Identify promising practices in nontraditional transportation models (e.g., rideshare partnerships) and expand statewide capacity to offer them.

Objective 6.2 Increase utilization of coordinated transportation and navigation services for older adults.

AGE-Driven Pathways

- Collaborate with Ohio Department of Transportation (ODOT) to increase visibility and use of local mobility manager services.
- Research and quantify benefits of navigation coordination programs within the healthcare systems for non-Medicaid eligible older adults.

Objective 6.3 Increase participation in vehicle safety programs.

AGE-Driven Pathways

- Identify current service levels for vehicle safety programs operating in Ohio.
- Build capacity and partnerships to offer additional vehicle safety programs for older adults.



Outcomes

Progress on improving reliable transportation will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome F.1 Increase access to transportation.

Decrease the percentage of adults age 65 and older who report difficulty accessing reliable transportation in the last 12 months from 3.5% (2023) to 2% (2030). (Data source: Ohio Medicaid Assessment Survey)

Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve reliable transportation. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Transportation system coordination and navigation, including mobility managers and support for travel training
2. Transportation services, including public transportation systems and rural transportation services*
3. Medical transportation, including non-emergency medical transportation (NEMT) services and the Veterans Transportation Program

**Evidence of effectiveness is emerging.*





Safe and Accessible Housing

Promote safe and accessible housing to support aging in place and reduce housing cost burden.

Safe, stable, and affordable housing is vital for the health and longevity of older Ohioans. It reduces hazards, supports mental well-being, and enables access to care. Increasing awareness of housing resources and affordability policies ensure seniors can access assistance before crises occur. Expanding home repair and modification programs facilitates safe aging in place, preventing injuries and reducing hospitalizations. Growing service-enriched housing options that combine affordable housing with supportive services reduces isolation, improves health outcomes, and lowers healthcare costs. These strategies strengthen independence and quality of life while easing financial burdens and community concerns about housing.⁷

Objectives

The following objectives outline key pathways and partnerships to improve community supports and services. Pathways were designed to meet each objective and strengthen collaboration between AGE and network partners.

An inventory of which sectors are well-positioned to partner on implementation of the objectives is available in Attachment H.

AGE Program Measures of Success:

- Number of older Ohioans served through housing enriched services funded through AGE programs
- Number of home modifications completed for Medicaid enrollees funded through AGE programs
- Number of older Ohioans receiving housing assistance and foreclosure prevention services funded through AGE programs

Objective 7.1 Increase awareness of policies and available program resources to support housing stability and affordability.

AGE-Driven Pathways

- Increase awareness of financial assistance programs that help older adults live independently.
- Establish a housing workgroup of aging network partners and housing experts to integrate older adult needs into existing systems, regional plans, and universal-design updates.
- Strengthen partnerships to elevate aging-related housing needs in policy development and advocacy efforts.
- Coordinate with partners to expand capacity and access to legal assistance services that help prevent eviction.

Objective 7.2 Increase access to home repairs and modification programs.

AGE-Driven Pathways

- Inventory existing home repair and modification programs and providers.
- Identify high-need regions and build capacity for home-repair and modification services (e.g., expanding funding and investing in promising models).

Objective 7.3 Expand access to service-enriched housing options.

AGE-Driven Pathways

- Increase visibility of service-enriched housing options and the programs that support them.
- Collaborate with the Ohio Housing Finance Agency (OHFA) and others to increase development of service-enriched housing.

Outcomes

Progress on improving safe and accessible housing will be monitored using the following outcomes. Attachment G contains a full list of outcomes tracked in the State Plan.

Outcome G.1 Decrease severe housing cost burden.

Decrease the percentage of households with a householder age 65 or older who spend 50% or more of their income on housing costs from 11.6% (2024) to 10.8% (2030). (Data source: U.S. Census Bureau, American Community Survey; via Public Use Microdata Files)

Outcome G.2 Decrease community concern about paying for housing.

Decrease the percentage of Ohioans age 65 and older who report that paying for housing is a very or moderately big problem in their community from 41.8% (2023) to 38.2% (2030). (Data source: Ohio Medicaid Assessment Survey)

Featured Evidence-Informed Practices

The following programs, policies, and services can also be implemented by aging network partners and others to improve safe and accessible housing. A full list of evidence-informed practices, as well as additional information to support implementation, is available in Attachment H.

1. Financial assistance programs, such as the USDA Rural Rental Assistance Program (section 521), Low-income Home Energy Assistance Program (LIHEAP), and Ohio's Homestead Exemption*
2. Home repair and modification programs, such as Life-Long Homes Coalition, Home hazard removal program (HARP), CHORE Handyman Service, NeighborLink, Cultivate Safety Net Services, and Seniors Helping Other Seniors (SHOP)
3. Service-enriched housing, such as rapid rehousing programs and Housing First

**Evidence of effectiveness is emerging.*



Notes

1. Data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death by Single Race Files via CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER), as compiled by America's Health Rankings. "CDC WONDER." CDC. <https://www.americashealthrankings.org/explore/measures/YPLL/OH>
2. Data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Health Risk Factor Surveillance System, as compiled by Health Policy Institute of Ohio. "BRFSS Web Enabled Analysis Tool." <https://nccd.cdc.gov/weat/#/crossTabulation/selectYear>
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11. Hollander, Sarah. "Affordable Housing in Ohio Key to Aging in Place." AARP States, January 19, 2026. <https://www.aarp.org/states/ohio/affordable-housing-in-ohio-key-to-aging-in-place/>



PACE Ribbon Cutting, Ashtabula

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

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

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

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

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

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

(d) The publication for review and comment required by paragraph (2)(C) of subsection

(a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

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

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

- (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for

approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

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

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and

outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

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

the plan contains assurances that area agencies on aging will (i) enter into contracts

with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

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

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

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

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

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

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

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

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

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

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

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

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

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

identify individuals eligible for assistance under this Act, with special emphasis

on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the

Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

- (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...

Signature and Title of Authorized Official

Date

Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“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” (45 CFR § 1321.3).

“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

- (1) identify and consider populations in greatest economic need and greatest social need;
- (2) describe how they target the identified the populations for service provision;
- (3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
- (4) establish methods for serving the prioritized populations; and
- (5) use data to evaluate whether and how the prioritized populations are being served.

RESPONSE:

(1) AGE added a formal definition of greatest social and economic need to Ohio Administrative Code (OAC) that states the following:

- Greatest economic need: uses the same definition found in 42 USC 3002 and 45 CFR 1321.3 and means the need resulting from an income level at or below the Federal poverty level and as further defined by State and strategic area plans based on local and individual factors, including geography and expenses.

(A) Greatest social need: uses the same definition found in 42 USC 3002 and 45 CFR 1321.3 and means the need caused by noneconomic factors, which include:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - ◊ (i) Racial or ethnic status;
 - ◊ (ii) Native American identity;
 - ◊ (iii) Religious affiliation;

- ◊ (iv) Sexual orientation, gender identity, or sex characteristics;
- ◊ (v) HIV status;
- ◊ (vi) Chronic conditions;
- ◊ (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
- ◊ (viii) Interpersonal safety concerns;
- ◊ (ix) Rural location; or
- ◊ (x) Any other status that:
 - » (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
 - » (B) Threatens the capacity of the individual to live independently; or
- (4) Other needs as further defined by State and area plans based on local and individual factors.

(2) Ohio prioritizes those with greatest social and economic need in the State Plan on Aging through a coordinated process that combines state-level guidance with local AAA planning. AGE provides training and technical assistance to AAAs to help them build focused outreach plans and works closely with state partners who develop tools such as social determinants of health data and health improvement zones data dashboards. Each AAA then creates its own strategic outreach plan tailored to its service area. Additionally, AGE conducted detailed data analyses as part of the statewide needs assessment to identify groups of older adults with the greatest social and economic need, including populations whose outcomes were at least 10% worse than statewide averages. These findings guide how priority populations are defined and how services are directed across all priority areas.

(3) Ohio established priorities for serving priority populations by using statewide data and findings from the needs assessment, as outlined in the State Plan narrative. AGE will continue to use its established intrastate funding formula (IFF) methodology, which ensures that resources are allocated in alignment with population characteristics and identified needs across planning and service areas. AGE uses the most recent and reliable population data to weight the distribution of Title III-B, III-C1, III-C2, III-D and III-E funds.

In addition to statewide prioritization, AAAs develop their own strategic outreach plans for the prioritized populations within their strategic area plans. These plans reflect both the State Plan's identified priority populations and local demographic and service trends. Together, the statewide methodology and AAA-level planning allow Ohio to prioritize one or more priority populations even when funds and resources are limited.

(4) AAAs use their needs assessment data to identify the populations with the greatest social and economic need for each objective in their strategic area plans. By prioritizing these groups, AAAs can direct OAA funding and resources toward populations most in need, which strengthens service delivery by ensuring programs are targeted, responsive, and aligned with local gaps and demand.

(5) AGE will implement an internal plan monitoring dashboard to ensure implementation and evaluation of each strategy identified in the State Plan. This will incorporate the use of a dashboard where all identified metrics in the plan are updated, annual reports to evaluate progress, and oversight of AAA Strategic Plan implementation and evaluation through annual update reports.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

RESPONSE:

There are no federally recognized tribes located within Ohio, as such no Title VI funding is administered. Since no funding is administered there is no service coordination required between those funding sources. Native American identity is included in the state's definition of greatest social and economic need. This allows for area agencies to provide outreach and support to any person with a Native American identity.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21):

The plan shall —

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

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the

Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

RESPONSE:

Although there are no federally recognized tribes located within Ohio, AGE will initiate partnerships with tribal representatives within the state to strengthen existing partnerships for all priority populations, including Native American Ohioans. Through these partnerships, AGE will advocate for the needs of older Native American Ohioans and pursue activities to further support increased access to all aging programs and benefits.

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

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

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

RESPONSE:

(A) The number of low-income (poverty status) minority older individuals in Ohio is 53,997, 65+ or 109,018 for 55+.

- This is based on the 'Poverty Status in the Past 12 Months by Sex by Age' ACS 5-year estimate for 2024 which is the latest available.
- The minority calculation is taking the total amount of individuals that meet these criteria and subtracting the 'white only' individuals.

The number of individuals 65+ with limited English proficiency in Ohio, 113,567.

- This is based on the 'Age by Language Spoken at Home for the Population 5 Years and Over' ACS 1-year estimate for 2024 which is the latest available.
- Households with limited English proficiency is determined as if no member speaks only English at home or speaks a language other than English at home and speaks English "very well".

(B) AGE and AAAs are required to identify and prioritize services to those with greatest social and economic need, including low-income minority older adults and with limited English proficiency. Therefore, these populations are prioritized within the strategies across the State and Strategic Local Plans.

Rural Areas – Hold Harmless

OAA Section 307(a)(3):

The plan shall—

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

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

RESPONSE:

(i) AGE will not spend less in rural areas than the amount expended for such services for fiscal year 2000. This requirement is reflected within the IFF.

(ii) AGE's projected costs of providing Title III services to older individuals residing in rural areas is approximately \$11,000,000 annually, based on FY25 Expenditures to serve these individuals and is projected to be maintained over the course of the four (4) years of this plan.

(iii) As part of Ohio's rural health transformation application the special needs and strengths of older adults in rural communities were evaluated. As part of developing strategic area plans, each AAA conducts a public hearing and a comprehensive needs assessment to identify service gaps within their planning and service area. The resulting findings and strategies for addressing those needs are incorporated directly into their plans. Because each AAA serves regions that include rural communities, AGE incorporates a rural factor within the Intrastate Funding Formula (IFF) to account for these areas. AAAs also maintain their own local funding formulas that prioritize populations with the greatest needs, including those residing in rural areas, and these formulas are submitted to AGE for review as part of the strategic area plan process. In addition, AAAs describe their targeted outreach activities each year, demonstrating how they will address the identified service needs of priority populations, including older Ohioans living in rural communities.

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

RESPONSE:

AGE will meet this requirement through the combined use of strategic area plan assurances and the IFF factors and weights. Each AAA receives a base allocation for Title III programs; after base and administrative amounts are set aside, remaining Title III funds are distributed using population-based weight factors. Within the IFF, a designated rural factor ensures that a portion of funding is directed specifically to rural areas. In addition, AAAs maintain their own established local funding formulas that further prioritize populations with the greatest needs, including older adults residing in rural communities. AAAs also conduct ongoing targeted outreach activities to ensure that the service needs of older individuals living in rural areas are identified and addressed.

Approximately 26.2% of Ohioans aged 65 and older live in rural areas, according to 2023 data. In some rural Ohio regions, 12.4% to over 40% of the elderly population (60+) live in designated rural areas, with high concentrations in the northeast, northwest, and southeast. The proportion of older Ohioans is growing, with 25.1% of the state's population expected to be 60 or older by 2030.

Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

Ohio ensures that each strategic area plan includes information on coordination around assistive technology by embedding this requirement directly into the strategic area plan instructions and templates that AAAs must follow. AAAs are required to describe how they will work with the State agency to disseminate information about the State's assistive technology entity and promote access to assistive technology options for older adults. AGE reinforces this through technical assistance, training, and ongoing guidance, as well as through its review and approval process for strategic area plans. During monitoring and annual updates, AAAs must demonstrate how they have carried out these coordination activities, ensuring that information about assistive technology and available resources is consistently shared across all planning and service areas.

Minimum Proportion of Funds

OAA Section 307(a)(2):

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

(C) ***specify a minimum proportion*** of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). ***(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)***

RESPONSE:

The minimum proportion of funds required to be expended by each AAA to provide access, in-home, and legal assistance services is five percent (5%) of Title-III B funds, for each of these three service categories, before transfers. As part of the strategic area plan process, each AAA is required to demonstrate its allocation of the required five percent for the service categories of access, in-home, and legal assistance. This data is captured in the operational budget portion of each AAA's strategic area plan. Additionally, AGE maintains a policy for AAAs, specific to priority services, that supports and enforces the requirements.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

(i) AGE conducted a Statewide Needs Assessment to understand the needs of older adults and their caregivers across the state in addition to the region-based assessments conducted by each AAA. AGE has projected changes in populations for Ohio for 2030 and 2050. Additional detailed information related to projected change in the number of older Ohioans can be found by referencing the Statewide Needs Assessment and context section of this state plan.

(ii) As Ohio prepares for a significant increase in the number of older adults over the next 10 years, the needs assessment played a critical role in identifying how these demographic changes will affect older adults and their caregivers. The assessment highlighted growing needs in areas such as food access, transportation, caregiver support, social connection, and navigating long-term services—all challenges expected to intensify as the population ages. For example, with more older adults living alone and more individuals aging into chronic conditions, the State Plan includes strategies to strengthen home- and community-based services, expand nutrition and social engagement programs, improve transportation coordination, and enhance information and assistance systems. By grounding the Plan's priorities in the needs assessment, Ohio ensures its strategies directly respond to both current needs and the anticipated pressures created by a rapidly expanding older adult population.

(iii) Through the strategic area plan process, AGE and the AAAs work together to identify local, state, and federal funding sources that support services beyond the Older Americans Act. This shared approach strengthens planning by allowing both AGE and the AAAs to assess how these funding streams influence service delivery and to position, or reposition, resources where they will have the greatest impact for high-priority older Ohioans. Collaboration also ensures that decisions are informed by both statewide perspective and local insight, creating a more coordinated, efficient, and responsive aging network. In addition, AGE will adjust programs and policies based on ongoing needs assessment findings, using this information to enhance program management, improve service quality, and drive stronger system performance.

(iv) AGE recognizes that Ohio is expecting substantial growth in the number of individuals age 85 and older and understands that this shift will significantly increase the need for long term services and supports, caregiver assistance, and help managing chronic health conditions. Through the strategic framework outlined in this State Plan, AGE is positioning Ohio to proactively respond to these emerging demands. This coordinated and forward looking approach ensures that the State Plan functions as a unifying roadmap, bringing partners together and guiding targeted action to improve the lives of all older Ohioans as the population continues to age.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition

(C-1) Service Funding (*Optional, only for States that elect to pursue this activity*)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- (A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated

based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to **complement** the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

- (1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
- (2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
- (3) Description of the eligibility criteria for service provision;
- (4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
- (5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE:

AGE has elected to allow AAAs the option to provide 'Alternative Meal Distribution' for Title III, part C-1 funds. Alternative Meal Distribution will not exceed 25% of the funds expended by ODA under Title III, part C-1 to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR 1321.9(c)(2)(iii) are completed. Alternative Meal Distribution includes shelf-stable, pick-up, carry-out, drive-through, or similar modes of providing meals.

AGE will provide a Technical Guidance Letter (TGL) to all AAAs to ensure full compliance with ODA's standards and federal requirements. AAAs will be requested to view a pre-recorded procedure training video no later than thirty days after the publication of the TGL. The procedure training video will provide the steps necessary for pre-approval to use Title III, part C-1 funds for Alternative Meal Distribution and examples of documentation necessary for compliance with federal requirements including data on congregate participation, eligibility criteria, and outreach/implementation plans.

Should a local AAA choose to provide this Alternative Meal Distribution utilizing OAA Title III-C 1 funds, the local AAA will need pre-approval from AGE. In subsequent years, AAA's Local strategic area plan Annual Updates will to need include the following information: Data and projections of Alternative Meal Distribution utilization; monitoring tools on program participation; eligibility requirements for participation; tools used to evaluate participants in greatest social and economic need; outreach plan; implementation plan; and financial records showing that no more than 25% of Title III, part C-1 funds after transfers are used to pay alternative meal distribution.

Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation:

AGE has existing data from the Annual State Program Report (SPR) including people served and units of service for Title III, part C-1

In 2019 (pre-COVID-19), 44,911 people were served in Title III, part C-1. During years 2020 and 2021, AGE did notice a decline in the Title III, part C-1 services. Then beginning in 2022, AGE saw an increase towards pre-COVID-19 levels: 34,966 persons served (2022), 40,470 (2023), and 44,371 (2024). AGE will monitor this trend to monitor congregate meal program participation.

In the Federal Fiscal Year (FFY) 2022 and 2023 SPR ODA reported a considerable 39% increase in meals served. In FFY 2023, there was an additional and significant 10% increase. The congregate meal service is on a consistent return to pre-COVID-19 service levels.

During COVID-19, AAAs utilized alternative meal distribution due to congregate sites not being available and when the State of Emergency was lifted many AAAs verbally requested to utilize alternative meal distribution modes.

If an AAA requests to provide alternative meal distribution, number of meals distributed in such way will be captured in ODA's data management system. AAAs will enter monthly both a total of congregate consumers/meals and then also a subset of those that are receiving the alternative distribution mode. ODA will monitor this quarterly.

Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need:

AGE will provide a webinar and Technical Guidance Letter (TGL) to AAAs on Greatest Social and Economic Need. All AAAs will be requested to view the recorded webinar no later than 30 days after publication of TGL.

AGE defines **Greatest Economic Need** as the need resulting from an income level at or below the federal poverty level and as further defined by state and strategic area plans based on local and individual factors, including geography and expenses. ODA prioritizes greatest social and economic need by utilizing identifying factors in its intrastate funding formula to ensure resources are focused on highest need areas.

Should an AAA request to provide Alternative Meal Distribution with Title III, part C-1 funds, this webinar will provide tools and operational guidance to assist with prioritization and documentation necessary to provide to ODA for pre-approval.

1. Description of the eligibility criteria for service provision:

a. Participants must meet OAA eligibility criteria in addition to AAA's identified prioritization list including additional populations based upon local considerations.

2. Evidence of consultation with area agencies on agencies on aging, nutrition and other direct services providers, other interested parties, and the general public regarding the provision of such meals:

a. AGE hosted an Older American's Act Regulation Update – Work Session for AAAs, providers, and general public on how new policies may impact organizations and to identify solutions to assist with smooth implementation.

b. AGE completed an Amendment to the State Plan on Aging for the 2023–2026 planning period. This Amendment updates Attachment B – Information Requirements to allow for Alternative Meal Distribution, consistent with recent updates to the Code of Federal Regulations (CFR) under the Older Americans Act. In accordance with federal requirements, AGE issued a public notice on November 20, 2025, announcing a 30-day public comment period on the proposed Amendment. The public comment period concluded on December 20, 2025. These updated information requirements are also incorporated into the 2027–2030 State Plan on Aging submission.

3. Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other interested parties:

a. AGE will have regularly scheduled meetings with AAAs choosing to provide alternative distribution modes.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE:

Ohio meets the requirements of 45 CFR 1324 Subpart A by maintaining strong coordination between AGE and the State Long Term Care Ombudsman Office, ensuring clear roles and responsibilities, targeted use of Title III and Title VII funds, and consistent program oversight. Through designated funding for Ombudsman services, structured collaboration with AAAs, and policies that monitor performance, Ohio supports compliant resolution, advocacy, training, and conflict of interest safeguards in alignment with federal standards.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE:

All Title VII, Chapter 3 funds are distributed to local regional programs. AGE serves on the Board of the Ohio Coalition for Adult Protective Services. Both AGE and SLTCO participate in the Ohio Elder Abuse Commission. SLTCO participates in the Supreme Court's subcommittee on adult guardianship. Additionally, AGE partners with the Ohio Department of Job and Family Services Adult protective Services Unit on educational opportunities. Regional long-term care ombudsman programs participate in local coalitions and I-Teams to discuss elder abuse prevention, detection, investigation, and protective services. SLTCO advocates for the least restrictive solutions, including, but not limited to limited guardianships and assisting consumers with communicating with probate courts. SLTCO programs engage law enforcement when complaints warrant and with appropriate consent. Confidentiality is a pillar of SLTCO and a regular focus of designation and service review conducted by state ombudsman designees. Legal counsel provided by AGE and the Ohio Attorney General act, as needed, to protect the records of SLTCO.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE:

Through its annual monitoring schedule, annual AAA strategic area plan review and continuous risk based oversight, AGE ensures that all assurances in Attachment A are fully implemented and maintained throughout the State Plan cycle, in accordance with 45 CFR 1321.27(m).

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE:

AGE's State Plan on Aging is directly informed by and built upon the strategic area plans developed by the state's AAAs. AGE began by reviewing the most recent AAA needs assessments and provided technical assistance to support consistent data collection related to greatest social and economic need. These local assessments and planning documents helped shape the statewide priority areas and strategies. The State Plan reflects current AAA programs, services, and initiatives, along with all required topic areas from the Administration on Aging. Additionally, the priority areas in the State Plan guided the development of the AAA strategic area plan goals template, ensuring alignment between statewide priorities and local planning. AAAs also played an active role in the creation of the State Plan as members of the State Plan on Aging Advisory Committee, which met eleven times throughout the planning period to offer insight, share local perspectives, and provide feedback on plan development and implementation. This robust, iterative collaboration ensures that the State Plan is grounded in the realities of local needs and programs, and that statewide strategies are fully informed by AAA experience and expertise.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE:

AGE used a comprehensive, statewide engagement process to ensure the views of older Ohioans, family caregivers, service providers, and the public informed development of the State Plan, in alignment with federal expectations for public involvement to gather direct input from older adults and caregivers. AGE hosted town halls and listening sessions across all regions of Ohio, including urban, suburban, rural, and Appalachian areas. These sessions provided opportunities for residents to share experiences with aging services, unmet needs, and priorities for the next four years. AGE also conducted key informant interviews with 12 service providers, representing AAAs, community based organizations, healthcare partners, legal and advocacy programs, and aging network stakeholders. Their insights helped AGE understand operational challenges, service gaps, and emerging needs across the state. In addition, AGE administered a statewide needs assessment survey, open to older adults, caregivers, and stakeholders. Results from the survey helped identify statewide themes, regional variations, and priority populations experiencing the greatest economic and social need.

AGE incorporated these perspectives into the State Plan by aligning goals, strategies, and outcomes with the issues raised during engagement activities. Themes such as caregiver support, housing, transportation, elder abuse prevention, access to home and community based services, and social isolation emerged consistently and directly shaped State Plan priorities.

In administering the State Plan, AGE continues to consider these views by using them to guide program oversight, allocate resources, and refine technical assistance to AAAs. Needs and priorities identified through engagement are also integrated into ongoing monitoring, evaluation, and policy development to ensure the State Plan remains responsive throughout the plan cycle.

To support broad public review, ODA posted the draft State Plan online for a minimum 30 day public comment period, as required by 45 CFR 1321.29(c) and widely announced the opportunity through AAAs, stakeholder networks, distribution lists, and social media. AGE reviewed every comment received during this period, categorized the feedback, and made adjustments to strengthen clarity, expand focus on priority populations, and ensure alignment with community needs. A summary of public comments and AGE's responses was compiled and used to finalize the State Plan.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

- (1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
- (3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
- (4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

RESPONSE:

AGE intends to utilize the program development and coordination activities component when unspent funds are returned. Utilization of this option would only occur after the first 10 percent of the total allocation was spent on supportive services. Program development and coordination activities will be utilized in the pursuit of cross cutting state plan administration to support broad priorities across the aging services network. As required, AGE will go through the public comment process to garner feedback on any spending proposals.

**Legal Assistance Developer
45 CFR § 1321.27 (l):**

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE:

AGE has designated a qualified individual to serve as the Legal Assistance Developer who possesses the expertise and capacity necessary to promote high-quality legal services for older adults throughout the state.

The Legal Assistance Developer will be responsible for providing leadership in developing and maintaining statewide legal assistance systems that address the priority legal needs of older persons. This includes coordinating with Area Agencies on Aging, legal services providers, and other stakeholders to ensure that legal assistance funded under the Older Americans Act is accessible, effective, and responsive to the needs of older adults, particularly those with the greatest social and economic need.

AGE will support the Legal Assistance Developer in conducting ongoing assessments of the legal needs of older adults and identifying service gaps and emerging issues. The Legal Assistance Developer will assist in the development of statewide strategies to address these needs, promote the delivery of high-quality legal assistance, and encourage collaboration between aging services networks and the legal community.

In addition, the Legal Assistance Developer will work with legal assistance providers and partners to develop program standards, promote best practices, and support training and technical assistance for entities delivering legal services to older adults. AGE will also ensure that the Legal Assistance Developer participates in state planning processes, including the development and implementation of the State Plan on Aging, and contributes to efforts that strengthen consumer protections and safeguard the rights of older individuals.

Through these activities, AGE will ensure that the Legal Assistance Developer effectively advances the coordination, quality, and availability of legal assistance services for older adults consistent with federal requirements.

**Emergency Preparedness Plans – Coordination and Development
OAA Section 307(a)(28):**

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

RESPONSE:

AGE participates in all Ohio Emergency Operations Agency CAS 1 level briefings, including informing and, as needed, activating AAAs and aging network providers. Staff at AGE and SLTCO support emergency support functions 6 (Mass Care) and 8 (Public Health). AGE also serves on the Sage Ohio Assessment Team and is, as needed, deployed to support local disaster response and recovery efforts across the state.. AGE continues to work closely with the AAAs to strengthen network collective emergency and response protocols. AGE is in development of an internal Emergency Preparedness Standard Operating Procedure for the entire agency that outlines all coordinated activities.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

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

RESPONSE:

AGE serves on Ohio Emergency Management Agency committees to develop, update, and exercise various state preparedness, response, and recovery plans. The AGE Director is responsible for providing leadership, direction, and support of the Department's emergency and disaster planning, training, activation, and recovery efforts. The Director's objective is to ensure AGE's critical business processes are operational in the event that normal operations are disrupted or threatened during an emergency. The Director also helps support the essential services of the State of Ohio during a catastrophic event. The Director is AGE's primary liaison with the Governor's Office and other key State agencies including, but not limited to, the State Emergency Management Agency Emergency Operations Center and the Ohio Department of Health.

During activation of AGE's Continuity of Operations Plan (COOP), Standard Operating Procedure, or its Pandemic Plan, the AGE Director maintains ultimate responsibility for maintaining AGE's critical functions and for supporting the State of Ohio's broader essential functions which include: Maintenance of Civil Law and Order; Provision of Essential Services to the Public; Ensuring Availability of Public Works; Ensuring Continuity of Government; Ensuring Economic Stability; and Offering of Resources and Logistical Support to other State agencies.

Intrastate Funding Formula (IFF)/Funds Distribution Plan Requirements

Ohio Intrastate Funding Formula

Ohio's current Intrastate Funding Formula (IFF) methodology was developed under demographic and policy conditions that have changed substantially over time. Population shifts, increasing economic vulnerability among older adults, changing patterns of service utilization, and evolving expectations around transparency and accountability demonstrated a strong need for updating the formula. In 2026, members of AGE, in accordance with Section 305(a)(2)(C) and (D) of the OAA of 1965, engaged all twelve (12) Area Agency on Aging (AAA) Directors, in partnership with Scripps Gerontology Center at Miami University, in a series of consultations to review, plan, and develop a revised IFF. Through this collaborative process, stakeholders reached consensus on a funding distribution methodology that reflects the geographic distribution of Ohio's older adult population, older adults with greatest social and economic need, as well as differences in service intensity and access challenges across communities. These considerations are consistent with the requirements and intent of the Older Americans Act while also promoting transparency, administrative simplicity, and long-term sustainability within Ohio's aging network.

Ohio Existing IFF

Prior to distribution under the IFF to AAAs, 5 percent of the total award amounts is deducted from each Title III category (III-B, III-C1, III-C2, III-D, and III-E) for State Plan Administration. Next, 10 percent of the remaining total award balances in the following Title III categories (III-B, III-C1, and III-C2) is deducted from Title III-C1 for Area Plan Administration (AGE refers to this as Title III-A Admin). Also, 10 percent of the remaining total award balance in Title III-E is deducted from that category for Area Plan Administration (AGE refers to this as Title III-E Admin). Finally, funds are deducted from the remaining Title III-B award for SLTCO set-aside based on a minimum of the maintenance of effort level from 2019.

Title III Methodology

Each AAA is allocated a base grant of \$375,000 from Title III-B, Title III-C1, and Title III-C2. Of that amount, \$170,000 is allocated for administrative costs. After base and administrative funds are removed, the balance of Title III funding to each agency is based on the population factor weights:

Title III-B, III-C, and III-E funds are allocated based on these population factor weights:

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

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

- Medically Underserved Individuals at or above age 60: 40 percent
- Individuals at or above age 60: 20 percent
- Minorities at or above age 60: 20 percent
- Individuals at or above age 60 and below federal poverty level: 20 percent

For each weighted factor, using the data sources listed below, the total number of individuals per AAA for each factor is first divided by the total number of individuals across the state for that factor and then multiplied by the assigned weight. This is applied to each AAA, for each of the factors and weights. These are then summed to obtain a total percentage allocation.

Data Source:

- Ages 60+ and 75+: “P12 Sex by Age – Universe: Total Population,” U.S. Census Bureau, Census 2020 (expected).
- Poverty 60+: “S21042: Sex by Poverty Status in Previous Year by Household Type (Including Living Alone) and Relationship for the Population 60 Years and Older,” 2012-2016 American Community Survey.
- Minority 60+: “P121: Sex by Age (White Alone, Not Hispanic or Latino)” and “P12: Sex by Age – Universe: Total Population,” U.S. Census Bureau, Census 2020 (expected).
- Live Alone 60+: “P24: Households by Presence of People 60 Years and Over: Household Size and Household Type.” U.S. Census Bureau, Census 2020 (expected).
- Rural 60+: “R: Urban/Rural Update,” U/S/ Census Bureau, Census 2020 (expected).
- Medically Underserved Individuals 60+: “Medically Underserved Areas/Populations,” U.S. Department of Health and Human Services, Health Resources and Services Administration, and “P12: Sex by Age – Universe: Total Population,” U.S. Census Bureau, Census 2020 (expected).

Ohio Revised IFF (Ohio FFY 2027-2030)

During the 2027-2030 State Plan period, AGE is using Census data for population factor weights in its IFF. For the FFY 2027-2030 allocations, AGE will update the relevant data sources using current data from the Census as referenced below.

The allocation of Title III funds to AAAs is based on the economic and social needs of the population of people aged 60 or older in each planning and service area after a base level of funding is assured to each agency.

Before applying the IFF to distribute funds to the AAAs, AGE deducts 5 percent of the total awarded amounts from each Title III category (III-B, III-C1, III-C2, III-D, and III-E) for State Plan Administration. Next, funds are deducted from the remaining Title III-B award to support the State Long-Term Care Ombudsman (SLTCO) program, based on at least the FFY 2019 maintenance of effort level. Following, 10 percent of the remaining total award balances in Title III-B, Title III-C1, and Title III-C2 is deducted from Title III-C1 for Area Plan Administration (AGE refers to this as Title III-A Admin). Also, 10 percent of the remaining total award balance in Title III-E is deducted from that category for Area Plan Administration (AGE refers to this as Title III-E Admin).

Title III Methodology

Each AAA is allocated a base grant of \$375,000 from Title III-B, Title III-C1, and Title III-C2. Of that amount, \$170,000 is allocated for administrative costs. After base and administrative funds are removed, the balance of Title III funding to each AAA is based on the population factor weights listed below.

Title III-B, II-C, III-D, and III-E funds are allocated based on these population factor weights:

Factor	Weight	Data Source	Purpose
Individuals at or above age 60 (OA)	35 percent	“P12: Sex by Age - Universe: Total Population,” U.S. Census Bureau, 2020 Census.	Reflect the proportion of the population of older Ohioans as required by OAA 305(a)(2)(C)(i)
Individuals at or above age 65 and below 150% of the Federal Poverty Level (FPL)	40 percent	“B17024: Age by Ratio of Income to Poverty Level in the Past 12 Months” U.S. Census Bureau, 2023 American Community Survey.	Reflect the proportion of older Ohioans at greatest social and economic need for services; as required by OAA 305(a)(2)(C)(ii)
Minorities at or above age 60 (M)	7.5 percent	“P121: Sex by Age (White Alone, Not Hispanic or Latino)” and “P12: Sex by Age - Universe: Total Population,” U.S. Census Bureau, 2020 Census.	Reflect the proportion of older Ohioans at greatest social and economic need for services; as required by OAA 305(a)(2)(C)(ii)
Individuals at or above age 60 who live alone (LA)	10 percent	“PCT5: Households by Presence of People 60 Years and Over: Household size and Household Type,” U.S. Census Bureau, 2020 Census.	Reflect the proportion of older Ohioans at greatest social and economic need for services; as required by OAA 305(a)(2)(C)(ii)
Individuals at or above age 60 who live in rural areas (R)	7.5 percent	“P12: Population 60 years and over Urban & Rural” U.S. Census Bureau, 2020 Census.	Reflect the proportion of older Ohioans at greatest social and economic need for services; as required by OAA 305(a)(2)(C)(ii) and in alignment with Rural Minimum Expenditures outline in 1321.9(c)(2)(viii) of the OAA Final Rule

The allocation formula is shown below:

$$.35(pOA)T + .4(pFPL)T + .075(pM)T + .1(pLA)T + .075(pR)T$$

p is the proportion a AAA has of a specific factor (number of individuals per region for each factor divided by the total number of individuals across the state for that factor).

T is available Title III dollars after all deductions and AAA base are removed.

Factor by AAA – Population count and percentage of factor by AAA

AAA	Individuals at or above age 60 (OA)	Individuals at or above age 65 and below 150% of the Federal Poverty Level (FPL)	Minorities at or above age 60 (M)	Individuals at or above age 60 who live alone (LA)	Individuals at or above age 60 who live in rural areas (R)
AAA1	389,552 (13%)	43,325 (12%)	67,599 (16%)	97,896 (13%)	50,925 (7%)
AAA2	303,869 (10%)	35,493 (10%)	44,190 (10%)	81,905 (11%)	78,069 (10%)
AAA3	92,962 (3%)	10,753 (3%)	6,291 (1%)	22,925 (3%)	43,100 (6%)
AAA4	234,723 (8%)	27,388 (8%)	32,041 (7%)	63,275 (8%)	72,572 (9%)
AAA5	139,177 (5%)	17,720 (5%)	8,332 (2%)	34,883 (5%)	71,669 (9%)
AAA6	407,547 (14%)	44,586 (12%)	75,990 (18%)	103,024 (13%)	70,602 (9%)
AAA7	111,226 (4%)	19,120 (5%)	5,418 (1%)	28,456 (4%)	75,602 (10%)
AAA8	64,769 (2%)	10,326 (3%)	2,690 (1%)	16,570 (2%)	48,641 (6%)
AAA9	129,698 (4%)	18,565 (5%)	6,341 (1%)	33,176 (4%)	78,263 (10%)
AAA 10A	559,757 (19%)	71,696 (20%)	125,631 (29%)	158,004 (20%)	60,792 (8%)
AAA 10B	316,901 (11%)	35,405 (10%)	37,607 (9%)	82,003 (11%)	55,989 (7%)
AAA 11	187,486 (6%)	25,623 (7%)	20,133 (5%)	51,213 (7%)	59,618 (8%)
Total	2,937,707 (100%)	360,000 (100%)	432,263 (100%)	773,330 (100%)	765,842 (100%)

Transition

The new methodology will be fully implemented for FFY28 and will continue to be used in succeeding years. For FFY27, AGE and the AAAs agreed that incorporating a transition year between the current allocation model and the revised IFF would support a measured implementation process, allowing regions affected by funding shifts sufficient time to adjust to the new methodology and maintain service continuity.

A phased transition will:

- Minimize disruption to existing services;
- Allow AAAs time to adjust staffing, contracts, and operations;
- Support responsible fiscal planning;
- Reduce the likelihood of abrupt service reductions in high-loss regions; and,
- Promote successful long-term adoption of the revised formula.

FFY27 will be a transition year and will utilize a 50/50 blend of the current and the new allocation methods. This will be achieved by determining the allocation amounts using both the current and updated allocation methods. The variances between the two allocation methods will be split in half, blending the two methods.

The first table below presents the allocation in the FFY27 transition year, assuming award amounts in FFY27 equal the FFY26 levels. The second table shows the allocation in FFYs 28-30 utilizing the revised IFF and assuming funding in subsequent years equal the FFY26 levels.

Allocation by AAA FFY27 – Transition 50/50, assuming level funding as FFY26

AAA	AAA Administration	III-B Supportive Services	III-C1 Congregate Meals	III-C2 Home-Delivered Meals	III-D Preventative Health	III-E	III-E Services	Total
AAA1	\$ 477,647	\$ 1,577,079	\$ 1,745,413	\$ 1,521,686	\$ 99,601	\$ 80,244	\$ 722,196	\$ 6,223,866
AAA2	\$ 425,984	\$ 1,323,451	\$ 1,464,712	\$ 1,276,966	\$ 84,769	\$ 66,769	\$ 600,918	\$ 5,243,569
AAA3	\$ 247,400	\$ 446,720	\$ 494,402	\$ 431,029	\$ 26,792	\$ 20,189	\$ 181,695	\$ 1,848,227
AAA4	\$ 365,716	\$ 1,027,579	\$ 1,137,260	\$ 991,486	\$ 82,183	\$ 51,049	\$ 459,443	\$ 4,114,716
AAA5	\$ 287,934	\$ 645,718	\$ 714,640	\$ 623,038	\$ 31,229	\$ 30,761	\$ 276,849	\$ 2,610,169
AAA6	\$ 483,530	\$ 1,605,964	\$ 1,777,380	\$ 1,549,556	\$ 103,679	\$ 81,778	\$ 736,008	\$ 6,337,895
AAA7	\$ 277,326	\$ 593,640	\$ 657,004	\$ 572,790	\$ 66,283	\$ 27,994	\$ 251,947	\$ 2,446,984
AAA8	\$ 231,503	\$ 368,677	\$ 408,030	\$ 355,728	\$ 28,304	\$ 16,041	\$ 144,377	\$ 1,552,660
AAA9	\$ 288,135	\$ 646,704	\$ 715,732	\$ 623,989	\$ 38,863	\$ 30,813	\$ 277,320	\$ 2,621,556
AAA 10A	\$ 666,213	\$ 2,502,817	\$ 2,769,961	\$ 2,414,908	\$ 186,731	\$ 129,429	\$ 1,164,855	\$ 9,834,914
AAA 10B	\$ 422,959	\$ 1,308,598	\$ 1,448,274	\$ 1,262,635	\$ 71,259	\$ 65,980	\$ 593,818	\$ 5,173,523
AAA 11	\$ 337,547	\$ 889,281	\$ 984,201	\$ 858,046	\$ 52,259	\$ 43,702	\$ 393,313	\$ 3,558,349
Total	\$ 4,511,894	\$ 12,936,228	\$ 14,317,009	\$ 12,481,857	\$ 871,952	\$ 644,749	\$ 5,802,739	\$ 51,566,428

Allocation by AAA FFY28-30 – Revised IFF, assuming level funding as FFY26

AAA	AAA Administration	III-B Supportive Services	III-C1 Congregate Meals	III-C2 Home-Delivered Meals	III-D Preventative Health	III-E	III-E Services	Total
AAA1	\$ 476,330	\$ 1,570,617	\$ 1,738,260	\$ 1,515,450	\$ 108,057	\$ 79,901	\$ 719,106	\$ 6,207,721
AAA2	\$ 421,005	\$ 1,299,007	\$ 1,437,660	\$ 1,253,381	\$ 88,541	\$ 65,470	\$ 589,231	\$ 5,154,295
AAA3	\$ 247,371	\$ 446,578	\$ 494,245	\$ 430,893	\$ 27,292	\$ 20,181	\$ 181,628	\$ 1,848,188
AAA4	\$ 365,884	\$ 1,028,402	\$ 1,138,171	\$ 992,280	\$ 69,097	\$ 51,093	\$ 459,836	\$ 4,104,763
AAA5	\$ 291,730	\$ 664,352	\$ 735,263	\$ 641,017	\$ 42,940	\$ 31,751	\$ 285,759	\$ 2,692,812
AAA6	\$ 495,094	\$ 1,662,736	\$ 1,840,213	\$ 1,604,335	\$ 114,676	\$ 84,795	\$ 763,155	\$ 6,565,004
AAA7	\$ 285,003	\$ 631,328	\$ 698,715	\$ 609,154	\$ 40,567	\$ 29,996	\$ 269,968	\$ 2,564,731
AAA8	\$ 235,661	\$ 389,089	\$ 430,621	\$ 375,423	\$ 23,161	\$ 17,126	\$ 154,137	\$ 1,625,218
AAA9	\$ 291,456	\$ 663,007	\$ 733,774	\$ 639,719	\$ 42,843	\$ 31,680	\$ 285,116	\$ 2,687,595
AAA 10A	\$ 650,869	\$ 2,427,487	\$ 2,686,590	\$ 2,342,224	\$ 169,625	\$ 125,426	\$ 1,128,834	\$ 9,531,055
AAA 10B	\$ 416,464	\$ 1,276,715	\$ 1,412,988	\$ 1,231,871	\$ 86,939	\$ 64,286	\$ 578,572	\$ 5,067,835
AAA 11	\$ 335,027	\$ 876,911	\$ 970,510	\$ 846,110	\$ 58,213	\$ 43,044	\$ 387,398	\$ 3,517,213
Total	\$ 4,511,894	\$ 12,936,229	\$ 14,317,010	\$ 12,481,857	\$ 871,951	\$ 644,749	\$ 5,802,740	\$ 51,566,430

Ohio Title VII Methodology

The allocation of Title VII Ombudsman funds to the AAAs is based solely on the percentage of current year licensed nursing home and residential care facility beds, licensed by the Ohio Department of Health, and class 2 residential facilities licensed by the Ohio Department of Behavioral Health. Title VII Elder Abuse Prevention funds are allocated to the AAA based on population age 75 and over ("P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, 2020 Census) and the square miles in each region, with a 90 percent weight given to population age 75 and older and a 10 percent weight given to square mileage.

Nutrition Services Incentive Program Methodology

Nutrition Services Incentive Program (NSIP) funds are allocated using the percentages of the AAA's prior-year reconciled NSIP eligible meal counts (i.e. FFY27 NSIP allocations are based on FFY26 final reconciled eligible meals).

Identification of Geographic Boundaries



Evidence of Providing the Minimum Public Comment Period

Placeholder

Summary Report of Needs Assessment Activities

Purpose and Process

To inform Ohio's 2027-2030 State Plan on Aging, the Ohio Department of Aging (AGE) conducted a **2025 Summary Assessment of Older Ohioans**. The Summary Assessment brings together insights from multiple sources, reflecting the experiences and perspectives of many older adults, caregivers, and service providers across Ohio.

The assessment is designed to answer the following key questions:

1. What do older Ohioans need to achieve optimal health and well-being?
2. What factors shape the health and well-being of older Ohioans?

The methods and findings from these needs assessment activities are described below.

Needs Assessment Key Findings

The following key findings emerged from the Summary Assessment. These findings, and the data on which they are founded, directly informed the goals, priorities, and objectives of the State Plan on Aging. These findings were also shared with the Advisory Committee, who provided feedback on them. A more detailed methodology can be found in the Summary Assessment document.

1. Social connections and community engagement are essential behavioral health and well-being supports for older Ohioans.

One in six older Ohioans report feeling lonely, and older adults, caregivers, and service providers note that social isolation has increased in recent years. Ohio's suicide death rate among older adults is lower than the U.S. overall, and yet poor mental health and overdose deaths among older adults are trending in the wrong direction. Community members and service providers highlight that social isolation, safety risks, and stigma lead to emotional distress and worse mental health among older adults.

2. Older adults want to remain physically active as they age to prevent and manage chronic disease, and maintain and improve their quality of life.

Older adults and caregivers identify physical activity as a priority, and desire physical activity programs at a variety of ability levels to improve quality of life, promote health, and manage chronic conditions. While many older adults are motivated to stay active and make healthy choices, community members often encounter systemic barriers such as limited transportation, food insecurity, lack of accessible health care, and inadequate social support.

3. More caregiver and community-based supports are needed to sustain independent living for older Ohioans.

Older adults report wanting to live independently in their own homes as they age, but several barriers exist, including a lack of available home health services, family connections, and community relationships.

4. Older Ohioans struggle to afford basic needs, including food and housing.

While the median household income for Ohio households that include an older adult has increased in recent years, many older Ohioans struggle to afford basic needs because inflation is outpacing their fixed incomes. For example, more than one in 10 older Ohioans spend over half their income on housing costs, and community members note challenges maintaining a healthy diet due to rising food

costs. Income-based eligibility criteria prevent many older Ohioans from accessing financial assistance for housing, food, and other necessities.

5. Reliable transportation specific to the needs of older adults is a gap in Ohio.

Almost one in 10 older Ohioans reported experiencing challenges accessing certain health services because they lacked access to transportation. AAAs emphasize the need for transportation services that are tailored to the needs of older adults, particularly those with mobility and cognitive challenges.

6. Quality health care services are inaccessible to many older Ohioans with greatest economic and social need.

Ohio is trending positively on several measures of health care quality, including avoidable emergency department visits, depression screenings, and long-term services and supports for Medicaid enrollees in community-based settings. However, affordable access to quality health care services is still a challenge for older Ohioans with the greatest economic and social needs, including Ohioans who are Black, live in rural communities, have lower educational attainment, and/or are eligible for both Medicare and Medicaid. Community members and service providers describe challenges related to the complexity of navigating health care, long wait times, insurance coverage limitations, and shrinking provider networks.

7. Older adults and caregivers need reliable access to information about programs and services to support health and well-being.

Older Ohioans and their caregivers often struggle to access services offered by the aging network because of challenges with communication and outreach. The growing reliance on digital resources, combined with limited digital literacy and broadband access, makes it harder for older Ohioans to access essential services.

Needs Assessment Methods

The Summary Assessment key findings are supported by data and the perspectives of older adults, caregivers, and service providers across Ohio. The Summary Assessment integrates data from the following sources:

Quantitative Data

The Summary Assessment includes thirty-four population-level metrics selected from the [objectives of the 2023-2026 State Plan on Aging](#) and the [2020 Summary Assessment of Older Ohioans](#). These metrics were updated for the assessment using data from national and state surveys, as well as data provided by the Ohio Departments of Health (ODH) and Medicaid (ODM).

HPIO assessed Ohio's progress toward short-term target data values for each metric as available (based on short-term targets from the 2023-2026 State Plan), as well as Ohio trend over time and comparison to the U.S. overall. Demographic data was provided by the Ohio Department of Aging.

Based on available data, the groups of Ohioans with odds of a negative outcome at least 10% worse than the state overall from the 2023-2026 State Plan on Aging objectives were identified as group with the greatest economic and social needs in the Summary Assessment.

Qualitative Data

The Summary Assessment elevates qualitative data gathered through 12 provider key informant interviews with service providers and six community listening sessions conducted across Ohio. These methods were selected to capture both provider perspectives and the lived experiences of older adults and caregivers, with a focus on identifying needs, challenges, and opportunities for improvement in aging-related services.

By interviewing staff from six of Ohio's AAAs and hosting community listening sessions in partnership with six AAAs, qualitative data was collected from all 12 AAA regions in Ohio.

HPIO and AGE hosted 12 key informant interviews with service providers who work to meet the needs of older adults in Ohio, including six Area Agencies on Aging (AAAs) and six additional service providers with a focus on those who work with older adults with the greatest economic and social needs.

Provider Key Informant Interviews

The 12 one-hour key informant interviews were conducted virtually with service providers who support older adults in Ohio, as well as those who serve older Ohioans with the greatest economic and social need, including:

- Six Area Agencies on Aging (AAAs):
 - ◊ AAA 1: Council on Aging of Southwestern Ohio
 - ◊ AAA 3: Area Agency on Aging 3
 - ◊ AAA 5: Ohio District 5 Area Agencies on Aging
 - ◊ AAA 6: Central Ohio Area Agency on Aging
 - ◊ AAA 9: Area Agency on Aging Region 9
 - ◊ AAA 10b: Direction Home Akron Canton Area Agency on Aging
- Six additional providers serving older Ohioans:
 - ◊ Benjamin Rose Institute on Aging
 - ◊ Coalition on Homelessness and Housing in Ohio
 - ◊ LeadingAge Ohio
 - ◊ Ohio Alliance of YMCAs
 - ◊ Ohio Association of Foodbanks
 - ◊ Ohio Association of Senior Centers

Key informant interviews explored the top health and well-being strengths and challenges experienced by older adults in Ohio, as well as the perspectives of service providers. Participants were selected to ensure both statewide and regional representation, with a deliberate focus on organizations serving aging populations who are most at risk for poor outcomes.

Community Listening Sessions

Six two-hour, in-person community listening sessions were held in diverse regions across Ohio to elevate the voices of older adults and caregivers. HPIO partnered with AAAs, senior centers, and other trusted community organizations to recruit participants. A flyer was designed for each event and was shared with the following groups for distribution:

- AAAs hosting the community listening sessions
- Senior centers in the six AAA regions
- All members of the SPOA Advisory Committee, including:
 - ◊ State associations
 - ◊ Service providers
 - ◊ Nonprofit organizations and coalitions
 - ◊ State agencies and commissions
- Additional stakeholder groups identified by AGE

The sessions hosted a total of 133 participants including older adults and caregivers in the following counties:

- Cuyahoga County (n=26)
- Lucas County (n=13)
- Mahoning County (n=27)
- Montgomery County (n=26)
- Pike County (n=20)
- Washington County (n=21)

The sessions were guided by open-ended questions and encouraged discussion of challenges, services, and supports for older Ohioans and their caregivers.

Program and Partnership Information

The Summary Assessment included program and service data from AGE's 2024 State Performance Report, a requirement of the federal Administration for Community Living. Ancillary data was also collected and included from AGE administrative programs, programs of other Ohio state agencies, and key aging network partners to describe current programs that support healthy aging in Ohio.

Local Plan Information

In developing the Summary Assessment, HPIO reviewed the most recent AAA needs assessments and strategic area plans. The most recent local needs assessments (developed between 2022 and 2025) and strategic area plans (completed in 2022) were reviewed to highlight priorities identified by the AAAs.

Additional Needs Assessment Activities

During the development of the Summary Assessment, AGE also performed the following needs assessment activities:

- Six town halls that included 180 older Ohioans, caregivers, providers, and lawmakers
- A survey of 1,935 older Ohioans and caregivers
- Gathered input from 57 AGE employees through an internal online survey

Town Halls

The needs assessment integrates qualitative data collected through a series of statewide town halls. A total of six town halls were held across the state to gather direct input from older adults, caregivers, and community partners. These sessions were designed to elevate lived experiences and identify emerging concerns, barriers, and opportunities related to aging in Ohio.

Town hall discussions explored topics such as access to home and community based services, nutritional supports, transportation, caregiver needs, social isolation, and experiences navigating the long term services and supports (LTSS) system. Notes and transcripts from each session were reviewed to identify recurring themes, regional differences, and perspectives unique to populations with the greatest economic and social needs.

Statewide Needs Assessment Survey and AGE Staff Survey

Two surveys were used to gather additional quantitative data: the 2025 Statewide Needs Assessment Survey and the internal AGE Staff Survey. The statewide survey collected responses from older Ohioans and caregivers across all of Ohio. The survey was distributed both online and in paper format to maximize reach and accessibility.

Survey responses were analyzed to identify trends in service use, barriers to access, and areas of unmet need among older Ohioans, with particular attention to individuals with the greatest economic and social needs. AGE's internal staff survey complemented these findings by capturing the perspectives of agency staff on service gaps, emerging challenges, and opportunities for improvement across aging services.

Results from both surveys were compared across regions, demographic groups, and service areas to identify consistent themes and region specific variations. Where possible, survey findings were aligned with indicators from the 2023–2026 State Plan on Aging to assess progress and inform future program priorities.

AGE convened an Advisory Committee to inform and provide feedback on the work of the Summary Assessment of older Ohioans and the State Plan on Aging. The Committee met twice during development of the Summary Assessment to provide feedback on the conceptual framework and key findings of the Summary Assessment.

Older Ohioans with the Greatest Economic and Social Need

Through the activities above, the Summary Assessment highlights data on the health and well-being of older Ohioans with the greatest economic and social need. In particular, these needs were elevated through:

- Quantitative data disparities. Identifying gaps in outcomes for groups of Ohioans in the population-level data for Ohioans with the greatest economic and social need.
- Community perspectives. Elevating the needs identified by older adults and caregivers in communities across Ohio, including older Ohioans of color (50% of community listening session participants) and older Ohioans living in rural and Appalachian counties (two of the six listening sessions were hosted in rural or Appalachian counties).
- Service provider feedback. Describing the experiences of providers serving older Ohioans with critical needs such as housing, nutrition, and financial stability.

Detailed Outcome Tables

The 2027-2030 Ohio State Plan on Aging establishes clear outcomes to reflect its purpose that all Ohioans live longer, healthier lives with dignity and autonomy. All three overarching goals and all seven priorities include at least one defined outcome. Outcomes for the three overarching goals have a short, intermediate, and long-term target set, and the seven priorities have a short and intermediate target. Groups with the greatest social and economic need were identified for outcomes when data was available.

The State Plan on Aging includes both long-term and intermediate outcomes, serving as population-level indicators monitoring the health and well-being of older Ohioans. The two long-term outcomes, life expectancy and overall health status, monitor progress toward the State Plan's purpose. The intermediate outcomes monitor advancement toward the long-term outcomes and help assess whether Ohio is on track to improve population-level health over time.

More detailed information about the outcomes (e.g., targets, descriptions of the outcomes) are provided throughout this Attachment. Attachment H includes short-term outcomes ("measures of success"), indicators which monitor the work of the Department of Aging and other aging network partners to implement the State Plan.

Overarching Goals

Goal 1: Physical and Behavioral Health

Long-term Outcomes

Outcome A.1. Increase Life Expectancy

Indicator (source)	Baseline (2018-2022)	2023-2028 target	2025-2030 target	2027-2033 target
Life expectancy. Average life expectancy for all Ohioans at birth based on current mortality rates. (U.S. Census Bureau and the Ohio Department of Health)	75.9	76.4	76.6	76.9

Note: No group for whom data was available experienced outcomes at least 10% worse on this metric compared to the state.

Outcome A.2. Improve Overall Health Status

Indicator (source)	Baseline (2023)	2028 target	2030 target	2033 target
Overall health status. Percent of Ohioans, age 65 years and older, who self-rate their health as fair or poor. (Ohio Medicaid Assessment Survey)	20.1%	19.2%	18.9%	18.3%
Ohioans with the greatest social and economic need				
Black	30.8%	24.6%	22.1%	18.3%
Hispanic	29.0%	23.7%	21.5%	18.3%
Rural Appalachian	22.6%	20.5%	19.6%	18.3%
138% FPL and below	32.3%	25.3%	22.5%	18.3%
>138% FPL – 250% FPL	25.4%	21.9%	20.5%	18.3%

Intermediate Outcomes

Outcome A.3. Decrease Poor Mental Health Days

Indicator (source)	Baseline (2023)	2028 target	2030 target
Poor mental health days. Percent of adults, age 65 and older, who report their mental health was not good for 14 or more days in the past 30 days. (Behavioral Risk Factor Surveillance System, as compiled by America's Health Rankings)	8.8%	8.3%	8.1%

Ohioans with greatest economic and social need include older adults who:

- Are female
- Have low incomes

Outcome A.4. Decrease Chronic Conditions

Indicator (source)	Baseline (2023)	2028 target	2030 target
Chronic conditions. Percent of Ohio adults, age 60 and older, who have ever been diagnosed with any of the following chronic conditions: asthma, cancer, congestive heart failure, COPD, coronary heart disease, diabetes, heart attack, high cholesterol, hypertension, and/or stroke. (Ohio Medicaid Assessment Survey)	86.7%	82.1%	80.2%

Note: No group for whom data was available experienced outcomes at least 10% worse on this metric compared to the state.

Outcome A.5. Decrease Cognitive Difficulty

Indicator (source)	Baseline (2023)	2028 target	2030 target
Cognitive difficulty. Percent of adults, age 65 and older, who report having cognitive difficulty. (Behavioral Risk Factor Surveillance Survey)	7.6%	7.2%	7%

Ohioans with greatest economic and social need include older adults who:

- Are Black
- Have low educational attainment

Goal 2: Social Connection and Community Living

Outcome B.1. Decrease Social Isolation Risk

Indicator (source)	Baseline (2023)	2028 target	2030 target
Social isolation risk. Index (out of 100) of social isolation risk factors among adults, age 65 and older. (U.S. Census Bureau, American Community Survey, as compiled by America's Health Rankings)	63	59	57

Notes: Metrics in the social isolation risk index include: Living in poverty; living alone; being divorced, separated or widowed; having never married; having a disability; and having independent living difficulty.

This indicator does not allow for disaggregation of data. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify the Ohioans who have the greatest social and economic need.

Outcome B.2. Increase Broadband Access

Indicator (source)	Baseline (2024)	2028 target	2030 target
Broadband access. Percent of Ohioans, age 65 and older, who live in households with access to broadband (high speed) internet. (U.S. Census Bureau, American Community Survey; via Public Use Microdata Files)	66.9%	68.7%	69.6%

Ohioans with greatest economic and social need include older adults who:

- Have low incomes

Goal 3: Elder justice and respect

Outcome C.1. Decrease Elder Abuse, Neglect, and Exploitation

Indicator (source)	Baseline (SFY 2022)	SFY 2028 target	SFY 2030 target
Elder abuse, neglect, and exploitation. Number of reports of elder abuse, neglect, or exploitation for adults, age 60 and older, living in the community. (Ohio Department of Job and Family Services)	36,016	Monitor only, no target	

Notes: Elder abuse, neglect, and exploitation are significantly underreported in Ohio. AGE and partners will work to increase reporting. Data for this indicator will be monitored and reported annually. A target for reducing reports should be set once underreporting is not an issue and prevalence of elder abuse, neglect, and exploitation is more fully captured in the data.

This indicator does not allow for disaggregation of data. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify the Ohioans who have the greatest social and economic need.

State Plan Priorities: Intermediate Outcomes

Financial Well-Being

Outcome D.1. Increase Median Household Income

Indicator (source)	Baseline (2024)	2028 target	2030 target
Median household income. Median household income in the past 12 months with a householder, age 65 and older. (U.S. Census Bureau, American Community Survey)	\$53,095	\$54,426	\$55,091

Ohioans with greatest economic and social need include older adults who:

- Are female and living alone
- Are men and living alone

Outcome D.2. Decrease Poverty

Indicator (source)	Baseline (2024)	2028 target	2030 target
Poverty. Percent of adults, age 65 and older, who live in households with incomes at or below the poverty level. (U.S. Census Bureau, American Community Survey)	10.4%	10.0%	9.7%

Ohioans with greatest economic and social need include older adults who:

- Are female
- Live in rural, Appalachian counties
- Are people of color, specifically Black, Hispanic, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander

Outcome E.1. Decrease Food Insecurity

Indicator (source)	Baseline (2022)	2028 target	2030 target
Food insecurity. Percent of adults, age 60 and older, who lack access to enough food for an active and healthy life due to limited financial resources. (Feeding America, Food Insecurity Among Seniors and Older Adults Report Series, as compiled by America's Health Rankings)	6.5%	5.1%	4.7%

Note: This indicator does not allow for disaggregation of data. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify Ohioans with greatest economic and social need.

Outcome E.2. Decrease Concern About Food Running Out

Indicator (source)	Baseline (2023)	2028 target	2030 target
Worry about food running out. Percent of Ohioans, 65 years and older, who worry about food running out before getting money to buy more in the past 12 months. (Ohio Medicaid Assessment Survey)	9.5%	8.2%	7.7%

Ohioans with greatest economic and social need include older adults who:

- Are Black
- Are female
- Have low incomes
- Live in metropolitan counties

Safe and accessible housing

Outcome F.1. Decrease Severe Housing Cost Burden

Indicator (source)	Baseline (2024)	2028 target	2030 target
Severe housing cost burden. Percent of households with a householder (owner or renter), age 65 or older, who spend 50% or more of their income on housing costs. (U.S. Census Bureau, American Community Survey; via Public Use Microdata Files)	11.6%	11.1%	10.8%

Ohioans with greatest economic and social need include older adults who:

- Are Asian or Black
- Are female
- Are renters
- Have low incomes

Outcome F.2. Decrease Community Concern About Paying for Housing

Indicator (source)	Baseline (2023)	2028 target	2030 target
Housing affordability concern, community. Percent of Ohioans, age 65 and older, who report that paying for housing is a very or moderately big problem in their community. (Ohio Medicaid Assessment Survey)	41.8%	39.2%	38.2%

Ohioans with greatest economic and social need include older adults who:

- Are Black or Hispanic
- Are female
- Have low incomes
- Live in rural, Appalachian counties

Reliable Transportation

Outcome G.1. Increase Transportation Access

Indicator (source)	Baseline (2023)	2028 target	2030 target
Transportation access. Percent of adults, age 65 and older, who report difficulty accessing reliable transportation in the last 12 months. (Ohio Medicaid Assessment Survey)	3.5%	2.4%	2%

Ohioans with greatest economic and social need include older adults who:

- Are Black or Hispanic
- Are female
- Have low incomes
- Live in metropolitan or rural, Appalachian counties

Outcome H.1. Increase Usual Source of Care

Indicator (source)	Baseline (2023)	2028 target	2030 target
Usual source of care. Percent of people, age 65 and older, with a usual source of care. (Ohio Medicaid Assessment Survey)	93.8%	95.6%	96.3%

Ohioans with greatest economic and social need include older adults who:

- Are Asian

Outcome H.2. Decrease Emergency Department Visits

Indicator (source)	Baseline (2023)	2028 target	2030 target
Emergency department visits. Number of visits to the emergency department, per 1,000 Medicare beneficiaries. (Mapping Medicaid Disparities)	606	565	549

Ohioans with greatest economic and social need include older adults who:

- Are Black or Hispanic

Community Supports and Services

Outcome I.1. Increase Medicaid HCBS Waiver Enrollment

Indicator (source)	Baseline (2024)	2028 target	2030 target
Medicaid Home and Community-Based (HCBS) waivers, enrollment. Percent of Medicaid enrollees receiving long-term services and supports (LTSS) who receive services through a home- and community-based waiver. (Ohio Department of Medicaid)	69.0%	71.6%	72.9%

Note: This indicator does not allow for aggregated data across all healthcare services. Ohio can work toward improved data collection in this area.

Outcome I.2. Increase Volunteerism

Indicator (source)	Baseline (2023)	2028 target	2030 target
Volunteerism. Percent of adults, age 65 and older, who report volunteering in the past 12 months. (Corporation for National & Community Service, as compiled by America's Health Rankings)	28.1%	32.1%	33.7%

Ohioans with greatest economic and social need include older adults who:

- Have low incomes

Caregiver Supports

Outcome J.1. Increase Policy Supports for Working Caregivers

Indicator (source)	Baseline (2022)	2028 target	2030 target
Supporting working caregivers. Ohio's rank out of 50 states and D.C. on policies that support working caregivers. (AARP Long Term Services and Supports State Scorecard)	41	Monitor only, no target	

Notes: Policies that support working caregivers include: Exceeds federal Family and Medical Leave Act, paid family leave, mandatory paid sick days, unemployment insurance for family caregivers, and policies that protect family caregivers from employment discrimination. This indicator does not allow for aggregated data across all healthcare services. Ohio can work toward improved data collection in this area.

Outcome J.2. Decrease Unpaid Elder Care

Indicator (source)	Baseline (2022-2023)	2027-2028 target	2029-2030 target
Unpaid elder care. Percent of the population, age 15 and older, that report providing unpaid care or assistance to an adult, age 65 or older, who needed help because of a condition related to aging. (U.S. Department of Labor, Bureau of Labor Statistics, American Time Use Survey, as compiled by America's Health Rankings)	14.5%	12.4%	10.3%

Ohioans with greatest economic and social need include older adults who:

- Are female

Target Setting Methodology

HPIO used the following process to set targets for the outcomes:

- At least one comparable benchmark was identified for every outcome, if available, from the following sources:
 - ◊ [Healthy People 2030](#)
 - ◊ [2023-2026 Ohio State Plan on Aging](#)
 - ◊ [2020-2022 Ohio State Health Improvement Plan](#)
- Data was pulled for each benchmark, including the baseline and long-term target year and respective data values
- The rate of change (i.e., percent change) was calculated for each benchmark from baseline to long-term target year. Some outcomes had multiple benchmarks. In these cases the rate of change for each benchmark was averaged
- The rate of change, or average, was then applied to the baseline data for the relevant SPOA outcome to calculate the long-term target for the overarching goals
- A consistent rate of change was assumed for each outcome to identify short-term and intermediate targets

Ohioans with the Greatest Social or Economic Need

To determine older Ohioans with the greatest economic or social need, HPIO identified the groups of older Ohioans who experience outcomes at least 10% worse compared to Ohio overall. This analysis was not possible for every outcome as disaggregated data were not always available.

Action Plans

These Action Plans describe implementation details for each of the State Plan's seven priorities (Figure 2).

Figure 2. Ohio's 2027-2030 State Plan on Aging Priorities



For each priority, the action plan includes:

- **Objectives** that outline key pathways and partnerships.
- **Partnership** tables that display which sectors are well-positioned to collaborate on implementing the objectives.
- **Pathways**, or strategies to increase uptake of evidence-informed practices or identify and elevate emerging best practices. Strategies will be driven by AGE and were designed to strengthen collaboration between the Ohio Department of Aging (AGE) and partners. Four cross-cutting solutions (information and awareness; data, research, and policy; technology; and invest in aging services) are woven throughout the pathways and are indicated with icons.
- **Evidence-informed practices** that can support the priority. These are policies, programs, and services that were identified by partners because there is evidence that they improve outcomes. Featured practices are highlighted and were prioritized by the Advisory Committee as the most important to improve outcomes. The evidence-informed practices provide flexible options for rural, suburban, and urban communities to collaborate and improve outcomes for older Ohioans.

Caregiver Supports

Enhance caregiver support to reduce caregiver stress and ensure older adults receive consistent, high-quality care that promotes independence and wellbeing.

Partnerships: Caregiver Supports	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
1.1: Promote and expand the use of care navigation support models.	X		X		X	X	X				X
1.2: Raise awareness of caregiving role and available resources to support caregivers.	X	X	X		X	X	X		X		X
1.3: Enhance policies and systems to support caregivers in the workplace.		X	X	X	X	X	X		X		X

Caregiver Supports

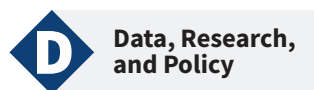
Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
1.1: Promote and expand the use of care navigation support models.	• Use community health workers to support and expand care navigation. • Build evidence for effective navigation models and engage payers to increase investment. • Strengthen connections to specialty centers for newly diagnosed patients and caregivers. • Improve access to quality care through person-centered, culturally responsive approaches. • Promote virtual caregiving training, support groups, and 24/7 resource portals.	• Care navigation support for caregivers, such as with patient navigators or community health workers • Care coordination supports for caregivers, including BRI Care Consultation, Program of All-Inclusive Care for the Elderly (PACE), TCARE® Support System (Tailored Caregiver Assessment & Referral), and SHARE (Support, Health, Activities, Resources, and Education) for Dementia • Care transition and discharge planning support for caregivers, including Care Transitions Intervention® (CTI), HOME Choice program*, and PREPARE For Your Care
1.2: Raise awareness of caregiving role and available resources to support caregivers.	• Develop a standardized data collection method to measure family caregiver well-being and financial impacts. • Create an educational campaign to increase caregiver self-identification. • Reduce stigma to encourage use of available caregiver supports. • Develop a geographic map of respite service providers to promote utilization and guide strategic planning.	• Respite care programs, such as Lifespan Respite Care and adult day services* • Tax policies that support family caregiving, such as the Earned Income Tax Credit (EITC) and the Child and Dependent Care Credit • Public benefit access education to support caregiving, including Structured Family Caregiving, Home Care, PASSPORT, MyCare, etc.* • Financial education and coaching* for caregivers
1.3: Enhance policies and systems to support caregivers in the workplace.	• Partner with Ohio leaders to advocate for legislative policies supporting paid family leave. • Collaborate with business partners to increase awareness of model policies that assist family caregivers. • Use return on investment studies to demonstrate the financial effects of family caregiver support policies.	• State and local legislation protecting family caregivers from employment discrimination* • Encouraging public and private employers to adopt supportive policies such as paid family and sick leave

*Evidence of effectiveness is emerging

Cross-cutting Solutions



Information and Awareness



Data, Research, and Policy



Technology



Investment in Aging Services

Community Supports and Services

Strengthen access to community supports and services to help older adults remain independent, connected, and actively engaged in their communities.

Partnerships: Community Supports and Services	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
2.1 Increase awareness of, and participation in, care coordination programs.	X		X		X	X	X				X
2.2 Increase access to quality home- and community -based services by investing in supports for the direct care workforce.		X	X		X	X	X		X		X
2.3 Increase participation in community-based enrichment activities.	X	X	X		X		X	X	X		X
2.4: Increase awareness of, and participation in, volunteer and civic engagement opportunities.	X		X		X			X			X
2.5. Strengthen awareness of elder rights and empower Older Ohioans to understand, navigate, and exercise those rights through information, support, and advocacy.	X	X	X		X	X	X	X	X	X	X

Community Supports and Services

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
2.1 Increase awareness of, and participation in, care coordination programs.	- Maintain Medicaid HCBS waivers and OAA services to support community living for older adults. - Collaborate with state and local agencies, age-friendly communities, community organizations, and healthcare providers to raise awareness of community-based supports. - Strengthen connections between the aging network and community health workers to improve care coordination. - Expand awareness and use of virtual service delivery to enhance access for homebound and rural older adults.	- Home- and community-based care coordination services, including case-managed care for community-dwelling elders, integrated long-term care for community-dwelling elders, community health workers, and Program of All-Inclusive Care for the Elderly (PACE) - Access to Medicaid HCBS waivers*, including PASSPORT, Assisted Living, and MyCare - Home-based healthcare services, such as HomeMeds (medication use improvement programs) and home-based palliative care - Telehealth, remote monitoring, and technology-enabled care* to substitute for costly in-person services where appropriate
2.2 Increase access to quality home- and community-based services by investing in supports for the direct care workforce.	- Provide education and training to service providers to strengthen geriatric-care-informed and trauma-informed practices. - Deliver specialized training on topics such as dementia and ageism to support effective interactions between direct care workers and older adults. - Collaborate with provider agencies on strategies to recruit and retain a high-quality workforce. - Monitor and report on key quality of care metrics.	Direct care workforce supports in home health, adult day services, and assisted living, such as training, wages and benefits, recruitment and retention programs, and Medicaid financing and reimbursement rates
2.3 Increase participation in community-based enrichment activities.	- Conduct a survey and analyze the data from older adults to assess interest in and availability of community-based programs. - Inventory current use of evidence-based and evidence-informed programming to strategically expand access. - Identify innovative models for delivering community programs and activities in Ohio and share best practices across the aging network.	- Chronic disease self-management programs, including OAA-approved evidence-based health promotion programs (e.g., WRAP, Better Choices, Better Health) - Community fitness programs, including OAA-approved evidence-based health promotion programs (e.g., AFAP, Bingocize, PEARLS, Matter of Balance) - Arts and culture activity programs, including community arts programs*, Creative Aging, Memory Café, and community gardens - Intergenerational programming and services, including establishing intergenerational communities* and intergenerational mentoring and activities
2.4: Increase awareness of, and participation in, volunteer and civic engagement opportunities.	- Promote organizations connecting older adults with volunteer opportunities in partnership with the Ohio AmeriCorps Seniors Association. - Support development of statewide volunteer matching databases. - Identify barriers to volunteerism and highlight effective, innovative models operating in Ohio.	- Volunteer opportunities*, including access, recruitment, and funding for programs such as CHORE Handyman Service, "Age Friendly" West Chester Universities Intergenerational-Mentoring, Experience Corps, Senior Corps, and volunteer opportunities with the Department of Aging (e.g., volunteer ombudsman program, teaching workshops) - Public meeting spaces geared towards the needs of older adults*, including senior centers, community centers, and public libraries - Civic participation initiatives, including social media for civic participation and participation in neighborhood associations* - Voter registration and voter turnout initiatives
2.5. Strengthen awareness of elder rights and empower Older Ohioans to understand, navigate, and exercise those rights through information, support, and advocacy.	- Strengthen cross-system coordination and representation to advance access to legal services for older adults. - Expand and promote elder abuse prevention programs to enhance older adult health and safety. - Advance a comprehensive elder justice policy agenda to strengthen protections for older Ohioans.	- The Ohio Interdisciplinary Teams (I-Teams) model and coordinated cross-agency response to investigate complex exploitation and abuse cases* - Public awareness and training for professionals (e.g., health care, home care workers) and others to increase detection and reporting* - Senior Medicare Patrol (SMP), which prevents financial exploitation and health care fraud*

*Evidence of effectiveness is emerging

Financial Well-Being

Improve the financial well-being of older Ohioans to ensure all can live safely and thrive as they age.

Partnerships: Financial Well-Being	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
3.1: Increase education and awareness of policies and available resources to support financial health.			X	X		X	X	X		X	X
3.2: Strengthen workforce policies and programs that support choice for employment options.		X	X			X	X		X	X	X

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
3.1: Increase education and awareness of policies and available resources to support financial health.	- Sustain implementation support for AGE programs that alleviate financial burden on older adults. - Increase awareness and use of Ohio's Homestead Exemption among older adults. - Increase awareness of, and participation in, the Ohio Senior Health Insurance Information Program (OSHIIP). - Provide training to Ohio Means Jobs Centers to support engagement of older job seekers. - Collaborate with partners to expand digital literacy programs that help older adults safely manage online banking, budgeting apps, and financial records. - Partner with stakeholders to broaden knowledge of legal supports and encourage their use in addressing to financial exploitation.	- Educate older Ohioans about available benefits by strengthening outreach and program access education on social security, survivor benefits, and pensions and other services for veterans and their families* - Income support policies, including review of increasing the state supplemental payment for SSI benefits*, encouraging public and private employers to adopt paid family and sick leave policies, and increasing access to unemployment insurance - Planning for long-term services and supports, including the Ohio Senior Health Insurance Information Program (OSHIIP)* - Housing-related debt assistance, including medical-legal partnerships and debt advice for tenants with unpaid rent - Financial education for adults, including the retirement planning and pension counseling services available through ACL - Income supports for kinship caregivers, including kinship foster care stipends - Kinship navigator programs, including 30 Days to Family - Tax incentives for retirement savings, including matched dollar incentives for saving tax refunds - Policies to support retirement savings, including automatic enrollment Individual Retirement Account (IRA) plans for workers without employer-provided retirement savings plans - Workforce policies and programs that support choice for older adult employment options (e.g. workforce reentry, retention, and job transition)
3.2: Strengthen workforce policies and programs that support choice for employment options.	- Sustain support for job entry training for low-income workers through the Senior Community Services Employment Program (SCSEP). - Develop an educational campaign to highlight the value older workers bring to Ohio's workforce. - Increase awareness and use of Ohio Department of Higher Education (ODHE) adult learner programs. - Collaborate with OhioMeansJobs Workforce Development Boards to strengthen policies that support engagement of older workers.	- Job training programs for low-income older adults, including maintaining the Senior Community Service Employment Program (SCSEP) - Employee Assistance Programs (EAPs) that offer counseling and referrals for personal and workplace challenges

*Evidence of effectiveness is emerging

Healthy Food Access

Ensure older adults have consistent access to affordable and nutritious food to support health, independence, and longevity.

Partnerships: Healthy Food Access	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
4.1: Promote, expand, and maintain policies and systems that encourage healthy eating.	X	X	X	X		X	X				X
4.2: Improve access to affordable healthy foods.			X			X	X		X		
4.3: Increase awareness of available resources to support healthy eating and nutrition education.	X		X	X	X	X	X		X		X

Healthy Food Access

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
4.1: Promote, expand, and maintain policies and systems that encourage healthy eating.	- Research innovative policy models and collaborate with partners on policies to improve malnutrition and food insecurity. - Work with Ohio leaders on “Food Is Medicine” initiatives and ensure older adults are included in planning and implementation. - Share best practices for retail-based healthy food accessibility and identify ways to strengthen connections with aging network service providers. - Coordinate with policymakers and key partners to prioritize federal and state nutrition programs that support healthy eating for older adults.	- Nutrition service programs for older adults, including diversified funding for congregate, grab and go, and home-delivered meals - Community-based healthy food access, including farmers markets, WIC & Senior Farmers Market Nutrition Programs, Electronic Benefit Transfer (EBT) payment at farmers markets*, community gardens, and community supported agriculture - Supplemental Nutrition Assistance Program (SNAP) enrollment, including outreach and advocacy to maintain or increase enrollment in federal food assistance programs (SNAP) and streamlining the SNAP application and certification process.
4.2: Improve access to affordable healthy foods.	- Collaborate with transportation systems on initiatives that improve access to healthy foods by reducing transportation barriers. - Research national models for healthy food incentive programs for growers and retailers, and advocate for expanding resources that specifically support older adults. - Partner with existing community dining providers—including higher education institutions, community-based organizations, and faith-based organizations—to connect and expand co-located community dining sites.	Healthy food affordability initiatives, including healthy food initiatives in food banks and competitive pricing for healthy food
4.3: Increase awareness of available resources to support healthy eating and nutrition education.	- Empower older adults to find resources by promoting and maintaining an online database of available food programs and nutrition education. (e.g. foodbanks, senior centers, faith-based organizations). - Coordinate with nonprofit organizations to cross promote food programs and nutrition education. - Support technology that enables online grocery delivery and meal-ordering platforms to increase access to healthy foods. - Prioritize program participants by implementing a risk-based process for existing nutrition service programs, using nutrition risk scores. - Collaborate with nutrition service providers to prioritize older adults at high nutrition risk and those at risk for malnutrition. - Establish and expand person-centered approaches within existing food programs (e.g. grab-and-go, culturally appropriate meals, and meal satisfaction).	- Community-based healthy food access, including farmers markets, WIC & Senior Farmers Market Nutrition Programs, Electronic Benefit Transfer (EBT) payment at farmers markets*, community gardens, and community supported agriculture - Food is Medicine supports, including medically tailored meals, nutrition prescriptions*, and fruit and vegetables incentive programs (such as Produce Perks) - Retail-based healthy food access, including healthy food in convenience stores (such as the Good Food Here program) and incentives to bring health food retailers to underserved communities (such as the Healthy Food Financing Initiative)

*Evidence of effectiveness is emerging

Quality and Coordinated Health Care

Ensure older adults have access to coordinated, quality care that supports disease prevention, identification, management, and recovery.

Partnerships: Quality and Coordinated Health Care	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
5.1: Expand use of care coordination models and improve systems that support care transitions.			X	X		X	X				
5.2: Increase systemic use of early detection and screening tools.			X			X	X		X		
5.3: Increase access to chronic disease prevention and behavioral and cognitive health promotion programs.	X		X	X	X	X	X		X		X
5.4: Increase awareness of affordable healthcare coverage and support programs.	X	X	X	X	X	X	X	X			X

Quality and Coordinated Health Care

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
5.1: Expand use of care coordination models and improve systems that support care transitions.	- Strengthen coordination between healthcare systems and aging-services systems to improve care transitions.. - Identify Ohio best-practice care-transition models and support uptake through learning communities and incentives. - Promote the use of community health workers to improve care coordination. - Expand access to telehealth, remote patient monitoring, and digital health coaching, particularly in rural and underserved areas.	- Care transition and discharge planning supports, including Care Transitions Intervention® (CTI), HOME Choice program*, and PREPARE For Your Care - Coordinated approaches to home and community-based care, including case management, integrated long-term care, BRI Care Consultation, GUIDE (Guiding an Improved Dementia Experience)*, Program of All-Inclusive Care for the Elderly (PACE), SHARE (Support, Health, Activities, Resources, and Education) for Dementia, Other social service integration (e.g., food insecurity screening and referral*) - Care navigation support, such as with patient navigators or community health workers, for older adults who are not Medicaid eligible - Strengthen integration and coordination between healthcare systems and systems that serve older adults*
5.2: Increase systemic use of early detection and screening tools.	- Develop a best practice process map, in collaboration with partners, to integrate early detection and screening tools into primary care settings. - Provide regional data on the most prevalent health conditions among older adults to demonstrate the need for early detection and screening tools. - Increase optimal use of electronic health records to ensure appropriate screenings are administered during annual visits. - Strengthen partnerships with Federally Qualified Health Centers to provide education on older adult health topics and increase screening efforts.	Early detection and screening, including cognitive impairment screening; hypertension screening and follow-up, including outside of clinical settings; depression and suicide risk screening; risk assessment & personalized approaches to fall prevention; Prediabetes and Type 2 Diabetes screening; breast, colorectal, and lung cancer screening; and Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Brief Intervention and Treatment for Elders (BRITE)
5.3: Increase access to chronic disease prevention and behavioral and cognitive health promotion programs.	- Implement a survey to identify older adults' priority health concerns and program interests. - Inventory current evidence-based programs and expand capacity based on regional health needs. - Strengthen partnerships between clinical providers and community organizations to ensure programs are available for adults who screen positive for a health condition. - Expand innovative transportation models that support attendance at healthcare appointments and health promotion sessions.	- Chronic disease management and health promotion programs, such as Chronic disease self-management education (CDSME) programs, medication use improvement programs, multi-component healthy lifestyle interventions, activity programs for older adults, nutrition and exercise prescriptions, and collaborative approaches to controlling chronic disease (e.g., community health workers) - Disease management for cognitive health, including activity programs for older adults, community engagement and social supports (e.g., community gardens, MUSIC & MEMORY*, Memory Cafés*, intergenerational mentoring), and comprehensive dementia care (e.g., BRI Care Consultation, Eskenazi Health Aging Brain Care, Integrated Memory Care (IMC), Maximizing Independence at Home (MIND at Home), SHARE (Support, Health, Activities, Resources, and Education) for Dementia, the Care Ecosystem, UCLA Alzheimer's and Dementia Care Program) - Disease management for behavioral health, including integration of behavioral health services into primary care; mobile, clinic, and home-based care for mental health; Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors); Wellness Recovery Action Plan (WRAP*); PEARLS (Program to Encourage Active Rewarding Lives for Seniors); IMPACT (Improving Mood—Promoting Access to Collaborative Treatment); Cognitive Behavioral Therapy (CBT); medication-assisted treatment (MAT); and Mindfulness Meditation Apps*
5.4: Increase awareness of affordable healthcare coverage and support programs.	- Maintain or expand capacity for existing services to support affordable health care for older adults. - Inventory and assess current healthcare coverage and affordability programs, including areas of low uptake. - Increase awareness of and access to affordability programs in underutilized areas.	- Programs and services that reduce healthcare costs, including patient financial incentives for preventive care, charity care, affordable cessation therapy for tobacco and other substances, healthy home environment assessments (e.g., the Healthy Homes Program), patient shared decision making, telemedicine/telehealth, federally qualified health centers (FQHCs), medical homes, and Ryan White providers - Health insurance enrollment outreach & support, including through the Ohio Senior Health Insurance Information Program (OSHIIIP); Ohio Medicaid; and My Care, My Choice Ohio - Raising awareness of health insurance enrollment assistance, including through community health workers and collaboration with state and local agencies, community groups, and healthcare providers - Policies that reduce healthcare costs, including price transparency initiatives, value-based purchasing, value-based insurance design, tobacco taxes, and health insurance coverage parity for behavioral health

*Evidence of effectiveness is emerging

Reliable Transportation

Improve access to reliable transportation for older adults to support independence, social engagement, and better health.

Partnerships: Reliable Transportation	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
Objectives											
6.1: Expand access to public and local transportation systems.	X		X	X	X		X				X
6.2: Increase utilization of coordinated transportation and navigation services for older adults.			X	X	X	X	X		X		
6.3: Increase participation in vehicle safety programs.	X		X		X		X				X

Reliable Transportation

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
6.1: Expand access to public and local transportation systems.	• Improve education and awareness of public and local transportation options for older adults. • Work with partners to adapt existing transportation services to increase use among older adults. • Identify promising practices in nontraditional transportation models (e.g., rideshare partnerships) and expand statewide capacity to offer them.	• Transportation services, including public transportation systems and rural transportation services* • Medical transportation, including Non-emergency medical transportation (NEMT) services and the Veterans Transportation Program • Individual incentives for public transportation • Carpool and rideshare programs (e.g., coordinated rideshares through religious organizations and non-profits) and rideshare applications (e.g., Uber, Lyft)*
6.2: Increase utilization of coordinated transportation and navigation services for older adults.	• Collaborate with Ohio Department of Transportation (ODOT) to increase visibility and use of local mobility manager services. • Research and quantify benefits of navigation coordination programs within the healthcare systems for non-Medicaid eligible older adults.	• Transportation system coordination and navigation, including mobility managers and support for travel training
6.3: Increase participation in vehicle safety programs.	• Identify current service levels for vehicle safety programs operating in Ohio. • Build capacity and partnerships to offer additional vehicle safety programs for older adults.	• Vehicle safety programs, including CarFit and vehicle modification (such as through Medicaid PASSPORT)

*Evidence of effectiveness is emerging

Safe and Accessible Housing

Promote safe and accessible housing to support aging in place and reduce housing cost burden.

Partnerships: Safe and Accessible Housing Objectives	All Ohioans	Elected Officials	State Agencies	Local Government	AAAs	Healthcare Providers	Service Providers	Philanthropy	Businesses	Caregivers	Older Adults
7.1: Increase awareness of policies and available program resources to support housing stability and affordability.	X	X	X	X		X	X				X
7.2: Increase access to home repairs and modification programs.	X		X		X	X	X		X		X
7.3: Expand access to service-enriched housing options.			X	X	X	X	X		X		

Safe and Accessible Housing

Objectives	AGE-Driven Pathways	Evidence-Informed Practices (Policies, Programs, and Services)
7.1: Increase awareness of policies and available program resources to support housing stability and affordability.	• Increase awareness of financial assistance programs that help older adults live independently. • Establish a housing workgroup of aging network partners and housing experts to integrate older adult needs into existing systems, regional plans, and universal-design updates. • Strengthen partnerships to elevate aging-related housing needs in policy development and advocacy efforts. • Coordinate with partners to expand capacity and access to legal assistance services that help prevent eviction.	• Financial assistance programs, such as the USDA Rural Rental Assistance Program (section 521), Low-income Home Energy Assistance Program (LIHEAP) and Ohio's Homestead Exemption* • Tenant-based housing voucher programs, such as the Housing Choice Voucher Program (Section 8) • Debt advice for tenants with unpaid rent, including legal support for tenants in eviction proceedings • Shared affordable housing, such as housing for seniors and accessory dwelling units (ADUs) • Regional Councils to improve regional coordination, information sharing, and funding for affordable housing • Awareness and enforcement of requirements to maintain accessible housing
7.2: Increase access to home repairs and modification programs.	• Inventory existing home repair and modification programs and providers. • Identify high-need regions and build capacity for home-repair and modification services (e.g., expanding funding and investing in promising models).	• Home repair and modification programs, such as Life-Long Home Coalition, Home hazard removal program (HARP), CHORE Handyman Service, NeighborLink, Cultivate Safety Net Service, and Seniors Helping Other Seniors (SHOP) • Housing rehabilitation loan and grant programs, including disability housing grants for veterans and single-family housing repair loans and grants (Section 504 Home Repair Program)* • Community Development Block Grants (CDBGs), including funds for home modifications • Weatherization assistance programs, such as Ohio's Home Weatherization Assistance Program (HWAP) • Investment in the Ohio Housing Trust Fund and use of funds for home modification • Community paramedicine for housing assessment and falls prevention
7.3: Expand access to service-enriched housing options.	• Increase visibility of service-enriched housing options and the programs that support them. • Collaborate with the Ohio Housing Finance Agency (OHFA) and others to increase development of service-enriched housing.	• Service-enriched housing, such as rapid rehousing programs and Housing First • Certified recovery housing • Medical-legal partnerships, such as those services offered by legal aid clinics in healthcare settings

*Evidence of effectiveness is emerging

ACL Guidance Checklist

Attachment I of Ohio's 2027-2030 State Plan on Aging affirms Ohio's full alignment with the requirements and assurances of the Administration for Community Living (ACL) [state plan on aging guidance](#), demonstrating compliance with federal standards.

State Plan on Aging Content Requirement	Required Elements	Page Number
Signed Verification of Intent Page from State Governor or Designee		
Narrative	Executive Summary Context Stewardship and Oversight Goals, Objectives, Strategies, and Outcomes	
Older Americans Act (OAA) Core Programs Key Topic Area	Coordinating Title III programs with Title VI Native American programs (Section 307(a)(21)) Addressing malnutrition (Sec. 330) Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation (Sec. 721(a)) Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation to involve essential partners across the State including adult protective services, long-term care ombudsman programs, social service providers, healthcare professionals, financial institutions, and criminal and civil justice system partners (Sec. 721(b)(10)(C)(v)) Age and dementia friendly efforts Dissemination of information about State assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11)) Strengthening and/or expanding Title III & VII services Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs Integrating core programs with ACL's non formula-based grant programs	

State Plan on Aging Content Requirement	Required Elements	Page Number
Greatest Economic Need and Greatest Social Need Key Topic Area	Targeting services to those that meet the SUA's definitions of greatest economic need and greatest social need, as defined in 45 CFR § 1321.3 Determining services needed and effectiveness of programs, policies and services for older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019 (Sec. 307(a)(30)(A)) Engagement in outreach with older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019 (Sec. 307(a)(30)(C)) Impacting social determinants of health of older individuals (Sec. 301(a)(1)(E)) Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable (Sec. 339(2)(A)(iii)) Offering home-delivered meal participants the option to participate in to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability 45 CFR § 1321.87(a)(2)(ii) Serving older adults living with HIV/AIDS; Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings Incorporating innovative practices that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas Educating about the prevention of, detection of, and response to negative health effects associated with social isolation (Sec. 321(a)(8))	
Expanding Access to Home- and Community- Based Services (HCBS) Key Topic Area	Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services (Sec. 301(a)(2)(D)) Promoting the development and implementation of a State system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers (Sec. 305(a)(3)) Ensuring that AAAs will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (Sec. 307(a)(18)(A)-(C)) Incorporating aging network services with HCBS funded by other entities such as Medicaid	

State Plan on Aging Content Requirement	Required Elements	Page Number
Caregiving Key Topic Area	Strengthening and supporting the direct care workforce Implementing the actions in the National Strategy to Support Family Caregiving that can advance your State's ability to better recognize and support family caregivers Coordinating Title III caregiving efforts with the Lifespan Respite Care program Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families	
Attachments to the State Plan	Attachment A – State Plan Assurances and Required Activities Attachment B – Information Requirements Attachment C – Intrastate Funding Formula (IFF)/Funds Distribution Plan Requirements Attachment D - Identification of the geographic boundaries Attachment E – Evidence of Providing the Minimum Public Comment Period	