



Butler County Elderly Services Program (BCESP) Services Committee Meeting

March 11, 2021

1:30 pm – 3:00 pm

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AGENDA

- | | |
|--|-------------------|
| 1. Call to Order | Katy Abbott |
| 2. December 10, 2020 Minutes (Action Needed) | Katy Abbott |
| 3. Provider Network Report | Randy Quisenberry |
| - 2020 Executive Summary Report of
Provider Reviews | |

OLD BUSINESS

- | | |
|---|-------------------|
| 4. Home Care Assistance | Randy Quisenberry |
| - RFP Timeline | |
| - Service Specification Changes (Action Needed) | |

NEW BUSINESS

- | | |
|--|---------------|
| 6. Transportation Service Specification Changes
(Action Needed) | LaTricia Long |
| 7. Transportation Coordination | Judy Eschmann |

ADJOURNMENT

Katy Abbott

NEXT MEETING:

June 10, 2021

Butler County Elderly Services Program (BCESP)

Services Committee Meeting

December 10, 2020

Committee Report

Present: Katy Abbott, Christine Maticic, Jennifer Roth, Jared Wojcikowski, Randy Quisenberry and Ken Wilson

Call to Order: The December 10, 2020 meeting of the BCESP Advisory Council Services Committee meeting was called to order at 1:31 p.m. by Katy Abbott.

Approval of Minutes: Katy Abbott called for a motion to approve the September 10, 2020 BCESP Services Committee Minutes.

Motion: Jared Wojcikowski made a motion to approve the minutes as presented.

Second: Jennifer Roth seconded the motion.

Action: The September 10, 2020 minutes were unanimously approved as presented.

Provider Network Report:

Randy provided an overview of the Provider Network Report. The third round of 14-day meal boxes went out in September and October. For this round, individuals were able to choose if they wanted the box or not. If they didn't, the box would be sent back to the provider to be stored for future use. There were 1,145 boxes sent out in Butler County.

The restaurant meals (Federally funded) are going extremely well as meals are being delivered to several buildings. There have been 4,681 meals delivered in Butler County to date. This program was featured on WCPO channel 9. The comfort meal program was recognized at the State level and COA won the AAA Partnership of the Year award from O4A.

COA has been working on a personal supply box project. COA purchased enough materials from a provider in Butler County to put together 7,500 personal supply boxes. These boxes include toilet paper, paper towels, facial tissue, hand soap, dish soap, laundry detergent, disinfectant spray and wipes, as well as toothpaste. There are two to three assembly events per week at the Butler County Fairgrounds with another one being held tomorrow and continuing through the end of the year. Around 600 to 800 boxes are made per day. FedEx will be delivering the shipping labels sooner than expected so this weekend boxes can start to be loaded into the FedEx trailer. To date, there have been 63 volunteers from COA which includes family members, various COA Board members, LifeSpan and Warren County Community Services have volunteered as well. If anyone knows of volunteers or would like to volunteer themselves, reach out to Randy to get signed up.

COA continues to distribute PPE out in the community which is very well supported by the local EMA's. The last distribution event was held on 11/12 and will now be given to providers on an on-demand basis.

Adult Day Centers and Senior Centers are still shut down. COA hired a facilities consultant to tour

the Senior and Adult Day Centers for assessment in help with reopening. They completed comprehensive site visits and detailed reports were sent to each center. The feedback was that the reports were very helpful and detailed. Katy asked what was happening now and if any of the centers have a plan to reopen? Randy explained that the governor released the hold on the centers back in early October, but they felt that the requirements were hard for them to meet. They faced challenges with maintaining PPE and cleaning supplies. Ken stated the biggest barrier for them is the testing requirements. They are required to do a regular schedule of testing of staff and strategic testing of individuals coming in. The State provided a testing option called MACO where they could send the tests off to get the results, but it left the centers to find staff to administer the tests. In some of the counties, COA has helped arrange for them to work with federally qualified health center to complete the testing. We have not been as successful with that in Butler County however the commissioners recently released some funding for testing which hopefully provides a resource for testing to be available at low income senior buildings and other settings. Katy asked when the senior centers might reopen? Ken advised that no one really knows at this point.

The Transportation Home52 project in Hamilton County is moving along. The RFP will be published in January. The hope is to eventually have this on-demand program rolled out in all the counties. Katy asked when this might be rolled out into Butler County. Randy advised that possibly in October 2021 if the pilot program goes well. Jen asked if there will be any restrictions as far as the individual having to be more able bodied to get in and out of a vehicle or can they be wheelchair bound. Randy explained that the providers will be required to be more hands on with the assistance providing through the door service for individuals that ask. There will be stretcher vehicles as well as wheelchair accessible vehicles. Jen then asked what companies COA will be working with. Randy advised that COA met with the current providers: Maple Knoll, CASS, Kemper Shuttle, UTS and MedaCare Transportation. The intent of the RFP in January is to bring on new providers.

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

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

Randy also provided the draft 2021 schedule of Monitoring reviews for Butler County which will be completed virtually.

Provider Quality Report:

Randy gave an overview of the provider quality report. For home care assistance, client levels are 200 less than they were before COVID. Home delivered meals are staying steady at 100,000 meals a quarter serving 1,527 clients. Transportation numbers decreased due to COVID. For SASI scores in home care, COA is monitoring A Miracle Home Care as their scores have been low. Home delivered meals scores are excellent as there are strong meal providers. Katy asked if these scores take into account the comfort meals. Randy advised the surveys are about the home delivered meals specifically but that doesn't mean clients aren't thinking about that when filling them out. Randy

also shared some service excellence awards for home care assistance.

OLD BUSINESS

COVID Updates:

COVID updates were given in the Butler County Advisory Council Meeting.

Home Care Staffing Shortages:

Ken discussed the home care staffing shortages and the level of concern grows as each month passes. There is a new data point COA is using to measure the home care providers' ability to pick up new clients. COA used to measure how long it took from time of enrollment to when services started but that doesn't capture the individuals who never found a provider. At the end of the third quarter there were 556 seniors needing care: 368 were matched with a provider, and 188 could not find a provider. Ken is thinking about having this data reversed next time to show the number of clients that were not matched with a provider instead of showing the number that were matched.

Ken shared a letter to Judi Boyko, the county administrator, at the end of November requesting a contract amendment that would waive the competitive bidding requirement. He had a follow up meeting with Judi Boyko and Dan Ferguson yesterday and they had of concerns about making an amendment to the current contract. There were a lot of legal questions and they advised COA to find a different solution. Randy and Ken are working on what that solution is. This is a huge problem in the program and has become significantly worse. They are looking at other options which may include a competitive application process that can be turned around in the next month or two and get providers on board in the short term. Christine asked if COA keeps an alternative list of the providers who didn't get the bid the first time around. Ken explained that the alternates that did not get the contract from the last home care RFP have been offered it already so there isn't anyone on reserve. For the next RFP, the more responses COA gets the better- especially from smaller companies. Christine also asked if there was something in the contract keeping smaller places from bidding? Ken stated that a critical eye needs to be taken on those requirements to make sure there aren't any barriers that keep people from applying. One barrier that he currently knows if and that is being investigated right now is that there must be a nurse on staff. There are several providers out there who do not have a nurse on staff and that automatically disqualifies them. Ken also feels that the current RFP needs to be looked at and slimmed down to make it easier for providers to submit. Katy asked what the timeline for this is. Ken stated as soon as possible. Katy asked if there are any particular companies that COA would like to apply that can be reached out to. Ken advised that COA cannot encourage people to apply once the RFP has been put out. Katy said the services committee might be able to help identify good providers. Katy advised she would like the committee to meet on this sooner than the next meeting on March. Ken said he will see how the process goes and will let the committee know if it anything requires another meeting or if email would be sufficient.

Jen asked if there have been any issues with current contracted providers not going in to provide services for clients who are testing positive for COVID. Randy explained that it's not the providers in our area that's stating they will not service a client but instead specific home health aides that are fearful of going in and bringing it home who are choosing not to service COVID positive clients. There are other AAA's in the State where providers are refusing to go into a COVID positive setting. Ken added that COA has been proactive by meeting with providers early on as well as continuously to go

over CDC guidance and sharing best practices which has been helpful.

NEW BUSINESS

Consumer Directed Care Service Specifications and Minor Home Modification & Repair:

Ken review the Consumer Directed Care Service Specification and Minor Home Modification & Repair Service Specification changes. For the Consumer Directed Care Service Specification changes, the changes aren't substantial as it doesn't change the scope of service or impact the current practice or operations. It simplifies the language and the layout of the requirement. As a reminder, Consumer Directed Care allows for older adults to hire their own home care worker. There is now better language about expectations. Katy asked if the case managers advise clients about CDC if a provider isn't found for them. Ken advised that yes, they do although it's not a good option for everyone.

For the Minor Home Modifications Service Specification changes, the language that requires individuals to be currently enrolled and receiving other services through the ESP program was removed. This was done because sometimes seniors only need a home modification. This is frequently seen in Fast Track Home where someone is coming out of the hospital and they only need a ramp to get out of their home for example. Christine asked how long the \$3,500 lifetime per household amount criteria has been in there. Ken explained that it hasn't changed in a while and that COA will be doing a holistic review later in the year. Christine also asked if the providers are required to have worker's comp. Ken explained that is a requirement for every provider that COA works with.

Motion: Christine Maticic made the motion to approve the Consumer Directed Care Service Specifications and the Minor Home Modification & Repair Service Specifications.

Second: Jared Wojcikowski seconded the motion.

Action: The Consumer Directed Care Service Specifications and the Minor Home Modification & Repair Service Specifications were unanimously approved.

HEARING THE PUBLIC

No individuals from the public requested to speak.

ADJOURNMENT

Katy asked the group if they wanted to continue to meet right before the Butler County ESP Advisory Council meetings now that these have been virtual and having the meetings back to back makes for a long day. The consensus is to keep the meetings as they are because eventually, they will be held in person again.

Katy informed the group that there are undergraduate students that need to complete their Capstone which is part of their gerontology major. She is looking for placement as they need to complete an internship for the spring semester. In the graduate class Katy is teaching next semester, they usually take fields trips to different communities and providers. She is thinking about a kind of client-based approach to work with a provider virtually and Katy could help supervise. She encouraged everyone to reach out to her if anyone knows of any opportunities for

these students by the end of January.

With no further business to discuss, the Butler County Services Committee adjourned at 2:41 p.m.

NEXT MEETING

March 11, 2021

Butler County Provider Network Report March 2021

Personal Supply Box Project

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

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

We coordinated the warehousing of supplies, packing of boxes and shipping to clients from the Butler County Fairgrounds. Additional support for this months' long project came from the Butler County Fair Board, the Butler County Emergency Management Agency and the Butler County Educational Services Center. 123 volunteers helped us get this project completed.

Several Butler County ESP staff were volunteers at our packing events in November, December and January.

Personal Protective Equipment (PPE)

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

We recently distributed PPE to our Provider Network and Senior Buildings on February 26. We are hosting another distribution event March 26.

Home Care Assistance (HCA)

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

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

HCA Provider - Assisted Care by Black Stone:

After 29 years in the home care industry, Ronnell Spears has retired/transitioned from Black Stone.

Tonya Mangerie is their new Area Director for the Ohio South Region and started January 18, 2021.

The new Executive Director for Cincinnati is Mary Dwire.

Samantha Williams will continue her leadership role in Cincinnati as the Clinical Manager.

Adult Day and Senior Operations

Community Adult Day (Oxford ADS) and Oxford Senior Center are planning to re-open on March 1, 2021. Community Adult Day hired Lisa Davidson as their new ADS director. Senior center will offer a congregate meal Monday through Friday. Social distancing parameters will be in place and seniors will receive individually plated meals prepared at the local hospital. Social activities will return slowly with an advanced sign up requirement as space is limited.

Transportation

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

Transportation and Home Delivered Meals Provider – Central Connections:

A new Executive Director, Michael Hager has been hired. Ann Munafo, Interim Executive Director, will remain with the agency through his transition and training period.

Senior Farmers Market Nutrition Program

This program was a success in 2020 and COA will receive the same amount of funding, \$180,000, for the 2021 program year. Income eligible seniors from all 5 counties can apply for \$50 in coupons. We had several Butler County Markets participate in 2020 and look forward to many new and repeat Markets in 2021. Garver Family Farm Market and Oxford Farmer's Market are 2 of our participating farms in Butler County

Restaurant Meals

The COA Restaurant Meal program continues to deliver comfort meals to Butler County seniors who may be experiencing continued isolation during the COVID-19 Pandemic. LaRosa's, Taste of Belgium, Frisch's restaurants continue to provide these meals. We are using the Frisch's on Dixie Highway in Hamilton for deliveries to clients in Butler, Hamilton, and Warren Counties.

We are getting tremendous feedback from clients that are receiving meals from Neal's Famous Barbeque, located on 2nd Street in Hamilton. To date we have delivered 2,262 meals from this local restaurant.

The following senior buildings are receiving these meals:

Petty Plaza
 Henry Long Tower
 Dayton Lane Gardens
 J. Ross Hunt Tower
 The Townhouse
 Central Connections
 Belle Tower
 Talaford Manor

Freedom House
 Sherman Manor
 Trinity Manor
 Dublin House
 Harding House
 Anthony Wayne
 Mayfield Village

2020 Executive Summary of Provider Audits/Reviews

January 2020 = 9 Audits / Reviews conducted
 February 2020 = 3 Audits / Reviews conducted
 March 2020 = 3 Audits / Reviews conducted

Providers reviewed January 2020 thru March 2020 (pre COVID-19 pandemic 2020)	PASSPORT	ELDERLY SERVICES PROGRAM	TITLE III
Preferred Home Health	PSP		
Acclaim Home Health Services	PSP		
Triumph Nursing Agency	PSP		
BlueGreen Home Health Care (PAA 2)	PSP		
ComforCare TriCounty	PSP		
Americans Choice Healthcare Services	PSP		
Ohio First Home Health Care	PSP		
Central Connections	PSP	ESP	T3
Achieve Rehab and Home Health (formerly Alternative Homecare and Staffing)	PSP		
Otterbein Lebanon Adult Day Service	PSP	ESP	
Americare Healthcare Services	PSP		
Gentle Hands Health Care Solutions	PSP		
Home Care Mobility	PSP		
Errand and Services	PSP		
Valley Transport	PSP		

2021 Audit/Review Schedule

BUTLER COUNTY ESP STRUCTURAL COMPLIANCE REVIEW SCHEDULE – 2021
(please find below the list of Butler County Providers of ESP Services and the Tentative dates for annual review for 2021.

Butler County ESP Providers	Review Type	Review Tentative Date
A Miracle Home Care (formerly V & N Services, Inc.)	ANNUAL	2021 APRIL
All Gone Termite & Pest Control, Inc.	BIENNIAL-DESK	2021 JANUARY
American Ramp Systems	BIENNIAL	2021 JULY
Assisted Care by Blackstone	ANNUAL	2021 APRIL
Bayley Adult Day	ANNUAL	2021 OCTOBER
Bernens Medical Pharmacy	BIENNIAL	2021 DECEMBER
Central Connections	ANNUAL	2021 JANUARY
Custom Home Elevator	BIENNIAL	2021 AUGUST
Guardian Medical Monitoring	ANNUAL	2021 DECEMBER
Helping Hands Healthcare, Inc.	ANNUAL	2021 AUGUST
Home Care Network	ANNUAL	2021 OCTOBER
Home First Non-Medical	BIENNIAL	2021 MAY
Interim HomeStyles of Greater Cincinnati @ West Chester	ANNUAL	2021 MARCH
Ken Bryan Construction, Inc dba KBC	BIENNIAL	2021 JANUARY
LifeSpan Care Management	ANNUAL	2021 MARCH
Maple Knoll Outreach	ANNUAL	2021 JUNE
Meda-Care Transportation	BIENNIAL	2021 AUGUST
MedAdapt Ltd.	BIENNIAL	2021 AUGUST
Milt's Termite & Pest Control	BIENNIAL-DESK	2021 JULY
Mullaney's Pharmacy and Home Health	BIENNIAL	2021 AUGUST
Nova Home Care Company	ANNUAL	2021 NOVEMBER
Otterbein Lebanon Adult Day Service	ANNUAL	2021 FEBRUARY
Oxford Senior Citizens	ANNUAL	2021 JULY
Oxford Senior Community Adult Day Service	ANNUAL	2021 JULY
Partners In Prime	ANNUAL	2021 MAY
People Working Cooperatively, Inc.	BIENNIAL	2021 MARCH
Prime Home Care	ANNUAL	2021 DECEMBER
Senior Deserved Day	ANNUAL	2021 JUNE
Stateline Medical Equipment	BIENNIAL	2021 DECEMBER
Tri-State Maintenance	BIENNIAL	2021 OCTOBER
Universal Transportation Systems (UTS)	BIENNIAL	2021 JUNE
Warren County Care Management	ANNUAL	2021 MARCH
Warren County Community Services	ANNUAL	2021 MARCH
Wesley Community Services/MOW of SW OH & N. KY	ANNUAL	2021 MARCH

2021 Draft Request for Proposal (RFP) Plan

Pursuant to Section 5(a) of the contract between Butler County and the Council on Aging of Southwestern Ohio (COA), please be advised that COA has developed the proposed 2021 Request for Proposals (RFPs) schedule. Our intent is to issue the following RFPs during 2021:

Transportation

Home Care Assistance – This has been issued in Quarter one (1).

Minor Home Modifications

The RFP evaluations will have 4 categories:

- **Financial Analysis and Stability:** This will be a Go/No-Go criteria. Proposals that do not demonstrate financial stability will not move forward in the evaluation process.
- **The Organization and Capabilities Overview:** Has the Proposal demonstrated the company's ability to provide and sustain these services? Has the Proposal demonstrated the company's previous commitment to serving the aging population? Does the provider have a county presence in our county/counties? Proposals demonstrating a county presence will receive additional scoring.
- **Personnel, Staffing and Training:** Has the Proposal demonstrated the company's ability to recruit, hire, train, and retain staff to insure delivery of services? Does the provider demonstrate retention and tenure in the leadership positions?
- **Pricing:** Does the Proposal demonstrate competitive pricing with respect to other proposals received?

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

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

**HOME CARE ASSISTANCE
SERVICE SPECIFICATION
TABLE OF CONTENTS**

1.0	OBJECTIVE.....	pg. 3
2.0	UNIT OF SERVICE.....	pg. 3
3.0	PROVIDER REQUIREMENTS.....	pg. 3
4.0	PROVIDER QUALITY MEASURES.....	pg. 9
	Attachment A	pg. 11
	Attachment B	pg. 15

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

TABLE OF CONTENTS

<u>SECTION TITLE</u>	<u>SECTION</u>	<u>PAGE</u>
Objective	1.0	1
Unit of Service.....	2.0	1
Provider Requirements.....	3.0	1
Training	4.0	3
Driver Requirements	5.0	4
<i>Appendix A</i>		5
<i>Appendix B</i>		8
<i>Appendix C</i>		9

~~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*