

Access Code: 740-350-733

CALL TO ORDER / WELCOME	Katy Abbott
MISSION MOMENT <ul style="list-style-type: none"> ❖ Personal Care Boxes 	Randy Quisenberry
APPROVAL OF MINUTES <ul style="list-style-type: none"> ❖ September 10, 2020 Minutes (Action Needed) ❖ December 10, 2020 Minutes (Action Needed) 	Katy Abbott
QUARTERLY REPORTS <ul style="list-style-type: none"> ❖ Program Dashboard & Financial Report 	Ken Wilson & Carl McCullough
COMMITTEE REPORTS <ul style="list-style-type: none"> ❖ Services Committee <ul style="list-style-type: none"> - Consumer Directed Care Service Specifications (Action Needed) - Minor Home Modification & Repair (Action Needed) - Home Care Assistance Service Specification Changes (Action Needed) - Transportation Service Specification Changes (Action Needed) ❖ Governance Committee <ul style="list-style-type: none"> - Secretary Nomination 	Katy Abbott Julie Gilbert
OLD BUSINESS <ul style="list-style-type: none"> ❖ COVID-19 Vaccine Updates 	Ken Wilson
NEW BUSINESS <ul style="list-style-type: none"> ❖ Transportation Coordination ❖ Outreach Committee Discussion ❖ Orientation- April 6, 2021 ❖ Maximum Reimbursement Rates ❖ Updated Sliding Fee Scale ❖ Conflict of Interest Form/Confidentiality Policy 	Judy Eschmann Katy Abbott Ken Wilson Ken Wilson Ken Wilson Katy Abbott
HEARING THE PUBLIC	Katy Abbott

ADJOURNMENT	Katy Abbott
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NEXT MEETING

June 10, 2021

MINUTES
BCESP ADVISORY COUNCIL MEETING
THURSDAY, SEPTEMBER 10, 2020 @ 3:00 P.M.

ATTENDANCE

<i>Members Present:</i>	<i>COA Staff:</i>	<i>Guests:</i>
Katy Abbott, Vice President John Centers John Freeman, President Julie Gilbert Sabrina Jewell, Treasurer Cheryl Marischen Ann Munafo Christy Quincy Jennifer Roth Mindy Wendling Jared Wojcikowski, Secretary	Suzanne Burke Polly Doran Randy Quisenberry Ken Wilson	Kathryn Carder Karen Dages Joyce Kachelries Hannah Neese
<i>Excused:</i>	<i>Facilitator:</i>	<i>Scribe:</i>
Randy Allman Marc Bellisario Christine Matacic	John Freeman, Chair	Heather Junker
<i>Absent:</i>		

CALL TO ORDER

The September 10, 2020 Butler County Elderly Services Program (ESP) Advisory Council was called to order at 3:07 p.m. by Katy Abbott.

APPROVAL OF MINUTES

John Freeman called for a motion to approve the June 11, 2020 Butler County ESP Advisory Council meeting minutes.

Motion: Julie Gilbert made a motion to approve the minutes as presented.

Second: Sabrina Jewell seconded the motion.

Action: The minutes were unanimously approved as presented.

MISSION MOMENT

Emergency Meals to Low Income Senior Buildings

Randy presented the mission moment and the initiatives COA has been working on. At the start of COVID, COA wanted to be prepared in case there were any disruptions in services. Clients received two

rounds of 14-day meal boxes. A third round of 14-day emergency meal boxes are scheduled to go out in September and October and are already starting to be delivered to clients. These will be given out on an as need basis and if a provider has a client tell them they do not want or need the box, the box will be returned and put in storage for another round later in the year.

COA has been working with local restaurants to provide comfort meals to individuals in our region. There have been around 27,000 meals that have gone out to seniors so far. The program has been expanded to include smaller restaurants with an emphasis on Minority Based Enterprises. Neal's BBQ in Hamilton has joined the initiative and has already sent out 295 meals this week.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard and Financial Report for the second quarter through June 2020. COVID started in the middle of March, and in this quarter, the impacts due to COVID have started to materialize. At the end of June, there were 3,146 seniors enrolled on the program. This is an increase of 26 from the last quarter and an increase of 175 clients from last year. Out of those 26 new clients, 19 of them were short-term as they were only eligible for services because of COVID. Disenrollments were down a bit with the biggest reason being deceased, their needs were otherwise met, they were no longer eligible/moved, or they transferred to another program.

The cost per client increased slightly in the second quarter to \$298.34. Home delivered meals were up due to many seniors on ESP who wouldn't normally need home delivered meals are now getting them. Home care assistance, medical transportation and Adult Day services are all down. The drop is due to a decline in expenses where services were suspended or put on hold. The main drivers of that were adult day centers that were shut down due to the Governor's order, medical transportation was not utilized because medical appointments were cancelled or done telephonically, and home health care assistance was suspended or cancelled due to clients not wanting anyone in their homes for fear of COVID.

The average number of days from intake to enrollment was down to five days which is significantly below the target of 12 days. As far as the start of services, the report wasn't running properly for the second quarter. Due to COVID, there were a lot of clients who were switching or adding services which affected the report regarding new enrollees and how long it takes getting services started. There were a significant number of clients who were already on the program and were calling back for additional services. The report pulls how long it took to get services started from the date of enrollment. This was causing inflated numbers. The report is being reworked so the data can be captured more accurately.

The program is currently running under budget. This is projected spending based on six months of activity which is a big caveat because this is a different year than what we've had before. We will have to see how this year progresses as it continues. The program is projected to be under budget by 6.5% or \$719,000 in tax levy appropriations. Overall, the program is under budget by 5.5% which included a 5% contingency. Some things are running over budget and some things are running under budget. Looking at the federal revenue, there is more money coming in than what was budgeted. This is due to the Family First Act funding that helped with the additional home delivered meal expenses and the CARES Act that is also helping to offset some of the additional cost. The Federal funds are decreasing the amount of levy draw that we need. In Home Care Assistance, the program is projected to be \$612,000 under budget from client cancellations, home delivered meals are projected to be \$500,000 over

budget, and Consumer Directed Care is over which has been driven by the home care staffing challenges and more seniors are signing up for CDC. Adult Day Centers are projected to be \$100,00 under budget for the year. All the projections include an uptick in the usage of services which has been seen in recent months. The client census is running over. When the budget was put together, the census was estimated to be 3,104 clients by the end of the year. Now it's projected to end with 3,122, however, that's been offset by a lower cost per client because of the service shifts.

Katy asked for clarification that consumer directed care was on the rise. Ken explained that home delivered meals and CDC are both on the rise. The rest of the services are either stable or there have significant drops in expenses. For example, electronic monitoring systems were not impacted by COVID.

Katy asked if new clients are individuals who were going to the senior centers and receiving congregate meals that are now receiving HDMs. Ken explained some of them are although most of the individuals who were receiving congregate meals prior are now receiving congregate meals as home delivered meals which is funded by Title III. The senior centers were given several options and flexibility to provide the congregate meals. These can be delivered via drive thru or delivered to their homes and billed as a congregate meal. Sabrina asked if the meals in the drive thru were hot or cold meals. Randy advised the meals in Middletown are delivered chilled to the clients. Randy further explained that 230 meals were picked up today. Sabrina asked for clarification on if the meals were for 230 people or for 23 people. Randy advised they were for 230 people.

COMMITTEE REPORTS

Services Committee

Katy provided an overview from the services committee. Home delivered meals are going out without delays. There have been over 3,600 14-day meal boxes that have gone out to clients so far. The next round of boxes is based on need so if the client doesn't need them, the providers will keep those for future disbursements. Central Connections is showing great improvement and we are excited by their turnaround. COA is looking for small, minority owned restaurants to join the restaurant program. They have received many handwritten thank you notes from senior buildings for this program.

COA is providing PPE to providers using from Butler County EMA. COA wants to make sure that the clients and home health aides are kept safe.

There is a pilot transportation program in Hamilton County and as soon as there is data, it will be reported back to the advisory council.

There has been a spike in home care assistance capacity issues which is most likely due to school being back in session whether it be in person or remote.

One of the Home medical equipment providers terminated their contract as they were purchased by another entity. There are six other strong providers so there are no capacity concerns.

After the levy, there is a plan to roll out a value rating for home delivered meals. This is to help provide information to individuals so they can choose a provider. These scores will be based on quality and cost. These will be for new people coming in or people who want to make a change. Expect to see a market share shift from lower to higher rated providers but that will most likely be slow over time. COA would

like to keep this competitive and see the lower rated providers improve upon their scores. COA would also like to keep a variety of providers for individuals to choose from.

COA has been working with the LiveWell Collaborative. LiveWell had reached out to COA in regard to helping with a caregiver project that revolves around extended reality (XR) and most specifically virtual reality (VR). COA has been so impressed with the technology that they are looking to purchase the technology. The idea is to use the VR to have a difficult conversation with mom or dad about things like incontinence or taking medications. The hope is to have a whole catalog of these scenarios that caregivers can utilize.

The Fast Track Home Program is where individuals can enroll in the ESP program while still in the hospital or nursing facility. COA is currently working to implement this program in Warren County and it remains of high interest especially because the difficulties in nursing homes with COVID and individuals wanting to go straight home after a hospital stay. This program will be revisited in Butler County after the levy.

Senior and Adult Day Centers can reopen on 09/21 but the order addresses both as if they are the same. They each serve different clientele. Some of the mandates are that all clients and staff be tested for COVID but are open questions about access to testing. Skilled nursing facilities have many more resources and they are even struggling with testing. There have been many adult day centers closing prior to COVID. One center in Fairfield just closed and now the only center in Butler County is Oxford Seniors. COA hired a consultant paid for with CARES Act funding, who is going into the senior centers and adult day centers and giving them suggestions on what they can do to reopen safely.

The restaurant program can provide more choices to individuals utilizing local businesses. It is being looked at as to whether this program can be included long term as part of the meal program or an opportunity for congregate meals.

Home care providers are up for a contract renewal and will see a 3% increase in rates next year. COA is also exploring Hero Pay for aides caring for those individuals displaying symptoms if or have test positive for COVID. The providers incur a much higher cost of care and PPE requirements are higher. They aren't many that would need this level of care and it wouldn't be for very long.

Outreach Committee

Christy gave a quick update on the outreach committee. Polly scheduled individuals to volunteer and give presentations in local area meetings. Christy was able to give her first presentation last night. The presentation was well received and there was great interest from the trustees as to how COVID has impacted the program. Christy will be working to pull some of the information that Randy and Katy shared so she can present some of the highlights about how life looks different during COVID.

John Freeman reviewed a list of several locations that needed volunteers to give a presentation. John asked that if anyone would like to volunteer to reach out to get scheduled.

Jennifer Roth asked if any information about the restaurant program was in the presentation. Christy advised there was not, but it might be nice to include it. Polly stated she will work with Paula to get some of these examples added to the presentations.

Governance Committee

Julie provided an update on the governance committee. There are several member terms expiring this year. Julie sent the advisory council an application for a new member earlier today and feels she would be a good addition to the group. Julie stated if everyone agreed on this individual, they could work with getting this in front of the commissioners. John Freeman agreed that it would be useful to have another individual from Liberty Township on the council.

There are currently four council members with expiring terms at the end of the year. John Freeman and Christy Quincy are at the end of their second terms. Sabrina Jewell and Mindy Wendling are at the end of their first terms. John advised that if the individuals who are at the end of their first term want to stay on the advisory council, the council will inform the commissioners. Julie requested that if any of the council members have anyone that's interested in serving on the council to let everyone know. Katy asked if there are any areas that need represented. Julie advised that Middletown and Fairfield could use more representation. John informed that he's spoken with a couple of potential nominees and is actively trying to recruit.

OLD BUSINESS

2020 Levy Campaign Update

Ken provided an update on the 2020 levy campaign. The levy committee has been meeting monthly since January and Ken feels this is one of the best campaigns he's worked on. There are many engaged volunteers. The levy has an issue number now—issue 34. The printing of post cards and signs have been ordered. The campaign will consist of FaceBook ads and Google ads which helps the campaign reach a target audience and specific demographic groups. There are 70,000 pieces of absentee mail expected to go out. The committee raised all but \$15,000 of their goal. Costs will be higher than what was raised but the committee does have some money in the bank. After utilizing some of these funds, there will still be around \$24,000 for the next campaign. There will be about 20 billboards going up in the county. There are 75 4x4 signs that can be placed in high traffic areas. Good progress is being made finding sign locations. There will be a sign assembly on September 22nd at LifeSpan. The plan is to have multiple locations in the county for easy sign pickup including Oxford Seniors. The caveat to the September 22nd date relies on the signs getting back from the printer. There is no guarantee the signs will be back by then.

Ken communicated with Scott Rasmus earlier in the day. Scott had met with the campaign committee and they are sharing strategy and resources where it makes sense between the two campaigns as the mental health levy is also on the ballot. The campaign consultants are working together and sharing information about how the campaigns are operating. Scott expressed he is thankful with the cooperation that the campaigns are having with each other. Scott also wanted to remind everyone that they both share the Uplift Program that's funded by both the mental health levy and the senior services levy. Both levies are renewals, so they don't raise the taxes.

There will be volunteer opportunities coming up: sign assembly and distributing signs out in the county. Ken asked that everyone help find locations for sign placement if they can. There will also be honk ins scheduled where five or six volunteers stand at a busy intersection for an hour at lunch time or at the end of the day to hold up service levy signs. These are usually done the week of the election. There will also be opportunities for poll workers at some of the busy poll locations in the county. Katy stated the

last time this was done, there was a list of polling places and volunteers were assigned and asked if this was still what was being done. Ken advised yes but that it may look different. Volunteers will most likely just be a friendly face waving to people instead of handing things out. If nothing else, it will be volunteers going to place signs at the polling locations. Christy suggested a talking point and a picture of the levy sign with the issue number be added to social media so it can be shared across the county. Ken advised that he would speak with Paula about getting that to everyone on the council so they can share on their social networks.

Sabrina asked if the mission moment regarding Neal's BBQ will be on social media for everyone to share. Ken advised he would check into that. Jennifer then asked if someone from the levy committee could come speak at an Association for Professionals in Aging Board event in Marcum Park to support the Butler County Levy. Ken stated that yes someone can come and speak—possibly even himself.

NEW BUSINESS

FY 2021 Budget Review

Ken reviewed the FY 2021 budget and explained if the council approves, it will then be submitted to the county for final approval. This year is a bit different than most due to the pandemic which is causing projections to be off and assumptions are being made around when we are coming out of the pandemic and going back to normal. The program is projected to need \$11.8 million in tax levy appropriations which is a 6.5% increase over the current budget and a 12% increase over the projected spend in 2020. The reason for the difference is because spending for 2020 is projected to be down a little bit due to the pandemic. The budget includes a 3% increase in the client census and that's based on a market penetration rate of 39%. The budget includes a 5% contingency to account for variations in cost and census that are difficult to predict. Overall, the budget increase is 7% which a little bit higher than the 6.5% in levy appropriations because there is additional federal funding that wasn't previously there. Katy stated that it looks like donations and client co-pays are down. Ken stated donations are a very small dollar amount, so it doesn't take much for that percentage to look big. The co-payments are something he will keep his eye on as he knows they are down due to the pandemic. Home delivered meals do not have a co-pay and that's what the surge has been in. The services where copays are collected such as Adult Day, Home Care and transportation are down. It is possible the donations may increase next year which offsets how much levy revenue will need to be drawn down.

John asked for a motion to approve the FY 2021 Budget as presented and to have it submitted to the county for final approval.

Motion: Sabrina Jewell made a motion to approve the FY 2021 Budget as presented.

Second: Katy Abbott seconded the motion.

Action: The draft FY 2021 Budget was unanimously approved as presented.

HEARING THE PUBLIC

No individuals from the public requested to speak.

ADJOURNMENT

With there being no further business to discuss, the meeting was adjourned at 4:20 p.m.

NEXT MEETING

December 10, 2020

MINUTES
BCESP ADVISORY COUNCIL MEETING
THURSDAY, DECEMBER 10, 2020 @ 3:00 P.M.

ATTENDANCE

<i>Members Present:</i> Katy Abbott, Vice President Randy Allman John Freeman, President Julie Gilbert Christine Matacic Jennifer Roth Jared Wojcikowski, Secretary	<i>COA Staff:</i> Suzanne Burke Jennifer Lake Carl McCullough Randy Quisenberry Paula Smith Ken Wilson Dana Zidarescu	<i>Guests:</i> Kathryn Carder Karen Dages Joyce Kachelries
<i>Excused:</i> Sabrina Jewell, Treasurer Christy Quincy Mindy Wendling	<i>Facilitator:</i> John Freeman, Chair	<i>Scribe:</i> Heather Junker
<i>Absent:</i> Marc Bellisario John Centers Cheryl Marischen Ann Munafo		

CALL TO ORDER

The December 10, 2020 Butler County Elderly Services Program (ESP) Advisory Council was called to order at 3:03 p.m. by John Freeman.

APPROVAL OF MINUTES

The September 10, 2020 minutes will be presented at the next meeting for approval.

MISSION MOMENT

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. 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. Three markets participated in Butler County: Browns Family Farm Market, Garver's Family Farm Market and Oxford Farmer Market. The coupons could be used at these markets or any of the participating markets in the five-county region.

There were 126 participants in Butler County which Jennifer believes can be increased next year with word of mouth and community events. Applications were accepted through the middle of September this year and could be used through the end of October.

Both Butler and Hamilton County had a unique opportunity to participate in a pilot program based on a Community Supported Agriculture (CSA) model. This allows participants buy shares into a farm and receive bounties during the growing season. Produce was delivered directly to one of the senior buildings in Butler County. 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. These participants were able to get more produce than the traditional program with the ability to get up to 15 deliveries.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken provided an overview of the Program Dashboard. At the end of the third quarter there were 3,118 clients which is an increase of 85 clients from last year and a decrease of 28 clients from last quarter. If you remove the short-term clients, the program only declined by 10 from last quarter. There were 287 new enrollments and 305 disenrollments. The number one reason for disenrollment was needs otherwise met, then because 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 average cost per client has been very consistent this year with the cost being \$296.07 in the third quarter. 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. With the home delivered meals, the 14-day meal boxes are not reflected in the units but are reflected in the dollars paid on the report. Home delivered meals have been running higher because more people are in need of meals.

The average numbers of days from intake to enrollment is seven days as assessments are being completed virtually and makes the timeliness quicker. Ken explained there is a new data point on the report as he felt that the service level data as it wasn't giving the information that was needed. This new data focuses on where the program is having performance issues with specific services. In the third quarter, there were 556 new clients that needed homemaking or personal care services and 368, or

66%, of those clients were matched with a provider taking 4.29 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.

Jared asked if it is smaller entities that are not able to provide services at that level. Ken explained that it's across the board as far as small and large companies experiencing staffing shortages. Jared asked if anyone has provided any indicators as to why this is happening and if it's specifically COVID related. Ken explained that this was an issue prior to COVID and is just being exacerbated by it. 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.

John asked if the amount that's paid to the home health worker is determined by us or the home health agency. Ken explained that it's determined by the home health agency and the rates that we pay them is based on the competitive bidding rates. Jared asked if COA also piloted a \$2 increase in Warren County and if it had any sort of statistical increase of satisfaction or retention? Ken advised that they did pilot that and it did not.

Carl reviewed the Financial Report. The program will need about \$10.5 million dollars from tax levy appropriations. Compared to the budgeted amount of \$11.1 million, this puts the program \$606,950 under budget for the year. It is also projected that the program will receive about \$878,000 from other funding sources such as CARES Act funding, Title III funding, state, and client copays this program year.

The total amount of projected expenses at the end of the 3rd quarter is \$11.4 million. Compared to the budget, which is \$11.9 million, the program will be under budget by \$515,000.

Looking only at purchase services, the program is projected to spend \$8.1 million, which compared to the budgeted amount of \$8.5 million, the program is under budget by \$396,000.

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.

Katy asked if this was just for quarter three? Carl explained this is actuals from quarter three and projections for quarter four.

Market Penetration and Five-Year Levy Projections

Ken reviewed the market penetration report and five-year levy projections. This report measures how much of the senior population with a disability is served by the program. There has been remarkably stable market penetration the last few years right around 40% for the elderly services program. This is good in the sense that the program is growing in proportion with the need that's changing in Butler County in terms of the population growth of older adults. This data is used to forecast what future years will look like.

In the last year of the five-year levy, the program is projected to end with a \$9.5 million fund balance. The program spent a little over \$1 million of the fund balance over the last five years. The next five-year levy cycle has assumptions built in as there are several things that can significantly impact this forecast. Ken has his eye on the levy revenue. The program saw an increase in levy revenue in 2019 due to new housing built in West Chester. This may happen again in 2020 and continue into the next levy cycle. The other impact is the home care workforce shortage. This is not good from a quality perspective, but it is good for the budget because the program saves money due to that. If some of the strategies to help improve the workforce and bringing on additional providers works out, more seniors will be getting services and costs will rise which is a cost driver in this program. With the current model and assumptions in place, the program is looking at a waiting list in 2023 or beginning of 2024. A lot can happen between now and then to change that. These models are adjusted as new information comes in.

COMMITTEE REPORTS

Services Committee

Katy gave a brief overview of the Services Committee. There were 1,145 14-day meal boxes delivered in Butler County as well as 4,681 comfort meals. The comfort meal program was recognized at the State level and COA won the AAA Partnership of the Year award from O4A.

COA is in the process of packing and shipping 7,500 personal care boxes to clients. Four to five more volunteers are needed this Friday and Saturday at the Butler County fairgrounds. If anyone is interested, please reach out to Randy Quisenberry.

COA held six network wide PPE distribution events this year and PPE will now be distributed on demand.

Adult Day and Senior Centers are still not open as requirements made it very difficult for them to do so. For example, the testing requirements are that staff are to be tested every two weeks along with strategic testing for participants. Even though the State provided an out of state vendor to process the tests, it's up to the centers to find the staff to administer the tests.

A transportation pilot program is being rolled out in Hamilton County next year and COA hopes to bring this Butler County as well. This program will give more hands-on assistance to individuals and provide through the door service and individuals can schedule this on demand.

The provider audits for 2021 will be completed virtually.

The request for proposals in 2021 will be for Transportation, Home Care Assistance and Minor Home Modifications. COA has four evaluative criteria they use to review these proposals.

In the third quarter, there were a little over 1,000 clients served for home care assistance, 98,000 meals were delivered, transportation prior to COVID was 350 clients and now it's around 295 clients.

SASI surveys are holding strong. There is one provider that has dropped a bit so COA is keeping their eye on them.

Randy shared a couple of great service excellence awards. These are awards where clients either report back to COA or the provider thanking the aides that have helped them.

There are 188 clients who have not been matched with a provider. Ken reached out to the Butler County prosecutor and administrator about waiving the competitive bidding when there is a capacity problem. Ken was advised to come up with another solution because of questions about the ability to waive the requirements. Ken and Randy will be working on that and the services committee will touch base on this before the next meeting in March.

Katy also wanted to let everyone know that they do have graduate and undergraduate students who need internship opportunities. Katy asked that if anyone has or knows of any opportunities to reach out to her.

Action: The Consumer Directed Care and Minor Home Modification & Repair Service Specification changes will be presented at the next meeting for approval.

Outreach Committee

Paula gave an update on the Outreach Committee. They have not been able to meet due to COVID and not a lot of traditional outreach has occurred. Paula served as the media chair on the levy committee. Advertisements have resumed in Butler County and across the service area, primarily being FaceBook ads, some Google ads, a commercial on WCPO Channel 9 and a radio commercial on Mix 94.9. The FaceBook ads include a general COA ad and an ESP ad. There are also targeted ads for the HealthyU workshops and those run across the service area targeting areas where those workshops are being offered. Home Energy Assistance Program (HEAP) ads are running on social media and some select newsprint outlets. The Butler County focused ads on ESP received 14,000 impressions, reached about 6,000 people and garnered about 389 links. This was a click through rate of 2.77% which seems very small, but the industry average is .62%. There are also COA awareness ads which generated 2,000 impressions and reached about 6,000 people with 426 clicks. This was a click through rate of 2.5%. These are different than the ads than COA has run before. COA was able to gather client stories and use clips from those stories to include in the ads.

Virtual outreach events have been taking place across the COA service area. A COVID-19 community outreach response plan was developed which helps guide the decision-making process on whether COA will participate in outreach events based largely on the county color code status. Butler County Social Services Expo is something COA tries to attend every year. COA was a sponsor this year and it was held as a drive through event where literature bags were given to everyone that came through. COA has also participated in other outreach events including video presentations with the BlueStar Family in Dayton and southwestern Ohio, presentations with the Alzheimer's Association, the VA Caregiver Summit, regular presentations with the Great Cincinnati Care Summit, and presentations with Catholic Charities.

Action: Paula will update the outreach report with the full list of levy coverage and Heather will send back out to the Advisory Council.

After Meeting Follow Up: Paula checked the report and found that what was already sent to the Advisory Council is accurate and a new report does need to be sent out.

Governance Committee

Julie gave an update on the Governance Committee. On the agenda for next week's commissioners meeting, Sherrill Swann is slated for her first term appointment. That leaves two openings at the end of the year that need to be filled. Julie asked that if anyone has someone from the community that would be a good fit to let her know. The council could use someone in the West Chester area. Julie plans to talk to Mindy about a second term. Suzanne stated COA has individuals from Butler County who have expressed interest on being on COA's Advisory Council but there are currently no openings. She will reach out to them to see if they have any interest in serving on this Advisory Council. Julie reminded everyone that individuals who are interested need to submit their resume and application, have a recommendation and background check.

Katy asked about individuals who were on the board on the past and had to rotate off. Would they be able to come back on the board? John advised that there only needs to be a one-year hiatus between a second term and what would be a new first term. Heather confirmed that was correct.

Jen asked about student representation and if they could participate. John advised that as long as they are a Butler County resident that should be fine.

John gave an update on succession planning since this is the end of his last term. Katy will be taking over as President and Jared as Vice president. The council will need someone to take over Jared's previous role as the secretary and will be discussed in the next meeting.

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 over 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% to 3% 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%. Hospitals are managing by taking over floors in to manage COVID care and expanding ICU capacity. That also means there are less available for regular care for other issues. Many are deferring procedures and triaging some of the care. There have been significant changes in visitation with some hospitals not allowing any visitors at all and others with restrictions.

Our region in the State is doing better in terms of setting up healthcare isolation centers which are skilled nursing facilities with dedicated units for COVID patients. Our capacity is better than the rest of the State because of the work we've done with the Health Collaborative. These settings are helpful for individuals who no longer need to be hospitalized but don't need to go home yet as well as individuals such as dementia patients who cannot safely isolate. Testing remains a big issue. There is testing in Butler County through a variety of places like physician's offices and CVS, but one gap has been a lack of a strike team to complete the testing. This is very important in places like senior buildings where individuals are not able to get out to get tested. The hope is that in the coming month that will be

available in Butler County as there is an RFP out using CARES Act dollars from the county commissioners to increase testing availability.

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. 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.

John asked with senior centers having been closed with no anticipated reopening date, if we have older adults getting their vaccines, how will that work? Ken advised that there is a lot of planning going on about vaccine distribution and how that will occur. There are no firm vaccination plans from Public Health yet on when that will occur, but he knows they're planning to do drive thru vaccinations. They are hoping to set up locations throughout the county. It's complicated because all the vaccines that are out there now require two doses. A second dose must be administered two to three weeks after the first one.

ESP Branding Discussion

Katy discussed the use of the term elderly and the strong movement to stop using it. It's an ageist term and stereotypes and diminishes older adults. It doesn't reflect all the program does to support the community. Katy is aware how difficult it is to rebrand and to market. Katy is proposing to drop the "-ly" in the name and make it Elder Services Program. This would help to set the stage and start a conversation. Katy feels this is something that we need to lead by example. Randy Allman stated that several years ago, his organization went through rebranding. It's a large task but doable. There is concern that the word "Elder" sounds like a religious term. Christine suggested changing it to "Everyday" Service Programs to keep the acronym ESP.

Suzanne stated that she supports the discussion and that it might be a good idea to survey people, hold focus groups or polls. Paula advised she could research how similar programs are named and make sure there aren't any copyright issues. Suzanne advised that COA would brainstorm internally and get with Scripps to come up with some ideas to shop to voters and current clients.

Butler County Levy Renewal Election Results

Ken discussed the passing of the Butler County levy renewal. There has been growing support from community over time since the first time the levy went on the ballot in 1996. The levy broke a record this year with 77% of voters supporting the levy. Looking at the last levy on the ballot for each county locally, Butler County beat out everyone. Butler County also beat every county in the state with a senior levy on the ballot. The levy committee was fantastic and had a lot of great volunteers. The committee met fundraising goals and will go into the next campaign with approximately a \$30,000 balance.

NEW BUSINESS

2021 Meeting Dates

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

HEARING THE PUBLIC

No individuals from the public requested to speak.

ADJOURNMENT

With there being no further business to discuss, the meeting was adjourned at 4:38 p.m.

NEXT MEETING

March 11, 2021



**Butler County ESP
Program and Financial Report
Quarter 4, 2020 (Oct. - Dec. 2020)**

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 4, 2019), census has increased by 57 clients (from 3,066 to 3,123) or 1.86%.
- B. Compared to last Quarter (Quarter 3, 2020), census has increased by 5 clients (from 3,118 to 3,123) or 0.16%.
 - 1. Short-term clients excluded, census increased by 5 (from 3,117 to 3,122) or 0.16%
- 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.

Year	2020			
Quarter	Q1	Q2	Q3	Q4
Short-term Clients Added to Census	21	19	1	1
New Short-term Client Enrollments	21	32	2	1
Disenrolled Short-term Clients	0	18	3	35

2. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$10.2 million through the fourth quarter, as compared to the budgeted amount of \$11.1 million. The variance is under budget by \$944,545 or 9%.
- B. Total Expenses: The projected expenses incurred through the fourth quarter is \$11.2 million as compared to \$11.9 million in the budget. The variance is under budget by \$725,591 or 6%.
- C. Purchase Services: The projected expenses for in-home services were lower by \$579,526 or 7% as compared to budget.
- D. Through the month of December, \$256,448 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.

Quarter-End Census by Program

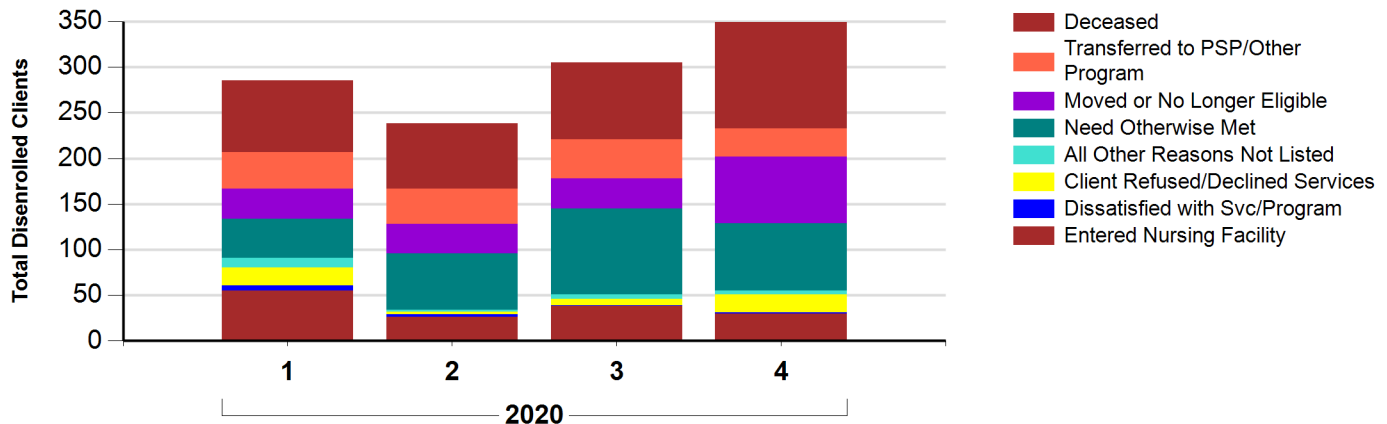
Year	2020			
Quarter	1	2	3	4
ESP	3,120	3,146	3,118	3,123
Medicaid Programs	1,110	1,228	1,195	1,239
Passport	194	225	244	247
Assisted Living	102	104	103	106
Molina	261	307	301	315
Aetna	553	592	547	571

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2020			
Quarter	1	2	3	4
Quarter-End Census	3,120	3,146	3,118	3,123
New Enrollments	315	289	287	313
Disenrollments	285	238	305	349

Disenrollment Outcomes

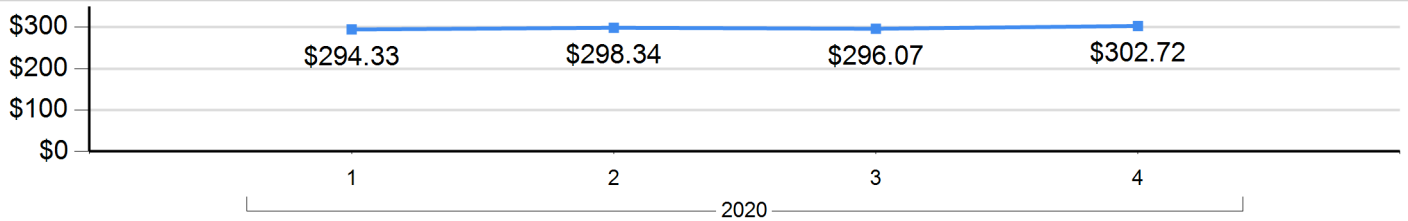
Year	2020			
Quarter	1	2	3	4
Deceased	78	71	84	116
Transferred to PSP/Other Program	40	39	43	31
Moved or No Longer Eligible	33	32	33	73
Need Otherwise Met	43	62	94	74
All Other Reasons Not Listed	11	2	5	4
Client Refused/Declined Services	19	3	7	20
Dissatisfied with Svc/Program	6	3	1	1
Entered Nursing Facility	55	26	38	30
Total	285	238	305	349



¹ 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.

Butler County ESP
Quarter 4, 2020 (Oct. - Dec. 2020)
TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹²

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	122	106	117	111
Electronic Monitoring	2,194	2,136	2,180	2,191
Home Care Assistance	1,219	1,060	1,030	969
Home Delivered Meals	1,371	1,484	1,509	1,568
Home Medical Equipment	158	115	142	122
Medical Transportation	324	199	276	259
Other Services	481	379	406	421
All Services (Unduplicated)	3,373	3,391	3,413	3,441

Units Billed by Service Group¹² *Please see the notes page for unit of measure descriptions by service.*

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	8,264	7,699	7,924	8,002
Electronic Monitoring	6,615	6,667	6,739	6,872
Home Care Assistance	30,796	28,332	27,924	25,281
Home Delivered Meals	83,296	108,423	98,515	103,154
Home Medical Equipment	230	181	192	183
Medical Transportation	2,942	1,927	2,770	2,386
Other Services	2,612	1,581	1,649	1,593

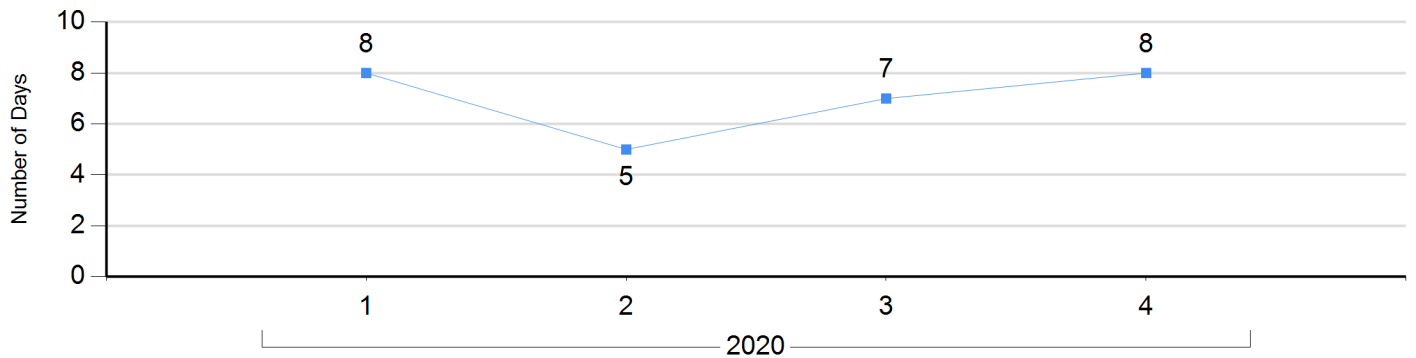
Dollars Paid by Service Group (Purchased Services)¹²

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	\$107,226	\$120,183	\$126,683	\$112,545
Electronic Monitoring	\$115,223	\$115,596	\$115,404	\$118,488
Home Care	\$742,154	\$606,798	\$629,469	\$574,786
Home Delivered Meals	\$644,938	\$939,232	\$776,743	\$957,797
Home Medical Equipment	\$26,322	\$21,722	\$19,200	\$17,961
Medical Transportation	\$100,835	\$69,519	\$98,479	\$83,711
Other Services	\$204,177	\$113,336	\$182,184	\$156,759
All Services	\$1,940,876	\$1,986,387	\$1,948,161	\$2,022,047

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.

Average Number of Days from Intake Call to the Enrollment Assessment¹



Home Care Provider Network Referrals and Capacity

Year	Quarter	# Clients in Need of HCA	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg. # of Referral Attempts per Client
2020	1	611	120	20%	2.81
2020	2	474	84	18%	2.13
2020	3	567	188	33%	4.23
2020	4	551	206	37%	4.77

Home Delivered Meals - Client Satisfaction Survey Results

Year	2020			
Quarter	1	2	3	4
Overall Satisfaction	97.14%	97.96%	97.73%	97.23%
Good Choice of Meals Available	92.19%	92.00%	93.68%	91.57%

Medical Transportation - Client Satisfaction Survey Results

Year	2020			
Quarter	1	2	3	4
Overall Satisfaction	95.19%	99.02%	97.29%	98.43%
Service Returns Client Home Promptly	86.76%	96.08%	94.04%	94.78%

Home Care Assistance - Client Satisfaction Survey Results

Year	2020			
Quarter	1	2	3	4
Overall Satisfaction	90.74%	94.58%	92.86%	93.20%
Aide is Dependable	89.78%	95.73%	90.33%	91.56%

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.

Butler County ESP

Quarter 4, 2020 (Oct. - Dec. 2020)

FINANCIALS: based on actual revenue & expenses as of December 31, 2020¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$10,172,354	\$11,116,899	-\$944,545	-8.5%
Federal & State Funding				
Title III C2 - Home Delivered Meals	\$360,307	\$136,452	\$223,855	164.1%
Title III E - Caregiver Support	\$115,351	\$110,662	\$4,689	4.2%
Alzheimer's	\$23,028	\$5,517	\$17,511	317.4%
Nutrition Services Incentive Program (NSIP)	\$266,684	\$270,556	-\$3,872	-1.4%
Senior Community Services (SCS)	\$1,839	\$24,072	-\$22,233	0.0%
Other Revenue Sources (Interest)	\$2,398	\$5,234	-\$2,836	-54.2%
Client Contributions				
Client Donations	\$8,713	\$10,573	-\$1,860	-17.6%
Co-Pays Received	\$225,640	\$221,940	\$3,700	1.7%
Total Revenue	\$11,176,314	\$11,901,905	-\$725,591	-6.1%
Expenses				
Operating Expenses				
COA Administrative	\$714,384	\$778,629	\$64,245	8.3%
Intake & Assessment	\$279,269	\$304,190	\$24,921	8.2%
Case Management	\$2,285,190	\$2,342,089	\$56,899	2.4%
Total Expenses	\$3,278,843	\$3,424,908	\$146,065	4.3%
Purchased Services				
Home Care Assistance	\$2,553,207	\$3,319,050	\$765,843	23.1%
Independent Living	\$278,520	\$313,135	\$34,615	11.1%
Home Medical Equipment	\$85,205	\$150,867	\$65,662	43.5%
Electronic Monitoring	\$464,711	\$475,633	\$10,922	2.3%
Minor Home Modifications	\$261,595	\$272,417	\$10,822	4.0%
Major Housecleaning	\$13,600	\$16,668	\$3,068	18.4%
Pest Control	\$22,190	\$38,893	\$16,703	42.9%
Home Delivered Meals	\$3,318,711	\$2,749,598	-\$569,113	-20.7%
Adult Day Service	\$36,973	\$156,123	\$119,150	76.3%
Adult Day Transportation	\$2,706	\$10,245	\$7,539	73.6%
Medical Transportation	\$352,544	\$472,194	\$119,650	25.3%
Non Medical Transportation	\$24,692	\$38,320	\$13,628	35.6%
Consumer Directed Care	\$466,637	\$364,104	-\$102,533	-28.2%
Behavior Health	\$16,180	\$99,750	\$83,570	83.8%
Gross Purchased Services	\$7,897,471	\$8,476,997	\$579,526	6.8%
Gross Program Expenses	\$11,233,466	\$11,901,905	\$725,591	6.1%
Client Census	3,122*	3,104	(18)	-0.6%
Total Census with Short-term Clients	3,123	N/A	N/A	N/A
Cost of Services per Client	\$204.04	\$217.15	\$9.40	4.3%

¹ Budget includes a 5% contingency in the event of changes to client enrollment and program cost assumptions.

* 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, and Independent Living Assistance.
- 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. 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

4. **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.

ELDERLY SERVICES PROGRAM (ESPSM)

CONSUMER DIRECTED CARE (CDC)

CONDITIONS OF PARTICIPATION and SERVICE SPECIFICATION

2020

EFFECTIVE DECEMBER 2020 (BCESP) (CCESP) (HCESP) (WCESP)

**ELDERLY SERVICES PROGRAM
CONSUMER DIRECTED CARE CONDITIONS OF
PARTICIPATION and SERVICE SPECIFICATION**

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CDC Service Specification	Error! Bookmark not defined.

CONDITIONS OF PARTICIPATION

1.0 EMPLOYEE REQUIREMENTS PRIOR TO SERVICE INITIATION

- 1.1 The employee must deliver services in compliance with the Service Specification and in accordance with the plan designed and authorized by the Care Manager and employer
- 1.2 The employee must comply with all contract requirements, Conditions of Participation, and CDC Service Specification
- 1.3 The legal guardian, power of attorney, spouse, or authorized representative of the employer cannot serve as the employee
- 1.4 The employee must be at least 18 years of age
- 1.5 The employee must have a valid social security number and at least one of the following current, valid, government issued, photographic identification cards:
 - a) driver's license
 - b) State of Ohio identification card
 - c) US permanent residence card
- 1.6 If transporting the employer, the employee must submit to the employer proof of vehicle insurance that meets the state minimum requirements and have a valid driver's license
- 1.7 The employee must successfully complete a criminal background check conducted by HR Profile Employment Screening
- 1.8 The employee must enter into a written agreement with the employer for the agreed upon tasks
- 1.9 The employee shall not use or disclose any information concerning an employer for any purpose not directly connected with the provision of services, except with the written consent of the employer or authorized representative
- 1.10 The employee shall not use the client's personal property without the client's consent
- 1.11 The employee will not forge a client's signature and /or falsify information
- 1.12 The employee will not engage in behavior that causes or may cause physical, verbal, mental or emotional distress or abuse to the client
- 1.13 The employee will not engage in behavior that constitutes a conflict of interest, takes advantage of or manipulates services resulting in an unintended advantage for personal gain of the employer
- 1.14 The employee will accept, on an ongoing basis from the employer, changes in the frequency and duration of service tasks to be performed for the employer

1.15 If terminating services, the employee will submit written notification to the employer and the Care Manager at least thirty (30) days prior to the last date of service

1.16 Failure to meet any of the requirements of this rule may lead to the termination of the agreement

SERVICE SPECIFICATION

1.0 OBJECTIVE

Consumer Directed Care (CDC) is another option for delivering home care services. Instead of using traditional agencies, clients become “employers” and hire their own “employees” to provide the care and services they need. This allows a client to choose their home care aide to assist and support them with their IADLs which may include personal care, homemaking, companion, and respite tasks.

2.0 DEFINITIONS

2.1 Employer- The client or Authorized Representative is also known as the employer

2.2 Employee- The person hired by the employer to deliver home care services

2.3 Authorized Representative- A representative named by the employer to assist in monitoring/signing timesheets, and other documents. The need for an authorized representative will be discussed in advance by the employer and Care Manager

3.0 SERVICE HOURS

The unit rate and cost cap will be discussed in advance by the Care Manager and the employer. The employer will ultimately determine the unit rate to be paid to the employee

4.0 REQUIREMENTS

4.1 The employer and employee should cooperatively treat each other with dignity and respect

4.2 The employee must deliver services as agreed upon with the employer and as authorized in the employer’s care plan

4.3 Supervision of the employee is the responsibility of the employer

4.4 The employee must be able to effectively communicate with the employer

4.5 If the employee intends to transport the employer, the employee must show the employer a valid driver’s license and valid insurance identification card prior to the first transport

4.6 Tasks designated by the employer will be reviewed with the employee. These tasks may include but are not limited to the following:

- a) Maintaining a clean and safe environment
- b) Assisting with personal care
- c) Homemaking
- d) Independent Living Assistance
- e) Companion services

- f) Transportation
- g) Meal preparation and/or grocery shopping

ELDERLY SERVICES PROGRAM (ESPSM)

MINOR HOME MODIFICATION AND REPAIR

SERVICE SPECIFICATIONS

2015

EFFECTIVE NOVEMBER 1, 2015

ELDERLY SERVICES PROGRAM

MINOR HOME MODIFICATION AND REPAIR

SERVICE SPECIFICATIONS

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Provider Duties & Responsibilities	4.0	2
Supervision.....	5.0	3

MINOR HOME MODIFICATION AND REPAIR SERVICE SPECIFICATIONS

1.1 OBJECTIVE

Minor Home Modification and Repair Service provides critical home repairs and/or minor home modifications for eligible Elderly Service Program ("ESP") clients to enable them to remain safe and independent for as long as possible in their homes. The service is not designed to improve the value or aesthetic look of the home.

Eligibility Criteria

Clients who are eligible for this service must;

- ~~a. be currently enrolled in and receiving other services through the ESP program;~~
- b. have not received more than \$3,500 (lifetime per household) in home modification services through the ESP program; and
- c. have been referred for the service by their Care Manager or other designated ESP staff member.

Modifications and repairs:

- a. Must be addressing a health and safety issue for the ESP client to remain independent in their home.
- b. are limited to those which cannot be accomplished through existing informal or formal supports and those which are not the legal or contractual responsibility of a landlord or a homeowner other than the client;
- c. can be made only to the client's primary residence (If the client owns a multi-family home/building modifications/repairs can only be made to the client's unit.); and
- d. cannot be made to a home, whether client owned or rented, that is "for sale."

2.0 UNIT OF SERVICE

A unit of service is a job request awarded and completed.

Examples of jobs furnished by ESP:

Grab Bars	Minor Plumbing
Handrails	Minor Electrical
Ramps	Furnace – repair / replace
Lever type doorknobs and faucets	Repair uneven surface floor/steps
Increased lighting for safe mobility	Repair/Replace doors
Stair lifts	Repair/replace broken window
Walk-in /barrier free showers	Widen doors or sidewalk
Air Conditioners	..

Examples of jobs **not** covered by ESP:

Foundations	Repair replacement of appliances
Waterproofing of basements	Bathtub cuts
Roofs / Gutters	Repair of furniture
Sewers / Septic Tanks / Wells	Cosmetic painting
Major Structural Repairs	Installation of Intercoms
Retaining Walls	Screen doors
Driveways	Weatherization
Siding	

3.0 Requirements for Certain Jobs

3.1 Ramps

- a) must be painted or sealed
- b) must provide a non-slick surface
- c) must contain hand rails for consumers that will be ambulatory on the ramp (handrails are not required for wheelchair ramps)
- d) pictures must be submitted with bid
- e) Required permits must be obtained and ramps must comply with all applicable building and zoning codes
- f) ramp designs should not be modified by client request if it is going to affect the ability to comply with all applicable building and zoning codes or if it is going to increase the cost from the original bid
- g) final pictures must be submitted for payment

Handrails

Used in stances where grab bars are not sufficient

- a) For outside access -only provided for the primary entry – not multiple entries
- b) Should be textured when possible
- c) Outside wood structures must be painted or sealed and have graspable handrails

Walk-in Shower

- a) Shower surrounds only – no tile work
- b) Pictures must be submitted with bid
- c) Final pictures must be submitted for payment

Grab bars

- A) Should be textured when possible

4.0 PROVIDER REQUIREMENTS

- 4.1 The Provider will maintain all proper insurance, certifications and/or licenses.

- 4.2 The Provider and subcontractors will comply with all Federal, State and Local building and zoning codes and obtain permits as required.
- 4.3 The Provider must maintain individual client records that fully document service delivery and cost for each job; and provide COA access to these records upon request.
- 4.4 The Provider is required to have a Quality Improvement process which addresses client satisfaction with the service provided and completed.

PROVIDER DUTIES AND RESPONSIBILITIES

- 4.5 As stated in section 3.0 more extensive jobs such as ramps and walk-in showers require pictures to be submitted with bids and final pictures submitted for payment.
- 4.6 The Provider is responsible for obtaining all required permits.
- 4.7 The Provider is expected to complete the work that results in the safest most economical job. The provider should contact the ESP staff person making the referral or their designee ("designated staff") if the client asks for something that is different than the provider deems appropriate.
- 4.8 The Provider is responsible for all work and materials contained in the work plan and bid. If there is a variance from the original bid the provider must request a change order and have it prior approved by the ESP staff person making the referral or their designee ("designated staff") before beginning work
- 4.9 If a client is requesting repairs above what the program will cover, the provider and client can have a separate agreement. COA will not be involved with upgrades that are not within program guidelines.
- 4.10 The Provider agrees to begin and complete all contractual work for this program within a mutually agreed performance period. The Provider is required to start the job within 60 days of job approval, and the job must be completed within 90 days of approval, unless otherwise negotiated with the ESP "designated staff". The Provider is required to communicate with the ESP "designated staff" when they are not able to reach the client to schedule the work. If the job is an emergency the provider will work with the designated staff to complete the job and determine timeframes in which the job needs to be completed for the health and safety of the client.

- 4.11 The Provider agrees to maintain a clean and safe environment during each job. Upon leaving the home will ensure all debris and dirt from the job is cleared and the job site has been made safe.

- 4.12 If the Provider believes a client's home is unsafe or unsanitary and cannot begin or complete the job, the Provider will notify the designated staff.
- 4.13 The Provider agrees to furnish the client with any and all manufacture warranties or guarantees and all other relevant information pertaining to the completed repair or modification performed.
- 4.14 Upon completion of a job, the provider shall complete the job completion form and e-mail it to the designated staff. Pictures must be included for ramps and walk-in showers.
- 4.15 The Provider agrees to invoice COA using COA's designated billing system and to bill only the amount approved by the designated staff. If a change request was approved that affected the approved bid rate the provider must have received an amended bid rate from the designated staff. Providers will not be paid for any change in bid price if it has not been prior approved by the designated staff.
- 4.16 The Provider shall not charge the client, the client's family, or representative for any work authorized by COA.

5.0 SUPERVISION

The Provider is responsible for the supervision of all workers and subcontractors and their work for each job authorized under ESP.

**ELDERLY SERVICES PROGRAM
(ESPSM) HOME CARE ASSISTANCE
(HCA) SERVICE SPECIFICATION**

**EFFECTIVE MAY 1, 2021
(BCESP) (HCEP) (WCEP)**

**HOME CARE ASSISTANCE
SERVICE SPECIFICATION
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HOME CARE ASSISTANCE (HCA) SERVICE

1.0 OBJECTIVE

The HCA (Home care Assistance) service allows a client to achieve optimal independence by 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. 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 unit of service is equal to one-quarter hour.

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 PROVIDER REQUIREMENTS

3.1 General

- a) The provider must be capable of delivering services to meet the needs of the client's authorized plan.
- b) Telephone coverage must be provided for staff and clients during working hours including all holidays.
- c) The provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.
- d) If a provider identifies health and safety issues with the client, the provider will take immediate action based on circumstances with the situation. This could include action such as calling 911 or making a referral to Adult Protective Services. The provider shall contact the care management staff, within one business day, to discuss issues and work collaboratively to ensure the client's welfare.
- e) Client is a no-show- If the client is a no-show, the provider will call their emergency contact and will email Care Manager immediately via secured email so that follow up can be completed to ensure client's health and safety. In the event an email is unavailable, a phone call will be made.
- f) Temporary schedule changes- If the client cancels their service on a temporary basis, for example client has an appointment on a service delivery day and the service needs to be rescheduled, notification to the Care Manager is not needed. This is considered a temporary schedule change. Services must be rescheduled for another day within the same week.

- g) Permanent schedule changes- Notification to the Care Manager must be given for all permanent schedule changes. The reason for the request must be given.
- h) Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, without prior notice to the provider, notification to the Care Manager must be made.
- i) Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family immediately. The provider must offer to reschedule the service to the client. Care management must be notified within one business day from the date the provider becomes aware if the client goes without services because of an aide no show.
- j) Request for unit adjustments- In the event of an emergency (i.e. the family caregiver running late, unplanned needs, etc.) when services need to be rendered immediately, the provider may provide those services without prior authorization. It is the provider's responsibility to monitor the client delivered service units to ensure the client does not go over what is authorized in their plan. If the provider identifies the client is over or under their authorized units on a regular basis, a request to adjust the units must be made to the Care Manager.
- k) The provider must maintain documented evidence of completion of eight hours of in-service education for each HCA aide annually, excluding the provider and program specific orientation, initiated after the first anniversary of employment with the provider. In-service education should increase staff knowledge and enhance the worker's performance. Examples of a yearly training may include but are not limited to how to care for an elderly client with dementia, universal precautions, identifying red flags and proper reporting procedures.

Documentation maintained in the employee's file of in-service education must include: Date, length of training, signature of trainer and signatures of those in attendance.

3.2 Employees

- a) The provider must maintain in the employee files, documented evidence verifying that each of the individuals providing HCA service meet all applicable training and certification requirements prior to client contact.
- b) The provider must document training and testing for staff, including training site information, the date of the training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable.

Supervisors

- c) HCA Supervisor for HCA aides providing personal care service:
 1. The provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

- Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities
 - Effective communication and problem resolution skills
 - Possess specialized skill set to train and guide home care aides to complete tasks outlined in the client's authorized plan
 - Ability to 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.
- d) HCA Supervisor for HCA aides providing only homemaking, companion, or respite service:
1. The provider must ensure that the HCA Supervisor and trainer shall have:
 - experience in environmental/homemaking service or home health services
 - is responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home
 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.

HCA Aide

- e) The provider must assure the HCA aide is qualified to complete the tasks outlined in the Care Manager's authorized plan. The HCA aide will assist the client to achieve optimal function with tasks as identified in the client's authorized plan.
- f) Must be at least 18 years of age and meet one of the criteria requirements listed under section 3.2 (m) of this specification.
- g) Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.
- h) Must be able to effectively communicate with the client, family members, and emergency service systems personnel.
- i) 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 aide is intended for the client and specifically excludes direct services for all other household members.
- j) The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 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.

- k) Prior to performing specialized skills not included in the initial training, the aide 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.
- l) The provider must ensure that the following tasks are **never** assigned as HCA aide client care responsibilities:
 - Administration of over-the-counter medications or eye drops
 - Administration of prescription medications or application of topical prescription medications or eye drops
 - Perform tasks that require sterile techniques
 - Administration of irrigation fluids to intravenous line, Foley catheters or ostomies
 - Administration of food and fluids via feeding tube
 - Administration of enemas or suppositories
 - Filing or cutting a client's finger nails or toenails
 - The aide shall not drive the clients in their cars or client's 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.
 - Are prohibited from purchasing alcohol and or tobacco products for the client
- m) Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
 - Be listed on the Ohio Department of Health's Nurse Aide Registry; or
 - Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care worker without a 24-month lapse in employment as a home health aide or nurse aide; or
 - 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
 - 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
 - Successfully complete training, including, but not limited to instruction on areas outlined on attachment A. In addition, the aide must complete return demonstration in the areas marked with an ** in attachment A.

For an HCA homemaking only aide

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

- Be listed on the Ohio Department of Health's Nurse Aide Registry; or
- Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care

worker without a 24-month lapse in employment as a home health aide or nurse aide; or

- 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
- 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
- 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
- Successfully complete training, including, but not limited to instruction on areas outlined on attachment B. In addition, the aide must complete return demonstration in the areas marked with an ** in attachment B.

3.3 Service Delivery

Supervisory Visits or Call

a) 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.

- f) 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:
 - Date of service delivery
 - A description of the service tasks performed
 - The printed name of the HCA aide providing services
 - The HCA aide's arrival and departure time
 - The HCA aide's written signature to verify the accuracy of the record
 - The client's or client's caregiver's signature for each episode of service delivery
- g) If a provider uses an electronic verification system for service delivery, each record must contain the following:
 - Date of service delivery
 - 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
 - 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.
 - 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
 - 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
 - The client's or client's caregiver's electronic signature for each episode of service delivery. If the provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name
 - 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 3.3 f
 - A provider utilizing an electronic verification system must round every episode of service delivery to the nearest quarter hour
- h) The provider must deliver service only when the client is at home, with the exception, that the 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

- 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 in CareDirector:

- *Step 1: Provider Intervention-* Provider must attempt to resolve the issue with client including steps taken by the supervisor. 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

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 based on 7-minute time increments

Clock time	Quarter Hour
:00 - :07 minutes	.00
:08 - :22 minutes	.25
:23 - :37 minutes	.50
:38 - :52 minutes	.75
:53 - :60 minutes	1.00

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.

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 ** requires 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
 - Moving Up in Bed **
 - Moving Up in Bed with Assistance **
 - Turning the Client in Bed **
 - Transferring to Chair From Bed **
 - Transferring From Chair to Bed **
 - Transferring from Chair to Chair **
 - Positioning **
 - Using a Mechanical Lift **

Homemaking Training Requirements

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
 - Stair Way 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

ELDERLY SERVICES PROGRAM (ESPSM)

TRANSPORTATION SERVICE SPECIFICATION

2021

EFFECTIVE October 2021 (BCESP)

ELDERLY SERVICES PROGRAM

TRANSPORTATION SERVICE

SPECIFICATIONS

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~~MEDICAL~~ TRANSPORTATION SERVICE SPECIFICATIONS

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.

- 1.2 Non-Medical Transportation transports clients to local community resources or services which are integral to living independently in the community through the use of a provider's vehicle and driver. Service may be provided into contiguous counties.

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~~r~~.

- ~~2.4 Each client may receive no more than 2 units per month (one round trip) of non-medical transportation.~~

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

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.

3.83.6 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 transfer of the client, as necessary, safely from 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 all 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, wheel chair 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 Agingsm.

~~(b)~~ Evidence of return demonstration on:

~~(i) Client transfers;~~

~~(ii) Wheelchair lift operation; and~~

~~(iii) Restraint application~~

~~(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 the Passenger Assistance Safety and Sensitivity (PASS) Training <https://ctaa.org/pass/>, 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 A refresher course is required every three years thereafter.

~~(b)~~ A certificate of completion of the DRIVE Training <http://www.coaaa.org/cms/education/drive-training>an introductory training course (i.e., DRIVE, or other course approved by COAsm) addressing the transport of older persons and people with disabilities, and a A refresher course is required every three years thereafter, both of which must include:

~~(c)~~

~~(d)~~ Sensitivity to aging training;

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

- ~~(f) Environmental considerations affecting passengers;~~
- ~~(g) Instruction in client assistance and transfer techniques;~~
- ~~(h) Training on the management of wheelchairs and how to properly secure a wheelchair;~~
- ~~(i) The inspection and operation of wheelchair lifts and other assistive equipment; and,~~
- ~~(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).~~
 - ~~(a)(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~~
 - ~~(c) 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.~~
- 5.4 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~~and 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*

Butler County ESP (Senior Services Levy)
Maximum Reimbursement Rates
Rates as of February 2020

Service	Cost per	
	Unit	Unit
Adult Day Service - Transportation	23.85	One Way Trip
Adult Day Service - Enhanced	35.00	Per 1/2 Day
Adult Day Service - Intensive	34.50	Per 1/2 Day
Consumer Directed Care	2.88	Per 15 min
Electronic Monitoring System - Voice	6.43	Per 1/2 Month
Electronic Monitoring System - Additional Pendant	1.58	Per 1/2 Month
Electronic Monitoring System - Medical Dispenser	20.00	Per 1/2 Month
Electronic Monitoring System - Remote Speaker	1.58	Per 1/2 Month
Electronic Monitoring System - Alzheimer's Boundary	1.58	Per 1/2 Month
Electronic Monitoring System - PERS	2.50	Per 1/2 Month
Electronic Monitoring System - Cellular	12.50	Per 1/2 Month
Electronic Monitoring System - Fall Sensor	8.50	Per 1/2 Month
Electronic Monitoring System - Two Way Pendant	8.50	Per 1/2 Month
Electronic Monitoring System - GPS	20.00	Per 1/2 Month
Electronic Monitoring System - VTC/Camera	41.00	Per 1/2 Month
Electronic Monitoring System - Carbon Smoke	20.00	Per 1/2 Month
Electronic Monitoring System-Fall Pendant - Essence	15.00	Per 1/2 Month
Electronic Monitoring System-Fall Additional Pendant - Essence	2.50	Per 1/2 Month
Electronic Monitoring System-Pendant Voice Panic (Combo) - Essence	17.50	Per 1/2 Month
Electronic Monitoring System-additional pendant - Essence	1.58	Per 1/2 Month
Electronic Monitoring System-Celluar - Essence	12.50	Per 1/2 Month
Electronic Monitoring System-Voice Panic Detector - Essence	15.00	Per 1/2 Month
Home Delivered Meals- Daily	9.16	Per Meal
Home Delivered Meals- Weekly	8.90	Per Meal
Home Delivered Meals - Shelf Stable	9.00	Per Meal
Home Delivered Meals Therapeutic - Daily	9.38	Per Meal
Home Delivered Meals Therapeutic - Weekly	9.21	Per Meal
Home Delivered Meals Mechanically Altered - Daily	9.56	Per Meal
Home Delivered Meals Mechanically Altered - Weekly	9.14	Per Meal
Home Delivered Meals Gluten Free - Daily	9.63	Per Meal
Home Delivered Meals Gluten Free - Weekly	9.31	Per Meal
Home Delivered Meals Lactose Free - Daily	9.56	Per Meal
Home Delivered Meals Lactose Free - Weekly	9.24	Per Meal
Home Medical Equipment - 3 in 1 commode	89.00	Per Unit
Home Medical Equipment - Bath Assist	12.50	Per Unit
Home Medical Equipment - Bath Chair no Back	36.70	Per Unit
Home Medical Equipment - Bath Chair with Back	49.69	Per Unit
Home Medical Equipment - Clamp On Grab Bar	55.00	Per Unit
Home Medical Equipment - Grab Bar 16" not installed	19.95	Per Unit
Home Medical Equipment - Grab Bar 18" not installed	24.00	Per Unit
Home Medical Equipment - Grab Bar 24" not installed	28.95	Per Unit
Home Medical Equipment - Hand Held Shower	55.00	Per Unit
Home Medical Equipment - Home Style Bed Rail	145.00	Per Unit
Home Medical Equipment - Lift Chair small	700.00	Per Unit
Home Medical Equipment - Lift Chair medium	760.00	Per Unit
Home Medical Equipment - Lift Chair large	833.00	Per Unit
Home Medical Equipment - Lift Chair x-large	1,135.00	Per Unit
Home Medical Equipment - Manual Wheelchair 18 x 16	300.00	Per Unit
Home Medical Equipment - Medication Dispenser	149.95	Per Unit
Home Medical Equipment - Quad Cane	45.00	Per Unit
Home Medical Equipment - Raised Toilet Seat with Arms	59.95	Per Unit
Home Medical Equipment - Raised Toilet Seat without Arms	45.00	Per Unit
Home Medical Equipment - Reacher Standard size	20.00	Per Unit
Home Medical Equipment - Rollator Walker	145.00	Per Unit
Home Medical Equipment - Seat Lift Mechanism	150.00	Per Unit
Home Medical Equipment - Semi Electric Hospital Bed with rails	850.00	Per Unit
Home Medical Equipment - Standard Walker	49.00	Per Unit
Home Medical Equipment - Straight Cane	21.50	Per Unit
Home Medical Equipment - Toilet Safety Frame	54.08	Per Unit
Home Medical Equipment - Transfer Tub Bench with Back	81.28	Per Unit
Home Medical Equipment - Transfer Wheelchair	199.00	Per Unit
Home Medical Equipment - Walker with Wheels	79.00	Per Unit
Home Care Assistance	5.82	Per 15 min
Independent Living Assistance	13.04	Per 15 min

2021 Sliding Fee Scale Effective 4/1/2021

	1 Person		2 People		3 People		4 People		5 People		6 People	
<i>FPL (100%) >>></i>	\$ 12,880		\$ 17,420		\$ 21,960		\$ 26,500		\$ 31,040		\$ 35,580	
Copay	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
0%	\$ -	\$ 1,610	\$ -	\$ 2,178	\$ -	\$ 2,745	\$ -	\$ 3,313	\$ -	\$ 3,880	\$ -	\$ 4,448
5%	\$ 1,611	\$ 1,750	\$ 2,179	\$ 2,367	\$ 2,746	\$ 2,984	\$ 3,314	\$ 3,601	\$ 3,881	\$ 4,218	\$ 4,449	\$ 4,835
10%	\$ 1,751	\$ 1,892	\$ 2,368	\$ 2,559	\$ 2,985	\$ 3,226	\$ 3,602	\$ 3,893	\$ 4,219	\$ 4,560	\$ 4,836	\$ 5,227
15%	\$ 1,893	\$ 2,034	\$ 2,560	\$ 2,751	\$ 3,227	\$ 3,467	\$ 3,894	\$ 4,184	\$ 4,561	\$ 4,901	\$ 5,228	\$ 5,618
20%	\$ 2,035	\$ 2,175	\$ 2,752	\$ 2,942	\$ 3,468	\$ 3,709	\$ 4,185	\$ 4,476	\$ 4,902	\$ 5,243	\$ 5,619	\$ 6,009
25%	\$ 2,176	\$ 2,317	\$ 2,943	\$ 3,134	\$ 3,710	\$ 3,951	\$ 4,477	\$ 4,767	\$ 5,244	\$ 5,584	\$ 6,010	\$ 6,401
30%	\$ 2,318	\$ 2,459	\$ 3,135	\$ 3,325	\$ 3,952	\$ 4,192	\$ 4,768	\$ 5,059	\$ 5,585	\$ 5,926	\$ 6,402	\$ 6,792
35%	\$ 2,460	\$ 2,600	\$ 3,326	\$ 3,517	\$ 4,193	\$ 4,434	\$ 5,060	\$ 5,350	\$ 5,927	\$ 6,267	\$ 6,793	\$ 7,184
40%	\$ 2,601	\$ 2,742	\$ 3,518	\$ 3,709	\$ 4,435	\$ 4,675	\$ 5,351	\$ 5,642	\$ 6,268	\$ 6,608	\$ 7,185	\$ 7,575
45%	\$ 2,743	\$ 2,884	\$ 3,710	\$ 3,900	\$ 4,676	\$ 4,917	\$ 5,643	\$ 5,933	\$ 6,609	\$ 6,950	\$ 7,576	\$ 7,966
50%	\$ 2,885	\$ 3,026	\$ 3,901	\$ 4,092	\$ 4,918	\$ 5,158	\$ 5,934	\$ 6,225	\$ 6,951	\$ 7,291	\$ 7,967	\$ 8,358
55%	\$ 3,027	\$ 3,167	\$ 4,093	\$ 4,284	\$ 5,159	\$ 5,400	\$ 6,226	\$ 6,516	\$ 7,292	\$ 7,633	\$ 8,359	\$ 8,749
60%	\$ 3,168	\$ 3,309	\$ 4,285	\$ 4,475	\$ 5,401	\$ 5,642	\$ 6,517	\$ 6,808	\$ 7,634	\$ 7,974	\$ 8,750	\$ 9,141
65%	\$ 3,310	\$ 3,451	\$ 4,476	\$ 4,667	\$ 5,643	\$ 5,883	\$ 6,809	\$ 7,099	\$ 7,975	\$ 8,316	\$ 9,142	\$ 9,532
70%	\$ 3,452	\$ 3,592	\$ 4,668	\$ 4,858	\$ 5,884	\$ 6,125	\$ 7,100	\$ 7,391	\$ 8,317	\$ 8,657	\$ 9,533	\$ 9,923
75%	\$ 3,593	\$ 3,734	\$ 4,859	\$ 5,050	\$ 6,126	\$ 6,366	\$ 7,392	\$ 7,682	\$ 8,658	\$ 8,998	\$ 9,924	\$ 10,315
80%	\$ 3,735	\$ 3,876	\$ 5,051	\$ 5,242	\$ 6,367	\$ 6,608	\$ 7,683	\$ 7,974	\$ 8,999	\$ 9,340	\$ 10,316	\$ 10,706
85%	\$ 3,877	\$ 4,017	\$ 5,243	\$ 5,433	\$ 6,609	\$ 6,849	\$ 7,975	\$ 8,265	\$ 9,341	\$ 9,681	\$ 10,707	\$ 11,097
90%	\$ 4,018	\$ 4,159	\$ 5,434	\$ 5,625	\$ 6,850	\$ 7,091	\$ 8,266	\$ 8,557	\$ 9,682	\$ 10,023	\$ 11,098	\$ 11,489
95%	\$ 4,160	\$ 4,301	\$ 5,626	\$ 5,817	\$ 7,092	\$ 7,332	\$ 8,558	\$ 8,848	\$ 10,024	\$ 10,364	\$ 11,490	\$ 11,880
100%	\$ 4,302	\$ 4,442	\$ 5,818	\$ 6,008	\$ 7,333	\$ 7,574	\$ 8,849	\$ 9,140	\$ 10,365	\$ 10,706	\$ 11,881	\$ 12,272

Butler County Elderly Services Program

2021

CONFLICT OF INTEREST POLICY

INTRODUCTION

This policy shall apply to the Butler 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 Butler County Elderly Services Program to carry out its mission. The Advisory Council has adopted this conflict of interest policy as a guide for Butler County Elderly Services Program's standard conduct as it relates to potential conflicts of interest.

DEFINITIONS

1. "Family" means a person's spouse, partner, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law.
2. "Staff" means an employee of an agency that conducts business with the Butler 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 Butler 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 Butler 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

Butler County Elderly Services Advisory Council Members shall:

Exercise their professional judgment solely for the benefit of the Butler County Elderly Services Program and their stakeholders, free from any adverse or conflicting personal or financial interests.

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 Butler 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 Butler County Elderly Services Program without full disclosure to Butler County Elderly Services Advisory Council.

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

EXCEPTIONS

1. Upon disclosure of any violation of these standards, Butler 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 Butler County Elderly Services Program Advisory Council. Must be completed by each Butler 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 Butler County Elderly Services Advisory Council)

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

_____ I have received and read the "Conflict of Interest" policy of the Butler 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 Butler 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 Butler County Elderly Services Advisory Council itself;
2. You are a member of Butler 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 Butler County Elderly Services Program;
5. You have a personal interest in a matter before Butler 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 Butler County Elderly Services Program.



Council on Aging of Southwestern Ohio
175 Tri County Parkway
Cincinnati, Ohio 45246
(513) 721-1025 or (800) 252-0155
www.help4seniors.org

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: _____