AGENDA
CCESP Advisory Council Meeting
September 15, 2020 at 9:00 am – 10:30 am
GoTo Meeting

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CALL TO ORDER / WELCOME ❖ Welcome Nicole Rodman	Larry Roddy
APPROVAL OF MINUTES ❖ June 16, 2020 Minutes (Action Needed)	Larry Roddy
QUARTERLY REPORTS ❖ Program Dashboard & Financial Report 　o Cares Act Funding ❖ Provider Network Report	Ken Wilson & Carl McCullough Randy Quisenberry
OLD BUSINESS	Larry Roddy
NEW BUSINESS ❖ Blanchester Senior Center ❖ Waiting List and Triage Policy (Action Needed) ❖ 1st FY 2021 Budget Review (Action Needed) ❖ COVID Impact on Services 　o Adult Day Center Sustainability 　o Home Care Hero Pay	Duane Weyand Ken Wilson Carl McCullough Ken Wilson & Randy Quisenberry
HEARING THE PUBLIC	Larry Roddy
ADJOURNMENT	Larry Roddy

NEXT MEETING
December 15, 2020

ATTENDANCE

Members Present:	COA Staff:	Guests:
Gene Breckel Sue Caplinger Tim Hawk Trevor Shoemaker Kathi Spirk, Chair Duane Weyand	Polly Doran Jennifer Lake Carl McCullough Randy Quisenberry Ken Wilson	Jane Newkirk, CCCAP Stella Cramer, CCCAP
Excused:	Facilitator:	Scribe:
Bob Baker Carol Weber	Kathi Spirk	Heather Junker
Absent:		
Larry Roddy		

CALL TO ORDER / WELCOME

The June 16, 2020 meeting of the CCESP Advisory Council was called to order by Kathi Spirk, Chair, at 9:02 a.m. Kathi welcomed new council member Trevor Shoemaker.

APPROVAL OF MINUTES

The December 17, 2019 meeting minutes were reviewed and approved as submitted.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard Report ending March 2020. Ken pointed out that the data is not reflective of what has occurred during COVID-19 as it only includes 2 weeks of the impact of COVID-19 pandemic. Some interesting trends that Ken touched on was the significant growth the program had in the first quarter as well as the jump in cost due to the shelf stable meals that went out.

Upon reviewing the average start time for services, Ken explained there is an anomaly with the data. The report is automated, and it goes from the date of enrollment to the start of services. There was an increase of individuals on the program who were not receiving home delivered meals prior to COVID-19 but needed to start receiving them due to COVID-19. There is not a delay due to the services starting but a delay in when services were requested. This is most notably seen in the home delivered meals section.

Kathi inquired as to what the protocol is for services being provided and concerns with close contact. Ken explained that with the home delivered meals, the drivers are not going into the individuals' home unless they absolutely must. The drivers are delivering at the door. Transportation is way down due to appointments getting canceled and individuals staying home. Home care has continued, and providers have been supplied with personal protective equipment and required to receive infection control training.

Kathi inquired as to whether the senior centers that offer congregate meals have reopened and how have seniors been receiving their meals. Ken explained that the senior centers have not reopened yet but those receiving congregate meals have either had them delivered to their home or they have been utilizing the carry out option. Stella made note that they have several congregate clients who are coming in for the carry out and a few that are having them delivered. She also stated that they are ready to open as soon as they get the go ahead from the state.

Carl reviewed the financial portion of the report. It is projected that we will be over budget by $65,000 for the year and $181,000 for the program as a whole. There have been some assumptions made in client services due to the Coronavirus. There is a projection of a drop-in home care assistance and Adult Day Centers have closed which has reduced spending. Home delivered meals have increased but based on our assumptions, the drop-in home care will cover this cost. These assumptions will be evaluated as the year progresses. Kathi inquired as to what would have to happen if we are over budget at the end of the levy cycle? Ken explained there are a couple of options. They can go back to the Board of Commissioners and ask for a budget readjustment or the program can start a waiting list. There is a possibility they can even do both.

Provider Quality Report

Randy reviewed highlights from the provider quality report. There has been steady growth with electronic monitoring systems and home delivered meals. Three new providers have been added for homemaking and there are no capacity issues with homemaking at this time. Personal care services have been consistent. Blackstone has been scoring in the red for their SASI scores.   They have had some staffing challenges Randy is continuing to work with them on the importance of these scores.

Provider Network Report

Randy discussed how we are helping individuals in the community with the 14-day meal boxes and the Restaurant Program. COA disbursed 14-day meal boxes which include proteins, fruits vegetables and snacks. The first round was completed by March 31st, the second was completed by May 1st and the third round is being prepared for either August or September.

The Restaurant Program was started back in March as we wanted to get in front of this in case there were any supply chain issues. COA has teamed up with LaRosa's and the Taste of Belgium. LaRosa's delivered 317 meals to date in Clinton County and Taste of Belgium delivered 317 meals to date. On June 15, Frisch's also started providing meals to seniors in the community. These meals are Federally funded.

Randy checked with our providers every two weeks to find out what personal protective equipment they were low on to try to help fill in gaps.

COA has suspended all RFPs for the year due to COVID-19. The contract with Guardian Medical Monitoring was extended for another year at no increase in pricing.

Randy reviewed the potential for capacity issues and asked that COA be allowed to bring in providers without a competitive bidding process if a capacity problem is experienced.

Kathi called for a motion to allow COA to bring in providers without a competitive bidding process.

Motion: Gene Breckel made a motion to allow COA to bring in providers without a competitive bidding process for the following services: Transportation, Personal Care, Home Making, Respite, Home Delivered Meals, Adult Day Services, and Home Modification.

Second: Duane Weyand seconded the motion.

Action: It was unanimously approved to allow COA to bring in providers without a competitive bidding process for the following services: Transportation, Personal Care, Home Making, Respite, Home Delivered Meals, Adult Day Services, and Home Modification.

Duane asked Randy if he could bring a shelf-stable meal to the next meeting so they can see what the Seniors are receiving in the community. Randy stated he would bring one for everyone to see.

Action: Randy to bring a shelf-stable meal to the next advisory council meeting

Five-Year Levy Projections

Ken reviewed the Five-year levy projections and touched on some critical items of importance. In 2018, the starting fund balance was $846,000 and in 2020, the starting fund balance was $845,697. Despite all the growth seen in the program, we have not cut too far into the fund balance, however, due to the fast growth in the program, and rising unit costs with the providers, our fund balance is projected to drop. In order to stay within the budget, there will likely be a need to drop in the census via a waiting list. These are all conservative projections and are subject to change. We do need to keep a close on eye the numbers and can decide later in the year to determine if a waiting list is needed to stay within the budget.

Market Penetration Report

Ken reviewed the market penetration report. This report is used to project what the census will be in the future. The report looks at the projected census of seniors with disabilities in Clinton County along with the number of individuals we are currently serving in the community. Based on the current numbers, Clinton County is doing very well reaching individuals with disabilities and helping them get set up with services.

OLD BUSINESS

Follow Up from March Cancelled Meeting

Ken reviewed the maximum reimbursement rates and the updated sliding fee scale.

Ken discussed that it is best practice to complete the conflict of interest forms and the confidentiality forms annually. These forms will be sent via DocuSign to make it easier for the council members to complete.

Action: Heather Junker to send the Conflict of Interest and Confidentiality forms through DocuSign for everyone to sign and send back.

After Meeting Follow Up: Heather sent the documents to the advisory council members via DocuSign.

Senior Farmers Market Program Update

Jennifer gave an update on the senior farmers market. It is moving at a slower pace than it would in a normal situation. Anyone over the age of 60 and that meets income guidelines qualifies for a $50 coupon. We've had to get creative on how this program would work this year due to the Coronavirus. One of the directions we are taking is trying to coordinate delivery of fresh produce to some of the senior buildings as this will help limit exposure out in the community for the seniors.   We are also looking at assigning a proxy to have someone go pickup their produce for them. Normally the program works on a coupon basis where they would be distributed out at community events. We are relying on applications coming through the mail or through our website. Signatures are being waived at this time to help make it easier. We have started to receive some applications and coupons should start to go out in July. We are hoping to get at least 175 seniors in Clinton County to participate in the program.

NEW BUSINESS

2019 Impact (Annual) Report

Ken reviewed the 2019 Impact Report. This report is the Advisory Council's and Commissioners report to the community about the program's value and how tax dollars are used. The client stories are different this year. Included is a short intro for each client's story and below that, there is a code to go online to read the full story for each client. This allowed COA to include multiple stories in the report. The report also highlights the significant growth the program saw this year with reaching more and more seniors in the community.

Coronavirus Impact

Ken gave a broad update on the coronavirus and the impact on seniors. COA was initially preparing for a surge in the community and in the hospitals. Instead, we saw a huge surge of seniors calling on for help with personal care supplies and home delivered meals. We responded with a volunteer drive obtaining donations and sending out personal care boxes. We also had volunteers call individuals to check up on seniors who were isolated and afraid.

COA also teamed up with the non-profit agency The Health Collaborative on hospital surge planning. This collaboration played a central role in developing a model called "Discharge to Home" which is similar to fast track home. A decision tree was developed for discharge planners at the hospitals on what the choices were for COVID positive seniors to recover-- either at a skilled nursing facility or in their

home and what services they could come home with. COA worked with the provider network to be ready for COVID positive patients but the hospital surge did not happen. However, there were a lot of seniors stuck in the hospitals for longer than they needed to be because there weren't any test kits available or because there was a 14-day turnaround on getting the test results back.

Several services were closed: group transportation, Adult Day services and senior services. There was a significant drop in transportation as well as home care services. COA worked with the EMA and health department to make sure our providers had the PPE they needed. COA is currently preparing for a secondary surge that may possibly happen this fall.

Service Improvements

Ken discussed the several projects that are underway to improve services for seniors. COA was awarded a competitive Federal grant for transportation in Hamilton County. This new program for on-demand transportation will allow seniors to schedule transportation when they need it to where they need it. Prior ESP surveys have shown that utilizing the current transportation, individuals are getting to their appointments on time but have had to wait a long time to get picked back up. This program will help eliminate that issue and it's planned to start by January 2021. Once the program is up and running, an evaluation will be done to see if it can and should be considered as an option in Clinton County.

COA has been in collaboration with the LiveWell Collaborative at the University of Cincinnati to help bring innovation to our current programs by looking at how would we build ESP today if it were a new program. Staff is currently experimenting with virtual case management visits. Consumer directed care (CDC) enhancements are being explored. The CDC model needs to be updated as it currently relies on the senior to already know someone who can provide their care. Technology is being explored to help seniors be matched with a caregiver and then to help keep them linked directly with that caregiver.

COA is looking into providing Family Caregiver Training utilizing augmented reality (AR) and virtual reality (VR). This can be to teach how to transfer someone, how to give a bath safely, etc. COA will be testing loaning out this equipment for training in the Fast Track Home program. Ken's goal is to be able to share more about this at the next meeting.

Committee Chair

Kathi is retiring at the end of July so this will be her last meeting. Per the contract, the director of JFS is to be the advisory chair. Kathi advised they are currently interviewing for her replacement. Until then, vice chair Larry Roddy can facilitate the meetings.

HEARING THE PUBLIC

No individual from the public wanted to speak.

ADJOURNMENT

There being no further business, the meeting adjourned at 10:36 a.m. after a motion from Duane and second from Gene.

September 15, 2020

Clinton County ESP
Program and Financial Report

Quarter 2, 2020 (Apr. - June 2020)

Clinton County ESP
Quarter 2, 2020 (Apr. - June 2020)
EXECUTIVE SUMMARY

Highlighted Findings

1. Census Trends

A. Compared to last year (Quarter 2, 2019), census has increased by 48 clients (from 422 to 470) or 11.37%.

B. Compared to last quarter (Quarter 1, 2020), census has increased by 7 clients (from 463 to 470) or 1.51%.

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.

   1. Quarter 2, 2020 census includes 16 short-term clients.
   2. Quarter 2, 2020 new enrollments includes 26 short-term clients.
   3. Quarter 2, 2020 disenrollments includes 9 short-term clients.

2. Fast Track Home

A. Average length of stay has decreased by 9 days to 39 days compared to Quarter 1, 2020 (from 48 to 39).

B. New Enrollments have decreased by 3 compared to Quarter 1, 2020 (from 18 to 15).

C. Total clients who transferred into ESP from FTH decreased from Quarter 1, 2020 (from 12 to 5).

3. Performance Trends

A. Average days from the intake call to the enrollment assessment has been added to this report.

B. Average days from enrollment to the authorization of services has been added to this report.
   The metric is broken down by the following:

   1. All Services
   2. Consumer Directed Care
   3. Electronic Monitoring
   4. Home Care Assistance
   5. Home Delivered Meals
   6. Home Medical Equipment
   7. Medical Transportation

4. Financials

A. <u>Total Revenue:</u> The amount needed to be drawn down from the levy is $1.7 million through the second quarter, as compared to the budgeted amount of $1.61 million. The variance is over budget by $86,085 or 5%.

B. <u>Total Expenses:</u> The projected expenses incurred through the second quarter is $1.9 million as compared to $1.8 million in the budget. The variance is over budget by $145,386 or 8%.

C. <u>Purchase Services:</u> The projected expenses were higher than budgeted by $187,999 or 15% as compared to budget.

D. Through the month of June, $47,279 has been spent on 14-day shelf stable meals to clients. These expenses will be offset with Family First and CARES act money.

E. COVID-19 has increased the need for services provided to seniors and it is expected that this will impact levy projections. The extent of the impact will be clearer as more infomation about services provided during the pandemic is available.

Clinton County ESP
Quarter 2, 2020 (Apr. - June 2020)
TRADITIONAL ESP CENSUS TRENDS

Quarter-End Census by Program

Year	2019		2020	
Quarter	3	4	1	2
ESP	**440**	**433**	**463**	**470**
FTH	**7**	**9**	**5**	**5**
Medicaid Programs	**116**	**121**	**112**	**136**
Passport	13	18	9	15
Assisted Living	1	2	2	3
Molina	34	31	35	41
Aetna	68	70	66	77

Quarter-End Census, New Enrollments, and Disenrollments[1]

Year	2019		2020	
Quarter	3	4	1	2
Quarter-End Census	440	433	463	470
New Enrollments	44	42	56	58
Disenrollments	35	37	38	50

Disenrollment Outcomes

Year	2019		2020	
Quarter	3	4	1	2
Deceased	8	14	14	17
Transferred to PSP/Other Program	7	4	5	6
Moved or No Longer Eligible	5	2	1	8
Need Otherwise Met	8	8	10	12
All Other Reasons Not Listed	0	0	0	1
Client Refused/Declined Services	1	1	1	1
Dissatisfied with Svc/Program	1	4	0	0
Entered Nursing Facility	5	4	7	5
Total	**35**	**37**	**38**	**50**
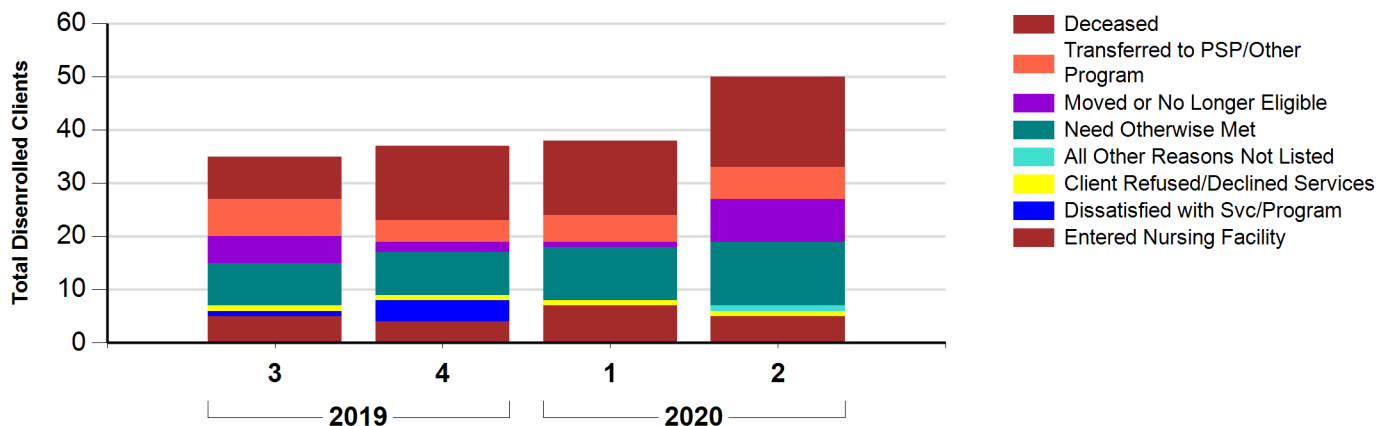
[1] Q1 and Q2, 2020 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.

Clinton County ESP
Quarter 2, 2020 (Apr. - June 2020)
TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client[1]

	3	4	1	2
	$314.23	$319.01	$345.78	$328.40
	2019		2020	
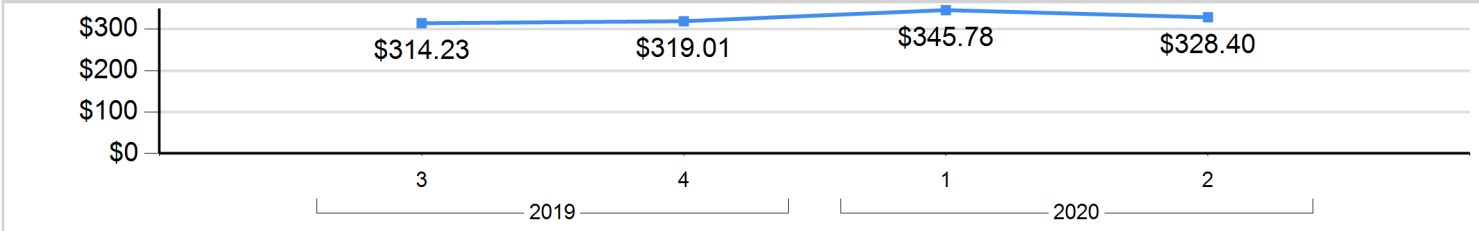
Distinct Clients Served by Service Group[1]

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	17	18	19	17
Electronic Monitoring	326	338	341	318
Home Care	261	279	283	247
Home Delivered Meals	117	124	138	164
Home Medical Equipment	6	5	4	1
Medical Transportation	11	5	2	2
Other Services	27	24	23	17
All Services (Unduplicated)	**442**	**457**	**473**	**452**

Units Billed by Service Group[1][2][3]   *Please see the notes page for unit of measure descriptions by service.*

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	1,878	2,020	1,689	1,873
Electronic Monitoring	982	1,043	1,045	995
Home Care	5,607	5,768	5,961	5,331
Home Delivered Meals	7,817	8,423	8,474	11,118
Home Medical Equipment	8	5	4	2
Medical Transportation	N/A	N/A	17	6
Other Services	422	321	521	29

Dollars Paid by Service Group (Purchased Services)[1]

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	$28,614	$49,103	$23,716	$31,077
Electronic Monitoring	$21,534	$23,285	$24,057	$23,250
Home Care	$161,071	$170,095	$193,227	$157,528
Home Delivered Meals	$61,931	$75,225	$93,912	$133,243
Home Medical Equipment	$2,206	$1,975	$1,849	$4,812
Medical Transportation	$3,256	$1,066	$766	$381
Other Services	$28,829	$36,835	$36,580	$12,090
All Services	**$307,441**	**$357,584**	**$374,107**	**$362,380**

[1] Distinct clients and units billed do not include the 14-day meal box service. That data is represented in dollars paid and average monthly cost per client.
[2] Any decline in units in Other Services from Q3, 2019 to Q4, 2019 is due to a rate change for Adult Day Transportation resulting from a new RFP.
[3] Medical Transportation units changed between Q4, 2019 and Q1, 2020.

Total Clients Served, New Enrollments, Disenrollments

	2019		2020	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
New Enrollments	12	19	18	15
Disenrollments	14	16	22	15
Clients Transferred Into ESP	3	3	12	5
	21.4%	18.8%	54.5%	33.3%

Enrollment by Setting

	2019		2020	
Enrollment Setting	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Bethesda North	0	0	1	0
Clinton Memorial Hospital	5	10	12	6
Not Captured	4	1	0	6
Other Hospital	2	1	2	1
Skilled Nursing Facility	0	1	1	0
The Christ Hospital	0	1	1	1
UC Medical Center	0	0	0	1
Overall Total	11	14	17	15

Fast Track Home Key Indicators

Average Length of Stay
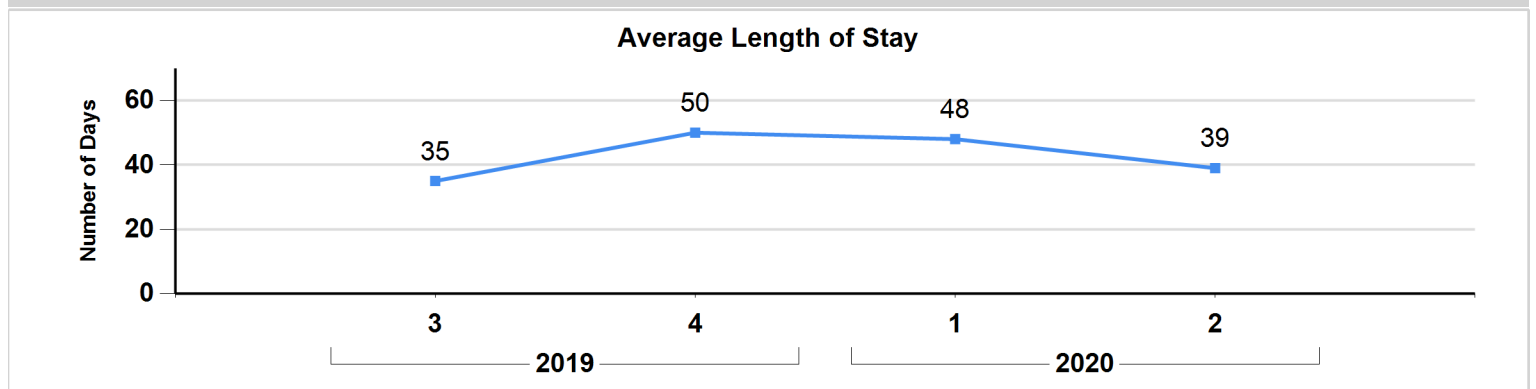
Distinct Clients Served by Service Group

Year	2019		2020	
Quarter	**3**	**4**	**1**	**2**
Electronic Monitoring	4	8	8	4
Home Care	7	8	12	5
Home Delivered Meals	7	14	8	9
Home Modification	0	2	0	0
All Services (Unduplicated)	**12**	**20**	**20**	**14**

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

Year	2019		2020	
Quarter	**3**	**4**	**1**	**2**
Electronic Monitoring	12	16	16	9
Home Care	44	41	90	34
Home Delivered Meals	132	354	273	245
Home Modification	0	2	0	0

Dollars Paid by Service Group (Purchased Services)

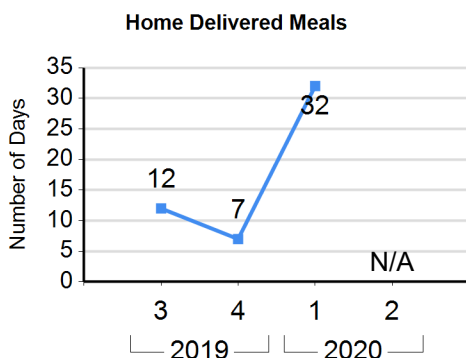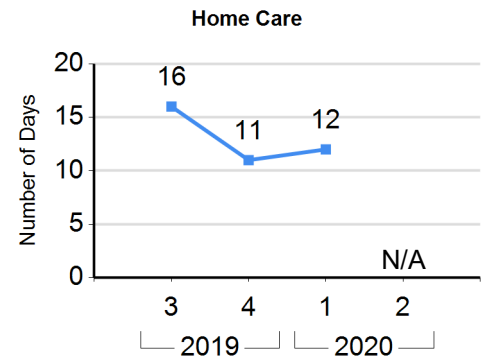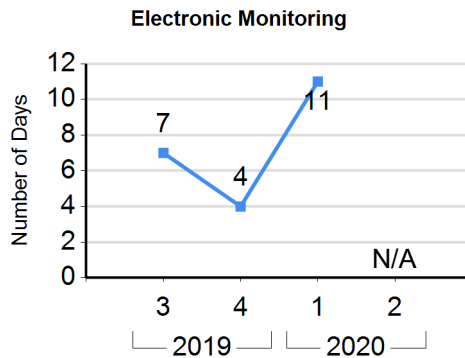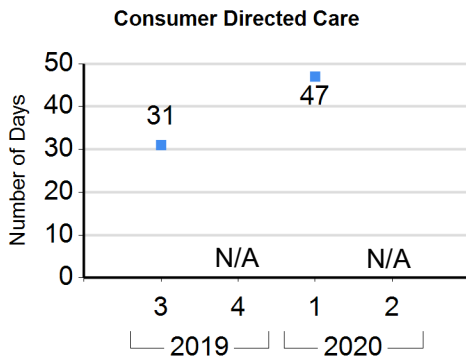| Year	2019		2020	
Quarter	**3**	**4**	**1**	**2**
Electronic Monitoring	$156	$215	$319	$168
Home Care	$1,192	$1,180	$2,593	$1,017
Home Delivered Meals	$1,037	$3,026	$2,403	$2,135
Home Modification	$0	$925	$0	$0
All Services	**$2,385**	**$5,346**	**$5,315**	**$3,319**

Average Number of Days from Intake Call to the Enrollment Assessment
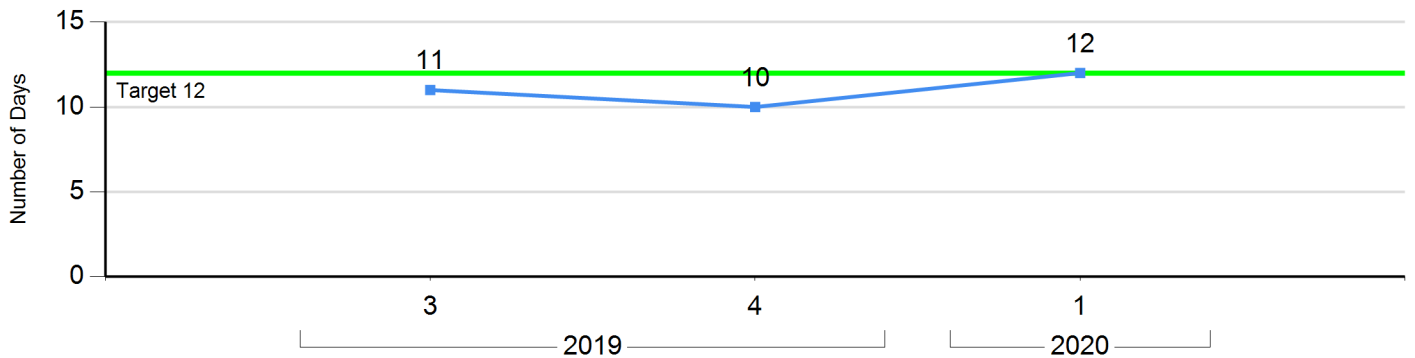
Average Number of Days from Enrollment to Authorization of Services[1]
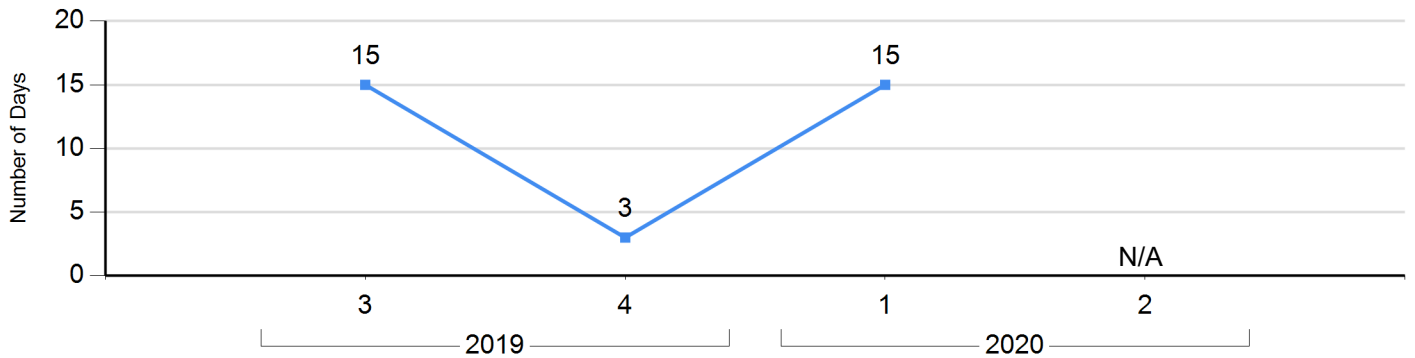
Average Days from Enrollment to Authorization of a Specific Service[12]

Consumer Directed Care

Electronic Monitoring

Home Care

Home Delivered Meals

Home Medical Equipment

Medical Transportation
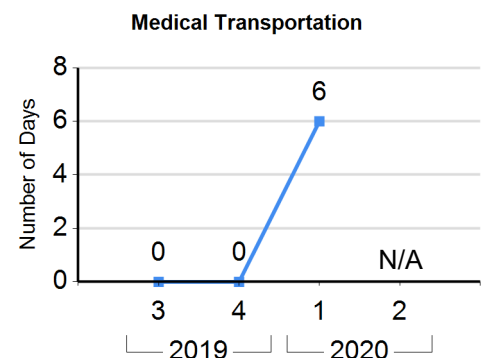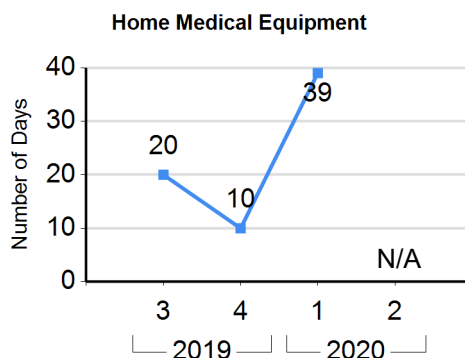
[1] Intake assessments were streamlined in Q2, 2020 to improve effiency for a telephonic enrollment model due to the pandemic, disrupting a key data point for this metric. Reporting of the metric will resume when the previous intake model is restored.

[2] In some cases, clients may request additional services after enrollment or request the start date of a service be later than initially proposed. These requests may push the average number of days between enrollment and start of a given service higher than expected, particularly if sample sizes are small.

Council on Aging

	Annual Projected	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	$1,700,202	$1,614,117	$86,085	5.3%
Federal & State Funding				
Title III B	$33,244	$15,000	$18,244	121.6%
Title III C2 - Home Delivered Meals	$105,318	$65,718	$39,600	60.3%
Alzheimer's	$671	$805	($134)	-16.7%
Nutrition Services Incentive Program (NSIP)	$11,264	$15,708	($4,444)	-28.3%
Senior Community Services (SCS)	$13,013	$10,000	$3,013	30.1%
Client Contributions				
Client Donations	$39	$222	($183)	-82.4%
Co-Pays Received	$42,861	$39,656	$3,205	8.1%
Total Revenue	**$1,906,612**	**$1,761,226**	**$145,386**	**8.3%**
Expenses				
Operating Expenses				
COA Administrative	$118,074	$111,366	($6,708)	-6.0%
Intake & Assessment	$8,907	$9,366	$459	4.9%
FTH Case Management	$60,809	$55,187	($5,622)	-10.2%
Case Management	$286,258	$340,742	$54,484	16.0%
Total Operational Expenses	**$474,048**	**$516,661**	**$42,613**	**8.2%**
Purchased Services				
Homemaker-Hourly	$571,389	$613,445	$42,056	6.9%
Personal Care -Hourly	$89,850	$57,124	($32,726)	-57.3%
Respite-Hourly	$25,643	$2,288	($23,355)	-1020.8%
Home Medical Equipment	$17,132	$17,100	($32)	-0.2%
Emergency Response Systems	$92,885	$83,661	($9,224)	-11.0%
Minor Home Modifications	$26,221	$38,477	$12,256	31.9%
Chore	$15,950	$1,867	($14,083)	-754.3%
Home Delivered Meals	$428,368	$279,652	($148,716)	-53.2%
Adult Day Service	$44,745	$68,451	$23,706	34.6%
Adult Day-Transportation	$0	$0	$0	0.0%
Medical Transportation	$3,433	$5,120	$1,687	33.0%
Consumer Directed Care	$116,948	$77,380	($39,568)	-51.1%
Gross Purchased Services	**$1,432,564**	**$1,244,565**	**($187,999)**	**-15.1%**
Gross Program Expenses	**$1,906,612**	**$1,761,226**	**($145,386)**	**-8.3%**
Client Census	**467***	**458**	**(9)**	-2.0%
Total Census with Short-term Clients	**483**	**N/A**	**N/A**	**N/A**
Cost of Services per Client	**$250.53**	**$217.50**	**($33.03)**	**-15.2%**

[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. <u>Quarter-End Census by Program</u> 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. <u>New Enrollments</u> 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. <u>All Other Reasons Not Listed</u> includes: Dissatisfied with Service/Program, Refused Cost, Share/Verification, Refused or Declined Service, Eviction, Health/Safety, and Unable to Meet Client Need.

        2. <u>Client Non-Compliant</u> 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 discrepency due to the timing of census reporting and back dating client enrollments and disenrollments.

2. Service Trends

    A. <u>Average Monthly Cost per Client</u> is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.

    B. <u>Clients Served by Service Group</u> 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. <u>Home Care</u> includes homemaking, personal care, companion, and respite services.

    D. <u>Other Services</u> includes Home Modification, Environmental Services, Adult Day, Adult Day Transportation, Non-Medical Transportation, and Independent Living Assistance.

    E. <u>Dollars Paid by Service Group</u> 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. <u>Clients Enrolled in ESP</u> 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. <u>Community Enrollment</u> 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. <u>Other Services</u> includes Non-Medical Transportation, Independent Living Assistance, and Pest Control.

5. Performance Trends

    A. <u>Intake Call to the Enrollment Assessment</u>*:* This metric represents the average number of days from the first time a client calls to inquire about services to when the client has an initial assessment with a Care Manager.

    B. <u>Enrollment to Authorization of Services</u>*:* This metric represents the average number of days from when a client receives an enrollment assessment to when services are authorized.

6. 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

7. 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.

Home Delivered Meals (HDM)

Our Provider Network has done a tremendous job working through this difficult year. There have been no disruptions in services due to a shortage of food supplies or a shortage in drivers. Providers have embraced the "all hands on deck" mentality to getting these regular Home Delivered Meals to their clients on a daily or weekly basis. When a Provider has reported a few drivers being out, Provider management has stepped up to take over those routes.

On June 24 we hosted a Home Delivered Meal (HDM) Provider meeting. The virtual meeting was attended by all of our HDM Providers. We had an open conversation and a great exchange of ideas. Several Providers shared their best practices working through the challenges brought on by COVID-19.

When COVID -19 began to spread throughout the world, Council on Aging put some proactive plans and programs in place to program in place ensure meal services to seniors would have minimal or no interruptions.

14 Day Emergency Meal Boxes

Council on Aging directed all Providers of Home Delivered Meals, and our contracted caterer, to put together 14-day Emergency Shelf-Stable Meal Boxes. The initial round of the Emergency Meal Boxes deliveries were completed in March 2020. The second round was completed by May 1, 2020. So far this year 396 Emergency Meal Boxes have been delivered to Clinton County seniors.

A third round of these Emergency Meal Boxes are scheduled for delivery in September and October of 2020. The third round of delivery will be based on client need. A recent survey of numerous clients in all counties revealed 80-90 percent of clients reported they would like to receive an additional box. For the third round of these deliveries, the clients may choose to not accept the Emergency Meal Box. Declined Meal boxes will then be returned and used at a later date as needed.

Restaurant Meals Program

The COA Restaurant Meal program continues to deliver comfort meals to Clinton County seniors who may be experiencing continued isolation during the COVID-19 Pandemic. LaRosa's, Taste of Belgium, and Frisch's restaurants continue to provide these meals to seniors in the following senior buildings:

West Minister
Community Commons
Prairie View Apartments
Apple Tree Apartments

Clinton County senior buildings have received 1,264 restaurant meals to date.

Restaurant Meals Program Expansion

COA is reaching out to small businesses, with an emphasis on Minority Based Enterprises (MBE), to partner in our successful Restaurant Meals Program. We are currently working with the Wilmington-Clinton County Chamber of Commerce, and their Director Dessie Rogers, to recruit new restaurants. I will be following up on 2 restaurant referrals from Director Rogers. The restaurants are Beaugards Southern Barbeque, which is an MBE, as well as Mac D's Pub which is a Woman Owned Business Enterprise.

Personal Protective Equipment (PPE)

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

The Clinton County Emergency Management Agency (EMA) has been extremely supportive with this initiative. Clinton County EMA has provided us with PPE on 4 different occasions throughout the Pandemic.

Provider Services has prepared a survey that is distributed to all Providers. The survey results tell us what PPE items providers are specifically running low on or are out of. Provider Services Auditor, Katie Massengale-Burke then summarizes the needs, and Polly Doran communicates this information to the local county EMAs. Once we receive the PPE, we review the list of the Providers requesting PPE, the specific items, and how much. We then store the PPE in our Clinton County office on Rombach Ave. Care Managers speak frequently with Providers and can meet them at the office if they are in need of specific PPE.

Transportation

Business Relations Partner, LaTricia Long, and I are working directly with the COA Transportation team in preparation for rolling out TripSpark next year in Hamilton County. We coordinated virtual meetings with all of our current Hamilton County Transportation Providers. The feedback received from our Provider Network was tremendous. All Providers would like to participate in the piloting of this program next year.

Homemaking, Personal Care, and Respite

COA is seeing a rise in the workforce shortage issues that plagued home care services prior to COVID. COA actively working to address these issues. We believe these issues are due to several factors, including childcare, competition for labor, and other environmental factors.

Providers are surveyed every 2 weeks asking about their capacity to accept new referrals and to continue services to their existing client base. Many providers are reporting on the survey issues with staff call offs and resignations because of fear, illness, and child-care issues. Recent data is showing that approximately 20% of new ESP home care referrals are not being picked up by a provider. Nicole Holts and Monica Schulze work directly with Care Management and providers to troubleshoot and get services to those in need.

Home Medical Equipment (HME)

We had one HME Provider terminate their contract. Littleton's Respiratory and Home Care officially stopped doing business July 13, 2020.

We now have 6 HME providers under contract - Bernen's, Home First, Mullaney's, and Stateline Medical. American Ramp and People Working Cooperatively provide ramps only.

2020 Draft Request for Proposal (RFP) Plan

All scheduled 2020 RFPs have been postponed at this time. We did not want to place an unnecessary burden on the Providers serving our clients during the COVID-19 pandemic.

Clinton County Elderly Services Program:

Waiting List Triaging Recommendations

September 1, 2020

Background:

Council on Aging reviews program census data quarterly to monitor Levy projections. Due to increased census in Clinton County, it has become necessary for COA to implement a waiting list during the Fall 2020 due to program growth.

Current census is approximately 460. Projections currently indicate that the program can sustain services for approximately 400 individuals. We plan to slowly bring the census down while slowing down the number of people enrolling. For example, this could be enrolling 1 person for every 3 disenrollments.

In order to decrease census ESP will assess and triage each new referral and establish priority on the waitlist. The number of enrollments into the program will be established and modified on an ongoing basis based on updated financial projections. For those eligible individuals the following are the recommended criteria for implementation of a waitlist for Clinton County:

Immediate Enrollment:
1. Individuals who are being discharged from the hospital and are determined to be at risk for re-hospitalization or nursing facility placement. Enrollment may be through FastTrack Home if it is determined that client would most benefit through short-term services for up to 60 days.
2. Individuals who are leaving or are at imminent risk of placement in a nursing facility will be immediately enrolled and eligible for all services through FastTrack home (as applicable).
3. Individuals requesting service who are also enrolled in a Hospice program, would be immediately enrolled and eligible for assistance.

Priority on the waiting list- placed in the front of the waiting list:
1. Individuals meeting Institutional Level of Care (ILOC), but who do not meet the financial eligibility requirements for services through a Medicaid Waiver program will be placed in the front of the waiting list for all services available through the Elderly Services Program. They will be assessed to verify they meet ILOC.
2. Individuals requesting and eligible for <u>emergency home delivered meals</u>, or <u>emergency medical transportation</u>.
3. Individuals who do not have a family caregiver to assist, or the family caregiver is at risk of caregiver "burn out".