



## Butler County Elderly Services Program (BCESP) Services Committee Meeting

September 9, 2021

1:30 pm – 3:00 pm

<https://councilonaging.webex.com/councilonaging/j.php?MTID=mfeaa923cdf589b103349d53574ab63e>

Meeting number: 179 404 2051

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### AGENDA

- |   |               |
|---|---------------|
| 1. Call to Order                          | Katy Abbott   |
| 2. June 10, 2021, Minutes (Action Needed) | Katy Abbott   |
| 3. Provider Network Report                | Jennifer Lake |
| • Fiscal Intermediary RFP                 |               |

### **OLD BUSINESS**

Home Health Aide App Demo	Ken Wilson
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### **NEW BUSINESS**

- |  |               |
|--|---------------|
| 5. Transportation RFP Update<br>- Service Specification Change (Action Needed) | LaTricia Long |
| 6. ESP Evaluation by Scripps Gerontology                                       | Ken Wilson    |

### **ADJOURNMENT**

Katy Abbott

### **NEXT MEETING:**

December 9, 2021

# Butler County Elderly Services Program (BCESP) Services Committee Meeting

June 10, 2021

## Committee Report

**Present:** Katy Abbott, Christine Matacic, Jennifer Roth, Sherrill Swann, Randy Quisenberry and Jaimie Robinson.

**Call to Order:** The June 10, 2021, 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 March 11, 2021, BCESP Services Committee Minutes.

**Motion:** Christine Matacic made a motion to approve the minutes as presented.

**Second:** Jennifer Roth seconded the motion.

**Action:** The March 11, 2021, minutes were unanimously approved as presented.

### **Provider Network Report:**

Randy presented the Provider Network Report. COA continued throughout the year to give PPE to providers. The mission was to keep the seniors safe by keeping those who care for them safe. COA hosted 16 distribution events with the last event held on March 26<sup>th</sup>. Katy asked if there was still a lot of need for PPE. Randy advised that the need has declined. He has one provider coming on Monday to pick up more gloves as there are still plenty to give out. COA still has an abundance of face shields as well.

The Oxford Senior Center and Community Adult Day re-opened on March 1<sup>st</sup>. Community Adult Day has a new Director Lisa Davidson. They will be offering congregate meals Monday through Friday with social distancing parameters in place.

The Transportation RFP is complete and will be published on June 14<sup>th</sup> with a contract start date of October 4<sup>th</sup>.

The Senior Farmers Market was a success in 2020 and COA received the same funding of \$180,000 as last year. Seniors will be able to take their \$50 in vouchers to one of the local participating farmers markets to exchange for fresh fruits, vegetables, cut herbs and honey. There are five markets in Butler County: Brown's Family Market, Garver's Family Market, Oxford Farmers Market, Fairfield Farmers Market, and West Chester Market.

The Restaurant Meals are still going strong. Since April of 2020, 5,649 meals have been delivered to Butler County seniors. COA just received national recognition for this program being awarded the Alliance of Information and Referral System (AIRS) Award for innovation in the category of disaster preparedness. Katy asked to confirm that the meals are being paid for out of CARES Act funds to which Randy advised that they were. Katy asked how long COA will be able to continue to send out these meals. Randy explained that it is expected to sustain the program with these funds through

September 30<sup>th</sup> with the hope of being able to sustain it further on. Randy and his team are brainstorming ideas of how to fund these meals post-pandemic. Katy asked if the meals happen once a month. Randy explained that meals are delivered every four to six weeks and they alternate buildings. They also try to bring meals from a different restaurant every time.

Central Connections has a New Executive Director, Keith Crothers. Ann Munafo was the interim director for a few months. Keith was the former director at Clovernook Center for the Blind and Visually Impaired.

COA has three RFPs planned for the year: Home Care Assistance (posted in Quarter 1), Transportation (to be posted in Quarter 2) and Minor Home Modifications (to be posted in Quarter 3). The RFP evaluations will have four categories: Financial Analysis and Stability, Organization and Capabilities overview, Personnel, Staffing and Training and their Pricing. COA puts in the criteria what they expect bidders to provide when submitting their proposal.

Randy shared some service excellence awards.

## **OLD BUSINESS**

### **Home Care Assistance RFP Results:**

Randy reviewed the Home Care Assistance RFP Results. There are people in the Elderly Services Program in all counties who are eligible but not receiving services due to the aide staffing shortages. Randy and his team met with providers and care managers to see if there was anything in the service specifications or conditions of participation that are a barrier to hiring or providing services. COA wanted to eliminate any barrier without compromising the quality or level of care. The goal of the RFP was to recruit new providers, maintain existing provider base, and let providers reset pricing as the last RFP went out in 2013.

For the four county ESP region, COA received 21 proposals and awarded contracts to 19. In Butler County, the number of providers was doubled. There were six providers currently doing business in Butler County that submitted proposals: A Miracle Home Care, Assisted Care by Blackstone, Helping Hands, Interim HomeStyles, Nova Home Care, and Prime Home Care. The six providers added to Butler County are: A Best Home Care, Always There Home Care, Comfort and Care Home Health Agency, Friendly Care, LCD Home Health Agency, and Senior Helpers of Southern Ohio. The new providers were pre-certified, trained in CareDirector, trained in quality measurements and up and running by the end of May.

With the proposals, there was a rate increase. The current average rate is \$5.70 for 15 minutes. The new average rate is \$5.89 for 15 minutes. This will impact the budget. By the end of 2021, this will be an increase of \$69,800 and an increase of \$91,869 by the end of 2022. These numbers are based on if the same percentage of people are served. If the number of clients increase, then these amounts will also increase. Katy asked if there was a sense that the actual workers will be getting this increase. Randy explained that COA didn't do a survey and didn't require it, but one provider did state the first thing they were going to do is give everyone a raise.

## NEW BUSINESS

### Consumer Directed Care:

Jaimie discussed Consumer Directed Care. There was some discussion at the last meeting about a possible consumer directed care rate increase and if it was necessary. The CDC program is where a client hires a private caregiver who is usually a family member or friend to provide the home care assistance. The client is the employer and COA provides a fiscal agency to help mediate the payroll and taxes. The maximum rate of pay for each employee is \$11.50 an hour. After much discussion and review, pay doesn't seem to be a barrier at this point for someone to receive CDC. One of the main barriers is actually the paperwork and enrollment process as it is very cumbersome. As HCA and other services are seeing rate increase, the program needs to be careful on increasing too many rates at once as this will really impact the final budget. The recommendation is to look at this rate increase in the future and put it on hold this year. Katy asked how many clients utilize CDC. Randy advised that it was 115 clients in the first quarter of 2021. Katy expressed that it seems reasonable to see how things go with the new home care providers and revisit this at the beginning of next year. Jennifer asked if this program is mentioned as an option when the initial assessment is completed. Jaimie advised that it is and especially if someone needs HCA.

### Home Delivered Meals Service Specification Changes:

Randy gave a brief overview of the Home Delivered Meals Service Specification changes. The dates were changed to reflect the 2020-2025 Dietary Guidelines for Americans. Also added was the option for providers to use a code for the production date instead of an actual date. Clients were confusing the production date with the use by date and throwing out good food. Providers can still use the production date if they choose to do so but now, they have another option. Communication around the drivers and care managers was streamlined if the client is not home. Katy asked if it was a big issue for clients to not be home for their delivery. Jaimie advised that it is, and it is a safety issue. The care manager follows up with the client to find out if maybe they had a doctor's appointment, or if they're unwell and unable to answer the door. Katy asked approximately how many clients are not home each month to get their meal delivery. Jaimie advised that is hard to estimate as sometimes COA isn't always notified of the missed delivery or will be notified much later.

**Motion:** Christine Maticic made the motion to approve the Home Delivered Meals Service Specifications changes.

**Second:** Jennifer Roth seconded the motion.

**Action:** The Home Delivered Meals Service Specification changes were unanimously approved as presented.

### Minor Home Modification Service Specification Changes:

Randy gave a brief overview of the Minor Home Modification Service Specification changes. The old specifications had a \$3,500 lifetime limit which was removed. Requirements for certain jobs were changed. For example, instead of "must" be painted, it was changed to "should" be painted as most of the time ramps are made with pressure treated wood that can't be painted for six to nine months. Language was added to make sure that pictures are absent of any HIPAA information.

**Motion:** Christine Maticic made the motion to approve the Minor Home Modification Service

Specifications changes.

**Second:** Jennifer Roth seconded the motion.

**Action:** The Minor Home Modification Service Specification changes were unanimously approved as presented.

### **Caregiver Respite:**

Jaimie reviewed Caregiver Respite. This is an opportunity that COA is pursuing as there is additional federal funding through Title III-E. This funding is usually spent on Adult Day services but since this was underutilized due to COVID, this gives an opportunity to find other ways to support caregivers. COA has always had a caregiver support program and starting this summer, there will be respite stays offered for caregivers short term to give them a much needed break. Caregivers can work with the Caregiver Support RN to find a facility that the caregiver recipient can stay at for a short period of time. COA will then reimburse the caregiver for the cost of that stay. Respite can be taken once a year for roughly seven days. This can be taken all at once or in smaller respite stays. Jennifer asked to clarify that individuals do not have to be a part of the ESP program to utilize this service. Jaimie explained that was correct. Jennifer then asked if they could use any facility and if there were any limiting factors or restrictions such as advanced dementia. Jaimie stated any facility can be used that covers the care needs of the care recipient. COA is working on a campaign to get information out to all of the ESP clients, but the program is active now.

### **Payor of Last Resort (Medicare Advantage Plans):**

Jaimie reviewed the Medicare Advantage Plans. These plans are growing in number, and they offer services similar to the elderly services program. COA is making sure that seniors are not receiving services that could be covered by their Medicare Advantage Plan by adding a Benefit Specialist position to review these opportunities. This will assist the program and levy to ensure that each client is receiving services from ESP as a payor of last resort. The benefits specialist is calling individuals with a Medicare Advantage Plan and then getting the insurance company on the line to discuss what benefits they have and what they need. The specialist will also help transition any of their services to their advantage plan as well. This has been very successful in Hamilton and Clinton County so far.

### **HEARING THE PUBLIC**

No individuals from the public requested to speak.

### **ADJOURNMENT**

Katy asked if there was an idea as to when in-person meetings will resume. Heather advised that the plan is to resume in-person meetings in September. Ken and Heather are working on new technology to provide a virtual option for those who can't attend.

With no further business to discuss, the Butler County Services Committee adjourned at 2:33pm p.m.

### **NEXT MEETING**

September 9, 2021

## Butler County Provider Network Report September 2021

### **Personal Protective Equipment (PPE)**

Providers had an opportunity to complete a survey to report their PPE needs/requests. Supplies will be delivered from ODA and are expected to begin late September or early October. Items available include gloves, masks, gowns, and face shields. This is a supplemental supply source for providers.

### **Home Care Assistance (HCA)**

HCA providers continue to experience staffing/aide shortages. We continue to meet with providers to look for ways to streamline our processes to meet the needs of our clients.

### **Adult Day and Senior Operations**

Community Adult Day (Oxford ADS) and Oxford Senior Center re-opened on March 1, 2021. Community Adult Day hired Lisa Davidson as their new ADS director. The Senior Center is offering a congregate meal Monday through Friday. Social activities attendance has returned slowly.

### **Transportation**

Please see the handout for the update of the ESP Medical and Non-Medical Transportation Request for Proposal.

### **Senior Farmers Market Nutrition Program**

22 farm markets or farmers are participating in the 2021 program year. Browns Family Farm Market, Garver's Family Farm Market, Fairfield Farmers Market, Oxford Farmers Market, and West Chester Market in Butler County are accepting coupons. There are 286 seniors from Butler County participating in the coupon program. 4 senior housing buildings are participating in Produce delivery: Belle Tower, Mayfield Village, Dublin House and Trinity Manor which equates to 170 seniors receiving produce delivery from CSA farm. Total participant count =1938, up from 1105 last year. Community outreach- Jennifer Lake RDLD: The Lebanon Channel- Feelin' Good Lebanon with Shelly Abrams, WMKV 89.3 Maple Knoll Radio Network- Healthscope with George Zahn, and Medicare Moment with Lisa Dalga and 55KRC radio- Simply Medicine with Angenette Levy. Program year ends 10/31/2021.

### **Restaurant Meals**

The COA Restaurant Meal program continues to deliver comfort meals to Hamilton, Butler, Warren, and Clinton Counties for seniors who may be experiencing continued isolation or food insecurities during the Pandemic. We have the following participating restaurants in Butler County: LaRosa's, Quatman's Café, Taste of Belgium, Frisch's,

Personal Chef Anthony Jordan, C and M BBQ Grill, Big Jay's Place, and Neal's Famous BBQ. Funded through Cares Act Funding and sponsored programs with Humana and Pro Seniors.

Since the creation of the Comfort Meal program in April of 2020, a total of 5771 restaurant meals have been delivered to Butler County seniors. 5074 in 2020 and 697 through August 2021.

### **Provider updates**

Central Connections is searching for a New Executive Director. Ann Munafo is the acting Interim Executive Director.

### **Structural Compliance Reviews-**

Most ESP providers also provide services under the PASSPORT program where we are contracted by the state to do compliance reviews. This allows us to leverage PASSPORT resources to minimize expenses to the levy. During the pandemic there have been a lot of disruptions to operations and burden on our providers. COA has been working to minimize the burden during 2021 by utilizing the PASSPORT Structural Compliance Review (SCR) and doing a closer review with ESP audit tasks in instances where the provider has a significant finding or sanction or other identified risk. Providers who only provide ESP services will receive an ESP specific SCR during 2021.

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

Home Care Assistance – posted in Quarter One

Transportation - posted Quarter Two

Minor Home Modifications – proposed to be posted Quarter Three

### **ESP Medical and Non-Medical Transportation Request for Proposal:**

The Butler, Clinton, and Warren County ESP Medical and Non-Medical Transportation Request for Proposals (RFP) was published on June 14<sup>th</sup> with a proposal due date of July 14<sup>th</sup>. The ESP Medical and Non-Medical Transportation contract is scheduled to have an effective date of October 1, 2021.

### **Service Specification and Rate Structure Changes:**

Service specification changes were discussed and approved during the March 2021 meetings.

The RFP proposed to change the rate structure from a bid service to a fixed rate service for ambulatory, non-ambulatory, and stretcher service. Providers had the ability to submit fixed rates for the type of service they could provide as well as designate their ability to furnish transportation in-county (within Butler County), out-of-county (example - a Butler County resident needing transportation to Hamilton County), and out-of-territory which would be a location outside of COA's five (5) county area.

### **Contracted Network Changes:**

1. Ten (10) proposals were received for the three (3) counties. There were no bidders for stretcher service.
2. Across the three (3) county region, 100% of the existing providers submitted bids and are being offered contracts. Returning as transportation providers for Butler County are:
  - a. Central Connections
  - b. Meda-Care Transportation
  - c. Oxford Seniors
  - d. Partners in Prime
  - e. Universal Transportation Systems (UTS)
3. The following three providers will be added in Butler County:
  - a. Kemper Shuttle Services
  - b. Transport-U
  - c. Valley Transport

### **Financial Impact:**

Projections from the fixed rates submitted from bidders resulted in an additional annual expense of \$200,000 in year one (1). Years two (2) through five (5) similarly resulted in higher expenses. COA anticipated rates would come in higher as bidders are seeking to cover inherent risks due to fuel costs, balancing the returns of shorter versus longer distance trips, and the nature of a locked in, fixed rate. However, the increases demonstrated that the structure as proposed was not the most cost-effective model.

After careful consideration of the costs to implement a fixed rate service structure to ESP transportation services, COA has made the decision to continue to award Medical and Non-Medical Transportation provider contracts as a bid service. We streamlined the bid process considerably with a goal of having the new provider contract in effect by October 1, 2021.

**ELDERLY SERVICES PROGRAM (ESP<sup>SM</sup>)**

**TRANSPORTATION SERVICE SPECIFICATION**

**2021**

**EFFECTIVE October 2021 (BCESP)**

ELDERLY SERVICES PROGRAM

TRANSPORTATION SERVICE

SPECIFICATION

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## 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.
- 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 established from the RFP process and stated in the current provider contract for the "one-way" trip.~~  
The unit rate is the price quoted for the "one-way" trip.
- 2.3 The unit rate must include, but not be limited to, all administrative costs, training and other costs associated with maintaining a fleet of vehicles.
- 2.4 Additional units require prior authorization from Care/Case Management.
- 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 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 3.4 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.
- 3.5 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol, 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.
- 3.6 The Provider must assure that all vehicles are easily identifiable with the Provider's name.
- 3.7 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.

3.9 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
- (d) The time of the pick-up
- (e) The location of the delivery
- (f) The time of the delivery
- (g) The name and signature of the driver
- (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 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 transfers;
    - (ii) Wheelchair lift operation; and
    - (iii) Restraint application
  - (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/>. 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>. A refresher course is required every three years thereafter.

## **5.0 DRIVER REQUIREMENTS**

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

- 5.1 At least two years of verified licensed driving experience; and the driver has the ability to understand written and oral instructions and document services delivered.
- 5.2 A current and valid driver's license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state;
- 5.3 Assurance that drivers:
  - (a) Maintain a safety checklist that includes items listed in Appendix C of this rule that must be completed by the driver prior to transporting client(s).
  - (b) Maintain service logs or trip sheets daily as defined in Section 3.10.
  - (c) Hands-on assistance as outlined in Section 3.8 (a).
- 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 and drug content of the applicant's blood, breath and/or urine.

Note: An applicant/employee with a valid ambulette license or EMT/First responder certification is deemed to meet the requirements in Sections 4.0, 5.0, and the ESP Free Database Reviews and Criminal Records Check rules. The Ohio Medical Transportation Board verifies the above requirements every three years.

## **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

Taillights, 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*

## **Evaluation of the Butler County Elderly Services Program Scripps Gerontology Center, Miami University (August 2021- February 2022)**

### **Introduction**

Butler County has one of the largest locally supported senior levy programs in Ohio. Generating more than \$10 million annually, the program uses a care management administrative structure to provide an array of services to elders of Butler County. Major services include home-delivered meals, transportation, homemaker and personal care. As the older population of the county continues to increase program management must ensure that services are provided in the most efficient and effective manner. This evaluation will examine program operations and outcomes to assess program performance.

### **Evaluation questions**

**Are there program design changes that should be considered in preparation for increasing demand for services that could exceed future revenues?** It is clear that the demand for programs like those offered by ESP is growing, while resources remain flat. At the same time, finding the right workers to provide these services is increasingly problematic. In light of flat or reduced levy income, and increasing numbers of eligible older adults the following questions are important to address:

- a. **What opportunities exist to increase the efficiency and effectiveness of BCESP?**
- b. **Are there any changes to eligibility that should be considered?**
- c. **Should changes be made in cost sharing requirements and procedures that would generate more revenue?**
- d. **What changes are recommended to services or program procedures that allow ESP to adapt to growing workforce shortages?**
- e. **Are there recommendations about how to modify ESP payer of last resort procedures in light of the additional benefits available in some Medicare Advantage Plans?**

### **Study methodology**

The study approach will include two data collection strategies: (1) in-depth interviews and/or focus groups with ESP and COA staff, and interviews with key ESP providers and referral sources, and (2) an analysis of ESP data on such areas as, participant characteristics in the context of program eligibility criteria, characteristics of those participants involved in cost sharing, and care plan costs and types of services used.

**Interviews and focus group data collection--** To examine program operations and areas for potential improvements we will interview ESP and COA staff to get a better understanding of program operations. Interviews will focus on challenges and barriers to success and areas to

improve upon. Ideas for more efficient and effective program operations and strategies to improve the quality of services provided by ESP care managers and providers will be explored. These internal program interviews will be supplemented by data collected from key providers and referral sources.

The internal data collection activities will involve interviews and focus groups with BCESP care managers, care management supervisors, and with senior management. We will also interview key COA staff with management responsibilities for Butler County ESP. (Estimate 10 internal interviews).

External interviews and possibly a focus group will be conducted with major service providers contracting with Butler County ESP and key referral sources. We will use contracting and referral data to select the list of respondents and we estimate 10 key informant interviews will be completed as part of this component of the study.

**Analysis of ESP Information System Data**—The study will rely on the COA/ESP data base to address questions about participant characteristics. These data can be used to address some of the efficiency and effectiveness questions of the evaluation. For example, we can apply ESP eligibility criteria to a review of participant characteristics to assess whether individuals meet the stated eligibility criteria. We can also examine which individuals contribute to the program through the cost sharing option and gain an understanding of the amount, type of services received, and the profile of those participating. An important question that ESP must address is the development of the plan of care. How have these costs changed as a result of the pandemic? Do areas of the county or certain types of participants have higher or lower care plan costs and can we understand why this is the case? Do the data include other indicators of efficiency and effectiveness that should be monitored on an ongoing basis? A comprehensive review of the COA data base will be used to address these questions.

### **Staffing**

The study team includes Bob Applebaum, Leah Janssen, Matt Nelson, and Sydney Shadovitz. Bob, who directs the Ohio Log-Term Care Research Project, will lead the study and have primary responsibility for the final report. Matt Nelson, Research Scholar at Scripps, will be the lead data analyst on the study and will contribute to the final report. Leah Janssen, Scripps Researcher, will serve as project manager and will be the lead in completing the in-depth interviews with internal and external staff and will also be part of the final report team. Sydney Shadovitz, graduate student in gerontology, will assist with the array of interviews conducted in the study.