## Agenda

### WCESP Advisory Council Meeting
March 3, 2021 at 9:30 am – 11:00 am

**GoTo Meeting**
Please join my meeting from your computer, tablet or smartphone.  
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United States: +1 (872) 240-3212

Access Code: 619-906-661

### Call to Order / Welcome
- **Chuck Peckham**

### Approval of Minutes
- December 09, 2020 Minutes  
  [Action Needed]
- **Chuck Peckham**

### Quarterly Reports
- Adult Protective Services  
- Program Dashboard & Financial Report  
- Provider Network Report  
  - 2020 Executive Summary Report of Provider Reviews  
  - Quatman’s Video  
- Kimberly Frick  
- Ken Wilson & Carl McCullough  
- Randy Quisenberry

### Old Business
- COVID-19 Vaccine Updates  
- Fast Track Home Update  
- Levy Update  
- Home Care Assistance  
  - RFP Timeline  
  - Service Specification Changes  
    [Action Needed]
- Ken Wilson  
- Stephanie Seyfried  
- Ken Wilson  
- Randy Quisenberry

### New Business
- Transportation Service Specification Changes  
  [Action Needed]  
- Transportation Coordination  
- Updated Sliding Fee Scale  
- Conflict of Interest Forms/Confidentiality Policy  
- LaTricia Long  
- Judy Eschmann  
- Ken Wilson  
- Chuck Peckham

### Hearing the Public
- **Chuck Peckham**

### Adjournment
- **Chuck Peckham**

### Next Meeting
June 9, 2021
ATTENDANCE

<table>
<thead>
<tr>
<th>Members Present:</th>
<th>COA Staff:</th>
<th>Guests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Ellis</td>
<td>Suzanne Burke</td>
<td>Lauren Coleman</td>
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<tr>
<td>Dave Gully</td>
<td>Carl McCullough</td>
<td>Aaron Reid</td>
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<td>Don Juszczyk</td>
<td>Jennifer Lake</td>
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<td>John Lazares</td>
<td>Randy Quisenberry</td>
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<td>Matt Nolan</td>
<td>Stephanie Seyfried</td>
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<td>Chuck Peckham</td>
<td>Ken Wilson</td>
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<tr>
<td>Tiffany Zindel</td>
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<td>Suzanne Burke</td>
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<td>Jennifer Lake</td>
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<td>Randy Quisenberry</td>
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<tr>
<td>Stephanie Seyfried</td>
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<td>Ken Wilson</td>
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<table>
<thead>
<tr>
<th>Excused:</th>
<th>Facilitator:</th>
<th>Scribe:</th>
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<tbody>
<tr>
<td></td>
<td>Chuck Peckham</td>
<td>Heather Junker</td>
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| Absent:              |                                   |                     |

CALL TO ORDER

The December 9, 2020 meeting of the WCESP Advisory Council was called to order by Chuck Peckham at 9:31 a.m.

APPROVAL OF MINUTES

Chuck Peckham asked for approval of the minutes from the September 9, 2020 meeting of the WCESP Advisory Council.

Motion: Don Juszczyk made a motion to approve the minutes as presented.
Second: Dave Gully seconded the motion.
Action: The minutes were unanimously approved as presented.

QUARTERLY REPORTS

Adult Protective Services

There was no update given on Warren County Adult Protective Services.

Program Dashboard & Financial Report

Ken provided an overview of the Program Dashboard. At the end of the third quarter there were 1,804 clients which is an increase of 12 clients from last year and a decrease of three clients from last quarter. If you remove the short-term clients, the program increased by 13 from last quarter. There were 309 seniors on Medicaid programs, 165 new enrollments and 157 disenrollments. The number one reason
for disenrollment was needs otherwise met, the individual was deceased, or moved/no longer eligible. Skilled nursing facility placement is at an all-time low. This is due to seniors putting off going into a facility as long as possible because of COVID. This is a trend across many of COA’s programs.

The cost per client went up in the third quarter to $374.32. Almost all that cost was driven by the 14-day meal boxes. Most services that were down in the last quarter have started to come back up although not back to prior levels. For example, many clients who had suspended their home care have started that back up. Don asked if the 374 was the monthly cost to the program which Ken advised that it was.

Chuck asked if the decrease in home services was because clients just didn’t want people in their homes because of COVID? Ken explained that back in the spring there was a lack of PPE and fear of COVID. Clients may have also had family members who were not working that were able to step in and help. This all dissipated and the need for the providers to come back was there.

The average numbers of days from intake to enrollment are down significantly due to assessments being completed virtually. Ken explained there is a new data point on the report as he was not happy with the service level data as it wasn’t giving the information that was needed. In the third quarter, there were 378 new clients that needed homemaking or personal care services and 293, or 78%, of those clients were matched with a provider taking 2.34 number of referral attempts per client. Ken is thinking about having this data reversed on the next report to show the number of clients that were not matched with a provider instead of showing the number that were matched. This is an area that is of concern as there has been a significant decrease in provider capacity with home care. There are a lot of reasons for this being driven by labor shortages and competition in the market. There are also aides struggling with childcare and children doing at home learning. Internally, COA has been looking at having a possible change to the contract that would allow COA to go and recruit providers when there is a capacity problem. This provision is in the contract in two of the other counties. In Clinton County, COA was able to go out and recruit home care providers and their score is 98% of the clients were matched with a provider. This was entirely driven by COA recruiting smaller home care providers and bringing them on board. Hamilton County also has that provision and 88% of the clients were matched with a provider. Butler County does not have this provision and their score is 66%. Ken advised that COA will be working in similar data points for other services. The plan is to step out the data so that it gives a clear indication on how the program is performing.

Chuck questioned why we wouldn’t do that. Ken explained that the contract requires a competitive bid process periodically and he would like to get feedback on this provision. Chuck stated that if the competitive bidding is done up front at a certain price, and you bring another provider in at that price later, there shouldn’t be a problem with that. Tiffany agreed that if it’s offered to providers that bid first, it should be okay to bring additional providers on later. Ken advised he would work with Tiffany on the next steps with that.

Carl reviewed the Financial Report. The program will need $6.6 million from tax levy appropriations. Compared to the budgeted amount of $7.2 million, this puts the program $541,000 under budget for the year. It is also projected that the program will receive $825,000 from other funding sources such as CARES Act finding, Title III funding, State and client copays this year.

The total amount of expenses projected is $7.4 million. Compared to the projected amount of $7.7 million, the program will be under budget by $305,000. Looking only at purchase services, the program
is projected to spend $5.5 million, which compared to the budgeted amount of $5.7 million, the program is $190,000 under budget.

Projections for COVID are still the same. COA is projecting a drop in Home Care Assistance for the year which occurred back in April. There has also been a drop in Adult Day facilities due to them closing because of COVID. As of this report, COA has distributed two rounds of 14-day shelf stable boxes to clients. The third round of these boxes went out in late September to the beginning of October. Using these assumptions, the reduction in Home Care and Adult Day services plus CARES Act money will cover the additional cost of meals to clients. The Fast Track Home Program has started up which will be discussed later in the meeting.

**Provider Network Report**

Randy provided an overview of the Provider Network Report. The third round of 14-day meal boxes went out in September and October. For this round, individuals were able to choose if they wanted the box or not. If they didn’t, the box would be sent back to the provider to be stored for future use. There were 974 boxes sent out in Warren County.

The restaurant meals are going extremely well as meals are being delivered to several buildings. Quatman’s Café in Mason was recently added to the list of restaurants sending out comfort meals. They started sending out meals last month providing 150 meals each week. These meals are being delivered by Warren County Community Services. Chuck asked if COA sees this as being a permanent program. Ken explained there were a lot of learnings because of pandemic on how to better service clients and this was one of them. Randy informed that COA is working towards initiatives to sustain this program including a recent segment on Channel 9. Also, The Taste of Belgium has a promotion going on right now where 20% of the proceeds from specific menu items will go towards the comfort meal program. John asked if it was okay to let the restaurants know they are on the board and thank them? Randy informed yes. The comfort meal program was recognized at the State level and COA won the AAA Partnership of the Year award from O4A.

COA has been working on a personal supply box project. COA purchased enough materials to put together 7,500 personal supply boxes. These boxes include toilet paper, paper towels, facial tissue, hand soap, dish soap, laundry detergent, disinfectant spray and wipes, as well as toothpaste. These are currently being packed up and will be sent out via FedEx to the client’s homes. There has been a lot of support from the volunteers and the boxes are about a third of the way finished. Letters were sent out to the clients who will be receiving these boxes.

COA continues to distribute PPE out in the community which is very well supported by the local EMA’s. Chuck asked if getting PPE was still a problem. Randy explained that it comes in waves. Previously masks and hand sanitizer were hard to find and now gloves are hard to find.

Adult Day Centers and Senior Centers are still shut down. COA hired a facilities consultant to tour the Senior and Adult Day Centers for assessment in help with reopening. They completed comprehensive site visits and detailed reports were sent to each center. The feedback was that the reports were very helpful and detailed.
The Transportation Home52 project in Hamilton County is moving along. The RFP will be published in January. The hope is to eventually have this on-demand program rolled out in all the counties. Chuck asked what TripSpark was. Randy explained that it is the software program to support the dispatch center.

COA continues to work towards minimizing the impact of home care assistance staffing shortages. There are some initiatives COA is working on with this: sending batch referrals to providers, redesigning service specs, putting a lot of work in Consumer Directed Care and new ways to monitor and capture complaints.

There are three RFP’s planned for 2021: Transportation, Home Care Assistance and Minor Home Modifications. The RFP evaluations will be done similarly as in past years with four categories: Financial Analysis and Stability, Organization and Capabilities Overview, Personnel Staffing and Training, and Pricing.

Randy also provided the draft 2021 schedule of Monitoring reviews for Warren County.

**Provider Quality Report - Semiannual**

Randy provided an overview of the Provider Quality Report. In home care assistance, the number of clients served dropped significantly in quarter two. This was at the beginning of pandemic when services were being suspended by clients. This is starting to gain momentum for quarter three. Home delivered meals are remaining steady and transportation picked up from quarter two. Regarding the SASI scores for home care, COA is monitoring Blackstone and Quality Care. COA is also monitoring Central Connections for home delivered meals. Randy shared some service excellence awards. John asked if COA shares these with the providers? Randy stated that he does share these with providers so they can also be shared with their staff.

**Market Penetration & Five-Year Levy Projections**

Ken provided an overview of the Market Penetration and Five-Year Levy Projections. The current market penetration was 36.8% for ESP in quarter 3. In total, when the State Medicaid programs are incorporated, the program is at 43.2%. The income factor and new seniors moving into Warren County needs to be considered as these are affecting Warren County’s numbers. Chuck asked if there was any way to identify where the gap is as far as what percentage of individuals might qualify but aren’t getting services versus those that don’t qualify or don’t need the services. Ken explained that yes, the plan is to take a deeper dive and change how things are being measured. Currently this looks at straight population numbers of older adults with a disability and not factoring income at all.

Next year is the last year on the current levy cycle. The program started with a fund balance of $6.6 million in 2017 and is projected to end with a $10.5 million fund balance, although Ken believes the amount will be higher than that. Matt encouraged the board to start finding ways to fund services or improve quality with this money for seniors so that it doesn’t get rolled back. Ken reminded everyone that the Fast Track Home program is being implemented which will make a big impact. Ken feels this program will be successful serving larger amounts of seniors in Warren County. Chuck asked if Ken had any other ideas for Warren County as Matt suggested that could be experimented with in Warren County to see if they can help? Ken advised he would like to give that some more thought. Suzanne
suggested that possibly the funds could be used to help sustain the comfort meals program if COA is not able to get private funding for it. Chuck then asked if there was any way to implement a contract change such as the one discussed earlier before the contract expires to begin to provide services for the individuals already identified as needing them? Ken expressed that is a good option. Ken and Suzanne will take these suggestions back and bring some ideas back to the advisory council.

OLD BUSINESS

COVID Updates

Ken discussed the COVID Updates. In Ohio, the 60 and over population represents 24% of the positive COVID cases, 62% of the hospitalizations and 92% of the deaths. Seniors are taking the brunt of COVID-19. The number of individuals in the ICU and hospital is up significantly. In October, there were 25 individuals in the ICU and now there are 160. In the hospital, there were 100 individuals and now there are 750. The use of the hospital fell off during Thanksgiving and now it’s picking back up again. The positivity rate overall is 15.2% and it was at 2% two months ago. For the older adult population, this percentage is even higher. For ages 70-79 it’s at 16.9% and for individuals over 80, it’s 16.2%. Chuck asked if this was regional data to which Ken advised that it was. Tiffany provided some numbers for Warren County: ages 70 to 80 make up 7% of COVID cases, over 80 makes up about 4.5% of the cases. In terms of COVID deaths, ages 70 to 80 makes up 2.99% and over 80 is 11.99%. Overall, the total deaths of the positive cases are .8%. The hospitalizations across all ages is 3.77%. Ken also mentioned that Healthsource, which is a federally qualified health center, has been a great partner in Warren County. They have a good strike team that has been going out to complete testing when there are outbreaks in buildings.

COA has been hosting town hall meetings to keep people informed. These have included Senior Buildings, meal providers and home care providers to keep everyone current and share best practices. There is one next week with Assisted Living Facilities. Ken has been working with some colleagues at the Health Collaborative and nursing homes to create a Congregate living checklist for Senior Buildings, Assisted Living Facilities and Nursing Homes. This checklist is to be used by them when they have an outbreak and it includes links to information for hospital contacts, transportation providers and testing resources. This will help guide them with what steps to take when an outbreak occurs.

Ken has also been working with Public Health on vaccination planning and distribution to make sure they have a good list of senior buildings, assisted living facilities as well as developmental disability homes, so as vaccines become available for those higher risk populations, there is a plan in place.

Senior Farmers Market

Jennifer Lake gave an update on the Senior Farmers Market. The program has been in Ohio for 17 years, but it was the first year for this program in our region which provided fresh fruits, veggies, fresh cut herbs and honey. COA had applied for grant and was awarded $180,000 through the Ohio Department of Aging and it was spread out over the five-county region that COA oversees. This was a win-win-win as it benefited the seniors, local farmers and Ohio’s economy. For the traditional program model. Participants needed to be over the age of 60, meet the income guidelines and complete an application. Due to COVID, seniors could get the application from the COA website, print the copy and mail it in or
apply over the phone. There was more flexibility with the applications this year as the signature portion was waived. For this traditional model, seniors were able to receive $50.00 in coupon vouchers, which were broken down into $5 increments, and could take those directly to the farmers markets participating in the program and exchange them just like cash. The seniors participating in Warren County could shop at the Pleasant Plain Farm Market or any markets in the surrounding counties. Warren County was a little bit of a struggle to get markets to participate in the program. Jennifer believes this goes back to the struggle with the pandemic restrictions in the beginning. A lot of farmers had to redesign how they were participating and some of them were selling from their homes or turned their business into a CSA (Community Supported Agriculture) where individuals were buying shares and just doing pickups. Some were also doing internet ordering and drive through pickups. Jennifer believes she will be able increase the number of farmers and markets next year as many farmers liked the idea.

Don asked how often someone could get a $50 coupon. Jennifer explained that it’s just for one growing season. In a normal environment the coupons would have been mailed out at the end of May or beginning of June when the farm markets open. With the pandemic, the coupon distribution was delayed because at first, ODA didn’t know if the program could move forward this year. Coupons ended up being mailed in July all the way through the middle of September. These coupons were good through the end of October.

There were 32 participants in Warren County which Jennifer believes can be increased next year with word of mouth and community events.

COA was able to participate in a CSA model in two of the counties which were Hamilton and Butler County. Jennifer hopes to find out in the next couple of months if this can be rolled out into the other counties. Produce was delivered directly to some of the senior buildings in those counties. The guidelines for CSA were that the participants were over 60, met the income guidelines and completed an application. There was a total of 210 participants from Butler and Hamilton counties. There were three farms that were able to provide the produce. These participants were able to get more produce than the traditional program with the ability to get up to 15 deliveries.

**Fast Track Home Update**

Stephanie provided an update on the Fast Track Home (FTH) program for Warren County. The program began on September 1st. COA has added two new staff and is leveraging existing staff to maximize the impact on Warren County seniors. Education on FTH was provided to all the health systems on the program. COA has also established new hospital relationships. The number of referrals to date for Warren County FTH are 29 from hospitals and 22 from skilled nursing facilities as of 11/17. Chuck asked if this was a good volume and if it’s what was expected. Stephanie stated it is what was expected, and it will most likely continue to see volume. As of 11/17, there are 13 clients enrolled and 10 that are pre-enrolled, which means they are waiting on a discharge date in order to move forward with enrollment. Current services received are care management, care transition services, personal care or homemaking, emergency response, home delivered meals, home medical equipment and medical transportation. Out of the 13 enrolled clients, two of them have been referred to PASSPORT waiver services.
NEW BUSINESS

2021 Levy Renewal

Ken discussed the 2021 levy renewal as next year is the last year on the levy. The data supports a renewal and not an increase. The question is that should this go on the primary or general election ballot? John suggests being aware of what other levies are on the ballot. Matt explained that there are very few renewal levies. It used to be that levies were up every five years, but legislature has changed that, and most are permanent now so there shouldn't be many levies on the ballot. Matt also informed that there isn't a such thing as a primary election anymore during the off years. If this is put out in the spring, it would be a special election that has to be paid for. As of now, no one else is on for a special election and the program would have to pay 100% of the cost and strongly suggests it goes on the general election ballot. Chuck asked why there weren’t primaries anymore. Matt explained that primaries are only in even number years. Ken suggested it is a good idea to start campaign and strategy work sooner rather than later. John asked if there was still money left over from the last campaign. Ken advised there is, but he doesn’t have the amount that’s left in front of him at the moment. Ken requested if anyone is interested in being on the committee to let him know as he would like to get the first meeting scheduled in January or February.

Service Specification Changes

Ken review the Consumer Directed Care Service Specification and Minor Home Modification & Repair Service Specification changes. For the Consumer Directed Care Service Specification changes, the changes aren’t substantial as it doesn’t change the scope of service or impact the current practice or operations. It simplifies the language and the layout of the requirement. As a reminder, Consumer Directed Care allows for older adults to hire their own home care worker. There is now better language about expectations.

For the Minor Home Modifications Service Specification changes, the language that requires individuals to be currently enrolled and receiving other services through the ESP program was removed. This was done because quite often, some seniors only need a home modification. This is frequently seen in Fast Track Home where someone is coming out of the hospital and they need a ramp to get out of their home for example. Chuck asked if that meant there was no income qualification. Ken explained that this is a service provided through the ESP program so they could have a co-payment applied if they have a high enough income to be able to pay. This service applies the same as the other services do based on a sliding fee scale.

Motion: John Lazares made the motion to approve the Consumer Directed Care Service Specifications and the Minor Home Modification & Repair Service Specifications.
Second: Dave Gully seconded the motion.
Action: The Consumer Directed Care Service Specifications and the Minor Home Modification & Repair Service Specifications were unanimously approved.

Maximum Reimbursement Rates

Carl reviewed the new Maximum Reimbursement Rates. These are provided every year to show the rates for seniors in Warren County. There is an increase in Adult Day Services (enhanced and intensive), Home Delivered Meals, Home Care Assistance and Independent Living Assistance. Chuck asked if
anyone has considered combining some of these categories. Ken advised that can be done on the report. Chuck clarified that he meant as far as bidding goes and not necessarily the presentation of the report.

2021 Meeting Dates

Chuck reviewed the 2021 meeting dates. No changes were needed to the meeting plan.

HEARING THE PUBLIC

There were no individuals present form the public who wished to speak.

ADJOURNMENT

There being no further business, the meeting adjourned at 10:51 a.m.

NEXT MEETING

March 3, 2021
1. Census Trends
   A. Compared to last year (Quarter 4, 2019), census has decreased by 41 clients (from 1,794 to 1,753) or -2.29%.
   B. Compared to last Quarter (Quarter 3, 2020), census has decreased by 51 clients (from 1,804 to 1,753) or -2.83%.
      1. Short-term clients excluded, census decreased by 51 (from 1,803 to 1,752) or -2.83%
   C. Quarter-end census, new enrollments, and disenrollements include clients aged 60 and over who are receiving
      short-term services as a result of the pandemic.

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
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<tbody>
<tr>
<td>Quarter</td>
<td>Q1</td>
</tr>
<tr>
<td>Short-term Clients Added to Census</td>
<td>3</td>
</tr>
<tr>
<td>New Short-term Client Enrollments</td>
<td>3</td>
</tr>
<tr>
<td>Disenrolled Short-term Clients</td>
<td>0</td>
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</tbody>
</table>

2. Fast Track Home Census Trends
   A. Average length of stay was 37 days in Quarter 4, 2020.
   B. New enrollments increased by 28 compared to Quarter 3, 2020 (from 6 to 34).
   C. Total clients who transferred into ESP from FTH increased by 6 in Q4, 2020 (from 0 to 6).

3. Financials
   A. Total Revenue: The amount needed to be drawn down from the levy is $6.3 million through the fourth quarter,
      as compared to the budgeted amount of $7.2 million. The variance is under budget by $869,378 or 12%.
   B. Total Expenses: The projected expenses incurred through the fourth quarter is $7.2 million as compared to $7.7 million
      in the budget. The variance is under budget by $566,046 or 7%.
   C. Purchase Services: The projected expenses for in-home services were lower by $455,907 or 8% as compared to budget.
   D. Through the month of December, $249,311 has been spent on 14-day shelf stable and emergency meals for seniors.
      These expenses will be offset with Family First and CARES act money.
   E. COVID-19 has increased the need for services provided to seniors and it is expected that this will impact levy projections.
      The extent of the impact will be clearer as more information about services provided during the pandemic is available.
## Disenrollment Outcomes

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<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
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<tr>
<td>Deceased</td>
<td>52</td>
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<tr>
<td>Transferred to PSP/Other Program</td>
<td>23</td>
</tr>
<tr>
<td>Moved or No Longer Eligible</td>
<td>32</td>
</tr>
<tr>
<td>Need Otherwise Met</td>
<td>34</td>
</tr>
<tr>
<td>All Other Reasons Not Listed</td>
<td>1</td>
</tr>
<tr>
<td>Client Refused/Declined Services</td>
<td>4</td>
</tr>
<tr>
<td>Dissatisfied with Svc/Program</td>
<td>4</td>
</tr>
<tr>
<td>Entered Nursing Facility</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>179</strong></td>
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</table>

Q1, Q2, Q3, & Q4 2020 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.
## Average Monthly Cost per Client

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<th></th>
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<td>Quarter</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Consumer Directed Care</td>
<td>$348.95</td>
<td>$299.92</td>
<td>$374.32</td>
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## Distinct Clients Served by Service Group

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<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Consumer Directed Care</td>
<td>47</td>
<td>37</td>
<td>39</td>
<td>46</td>
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<tr>
<td>Electronic Monitoring</td>
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<td>1,128</td>
<td>1,139</td>
<td>1,113</td>
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<tr>
<td>Home Care Assistance</td>
<td>946</td>
<td>786</td>
<td>840</td>
<td>816</td>
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<tr>
<td>Home Delivered Meals</td>
<td>900</td>
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<td>Home Medical Equipment</td>
<td>0</td>
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<td>0</td>
<td>8</td>
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<tr>
<td>Medical Transportation</td>
<td>152</td>
<td>93</td>
<td>128</td>
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<tr>
<td>Other Services</td>
<td>89</td>
<td>58</td>
<td>61</td>
<td>56</td>
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<tr>
<td>All Services (Unduplicated)</td>
<td>1,939</td>
<td>1,940</td>
<td>1,954</td>
<td>1,923</td>
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## Units Billed by Service Group

Please see the notes page for unit of measure descriptions by service.

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<th>Year</th>
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<td>2</td>
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<tr>
<td>Consumer Directed Care</td>
<td>3,326</td>
<td>2,948</td>
<td>2,756</td>
<td>3,616</td>
<td></td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>3,430</td>
<td>3,477</td>
<td>3,488</td>
<td>3,497</td>
<td></td>
</tr>
<tr>
<td>Home Care Assistance</td>
<td>25,033</td>
<td>20,043</td>
<td>24,054</td>
<td>20,646</td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>57,648</td>
<td>65,374</td>
<td>67,128</td>
<td>67,557</td>
<td></td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>1,419</td>
<td>819</td>
<td>1,179</td>
<td>1,234</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>717</td>
<td>185</td>
<td>171</td>
<td>147</td>
<td></td>
</tr>
</tbody>
</table>

## Dollars Paid by Service Group (Purchased Services)

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Consumer Directed Care</td>
<td>$46,813</td>
<td>$49,206</td>
<td>$42,704</td>
<td>$50,321</td>
<td></td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>$62,469</td>
<td>$63,473</td>
<td>$63,269</td>
<td>$63,759</td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td>$597,009</td>
<td>$456,959</td>
<td>$608,402</td>
<td>$507,659</td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$515,770</td>
<td>$492,649</td>
<td>$730,712</td>
<td>$501,222</td>
<td></td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>$70,810</td>
<td>$42,150</td>
<td>$62,326</td>
<td>$65,299</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>$74,559</td>
<td>$35,459</td>
<td>$31,708</td>
<td>$37,501</td>
<td></td>
</tr>
<tr>
<td>All Services</td>
<td>$1,367,429</td>
<td>$1,139,896</td>
<td>$1,539,122</td>
<td>$1,225,762</td>
<td></td>
</tr>
</tbody>
</table>

---

1. Distinct clients and units billed do not include the 14-day meal box service. That data is represented in dollars paid and average monthly cost per client.
2. Declines in Other Services are attributed to adult day facility closures as a result of the pandemic.
3. The second quarter cost per client number was adjusted to include May's case management charges. This amount was omitted in the second quarter report.
### Total Clients Served, New Enrollments, Disenrollments

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarter 3</td>
<td>Quarter 4</td>
</tr>
<tr>
<td>New Enrollments</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>Disenrollments</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Clients Transferred to ESP</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td>31.58%</td>
</tr>
</tbody>
</table>

### Enrollment by Setting

<table>
<thead>
<tr>
<th>Enrollment Setting</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethesda North</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Community Enrollment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Jewish Hospital</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not Captured</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other Hospital</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>The Christ Hospital</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>UC Medical Center</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>UC West Chester</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Overall Total</strong></td>
<td><strong>5</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

### Fast Track Home Key Indicators

- **Average Length of Stay**
  - Target: 60 or below
  - 2020: 37
  - 2020: 4
### Distinct Clients Served by Service Group

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>3</td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>0</td>
</tr>
<tr>
<td>Home Care Assistance</td>
<td>1</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>4</td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>0</td>
</tr>
<tr>
<td>Home Modification</td>
<td>0</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>1</td>
</tr>
<tr>
<td>All Services (Unduplicated)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Units Billed by Service Group

Reference: Please see page 9 for unit of measure descriptions by service.

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>3</td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>0</td>
</tr>
<tr>
<td>Home Care Assistance</td>
<td>2</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>37</td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>0</td>
</tr>
<tr>
<td>Home Modification</td>
<td>0</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>2</td>
</tr>
</tbody>
</table>

### Dollars Paid by Service Group (Purchased Services)

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>3</td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>$0</td>
</tr>
<tr>
<td>Home Care Assistance</td>
<td>$46</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$277</td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>$0</td>
</tr>
<tr>
<td>Home Modification</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>$98</td>
</tr>
<tr>
<td>All Services</td>
<td>$420</td>
</tr>
</tbody>
</table>
Average Number of Days from Intake Call to the Enrollment Assessment

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th># Clients in Need of HCA</th>
<th># Clients Not Matched with a Provider</th>
<th>% of Clients Not Matched with a Provider</th>
<th>Avg. # of Referral Attempts per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1</td>
<td>382</td>
<td>19</td>
<td>5%</td>
<td>1.36</td>
</tr>
<tr>
<td>2020</td>
<td>2</td>
<td>350</td>
<td>28</td>
<td>8%</td>
<td>1.34</td>
</tr>
<tr>
<td>2020</td>
<td>3</td>
<td>382</td>
<td>87</td>
<td>23%</td>
<td>2.36</td>
</tr>
<tr>
<td>2020</td>
<td>4</td>
<td>355</td>
<td>68</td>
<td>19%</td>
<td>2.89</td>
</tr>
</tbody>
</table>

Home Care Provider Network Referrals and Capacity

Home Delivered Meals - Client Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>98.21%</td>
</tr>
<tr>
<td>Good Choice of Meals Available</td>
<td>95.45%</td>
</tr>
</tbody>
</table>

Medical Transportation - Client Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>97.75%</td>
</tr>
<tr>
<td>Service Returns Client Home Promptly</td>
<td>95.24%</td>
</tr>
</tbody>
</table>

Home Care Assistance - Client Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>93.41%</td>
</tr>
<tr>
<td>Aide is Dependable</td>
<td>94.79%</td>
</tr>
</tbody>
</table>

1 Due to the enrollment process changing as a result of the pandemic, the variables associated with this metric have been adjusted as of Q3, 2020.
### Financials: Based on Actual Revenue & Expenses as of December 31, 2020

<table>
<thead>
<tr>
<th></th>
<th>Annual Actual</th>
<th>Annual Budget</th>
<th>Budget Variance</th>
<th>% Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Levy Appropriations</td>
<td>$6,290,987</td>
<td>$7,160,366</td>
<td>-$869,378</td>
<td>-12.1%</td>
</tr>
<tr>
<td><strong>Federal Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title III C2 - Home Delivered Meals</td>
<td>$295,461</td>
<td>$46,150</td>
<td>$249,311</td>
<td>540.2%</td>
</tr>
<tr>
<td>Title III E - Caregiver Support</td>
<td>$125,940</td>
<td>$109,941</td>
<td>$15,999</td>
<td>14.6%</td>
</tr>
<tr>
<td>Nutrition Services Incentive Program (NSIP)</td>
<td>$249,618</td>
<td>$196,967</td>
<td>$52,651</td>
<td>26.7%</td>
</tr>
<tr>
<td>FastTrack Home Pilot Program</td>
<td>$34,010</td>
<td>$0</td>
<td>$34,010</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>State Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>$867</td>
<td>$2,927</td>
<td>-$2,060</td>
<td>-70.4%</td>
</tr>
<tr>
<td>Senior Community Services</td>
<td>$35,885</td>
<td>$36,166</td>
<td>-$281</td>
<td>-0.8%</td>
</tr>
<tr>
<td><strong>Interest</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earned</td>
<td>$375</td>
<td>$1,103</td>
<td>-$728</td>
<td>-66.0%</td>
</tr>
<tr>
<td><strong>Client Contributions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Donations</td>
<td>$18,287</td>
<td>$14,998</td>
<td>$3,289</td>
<td>21.9%</td>
</tr>
<tr>
<td>Co-Pays Received</td>
<td>$131,623</td>
<td>$180,481</td>
<td>-$48,858</td>
<td>-27.1%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$7,183,053</td>
<td>$7,749,099</td>
<td>-$566,046</td>
<td>-7.3%</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COA Administrative</td>
<td>$472,950</td>
<td>$472,950</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Intake &amp; Assessment</td>
<td>$78,688</td>
<td>$91,311</td>
<td>$12,623</td>
<td>13.8%</td>
</tr>
<tr>
<td>Case Management</td>
<td>$1,389,485</td>
<td>$1,521,011</td>
<td>$131,526</td>
<td>8.6%</td>
</tr>
<tr>
<td>FastTrack Home Pilot Program</td>
<td>$34,010</td>
<td>$0</td>
<td>-$34,010</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Operational Expenses</strong></td>
<td>$1,975,133</td>
<td>$2,085,272</td>
<td>$110,139</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Purchased Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care Services</td>
<td>$2,170,029</td>
<td>$2,619,603</td>
<td>$449,574</td>
<td>17.2%</td>
</tr>
<tr>
<td>Independent Living</td>
<td>$33,840</td>
<td>$23,710</td>
<td>-$10,130</td>
<td>-42.7%</td>
</tr>
<tr>
<td>Electronic Monitoring</td>
<td>$252,970</td>
<td>$263,014</td>
<td>$10,044</td>
<td>3.8%</td>
</tr>
<tr>
<td>Minor Home Modifications</td>
<td>$99,932</td>
<td>$146,883</td>
<td>$46,951</td>
<td>32.0%</td>
</tr>
<tr>
<td>Major Housecleaning</td>
<td>$9,511</td>
<td>$5,865</td>
<td>-$3,646</td>
<td>-62.2%</td>
</tr>
<tr>
<td>Pest Control</td>
<td>$8,779</td>
<td>$5,414</td>
<td>-$3,365</td>
<td>-62.2%</td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>$1,281</td>
<td>$0</td>
<td>-$1,281</td>
<td>0.0%</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$2,176,065</td>
<td>$1,922,182</td>
<td>-$253,883</td>
<td>-13.2%</td>
</tr>
<tr>
<td>Adult Day Service</td>
<td>$21,473</td>
<td>$145,626</td>
<td>$124,153</td>
<td>85.3%</td>
</tr>
<tr>
<td>Adult Day Transportation</td>
<td>$4,412</td>
<td>$19,672</td>
<td>$15,260</td>
<td>77.6%</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>$240,584</td>
<td>$411,335</td>
<td>$170,751</td>
<td>41.5%</td>
</tr>
<tr>
<td>Consumer Directed Care</td>
<td>$189,044</td>
<td>$100,523</td>
<td>-$88,521</td>
<td>-88.1%</td>
</tr>
<tr>
<td><strong>Gross Purchased Services</strong></td>
<td>$5,207,920</td>
<td>$5,663,827</td>
<td>$455,907</td>
<td>8.0%</td>
</tr>
<tr>
<td><strong>Gross Program Expenses</strong></td>
<td>$7,183,053</td>
<td>$7,749,099</td>
<td>$566,046</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Client Census</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,752*</td>
<td>1,946</td>
<td>(194)</td>
<td></td>
<td>-10.0%</td>
</tr>
<tr>
<td><strong>Total Census with Short-term Clients</strong></td>
<td>1,753</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cost of Services per Client</strong></td>
<td>$232.08</td>
<td>$239.10</td>
<td>$7.02</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

---

1. Budget includes a 5% contingency in the event of changes to client enrollment and program cost assumptions.
2. Projected year-end census.
1. Census Trends

A. **Quarter-End Census by Program** is a client count based on a one-day snapshot of clients with a status of 'Enrolled' or 'Suspended' on the last day of the quarter. It is used as an approximation of how many clients are being served on any given day.

1. The Service Trends section shows the client count based on billing data. This shows the number of clients whom services were delivered and invoiced. Given these differences, the quarter-end census and the client count for all services will not match.

B. **New Enrollments** are calculated by taking the total number of clients who have an enrollment date during the quarter and an approved care plan.

C. Disenrollment Outcomes

1. **All Other Reasons Not Listed** includes: Dissatisfied with Service/Program, Refused Cost, Share/Verification, Refused or Declined Service, Eviction, Health/Safety, and Unable to Meet Client Need.

2. **Client Non-Compliant** includes: Declined Call/Visit, Delinquent Balance, Refused, Transfer to Passport/Other Program and Unable to Contact.

3. Adding the difference between **New Enrollments** and **Disenrollments** in a given quarter to the previous **Quarter-end Census** may result in a discrepancy due to the timing of census reporting and back dating client enrollments and disenrollments.

2. Service Trends

A. **Average Monthly Cost per Client** is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.

B. **Clients Served by Service Group** is based on billing data. These numbers represent the unduplicated client counts within each service group and overall. The All Services client count will not equal the sum of the service group subtotals because many clients receive more than one service.

C. **Home Care** includes homemaking, personal care, companion, and respite services.

D. **Other Services** includes Home Modification, Environmental Services, Adult Day, Adult Day Transportation, Non-Medical Transportation (Hamilton only), and Independent Living Assistance (Hamilton only).

E. **Dollars Paid by Service Group** represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.

3. FTH Census Trends

A. **Clients Enrolled in ESP** is calculated by taking the clients who disenrolled from Fast Track Home within the quarter then determining the clients who have an active registration with the traditional ESP.

B. **Community Enrollment** may include emergency referrals to ESP FastTrack service such as: Community Paramedicine, APS referral or other agency referral for FTH specific services.

4. FTH Service Trends

A. **Other Services** includes Non-Medical Transportation and Pest Control.

5. Unit of Measure Descriptions by Service

A. Adult Day - Number of Days
B. Consumer Directed Care - Number of Months
C. Electronic Monitoring - Number of Months
D. Home Care - Number of Hours
E. Home Delivered Meals - Number of Meals
F. Medical Transportation - Number of Trips

6. N/A: This is displayed on a case-by-case basis, but is most frequently related to a rate or unit change. The metric should display data in subsequent quarters after the change has taken effect.
**Personal Supply Box Project**

We completed the packing and shipping of 8,000 Personal Supply boxes to area seniors. The boxes contain the following items:

- paper towels
- facial tissue
- dish detergent
- toothpaste
- disinfectant wipes
- toilet paper
- laundry detergent
- hand soap
- disinfectant spray
- hand sanitizer

Several Warren County Community Services (WCCS) staff were volunteers at our packing events in November and December.

**Personal Protective Equipment (PPE)**

Provider Services continues to collaborate with the various County Emergency Management Agencies (EMAs) to secure and distribute PPE to our Providers. We want to do whatever we can to keep our clients safe, and we do this by protecting the frontline staff providing services.

We recently distributed PPE to our Provider Network and Senior Buildings on February 26th, and we will be hosting another distribution event on March 26th.

**Home Care Assistance (HCA)**

We have published the Request for Proposals (RFP) for HCA. The publish date was February 17, with a Proposal due date of March 12. We streamlined the process considerably with a goal of having the new provider contract in effect by May 1, 2021. I would like to recognize Provider Services Business Relations Partners Monica Schulze and Nicole Holts for the terrific work done on this RFP.

In an effort to decrease 30-day notices given by Providers, COA has begun holding case meetings with Providers and COA supervisors. The purpose of the meetings is to discuss individual cases that could possibly lead to 30-day notices and work collaboratively to develop solutions. We have received positive feedback from Providers.

**HCA Provider - Assisted Care by Black Stone:**

After 29 years in the home care industry, Ronnell Spears has retired/transitioned from Black Stone. Tonya Mangerie is their new Area Director for the Ohio South Region.
Tonya’s start date with the company was January 18, 2021. In addition, the new Executive Director for Cincinnati is Mary Dwire. Samantha Williams will continue her leadership role in Cincinnati as the Clinical Manager.

**Transportation**

Business Relations Partner, LaTricia Long, and I are working on the Request for Proposal for Transportation. Our goal is to have this published in late June or early July.

**Senior Farmers Market Nutrition Program**

The program was a success in 2020 and COA will receive the same amount of funding, $180,000, for the 2021 program year. Income eligible seniors from all 5 counties can apply for $50 in coupons. Blooms and Berries Farm Market will join Pleasant Plains Farmers Market as participating markets that will accept the coupons from seniors in Warren County.

**Restaurant Meals**

The COA Restaurant Meal program continues to deliver comfort meals to Warren County seniors who may be experiencing continued isolation during the COVID-19 Pandemic. LaRosa’s, Taste of Belgium, and Frisch’s restaurants continue to provide these meals to seniors in the following senior buildings:

- Earl Maag
- Berrywood
- Deerfield Commons
- Union Village
- Station Hill
- Bentley Woods
- Sherman Glen
- Carriage Hill
- Meadow Crossing
- Springboro Commons

**Expansion of Restaurant Meal Program**

As I previously have mentioned, we added Quatman’s Café in Mason to our Restaurant Comfort Meal Program. Quatman’s Café is preparing signature sandwiches with homemade pasta and macaroni salads and a sweet treat. Quatman’s recently added barbeque pork with 2 sides to their menu rotation. Through the end of February, over 2,500 Quatman’s meals have been delivered to Warren County residents. Warren County Community Services (WCCS) is delivering the meals 3 days per week to their home delivered meal clients and to senior buildings.

Our Communications Department put together a terrific video of a recent interview with Quatman’s Café owner, Matt Imm. This interview was featured as a COA Mission Moment at our recent Board meeting.
COA’s Comfort Meal Program receives 2020 Outstanding AAA Partnership of the Year award

Council on Aging (COA) recently received the Ohio Association of Area Agencies on Aging (o4a) 2020 Outstanding AAA Partnership of the Year award. The award features a partnership with significant contributions, exemplary cooperation and innovative approaches for improving services to older adults.

The partnership award highlights COA’s work with comfort meal program partners LaRosa’s Pizzerias and Meals on Wheels Southwest OH and Northern KY (MOW). It was presented during o4a’s October virtual 2020 Conference for Aging and Disability and Resource Networks.

2020 Executive Summary of Provider Reviews

January 2020 = 4 Audits / Reviews conducted
February 2020 = 2 Audits / Reviews conducted
March 2020 = 4 Audits / Reviews conducted

<table>
<thead>
<tr>
<th>Providers reviewed January 2020 thru March 2020 (pre COVID pandemic)</th>
<th>PASSPORT</th>
<th>ELDERLY SERVICES PROGRAM</th>
<th>TITLE III</th>
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<tr>
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<td>JoAnn Bowens</td>
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2021 Draft Request for Proposal (RFP) Plan

Pursuant to Section 4 (A) of the contract between Warren County and the Council on Aging of Southwestern Ohio (COA), please be advised that COA has developed the proposed 2021 Request for Proposals (RFPs) schedule. Our intent is to issue the following RFPs during 2021:

Transportation
Home Care Assistance
Minor Home Modifications

The RFP evaluations will have 4 categories:
• **Financial Analysis and Stability:** This will be a Go/No-Go criteria. Proposals that do not demonstrate financial stability will not move forward in the evaluation process.

• **The Organization and Capabilities Overview:** Has the Proposal demonstrated the company’s ability to provide and sustain these services? Has the Proposal demonstrated the company’s previous commitment to serving the aging population? Does the provider have a county presence in our county/counties? Proposals demonstrating a county presence will receive additional scoring.

• **Personnel, Staffing and Training:** Has the Proposal demonstrated the company’s ability to recruit, hire, train, and retain staff to insure delivery of services? Does the provider demonstrate retention and tenure in the leadership positions?

• **Pricing:** Does the Proposal demonstrate competitive pricing with respect to other proposals received?
Implementation Update

The FastTrack Home pilot continues to grow in Warren County. Continued outreach conducted since last advisory board meeting in November-

- Oak Street Health Clinic in January
- Facebook Live event with Alzheimer’s Association in January
- Deerfield Fire Department in February
- Hamilton Township Fire Department in February
- Continue to grow existing and new hospital partnerships- Premier Health Atrium
- Outreach to the following Skilled Nursing Facilities- Hillspring of Springboro, Cottingham, Loveland Healthcare Center, Courtyard at Seasons, and Venetian Gardens- November, December, and January.

The number of referrals to date which we have received for Warren County FTH as of 2/16- 78

- Hospital referrals- 47
- Skilled Nursing Facilities- 31

We continue to engage hospital and skilled nursing facilities to increase referral and enrollment numbers for Warren County FTH.

As of February 15th we have enrolled 47 clients in the program. Current services received care management & care transitions services, personal care or homemaking, emergency response, home delivered meals, home medical equipment, and medical transportation. Since November 20th 25 clients have been referred for Passport waiver services and currently in process of obtaining Medicaid. In the last quarter there were 6 FTH clients enrolled to ESP.
FastTrack Home supports older adults and caregivers during COVID-19 pandemic

February 2021

With a full-time job, three grandchildren to look after and an elderly father to care for, Shelley’s plate was full. When her father, Wayne, was admitted to the hospital, it threw her for a loop. Council on Aging’s (COA) FastTrack Home program provided support to help Wayne recover safely at home – at a time when Shelley needed to focus on her own health.

Wayne, 82, was admitted to the hospital after Shelley noticed a bad cough, shortness of breath and general weakness. At the hospital, Wayne was diagnosed with heart issues and COPD complications.

While he was in the hospital, the situation worsened. It was discovered that Wayne was COVID-positive and, without realizing it, had passed it to Shelley.

Shelley’s required quarantine period meant she would be unable to care for her father as he was being discharged home from the hospital. She worried about his meals, cleaning and personal care. “It was a very stressful and desperate time for me,” Shelley remembers.

Enter FastTrack Home.

FastTrack Home sets up temporary in-home care services (such as transportation, meals, personal care and homemaking services) before an older adult goes home from the hospital. While other COA programs require an in-home assessment and focus on meeting long-term needs, FastTrack Home assessments are completed at the hospital bedside and are designed to meet short-term, acute needs. This distinction is key because older adults have an increased risk of illness and injury in the 30 days following discharge form a care facility. With a speedy assessment and enrollment process, FastTrack Home services can be in place when the patient is discharged home.

In Wayne’s case, Savannah, one of COA’s FastTrack Home hospital coaches, worked with the hospital to make sure Wayne was not discharged over a weekend – when services are more difficult to arrange. She also arranged for an emergency food delivery the day Wayne arrived home and had regular home-delivered meals started the very next day. Within five days of Wayne’s return home, a home health aide began visiting to help with personal care and housekeeping issues.

Wayne’s FastTrack Home services are provided by COA through Warren County’s Elderly Services Program. His services are temporary and designed to support a safe recovery at home. Before Wayne’s FastTrack Home services end (a maximum of 60 days), he will receive a full evaluation for the Elderly...
ELDERLY SERVICES PROGRAM (ESP℠)
HOME CARE ASSISTANCE (HCA) SERVICE
SPECIFICATION

EFFECTIVE APRIL 2021 (BCESP)
(HCESP) (WCESP)

EFFECTIVE December 01, 2018
(HCESP)
HOME CARE ASSISTANCE
SERVICE SPECIFICATION

TABLE OF CONTENTS

1.0 OBJECTIVE ................................................................. pg. 3
2.0 UNIT OF SERVICE .......................................................... pg. 3
3.0 CLIENT ELIGIBILITY ......................................................... pg. 3
4.0 PROVIDER REQUIREMENTS ............................................. pg. 3
5.0 1.0 OBJECTIVE ............................................................ pg. 3
    2.0 UNIT OF SERVICE ...................................................... pg. 3
    3.0 PROVIDER REQUIREMENTS .......................................... pg. 3
    4.0 PROVIDER QUALITY MEASURES .................................... pg. 7
Attachment A ........................................................................ pg. 10
Attachment B ........................................................................ pg. 14

REQUIREMENTS OF HCA AIDE ............................................. pg. 8
HOME CARE ASSISTANCE (HCA) SERVICES

1.0 Objective

The HCA (Home care Assistance) service assists a client to achieve optimal independence by assisting-supporting them with their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). This may include homemaking, personal care, respite or companion services, allowing the client to remain safely in their home. A goal of HCA is to deliver exceptional service that will allow clients to remain safe in their home.

2.0 Unit of Service

2.1 A full unit of service is equal to one hour of in-home service to the client. The smallest unit of service is equal to one-quarter hour of service to the client.

2.2 The unit rate must include administration, supervision, travel, and documentation costs.

2.3 The number of units is determined by the Care Manager.

3.0 Client Eligibility

3.1 Clients who are eligible for this service must be enrolled in Elderly Services Program and meet the following criteria as determined by the Care Manager:

a) Functional, cognitive and/or mental health impairments restricting his/her ability to perform specific tasks related to daily living activities.

4.1 Provider Requirements

4.1 General

a) The provider must be capable of delivering services seven days a week. A provider must be capable of delivering services to meet the needs of the client’s authorized plan.

Telephone coverage must be provided for staff and clients during working hours twenty-four hours a day, seven days per week, including all holidays.

b) The provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.

c) When a provider identifies health and safety issues of a client, the provider will contact care management staff immediately (one business day) to discuss issues and work collaboratively to ensure client’s welfare.

d) If a client is a no-show, provider will call their emergency contact and will email care management staff immediately via secured email so that follow up can be completed to ensure client’s health and safety. In the event that email is unavailable a phone call will be made.

e) If an Aide does not show for services, this must be communicated to the Care Manager as soon as possible.
Manager within one business day from the date the provider becomes aware. The provider must offer to reschedule the service to the client.

(e) Services over and above what are authorized, must be pre-authorized. In the event of an emergency when services need to be rendered.
immediately, provider may provide those services without prior authorization. It is expected that provider will contact care management staff within 1 business day to inform of the additional hours and reason for hours.

4.2 Employees

a) The Provider must maintain in employee files, documented evidence verifying that each of the individuals providing HCA services meet all applicable training and certification requirements prior to client contact.

d) Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities.

e) Effective communication and problem resolution skills.

f) possess specialized skill set to train and guide home care aides to complete tasks outlined in the client’s authorized plan.

2. The Provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

d) Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities.

e) Effective communication and problem resolution skills.

f) possess specialized skill set to train and guide home care aides to complete tasks outlined in the client’s authorized plan.

g) ability to maintain high standards of efficiency, client safety, and client satisfaction.

2.1. The Provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA Aides are scheduled to work.

d) HCA Supervisor for HCA Aides providing only homemaking or companion or respite services only:

1. The Provider must ensure that HCA Supervisor and trainer shall have experience in environmental/homemaking services or home health services and is responsible for independently managing the HMK aides who render environmental/homemaking services in the home. Supervisors will maintain high standards of efficiency, client safety, and client satisfaction.

2. The Provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA Aides are scheduled to work.

e) HCA Aide:
The Provider must assure HCA Aide is qualified to complete the tasks outlined in the Care Manager's authorized plan, which may include any of the following tasks, with client approval:

a) Personal hygiene and care
b) Mobility
c) Elimination
d) Meal Assistance
e) Homemaking/Laundry
4.4 Supervisory Visit or Call

a) Supervisory visit or telephone call must be conducted if the following issues arise:
   - Client dissatisfaction with their authorized plan or service delivery
   - A Major Unusual Incident
   - Health and safety issue
   - Any event that may lead to a disruption of service
   - Aide performance issue

   The goal of supervisor intervention is to avoid service disruption. The visit or call must include action steps to achieve this goal. The supervisor will work with the client, Care Manager, client representative or other parties to achieve resolution. Any recommended modifications must be discussed with the Care Manager and aide.

b) An in-home supervisory visit or telephone call must document the visit. The aide need not be present during the visit or call. The in-home visit must be documented, and the documentation must include the date of the visit, the printed name and signature of the Supervisor, printed name, and signature of the client. Electronic signatures are acceptable.

c) Telephone calls must be documented, and the documentation must include the date of the call, the printed name and signature of the Supervisor and printed name of the client.

d) The provider must provide a copy of the documentation of the supervisory visit or telephone call to the COA staff upon request.
General Service Delivery

e) If the provider identifies any significant change in the client's condition, the provider will notify the Care Manager within 24 hours.

If identified change in the client's condition is a health and safety issue, it is the responsibility of the provider to immediately notify APS (Adult Protective Service) or to call 911. Once the provider contacts the proper reporting agency notification to the Care Manager and documentation in client's case notes must be made within 24 hours.

4.34.5

1. The Provider must maintain evidence of compliance with the following supervisory requirements:

   a) Prior to the start of services being provided to the client, the HCA Supervisor must complete and document an initial home visit. The documentation of the initial visit must define the expected activities of the HCA Aide and a written activity plan should be developed prior to service delivery where possible.

2. The HCA Supervisor must conduct and document a visit/call to the client as follows:

   a) A supervisory visit/call must be completed every 180 days for each client receiving only homemaking or companion services. Supervisor can make every other visit a telephone call. There must be at least one in person visit a year.

   b) A supervisory visit/call must be completed every 62 days for each client receiving only personal care or respite services or clients that receive personal care or respite services along with homemaking or companion services. A supervisor may alternate between calls and visits. Visits must be done at least every other contact.

   c) The visit must document and address compliance with the activity plan, client satisfaction, and Aide performance. The HCA Supervisor must discuss recommended modifications with the Care Manager and Aide. The Aide need not be present during the visit. The visit must be documented and the documentation must include the date of the visit, the printed name and signature of the HCA Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
d) The telephone call must document and address compliance with the activity authorized plan, client satisfaction, and Aide performance. The HCA Supervisor must discuss recommended modifications with the Care Manager and Aide. The call must be documented and the documentation must include the date of the call, the printed name and signature of the HCA Supervisor and printed name of client.

f) If the HCA Supervisor identifies any significant change in the client’s health, the Provider will notify the Care Manager and recommend service modifications to meet the client’s health needs.

3.2 The Provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
   a) Date of service delivery
   b) A description of the service tasks performed
   c) The printed name of the HCA Aide providing the service(s)
   d) The HCA Aide’s arrival and departure time.
   e) The HCA Aide’s written signature to verify the accuracy of the record
   f) The client’s or client’s caregiver’s signature for each episode of service delivery

4.3 If a provider uses an electronic verification system, each record must contain the following:
   a) Date of service delivery
   b) A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
   c) Name of the Aide providing the service. If the provider utilizes a unique identifier assigned to each Aide, the provider must supply the list of identifiers assigned to each name.
   d) The Aide’s arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
   e) The Aide’s electronic signature to verify the accuracy of the record. If a unique identifier is assigned to each Aide, the provider must supply the list of identifiers assigned to each name.
   f) The client’s or client’s caregiver’s electronic signature for each episode of service delivery. If a provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name.
   g) If a Provider utilizes an electronic verification system, or if a landline is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.3.1.c.3.3.f.
h) a provider utilizes an electronic verification system, the provider must round every episode of service delivery to the nearest quarter hour.
4.0 Quality Measures

To ensure consistent time entry, Aide clock in and out times should be rounded to the nearest quarter hour based on 7 minute time increments.

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<tr>
<th>Clock time</th>
<th>Quarter Hour</th>
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Aide time from 1 to 7 minutes should be rounded down to the nearest quarter hour; time from 8 to 14 minutes should be rounded up to the nearest quarter hour.

The provider must deliver service only when the client is at home. With the exception, that the HCA Aide may assist in preparing the client’s home prior to their return from the hospital or nursing facility. The client’s representative must be present for this service and prior authorization from the Care Manager must be obtained.

4.0 Provider Quality Measures

a) Client Termination Notice (previous 30-day notice)
   • Each termination notice must include a reason for termination

   Prior to giving a termination notice the following steps must be taken and documented in the client’s case note:
   • Step 1: Provider Intervention - Provider must attempt to resolve the issue with the client. Documentation must include the date and the steps taken.
   • Step 2: COA Intervention - Provider should reach out to the Care Management staff for intervention. This may include a care conference with the client, client’s family members, Care Manager, and provider. Documentation must include the date the provider contacted COA and the agreed upon action steps.
   • Step 3: Effective date of termination notice
     • It is the expectation that the provider will continue to serve the client until a new provider is awarded
     • In the event the provider’s employee’s health or safety is at risk, the Care Manager may make an exception and agree to an immediate termination.

b) Rounding to the proper quarter hour
   • To ensure consistent time entry, Aide clock in and out times should be rounded to the nearest quarter hour.
nearest quarter hour based on 7-minute time increments

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<td>:53 - :60 minutes</td>
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Aide time from 1 to 7 minutes should be rounded down to the nearest quarter hour; time from 8 to 14 minutes should be rounded up to the nearest quarter hour.

c) Fast Track Home (FTH) Referrals
   It is our expectation that service delivery will begin within 24 hours of award for FTH referrals.

d) Service Adequacy Satisfaction Instrument (SASI)
   SASI results and comments will be reviewed with the provider on a regular basis. COA staff will discuss scores that fall below the percentage threshold identified. Discussion will include best practices and quality improvement strategies to improve scores and percentages.

e) Complaints and Incidents
   Complaints and Incidents will be reviewed with the provider on a routine basis to identify root cause, trends, and areas of improvement. A quality action plan (QAP) may be requested for deficiencies in quality that need improvement.

f) Provider Quality Reports (PQR)
   The Provider Quality Reports will be reviewed with the provider on a routine basis to outline increases or decreases in market share, client counts, and units billed. If areas of improvement are identified, COA staff will discuss with provider.
5.4 Monitoring System

a) The Provider shall have a monitoring system to verify services are provided according to the care plan.

1. In this system, the Provider shall include a written plan for monitoring.

   a) Whether the HCA Aide is present at the location where the services are to be provided and at the time the services are to be provided.

   b) At the end of each working day, whether the provider's employees have provided the services at the proper location and time.

2. A protocol to be followed in scheduling a substitute employee when the monitoring system identifies that an employee has failed to provide home care services at the proper location and time shall include standards for determining the maximum length of time that may lapse before the substitute arrives at the client's home without jeopardizing the health and safety of the client.

3. Procedures and written documentation for maintaining records of the information obtained through the monitoring system.

4. Procedures and written documentation for compiling annual reports of the information obtained through the monitoring system, including statistics on the rate at which home care services were provided at the proper location and time; and.
5. Procedures and written documentation for conducting random checks of the accuracy of the monitoring system. A random check is considered to be a check of not more than five percent of the home care visits each HCA Aide makes to different clients.

5.0 Requirements of HCA Aide

5.1 The Home Care Assistance Aide will assist client to achieve optimal function with tasks Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) as identified in the client’s authorized plan.

5.2 Must be at least 18 years old of age and meet one of the training criteria requirements listed under Section 5.8 of this specification.

5.3 Is able to understand the written or electronic task sheet, execute instructions, and document services delivered.

5.4 Is able to communicate with clients/families and emergency service systems personnel.

5.5 The HCA Aide must be able to assist the client with personal care/hygiene as authorized.

5.6.5. The HCA Aide must be able to assist a client to maintain a clean and safe environment. The HCA Aide will assist a client to reduce isolation and maintain socialization. The HCA Aide is intended for the client and specifically excludes direct services for all other household members who are not clients.

5.7.6. The HCA Aide can provide indirect care in the form of relief for the caregiver who is responsible for twenty-four hour care of the client who requires constant supervision and may never be alone. The purpose is to decrease stress and/or isolation for the caregiver and ensure time to care for personal responsibilities.

5.8.7. Each HCA Aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

a) Be listed on the Ohio Department of Health’s Nurse Aide Registry; or

b) Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct care health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or

c) Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
d) Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or,

e) Successfully complete training, including, but not limited to instruction on areas outlined on Attachment A. In addition aide must complete return demonstration in the areas marked with an ** in Attachment A.

5.95.8 Specialized Skills Training
Prior to performing specialized skills not included in initial training, HCA Aides must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to: Hoyer lift, TED hose, and assisting with prosthetics.

5.105.9 The Provider must assure that these specific tasks are never assigned as HCA Aide client care responsibilities:

a) Administration of over-the-counter medications or eye drops
b) Administration of prescription medications or application of topical prescription medications or eye drops
c) Perform tasks that require sterile techniques
d) Administration of irrigation fluids to intravenous lines, Foley catheters or ostomies
e) Administration of food and fluids via feeding tubes
f) Administration of enemas or suppositories

5.95.9 g) Filing/cutting a client’s finger nails or toe nails, however, Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA to meet the transportation needs of the client.

Aides are prohibited from purchasing alcohol and/or tobacco products for clients.

Requirements of Homemaking ONLY Aide

5.116.1 The Home Care Assistance Aide will assist a client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

5.126.2 Must be at least 18 years old and meet one of the training criteria requirements listed under Section 5.16 of this specification.

5.136.3 Is able to understand the written or electronic task sheet, execute instructions, and document services delivered.

5.146.4 Is able to communicate with clients/families and emergency service systems personnel.
The HCA Aide must be able to assist a client to maintain a clean and safe environment. The HCA Aide will assist a client to reduce isolation and maintain socialization. The HCA Aide is intended for the client and specifically excludes direct services for all other household members who are not clients.
5.166.6 Each HCA (Homemaking Only) Aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

a) Be listed on the Ohio Department of Health’s Nurse Aide Registry; or
b) Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct care health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or
c) Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
d) Have at least one year employment experience as a supervised homemaker or in environmental or housekeeping services, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
e) Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or,
f) Successfully complete training, including, but not limited to instruction on areas outlined on Attachment B. In addition aide must complete return demonstration in the areas marked with an * in Attachment B.

NOTE: Aides may not drive clients in their cars or clients’ car. However, Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA to meet the transportation needs of the client. Aides are prohibited from purchasing alcohol and/or tobacco products for clients.
Homemaking

Training Requirements-Homemaking

Attachment B

Below are the training requirements that are expected for home care aides performing homemaking only. Areas marked with **) require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

*The Trainer must meet Homemaker supervisor requirements.

### Understanding and Working with Differing Client Populations

- Basic Human Needs
  - Physical Needs
  - Psychological Needs
- Working with the Family Unit
- Customs and Cultures

### Principles of Safety

- General Home Safety Rules
  - Bathroom Safety
  - Kitchen Safety
  - Bedroom Safety
  - Living Room Safety
  - Stairway Safety
  - Fire Safety
  - Medication Safety
  - Equipment Safety
  - Oxygen Safety

### Communication

- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

### Observations, Reporting and Documentation

- Observation and Reporting
- Legality

### Infection Control and Universal or Standard Precautions

- Infection/Chain of Infection
- Preventing the Spread of Infection
- Standard/Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
  - Engineering and Work Practice Controls
  - Personal Protective Equipment **
  - Handwashing **

**Homemaking Services**
- Introduction
- Cleaning a Client’s Home
- How To Keep a House Clean
- Basic Kinds of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
  - Dusting **
  - Washing Dishes **
  - Cleaning Bathrooms **
  - Laundry **
  - Rugs and Carpeting **
  - Floors **
  - Pests and Bugs
  - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

**Laundry**
- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat **
- Ironing **

**Nutrition**
- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

**Elder Abuse**
- Types of Abuse
- Signs of Abuse and Neglect
Personal Care
Training Requirements
Attachment A

Below are the training requirements that are expected for home care aides performing personal care and/or respite. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

**Understanding and Working With Differing Client Populations**
- Basic Human Needs
  - Physical Needs
  - Psychological Needs
  - Working With the Family Unit
- Customs and Cultures

**Principles of Safety**
- General Home Safety Rules
  - Bathroom Safety
  - Kitchen Safety
  - Bedroom Safety
  - Living Room Safety
  - Stair Way Safety
  - Fire Safety
  - Medication Safety
  - Equipment Safety
  - Oxygen Safety
  - Principles of Body Mechanics

**Preventing Falls in the Elderly**
- Risk Factors
- Risk factors for the Aide

**Communication**
- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication
Observations, Reporting and Documentation

- Observation and Reporting
- Legality
- HHA Note
- Care Plan

Infection Control and Universal or Standard Precautions

- Infection
- Chain of Infection
- Preventing the Spread of Infection
- Standard or Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
  - Engineering and Work Practice Controls
  - Personal Protective Equipment **
  - Handwashing **

Homemaking Services (Incidental to Respite Services)

- Introduction
- Cleaning a Client’s Home
- How To Keep a House Clean
- Basic Kinds of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
  - Dusting **
  - Washing Dishes **
  - Cleaning Bathrooms **
  - Laundry **
  - Rugs and Carpeting, Floors **
  - Pests and Bugs
  - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

Laundry (Incidental to Respite Services)

- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat
- Ironing **
Nutrition

- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

Elder Abuse

- Types of Abuse
- Signs of Abuse and Neglect
- Intervention

Personal Care/ ADL Assistance

- Oral Hygiene
  - Brushing/Flossing**
  - Denture Care**
  - Mouth Care for the Unconscious Client**
- Bathing the Client
  - Complete Bed Bath**
  - Partial Bath**
  - The Tub Bath**
  - The Shower**
- Skin Care
- Skin Integrity
- Pressure Sores
- Positioning
- Nutrition
- Prevention
- Treatment
- Incontinence
- Hair Care
  - Shampoo-Shower/Tub/Sink**
- Nail Care
- Giving the Client a Back Rub
- Shaving the Male Client**
- Dressing/Undressing Client**

Procedures

- Handwashing**
- Using the Urinal / Bedpan**
- Using the Bedside Commode**
• Assisting the Client With a Sitz Bath **
• Positioning, Lifting and Exercising
  o Moving Up in Bed **
  o Moving Up in Bed with Assistance **
  o Turning the Client in Bed **
  o Transferring to Chair From Bed **
  o Transferring From Chair to Bed **
  o Transferring from Chair to Chair **
  o Positioning **
  o Using a Mechanical Lift **
Services Program or other Council on Aging programs. This ensures continuity of care for older adults who need assistance beyond FastTrack Home’s 60-day window.

During the COVID-19 pandemic, when nursing facilities have been hot spots for outbreaks and even deaths, hospitals in our region have used COA’s FastTrack Home program to discharge more than 1,800 older adults to their homes with support, instead of to a nursing facility for rehabilitation. FastTrack home has been available in Clinton and Hamilton counties since 2017. It expanded to Warren County in 2020.

Shelley is very grateful for FastTrack Home – the support it offered her father and the peace of mind it brought to her. “Without FastTrack Home,” she says, “I don’t know what would have happened.”

For more information about FastTrack Home or to learn how Council on Aging is serving our community during the COVID-19 pandemic, call (513) 721-1025 or visit www.help4seniors.org.

###
ELDERLY SERVICES PROGRAM (ESP℠)

MEDICAL TRANSPORTATION SERVICE SPECIFICATION

2021

EFFECTIVE October 2021 (CCESP)(WCESP)
ELDERLY SERVICES PROGRAM

MEDICAL TRANSPORTATION

SERVICE SPECIFICATION

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION TITLE</th>
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</tr>
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<tbody>
<tr>
<td>Objective</td>
<td>1.0</td>
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<tr>
<td>Unit of Service</td>
<td>2.0</td>
<td>1</td>
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<tr>
<td>Provider Requirements</td>
<td>3.0</td>
<td>1</td>
</tr>
<tr>
<td>Training</td>
<td>4.0</td>
<td>5</td>
</tr>
<tr>
<td>Driver Requirements</td>
<td>5.0</td>
<td>7</td>
</tr>
<tr>
<td>Appendix A</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Appendix B</td>
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<td>12</td>
</tr>
<tr>
<td>Appendix C</td>
<td></td>
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</table>
MEDICAL TRANSPORTATION SERVICE SPECIFICATION

1.0 OBJECTIVE

1.1 Medical Transportation is a service designed to enable a client to gain access to medical appointments specified by the client’s plan of care, when medical transportation is not otherwise available or funded by state plan Medicaid or any other source. Whenever possible, clients must use family, neighbors, friends or community agencies to provide this service.

(a) Transportation may be provided to the pharmacy after the completion of a medical appointment.

(b) Transportation services are not provided when a client has been under anesthesia or when a client is being admitted to or discharged from a hospital or rehabilitation facility.

2.0 UNIT OF SERVICE

2.1 A unit of service is a "one-way" trip.

2.2 The unit rate is the price quoted established from the RFP process and stated in the current provider contract for the "one-way" trip.

2.3 The unit rate must include, but not be limited to, all Provider-related costs associated with the trip including administrative costs, training and, other costs associated with maintaining a fleet of vehicles—documentation time.

2.4 Additional units require prior authorization from Care/Case Management.

2.4.5 Transportation of a companion/assistant with advance notice to the provider is to be accommodated with no cost for the companion/assistant.

NOTE: The client may be expected to cost share for this service.

3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

3.1 The Provider must furnish evidence of a service back-up plan to provide service when a driver is unavailable or when a vehicle becomes disabled.

3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.10.1 of the Ohio Revised Code.
3.3 The Provider must furnish a price quote for the trip requested by the Care/Case Manager at time of the referral for service and document the price authorized by the Care/Case Manager.

3.4 The Provider must bill for the original price quote submitted to and approved by the Care/Case Manager, unless there has been a change in client destination (i.e., client is being transported to another doctor/medical appointment). A cost revision requires prior authorization from the Care/Case Manager. The Care/Case Manager must be contacted within two (2) business days prior to billing for authorization to increase cost.

3.53.3 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.

3.63.4 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.

3.73.5 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol safety inspection unit, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in Appendix A of this rule, as applicable to the vehicle inspected.

3.63.6 The Provider must assure that all vehicles are easily identifiable with the Provider's name.

3.93.7 The Provider must assure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.

3.8 Service Delivery

(a) Assist in escorting the client, as necessary, safely from the client's door to the vehicle and from the vehicle to the street level entrance of the destination point. The driver must perform the same transfer assist service when transporting the client back to the client's residence. All hands-on escorting of passengers including entry and exit of the vehicle must be done in compliance with training received.

(b) Vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position used. Providers must inspect their vehicles for compliance with the items listed in Appendix B on a daily basis.

(c) Transfers of a passenger who remains in a wheelchair must
be conducted in a safe manner.

(d) All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.

(e) There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.

(f) Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action.

3.103.9 The Provider must maintain documentation for each episode of service delivery that includes

(a) A description of the service provided

(b) The date

(c) The location of the pick-up and time of client’s pick-up and delivery/destination

(d) The time of the pick-up

(e) The location of the delivery

(f) The time of the delivery

(b)(g) The name and signature of the driver

(e)(h) Name and signature of the client to whom transportation services were provided.

An exception to the requirement for client signature is allowed for Adult Day Service (ADS) transportation Providers who may use the client’s signature for attendance in ADS services that includes transportation to and from ADS.

4.0 TRAINING

4.1 Prior to transporting clients, the provider must document agency’s transportation training with return demonstration on transferring client, wheelchair lift operation, restraint application, and universal precautions. The Provider must assure
and document in driver’s file, prior to transporting clients, that each driver meets all of the following requirements:

(a) Current certificates of completion of training courses in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the National Safety Council, or an equivalent course approved by Council on Aging\textsuperscript{sm}.

(b) Evidence of return demonstration on:

(i) Client escort/transfer;

(ii) Wheelchair lift operation; and

(iii) Restraint application

\textcolor{red}{(a)-(c)} Training on Universal Precautions

4.2 Within six months of hire, all drivers must have one of the following passenger assistance training courses:

(a) A certificate of completion of \textcolor{red}{the Passenger Assistance Safety and Sensitivity (PASS) Training} \textcolor{red}{https://ctaa.org/pass/}.\textcolor{red}{\hspace{1em}an introductory defensive driving course sponsored or endorsed by the National Safety Council or the Ohio Department of Transportation, and completion of a four-hour refresher course is required every three years thereafter.}

\textcolor{red}{(b)} A certificate of completion of \textcolor{red}{the DRIVE Training} \textcolor{red}{http://www.coaaa.org/cms/education/drive-trainingan-introductory training course (i.e., DRIVE, or other course approved by COA\textsuperscript{sm}) addressing the transport of older persons and people with disabilities, and a refresher course is required every three years thereafter, both of which must include:

(c) Sensitivity to aging training;

(d) An overview of diseases and functional factors commonly affecting older adults;

(e) Environmental considerations affecting passengers;

(f) Instruction in client assistance and transfer techniques;

(g) Training on the management of wheelchairs and how to properly secure a wheelchair;

(h) The inspection and operation of wheelchair lifts and other assistive equipment; and,

\textcolor{red}{(j)(b)} Emergency procedures:
5.0 DRIVER REQUIREMENTS

The Provider must maintain documentation that all medical transportation drivers have the following:

5.1 At least two years of verified licensed driving experience; and, the driver has the ability to understand written and oral instructions and document services delivered.

5.2 A current and valid driver’s license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state;

5.3 Assurance that drivers:
(a) Maintain a safety checklist that includes items listed in Appendix C of this rule that must be completed by the driver prior to transporting client(s).

(b) Maintain service logs or trip sheets daily as defined in Section 3.10. that include the following for each one-way trip:
1. The date of service
2. The client’s name
3. The pick-up point and destination point for each client
And the driver’s name and client’s signatures

(b) Hands-on assistance as outlined in Section 3.8 (a). Assist in transfer of the client, as necessary, safely from the client’s door to the vehicle and from the vehicle to the entrance of the destination point. The Provider must perform the same transfer assist service when transporting the client back to the client’s residence.

(c) Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.

5.5 Provide a valid copy of a signed statement from a licensed physician acting within the scope of the physician’s practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.

5.6 Provide the results of a chemical test or tests of the driver’s blood, breath, or urine conducted at a hospital or other laboratory licensed by the Ohio Department of Health for the purpose of determining the alcohol or drug content of the applicant’s blood, breath and/or urine.
Note: As applicable, must meet ambulette licensure requirements by the Ohio Medical Transportation Board.
TRANSPORTATION
Appendix A

Required Annual Inspection Elements for Vehicles. Apply to all vehicles.

A. Seating
   1. All seats must be securely fastened to the floor.
   2. No broken tubing or protruding pieces of metal should be around seats.

B. Defrosters and heaters
   1. Must operate as designed.
   2. Heater cores must be clean and free of leaks and obstructions to the flow of air.
   3. Hoses must not have cracks or leaks and must otherwise be in good condition.
   4. Fan guards must be metal or plastic.

C. Windshield wipers/washers
   1. Must operate as designed.
   2. Wiper blades in the vehicle operator's field of vision must be clean.
   3. Wiper blades must not be brittle or badly worn.

D. The floor must be metal and intact without holes.

E. Mirrors
   1. Must have at least one rear view interior mirror that is properly secured and in proper placement.
   2. Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.
   3. Prismatic lens must be properly installed.
   4. All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).

F. Emergency Equipment
   1. Three red reflectors must be stored in the vehicle.
   2. The vehicle must have a five-pound dry chemical fire extinguisher with the minimum rating outlined in section 20.b.c. of the Ohio fire code and based on section 10 of the National Fire Protection Association. The fire extinguishers must be securely mounted near the vehicle operator for easy access.
   3. The vehicle must be equipped with a first aid kit.

G. Brakes
   1. Must be properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.
   2. Tail exhaust pipes must be properly secured to prevent dropping on brake lines.
3. Vehicles using vacuum-assisted brakes: wheel cylinders, master cylinders, hydrovac and hose connections must be free of fluid leaks.
4. Vehicles using air brakes: reservoirs, chambers, valves, connections and lines must be free of air leaks.
5. During inspections, brake pads must be checked against the vehicle manufacturer's specifications.
6. All moisture ejection valves must be free of leaks and in proper working order.

H. Emergency Brake
1. The vehicle must have a functional emergency brake that is capable of stopping or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade and under all conditions of loading on a surface free of snow, ice, or loose material.
2. If the emergency brake is located on the drive shaft, the brakes shall:
   a. Hold the vehicle in parked position;
   b. Be properly mounted; and,
   c. Have cables that are properly lubricated and not hazardously worn.

I. Steering Gear
1. The steering shaft must have no more than one half-inch upward motion when the steering wheel is pulled upwards.
2. The steering gear assembly, power steering unit, brackets and mounting bolts must be securely fastened.
3. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
4. Tie rod ends must function properly.
5. Tires must not rub any chassis or body component in any position.

J. The horn must operate as designed

K. Windshield/windows
1. Window glass must be free of chips or cracks and be securely mounted without exposed edges.
2. Plexiglas may not be used to replace safety glass.

L. Emergency Door (Applicable to Bus-Type Vehicles)
1. The door must be able to open to its maximum width without catching or binding.
2. All handles must be permanently installed.
3. Operating instructions for the emergency door must be lettered or decaled inside the emergency door.
4. The safety buzzer must operate as designed and be placed in the vehicle operator's area to warn passengers that the emergency door is opened.
5. The door must be free of temporary or permanent obstructions.
6. No padlocks or other added security devices are to be used to secure the door while the vehicle is in motion.

M. Springs/Shocks Must Be Intact and Properly Mounted
N. Tires
1. Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.
2. Retread tires should not be located on the steering axle.
3. Must be free of irregular wear, cuts, bruises, and breaks.
4. Must be balanced and in proper alignment.
5. All lugs must be present and fitted tightly on tires.
6. All tread types must match mated tires.

O. Exhaust System
1. Must be intact and operating as designed.
2. All pipe and muffler joints must be properly welded or clamped.
3. Exhaust manifolds must be free of cracks and missing bolts.

P. Lights must operate as designed and meet ORC and OAC requirements for vehicle lighting.

Q. The vehicle body condition must be intact and free of broken parts that can cause injury.

R. Gas Tank:
1. Must be free of rust/damage and/or leaks.
2. Must be securely mounted.

S. The seating area and aisle must be free of debris.
TRANSPORTATION
Appendix B

Required Daily Wheelchair Lift Inspection Elements

For each day services are provided, Providers must complete and document an inspection of the wheelchair lift prior to any client serviced that day according to these specifications:

1. Run the lift through one complete cycle to be sure that it is operable.
2. Check for any signs of seal leaking or binding.
3. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
4. Check for physical damage and jerky operation.
5. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
6. Check all fasteners and assure that all bolts are snug.
7. Make sure the lift is properly secured to the vehicle when stored.
8. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
9. Lubricate the lift in compliance with the manufacturer's requirements.
10. Providers shall not use the lift any time repairs are necessary.
TRANSPORTATION
Appendix C

Required Vehicle Safety Checklist Elements

**Vehicle ID:**

**Odometer:**

**Date:**

**Interior:**
Clean Appearance
Seats (tears, loose armrests, etc.)
Seat Belts
Wheelchair Restraints
Wheelchair Lift Ramp (good condition & secure)
Cargo Barriers (secure & in place)
Floor Coverings (safe & clean)
Electrical/Mechanical:
Brakes
Heater/Air Conditioning/Defroster
Horn
Gauges (oil, fuel, temperature, etc.)
Two-way communication device
Windshield wipers & washers
Jack & tire tools
Emergency Brake
Lights:
   Headlights: high & low beams
   Tail Lights, Marker Lights
   Brake Lights
   Turn Signals (front and rear)
   Backup Lights
   4-Way Hazard (front and rear)
   License Plate Light
   Interior Lights

**Exterior:**
Identification of Provider name
No Body Damage
Clean Appearance
Mirrors (Adjusted and Clean)
Windows (Clean)
Doors (Operable from In/Outside)
Door Locks (Operable)
**Winter:**
Shovel
Non-Corrosive Traction Material (sand or clay litter)
Blankets

**Fluids:**
Engine Oil
Brake Fluid
Engine Coolant
Power Steering*
Automatic Transmission*
Fuel
Windshield Washer
Battery

**Belts & Hoses:**
Fan
Alternator
Heater Hose
Radiator
No Leaks under Vehicle

**Tires:**
Inflation
Wear
Sidewall or Tread
Damage
Spare

**Emergency Equipment Available:**
Biohazard Kit
First Aid Kit
Flares or Reflector Triangles
Fire Extinguisher

*Must Be Checked At Operating Temperature*
# 2021 Sliding Fee Scale Effective 4/1/2021

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<td>$6,008</td>
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<td>$7,574</td>
</tr>
</tbody>
</table>
INTRODUCTION

This policy shall apply to the Warren County Elderly Services Advisory Council. The Advisory Council recognizes that any real or perceived conflict of interest on behalf of the Advisory Council could impair the ability of the Warren County Elderly Services Program to carry out its mission. The Advisory Council has adopted this conflict of interest policy as a guide for Warren County Elderly Services Program’s standard conduct as it relates to potential conflicts of interest.

DEFINITIONS


2. “Staff” means an employee of an agency that conducts business with the Warren County Elderly Services Program.

3. A person shall be considered to have a financial interest in a matter if it could result in a financial benefit or detriment of more than $1,000 to him or his family. A person shall be considered to have a financial interest in any business entity in which he or a member of his family owns a 5% or more interest or in which he is an officer or policy-making employee.

4. A person shall be considered to have a personal interest in a matter if his or her judgment is substantially influenced in fact or by appearance by concerns other than those of the Warren County Elderly Services Program; also a personal interest exists if they sit on the Board, serve in management or leadership, or any agency under contract with the Warren County Elderly Services Program or Administrator.

5. A business entity shall be deemed "related to a contract agency" if agency board or staff creates the entity, if agency funds are used to create the entity, or if agency funds or staff are used in the operation of the entity.

STANDARDS

Warren County Elderly Services Advisory Council Members shall:

Exercise their professional judgment solely for the benefit of the Warren County Elderly Services Program and their stakeholders, free from any adverse or conflicting personal or financial interests.
Confidentiality Policy for Advisory Council Members, Volunteers and Affiliates of Council on Aging

Respecting the privacy of our clients, donors, members, staff, volunteers and of Council on Aging (COA) itself is a basic value of COA. Personal, health and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from COA in accordance with the HIPAA Privacy and Security Rule.

Board and council members, volunteers and affiliates are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from discussing confidential information in public spaces and from leaving confidential information contained in documents or on computer screens in plain view.

Board and council members, volunteers and affiliates of COA may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of COA that such information must be kept confidential both during and after affiliation or volunteer service. Affiliates and volunteers, including board and advisory council members, are expected to return materials containing privileged or confidential information at the time of separation from affiliation or expiration of service.

Acknowledgement of Confidentiality of Client Information

I agree to treat all information about clients, donors, staff, volunteers and COA itself that I learn during my affiliation or service with COA as confidential and I understand that it would be a violation of policy to disclose such information to anyone without prior COA authorization in accordance with the HIPAA Privacy and Security Rule.

Signature of Affiliate/Volunteer: ________________________________________________

Date: _____________________ Name: ____________________________________________
Refrain from using or authorizing the use of the authority of their positions to secure anything of value or the promise or offer of anything of value that manifests a substantial and improper influence upon them with respect to their duties. No board or council member may either solicit or accept gratuities, favors, or anything of monetary value from grant recipients, potential grant recipients, contractors, potential contractors, or parties to sub-agreements.

Abstain from voting on any matter in which they and/or a family member have a personal or financial interest.

Promptly inform the Advisory Council of any personal or financial interest of which they are aware which may influence their decisions. Such disclosure shall occur at least annually and at any other time that Warren County Elderly Services Advisory Council considers any matter involving a business entity in which the board member has an interest.

Refrain from participating in the selection, award, or administration of a grant if real or perceived conflicts of interest exist.

In addition:
No person shall serve concurrently as an employee or board member of a contracted provider and as a board or advisory council member of Warren County Elderly Services Program without full disclosure to Warren County Elderly Services Advisory Council.

No person shall serve as a contract agency board member whose family member is an employee of Warren County Elderly Services Program/Administrator or serves on the Warren County Elderly Services Program and Administrator Board, without full disclosure to Warren County Elderly Services Advisory Council.

EXCEPTIONS

1. Upon disclosure of any violation of these standards, Warren County Elderly Services Advisory Council or the board of any agency may ratify any action it has taken without knowledge of the violation by a majority vote of disinterested board members.

2. No contract or transaction undertaken by a board without knowledge of the breach of one of these standards shall be void or voidable except as provided in Ohio Revised Code Section 1702.301.

3. Attached is Conflict of Interest reporting form:

   **Form I**

   For reporting by Warren County Elderly Services Program Advisory Council. Must be completed by each Warren County Elderly Services Program Advisory Council member when elected or appointed. A new form should be completed if a subsequent conflict arises.
FORM I

CONFLICT OF INTEREST DISCLOSURE STATEMENT

(For reporting by the Warren County Elderly Services Advisory Council)

_____ I have received and read the "Conflict of Interest" policy of the Warren County Elderly Services Program. I have no conflict of interest. (*)

_____ I have received and read the "Conflict of Interest" policy of the Warren County Elderly Services Program and disclose the following:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

I certify that the above information is true to the best of my knowledge and that I have no other conflict to report at this time. I further certify that I will abide by the terms of the conflict of interest policies of the Warren County Elderly Services Advisory Council and will report any new conflict of interest when it arises.

_________________________                        ________________________________
Date                                               Signature

_______________________________
Printed Name

(*) A conflict of interest exists if:
1. You are a board member of both a contract agency and the Warren County Elderly Services Advisory Council itself;
2. You are a member of Warren County Elderly Services Advisory Council and also on its staff or the staff of a contract agency;
3. You have a family member on a contract agency’s board or staff;
4. You have a family member on the staff of Warren County Elderly Services Program;
5. You have a personal interest in a matter before Warren County Elderly Services Program; or
6. You or your family member has a financial interest of $1,000 or more, or owns 5% or more of, or is an officer or policy-making employee of a business entity doing business with Warren County Elderly Services Program.