

AGENDA
HCESP Advisory Council Meeting
 September 23, 2021, at 2:00 pm – 3:30 pm

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m678a437996e7a73c6a6b4a5410353c46>

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CALL TO ORDER / WELCOME	Rose Stertz
APPROVAL OF MINUTES ❖ July 22, 2021, Minutes (Action Needed)	Rose Stertz
QUARTERLY REPORTS ❖ Program Dashboard & Financial Report ❖ Provider Network Report	Ken Wilson & Carl McCullough Jennifer Lake
OLD BUSINESS ❖ Home Health Aide App Update ○ Demo ○ Fiscal Intermediary RFP ❖ Transportation Coordination Updates ○ Service Specification Change (Action Needed)	Ken Wilson Judy Eschmann
NEW BUSINESS ❖ 2020 Impact (Annual) Report ❖ FY 2022 Budget Review (Action Needed) ❖ TLRC Report	Paula Smith Carl McCullough Ken Wilson
HEARING THE PUBLIC	Rose Stertz
ADJOURNMENT	Rose Stertz

NEXT MEETING

December 2, 2021

MINUTES
HCESP ADVISORY COUNCIL MEETING
THURSDAY, JULY 22, 2021 @ 2:00 P.M.

ATTENDANCE

Members Present: Connie Bigony Clarissa Rentz Rose Stertz, Chair Matthew Worth	COA Staff: Carl McCullough Randy Quisenberry Jaimie Robinson Paula Smith	Guests:
Excused: Janice Hunter	Facilitator: Rose Stertz	Scribe: Heather Junker
Absent:		

CALL TO ORDER / INTRODUCTIONS

The July 22, 2021, meeting of the HCESP Advisory Council was called to order by Rose Stertz, Chair at 2:03 p.m.

MISSION MOMENT

Home Health Aide Recognition

Randy presented the Home Health Aide Recognition mission moment. A few years ago, COA developed the service award certificates that are given to home health aides, drivers or any of the program providers who are recognized for providing fantastic service. This evolved into a Hero Award given out for the first time this year at The Forum on Aging. A team was put together and out of all the service excellence awards that were reviewed, they chose the top three individuals. These individuals were presented money and a physical award for their outstanding work in the community serving the older adult population. Heather shared a video highlighting this recognition. Rose asked if this will be done annually. Randy advised that the Hero Award is going to be an annual part of The Forum on Aging. He also added that it's now easier for clients and other individuals to complete a service excellence certificate as they are able to fill these out online via the COA website.

APPROVAL OF MINUTES

Rose Stertz called for a motion to approve the March 25, 2021, Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

Motion: Matthew Worth made the motion to approve the minutes.

Second: Clarissa Rentz seconded the motion.

Action: The minutes were approved unanimously

QUARTERLY REPORTS

Program Dashboard and Financial Report

Jaimie reviewed the Program Dashboard. There was a slight decrease in the census for the first quarter to 5,446 clients. This is related to not enrolling many individuals into the COVID meals program. The reason for disenrollments has altered some as individuals entering a nursing facility has increased quite a bit.

The cost per client has decreased to \$330.63 from \$359.26 the previous quarter. This is again related to the lesser need for COVID meals but could also be a correlation to less home care assistance services being provided. This speaks to the home care aide shortage as the need for home care assistance hasn't lessened, there are just fewer individuals receiving the service. Other services remain stable with growth here and there.

Fast Track Home is doing well and is slowly returning to the baseline before COVID. COA has really expanded its network within the program. As a referral source, TriHealth is a very strong partner as well as skilled nursing facilities. COA has dedicated more staff to the skilled nursing facilities because it was found that individuals discharging to Fast Track Home from the facilities is a successful place to ensure transitional care. The average length of stay is at 55 days which is under the benchmark of 60 days. Home Care Assistance is also down in Fast Track Home. This hurts the program because the idea is to have services start right away and this service does not start right away for most individuals.

The average number of days between the intake call and the assessment is nine days which is under the target of 12 days. There were 1,362 clients in need of a home care assistance provider, 250 of which were not matched, and it took an average of 2.92 referral attempts to secure a provider.

Client satisfaction of provider services overall is good. There is a dip in satisfaction of home care assistance related to scheduling and staffing issues.

Carl reviewed the Financial Report. Looking at the amount of spending from the levy through the first quarter, the program will need about \$22 million dollars from tax levy appropriations. Compared to the budgeted amount of \$25.9 million, the program is \$3.9 million under budget for the year. About \$1.7 million from other funding sources such as CARES Act funding, Title III funding, State Funding, and client copays has also been received this program year.

The total amount of projected expenses at the end of the first quarter is \$23.8 million. Compared to the budget, which is \$27.9 million, the program is under budget by \$4 million.

Looking only at purchase services, the program is projected to spent \$17.4 million in the services listed above. Compared to the budgeted amount of \$20.6 million, the program is under budget by \$3 million.

The trends from the last meeting are still holding. Home Care Assistance is running under budget. There is still an aide shortage, but there has been some improvement. The new providers added from the last RFP are starting to pick up more referrals for clients that need the service.

Matt asked if there was concern that the program is this far under budget. Carl advised that it's difficult to say. With COVID, in-home services dropped, and Adult Day centers closed. Services are starting back up in homes again and with the RFP, there are more people to help provide home care assistance. The hope is that once there are more people in the workforce and services really get going again, the budget

will be where it needs to be. Matt then asked that if assuming 100% of the need is met, would the program still be under budget. Carl thought that if the need was being met 100%, the \$2.3 million under budget in home care assistance would be a factor as that is a big chunk of the variance. Clarissa asked if it can even be determined until a full year of “normalcy” in terms of delivery of services has passed since it’s unclear what the next six months can bring. Randy agreed as there is a large number of individuals who are eligible for home care assistance but aren’t getting it at this time. COA is thrilled to have brought on new providers but there will be a growth curve as these companies will have to grow in order to meet ESP’s needs. Staff that are hired on will most likely be coming from another home health care provider and it is very challenging right now.

Carl added that with this program, there is a snowball effect. If more people can be enrolled in March and are kept on for the whole year, the program will be spending more money than if these individuals were enrolled in October. When you add more people, it’s slow for the spending to start picking up.

Provider Network Report

Randy reviewed the Provider Network Report. COA has received tremendous support from the Emergency Management Agencies to secure PPE for the providers. Various drive-thru events were held for the providers to come pick up PPE with the last event held on March 26th of 2021. More than 100,000 masks and more than 400,000 gloves have been distributed. The goal with this was to keep clients safe by keeping the people that ring their doorbells safe. Randy advised that the State just informed COA that they will be purchasing an inventory of PPE. A survey was sent to the provider network which will be forwarded to the State, who will then send out the PPE in either September or October. The two items needed the most are masks and gloves.

Lincoln Heights Outreach recently opened and contracted with COA to provide Adult Day Services in April of 2021. Active Day has a lack of staffing and has instituted a wait list for clients to attend.

MedaCare transportation remains on a quality action plan and COA meets with them every two weeks. The SASI’s are reviewed every quarter as well as complaints and incidents reported by care management.

The Senior Farmers Market is up and running. Last year COA received \$180,000 in funding and was told the same amount would be awarded this year. However, when Carl received the grant, it was only for \$160,000. There are a lot of big markets involved in Hamilton County. Seniors receive coupons they can redeem at the participating markets for fresh fruits, vegetables, honey and cut herbs.

The Comfort Meal Program continues to be robust. Quatman’s Café in Norwood was added, and they are delivering two days a week. Big Jay’s Place was also added with a Caribbean style cuisine. Since the creation of the Comfort Meal Program in April of 2020, there have been over 68,000 restaurant meals delivered just in Hamilton County alone.

Randy gave an update on home delivered meals. Five Star Catering used to be Derringer. Michael Beck was one of their executives and he left to join Meals on Wheels of Southwestern Ohio and Northern Kentucky. Mike Berger will now serve as the central point of contact at Five Star. COA will monitor and make sure there isn’t a dip in service due to the change. Deupree Meals on Wheels moved across the street from Five Star. CASS and Meals on Wheels merged effective May 1st of 2021. There hasn’t been a

disruption in service. They are currently one of the top five largest meals on wheels companies in the United States.

An RFP was put out for Title III-D Evidence-Based Health Education Wellness Programs. Catholic Charities submitted a proposal and is to be awarded the contract.

After Meeting Update: Catholic Charities was sent a non-award notice as they do not have the infrastructure to administer the program.

COA will issue two RFPs this year: Home Care Assistance which was posted in quarter one and has since been completed, and Minor Home Modifications which is being prepared now and will be posted in August. The RFP evaluations will have four categories: Financial Analysis and Stability, Organization and Capabilities overview, Personnel, Staffing and Training and their Pricing.

Randy shared some service excellence awards.

Provider Quality Report

Randy provided the highlights of the Provider Quality Report. The number of clients served in home care assistance has been consistent the past couple of years. This is not the case in Butler and Warren Counties. The number of clients served in home delivered meals is growing and is up 27% since quarter two of 2019. Independent Living Assistance is also a fast growing service and is up 80% from the last couple of years.

Randy reviewed the number of SASI's that each provider received in quarter one which is a new data point on the report. For the most part, there are some high performing home care agencies. Two providers consistently high in their SASI scores are Hillebrand and Superior Home Care. They don't have as much market share as some of the larger providers, but they do great work. Clarissa asked if the numbers were how many surveys were sent out or if it was the number that came back. Randy informed these are the number of responses that were received. Jaimie added that these surveys are actually completed in the home by the care manager and not sent out to the client. This allows for a very high rate of return and it's rare that a survey is not completed. The care manager asks the client's the questions, and they then add it into the software system.

Home Delivered Meals SASI scores are high across the board.

UTS scores for dependable transportation are low. Randy and his team recently met with the owner and staffing concerns are a factor. The day of the meeting, UTS had seven drivers call off. They've put a strategic plan in place to recruit older and more mature individuals. UTS is having to keep staff in the payroll that they normally wouldn't, and they are having to accept the fact that this workforce isn't as dependable as in prior years. Clarissa commented that it appears only a couple of providers are experiencing this trend downward in their SASI scores. Randy explained that CASS and Maple Knoll are very small and don't do many individual rides versus the other providers.

Five-Year Levy Projections

Carl reviewed the Five-Year Levy Projections. When the levy cycle started, there was a fund carryover balance of \$8.4 million. This is projected to grow to \$23 million. Last year was the exception because

there was a lot of federal money COA was able to take advantage of which meant the program didn't have to spend as much. Provider Services is a slow, steady growth and it's matching up well with the revenue coming in. Other services that receive money from the Elderly Services Program have also been added to the projections as a new data point. Clarissa asked why Visiting Nurses is listed as it's no longer in existence. Carl stated he would have to check on it, but he would assume since those were current figures from the county, that this was a budgeted amount that didn't get updated.

Market Penetration Report

Carl reviewed the Market Penetration Report. The Market Penetration is doing well and is slowly growing. Rose asked if COA had a goal there or if the current numbers are satisfactory. Carl stated it would be nice to get a little bit more, but there are other programs such as MyCare and Passport that have a larger presence in the county providing services to clients and ESP is a payor of last resort.

OLD BUSINESS

Home Care Assistance RFP Results

Randy gave an overview of the Home Care Assistance RFP Results. When an RFP is published, there are three things to accomplish: recruit new providers, revisit service specifications, and reset the pricing. Before the RFP is issued, care management is consulted, and the service specifications are reviewed to help remove any barriers that may keep a provider from applying. Providers are also consulted to see if there is anything about the program that makes it more difficult for them. The RFP was published in February and proposals were due on March 12th. This process was streamlined as providers needed to be up and running as quickly as possible.

COA received 21 proposals, awarded 18 contracts, and seven new providers were added. Proposals came from A Miracle Home Care, Amaramedical, Assisted Care by Blackstone, Dayshare, Helping Hands, Hillebrand, Interim, Nova Home Care, Prime, Quality Care and Superior Home Care. These were all existing providers in the program. The new providers that COA was able to bring on were A Best Home Care, Always There Home Care, Comfort and Care Home Health Agency, Eastern Personnel Services, Friendly Care, LCD Home Health Agency, and Senior Helpers. There will be a growth curve, but an impact has already been made. Comfort and Care has already had 93 referrals since May.

The pricing did go up. It was an average of \$5.39 for 15 minutes. Now it's \$5.56 for 15 minutes. That's an increase of 3.1%. This means an additional \$201,000 for HCA costs this year given that utilization is not increased. If utilization increases, the number will also increase. For 2022, this will go up 5.9% which is an extra \$275,000. In 2023, this will go up 9.3% which is an extra \$557,000.

NEW BUSINESS

Caregiver Respite (Federally Funded)

Jaimie provided an overview of Caregiver Respite. An RN at COA serves all five counties for caregivers who need assistance with being a caregiver. One part of the Caregiver Program that is expanding is the respite element. Typically, caregivers are using Adult Day Services for respite but due to centers closing

and some not re-opening, it's not always an option anymore. COA has gotten creative on how to offer respite in ways not previously done before and that's through short term respite stays at skilled nursing facilities.

Through Title III-E funding, which is normally used for Adult Day Services, these short term stays at nursing facilities are covered. This is something that the Medicaid waiver programs cover but those who are not on a waiver don't have the opportunity and it's an expense that typically most families cannot afford. Due to the fact that these are federal funds, this can be offered to every county aside from Clermont. This program has already started. Mailings were completed to promote this new program and there have been calls with questions. It is hopeful that with this program, COA can employ another RN and continue to grow it.

Jaimie also reviewed the new Benefit Specialist position. ESP is the payor of last resort and COA has done a lot of work to make sure that ESP is not paying for services that other payors will cover. Medicare Advantage Plans are increasing and have been advertising services that ESP has been covering. This position is specialized to isolate people with Medicare Advantage Plans, contact the client and three-way call their insurance provider. They will find out what services the client is eligible for and transition them to their Medicare Plan to cover those services ESP was paying for. These services could include home care assistance, emergency response, home delivered meals and transportation. This process has been in place for about three months now in Hamilton County. This will save levy dollars and ensure ESP is the payor of last resort.

Home Delivered Meals Service Specification Changes

Randy gave a brief overview of the Home Delivered Meals Service Specification changes. There were only subtle verbiage changes, and these do not affect how services are delivered to the client. The specifications were updated to reflect the 2020-2025 Dietary Guidelines. 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. To align with the state, the driver can now attest to the delivery so pen and paper doesn't have to be exchanged with the client.

Motion: Clarissa Rentz made the motion to approve the Home Delivered Meals Service Specification Changes.

Second: Matthew Worth seconded the motion.

Action: The Home Delivered Meals Service Specification Changes were approved unanimously.

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: Clarissa Rentz made the motion to approve the Minor Home Modification Service Specification Changes.

Second: Matthew Worth seconded the motion.

Action: The Minor Home Modification Service Specification Changes were approved unanimously

ESP Name Change

Paula discussed the ESP Name Change request. Some members of the Butler County ESP Advisory Council suggested changing the name of the program because they feel the word “elderly” reflects an ageist view of aging. Looking at the research and trends right now, they are correct. Words like elderly, old, and senior have fallen out of favor in recent years. COA has been making a real effort to not use those words but instead use “older adult”. Changing the name of a program is a serious step especially when the program has been in some counties 20 plus years. ESP is not only a name that older adults might recognize, but it’s also a name that’s recognized from other community members which has a strong emotional impact.

Some of the factors to consider: the program has been in some communities for over 20 plus years, and the phrase “help our elderly” is used when trying to pass tax levies in the counties. While some older adults don’t like the use of these words, they do tug at the heartstrings of people when they’re thinking about voting for an issue. By using the same name for the program across all four counties, this saves costs for printed materials and things like that. To continue these cost savings, a program name change should apply to all counties. There are several levies coming up on the ballot this year and next. There is a two-year break in the levy cycle after 2022 and the recommendation is to wait until that time to look at this issue. Possibly do some focus groups to see what names really resonate with people. The group discussed this and agreed it’s better to revisit once there is a break in the levy cycles.

HEARING THE PUBLIC

No individuals from the public requested to speak.

ADJOURNMENT

There being no further business, Rose called for a motion to adjourn the meeting.

Motion: Clarissa Rentz made a motion to adjourn the meeting.

Second: Matthew Worth seconded the motion.

Action: It was unanimously agreed to adjourn the meeting at 3:24 p.m.

NEXT MEETING

September 23, 2021



**Hamilton County ESP
Program and Financial Report
Quarter 2, 2021 (Apr. - Jun. 2021)**



Hamilton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
EXECUTIVE SUMMARY

Highlighted Findings

1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 2, 2020), census has decreased by 139 clients (from 5,585 to 5,446) or -2.48%.
 - 1. Short-term clients excluded, census increased by 173 (from 5,273 to 5,446) or 3.28%
- B. Compared to last quarter (Quarter 1, 2021), census has decreased by 68 clients (from 5,514 to 5,446) or -1.23%.
 - 1. Short-term clients excluded, census decreased by 67 (from 5,513 to 5,446) or -1.21%
- 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	2020	2021	2021
Quarter	Q3	Q4	Q1	Q2
Short-term Clients Added to Census	316	21	1	0
New Short-term Client Enrollments	45	16	10	0
Disenrolled Short-term Clients	41	311	30	1

2. Fast Track Home Census Trends

- A. Average length of stay remained the same compared to Quarter 1, 2021 (from 55 to 55).
- B. New Enrollments increased by 56 compared to Quarter 1, 2020 (from 174 to 230).
- C. Total clients who transferred to ESP from FTH decreased by 11 clients from Quarter 1, 2021 (from 71 to 60).

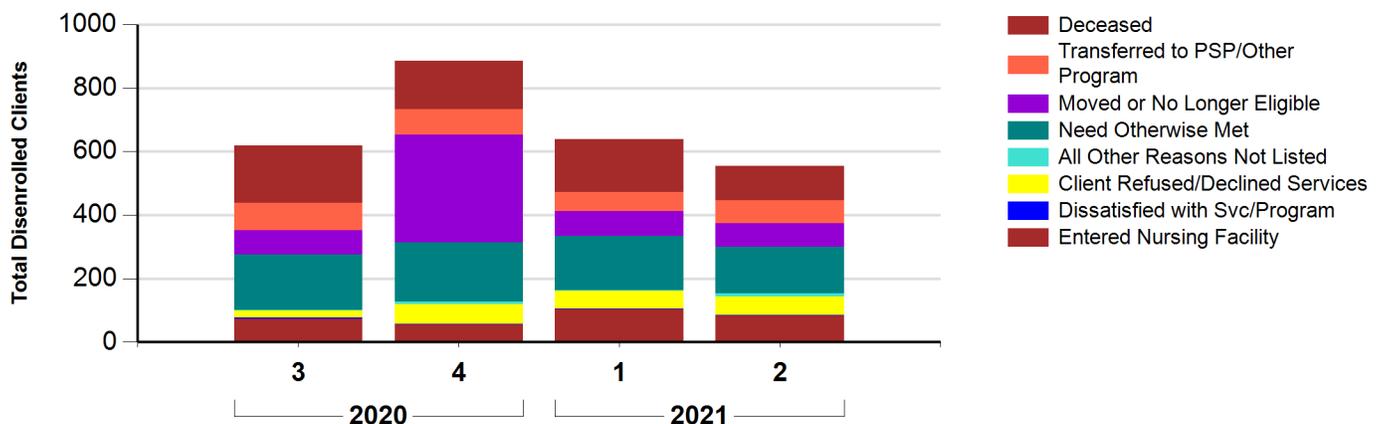
3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$20 million through the second quarter, as compared to the budgeted amount of \$26 million. The variance is under budget by \$5.5 million or 21%.
- B. Total Expenses: The projected expenses incurred through the first quarter is \$23 million as compared to \$28 million in the budget. The variance is under budget by \$5 million or 16%.
- C. Purchase Services: The projected expenses were lower by \$3 million or 16% as compared to budget.

Quarter-End Census by Program				
Year	2020		2021	
Quarter	3	4	1	2
ESP	5,515	5,514	5,446	5,391
FTH	103	98	111	149
Medicaid Programs	3,204	3,260	3,276	3,211
Passport	611	628	658	623
Assisted Living	108	107	110	109
Molina	1,083	1,042	1,025	979
Aetna	1,402	1,483	1,483	1,500

Quarter-End Census, New Enrollments, and Disenrollments ¹				
Year	2020		2021	
Quarter	3	4	1	2
Quarter-End Census	5,515	5,514	5,446	5,391
New Enrollments	726	582	560	498
Disenrollments	619	885	638	555

Disenrollment Outcomes				
Year	2020		2021	
Quarter	3	4	1	2
Deceased	180	153	165	109
Transferred to PSP/Other Program	88	79	61	73
Moved or No Longer Eligible	76	339	78	73
Need Otherwise Met	173	186	171	146
All Other Reasons Not Listed	1	9	2	11
Client Refused/Declined Services	23	62	56	57
Dissatisfied with Svc/Program	4	2	1	3
Entered Nursing Facility	74	55	104	83
Total	619	885	638	555

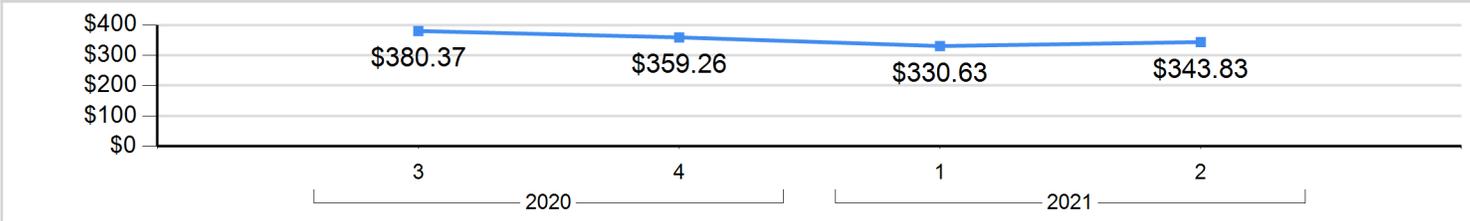


¹ Q3 '20 - Q2 '21 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.



Hamilton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹²

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	208	194	207	208
Electronic Monitoring	3,009	3,025	3,025	3,005
Home Care Assistance	2,647	2,613	2,474	2,477
Home Delivered Meals	3,077	3,095	3,032	2,910
Home Medical Equipment	165	189	191	206
Medical Transportation	651	658	697	659
Non-Medical Transportation	130	150	142	139
Other Services	145	217	199	230
All Services (Unduplicated)	5,455	5,515	5,474	5,421

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

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	17,696	17,490	18,630	20,098
Electronic Monitoring	8,922	9,111	9,068	8,898
Home Care Assistance	84,999	83,475	77,089	80,974
Home Delivered Meals	212,578	221,240	204,361	198,022
Home Medical Equipment	229	254	259	270
Medical Transportation	9,958	9,025	8,559	8,462
Non-Medical Transportation	1,068	1,098	1,226	1,135
Other Services	500	1,503	1,611	2,537

Dollars Paid by Service Group (Purchased Services)¹²

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	\$290,844	\$252,847	\$265,238	\$292,235
Electronic Monitoring	\$181,540	\$186,433	\$187,068	\$184,754
Home Care Assistance	\$1,876,024	\$1,799,920	\$1,652,640	\$1,832,290
Home Delivered Meals	\$1,868,539	\$1,920,506	\$1,456,369	\$1,396,281
Home Medical Equipment	\$56,483	\$77,048	\$61,487	\$66,237
Medical Transportation	\$302,418	\$271,695	\$261,477	\$269,164
Non-Medical Transportation	\$29,965	\$31,412	\$35,041	\$30,666
Other Services	\$116,629	\$220,434	\$245,915	\$263,704
All Services	\$4,692,477	\$4,728,883	\$4,130,194	\$4,335,331

¹ The 14-day meal box service is not included in distinct clients and units billed until November of Quarter 4, 2020.

² Other Services includes adult day facilities, many of which are still closed, while others began limited openings in May of Quarter 2, 2021.



Hamilton County ESP FTH
Quarter 2, 2021 (Apr. - Jun. 2021)
FAST TRACK HOME CENSUS TRENDS

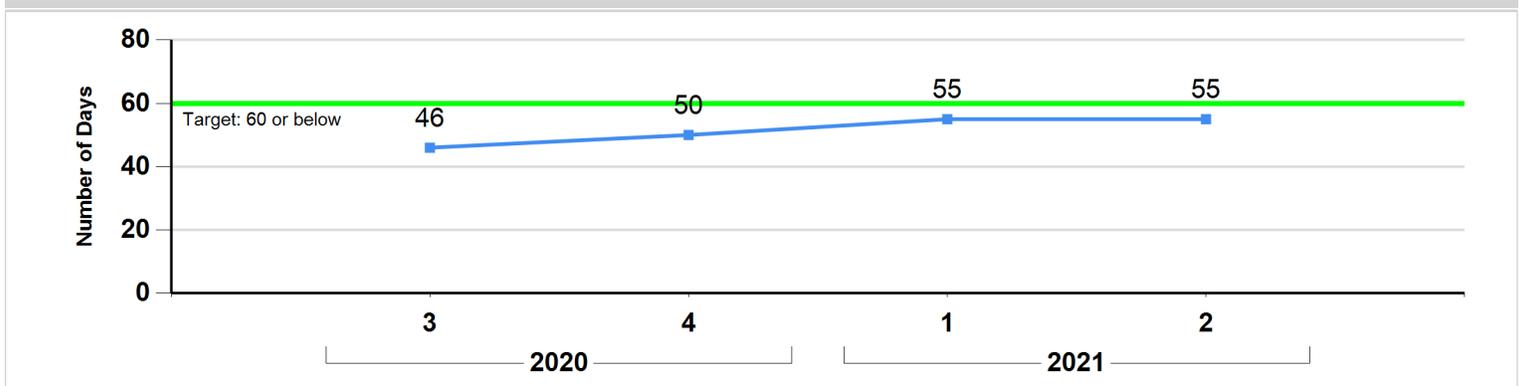
Total Clients Served, New Enrollments, Disenrollments

	2020		2021	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
New Enrollments	216	193	174	230
Disenrollments	225	198	164	190
Clients Transferred to ESP	99	81	73	61
	44.00%	40.91%	44.51%	32.11%

Enrollment by Setting

Enrollment Setting	2020		2021	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Community	0	2	5	7
Mercy Hospital Network	34	31	23	42
The Christ Hospital	20	16	13	20
TriHealth Hospital Network	61	46	43	52
University of Cincinnati Hospital Network	25	15	5	13
Veterans Admin - VA	1	1	0	3
Other Hospital	8	4	3	2
Skilled Nursing Facilities	32	54	40	41
Rehabilitation Facilities	0	0	15	24
Skilled HHC	0	0	3	0
Not Captured	8	3	2	12
Total	189	172	152	216

Average Length of Stay





Hamilton County ESP FTH
Quarter 2, 2021 (Apr. - Jun. 2021)
FAST TRACK HOME SERVICE TRENDS

Distinct Clients Served by Service Group

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	73	57	78	86
Home Care Assistance	99	88	63	93
Home Delivered Meals	142	131	126	150
Home Medical Equipment	71	68	72	104
Home Modification	21	32	26	40
Independent Living	2	1	2	2
Medical Transportation	29	24	21	27
Non-Medical Transportation	0	1	1	1
All Services (Unduplicated)	253	226	217	261

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

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	115	103	126	125
Home Care Assistance	1,115	923	692	869
Home Delivered Meals	4,119	3,996	3,653	4,332
Home Medical Equipment	127	120	127	181
Home Modification	22	33	27	45
Independent Living	3	2	4	2
Medical Transportation	297	183	236	153
Non-Medical Transportation	0	3	2	2

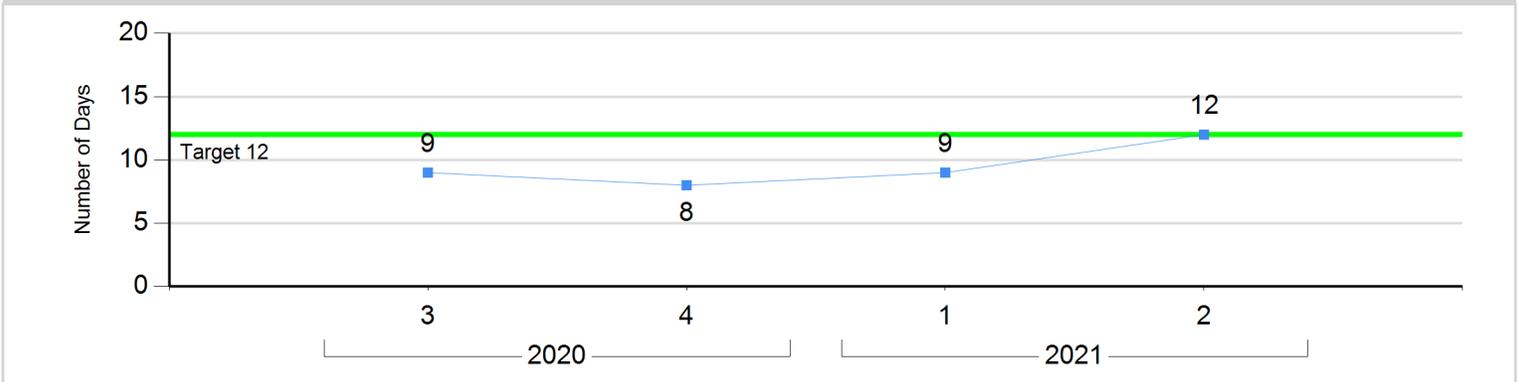
Dollars Paid by Service Group (Purchased Services)

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	\$2,436	\$2,033	\$2,859	\$2,880
Home Care Assistance	\$23,097	\$19,729	\$14,751	\$19,086
Home Delivered Meals	\$28,458	\$29,067	\$26,020	\$30,457
Home Medical Equipment	\$8,638	\$12,227	\$10,508	\$11,768
Home Modification	\$6,600	\$8,850	\$13,745	\$18,614
Independent Living	\$195	\$95	\$221	\$162
Medical Transportation	\$8,130	\$6,578	\$6,737	\$5,559
Non-Medical Transportation	\$0	\$98	\$65	\$104
All Services	\$77,553	\$78,676	\$74,906	\$88,629



Hamilton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
Traditional ESP PERFORMANCE TRENDS

Average Number of Days from Intake Call to the Enrollment Assessment¹



Home Care Provider Network Referrals and Capacity

Year	Quarter	# Clients in Need of HCA	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg. # of Referral Attempts per Client
2020	3	1336	165	12%	2.13
2020	4	1290	193	15%	2.45
2021	1	1362	250	18%	2.92
2021	2	1451	310	21%	3.75

Home Delivered Meals - Client Satisfaction Survey Results

Year	2020		2021	
Quarter	3	4	1	2
Overall Satisfaction	97.73%	97.58%	97.73%	97.76%
Good Choice of Meals Available	93.60%	94.24%	93.40%	93.63%

Medical Transportation - Client Satisfaction Survey Results

Year	2020		2021	
Quarter	3	4	1	2
Overall Satisfaction	96.69%	95.35%	96.13%	93.80%
Service Returns Client Home Promptly	92.86%	90.77%	91.22%	87.38%

Home Care Assistance - Client Satisfaction Survey Results

Year	2020		2021	
Quarter	3	4	1	2
Overall Satisfaction	91.44%	93.09%	91.08%	90.69%
Aide is Dependable	88.55%	91.47%	89.00%	87.42%

¹ Due to the enrollment process changing as a result of the pandemic, the variables associated with this metric have been adjusted as of Q3, 2020.



Hamilton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)

FINANCIALS: based on actual revenue & expenses as of June 30, 2021¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$20,444,282.87	\$25,948,011.75	-\$5,503,728.88	-21.2%
Federal & State Funding				
Title III B - Supportive Services	\$168,397.42	\$252,320.00	-\$83,922.58	-33.3%
Title III C2 - Home Delivered Meals	\$1,711,711.00	\$649,940.00	\$1,061,771.00	163.4%
Title III E - Caregiver Support	\$185,646.06	\$175,893.00	\$9,753.06	5.5%
Alzheimer's	\$19,270.73	\$15,591.00	\$3,679.73	23.6%
Nutrition Services Incentive Program (NSIP)	\$331,990.80	\$383,208.25	-\$51,217.45	-13.4%
Senior Community Services (SCS)	\$150,183.37	\$102,203.00	\$47,980.37	46.9%
Client Contributions				
Client Donations	\$4,905.00	\$2,517.00	\$2,388.00	94.9%
Co-Pays Received	\$366,278.00	\$417,408.00	-\$51,130.00	-12.2%
Total Revenue	\$23,382,665.25	\$27,947,092.00	-\$4,564,426.75	-16.3%
Expenses				
COA Expenses				
Administrative	\$1,431,285.00	\$1,705,691.00	\$274,406.00	16.1%
Intake & Assessment	\$118,316.00	\$242,007.00	\$123,691.00	51.1%
FTH Case Management	\$940,126.00	\$578,466.00	-\$361,660.00	-62.5%
Case Management	\$3,499,888.00	\$4,734,829.00	\$1,234,941.00	26.1%
Program Mgmt Transportation	\$29,380.00	\$102,664.00	\$73,284.00	71.4%
Total COA Expenses	\$6,018,995.00	\$7,363,657.00	\$1,344,662.00	18.3%
Purchased Services				
Home Care Assistance	\$6,931,571.00	\$9,854,466.00	\$2,922,895.00	29.7%
Independent Living	\$137,073.00	\$41,514.00	-\$95,559.00	-230.2%
Minor Home Modifications	\$336,862.25	\$366,894.00	\$30,031.75	8.2%
Pest Control	\$95,042.00	\$21,228.75	-\$73,813.25	-347.7%
Major House Cleaning	\$76,389.00	\$63,686.25	-\$12,702.75	-19.9%
Home Medical Equipment	\$253,299.00	\$166,796.00	-\$86,503.00	-51.9%
Emergency Response Systems	\$754,250.00	\$797,418.00	\$43,168.00	5.4%
Home Delivered Meals	\$5,907,317.00	\$5,016,541.00	-\$890,776.00	-17.8%
Adult Day Service	\$456,121.00	\$758,475.00	\$302,354.00	39.9%
Adult Day Transportation	\$85,502.00	\$136,124.00	\$50,622.00	37.2%
Medical Transportation	\$1,068,311.00	\$1,597,270.00	\$528,959.00	33.1%
Non-Medical Transportation	\$131,459.00	\$208,731.00	\$77,272.00	37.0%
Consumer Directed Care	\$1,130,474.00	\$1,554,291.00	\$423,817.00	27.3%
Gross Purchased Services	\$17,363,670.25	\$20,583,435.00	\$3,219,764.75	15.6%
Gross Program Expenses	\$23,382,665.25	\$27,947,092.00	\$4,564,426.75	16.3%
Client Census	5,818*	5,941	123	2.1%
Cost of Services per Client	\$255.47	\$290.26	\$34.79	12.0%

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

* Projected year-end census.

1. Census Trends

- A. Quarter-End Census by Program is a client count based on a one-day snapshot of clients with a status of 'Enrolled' or 'Suspended' on the last day of the quarter. It is used as an approximation of how many clients are being served on any given day.
1. The Service Trends section shows the client count based on billing data. This shows the number of clients whom services were delivered and invoiced. Given these differences, the quarter-end census and the client count for all services will not match.
- B. New Enrollments are calculated by taking the total number of clients who have an enrollment date during the quarter and an approved care plan.
- C. Disenrollment Outcomes
1. All Other Reasons Not Listed includes: Dissatisfied with Service/Program, Refused Cost, Share/Verification, Refused or Declined Service, Eviction, Health/Safety, and Unable to Meet Client Need.
 2. Client Non-Compliant includes: Declined Call/Visit, Delinquent Balance, Refused, Transfer to Passport/Other Program and Unable to Contact.
 3. Adding the difference between *New Enrollments* and *Disenrollments* in a given quarter to the previous *Quarter-end Census* may result in a discrepancy due to the timing of census reporting and back dating client enrollments and disenrollments.

2. Service Trends

- A. Average Monthly Cost per Client is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.
- B. Clients Served by Service Group is based on billing data. These numbers represent the unduplicated client counts within each service group and overall. The All Services client count will not equal the sum of the service group subtotals because many clients receive more than one service.
- C. Home Care includes homemaking, personal care, companion, and respite services.
- D. Other Services includes Environmental Services 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 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.

Hamilton 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

The following adult day centers are open in Hamilton County: Active Day, Bayley, and Lincoln Heights Outreach. Active Day continues to have a waiting list due to staffing shortages.

Northwest ADS is working to re-open; however, Day Share and Senior Deserved Day remain closed at this time.

Transportation

Meda Care Transportation remains on a quality action plan. SASI scores showed improvement in quarter one of 2021; however, dipped slightly in quarter two. It should be noted that a considerable decline in complaints and incidents have been received in quarter two and the agency has been aggressively hiring new drivers due to turnover.

Senior Farmers Market Nutrition Program

22 farm markets or farmers are participating in the 2021 program year. Findlay Market, Lettuce Eat Well Farmers Market, Madeira Farmers Market, Montgomery Farmers Market, Northside Farmers Market and Reading Farmers Markets in Hamilton County are accepting coupons. There are 1010 seniors from Hamilton County participating in the coupon program. 4 senior housing buildings are participating in Produce delivery: St Pius, St. Francis, Cambridge Arms, Hillcrest. 168 seniors are receiving produce delivery from CSA farm. Total participant count exceeds 2000, up from 1105 last year. Community Outreach: Provider Network, Social Media, 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.

Meal Programs

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 Hamilton County: LaRosa's, Taste of Belgium, Frisch's, Personal Chef Anthony Jordan, C and M BBQ Grill, Neal's Famous BBQ, Quatman's Café, and Big Jay's Place.

Since the creation of the Comfort Meal program in April of 2020, 76,480 restaurant meals have been delivered to Hamilton County seniors through August 2021.

Structural Compliance Reviews (SCRs)

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 Schedule

Home Care Assistance – posted in Quarter One

Minor Home Modifications – proposed to be posted Quarter Three

Fiscal Intermediary for Consumer Directed Care – proposed for quarter four

**TRANSPORTATION COORDINATION
SERVICE SPECIFICATIONS
2021**

EFFECTIVE JANUARY 01, 2021

TRANSPORTATION COORDINATION
SERVICE SPECIFICATIONS
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1.0 Objective

Centralize the coordination of transportation services across multiple providers and funding sources, ensuring clients receive the right type of vehicle, at the right time. Rides can be scheduled in advance or the day of, thereby offering same day transportation. The Transportation Coordinator (**home52 Transportation**) will dispatch the vehicle in the proximity closest to the client that also meets the needs of the client (i.e., hands on assistance, bariatric lift, wheelchair accessible, etc.). For rides scheduled in advance, the coordinator will optimize routes to eliminate empty vehicles between drop-offs and pick-ups. Central coordination of transportation will result in:

- Improved customer satisfaction as wait times will be shorter, scheduling will be easier, and vehicles will be available when clients need them.
- Lower transportation costs will be achieved through route optimization and economies of scale as the program expands to serve a number of funding sources.

The primary components of the proposed system involve:

- A robust technology solution that will support centralized logistics required to optimize routes, provide real-time tracking of vehicles for on-demand dispatching, and collect data for analysis and reporting. (See specifications that follow.)
- ~~And~~ an advanced call center to handle the scheduling ~~and on-demand~~ coordination of transportation.
- A high-quality network of providers.
- Client education, training, and satisfaction data collection.

2.0 Definitions

2.1 Transportation Coordination (Transportation Coordinator): Refers to all services outlined in this specification, including ride scheduling and dispatching, complaint and incident follow-up and resolution, provider payment and claims adjudication, and reporting.

2.2 Transportation Provider: Provider contracted by the transportation coordinator to perform the actual service. The transportation coordinator will not provide direct transportation services.

2.3 Unit of Service: Transportation coordination for HCESP clients is paid on a ~~per member per month basis, based on a point in time census taken on the day of each~~ **cost reimbursement** monthly. ~~The use of a per member per month calculation increases the cost predictability while removing any conflict of interest in the authorizations of trips provided.~~ Rates for new business partners will be established based on a variety of factors/options.

3.0 Transportation Coordination Provider Requirements

3.1 Transportation coordinator must provide the following services:

- 3.1.1 Transportation scheduling and dispatching.
- 3.1.2 Transportation provider procurement and quality management.
- 3.1.3 Transportation provider payment.

- 3.1.4 Complaint resolution
- 3.1.5 Incident investigation and resolution
- 3.2 Transportation coordinator is required to follow all federal, state, and local laws, including HIPAA/HITECH and Title VI.
- 3.3 Transportation coordinator must be a U.S.-based company.
- 3.4 Transportation coordinator will follow the COA conditions of participation and ensure transportation providers contracted to provide transportation services follow conditions of participation approved by COA.
- 3.5 Transportation Coordinator must document and maintain a record of each service-related client contact to include
 - 3.5.1 Each service delivered
 - 3.5.2 Date of contact
 - 3.5.3 Type of contact
 - 3.5.4 Name(s) of person(s) having contact with the client
 - 3.5.5 And make records available for review during the period of time indicated in COA's record retention policy.
- 3.6 The Provider must maintain documentation for each episode of service delivery that includes
 - 3.6.1 A description of the service provided
 - 3.6.2 The date and time of client's pick-up and delivery/destination
 - 3.6.3 The name and signature of the driver
 - 3.6.4 Name and signature of the client to whom transportation services were provided.

4.0 Required Service Level Agreements (SLAs)

- 4.1 Call Center SLAs: (Note: the performance standards described below are intended for 2021, the first year of implementation. Performance expectations will increase in 2022.)
 - 4.1.1 Call center must be open and staffed 8AM to 4:30PM, Monday through Friday, with the exception of major holidays.
 - 4.1.2 Call wait times will not exceed ~~120~~ 180 seconds on average.
 - 4.1.3 Call abandonment rates will not exceed ~~5%~~ 10% on average in 2021 and be reduced to 5% in 2022.
 - 4.1.4 Voicemail and email must be responded to within one business day.
 - 4.1.5 Client satisfaction rates for scheduling will average 95% or higher.
- 4.2 Transportation SLAs
 - 4.2.1 Transportation Coordinator will ensure the provider network meets the following minimum requirements:
 - 4.2.1.1 Provider no show (includes failure to wait) rates will be less than 10% in 2021 and will be less than 5% in 2022.
 - 4.2.1.2 Provider on time rates will be greater than 90% in 2021 and greater than 95% in 2022.

- 4.2.1.3 Providers will wait 15 minutes for a client to arrive and will contact dispatch center before leaving the area.
- 4.2.1.4 Providers will offer hands on assistance, **door-to-door &/or through-the-door** and with equipment for all passengers.
- 4.2.1.5 Client satisfaction rates for the transportation will average **90% in 2021 and 95% or higher in 2022.**
- 4.2.2 Transportation Coordinator will address complaints within 24 hours and resolved within 30 calendar days.

5.0 Staffing and Training

5.1 Call Center and Dispatching Staff

- ~~5.1.1 Must have a minimum of 5 years of experience in transportation scheduling and dispatching.~~ **Required: High School degree or equivalent with some call center, transportation or logistics education or experience.**
- 5.1.2 **Preferred: Associates Degree or higher in Transportation, Logistics, or Human Services with minimum 2 years of scheduling and/or dispatching experience preferred; or equivalent combination of education and experience.**
- 5.1.3 **Experience and understanding of issues related to the elderly and disabled populations.**
- 5.1.4 **Excellent customer service skills.**
- ~~5.1.5 Must have a minimum of 5 years customer service or call center experience.~~

5.2 All transportation coordination staff must have the following annual trainings:

- 5.2.1 Customer service training;
- 5.2.2 Aging sensitivity;
- 5.2.3 Diversity training;
- 5.2.4 An overview of diseases and functional factors commonly affecting older adults;
- 5.2.5 Environmental considerations affecting passengers;
- 5.2.6 Emergency procedures.
- 5.2.7 HIPAA privacy and security training
- 5.2.8 Title VI complaint resolution training
- 5.2.9 Overview of COA Clients (to be created)

6.0 Policies and Procedures

Transportation Coordinator is responsible for developing a comprehensive policy and procedure manual. The manual is subject to approval by Council on Aging. The manual must include procedures for the following:

- 6.1 Scheduling procedures to include scheduled rides and on demand (day of) rides;
- 6.2 Dispatching and vehicle routing to ensure the closest ride to the passenger that meets the needs of the passenger is dispatched.
- 6.3 No show procedures for clients and providers

- 6.4 Alert procedures
- 6.5 Incident management and reporting
- 6.6 Complaint investigation, resolution, and reporting
- 6.7 Provider Billing
- 6.8 Reporting
- 6.9 Transportation quality management
- 6.10 Transportation coordination quality management
- 6.11 HIPAA Privacy and Security
- 6.12 Complaint reporting, investigation and resolution process that meets the requirements of Title VI.
- 6.13 Disaster preparedness and back-up plans and procedures.

7.0 Technology Requirements

Transportation coordinator must supply their own transportation routing, dispatching, scheduling and communication system. The system must meet these minimum requirements:

- 7.1 GPS vehicle tracking
 - 7.1.1 Location of vehicle
 - ~~7.1.2 Real time feedback or alerts on driving practices (speed, braking, etc.)~~
 - 7.1.3 Traffic conditions (jams, road closures)
- 7.2 Route optimization for both rides (to the appointment and home after the appointment is finished) scheduled in advance and those scheduled on demand. (must have) Example: If Clients A and B live next to each other, the route is optimized such that as A is being dropped off, B is picked up by the same vehicle. The best vehicle can be dispatched with minimal wait time at the end of the appointment for Client A and B. If a same day ride is needed, the closest vehicle that meets the client needs is dispatched.
- 7.3 Three-way communication
 - 7.3.1 COA, provider and client/caregiver are connected and can communicate with one another. Examples:
 - 7.3.1.1 COA can request a vehicle, driver can accept.
 - 7.3.1.2 COA can inform client who is coming to drive them, expected pick up time, vehicle description, etc.
- 7.4 Access to data – download to datastore or system reports that allow detailed exports to CSV preferably or Excel (must have).
- 7.5 HIPAA compliant
- 7.6 Ability to handle multiple providers
- 7.7 Ability to handle multiple payers
- 7.8 Real-time alerts. Examples:
 - 7.8.1 Client no shows and clients who've taken one-way trips but not returned home;
 - 7.8.2 Rides that are delayed (i.e., stuck in traffic).
 - 7.8.3 Ride requests that have not been accepted.

- 7.9 Tracking for billing purposes. Verification that the ride took place. Verification that the ride was authorized. Ability to handle fixed and variable contracted rates.
- ~~7.10~~ Ability to handle multiple types of vehicles and hands on assistance needs (must have). (i.e., ability to make sure the right type of vehicle with the right assistance shows up). Types of vehicles include wheelchair accessible, bariatric lifts.
- 7.10.1 Client receives information on vehicle ~~brand, type, color as well as driver name~~ in confirmation text or on ride app screen
 - 7.10.2 Clients need to know Wheelchair Accessibility of vehicle (ride-in entry vs. foldable only)
 - 7.10.3 Providers need to know if client requires Wheelchair Accessibility of vehicle (ride-in entry vs. foldable only)
 - 7.10.4 Client can request space in the vehicle for a companion. The companion would only be allowable for clients which service plan allows for the accommodation.
- 7.11 Connection to Council on Aging's care management system and financial management system
- 7.11.1 Connected to care management system so coordinator and provider know what transportation services are authorized and the amount.
 - 7.11.2 Avoid double entry
 - 7.11.3 Billing feed into the financial management system to allow for rapid provider payment.
 - 7.11.4 Real-Time Ride Tracking: System supports client and caregiver empowerment. For example, clients and caregivers can schedule online, via app, or by phone. **The online and App options will be phased in.**

8.0 Audits and Conditions of Participation

All providers are expected to adhere to COA's conditions of participations and are required to cooperate with any COA initiated audits. Audits are performed as part of a readiness assessment prior to services being provider and on a regular schedule following the execution of the contract. Providers will be audited no less then annually.

Welcome

The pandemic left its mark on all of us during 2020, but especially on older adults who were more likely to be hospitalized or die from COVID-19. Rightfully, many were afraid to leave their homes for much of the year, making the Hamilton County Elderly Services Program (ESP), and its partner organizations, an essential part of our county's response to the pandemic. ESP was a lifeline for older adults, providing food, masks, supplies and other support. For example, Hamilton County older adults received nearly 12,000 emergency food boxes (each containing a 14-day supply of food) during the pandemic.



The pandemic brought into sharp focus the enormous need for supportive services to help keep our growing older adult population safe and independent at home. ESP provides those services – meals, transportation, homemaking assistance, electronic monitoring devices, caregiver respite and more. It was especially evident here in Hamilton County in 2020, as the number of ESP enrollees increased by 18 percent over 2019.

In 2020, eligible low-income older adults in our county could for the first time receive \$50 worth of fresh produce from local farmers' markets through the USDA Senior Farmers' Market Nutrition Program. Council on Aging – ESP's administrator – worked with the Ohio Department of Aging and community leaders to launch the program. Despite the pandemic, more than 1,100 older adults in our area participated.

This report illustrates how integral ESP is to the well-being of not only older adults and their caregivers, but of our entire community. We have a lot to share with you this year – more than will fit within this paper report. I hope you will also scan the QR code to read more about our successes during such a challenging year.

Sincerely,
Rose Stertz
Chair, Hamilton County Elderly Services Program Advisory Council

ESP Is a Community Partnership



Hamilton County Commissioners
Stephanie Summerow Dumas, President; Alicia Reece, Vice President; Denise Driehaus



Hamilton County Elderly Services Program Advisory Council
Rose Stertz, Chair; Matthew Worth, Vice Chair; Connie Bigony; Janice Hunter; Clarissa Rentz



Administered by Council on Aging
4601 Malsbary Road, Blue Ash, OH 45242
(513) 721-1025, (800) 252-0155, www.help4seniors.org

What Is ESP?

The Elderly Services Program (ESP) helps eligible county residents age 60 and older to remain safe and independent in their homes by providing help with certain activities of daily living (bathing, cleaning, cooking, transportation and more), filling gaps in care that may already be provided by family caregivers.

ESP offers flexible care to meet clients' changing needs. Eligibility and care needs are determined by an in-home assessment and a professional care manager coordinates and monitors clients' care. Income is not an eligibility factor for ESP, but some clients have a co-payment based on their income and assets.

The program is operated by Council on Aging (COA) via a contract with Hamilton County Commissioners, who appoint a board to advise on program needs and policies. Provider agencies deliver ESP services via competitive contracts with COA. Clients, caregivers and taxpayers round out the partnership. ESP is a compassionate and cost-effective alternative to nursing home care.

COST TO TAXPAYERS: \$275 Monthly costs for ESP services **VS** \$6,000+ Monthly costs for nursing home care

What Is COA's Role?

As the program's operator, COA provides: eligibility assessments; care management; program development; provider management; data analytics; financial services; information technology; quality improvement and community engagement. As a state-designated Area Agency on Aging, COA provided these additional services to county residents in 2020:



49,574

requests for information and referral fulfilled



1,031

individuals in Hamilton County were provided support to transition from one care setting to another



\$1.95 million

in Title III funding allocated to local organizations for congregate meals, legal assistance, wellness education, caregiver support, transportation and other supportive services



5,396

Hamilton County residents received home- and community-based services through Medicaid-funded programs

HAMILTON COUNTY

Elderly Services Program

ANNUAL REPORT

2020



Client Stats

Hamilton County ESP clients are caught in the middle: with income too high to qualify for Medicaid, but too low to pay for private in-home care. They need help with basic activities like personal care and transportation. Between raising a family and going to work, family members help as much as they can, but ESP fills in gaps in care so our older neighbors and loved ones can continue to live independently in their homes and communities. ESP is a program that benefits our entire community.

2020

9,159

CLIENTS SERVED



67%
FEMALE

33%
MALE



58%
LIVE ALONE

74%
AGE 70+



628 DAYS
AVERAGE TIME ON PROGRAM



\$286/mo
OUT-OF-POCKET MEDICAL EXPENSES

\$1,861
MEAN MONTHLY INCOME

38%
MINORITIES

Success Stories

FastTrack Home supports older adults and caregivers during pandemic

During the COVID-19 pandemic, when nursing facilities were hot spots for outbreaks and even deaths, an innovative Council on Aging (COA) program helped area hospitals divert more than 1,800 older adults away from care facilities, to instead receive support in their homes. The program, FastTrack Home, has been available in Hamilton and Clinton counties since 2017 and expanded to Warren County in 2020.



FastTrack Home provides temporary in-home care services (transportation, meals, personal care and homemaking services) before an older adult goes home from the hospital. While other COA programs require an in-home assessment and focus on meeting long-term needs, FastTrack Home assessments are completed at the hospital bedside and are designed to meet short-term, acute needs – while recovering from an illness, injury or procedure. This distinction is key because older adults have an increased risk of illness and injury in the 30 days following hospital discharge.

COA partners with local restaurants on pandemic comfort meal program

During the pandemic, COA has partnered with many area restaurants, including minority-owned businesses, to provide special meals to area low-income older adults. In Hamilton County, partners have included major area restaurant chains, a personal chef who uses a Northside community kitchen to prepare health-conscious meals, and everything in between.



When Ohio Governor Mike DeWine issued stay-at-home orders in March 2020, COA began hearing from older adults who were afraid to go out for groceries and other necessities. Others found themselves without their regular support network. Many who contacted COA had never before needed help.

“We learned from past emergency situations that food quickly becomes an urgent need for older adults,” said COA CEO, Suzanne Burke. “We didn’t want supply chain or staffing issues to interfere with our ability to provide meals to older adults, and we knew they might be asked to shelter-in-place for quite a while.”

Farmers’ market program treats low-income older adults to fresh produce

In 2020, low-income older adults in southwestern Ohio were able to participate in the United States Department of Agriculture Senior Farmers’ Market Nutrition Program. More than 1,100 older adults in Council on Aging’s (COA) five-county service area participated in the program – 792 in Hamilton County – which provides fresh, nutritious, unprepared locally grown fruits, vegetables, herbs and honey through farmers markets, roadside stands and community supported agriculture (CSA) farmers.



COA’s Nutrition Business Relations Partner, Jennifer Lake, worked with community members, area farmers and the Ohio Department of Aging to secure a \$180,000 grant from Ohio’s General Revenue Fund to bring the program to the area.

In June, those who applied and qualified began to receive \$50 worth of coupons to redeem through the end of October at participating markets.

To read these full success stories and more, scan the code with your mobile device or visit www.help4seniors.org/HCESP2020



Hamilton County ESP services are funded by a special tax levy. ESP does not supplant care provided by families but rather secures the necessary additional care the family is unable to provide. ESP expects families to take responsibility to care for family members to the fullest extent possible. ESP does not discriminate on the basis of age, gender, race, color, religion (creed), sexual orientation, gender expression or identity, national or ethnic origin (ancestry), marital status, or disability.

Expenses and Revenue

How tax dollars are spent

ESP would not exist without the generous support of voters. A county tax levy in place since 1996 provides 88 percent of ESP’s funding. The most recent tax levy was approved by 72 percent of voters in 2017. The 1.6-mill levy costs property owners \$40.25 per \$100,000 of property valuation annually. COA’s goal is to ensure the highest quality services at the lowest cost in order to serve as many people as possible with the tax dollars available.

As the Area Agency on Aging for Southwestern Ohio, including Hamilton County, COA leverages state and federal funding to cover 10 percent of ESP expenses. Additional funding comes from voluntary client donations and client co-payments (33 percent of clients make a co-payment based on their income*).

Revenue

Federal and State (via Council on Aging)	\$2,406,943
Client Donations and Co-payments	\$418,494
Hamilton County Elderly Services Levy	\$21,320,468
TOTAL REVENUE	\$24,145,905

Expenses

SERVICE**	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	7,608	59,048 months	\$3,865,873
Home-Delivered Meals	5,023	1,077,203 meals	\$7,021,757
Home Care Assistance	4,027	330,530 hours	\$6,981,173
Electronic Monitoring System	3,809	35,352 months	\$722,740
Medical Transportation	1,163	36,983 one-way trips	\$1,095,389
FastTrack Home Care Management	915	1,229 months	\$759,325
Home Medical Equipment	849	1,369 items	\$240,294
Minor Home Repairs	333	377 repairs	\$296,008
Consumer-Directed Care	289	74,391 months	\$1,128,478
Non-Medical Transportation	277	4,332 one-way trips	\$123,791
Independent Living Assistance***	138	1,644 hours	\$121,763
Adult Day Services	104	3,450 days	\$164,002
Adult Day Transportation	52	2,098 miles	\$32,720
Environmental Services****	13	15 jobs	\$67,541
Intake and Assessment	N/A	N/A	\$124,332
Administration	N/A	N/A	\$1,400,717
TOTAL EXPENSES			\$24,145,905

Additional Expenses

Hamilton County Commissioners distributed funds from the senior services levy to the following services and organizations: patient navigation, \$138,125; senior homeless medical care, \$184,517; Hamilton County Job and Family Services Adult Protective Unit, \$391,574; Hamilton County Veterans Service Commission, \$250,000.

*When calculating the percent of clients who have a copayment, individuals who receive only home-delivered meals are excluded because Federal requirements prohibit charging a copayment for this service. The percent of clients with a copayment is higher in 2020 because more individuals received home-delivered meals as their only service due to the pandemic.

**Services listed in order of clients served.

***Help with benefit applications and organizing personal and household records.

****Pest control, major housekeeping and waste removal.

Draft Budget Highlights
For the Hamilton County Elderly Services Program
For the Program Year January 1, 2022 – December 31, 2022

Client Census:

- Program year 2021 – is projected to end the program year with 5,829 (Fast Track 142 Clients and Traditional ESP 5,687). This represents a net growth of 147 clients (or 2.5%) for the year.
- Program year 2022 – is projected to increase to 6,120. This is an increase of 291 clients (5%). This projection is based on population growth at a 34.3% market penetration rate.

Tax Levy Revenue:

- The amount of Tax levy money needed in 2022 is \$24.8 million, which is an increase of \$4.4 million or 21.3% when compared to the 2021 projected spending.

Client Co-payment:

- Are projected to be \$431,971 in 2022, which is an increase from the current amount of \$366,454 for 2021 projected spending.

Client Donations:

- Donations are collected for home delivered meals. Donations are projected to be \$5,424 in 2022. This is an increase of \$519 from 2021.

Title III and State Funding:

- Traditional Title III and Alzheimer's funding as compared to budget is expected to go back to original award amounts. We did not include any additional funding. We have not received any information from the State about when or how much COVID money might be coming.

Provider Services:

- The budget for provider services assumes no change to the current service package. We are projecting a growth of 14% in this category (which includes 5% contingency) when compared to current spending projections. Contracted service rates are increasing as a result of recent competitive bidding.

Intake & Assessment:

- Spending is projected to grow to \$127,958 in 2022, which is an increase of \$9,642 (8%) from 2021 projected spending. The budget includes 5% contingency.

Transportation Coordination:

- This is a new program which will use on-demand transportation for seniors. The team will be coordinating all of the transportation in Hamilton County. The budget includes 5% contingency.

Case Management:

- Budget amount reflects the staffing needs based on the number of clients in the program. The budget includes 5% contingency.

COA Administration:

- Budget amount is based on a 6.5% rate in our contract with Hamilton County. It is based on 6.5% of the combined services of intake, case management, and provider services.

**Hamilton County Elderly Services Program
Draft Budget
January 1, 2022 - December 31, 2022**

				<u>% Change</u>	
	<u>2022 Proposed Budget</u>	<u>2021 Budget</u>	<u>2021 Projected</u>	<u>2022 Budget to 2021 Projected</u>	<u>2022 Budget to 2021 Budget</u>
Revenue					
Hamilton County Levy					
Levy Appropriations	\$ 24,864,221	\$ 25,948,012	\$ 20,448,045	21.6%	-4.2%
Total County Levy Funding	<u>24,864,221</u>	<u>25,948,012</u>	<u>20,448,045</u>	<u>21.6%</u>	<u>-4.2%</u>
Client Co-Payment	431,971	417,408	366,454	17.9%	3.5%
Client Donations	5,424	2,517	4,905	10.6%	115.5%
Title III and State Funding	1,211,368	1,579,155	2,567,199	-52.8%	-23.3%
Total Revenue	<u>\$ 26,512,984</u>	<u>\$ 27,947,092</u>	<u>\$ 23,386,603</u>	<u>13.4%</u>	<u>-5.1%</u>
Expenses					
Client Services					
Intake & Assessment	\$ 127,958	\$ 242,007	\$ 118,316	8.1%	-47.1%
Transportation Coordination	\$ 155,504	\$ 102,664	\$ 27,791	459.5%	51.5%
FTH Case Management	\$ 1,016,747	\$ 578,466	\$ 940,126	8.2%	75.8%
Care Management	\$ 3,785,129	\$ 4,734,829	3,499,888	8.2%	-20.1%
Provider Services	\$ 19,809,483	\$ 20,583,435	17,373,131	14.0%	-3.8%
Total Client Services	<u>24,894,821</u>	<u>26,241,401</u>	<u>21,959,252</u>	<u>13.4%</u>	<u>-5.1%</u>
COA Administration	<u>1,618,163</u>	<u>1,705,691</u>	<u>1,427,351</u>	<u>13.4%</u>	<u>-5.1%</u>
Total Expenses	<u>\$ 26,512,984</u>	<u>\$ 27,947,092</u>	<u>\$ 23,386,603</u>	<u>13.4%</u>	<u>-5.1%</u>

**Average Daily Census for 2022 is projected to increase by 5% from 2021 year end Projections
A 5% contingency is added to account for deviations in client enrollment and cost assumptions.**

HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE
138 EAST COURT STREET, ROOM 603
CINCINNATI, OHIO 45202

May 26, 2021

HAMILTON COUNTY BOARD OF COMMISSIONERS

Hon. Stephanie Summerow Dumas, President

Hon. Alicia Reece, Vice President

Hon. Denise Driehaus

Re:

Mid-point review of the Indigent Care Levy

Mid-point review of the Mental Health and Rehabilitation Service Levy

Mid-point review of the Senior Services Levy

Dear Commissioners:

Attached are the subcommittee's mid-cycle reports on the Indigent Care, Mental Health and Senior Services levies. The mid-point reviews provide a status update to the Commissioners on each of the levies as well as an opportunity to inform the Commissioners of any upcoming issues in advance of the upcoming levy cycle. These three levies were approved by voters in November 2017 and will be up for review again in 2022.

First I want to thank the commissioners for the appointment of the current members and the two new members who are now service on the TLRC board. All members continue to be good stewards serving the TLRC mission to "create a balance between the needs for funding the various levy agencies on the one hand and the tax burden on the home and business owners in the other hand."

Lisa Webb and the county staff have been so resourceful to the committee in spite of the pandemic crises we are in. They have shown outstanding leadership to the TLRC committee during this challenging time. There are not enough words to describe what an asset Lisa has been juggling multiple balls to organize all the various virtual meetings to insure we are able to meet with various agencies, community

groups and our consultants. Her patience, her professional demeanor, her ability to work with diverse groups, her knowledge, and her ability to dive deep into data is impeccable.

The TLRC subcommittees were assigned in October 2020 and work with agencies began shortly thereafter. Like many organizations, we have learned how to continue being effective during this pandemic with many virtual meetings occurring in the early mornings, late evenings and weekends. The subcommittee members scheduled virtual meeting with their agencies, held public TLRC Meetings virtually, and held productive discussion with all their constituents with the information and data the members obtained they have been able to prepare a report that is succinct and comprehensive report for the Commissioners. The Indigent Care Levy was chaired by Robert Furnier and included Jeanette Hargreaves and Gwen McFarlin, the Mental Health Levy was chaired by Edward B Herzig and included Jenny O'Donnell and Bishop Ennis Tait; the Senior Services Levy was chaired by Mark Quarry and included Christie Kuhns and John Silverman. All committee member continue to be diligent in their responsibilities and reflect the professionalism expected in their roles as committee members.

Each of the mid-cycle sub-committee reports were reviewed and recommended by the TLRC board to be presented to the Commissioners.

Indigent Care Levy Mid-Point Review

This levy has funded, or will fund, health a hospitalization services to the indigent population of Hamilton County through University of Cincinnati Medical Center (UCMC) and Children's Hospital Medical Center (CCHMC) along with eight other organizations. This levy initially supported one hospital, University of Cincinnati Medical Center, then known as Cincinnati General Hospital. Then in 1976 began supporting CCHMC.

The subcommittee has held multiple virtual meetings including meetings with representatives from each of the hospitals and eight additional organizations receiving funding. As a result of these meetings the subcommittee has made the following recommendations:

1. The organizations have complied with the current levy agreements. Not only did the sub-committee find no waste of levy funds but service providers appear to be doing more with less dollars.
2. The sub-committee is recommending that the Commissioner's may need to study what if any impact that the stability of The Affordable Care Act (ACA) may have on any present unmet health care needs of the levy's target population.
3. The Commissioners may also wish to consider whether funding for some mandated services, like inmate medical care through the Hamilton County Sherriff's Office should be moved from the levy into another source of County funding.

Mental Health Levy Mid-Point Review

The subcommittee reviewed the consultant report report of HMA of May 2017 and reviewed the June 2017 recommendations of the TLRC. The committee met with and heard a presentations from the Mental Health and Recovery Services Board (MHRSB) on December 20, 2020.

1. It is the subcommittee's opinion is that the MHRSB is a well-run efficient board that is funding essential services to the Hamilton County community. The issue is also increased needs and therefor expenses, because the reduction of federal funding and flat state funding ,unless additional sources can be found or expenses reduced the ending balance is shrinking significantly, and in the committees opinion is inadequate.
2. Because the TLRC has always recommended that an adequate reserve be kept for a healthy balance sheet based on the need for services, it may be necessary for the MHRSB to ask for a levy increase on 2022. The committee is sensitive to and aware that asking for an increase in taxes at this time is risky, but balancing this with the needs of the community will be a key part of the next levy review.

Senior Services Levy Mid-Point Review

The Senior Services Levy has continued to provide services to three main agencies:

- Council on Aging of Southwestern Ohio (COA)
- The Adult Protective Services of Hamilton County Jobs and Family Services and,
- The Veteran's Service Commission

In 2017, three new programs were added to the levy, each receiving up to \$250,000/year in funding. The subcommittee's review was predominantly of the COA since it receives a large majority (more than 90%) of the levy's funding and administers Hamilton County's Elderly Service Program (ESP).

The recommendation of the subcommittee report is:

1. The three new programs receiving Senior Services Ley funding, (1) Center for Respite Care: (2) CAreStar: and (3) Center for Closing the Health Gap because they are still in their initial years of service be reviewed and included in the next full TLRC report and consultant analysis for the levy.
2. The committee concludes that the Hamilton County ESP is an effective, quality program carrying out the mission of providing services for our vulnerable and rapidly growing elderly residents.
3. It is the committee's opinion that the ESP, largely carried out by COA, is financially sound and provides high quality of services to the Hamilton County residents.
4. That the Commissioners consider some of the outstanding recommendations from the 2017 Senior Services Levy Report, including but not limited to:

- Formation of a strategic planning committee to review the scope of services that can reasonably be provided to senior citizens and address the growing aging population.
- Develop plans for increased funding that does not only depend on taxes.
- Presentation of the new strategic plan to the community through an educational campaign for a long –term solution to the financial needs and that could ultimately reduce the tax burden on the citizens of Hamilton County but also provide from a more robust program in the future.

In addition to this report, the TLRC continues its work on three other reviews this year. The other TLRC subcommittees include: the Children’s Services Levy review, the mid-point review of the Zoo Levy and a review of the TLRC Levy Policy. The largest of this being the review of the Children’s Services Levy for the November 2021 ballot. The TLRC’s recommendations on this levy are scheduled to be presented to the Commissioners on June 29, 2021.

Respectfully Submitted,

Gwen McFarlin, TLRC Chair