

## AGENDA

### CCESP Advisory Council Meeting

March 16, 2021 at 9:00 am – 10:30 am

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<b>CALL TO ORDER / WELCOME</b>	Nicole Rodman
<b>MISSION MOMENT</b> ❖ Comfort Meals	Randy Quisenberry
<b>APPROVAL OF MINUTES</b> ❖ December 15, 2020 Minutes (Action Needed) ❖ January 11, 2021 Minutes (Action Needed)	Nicole Rodman
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report ❖ Provider Network Report - 2021 services with a capacity problem	Ken Wilson & Carl McCullough Randy Quisenberry
<b>OLD BUSINESS</b> ❖ COVID-19 Vaccine Updates ❖ Levy Update	Ken Wilson Ken Wilson
<b>NEW BUSINESS</b> ❖ Transportation Service Specification Changes (Action Needed) ❖ Maximum Reimbursement Rates ❖ Updated Sliding Fee Scale ❖ Conflict of Interest / Confidentiality Forms	LaTricia Long Ken Wilson Ken Wilson Nicole Rodman
<b>HEARING THE PUBLIC</b>	Nicole Rodman
<b>ADJOURNMENT</b>	Nicole Rodman

### NEXT MEETING

June 15, 2021

**MINUTES**  
**CCESP ADVISORY COUNCIL MEETING**  
**TUESDAY, DECEMBER 15, 2020 @ 9:00 A.M.**

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**ATTENDANCE**

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<b>Members Present:</b> Bob Baker Gene Breckel Tim Hawk Larry Roddy Nicole Rodman Trevor Shoemaker Duane Weyand	<b>COA Staff:</b> Suzanne Burke Jennifer Lake Carl McCullough Randy Quisenberry Ken Wilson	<b>Guests:</b> Stella Cramer, CCCAP
<b>Excused:</b>	<b>Facilitator:</b> Larry Roddy	<b>Scribe:</b> Heather Junker
<b>Absent:</b> Sue Caplinger Carol Weber		

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**CALL TO ORDER / WELCOME**

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The December 15, 2020 meeting of the CCESP Advisory Council was called to order by Larry Roddy, Vice Chair, at 9:05 a.m.

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**APPROVAL OF MINUTES**

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Both the September 15, 2020 and October 27, 2020 meeting minutes were reviewed and approved as submitted.

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**QUARTERLY REPORTS**

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***Program Dashboard & Financial Report***

Ken provided an overview of the Program Dashboard. At the end of the third quarter there were 60 fewer clients than the prior quarter, but it was an increase of 14 clients from last year. There were 52 new enrollments and 56 disenrollments. The number one reason for disenrollment was needs otherwise met, the individual was deceased, or they went into a skilled nursing facility.

The cost per client went up in the third quarter to \$362.52. The main driver of that cost was the home delivered meals due to the 14-day meal boxes. Most services that were down in the last quarter have started to come back up although not back to prior levels. For example, many clients who had suspended their homemaking or personal care have started that back up. Transportation remains down as well as Adult Day Services due to centers remaining closed.

In Fast Track Home, there were 12 new enrollments with the majority coming from Clinton Memorial Hospital. The average length of stay on the program is 49 days and the top services are electronic monitoring, homemaking and personal care, and home delivered meals.

The average numbers of days from intake to enrollment is 11 days. Ken explained there is a new data point on the report measuring how well homemaking and personal care services are performing in the county. Clinton County is beating every county in the region. In the third quarter, there were 121 new clients that needed homemaking or personal care services and 119, or 98%, of those clients were matched with a provider taking 1.36 number of referral attempts per client. The program has good responsiveness and quality but is costing more.

Carl reviewed the Financial Report. The program will need \$1.6 million from tax levy appropriations. Compared to the budgeted amount of \$1.61 million, this puts the program \$5,944 under budget for the year. It is also projected that the program will receive \$330,000 from other funding sources such as Clinton County CARES Act finding, Title III funding, State, United Way donations and client copays this year.

The total amount of expenses projected is \$1.9 million. Compared to the projected amount of \$1.8 million, the program will be over budget by \$178,000. Looking only at purchase services, the program is projected to spend \$1.48 million, which compared to the budgeted amount of \$1.2 million, the program is \$232,000 over budget.

Projections for COVID are still the same. COA is projecting a drop in Home Care Assistance for the year which occurred back in April. There is an increase in Consumer directed care services as compared to budget. However, 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.

Ken did add that this has been a very unusual year and it will be interesting to see how the fourth quarter shapes up. COA just learned about additional revenue a few weeks ago from the State from the CARES Act. Duane noted that the program will be coming into the quarter in the hole at \$177,000 and inquired as to whether this has been balanced out for next year to absorb this kind of loss. Carl explained that this year when the 14-day meal boxes were sent out, they were delivered to every client in the program. That has since been shifted to sending these only to clients that are in need and accounted for an increase in some 14-day meal box distribution for next year. The home delivered meal distribution that the program had this year will be next less year and that's how it was budgeted. Ken did talk about the need for a waiting list and there is also an interest from the commissioners for a levy increase and possibly going out a year early with the levy. Duane then asked when Ken next meets with the commissioner's office. Ken stated the plan is to call a special meeting with the Advisory Council in early January to discuss levy options and then meet with the commissioner's after that in January.

Larry asked if there was any extra funding from coronavirus relief? Ken advised there is and COA just learned about new resources a couple of weeks ago. COA is coming through the process right now to see what can be applied to the program to provide additional relief and offset expenses. Suzanne also noted that with the expenditure budget, some of the meals can be considered as one-time costs that escalated this year that won't repeat for next year. There are also some one-time revenues to cover some of those costs. Even though it's over budget and unplanned expenses, there was also unplanned

revenue which should help matters. For example, COA received United Way donations that they pulled into the program to help offset some of those expenses.

### ***Provider Network Report***

Ken 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 137 boxes sent out in Clinton County.

The restaurant meals are going extremely well as meals are being delivered to several buildings. The comfort meal program has been getting a lot of recognition winning an award from the Clinton County Chamber of Commerce as well as at the State level winning the AAA Partnership of the Year award from O4A.

COA has been working on a personal supply box project. COA purchased enough materials to put together 7,500 personal supply boxes. These boxes include toilet paper, paper towels, facial tissue, hand soap, dish soap, laundry detergent, disinfectant spray and wipes, as well as toothpaste. These are currently being packed up and will be sent out via FedEx to the client's homes starting later this week.

COA continues to distribute PPE out in the community which is very well supported by the local EMA's.

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.

COA continues to work towards minimizing the impact of homemaking and personal care staffing shortages. Clinton County is the strongest in this but COA is continuing to look for ways to improve those services and looking at the requirements.

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.

Ken also provided the draft 2021 schedule of Monitoring reviews for Clinton County. These will be completed remotely and will eventually switch back to in-person.

### ***Provider Quality Report***

Ken gave an overview of the Provider Quality Report. With homemaking, there are two providers have grown quite a bit this year. In the third quarter, Gabriel's Angel's had 17% of the market share and had started the year at 14%. Katie's Home Care had 23% of the market share and had started the year with 13%. The program has a nice distribution of providers delivering care. These were two providers that were added in the last two years and has added to the home care capacity. All of the providers are performing well.

Clients are surveyed twice a year which is used to provide the SASI scores. All the home care providers are performing above expectation. COA is working with Assisted Care by Blackstone as they are having challenges offering another aide if one is not available. Outside of that, it's above average performance across the board.

### ***Market Penetration***

Ken gave an overview of the Market Penetration report. Clinton County is performing very well. This is measured by the number of people being served divided by the number of individuals with needs in the community. This is used to forecast what the demand on the program will be in the future. It is also used to make sure there is good community awareness. There has been good consistency over the last three years. That tells us that the program is serving needs in the community and that there is good predictive value.

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## **OLD BUSINESS**

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### ***Blanchester Senior Center Update***

Duane gave an update on the Blanchester Senior Center who had reached out to him back in the spring for help with their heating and a/c as both had gone out. There was no success with finding grants to help them but COA provided the \$12,000 benefit to replace the units. The senior center is very important because people meet a couple times a week there, they provide meals, exercise classes and they serve as a polling place. This was able to be taken care of prior to the election.

### ***COVID Updates***

Ken discussed the COVID Updates. There has been a huge uptick in positive cases in Clinton County in the last week. 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 800. The use of the hospital fell off during Thanksgiving and now it's picking back up again. Hospital capacity has stayed okay. They have cancelled procedures and made room for the COVID patients even dedicated entire floors to COVID. This has enabled the hospitals to provide good care. HealthSource has been a wonderful partner with testing in Clinton County. In the last month, there have been two senior buildings in Clinton County with an outbreak and HealthSource went out to both buildings and provided testing to the residents.

COA has held multiple Town Hall Meetings with providers and having another one today with them. Tomorrow there is a large Town Hall meeting with all the Assisted Living providers where Ken will be providing updates on the vaccine distribution plan for those facilities. COA has been doing a lot of advocacy on behalf of seniors and these providers to make sure that they are in the front of the line when it comes to vaccine distribution from Public Health.

## ***Waiting List and Levy Options***

Ken gave an update on the waiting list as he has had a couple of meetings with the county commissioners at this point. They are interested in exploring levy options and would like this committee to look at what those options are and come back to them with a recommendation. Ken advised that COA needs more data and more time to put together a detailed analysis of what that is so that the council can make a good, informed decision. COA is currently stepping through all the cost drivers in the program and providing a detailed analysis of that. This will allow the council to have a discussion to thoroughly understand the costs involved and what that will mean for options to present to the commissioners. Duane suggested that an annual grant be factored into the budget and levy plan that can go to various senior centers to help offset some of their costs for situations like Blanchester. A follow up meeting for the council will be scheduled in January.

**Action:** Heather to schedule a meeting for the Advisory Council in January.

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## **NEW BUSINESS**

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### ***Orientation***

Ken discussed that there is an orientation scheduled with Nicole and Trevor on 01/05/2021. Ken wanted to put out the invitation to the advisory council in case anyone wanted to join. He asked the members to let either Heather or himself know so they could be added to the invite.

### ***Service Specification Changes***

Ken reviewed 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.

**Motion:** Gene Breckel made the motion to approve the Consumer Directed Care Service Specifications.

**Second:** Duane Weyand seconded the motion.

**Action:** The Consumer Directed Care Service Specifications were unanimously approved.

For the Minor Home Modifications Service Specification changes, the language that requires individuals to be currently enrolled and receiving other services through the ESP program was removed. This was done because quite often, some seniors only need a home modification. This is frequently seen in Fast Track Home where someone is coming out of the hospital and they need a ramp to get out of their home for example.

**Motion:** Nicole Rodman made the motion to approve the Minor Home Modification & Repair Service Specifications.

**Second:** Gene Breckel seconded the motion.

**Action:** The Minor Home Modification & Repair Service Specifications were unanimously approved.

### ***2021 Meeting Dates***

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

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### **HEARING THE PUBLIC**

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No individual from the public wanted to speak.

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### **ADJOURNMENT**

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There being no further business, the meeting adjourned at 9:52 a.m.

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### **NEXT MEETING**

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March 16, 2021

**MINUTES**  
**CCESP ADVISORY COUNCIL MEETING**  
**MONDAY, JANUARY 11, 2021 @ 11:00 A.M.**

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**ATTENDANCE**

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<b>Members Present:</b> Bob Baker Gene Breckel Sue Caplinger Tim Hawk Larry Roddy Nicole Rodman Trevor Shoemaker Duane Weyand	<b>COA Staff:</b> Ken Wilson	<b>Guests:</b>
<b>Excused:</b>	<b>Facilitator:</b> Nicole Rodman	<b>Scribe:</b> Heather Junker
<b>Absent:</b> Carol Weber		

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**CALL TO ORDER / WELCOME**

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The January 11, 2021 meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 11:00 am.

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**NEW BUSINESS**

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***Levy Options***

Ken gave an overview of the Elderly Services Program. This program provides services tailored to an individual's needs. There are many factors contributing to growing needs in Clinton County. 13.5% of the population is age 65 or older and more than 1 in 4 households includes someone 65 or older. ESP is very cost effective. Not only is it good for the senior as they want to stay home but it's also good for the taxpayer. ESP is much cheaper at \$317 a month than a nursing facility placement at \$4,340 a month.

Fast Track Home has been in place now for several years. Last year, FTH represented 11.2% of seniors at only 4.8% of cost due to many only needing services for a short period of time. There is excellent community awareness in Clinton County and is outperforming other counties in market penetration. The program has been very consistent in Clinton County the last three years at 43% market penetration. This makes it easy to forecast what the future demand will be.

The voters in Clinton County have a history of supporting the levy in wide margins. The last time the levy was on the ballot, over 76% of the voters supported it. The program has gone at least two levy cycles, 2012 and 2016, without an increase. The property tax levy that supports this must be renewed every five years. There is no option in current Ohio law to have a levy run for 10 years or to have a

continuous levy. As property values go up, the effective millage collection rate goes down. This often results in flat or declining revenue. The only exception to that is new construction of housing or businesses as these add revenue to the levy. The current \$1.5 million levy generates \$1.2 million annually. The last increase was in 2008 and the cost to homeowners is about \$37.67 a year per \$100,00 of property tax valuation. The current levy cycle expires 2022. A few meetings ago, COA discussed the need for a waiting list and the Advisory Council adopted a triaging policy. COA has spoken with the commissioners a couple of times since then. In the last meeting, the commissioners wanted to explore, with the Advisory Council, the possibility of putting the levy on the ballot a year early with an increase. COA did a high-level analysis of the spending on the program. COA reviewed each service or service area of which is 10% or more of costs in the program and evaluated what was contributing to that growth in expenses. The areas that Ken reviewed represent over 82% of the expenses for the program. COA also evaluated the costs in Clinton County relative to other programs in the region.

**Driver #1: Declining Revenues and Growing Senior Population.** This is the most significant driver and the reason for confronting a waiting list or the need to increase the levy. The last time there was an increase in revenue at \$1,320,000 was 2008 and 494 seniors were served. In 2019, the revenue was less at \$1,241,561 (6% less) and served 663 seniors which is 34% more than in 2008. The population is projected to increase by 15% from 2020 to 2027. COA recommendations for this driver are to implement waiting list in 2021. If an increase is put on the ballot, the program can proceed through 2021 without a waiting list. Gene asked if this will be put on the May ballot. Ken explained that his understanding there won't be a primary this year so there won't be a May ballot. Duane stated in Wilmington there are local races coming up for a vote this year and there will be people running for city council so wouldn't there be an election anyway? Gene advised he could look into that with the Board of Elections.

**Driver #2: Home Care Services.** These services account for 43% of the program expenditures. The workforce shortages have created gaps in care and quality problem. Over the last two years, COA recruited new providers, improving service availability and quality. Consumer Directed Care was added as an option for families who were able to recruit and hire their own care worker. Clinton County's performance and quality is now significantly better than every county in Southwestern Ohio. Over 98% of seniors needing home care are matched with a provider compared to 66% and 78% in other counties. The higher availability of this service has increased the number of seniors receiving the service and has also increased cost to the program. Expenses increased 17% from 2018-2019 and are projected to be 16.5% higher in 2020. COA recommendations keeping the service improvements in place.

**Driver #3: Home Delivered Meals.** This service accounts for 24% of the program expenditures. The average cost per meal increased 15.3% after the 2019 RFP to \$9.55 per meal. The cost per meal is 25% higher than Warren County and 20% higher than Butler County. The quality scores/satisfaction ratings are very high at 99.7% overall. Lower cost alternatives such as contracting with a national vendor would eliminate daily delivery and the level of service with delivery. For example, with Community Action, if an individual is unable to warm up their own meal, the driver will do that for them when they deliver the meals. COA recommendations working with CCCAP to identify ways to reduce meal delivery costs. Sue asked if a lot of individuals were getting their meals weekly. Ken advised that yes most are, but daily delivery is also an option. Larry suggested that maybe the meals could be picked up and delivered by the home care provider as they are coming to the home anyways to help cut down the cost. Ken expressed that he isn't sure and that he doesn't know of any other model that does this, but he can explore that possibility with Community Action.

Driver #4: Intake and Care Management. These services account for 15% of the program expenditures. The cost per person, per month is \$57.06 which is 27% lower than Warren County and 24% lower than Butler County. COA recommendations continue to leverage regional infrastructure to keep costs down.

The Clinton County revenue per capita is low. This compares the number of seniors by county and the revenue collected by the senior services levy. Clinton County is behind the other counties in the region in terms of the current size of the levy and what it's collecting.

Ken reviewed four options for the Advisory Council to review and decide on.

Option 1: Renewal (no increase): The current revenue of \$1,241,561 is 8% less than the 2008 revenue. There would be no change with the annual property tax, and it would require an immediate waiting list of more than 300 seniors by the end of the next levy cycle in 2027.

Option 2: Renewal and an increase to \$1,800,000. There would need to be eligibility changes to control growth. There would be no waiting list in 2021 or 2022 but one would need to be implemented in 2023. Gene asked what the millage would be for this option. Ken explained that the auditor would need to calculate the millage.

Option 3: Renewal and an increase to \$2,000,000. This is the option that COA recommends. There would need to be eligibility changes to control growth to avoid a waiting list in 2025. This is equivalent of a 2.4% annual increase since the last increase in 2008. This option demonstrates that the program needs more revenue but that there's also some changes the Advisory Board, working with the county commissioners, can make for long term sustainability.

Option 4: Renewal and an increase to \$2,200,000. This option would fully fund the program without a waiting list and there would not be a need for eligibility changes.

Ken reviewed a five-year levy plan for COA recommended Option 3. Included in the numbers is Duane's recommendation of a \$20,000 annual expense for the senior centers. Sue asked if this was \$20,000 once a year for emergencies to which Ken advised that it was and would include all the senior centers in the county. Duane asked that once the auditors run the millage numbers for Ken to bring that back to the Advisory Council so they can see the difference between options 3 and 4. Ken advised that he would.

Nicole asked what kind of eligibility changes would need to be made for option 3. Ken explained changes in the level of frailty a senior has before they become qualified by looking at the definitions of the ADLs and IADLS and requiring a higher level of disability. This is something that COA has done in other counties and can come to this Advisory Council with options on that. Larry expressed that he likes option 3 because it keeps the program looking for ways to improve spending. Tim and Nicole both agreed that option 3 looks like the best option. Trevor expressed that he would like to see the difference between options 3 and 4.

Ken stated that one option would be for him to talk to the auditors as well as the commissioners and see if this is something that they could run. Then he could come back to the Advisory Council before going to the commissioners or he could speak with the commissioners first and then go back to the millage. Duane advised it's probably best that Ken speaks with the commissioners first because they are going to have to vote and the Advisory Council could be spinning their wheels for nothing if they only want to

endorse the one option. Gene agreed stating a lot of it could depend on if there's a primary or not as there would be a shorter amount of time if it was to go on the May ballot. Ken agreed and advised there are timelines that have to be met.

Ken asked for confirmation that the Advisory Council wants him to take Option 3 to the commissioners. The consensus was that was correct but to also let them know about Option 4 to see what their responses are. Ken stated he did plan to share with them all of the options but would change option 3 to state it was what the Advisory Council and COA recommends.

Duane asked when Ken was scheduled to meet with the commissioners again. Ken advised he is tentatively scheduled with them for 01/25. Duane informed he would come to the meeting to show support. Larry expressed that if a waiting list can be avoided, that would be great. Ken informed he also plans to take everyone's feedback to the commissioners as well. Nicole asked the Advisory Council if they wanted to meet again before Ken goes to the commissioners. It was decided that Ken would send the estimated millage amounts to the Advisory Council via email and then they can decide if they would like to meet again prior to Ken going to the commissioners.

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## **HEARING THE PUBLIC**

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No individual from the public wanted to speak.

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## **ADJOURNMENT**

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There being no further business, the meeting adjourned at 11:43 am.

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## **NEXT MEETING**

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March 16, 2021



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



**Clinton County ESP**  
**Quarter 4, 2020 (Oct. - Dec. 2020)**  
**EXECUTIVE SUMMARY**

**Highlighted Findings**

**1. Census Trends**

- A. Compared to last year (Quarter 4, 2019), census has increased by 7 clients (from 433 to 440) or 1.61%.
- B. Compared to last quarter (Quarter 3, 2020), census has decreased by 14 clients (from 454 to 440) or -3.08%.
  - 1. Short-term clients excluded, census increased by 7 (from 432 to 439) or 1.62%.
- 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	5	23	22	1
New Short-term Client Enrollments	5	27	2	1
Disenrolled Short-term Clients	0	9	3	22

**2. Fast Track Home**

- A. Average length of stay has decreased by 6 days to 43 days compared to Quarter 4, 2020 (from 49 to 43).
- B. New Enrollments have remained the same from Q3 to Q4, 2020 (from 12 to 12).
- C. Total clients who transferred to ESP from FTH decreased from Quarter 3, 2020 (from 7 to 2).

**3. Financials**

- A. Total Revenue: The amount needed to be drawn down from the levy is \$1.61 million through the fourth quarter, as compared to the budgeted amount of \$1.61 million. The variance is under budget by \$1,136 or 0.1%.
- B. Total Expenses: The projected expenses incurred through the fourth quarter is \$1.9 million as compared to \$1.8 million in the budget. The variance is over budget by \$180,180 or 10%.
- C. Purchase Services: The projected expenses were higher than budget by \$230,490 or 19% as compared to budget.
- D. Through the month of September, \$89,876.54 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. Clinton County Commissioners authorized \$12,700 of levy money to be used to repair the HVAC system at the Blanchester Senior Center.
- F. 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.



**Clinton County ESP**  
**Quarter 4, 2020 (Oct. - Dec. 2020)**  
**TRADITIONAL ESP CENSUS TRENDS**

**Quarter-End Census by Program**

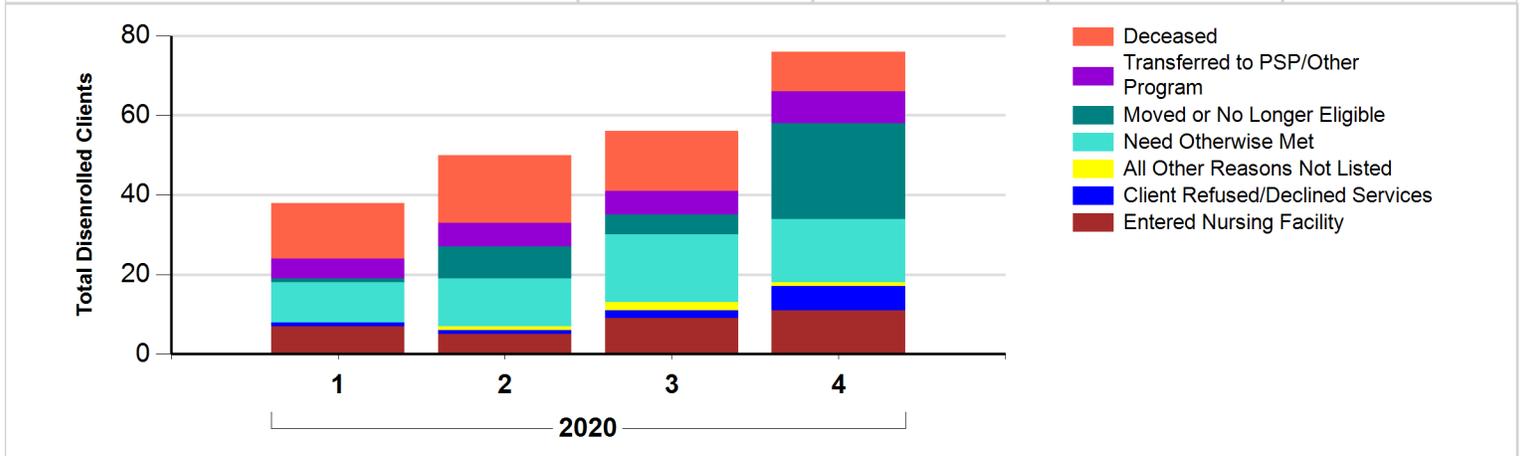
Year	2020			
Quarter	1	2	3	4
<b>ESP</b>	<b>463</b>	<b>470</b>	<b>454</b>	<b>440</b>
<b>FTH</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>4</b>
<b>Medicaid Programs</b>	<b>112</b>	<b>136</b>	<b>135</b>	<b>135</b>
Passport	9	15	19	20
Assisted Living	2	3	2	2
Molina	35	41	42	40
Aetna	66	77	72	73

**Quarter-End Census, New Enrollments, and Disenrollments<sup>1</sup>**

Year	2020			
Quarter	1	2	3	4
Quarter-End Census	463	470	454	440
New Enrollments	56	59	52	38
Disenrollments	38	50	56	76

**Disenrollment Outcomes**

Year	2020			
Quarter	1	2	3	4
Deceased	14	17	15	10
Transferred to PSP/Other Program	5	6	6	8
Moved or No Longer Eligible	1	8	5	24
Need Otherwise Met	10	12	17	16
All Other Reasons Not Listed	0	1	2	1
Client Refused/Declined Services	1	1	2	6
Entered Nursing Facility	7	5	9	11
<b>Total</b>	<b>38</b>	<b>50</b>	<b>56</b>	<b>76</b>

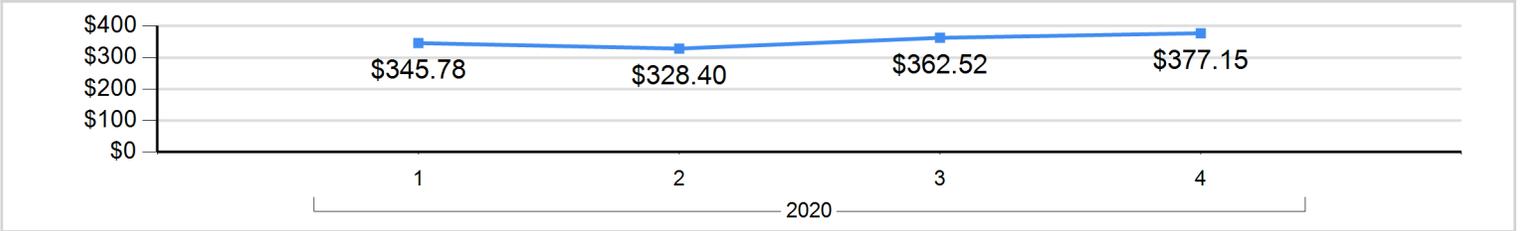


<sup>1</sup> Q1, Q2, Q3, & Q4 2020 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the



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

**Average Monthly Cost per Client<sup>1</sup>**



**Distinct Clients Served by Service Group<sup>12</sup>**

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	19	17	15	16
Electronic Monitoring	341	318	318	309
Home Care	283	247	282	279
Home Delivered Meals	138	164	169	145
Home Medical Equipment	10	9	11	4
Medical Transportation	2	2	2	2
Other Services	16	10	12	11
<b>All Services (Unduplicated)</b>	<b>473</b>	<b>452</b>	<b>471</b>	<b>460</b>

**Units Billed by Service Group<sup>12</sup>** *Please see the notes page for unit of measure descriptions by service.*

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	1,689	1,873	1,670	1,687
Electronic Monitoring	1,045	995	995	958
Home Care	5,961	5,331	6,495	6,486
Home Delivered Meals	8,474	11,118	10,688	9,788
Home Medical Equipment	13	16	15	6
Medical Transportation	17	6	12	6
Other Services	512	15	20	22

**Dollars Paid by Service Group (Purchased Services)<sup>12</sup>**

Year	2020			
Quarter	1	2	3	4
Consumer Directed Care	\$23,716	\$31,077	\$26,747	\$23,741
Electronic Monitoring	\$24,057	\$23,250	\$23,655	\$22,533
Home Care	\$193,227	\$157,528	\$198,210	\$190,339
Home Delivered Meals	\$93,912	\$133,243	\$122,499	\$157,704
Home Medical Equipment	\$1,849	\$4,812	\$4,861	\$1,253
Medical Transportation	\$766	\$381	\$680	\$306
Other Services	\$36,580	\$12,090	\$10,905	\$12,695
<b>All Services</b>	<b>\$374,107</b>	<b>\$362,380</b>	<b>\$387,558</b>	<b>\$408,572</b>

<sup>1</sup> 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.

<sup>2</sup> Declines in Other Services are attributed to adult day facility closures as a result of the pandemic.

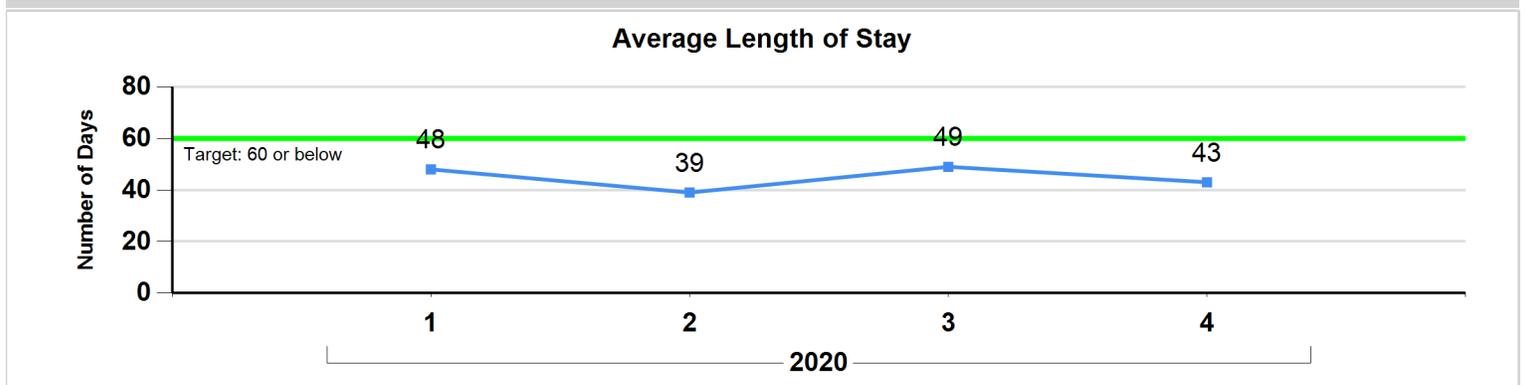
**Total Clients Served, New Enrollments, Disenrollments**

	2020			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	18	15	12	12
Disenrollments	22	15	13	11
Clients Transferred to ESP	12	7	7	2
	54.55%	46.67%	53.85%	18.18%

**Enrollment by Setting**

	2020			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Bethesda North	1	0	0	2
Clinton Memorial Hospital	12	6	6	6
Mercy Anderson	0	0	0	1
Not Captured	0	6	1	0
Other Hospital	2	1	1	2
Skilled Nursing Facility	1	0	1	1
The Christ Hospital	1	1	1	0
UC Medical Center	0	1	0	0
<b>Overall Total</b>	<b>17</b>	<b>15</b>	<b>10</b>	<b>12</b>

**Fast Track Home Key Indicators**





**Clinton County ESP FTH**  
**Quarter 4, 2020 (Oct. - Dec. 2020)**  
**FAST TRACK HOME SERVICE TRENDS**

**Distinct Clients Served by Service Group**

Year	2020			
Quarter	1	2	3	4
Electronic Monitoring	8	4	7	5
Home Care	12	5	7	5
Home Delivered Meals	8	9	9	8
Home Medical Equipment	0	0	1	0
Home Modification	0	0	0	1
<b>All Services (Unduplicated)</b>	<b>20</b>	<b>14</b>	<b>12</b>	<b>13</b>

**Units Billed by Service Group** *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2020			
Quarter	1	2	3	4
Electronic Monitoring	16	9	17	14
Home Care	90	34	76	49
Home Delivered Meals	273	245	149	234
Home Medical Equipment	0	0	1	0
Home Modification	0	0	0	1

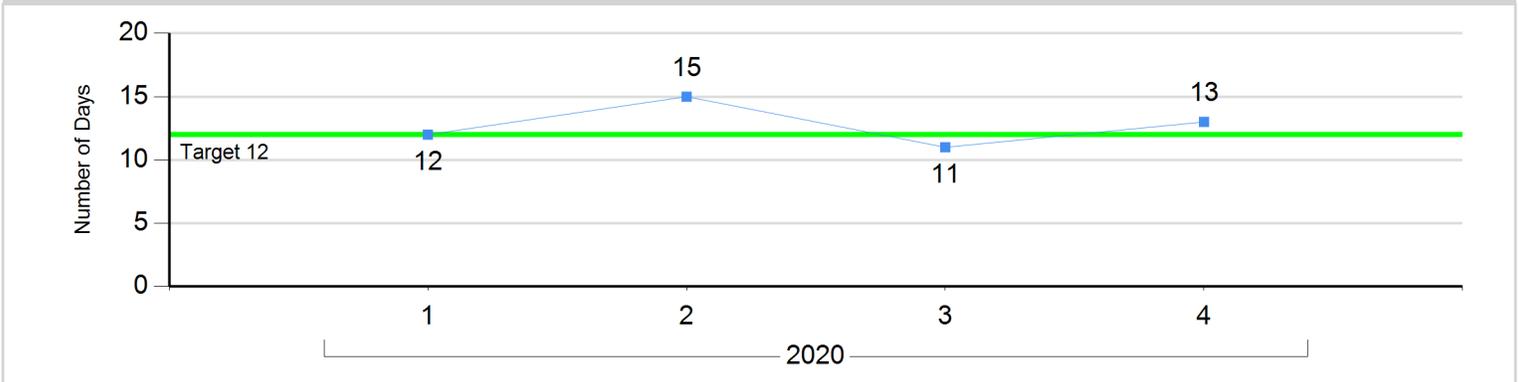
**Dollars Paid by Service Group (Purchased Services)**

Year	2020			
Quarter	1	2	3	4
Electronic Monitoring	\$319	\$168	\$279	\$260
Home Care	\$2,593	\$1,017	\$2,168	\$1,450
Home Delivered Meals	\$2,403	\$2,135	\$1,360	\$2,209
Home Medical Equipment	\$0	\$0	\$75	\$0
Home Modification	\$0	\$0	\$0	\$350
<b>All Services</b>	<b>\$5,315</b>	<b>\$3,319</b>	<b>\$3,882</b>	<b>\$4,269</b>



**Clinton County ESP**  
**Quarter 4, 2020 (Oct. - Dec. 2020)**  
**Traditional ESP PERFORMANCE TRENDS**

**Average Number of Days from Intake Call to the Enrollment Assessment<sup>1</sup>**



**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	132	4	3%	1.17
2020	2	131	2	2%	1.17
2020	3	123	1	1%	1.36
2020	4	101	6	6%	1.29

**Home Delivered Meals - Client Satisfaction Survey Results**

Year	Quarter	2020			
		1	2	3	4
Overall Satisfaction		97.00%	100.00%	99.66%	97.37%
Good Choice of Meals Available		96.15%	100.00%	97.30%	81.58%

**Home Care Assistance - Client Satisfaction Survey Results**

Year	Quarter	2020			
		1	2	3	4
Overall Satisfaction		94.29%	99.24%	98.26%	98.02%
Aide is Dependable		94.32%	100.00%	100.00%	98.85%

<sup>1</sup> 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.



**Clinton County ESP**  
**Quarter 4, 2020 (Oct. - Dec. 2020)**

**FINANCIALS: based on actual revenue & expenses as of December 31, 2020<sup>1</sup>**

	<b>Annual Actual</b>	<b>Annual Budget</b>	<b>Budget Variance</b>	<b>% Budget Variance</b>
<b>Revenue</b>				
Tax Levy Appropriations	\$1,612,756.59	\$1,614,117.25	-\$1,360.66	-0.1%
<b>Federal &amp; State Funding</b>				
Title III B	\$33,158.22	\$15,000.00	\$18,158.22	121.1%
Title III C2 - Home Delivered Meals	\$43,495.79	\$65,718.00	-\$22,222.21	-33.8%
Alzheimer's	\$268.32	\$805.00	-\$536.68	-66.7%
Nutrition Services Incentive Program (NSIP)	\$7,277.94	\$15,708.00	-\$8,430.06	-53.7%
Senior Community Services (SCS)	\$8,012.99	\$10,000.00	-\$1,987.01	-19.9%
United Way Donations	\$120,000.00	\$0.00	\$120,000.00	0.0%
Clinton COVID Money	\$78,044.58	\$0.00	\$78,044.58	0.0%
<b>Client Contributions</b>				
Client Donations	\$2,168.25	\$222.00	\$1,946.25	876.7%
Co-Pays Received	\$36,223.19	\$39,656.00	-\$3,432.81	-8.7%
<b>Total Revenue</b>	<b>\$1,941,405.87</b>	<b>\$1,761,226.25</b>	<b>\$180,179.62</b>	<b>10.2%</b>
<b>Expenses</b>				
<b>Operating Expenses</b>				
COA Administrative	\$117,823.79	\$111,366.00	-\$6,457.79	-5.8%
Intake & Assessment	\$2,802.13	\$9,366.00	\$6,563.87	70.1%
FTH Case Management	\$64,042.31	\$55,187.00	-\$8,855.31	-16.0%
Case Management	\$281,682.28	\$340,742.00	\$59,059.72	17.3%
<b>Total Operational Expenses</b>				
<b>Purchased Services</b>				
Homemaker-Hourly	\$599,274.50	\$613,445.32	\$14,170.82	2.3%
Personal Care -Hourly	\$124,229.04	\$57,124.00	-\$67,105.04	-117.5%
Respite-Hourly	\$15,800.85	\$2,288.00	-\$13,512.85	-590.6%
Home Medical Equipment	\$12,775.07	\$17,100.00	\$4,324.93	25.3%
Emergency Response Systems	\$93,494.97	\$83,661.28	-\$9,833.69	-11.8%
Minor Home Modifications	\$27,630.00	\$38,476.80	\$10,846.80	28.2%
Chore	\$14,850.00	\$1,867.00	-\$12,983.00	-695.4%
Home Delivered Meals	\$449,796.59	\$279,651.85	-\$170,144.74	-60.8%
Adult Day Service	\$29,790.00	\$68,451.00	\$38,661.00	56.5%
Adult Day-Transportation	\$0.00	\$0.00	\$0.00	0.0%
Medical Transportation	\$2,132.94	\$5,120.00	\$2,987.06	58.3%
Consumer Directed Care	\$105,281.40	\$77,380.00	-\$27,901.40	-36.1%
<b>Gross Purchased Services</b>	<b>\$1,475,055.36</b>	<b>\$1,244,565.25</b>	<b>-\$230,490.11</b>	<b>-18.5%</b>
<b>Gross Program Expenses</b>	<b>\$1,941,405.87</b>	<b>\$1,761,226.25</b>	<b>-\$180,179.62</b>	<b>-10.2%</b>
<b>Client Census</b>	<b>443*</b>	<b>458</b>	<b>15</b>	<b>3.3%</b>
<b>Total Census with Short-term Clients</b>	<b>444</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Cost of Services per Client</b>	<b>\$255.24</b>	<b>\$217.50</b>	<b>-\$37.74</b>	<b>-17.4%</b>

<sup>1</sup> 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 Environmental Services, Non-Medical Transportation (Hamilton only), and Independent Living Assistance (Hamilton only).
- E. Dollars Paid by Service Group represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.

## 3. FTH Census Trends

- A. Clients Enrolled in ESP is calculated by taking the clients who disenrolled from Fast Track Home within the quarter then determining the clients who have an active registration with the traditional ESP.
- B. Community Enrollment may include emergency referrals to ESP FastTrack service such as: Community Paramedicine, APS referral or other agency referral for FTH specific services.

## 4. FTH Service Trends

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

## 5. Unit of Measure Descriptions by Service

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

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

## Clinton 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

Clinton 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 (EMAs) to secure and distribute PPE to our Providers. We want to do whatever we can to keep our clients safe, and we do this by protecting the frontline staff providing services.

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

### **Homemaking/Personal Care/Respite**

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.

#### 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 with the company January 18,2021.

In addition, the new Executive Director for Cincinnati is Mary Dwire.

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

## **Transportation**

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

## **Senior Farmers Market Nutrition Program**

The program was a success in 2020 and COA will receive the same amount of funding, \$180,000, for the 2021 program year. Income eligible seniors from all 5 counties can apply for \$50 in coupons. We had Clinton County Farmers Market participate in 2020 and look forward to bringing more farmers or roadside stands to the program in 2021.

## **Restaurant Meals**

The COA Restaurant Meal program continues to deliver comfort meals to Clinton County seniors. We have partnered with Beaugard's Southern Bar "B" Que on S. South St. in Wilmington for these meals.

Beaugard's meals are delivered to Home Delivered Meal clients by Clinton County Community Action Program.

We are getting tremendous feedback from clients that are receiving meals from Beaugard's. To date we have delivered 375 meals from this local restaurant.

Our Communications Department put together a terrific video of a recent interview with Beaugard's owner Marty Beaugard. We would like to share the interview with you at this time.

## **2021 Service Capacity Concerns**

There is potential we will experience a provider capacity issue in the following service areas for Clinton County clients:

- Homemaking
- Personal Care
- Respite
- Minor Home Modifications

## **2021 Draft Request for Proposal (RFP) Plan**

Pursuant to Section 5(A) of the contract between Clinton 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

- 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 (ESP<sup>SM</sup>)**

**MEDICAL TRANSPORTATION SERVICE SPECIFICATION**

**2021**

**EFFECTIVE October 2021 (CCESP)(WCESP)**

ELDERLY SERVICES PROGRAM

MEDICAL TRANSPORTATION

SERVICE SPECIFICATION

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## MEDICAL TRANSPORTATION SERVICE SPECIFICATION

### 1.0 OBJECTIVE

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

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

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

### 2.0 UNIT OF SERVICE

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

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

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

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

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

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

### 3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

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

3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.10.1 of the Ohio Revised Code.

~~3.3 The Provider must furnish a price quote for the trip requested by the Care/Case Manager at time of the referral for service and document the price authorized by the Care/Case Manager.~~

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

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

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

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

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

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

(c) Transfers of a passenger who remains in a wheelchair must

be conducted in a safe manner.

- (d) All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
- (e) There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
- (f) Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action.

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

- (a) A description of the service provided
- (b) The date
- (c) The location of the pick-up and time of client's pick-up and delivery/ destination
- (d) The time of the pick-up
- (e) The location of the delivery
- (f) The time of the delivery
- (b)(g) The name and signature of the driver
- (e)(h) Name and signature of the client to whom transportation services were provided.

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

## **4.0 TRAINING**

- 4.1 ~~Prior to transporting clients, the provider must document agency's transportation training with return demonstration on transferring client, 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 Aging<sup>sm</sup>.

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

~~(i)~~ Client escort/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> introductory training course (i.e., DRIVE, or other course approved by COA<sup>sm</sup>) 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~~
  - ~~(b)~~ ~~Hands-on assistance as outlined in Section 3.8 (a). Assist in transfer of the client, as necessary, safely from the client's door to the vehicle and from the vehicle to the entrance of the destination point. The Provider must perform the same transfer assist service when transporting the client back to the client's residence.~~
  - (c)
- 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*

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

Service	Cost per	
	Unit	Unit
Adult Day Service - Transportation	25.00	One Way Trip
Adult Day Service - Enhanced	30.00	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 pendent - 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	9.63	Per Meal
Home Delivered Meals - Weekly	8.70	Per Meal
Home Delivered Meals - Shelf Stable	9.64	Per Meal
Home Delivered Meals Therapeutic - Daily	9.92	Per Meal
Home Delivered Meals Therapeutic - Weekly	9.15	Per Meal
Home Delivered Meals Mechanically Altered - Daily	10.10	Per Meal
Home Delivered Meals Mechanically Altered - Weekly	9.05	Per Meal
Home Delivered Meals Gluten Free - Daily	10.20	Per Meal
Home Delivered Meals Gluten Free - Weekly	9.15	Per Meal
Home Delivered Meals Lactose Free - Daily	10.20	Per Meal
Home Delivered Meals Lactose Free - Weekly	9.15	Per Meal
Home Delivered Meals Kosher - Daily	10.20	Per Meal
Home Delivered Meals Kosher - Weekly	9.15	Per Meal
Home Medical Equipment - 3 in 1 commode	90.00	Per Unit
Home Medical Equipment - Bath Assist	12.50	Per Unit
Home Medical Equipment - Bath Chair no Back	45.95	Per Unit
Home Medical Equipment - Bath Chair with Back	55.95	Per Unit
Home Medical Equipment - Clamp On Grab Bar	55.00	Per Unit
Home Medical Equipment - Grab Bar 16" not installed	21.00	Per Unit
Home Medical Equipment - Grab Bar 18" not installed	26.00	Per Unit
Home Medical Equipment - Grab Bar 24" not installed	30.95	Per Unit
Home Medical Equipment - Hand Held Shower	55.00	Per Unit
Home Medical Equipment - Home Style Bed Rail	155.00	Per Unit
Home Medical Equipment - Lift Chair small	789.00	Per Unit
Home Medical Equipment - Lift Chair medium	789.00	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	139.95	Per Unit
Home Medical Equipment - Seat Lift Mechanism	150.00	Per Unit
Home Medical Equipment - Semi Electric Hospital Bed with rails	800.00	Per Unit
Home Medical Equipment - Standard Walker	59.00	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	80.00	Per Unit
Homemaking	7.66	Per 15 min
Personal Care	6.89	Per 15 min
Respite Care - Hourly	6.89	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%) &gt;&gt;&gt;</i>	\$ 12,880		\$ 17,420		\$ 21,960		\$ 26,500		\$ 31,040		\$ 35,580	
<b>Copay</b>	Min	Max	Min	Max								
<b>0%</b>	\$ -	\$ 1,610	\$ -	\$ 2,178	\$ -	\$ 2,745	\$ -	\$ 3,313	\$ -	\$ 3,880	\$ -	\$ 4,448
<b>5%</b>	\$ 1,611	\$ 1,750	\$ 2,179	\$ 2,367	\$ 2,746	\$ 2,984	\$ 3,314	\$ 3,601	\$ 3,881	\$ 4,218	\$ 4,449	\$ 4,835
<b>10%</b>	\$ 1,751	\$ 1,892	\$ 2,368	\$ 2,559	\$ 2,985	\$ 3,226	\$ 3,602	\$ 3,893	\$ 4,219	\$ 4,560	\$ 4,836	\$ 5,227
<b>15%</b>	\$ 1,893	\$ 2,034	\$ 2,560	\$ 2,751	\$ 3,227	\$ 3,467	\$ 3,894	\$ 4,184	\$ 4,561	\$ 4,901	\$ 5,228	\$ 5,618
<b>20%</b>	\$ 2,035	\$ 2,175	\$ 2,752	\$ 2,942	\$ 3,468	\$ 3,709	\$ 4,185	\$ 4,476	\$ 4,902	\$ 5,243	\$ 5,619	\$ 6,009
<b>25%</b>	\$ 2,176	\$ 2,317	\$ 2,943	\$ 3,134	\$ 3,710	\$ 3,951	\$ 4,477	\$ 4,767	\$ 5,244	\$ 5,584	\$ 6,010	\$ 6,401
<b>30%</b>	\$ 2,318	\$ 2,459	\$ 3,135	\$ 3,325	\$ 3,952	\$ 4,192	\$ 4,768	\$ 5,059	\$ 5,585	\$ 5,926	\$ 6,402	\$ 6,792
<b>35%</b>	\$ 2,460	\$ 2,600	\$ 3,326	\$ 3,517	\$ 4,193	\$ 4,434	\$ 5,060	\$ 5,350	\$ 5,927	\$ 6,267	\$ 6,793	\$ 7,184
<b>40%</b>	\$ 2,601	\$ 2,742	\$ 3,518	\$ 3,709	\$ 4,435	\$ 4,675	\$ 5,351	\$ 5,642	\$ 6,268	\$ 6,608	\$ 7,185	\$ 7,575
<b>45%</b>	\$ 2,743	\$ 2,884	\$ 3,710	\$ 3,900	\$ 4,676	\$ 4,917	\$ 5,643	\$ 5,933	\$ 6,609	\$ 6,950	\$ 7,576	\$ 7,966
<b>50%</b>	\$ 2,885	\$ 3,026	\$ 3,901	\$ 4,092	\$ 4,918	\$ 5,158	\$ 5,934	\$ 6,225	\$ 6,951	\$ 7,291	\$ 7,967	\$ 8,358
<b>55%</b>	\$ 3,027	\$ 3,167	\$ 4,093	\$ 4,284	\$ 5,159	\$ 5,400	\$ 6,226	\$ 6,516	\$ 7,292	\$ 7,633	\$ 8,359	\$ 8,749
<b>60%</b>	\$ 3,168	\$ 3,309	\$ 4,285	\$ 4,475	\$ 5,401	\$ 5,642	\$ 6,517	\$ 6,808	\$ 7,634	\$ 7,974	\$ 8,750	\$ 9,141
<b>65%</b>	\$ 3,310	\$ 3,451	\$ 4,476	\$ 4,667	\$ 5,643	\$ 5,883	\$ 6,809	\$ 7,099	\$ 7,975	\$ 8,316	\$ 9,142	\$ 9,532
<b>70%</b>	\$ 3,452	\$ 3,592	\$ 4,668	\$ 4,858	\$ 5,884	\$ 6,125	\$ 7,100	\$ 7,391	\$ 8,317	\$ 8,657	\$ 9,533	\$ 9,923
<b>75%</b>	\$ 3,593	\$ 3,734	\$ 4,859	\$ 5,050	\$ 6,126	\$ 6,366	\$ 7,392	\$ 7,682	\$ 8,658	\$ 8,998	\$ 9,924	\$ 10,315
<b>80%</b>	\$ 3,735	\$ 3,876	\$ 5,051	\$ 5,242	\$ 6,367	\$ 6,608	\$ 7,683	\$ 7,974	\$ 8,999	\$ 9,340	\$ 10,316	\$ 10,706
<b>85%</b>	\$ 3,877	\$ 4,017	\$ 5,243	\$ 5,433	\$ 6,609	\$ 6,849	\$ 7,975	\$ 8,265	\$ 9,341	\$ 9,681	\$ 10,707	\$ 11,097
<b>90%</b>	\$ 4,018	\$ 4,159	\$ 5,434	\$ 5,625	\$ 6,850	\$ 7,091	\$ 8,266	\$ 8,557	\$ 9,682	\$ 10,023	\$ 11,098	\$ 11,489
<b>95%</b>	\$ 4,160	\$ 4,301	\$ 5,626	\$ 5,817	\$ 7,092	\$ 7,332	\$ 8,558	\$ 8,848	\$ 10,024	\$ 10,364	\$ 11,490	\$ 11,880
<b>100%</b>	\$ 4,302	\$ 4,442	\$ 5,818	\$ 6,008	\$ 7,333	\$ 7,574	\$ 8,849	\$ 9,140	\$ 10,365	\$ 10,706	\$ 11,881	\$ 12,272

## Clinton County Elderly Services Program

2021

### CONFLICT OF INTEREST POLICY

#### **INTRODUCTION**

This policy shall apply to the Clinton 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 Clinton County Elderly Services Program to carry out its mission. The Advisory Council has adopted this conflict of interest policy as a guide for Clinton 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 Clinton 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 Clinton 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 Clinton 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**

Clinton County Elderly Services Advisory Council Members shall:

Exercise their professional judgment solely for the benefit of the Clinton 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 Clinton 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 Clinton County Elderly Services Program without full disclosure to Clinton County Elderly Services Advisory Council.

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

## **EXCEPTIONS**

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

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

\_\_\_\_\_ I have received and read the "Conflict of Interest" policy of the Clinton 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 Clinton 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 Clinton County Elderly Services Advisory Council itself;
2. You are a member of Clinton 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 Clinton County Elderly Services Program;
5. You have a personal interest in a matter before Clinton 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 Clinton 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](http://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: \_\_\_\_\_