DIRECT SERVICE WAIVER REQUEST FORM FOR OAA TITLE III-C1 OR -C2 – NUTRITION SERVICES

Tit	Title of requested service:					
Nu	trition Services					
Re	quest submitted:					
\boxtimes	With SAP/Annual Area Plan	☐ Emergency Request (skip to last section)				
1.	provided directly by the Area Agend agency it is necessary due to one of the Please select the basis for which the and provide detailed justification for was last competitively bid.	Americans Act (OAA) states that services will not be cy on Aging (AAA) unless in the judgment of the state or more of the reasons listed below. The waiver is requested (more than one may be selected) or direct provision of services and the date that this service by the AAA is necessary to assure an adequate supply of				
	such services;	, and an another of the state o				
Clic	ck or tap here to enter text.					

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

The agency contracts with selected providers through an RFP process to deliver Title III-C1 Congregate Meals and C2 Home-Delivered Meals. While service delivery is outsourced, the agency maintains administrative oversight. Nutrition care managers employed by the agency handle eligibility, enrollment, waitlists, data reporting (WellSky), outcomes, surveys, donations, and referrals. Eligibility is determined through individual assessments to match clients with the appropriate meal program. To support choice, the agency contracts with multiple home-delivered meal providers and offers neutral referrals. Case managers confirm referrals, coordinate services, and follow up to ensure satisfaction. The agency also manages a Restaurant-Based Congregate Dining Program. Case managers handle all administrative tasks, as participating restaurants lack the capacity to manage eligibility, enrollment, or reporting. Feedback shows that requiring these tasks would discourage provider participation. Streamlining administration is critical to sustaining the program in a fast-paced restaurant environment. From 10/1/2024 to 8/31/2025, the agency served 477 home-delivered meal recipients and 1,207 congregate clients. As of 8/31/2025, 752 individuals are on the home-delivered meal waitlist and 1,713 on the congregate waitlist. Case managers assist these individuals with referrals and navigation to programs like Medicaid Waivers. Three nutrition care managers oversee services, with a staff-to-client ratio of 1:1383 (not inclusive of the Senior Farmers' Market Nutrition Program). The agency is requesting a continuation of its waiver approval to maintain administrative services. Requested waiver funds represent just 11% of total Title IIIC1, C2, and NSIP funds. Despite the end of pandemic-related funding, demand remains high. Outcomes show strong program impact: Home-Delivered Meals: 81% reported improved health and ability to stay at home, 95% reported eating at least 2 meals per day since receiving meals. Congregate Meals: 96% reported improved nutrition; 96% reported increased socialization. The last RFP, open from June 9 to July 11, 2025, received no proposals. The current RFP is for a one-year cycle (PY 2026) to align with the upcoming 4-Year Strategic Area Plan and next waiver request.

☐ (iii) such services can be provided **more economically, and with comparable quality**, by the 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:

□ Fund:	Title III C-1 Congregate	\$	45,000
□ Fund:	Title III C-2 Home Delivered	\$	45,000
□ Fund:	SCS Match (C-1 and C-2)	\$	15,882
	Total reques	t	\$105,882.00

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

a. Please complete the following with information from the previous federal fiscal year if the AAA received a waiver to retain Title III C-1 or C-2 funds to self-administer a service or support.

Waiver Services	Title III-C Dollars Spent		Total Number of Consumers Screened or Served		Total Number of Education Completed		Total Number of Reviews	
	C1	C2	C1	C2	C1	C2	C1	C2
Nutrition Screening	\$ 45,000	\$ 45,000	2,920	1,229	N/A	N/A	N/A	N/A
Nutrition Education	\$ N/A	\$ N/A	N/A	N/A	2,920	1,229	N/A	N/A
Nutrition Counseling	\$ N/A	\$ N/A	N/A	N/A	N/A	N/A	N/A	N/A
Menu Review and/or Development	\$ N/A	\$ N/A	N/A	N/A	N/A	N/A	N/A	N/A

b. Please complete the following table with projected information for the current federal fiscal year to retain Title III C-1 or C-2 funds to self-administer a service or support.

Projected Waiver Services	Title III C Dollars Spent		Total Number of Consumers Screened or Served		Total Number of Education Completed		Total Number of Reviews	
	C1	C2	C1	C2	C1	C2	C1	C2
Nutrition Screening	\$ 45,000	\$ 45,000	2,773	1,225	N/A	N/A	N/A	N/A
Nutrition Ed	\$ N/A	\$ N/A	N/A	N/A	2,773	1,225	N/A	N/A
Nutrition Counseling	\$ N/A	\$ N/A	N/A	N/A	N/A	N/A	N/A	N/A
Menu Review and/or Development	\$ N/A	\$ N/A	N/A	N/A	N/A	N/A	N/A	N/A

3.	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 ODA Policy 103-PLN-02-Waiver Request
	by AAAs for public hearing and documentation requirements.

4.	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 the proposal(s) were not acceptable. Also explain the methods used for notification.

Click	or t	an	here	†o	enter	text.

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

The agency continues to broker out nutrition services, however requests the waiver to assist in the administration of the program, as noted above. This waiver allows the agency to assist the individual in navigation and program enrollment and allow for person-centered choice. This waiver is specific to screening only, not nutrition education, counseling, or menu review/development. The agency acts as an impartial party and would anticipate this role to continue, so as to not have conflict of interest with the meal service providers performing these administrative functions. Without such, vulnerable individuals and or their caregivers would be tasked to make arrangements for service when AAA administrative function reduces that burden and assures that all provider choices have been discussed with the individual again allowing for person-centered choice. The agency continues to bid out for direct service of meals and will explore opitons for an impartial provider for potential contracting of administrative functions.

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 re

//	4	
a	. Pr	ovide an explanation of the circumstances that constitute an emergency.
	□ disa	A service not presently funded by the AAA is needed due to the existence of a natural ster.
	□ AA/	An established service provider's contract is suddenly terminated by the provider or A; or
	□ ser\	The inability of a current service provider to continue meeting its timely provision of vice to consumers;
	uesi	ted:

	(attach copy).
C.	Explain AAA efforts to identify providers to temporarily offer this service, in accordance with the competitive process.
N/A	
d.	List the service(s) to be provided and estimated number of consumers and counties affected.
N/A	
e.	Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.
N/A	
f. g.	Dollar amount requested: \$\text{Click or tap here to enter text.}\$ Specify the timeframe for which this emergency waiver is being requested. The request may not exceed current plan year.
_X	Click or tap to enter a date.
Sig	nature of AAA Director Date

b. Provide correspondence by or between the AAA or provider or other applicable documentation indicating the circumstances that resulted in the interruption of services

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

Title of requested service:									
Evidence-based Disease Prevention and Healt	h Promotion Services								
Request submitted:									
☐ Emergency Request (skip to last section)	⊠ With SAP/Annual Area Plan								
directly by the Area Agency on Aging (AAA)	I. 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.								
	requested (more than one may be selected) and of services and the date that this service was last								
☐ (i) provision of such services by the AAA such services;	A is necessary to assure an adequate supply of								
Click or tap here to enter text.									
⊠ (ii) such services are directly related to services.	uch AAA's administrative functions ; or								
The Area Agency on Aging 3 has been providing I since approximately 1987. Title III-D funding alone supplements with other agency federal funds. The training to both lay leaders and community membedelivered to all counties within the region. Splitting minimal awards. The agency maintains strong and leaders, supported bt the agency's full-time educate virtual and telephonic programming during CO and virtual delivery. The last competitive bid was opproposals received. This RFP is for a one-year bid request with the new 4 year Strategic Area Plan.	e is insufficent to support this work, so the agency Area Agency on Aging currently provides pers on five evidence-based programs which are g funding among multiple bidders would result in d growing partnerships with organizations and lay stor/coordinator. This role enables a quick pivot VID-19 and continues to support both in-person open from June 9, 2025 to July 11, 2025, with no								
☐ (iii) such services can be provided more such AAA.	economically, and with comparable quality, by								
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:

⊠ Fund:	III-D Disease Prevention and Health Promotion	\$	26,492
☐ Fund:	Click or tap here to enter text.	\$	Click or tap here to enter text.
☐ Fund:	Click or tap here to enter text.	\$	Click or tap here to enter text.
	Total reques	st	\$26,492.00

Total Toques

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):

No

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	0	0	N/A	0	0	0	0
DSMP	0	0	N/A	0	0	0	0
CPSMP	0	0	N/A	0	0	0	0
Tai-Chi	5	2	Allen, Hancock	34	5,982.06	0	0
МОВ	12	1	Allen, Auglaize, Hancock, Hardin, Mercer, Van Wert	114	11,109.54	0	0
Powerful Tools for Caregivers	1	1	Allen	0	1,709.76	0	0
Coach/Leader Trainings	6	0	Allen	2	5,126.28	0	0
TOTALS:	24	4			\$23,927.64	\$ 0.00	\$ 0.00

Other:

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

Additional Workshop Types not noted above (chart unable to be expanded):TJQMBB, 1 Workshop (\$854.58), 0 Cancelled, County:Allen, Numer of completers: 11; Bingocize, 1 Workshop, 1 Cancelled (\$1709.16), County: Allen, Number of Completers:0. Total # Workshops: 26 & # Planned/Cancelled 5, Total # Completers:161. Total cost of personnel = IIID Waiver Allocation (\$26,492.00) / # of workshops held & planned. Approximately \$854.58 per workshop. Total AAA Cost of Personnel: Above Chart: 23,927.64 + Add'l Other:\$2563.74=\$26,491



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	0	N/A	0	0	0
DSMP	0	N/A	0	0	0
CPSMP	0	N/A	0	0	0
Tai-Chi	7	Allen, Auglaize, Hancock, Putnam	6,868.33	0	0
МОВ	13	Allen, Auglaize, Hancock, Mercer, Putnam, Van Wert	12,755.47	Click or tap here to enter text.	Click or tap here to enter text.
Powerful Tools for Caregivers	1	Allen	981.19	Click or tap here to enter text.	Click or tap here to enter text.
Coach/Leader Trainings	2	N/A	1,962.38	Click or tap here to enter text.	Click or tap here to enter text.
TOTALS:			\$22,567.37	\$ 0.00	\$ 0.00

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

Note: Agency offers two Tai Chi Workshops (Tai Chi-Arthritis, Tai Chi-Diabetes; category above inclusive of both). Add'I workshops not documented above: TJQMBB, #planned:1, Counties: Allen; Bingocize, #planned:3, Counties: Allen, Auglaize, Mercer. Total#Projected Workshops per chart (23) + other (4)= 27 Workshops. Projected Cost per workshop Personnel: \$981.19 Totals: Projected Costs of Personnel per Chart:\$22,567.37+ Projected Costs of Other:\$3924.76=\$26,492

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.
6. Describe how the AAA will develop capacity for local service providers to provide this service in the future.
The agency will continue training community members to become lay leaders. While many organizations have trained leaders, they deliver programs under the Agency's umbrella. The current III-D funding is insufficient to support multiple providers or even fully fund a single educator through one provider. The agency will encourage providers to serve the entire 7-county region and will continue engaging with current and potential partners to assess interest and feasibility.
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. <i>Please select the basis for which the emergency waiver is requested:</i>
☐ 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.
N/A
 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.
N/A	
d.	List the service(s) to be provided and estimated number of consumers and counties affected.
N/A	
e.	Explain the AAA's action plan and timeframes to secure a provider(s) to provide this service.
N/A	
f.	Dollar amount requested: \$ Click or tap here to enter text.
g.	Specify the timeframe for which this emergency waiver is being requested. The request may not exceed current plan year.
N/A	
X	Click or tap to enter a date.
Sigi	nature of AAA Director Date