

AGENDA

HCESP Advisory Council Meeting

September 24, 2020 at 2:00 pm – 3:30 pm
GoTo Meeting

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CALL TO ORDER / WELCOME	Rose Stertz
APPROVAL OF MINUTES ❖ June 25, 2020 Minutes (Action Needed)	Rose Stertz
QUARTERLY REPORTS ❖ Program Dashboard & Financial Report ❖ Provider Network Update	Ken Wilson & Carl McCullough Randy Quisenberry
OLD BUSINESS ❖ Value Rating for Home Delivered Meals ❖ Fast Track Home	Ken Wilson Ken Wilson
NEW BUSINESS ❖ FY 2021 Budget Review (Action Needed) ❖ On Demand Transportation and Transportation Coordination Service Specifications (Action Needed) ❖ COVID Impact on Services <ul style="list-style-type: none"> ○ Adult Day Center Sustainability ○ Home Care Hero Pay ○ Restaurant Program and Home Delivered Meals 	Carl McCullough LaTricia Long Ken Wilson & Randy Quisenberry
HEARING THE PUBLIC	Rose Stertz
ADJOURNMENT	Rose Stertz

NEXT MEETING
 December 3, 2020

MINUTES
HCESP ADVISORY COUNCIL MEETING
THURSDAY, JUNE 25, 2020 @ 2:00 P.M.

ATTENDANCE

Members Present:

Connie Bigony
Janice Hunter
Clarissa Rentz
Rose Stertz, Chair
Matthew Worth

COA Staff:

Bryan Black
Suzanne Burke
Sharon Fusco
Jennifer Lake
Carl McCullough
Randy Quisenberry
Paula Smith
Ken Wilson

Guests:

Lisa Webb, Hamilton County

Excused:***Facilitator:***

Rose Stertz

Scribe:

Heather Junker

Absent:

Bianca Edwards

CALL TO ORDER / INTRODUCTIONS

The June 25, 2020 meeting of the HCESP Advisory Council was called to order by Rose Stertz, Chair at 2:07 p.m. Janice Hunter was welcomed, and the advisory council introduced themselves.

APPROVAL OF MINUTES

Rose Stertz called for a motion to approve the September 26, 2020 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

Outreach Report

Paula reviewed the outreach report. An outreach report is not normally given at this meeting, but Paula noted it to be important given all the work COA has been doing with COVID-19. This report gives you an idea of how COA has been represented in the community. It was difficult to complete the traditional outreach due to COVID-19. Advertisements paused at the beginning of the outbreak. We placed temporary COVID-19 focused ads on Facebook which encouraged people to reach out if they needed help. Social media posts were used to help connect people to resources. We have also produced a

COVID-19 newsletter that was initially going out every week but has been scaled back to bi-weekly. Paula gave highlights on the COVID-19 news coverage as well as client success stories and photos.

Rose asked if COA needed any masks as her sewing group has been given a \$1,500 grant to make more masks for people in the community.

Paula advised we already have a couple of initiatives underway. COA purchased masks that were sent to 175 senior buildings via education kits. These kits contained a reusable mask for every resident in those buildings. We are also in the process of working on a plan to distribute the remainder of the masks to our clients. Later this summer we will be distributing wellness kits that are coming from the Ohio Department of Aging that contain masks as well.

Rose advised that if we needed any help with meeting the number of masks needed, to let her know. Ken stated we can always use more masks to help distribute to seniors in the community.

2019 Annual Report

Paula reviewed the 2019 Impact (annual) report. The client stories are different this year. The hardest part was getting client stories, but we were lucky enough to already have some great client stories and videos. 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 how the program supports family caregivers which is an important message because it helps people in the community understand that it supports the entire community and not just the seniors that are on the program.

Program & Financial Report

Ken reviewed the Program Dashboard Report ending March 2020. Ken pointed out that even though COVID-19 has had an enormous impact on the program, 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. There has been an increase of clients since the last quarter of almost 8%. There were a lot of people that called when the pandemic first started that would not normally need services from us with food insecurities. The average cost per client is low but we know we will have some late billing come through.

Ken highlighted that the reach with Fast Track Home has grown this year. Since the last advisory council meeting, TriHealth has come on board and a full-time hospital coach was put in Good Sam. Bethesda North began at the end of the quarter. Home delivered meals, home care assistance, electronic monitoring systems, and home medical equipment are the top FTH services.

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.

Carl reviewed the financial portion of the report. If we look at the amount of projected Revenue needed for the levy through the 1st quarter. We will need about \$22.6 million dollars from tax levy appropriations. When you compare this to the budgeted amount of \$24.7 million, we are \$2.2 million

under budget for the year. We are also projecting that we will receive about \$2.2 million from other funding sources such as federal, state, and client copays this program year.

The Total amount of projected expenses at the end of the 1st quarter is 24.8 million. When you compare this to the budget which is 26.6 million, the program we be under budget by \$1.8 million.

We have made some assumptions on the services needed by clients due to the Corona Virus. We are projecting a drop in Home Care Assistance visits because seniors are concern about letting people into their house. Also, at the time of this report, we have distributed our 1st round of 14-day shelf stable boxes to clients. We also included an increase in meals delivered to seniors due to the concern of leaving their house and being exposed to the virus. This report is based on this information that we have as of today. As more information becomes available, we will adjust this report as needed.

Rose asked if there was any projected federal money coming in to help with any of the COVID costs. Carl advised there is money coming in. Hamilton County was awarded money that we have been using for meals. In March, we received funding from the Family First Act and that is helping to pay for meals. There is another round of money coming from the CARES Act that will be another source of money to help offset the additional cost we're seeing in meals.

Provider Quality Report

Randy reviewed highlights from the provider quality report. We are pleased with the number of home care assistance providers we have.

Kemper Shuttle was added as a transportation provider in January. Randy spoke with Kemper Shuttle today and they currently have 267 ESP clients they serve. They have grown rapidly and feedback from care management is that they are very pleased with them as a provider.

Randy reviewed the SASI scores. A new addition to the report is the number of surveys given for each provider. We performance manage based on trends. If we see a trend with a provider scoring in the red, we reach out to the provider to see if they are having staffing issues and if we can help them in some way. If we continue to see them score in the red, we will meet with them and if there is still no improvement, the provider can be placed on a corrective action plan as well as on hold to receive new referrals.

Five-Year Levy Projections

Ken reviewed the Five-Year Levy projections. The report looks at the entire five-year levy cycle. At the beginning of the levy cycle in 2018, there was an \$8.4 million fund balance, a \$19 million fund balance in 2020 and we are projecting to end the levy cycle with a \$17 million fund balance. These are conservative numbers, but we are financially in good shape and there are no concerns of needing a waiting list.

Market Penetration

Ken reviewed the Market Penetration report. The program in Hamilton County has grown significantly since the ballot was passed. We are meeting unmet needs as well as keeping up with the growth in the population. We use the report as a tool to forecast the demand in upcoming years.

On Demand Transportation

Sharon provided an update on the On-Demand transportation initiative. There is a great need for seniors in our community to be able to get the type transportation they need when they need it. Transportation services such as Uber and NET are not able to provide hands on transportation at all or may not be able to provide it same day. If an individual needs to go to the doctor that day and they are unable to get the proper transportation, they will either go without the care altogether or they will call 911 which many times can lead to a hospitalization.

The current transportation system that is set up, does not allow for coordination across programs or providers. COA has partnered with the Health Collaborative to help design a system that aligns with Hamilton County's priorities. We help to achieve improved health outcomes by designing a software platform that will allow us to assign the right vehicle that is closest to the individual to pick them up. We are talking about doing this across multiple agencies, providers and payers.

We do have a federal grant that we were awarded that will allow us to make the software purchase. COA is providing a match to that. We are planning on piloting this in Hamilton County in the Elderly Services program.

The Health Collaborative will do two things for us: help us with the data and help us convene with medical providers. We want the system to also work with the medical providers.

You may hear the program referred to as the Home52 initiative. Home52 is our subsidiary where we put some of our new initiatives. This transportation service is a brokerage and will be under Home52.

We are looking to first pilot this in our Fast Track Home program in Hamilton County and then expanding it to all of Hamilton County ESP. We are hoping to bring in other payors and types of clients into this.

Rose asked if Home52 already had the necessary vehicles. Sharon advised that Home52 will not supply vehicles as we will be contracting with our existing provider network. COA will be helping with the coordination.

Janice asked if the organization has started to look at Telehealth as Medicare is now covering those visits. Suzanne advised that we are starting to look into that. We have been evaluating different platforms and technology. Identifying a plan as to who it would be appropriate for. We are hoping to do a pilot.

Previous Quarter Reports Discussion

Ken reviewed the Maximum Reimbursement Rates. We competitively bid the services. These reflect the highest rate we would be contracting with the provider for that service.

Ken reviewed the Updated Sliding Fee Scale. This scale determines the copay for the program based on the individual's income. This is updated annually based on the poverty guidelines.

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. We are accepting applications from seniors and there are a couple of different ways they can apply. We have information on our website where they can apply online and we have also circulated applications out in the community. There has been good interest so far as we have received about 200 applications in 10 days. There is room for 1300 seniors in Hamilton County to get \$50 in coupons. These coupons are in \$5 increments so seniors can shop for as much or as little as they want for the entire growing season through October 31st. There will be select markets they can shop at and they are only able to get fresh fruits and vegetables, honey and cut herbs. Seniors will be educated on how to use the coupons and they will receive them in the mail. Hamilton County has a small pilot where we are pairing a farmer directly to a senior building to deliver produce there. We are starting with 2 locations to see how that works.

NEW BUSINESS

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.

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 2,342 meals to date in Hamilton County and Taste of Belgium delivered 3,234 meals to date. On June 15, Frisch's also started providing meals to seniors in the community. These meals are Federally funded. Randy also shared that COA has reached out to some minority owned restaurants and we have 2 joining our Restaurant Program initiative: Invito Personal Chef and C&M BBQ Grill.

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.

Kemper Shuttle was added as a transportation provider back in February. Wesley discontinued their transportation program effective June 30, 2020. All clients are being transitioned to another provider.

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.

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

Service Improvements

Sharon reviewed some of the service improvements taking place at COA. COA has been in collaboration with the LiveWell Collaborative at the University of Cincinnati. This non-profit, membership organization was formed between UC and P&G. They are designed to bring the great minds of the university to solve marketplace problems and help organizations with innovation specifically. They have a mission that is around older adults. Last year we approached them with a health aide issue. 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. They came up with an idea of an application to give us a platform to expand consumer directed care that is easy.

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. This helps provide training in ways that are real for people. LiveWell is in the process of helping us build the platform for this type of training.

Janice asked if we were working with UC College of Nursing as they have a virtual lab where students can learn all the facets of caregiving. Sharon stated she doesn't believe we have nursing students in the collaborative right now. They are reaching out as they have students to test some things.

Chair and Vice Chair Appointments

Per our bylaws, a new chair and vice chair needs to be appointed this year.

Motion: Matthew Worth made the motion to nominate Rose Stertz to continue as the council chair.

Second: Janice Hunter seconded the motion.

Action: Rose Stertz was unanimously approved to continue as the council chair.

Motion: Rose Stertz made the motion to nominate Matthew Worth as the vice chair.

Second: Janice Hunter seconded the motion.

Action: Matthew Worth was unanimously approved to be the vice chair

ADJOURNMENT

There being no further business, Rose adjourned the meeting at 3:59p.m.

NEXT MEETING

September 24, 2020



Council on Aging

**Hamilton County ESP
Program and Financial Report
Quarter 2, 2020 (Apr. - June 2020)**

Highlighted Findings

1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 2, 2019), census has increased by 571 clients (from 5,014 to 5,585) or 11.39%.
- B. Compared to last quarter (Quarter 1, 2020), census has increased by 269 clients (from 5,316 to 5,585) or 5.06%.
- C. Quarter-end census, new enrollments, and disenrollments include clients aged 60 and over who are receiving short-term services as a result of the pandemic.
 - 1. Quarter 2, 2020 census includes 245 short-term clients.
 - 2. Quarter 2, 2020 new enrollments includes 382 short-term clients.
 - 3. Quarter 2, 2020 disenrollments includes 167 short-term clients.

2. Fast Track Home Census Trends

- A. Average length of stay decreased by 8 days to 52 days compared to Quarter 1, 2020 (from 60 to 52).
- B. New Enrollments have decreased by 33 compared to Quarter 1, 2020 (from 202 to 169).
- C. Total clients who transferred into ESP from FTH decreased by 24 clients from Quarter 1, 2020 (from 96 to 72).

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. Total Revenue: The amount needed to be drawn down from the levy is \$21.3 million through the second quarter, as compared to the budgeted amount of \$24.7 million. The variance is under budget by \$3.5 million or 14%.
- B. Total Expenses: The projected expenses incurred through the second quarter is \$23.6 million as compared to \$26.6 million in the budget. The variance is under budget by \$3 million or 11%.
- C. Purchase Services: The projected expenses were lower by \$1.7 million or 9% as compared to budget.
- D. Through the month of June \$574,675 has been spent on 14-day shelf stable meals for 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 information about services provided during the pandemic is available.

Quarter-End Census by Program

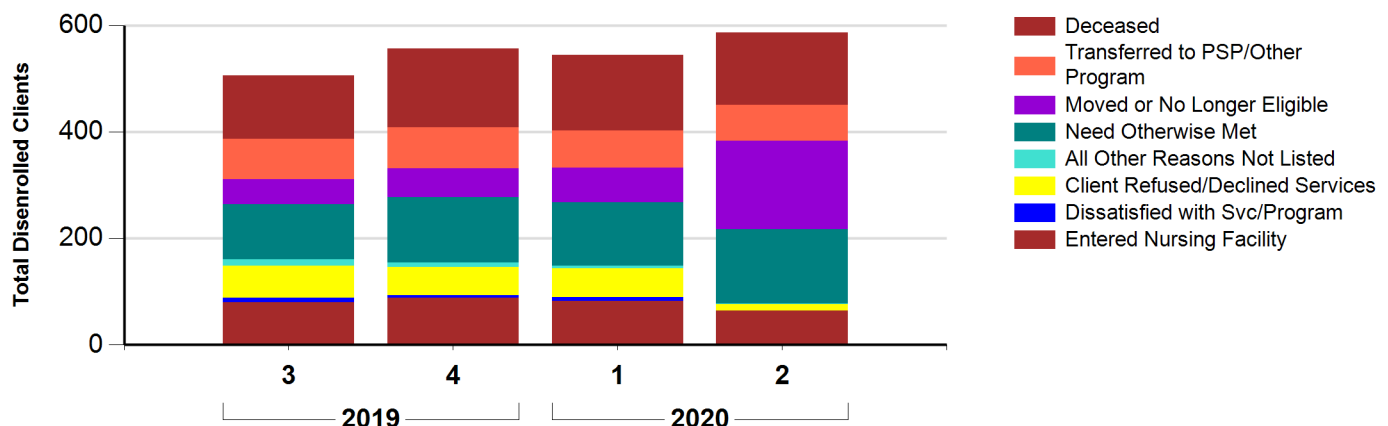
Year	2019		2020	
Quarter	3	4	1	2
ESP	5,133	5,110	5,316	5,585
FTH	93	129	108	116
Medicaid Programs	2,921	2,857	2,983	3,199
Passport	499	564	547	601
Assisted Living	99	123	106	108
Molina	902	765	911	1,002
Aetna	1,421	1,405	1,419	1,488

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2019		2020	
Quarter	3	4	1	2
Quarter-End Census	5,133	5,110	5,316	5,585
New Enrollments	565	523	742	884
Disenrollments	506	557	545	586

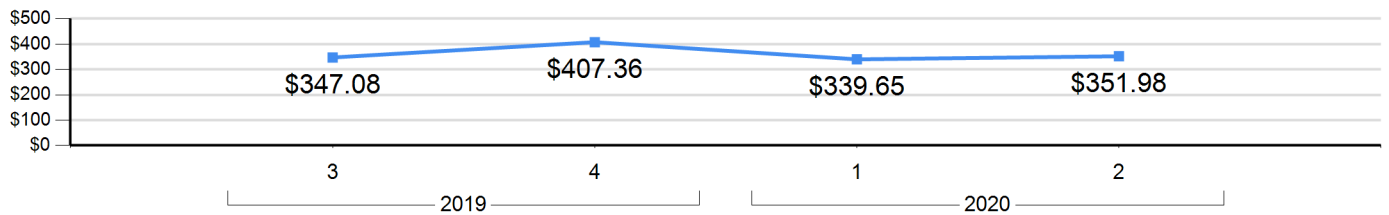
Disenrollment Outcomes

Year	2019		2020	
Quarter	3	4	1	2
Deceased	119	148	142	135
Transferred to PSP/Other Program	76	78	70	68
Moved or No Longer Eligible	47	54	65	166
Need Otherwise Met	104	123	120	139
All Other Reasons Not Listed	11	8	4	2
Client Refused/Declined Services	61	53	55	12
Dissatisfied with Svc/Program	8	5	7	0
Entered Nursing Facility	80	88	82	64
Total	506	557	545	586



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.

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	228	227	244	226
Electronic Monitoring	2,932	2,990	2,997	2,954
Home Care	2,892	2,881	2,877	2,595
Home Delivered Meals	2,404	2,526	2,667	2,970
Home Medical Equipment	60	47	43	47
Medical Transportation	827	818	754	492
Other Services	500	538	595	356
All Services (Unduplicated)	5,140	5,214	5,307	5,270

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

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	18,988	18,161	19,462	19,867
Electronic Monitoring	8,469	8,915	8,785	8,910
Home Care	89,212	91,866	78,893	82,345
Home Delivered Meals	166,118	176,661	178,958	212,613
Home Medical Equipment	76	59	62	72
Medical Transportation	10,519	10,159	9,994	7,205
Other Services	17,412	6,197	5,691	1,420

Dollars Paid by Service Group (Purchased Services)¹

Year	2019		2020	
Quarter	3	4	1	2
Consumer Directed Care	\$261,961	\$525,332	\$254,058	\$302,940
Electronic Monitoring	\$162,130	\$176,303	\$174,845	\$179,480
Home Care	\$1,756,479	\$2,151,766	\$1,600,604	\$1,699,198
Home Delivered Meals	\$1,162,805	\$1,249,020	\$1,390,032	\$2,079,594
Home Medical Equipment	\$31,823	\$38,548	\$47,953	\$57,225
Medical Transportation	\$318,769	\$306,632	\$300,071	\$221,036
Other Services	\$322,998	\$339,909	\$353,443	\$110,221
All Services	\$4,016,964	\$4,787,510	\$4,121,005	\$4,649,694

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.

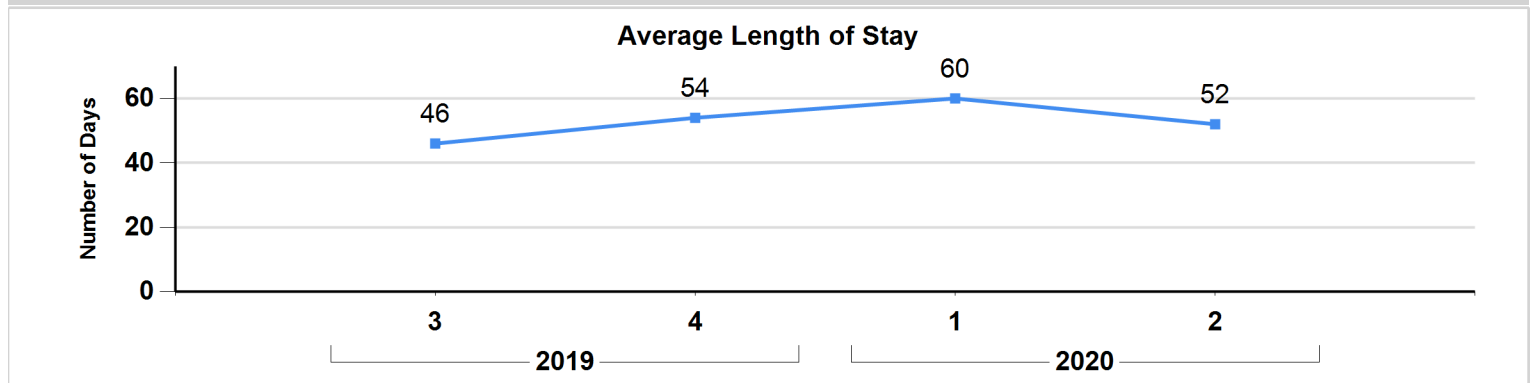
Total Clients Served, New Enrollments, Disenrollments

	2019		2020	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
New Enrollments	131	190	202	169
Disenrollments	87	149	220	164
Clients Transferred Into ESP	44	49	96	72
	50.6%	32.9%	43.6%	43.9%

Enrollment by Setting

	2019		2020	
Enrollment Setting	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Bethesda North	1	6	7	9
Community Enrollment	3	1	1	0
Good Sam	3	43	73	33
Jewish Hospital	21	20	13	15
Mercy Anderson	0	0	0	2
Mercy West	0	0	2	16
Not Captured	9	15	13	41
Other Hospital	2	4	1	7
Skilled Nursing Facility	53	47	35	5
Spouse	0	0	1	0
The Christ Hospital	19	23	23	13
UC Medical Center	17	22	18	16
Overall Total	128	181	187	157

Fast Track Home Key Indicators



Distinct Clients Served by Service Group

Year	2019		2020	
Quarter	3	4	1	2
Electronic Monitoring	39	85	91	68
Home Care	45	77	93	79
Home Delivered Meals	42	112	143	143
Home Medical Equipment	7	19	15	9
Home Modification	30	52	70	54
Independent Living	0	0	0	2
Medical Transportation	23	21	31	16
Other Services	2	2	2	0
All Services (Unduplicated)	109	212	262	232

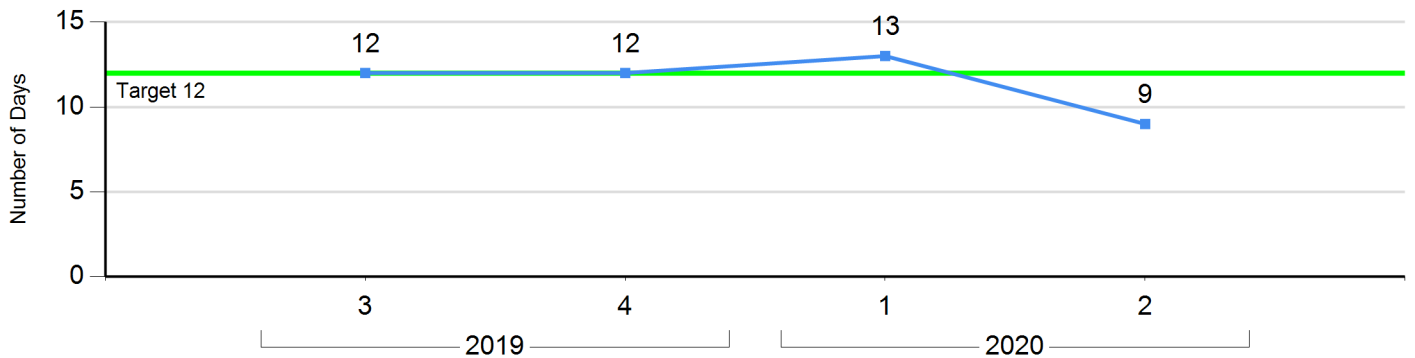
Units Billed by Service Group *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2019		2020	
Quarter	3	4	1	2
Electronic Monitoring	58	145	125	108
Home Care	677	878	996	762
Home Delivered Meals	1,152	4,309	4,330	3,932
Home Medical Equipment	7	26	20	12
Home Modification	37	68	105	74
Independent Living	0	0	0	1
Medical Transportation	249	185	162	236
Other Services	4	4	4	0

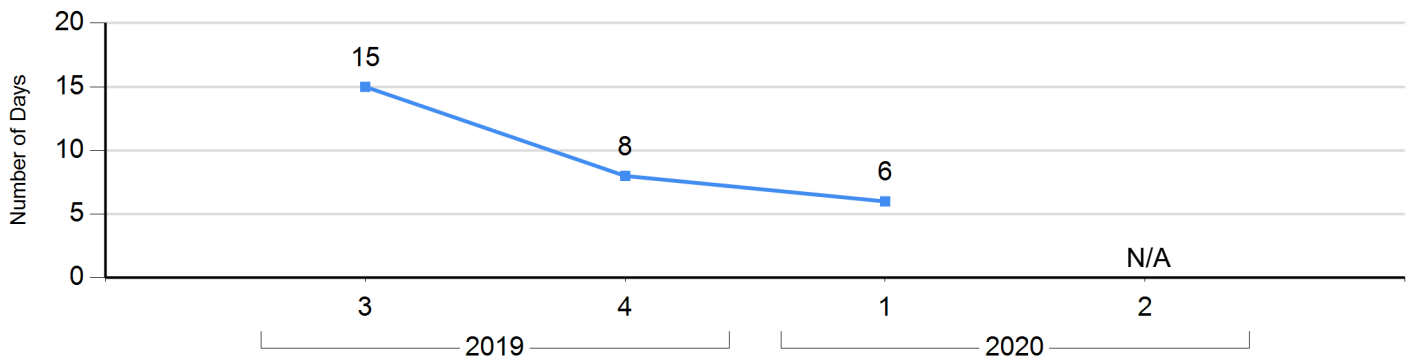
Dollars Paid by Service Group (Purchased Services)

Year	2019		2020	
Quarter	3	4	1	2
Electronic Monitoring	\$1,051	\$2,699	\$2,388	\$2,143
Home Care	\$13,266	\$17,925	\$20,331	\$15,680
Home Delivered Meals	\$8,063	\$30,359	\$30,464	\$27,367
Home Medical Equipment	\$1,537	\$6,616	\$4,078	\$3,460
Home Modification	\$4,777	\$9,256	\$13,716	\$8,406
Independent Living	\$0	\$0	\$0	\$30
Medical Transportation	\$7,991	\$6,080	\$4,923	\$7,340
Other Services	\$650	\$224	\$120	\$0
All Services	\$37,334	\$73,160	\$76,019	\$64,426

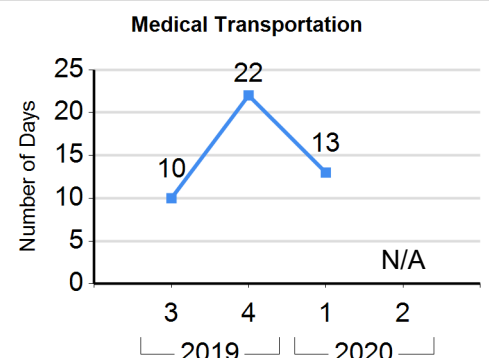
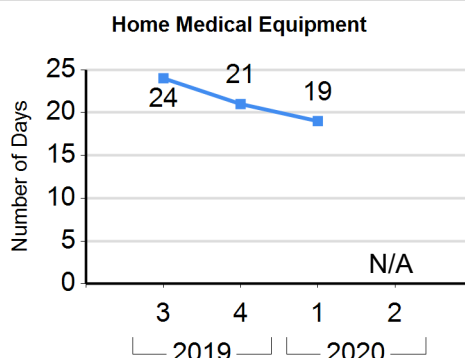
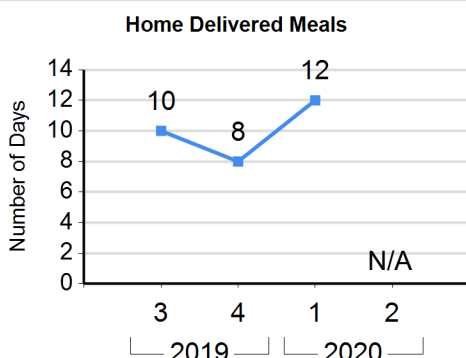
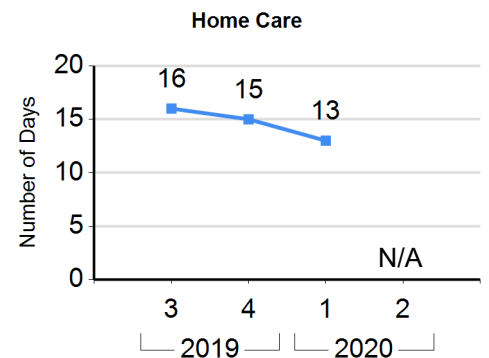
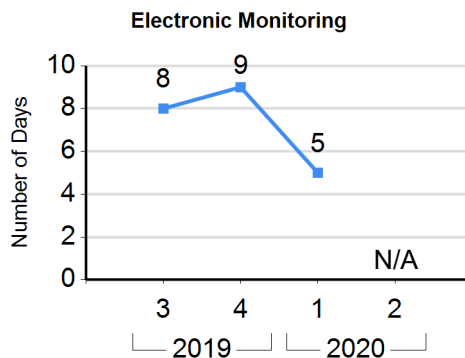
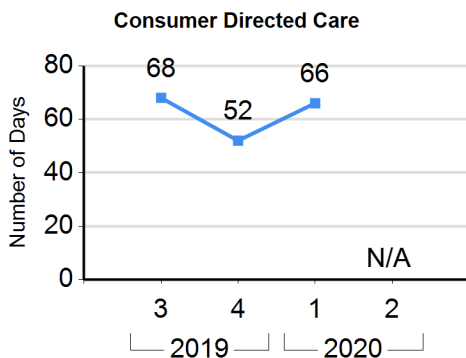
Average Number of Days from Intake Call to the Enrollment Assessment



Average Number of Days from Enrollment to Authorization of Services¹



Average Days from Enrollment to Authorization of a Specific Service¹²



¹ Intake assessments were streamlined in Q2, 2020 to improve efficiency 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.



Hamilton County ESP

Quarter 2, 2020 (Apr. - June 2020)

Council on Aging

FINANCIALS: based on actual revenue & expenses as of June 30, 2020¹

	Annual Projected	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$21,262,430	\$24,727,205	(\$3,464,775)	-14.0%
Federal & State Funding				
Title III B - Supportive Services	\$334,030	\$252,320	\$81,710	32.4%
Title III C2 - Home Delivered Meals	\$821,913	\$284,173	\$537,740	189.2%
Title III E - Caregiver Support	\$139,477	\$175,893	(\$36,416)	-20.7%
Alzheimer's	\$12,991	\$15,591	(\$2,600)	-16.7%
Nutrition Services Incentive Program (NSIP)	\$383,208	\$383,208	(\$0)	0.0%
Senior Community Services (SCS)	\$138,914	\$102,203	\$36,711	35.9%
Client Contributions				
Client Donations	\$9,060	\$3,397	\$5,663	166.7%
Co-Pays Received	\$494,712	\$621,860	(\$127,148)	-20.4%
Total Revenue	\$23,596,736	\$26,565,850	(2,969,114)	-11.2%
Expenses				
COA Expenses				
Administrative	\$1,405,102	\$1,621,390	\$216,288	13.3%
Intake & Assessment	\$219,337	\$230,483	\$11,146	4.8%
FTH Case Management	\$518,408	\$670,341	\$151,933	22.7%
Case Management	\$3,768,602	\$4,614,369	\$845,767	18.3%
Program Mgmt Transportation	\$71,893	\$100,651	\$28,758	28.6%
Total COA Expenses	\$5,983,342	\$7,237,234	\$1,253,892	17.3%
Purchased Services				
Home Care Assistance	\$6,833,984	\$9,341,833	\$2,507,849	26.8%
Independent Living	\$114,591	\$79,717	(\$34,874)	-43.7%
Minor Home Modifications	\$310,426	\$314,048	\$3,622	1.2%
Pest Control	\$14,723	\$26,876	\$12,154	45.2%
Major House Cleaning	\$44,168	\$80,628	\$36,461	45.2%
Home Medical Equipment	\$213,623	\$363,495	\$149,872	41.2%
Emergency Response Systems	\$732,904	\$727,571	(\$5,333)	-0.7%
Home Delivered Meals	\$6,612,772	\$4,613,904	(\$1,998,868)	-43.3%
Adult Day Service	\$210,002	\$659,026	\$449,024	68.1%
Adult Day Transportation	\$39,067	\$109,406	\$70,339	64.3%
Medical Transportation	\$1,185,630	\$1,686,706	\$501,076	29.7%
Non-Medical Transportation	\$133,456	\$166,021	\$32,565	19.6%
Consumer Directed Care	\$1,168,049	\$1,159,385	(\$8,664)	-0.7%
Gross Purchased Services	\$17,613,394	\$19,328,616	\$1,715,222	8.9%
Gross Program Expenses	\$23,596,736	\$26,565,850	\$2,969,114	11.2%
Client Census	5,478*	5,660	182	3.2%
Total Census with Short-term Clients	5,723	N/A	N/A	N/A
Cost of Services per Client	\$260.60	\$272.33	\$11.73	4.3%

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 Home Modification, Environmental Services, Adult Day, Adult Day Transportation, Non-Medical Transportation, and Independent Living Assistance.
- E. Dollars Paid by Service Group represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.

3. FTH Census Trends

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

4. FTH Service Trends

- A. Other Services includes Non-Medical Transportation, Independent Living Assistance, and Pest Control.

5. Performance Trends

- A. Intake Call to the Enrollment Assessment: 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. Enrollment to Authorization of Services: 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.

Hamilton County Provider Network Report September 2020

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.

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 8,537 Emergency Meal Boxes have been delivered to Hamilton 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

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

St. Paul Village/ Madison
St Paul Village/ Chapel
Madison Villa
Marlowe Court

Ridgewood Apartments
Alexandra
Cambridge Arms
Corbly Place

AHEPA 127
Cary Crossing
The Reserve on South Martin
Forest Square
Knowlton Place
Evanston Rec Center
Woodburn Point
Oakley Rec Center
Roselawn Gardens
Summit East Apartments
McHenry House

Bond Hill Rec Center
Elberon Senior Apartments
Hillcrest Elderly
Flora Gardens
Shiloh Adventist Garden Apartments
Price Hill Rec Center

Hamilton County senior buildings have received 15,782 restaurant meals to date. COA has delivered 4,886 LaRosa's meals, 3,208 Taste of Belgium meals, 3,509 Frisch's meals, 1,202 Chef Anthony Jordan meals and 1,206 C and M BBQ Grill meals.

Expansion of Restaurant Meal Program

In June, the COA Restaurant Meal Program was expanded to include small restaurants, with an emphasis on Minority Based Enterprises, or MBEs. Our community has gone through so much this year and COA is committed to working with small businesses whenever we have the opportunity.

We have established agreements with 2 African American owned restaurants in Hamilton County.

Chef Anthony Jordan of Invito Personal Chef started preparing meals for our seniors in June. I first met Mr. Jordan when he participated in the food truck events we coordinated at COA to raise enthusiasm for the Hamilton County ESP Levy in 2017. His meals include chicken and dumplings with a side salad, and meatloaf with honey glaze BBQ with mashed potatoes and snap peas. We are serving Chef Anthony's meals 3 days per week.

We also are fortunate to partner with C and M BBQ Grill on Kennedy Ave. Cecil and Mary Soloman are tremendous to work with. Their meals consist of pulled pork with sides that include corn bread, green beans, potato salad, coleslaw and a garden salad. The meals from C and M BBQ Grill go out 3 days per week.

Another expansion to the program was our collaboration with La Soupe. La Soupe is preparing a meal plan of a 16 ounce bowl of soup, a bakery item, and a special treat. Special treats could be a fruit compote or a protein bar. We pick up and deliver La Soupe meals 2 days each week.

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 Hamilton County Emergency Management Agency (EMA) has been extremely supportive with this initiative. Hamilton 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 schedule a distribution event.

We have scheduled 4 major distribution events so far this year, where we have had between 50 to 80 different Provider Agencies arrive a COA and pick up the critical PPE. We have distributed thousands of masks (including N95), gloves, bottles of hand sanitizer, face shields, shoe covers, and staff protection kits.

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.

Home Care Assistance (HCA)

COA is seeing a rise in the workforce shortage issues that plagued home care assistance prior to COVID. COA is 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.

Aetna has experienced significant challenges in getting referrals accepted and services started for the MyCare Ohio clients. Provider Services worked with Aetna to strategize on how to work with the current Provider Network.

Provider Services created and distributed a survey to the COA Provider Network. One of the survey questions was “do you have capacity to accept Aetna referrals and begin services”. Over 120 surveys were received by COA, with 48 Home Care companies stating they have capacity and would like to receive Aetna referrals. The survey results were delivered to Aetna management. Aetna will begin contacting the companies responding positively to accepting referrals.

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.

Home Delivered Meals Star Ratings- effective 4/1/2020

The purpose of this process and tool is to provide seniors and families with good information about cost and quality to make an informed choice about which contracted provider will deliver their home delivered meals. This is also aligned with COA's goal of providing the highest quality services at the lowest cost to serve as many seniors as possible with the tax dollars. This will incentivize and reward providers to have excellent quality and lower cost.

What is the Value Score?

The value score is a 5-point scale based on **50% cost** and **50% quality**. 5 is a perfect score (high quality and low cost). 1 is the lowest possible score (high cost and low quality).

How is the value score calculated?

We are using a five-point scale. Intervals (1-5) are established based on 1/5 of the range. If values fall within the same interval, scores will be the same, because they are not significantly different. The differences between intervals must be significantly different from each other. If the differences are not significant, the providers will be placed into the same interval. For example, the scores may be 4.3 and 4.5 because they are within 10 cents of each other (not separated into a 3 vs. 4 stars).

Cost calculation: we are using the provider's contract weekly rate for meals (the most common selection). The interval is defined as 1/5 of the price range. The score is calculated based on the range from highest to lowest cost with a minimum interval of 10 cents. The annual cost per interval for each county is significant: \$125,321 for Butler, \$68,468 in Hamilton, and \$118,473 in Warren.

Quality calculation: we are using the responses for the following questions from the SASI/PQR: *"are your meals good"*, *"do you have a good choice of meals"*, and *"would you recommend this meal provider to a family member or friend?"* We use the same benchmarks used for the provider quality report. Top performing providers who fall into green (1/2 standard deviation above) will fall into interval #5. Average performers (white) can have a score of 2, 3, or 4 depending on how far above or below the mean they fall. The bottom performing providers (red) can score 1, 2, or 3.

50% of the value score is derived from the cost calculation, and 50% is derived from the quality calculation.

How frequent will the value scores be updated?

The scores will be recalculated every 6 months using the most current SASI/PQR results, and each time new contracts with new rates are established.

How were the quality scores established?

COA worked with Scripps Gerontology Center at Miami University to develop the satisfaction survey (SASI) that is administered by care management to seniors every six months. The questions were developed from focus groups of seniors about the most important aspects of meal quality from the senior's perspective. The three questions used for the value rating was developed in consultation with Scripps at Miami University. The three questions represent the top quality issues for seniors and have the largest standard deviation in the scores.

Please choose a provider for your Home-delivered Meals (HDM). If no provider is chosen,
Direct Award to provider with highest Value Score.

Name of <u>Hamilton</u> County Provider (Based on Value Score Rating)	Value Score (out of 5)	Geographic Zones Served					
		West	Downtown	Central	North	Northeast	Southeast
North College Hill Senior Center (513)521-3462 www.nchseniors.org	4.3	✓		✓ Clifton Place	✓		
Mayerson Jewish Community Center (513)761-7500 www.mayersonjcc.org KOSHER PROVIDER	4.5	✓	✓	✓	✓	✓	✓
Wesley Community Services (513)661-2777 www.wesleycs.org	4.0	✓ All	✓ All	✓ All	✓ All	✓ All	✓ All
Maple Knoll Outreach for Seniors (513)984-1234 www.mkoutreach.org	4.2				✓	✓	
Cincinnati Area Senior Services, Inc. (513)721-4330 www.cassdelivers.org	3.2	✓ Delhi Estates	✓ Senior Chateau	✓ Booth, Hillcrest, Shiloh	✓ Mercy at Winton, Ridgewood	✓	✓ SEM Manor
Deupree Community Meals on Wheels (<i>HOT meals can be delivered in the Central and Northeast zones</i>) (513)561-8150 www.episcopalretirementhomes.com	3.2		✓ Walnut Hills	✓		✓	✓ Cambridge Arms, St Paul Lutheran

Hamilton County (HC) Elderly Services Program (ESP):

ZIP Codes in Each Geographic Zone

HC WEST	HC DOWNTOWN	HC CENTRAL	HC NORTH	HC NORTHEAST	HC SOUTHEAST
45001	45201	45207	45013	45039	45111
45002	45202	45212	45014	45140	45150
45030	45203	45213	45215	45236	45174
45033	45204	45216	45218	45241	45208
45038	45205	45217	45231	45242	45209
45041	45206	45220	45240	45249	45226
45051	45210	45221	45246		45227
45052	45214	45223	45251		45228
45211	45219	45224	45252		45230
45233		45225			45243
45238		45229			45244
45247		45232			45255
45248		45237			
		45239			
		45262			

Breaking News

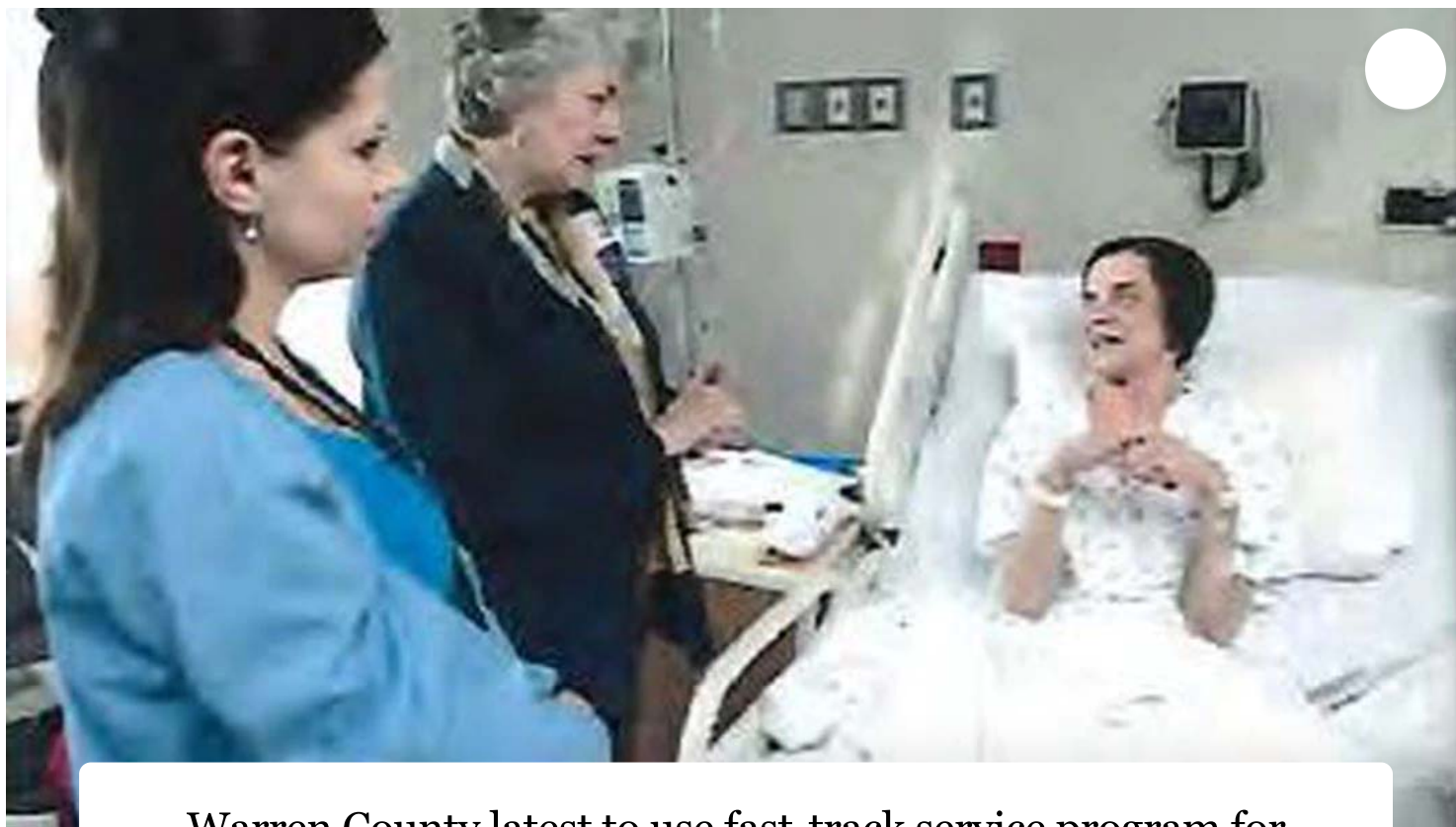
GOV. DEWINE TESTS POSITIVE FOR CORONAVIRUS

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Warren County latest to use fast-track service program for seniors leaving hospital

LOCAL NEWS | Aug 2, 2020

By Lawrence Budd

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For the first time, elderly Warren County residents included in a unique, short-term service program will be reimbursed through the county's elder-services levy for home medical equipment and other services needed after a hospital visit.

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The county last week agreed to support a pilot version of the [Council on Aging of Southwestern Ohio](#) Fast Track Home Today program, already in place in Hamilton and Clinton counties.

"This is a unique program. I'm not aware of anyone else who's doing it," Doug McGarry, executive director of the Dayton-based Area Agency on Aging: Planning and Service Area 2, said.

None of the nine counties in the service area, stretching from Montgomery County north into central Ohio, has such a transitional care services program, according to McGarry.

"We have not been able to get the additional dollars to do a program like that," said McGarry said whose coverage area also includes Champaign, Clark, Darke, Greene, Logan, Miami, Preble and Shelby counties.

While counties in this region rely on human-services levies to support senior and other social services, "citizens in Southwest Ohio see a need for senior services and are going

to support such a levy,” McGarry added.

The Council on Aging of Southwestern Ohio is expected to report back to the Warren County commissioners by October 2021 after serving 200 seniors coming home from rehabilitation or the hospital.

Staff will identify likely candidates “at bedside” and offer coaching once they get home. Home-medical equipment not otherwise offered through the agency will now be available through Fast Track Home Today.

Advertisement

“I’m not aware of any similar program in the country,” said Ken Wilson, vice president of program operations for the agency also serving Butler and Clermont counties. “We’re interested in expanding it.”

Explore Tough love: Local families struggle serving as caregivers

Wilson indicated Butler County would be revisited after voters decided on renewal of the county levy in November.

The Warren County levy expires next year and a renewal will appear on the ballot.

The program was originated five years ago in Hamilton County and has been in place for four years in Clinton County, according to Wilson.

By getting to the recipients quickly, the program is designed to shorten stays in hospital and rehabilitation, and reduce the number of re-admissions, ultimately allowing more seniors to be served at a lower cost, Wilson said.

“The coaching skills help that progress along quicker,” Wilson said.

Warren County, which contracts with the Council on Aging for elder services, will pay \$100,000 from levy reserves, the agency \$108,000 in federal funding, to cover costs of the pilot program.

Explore Executive to head United Way, social service agency in Warren County

Depending on health insurance and other support, the seniors can get transportation, meals and equipment for use in dealing with temporary or permanent infirmities.

The program eliminates delays of as much as 20 days in assessing needs and financial qualifications, Wilson said.

Warren County Commissioner Tom Grossmann questioned the need for the program, suggesting this should already be part of the system.

“Why couldn’t you do it more quickly?” Grossmann asked, suggesting the referrals could be handled by hospital staff.

Families might take advantage of the service, Grossmann said.

“I’m not saying that’s what’s going to happen,” he added before voting to support the pilot.

Under the existing system, the Council on Aging is sometimes referred by care facilities or notified about existing clients, Wilson said. Otherwise it’s up to family members to reach out.

“We go out as quickly as we can,” he said, adding the agency was committed to operating within the existing 1.21-mill levy now collecting at about 1 mill or \$35 a year per \$100,000 in property valuation.

Wilson said the program was an example of the agency “looking for ways to stretch the money further.”

County Auditor Matt Nolan, part of the county’s advisory committee to the agency, said a \$10 million levy surplus was the result of miscalculation of anticipated increases in elder service needs. He expressed support for Fast Track Home Today.

“I think it’s a great program,” Nolan said afterward.

During the meeting, Commissioner Dave Young said his mother failed to qualify for benefits.

“I know you do a wonderful job with thousands of other elderly folks,” Young added.

Commissioner Shannon Jones said “I think it makes some sense. And it’s a pilot.”

McGarry said problems with convincing seniors to enter nursing or assisted living centers due to COVID-19 concerns prompted him to contact Wilson last week about Fast Track Home Today.

“We are actually in the very early stages of looking at it,” he said.

The program McGarry envisioned wouldn’t meet the seniors at the hospital or rehab facility, but could help with short-term services they would need while healing at home.

“What will it take to get a short-term program off the ground and where do we get the money?”

The Fast Track program was developed after passage of the Affordable Care Act as part of an initiative designed to encourage hospitals to pay for the transitional services or face Medicare penalties for re-admissions in less than 20 days, McGarry said.

Premier Health Partners, operator of Miami Valley Hospital and Atrium Medical Center, is looking into it.

“We are interested in exploring short-term, transitional care services programs with other partners. Such programs could provide temporary support to help older adults recover at home and prevent unnecessary re-admissions to hospitals or nursing facilities,” according to a spokesman.

Issues like transitional care services have become more pressing in the midst of efforts to control the spread of COVID-19.

“With this pandemic, all the weaknesses in the system become that much more exaggerated,” McGarry concluded.

Undefined | Yesterday

Development would add 400 jobs near Dayton-owned
airport

Undefined | 21 hours ago

Snake, bearded dragon found outside Dayton Humane

Hamilton County Elderly Services Program
Draft Budget
January 1, 2021 - December 31, 2021

				<u>% Change</u>	
	<u>2021 Proposed Budget</u>	<u>2020 Budget</u>	<u>2020 Projected</u>	<u>2021 Budget to 2020 Projected</u>	<u>2021 Budget to 2020 Budget</u>
Revenue					
Hamilton County Levy					
Levy Appropriations	\$ 25,948,012	\$ 24,794,793	\$ 20,687,725	25.4%	4.7%
Total County Levy Funding	25,948,012	24,794,793	20,687,725	25.4%	4.7%
Client Co-Payment	417,408	554,272	494,712	-15.6%	-24.7%
Client Donations	2,517	3,397	9,090	-72.3%	-25.9%
Title III and State Funding	1,579,155	1,213,388	1,830,534	-13.7%	30.1%
Total Revenue	\$ 27,947,092	\$ 26,565,850	\$ 23,022,061	21.4%	5.2%
Expenses					
Client Services					
Intake & Assessment	\$ 242,007	\$ 230,483	\$ 219,337	10.3%	5.0%
Transportation Coord. Project	\$ 102,664	\$ 100,651	\$ 71,893	42.8%	2.0%
FTH Case Management	\$ 578,466	\$ 670,341	\$ 518,408	11.6%	-13.7%
Care Management	\$ 4,734,829	\$ 4,614,369	3,768,602	25.6%	2.6%
Provider Services	\$ 20,583,435	\$ 19,328,616	17,038,719	20.8%	6.5%
Total Client Services	26,241,401	24,944,460	21,616,959	21.4%	5.2%
COA Administration	1,705,691	1,621,390	1,405,102	21.4%	5.2%
Total Expenses	\$ 27,947,092	\$ 26,565,850	\$ 23,022,061	21.4%	5.2%

Average Daily Census for 2021 is projected to increase by 6.9% from 2020 year end Projections
A 5% contingency is added to account for deviations in client enrollment and cost assumptions.

TRANSPORTATION

ONDEMAND

SERVICE SPECIFICATIONS

2021

TRANSPORTATION
ONDEMAND
SERVICE SPECIFICATIONS
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TRANSPORTATION ONDEMAND SERVICE SPECIFICATIONS

1.0 OBJECTIVE

On Demand Transportation is a service designed to enable a client to receive high quality, person-centered, transportation for both non-emergent medical transportation and non-medical transportation. This service is authorized by the client's plan of care, when transportation is not otherwise available or funded by state plan Medicaid or any other source. Whenever possible, clients must use family, neighbors, friends or other resources to provide this service.

2.0 DEFINITIONS

Provider: A transportation company contracted with the transportation coordination entity to provide transportation services, vehicles, and drivers.

Driver: Individual contracted or employed by the transportation provider for the purposes of piloting a vehicle in a safe and professional manner.

Transportation Coordination Entity: Acts as central coordination and dispatch of providers for transportation and on demand (expedited) trips.

High Quality, Person-Centered Transportation: Transportation that meets the level of service and assistance the client requires and is customer focused.

Transportation Management System (TMS): A software package with the capability to optimize routing, scheduling, dispatching, and communication between all parties including client and/or customers.

3.0 UNIT OF SERVICE

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

3.2 The unit rate is the price quoted for the "one-way" trip.

3.3 The unit rate must include all transportation coordination associated with the trip including administrative costs, training and documentation time.

3.4 Additional units require prior authorization from Care/Case Manager

3.5 Transportation Services must be authorized by the Care/Case Manager

4.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

- 4.1 The Provider must furnish evidence of a service back-up plan to provide service when a vehicle becomes disabled.
- 4.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.101 of the Ohio Revised Code.
- 4.3 The Provider must bill using rates established in the Provider's contract.
- 4.4 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 4.5 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.
- 4.6 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the highway patrol safety inspection unit, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in Appendix A of this rule, as applicable to the vehicle inspected. A legible copy of the inspection is to be kept in the vehicle.
- 4.7 The Provider must assure that the vehicle has identifying information for the client that identifies the vehicle as a Transportation Provider. This may be done through a decal or dashboard sign.
- 4.8 The Provider must assure that all vehicle drivers have photo identification badges or uniforms identifying them as employees of the Provider.
- 4.9 Vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position used. Providers must inspect their vehicles for compliance with the items listed in Appendix B on a daily basis.
- 4.10 The Provider must have an approved device in the vehicle that can use and access the Transportation Management System that:
 - (a) Tracks available vehicles and dispatches the closest available vehicle;

- (b) Provides a driver profile photo that identifies the driver for the trip.
 - (c) Allows driver to communicate with the transportation coordinators, caregivers, medical providers and clients.
 - (d) Allows transportation coordinators or clients to schedule trips and dispatch drivers;
 - (e) Maintains the trip logs, including pick-up and drop-off locations, date and time of pick-up and drop off, job ticket number, name of the driver, and name of the client, vehicle number (if vehicle has no assigned vehicle number then the license plate number can suffice).
 - (f) Failure to keep and use the approved device for use with transportation management system will result in rejecting the claim for payment.
 - (g) Provides billing information to the transportation coordination entity.
 - (h) Allows the transportation coordination entity to access, schedule rides, dispatch and communicate with the driver.
- 4.11 In the event of systems failure, the Provider must document and maintain a record of each service-related client contact to include:
- (a) Each service delivered
 - (b) Date of contact
 - (c) Type of contact
 - (d) Name(s) of person(s) having contact with the client.
- 4.12 The provider must have a policy in place prohibiting any alcohol and drug use and have testing protocols in place for all drivers pursuant to USDOT Rule 49 CFR Part 40.

5.0 TRAINING

- 5.1 All providers will be required to attend training for the TMS system used by the transportation coordination center for scheduling, dispatch and communication with clients and transportation coordination staff.
- 5.2 Prior to transporting clients, the provider must document

agency's transportation training with return demonstration on transferring client, wheel-chair lift operation, restraint application, and universal precautions. The Provider must assure and document in driver's file, prior to transporting clients, that each driver meets all of the following requirements:

- (a) Current certificates of completion of training courses in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the National Safety Council, or an equivalent course approved by Council on Aging.
- (b) A certificate of completion of an introductory training course addressing the transport of older persons and people with disabilities, and annual training on the following:
 - (i) Introduction to COA Clients (provided by COA)
 - (ii) DRIVE or PASS
 - (iii) Sensitivity to aging training;
 - (iv) An overview of diseases and functional factors commonly affecting older adults;
 - (v) Environmental considerations affecting passengers;
 - (vi) Instruction in client assistance and transfer techniques;
 - (vii) Training on the management of wheelchairs and how to properly secure a wheelchair;
 - (viii) The inspection and operation of wheelchair lifts and other assistive equipment;
 - (ix) Emergency procedures;
 - (x) Senior abuse identification and reporting; and,
 - (xi) Infectious disease control.
- (c) In the event providers do not have a qualified DRIVE trainer on staff and additional time is required to enroll new drivers, the provider may request a waiver to allow the new driver to receive training within 6 months.

5.3 All trainings requiring renewal must be kept up to date.

6.0 Quality Standards

- 6.1 All providers engaged in business with Transportation are expected to attain and maintain quality standards set by the transportation coordinator and/or its funders.
 - (d) Provider no show (includes failure to wait) rates will be less than 5%
 - (e) Provider on time rates will be greater than 95%
 - (f) Providers will wait 15 minutes for a client to arrive and

- will contact dispatch center before leaving the area.
 - (g) Providers will offer hands on assistance through the door and with equipment for all passengers.
 - (h) Client satisfaction rates for the transportation will average 95% or higher.
- 6.2 Timeliness - Arriving to points dispatched within an acceptable window of time. All transportation coordination appointments are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
- 6.3 Pick Up - All transportation providers/drivers are expected to arrive at the pickup location at the predetermined time with the correct vehicle type. Drivers are expected to assist the client, from inside of the building, office, or home into the vehicle, unless otherwise directed. Drivers are expected to wait a minimum of 15 minutes for the client to notify the driver that they are ready.
- 6.4 Drop Off - All transportation providers/drivers are expected to arrive at the drop-off location at the predetermined time with enough time to allow for client unloading to meet the scheduled appointment time. Drivers are expected to assist the client, into and out of the vehicle and office building, unless otherwise directed.
- 6.5 Safety - Safety is of the utmost importance. Transportation providers and their drivers are consistently expected to operate and deliver all services in a safe and professional manner.
- 6.6 Securing the Passenger - All passengers in any vehicle operated under dispatch of are to be properly secured in the vehicle with the proper seatbelts and restraints. All cargo (mobility aids, oxygen tanks, medical equipment) must be properly secured to prevent any movement during transport.
- 6.7 Proper Escorting Technique –
 - (a) All hands-on escorting of all passengers including entry and exit of the vehicle must be done in compliance with training received.
 - (b) Assist in transfer or escort of all clients safely unless the client specifically refuses the assistance.
 - (c) Assistance means providing hands on assistance from inside the client's home to the destination point, which may be inside a medical facility.
 - (d) The Provider must perform the same transfer assist service when transporting the client back to the client's residence.
- 6.8 Maintain a safety checklist that includes items listed in Appendix C of this rule that must be completed by the driver

prior to transporting client(s).

- 6.8 Vehicle Environment - Vehicle must be kept clean and free from debris. The passenger areas (seats and door handles) will be cleaned and disinfected after every passenger to minimize the spread of disease.
- 6.9 There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
- 6.10 Driving-all transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action, sanction or contract termination.
- 6.11 It is the expectation that all clients & riders will be transported in a timely, safe, clean, friendly, and appropriate manner while receiving the hands-on assistance required by this service. All complaints to the contrary will be investigated. Substantiated complaints may result in corrective action, sanction or contract termination.
- 6.12 Any instance of a driver leaving a passenger pick up location without the approval of the transportation coordinator will result in a violation of these service specifications and will trigger a full investigation and may result in corrective action, sanction or contract termination.

7.0 Communication

- 7.1 The driver will make every attempt to contact the client prior to pick up to notify the client that the driver is enroute. Notification may be made through the Transportation Management System or via phone. The Driver will verify the pickup location and any special assistance required, provide an estimated time of arrival and give their name and vehicle description.
- 7.2 Updating Transportation Coordination dispatch-all drivers and providers are expected to notify the coordination dispatch if/when any event occurs that will delay arrival or cause a client/customer to be late for a scheduled appointment.
 - (a) If the client does not answer the door when the transportation arrives, and the driver has knocked, rang the doorbell and called the client (3 attempts at contact within 10 minutes), the driver will notify Transportation Coordination who will also attempt to call the client to notify them their ride is waiting.
 - (b) Transportation Coordination will notify the driver when they can leave because the trip is unsuccessful and transportation

coordination will notify the medical provider that the client was not transported.

- 7.3 Incident Reporting - Incidents are broken into two categories: Routine and Critical. All incidents are to be reported to the Transportation coordinator.
- (a) Routine Incident- an incident which **does not** require emergency (Police, Fire, EMS) assistance. These alerts are minor incidents that present routine delays or situations that require either assistance from the brokerage, transportation provider, or other non-emergency entity.
 - (i) Examples of routine alerts are traffic delays, inclement weather delays, vehicle breakdowns, unauthorized extra stops, etc.
 - (b) Critical Alerts- an emergency that has occurred while transporting a client. This includes vehicle accident, client fall, any physical health or mental health emergency, or any other incident that required involvement of emergency services (Police, Fire, EMS).
 - (i) Examples of critical alerts are heart attacks, client fall, vehicle accident, etc.
 - (c) All incident reports have multiple methods of reporting email, text message, phone calls, and reporting through the TMS.
- 7.4 Providers will be subject to annual audits performed by COA Provider Services.
- 7.5 All audit findings will be kept and used for data reporting as required by various program funders.

8.0 DRIVER REQUIREMENTS

The Provider must maintain documentation that all transportation drivers:

- 8.1 Have at least two years of verified licensed driving experience in the United States; and, the driver has the ability to understand English, written and oral instructions and document services delivered.
- 8.2 Have a current and valid driver's license with fewer than six points against the driver, issued under Chapters 4506 (CDL) or 4507(non CDL) of the Ohio Revised Code or their equivalent if the operator is a resident of another state;
- 8.3 Have followed DOT regulations related to required drug testing before and during employment (USDOT Rule 49 CFR Part 40).
- 8.4 Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
- 8.5 Prior to hiring, provide a valid copy of a signed statement

from a licensed physician acting within the scope of the physician's practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.

Note: As applicable, must meet ambulette licensure requirements by the Ohio Medical Transportation Board.

TRANSPORTATION

Appendix A

Required Annual Inspection Elements for Vehicles. Apply to all vehicles.

- A. Seating
 - 1. All seats must be securely fastened to the floor.
 - 2. No broken tubing or protruding pieces of metal should be around seats.
- B. Defrosters and heaters
 - 1. Must operate as designed.
 - 2. Heater cores must be clean and free of leaks and obstructions to the flow of air.
 - 3. Hoses must not have cracks or leaks and must otherwise be in good condition.
 - 4. Fan guards must be metal or plastic.
- C. Windshield wipers/washers
 - 1. Must operate as designed.
 - 2. Wiper blades in the vehicle operator's field of vision must be clean.
 - 3. Wiper blades must not be brittle or badly worn.
- D. The floor must be metal and intact without holes.
- E. Mirrors
 - 1. Must have at least one rear view interior mirror that is properly secured and in proper placement.
 - 2. Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.
 - 3. Prismatic lens must be properly installed.
 - 4. All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).
- F. Emergency Equipment
 - 1. Three red reflectors must be stored in the vehicle.
 - 2. The vehicle must have a five-pound dry chemical fire extinguisher with the minimum rating outlined in section 20.b.c. of the Ohio fire code and based on section 10 of the National Fire Protection Association. The fire extinguishers must be charged to the proper pressure rating and securely mounted near the vehicle operator for easy access.
 - 3. The vehicle must be equipped with a first aid kit that is full and up to date (no expired items).
- G. Brakes
 - 1. Must be properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.
 - 2. Tail exhaust pipes must be properly secured to prevent dropping on brake lines.

3. Vehicles using vacuum-assisted brakes: wheel cylinders, master cylinders, hydrovac and hose connections must be free of fluid leaks.
4. Vehicles using air brakes: reservoirs, chambers, valves, connections and lines must be free of air leaks.
5. During inspections, brake pads must be checked against the vehicle manufacturer's specifications.
6. All moisture ejection valves must be free of leaks and in proper working order.

H. Emergency Brake

1. The vehicle must have a functional emergency brake that is capable of stopping or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade and under all conditions of loading on a surface free of snow, ice, or loose material.
2. If the emergency brake is located on the drive shaft, the brakes shall:
 - a. Hold the vehicle in parked position;
 - b. Be properly mounted; and,
 - c. Have cables that are properly lubricated and not hazardously worn.

I. Steering Gear

1. The steering shaft must have no more than one half-inch upward motion when the steering wheel is pulled upwards.

The steering gear assembly, power steering unit, brackets and mounting bolts must be securely fastened.

2. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
3. Tie rod ends must function properly.
4. Tires must not rub any chassis or body component in any position.

J. The horn must operate as designed

K. Windshield/windows

1. Window glass must be free of chips or cracks and be securely mounted without exposed edges.
2. Plexiglas may not be used to replace safety glass.

L. Emergency Door (Applicable to Bus-Type Vehicles)

1. The door must be able to open to its maximum width without catching or binding.
2. All handles must be permanently installed.
3. Operating instructions for the emergency door must be lettered or decaled inside the emergency door.
4. The safety buzzer must operate as designed and be placed in the vehicle operator's area to warn passengers that the emergency door is opened.
5. The door must be free of temporary or permanent obstructions.
6. No padlocks or other added security devices are to be used to secure the door while the vehicle is in motion.

M. Springs/Shocks Must Be Intact and Properly Mounted

N. Tires

Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.

1. Retread tires should not be located on the steering axle.
2. Must be free of irregular wear, cuts, bruises, and breaks.
3. Must be balanced and in proper alignment.
4. All lugs must be present and fitted tightly on tires.
5. All tread types must match mated tires.

O. Exhaust System

1. Must be intact and operating as designed.
2. All pipe and muffler joints must be properly welded or clamped.
3. Exhaust manifolds must be free of cracks and missing bolts.

P. Lights must operate as designed and meet ORC and OAC requirements for vehicle lighting.

Q. The vehicle body condition must be intact and free of broken parts that can cause injury.

R. Gas Tank:

1. Must be free of rust/damage and /or leaks.
2. Must be securely mounted.

S. The seating area and aisle must be free of debris.

TRANSPORTATION

Appendix B

Required Daily Wheelchair Lift Inspection Elements

For each day services are provided, Providers must complete and document an inspection of the wheelchair lift prior to any client serviced that day according to these specifications:

1. Run the lift through one complete cycle to be sure that it is operable.
2. Check for any signs of seal leaking or binding.
3. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
4. Check for physical damage and jerky operation.
5. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
6. Check all fasteners and assure that all bolts are snug.
7. Make sure the lift is properly secured to the vehicle when stored.
8. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
9. Lubricate the lift in compliance with the manufacturer's requirements.
10. Providers shall not use the lift any time repairs are necessary.

TRANSPORTATION

Appendix C

Required Vehicle Safety Checklist Elements

Vehicle ID:

Odometer:

Date:

Interior:

Clean Appearance

Seats (tears, loose armrests, etc.)

Seat Belts

Wheelchair Restraints

Wheelchair Lift Ramp (good condition & secure)

Cargo Barriers (secure & in place)

Floor Coverings (safe & clean)

Electrical/Mechanical:

Brakes

Heater/Air Conditioning/Defroster

Horn

Gauges (oil, fuel, temperature, etc.)

Two-way communication device

Windshield wipers & washers

Jack & tire tools

Emergency Brake

Lights:

Headlights: high & low beams

Taillights, Marker Lights Brake

Lights

Turn Signals (front and rear)

Backup Lights

4-Way Hazard (front and rear)

License Plate Light

Interior Lights

Exterior:

Identification of Provider name

No Body Damage

Clean Appearance

Mirrors (Adjusted and Clean)

Windows (Clean)

Doors (Operable from In/Outside)

Door Locks (Operable)

Winter:

Shovel

Non-Corrosive Traction Material (sand or clay litter)

Blankets

Fluids:

Engine Oil

Brake Fluid

Engine Coolant

Power Steering*

Automatic Transmission*

Fuel

Windshield Washer

Battery

Belts & Hoses:

Fan

Alternator

Heater Hose

Radiator

No Leaks under Vehicle

Tires:

Inflation

Wear

Sidewall or Tread

Damage

Spare

Emergency Equipment Available:

Biohazard Kit

First Aid Kit

Flares or Reflector Triangles

Fire Extinguisher

**Must Be Checked at Operating Temperature*

**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 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 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 month. 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:

- 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 seconds on average.
- 4.1.3 Call abandonment rates will not exceed 5% on average.
- 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 5%
 - 4.2.1.2 Provider on time rates will be greater than 95%
 - 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 through the door and with equipment for all passengers.
 - 4.2.1.5 Client satisfaction rates for the transportation will average 95% or higher.

- 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 years of experience in transportation scheduling and dispatching.
- 5.1.2 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.
- 7.12 Real-Time Ride Tracking: System supports client and caregiver empowerment. For example, clients and caregivers can schedule online, via app, or by phone.

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.