



DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-D – EVIDENCE-BASED PROGRAMS

Title of requested service:

Wellness Coordinator

Request submitted:

Emergency Request (skip to last section)

With SAP/Annual Area Plan

1. 42 U.S.C.3027 (a)(8) of the Older Americans Act (OAA) states that services will not be provided directly by the Area Agency on Aging (AAA) unless in the judgment of the state agency it is necessary due to one or more of the reasons listed below.

Please select the basis for which the waiver is requested (more than one may be selected) and provide detailed justification for direct provision of services and the date that this service was last competitively bid.

(i) provision of such services by the AAA is necessary to assure an adequate supply of such services;

Click or tap here to enter text.

(ii) such services are directly related to such AAA's administrative functions; or

Continuing from 2010, DHEO has utilized Title III-D funding to support our Wellness Coordinator to fill in the gaps of services and to assist current III-D agency providers with training and back up.

(iii) such services can be provided more economically, and with comparable quality, by such AAA.

Click or tap here to enter text.

2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

<input checked="" type="checkbox"/> Fund:	Title IIID	\$	60,230
<input type="checkbox"/> Fund:	Click or tap here to enter text.	\$	Click or tap here to enter text.
<input type="checkbox"/> Fund:	Click or tap here to enter text.	\$	Click or tap here to enter text.
<b>Total request</b>			<b>\$60,230.00</b>

Note: Approved amounts are valid for a 12-month period. (right click on mouse, choice is "Update Field" for total)

Are you currently receiving other funding to provide evidence-based programming in your PSA? If yes, please include source(s) and annual amount(s):

Yes, we receive additional funding for Evidence Based Programming through Mahoning County Senior Levy. However, that funding is directly for agency providers.

- a. If you received a Title III-D waiver in the previous federal fiscal year, please complete the following table with information from the previous federal fiscal year EB workshops:

**EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES AND INFORMATION**

Workshop Type	Total Number of Workshops	Number of Workshops Cancelled	Counties where Workshops conducted	Number of Completers	Total AAA Cost of Personnel	Total Costs for Supplies	Total Cost for Stipends
CDSMP	1	Click or tap here to enter text.	By Phone-Mahoning and Trumbull Counties	2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
DSMP	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
CPSMP	Click or tap here to enter text.	2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Tai-Chi	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
MOB	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Powerful Tools for Caregivers	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Coach/Leader Trainings	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>TOTALS:</b>	0				\$ 0.00	\$ 0.00	\$ 0.00

Other: *(right click on mouse, choice is "Update Field" for total)*

Due to Covid 19 restrictions we were unable to hold many in person workshops. We canceled two workshops due to lack of participants.

b. Please complete the chart below with projected activity to occur in the current federal fiscal year. Note: Evidence-based (EB) disease prevention and health promotion services and information must meet the requirements of Administration for Community Living's (ACL) EB definition or is an EB program approved by the US Department of Health and Human Services and is shown to be effective and appropriate for older adults.

More information can be found on Title III D by visiting ACL's website at <https://www.acl.gov/programs/health-wellness/disease-prevention>.

Workshop Type	Projected # of Workshops	Counties where workshops conducted	Projected Costs Cost of Personnel	Projected Costs for Supplies	Projected Cost for Stipends
CDSMP	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
DSMP	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
CPSMP	1	Mahoning County	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Tai-Chi	3	Trumbull and Mahoning Counties	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
MOB	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Powerful Tools for Caregivers	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Coach/Leader Trainings	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>TOTALS:</b>			\$ 0.00	\$ 0.00	\$ 0.00

Other: *(right click on mouse, choice is "Update Field" for total)*

**We are now trained in Tai Ji Quan: Moving for Better Balance, which replaced Tai-Chi. We are trying to schedule as we can, the Wellness Coordinator is assisting current providers in starting to provide the service as well.**

4. Provide documentation of the public hearing held to gather public input that confirms the need for the AAA to directly deliver this service. Refer to Policy 103-PLN-02 Waiver Request by AAA for public hearing and documentation requirements.
5. Provide a copy of the Request for Proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why proposal(s) were not acceptable. Also explain the methods used for notification.

Attached in WAN, titled RFP 2020. Current providers notified and re-bid for service include: Country Neighbor Program, Girard Multi-Generational Center, Ohio Living Senior Center and Mahoning County District Board of Health. One provider, Geri-Fit, who bid was not selected due plan was not set and contacts have not been developed and the provider lived out of State and was going to “manage” this service not necessarily conduct service directly. We advertise in local newspapers and email directly our current providers and any providers requesting the RFP throughout the previous years.

6. Describe how the AAA will develop capacity for local service providers to provide this service in the future.

DHEO will continue to RFP the service to all the counties and encourage current providers to expand their regions. Next RFP cycle will most likely be in 2022 for 2023 funding.

### **Emergency waiver request**

AAAs may submit an emergency request for Waiver under limited circumstances as listed in ODA Policy 103-PLN-02(C)(2) a-c. ***Please select the basis for which the emergency waiver is requested:***

- The inability of a current service provider to continue meeting its timely provision of service to consumers;
- An established service provider’s contract is suddenly terminated by the provider or AAA; or
- A service not presently funded by the AAA is needed due to the existence of a natural disaster.

- a. Provide an explanation of the circumstances that constitute an emergency.

Click or tap here to enter text.

- b. Provide correspondence by or between the AAA or provider indicating the circumstances that resulted in the interruption of services (**attach copy**).

**c.** Explain AAA efforts to identify providers to temporarily offer this service, in accordance with the competitive process.

Click or tap here to enter text.

**d.** List the service(s) to be provided and estimated number of consumers and counties affected.

Click or tap here to enter text.

**e.** Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.

Click or tap here to enter text.

**f.** Dollar amount requested: \$

**g.** Specify the timeframe for which this emergency waiver is being requested. The request may not exceed current plan year.

Click or tap here to enter text.

**X**

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

\_\_\_\_\_  
Date