

## AGENDA

### BCESP Advisory Council Meeting

March 9, 2023, at 3:00 pm – 5:00 pm

LifeSpan, Inc. – 1900 Fairgrove Avenue, Hamilton, OH 45014 – Bever Room

<https://councilonaging.webex.com/j.php?MTID=m81f49fdf209449eb811cae5558faced8>

Meeting number: 2346 951 3326

Password: pPAhWtwu355 (77249898 from video systems)

Join by phone

1-844-621-3956 United States Toll Free

+1-415-655-0001 US Toll

Access code: 234 695 13326

<b>CALL TO ORDER/ Welcome New Members</b>	Jennifer Roth
<b>APPROVAL OF MINUTES</b> ❖ December 8, 2022, Minutes (Action Needed)	Jennifer Roth
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report	Ken Wilson & Ronnie Spears
<b>COMMITTEE REPORTS</b> ❖ Services Committee - Service Specification Changes: Home Delivered Meals & Adult Day Services (Action Needed) ❖ Governance Committee	Jennifer Heston-Mullins  Kevin Kurpieski
<b>OLD BUSINESS</b>	Jennifer Roth
<b>NEW BUSINESS</b> ❖ State Budget Update - Healthy Aging Grants - PACE Expansion - Rate Increases ❖ Maximum Reimbursement Rates ❖ Updated Sliding Fee Scale ❖ Public Meeting Requirements ❖ Conflict of Interest / Confidentiality Forms	Suzanne Burke  Ronnie Spears Ronnie Spears Ken Wilson Jennifer Roth
<b>HEARING THE PUBLIC</b>	Jennifer Roth
<b>ADJOURNMENT</b>	Jennifer Roth

### NEXT MEETING

June 8, 2023

**MINUTES**  
**BCESP ADVISORY COUNCIL MEETING**  
**THURSDAY, DECEMBER 8, 2022 @ 3:00 P.M.**

---

**ATTENDANCE**

---

<b><i>Members Present:</i></b>	<b><i>COA Staff:</i></b>	<b><i>Guests:</i></b>
Katy Abbott, President Randy Allman Shawn Cowan Julie Gilbert Jennifer Heston-Mullins Sabrina Jewell Laura Lacey Christine Matacic Jennifer Roth Sherrill Swann	Kate Laubenthal Carl McCullough Ronnie Spears Ken Wilson	Michael Berding Karen Dages, Partners in Prime Joyce Kachelries, LifeSpan
<b><i>Excused:</i></b>	<b><i>Facilitator:</i></b>	<b><i>Scribe:</i></b>
Victoria Cheng	Katy Abbott, President	Heather Junker
<b><i>Absent:</i></b>		
John Centers		

---

**CALL TO ORDER**

---

The December 8, 2022, Butler County Elderly Services Program (ESP) Advisory Council was called to order at 3:03 p.m. by Katy Abbott. Introductions were made and Laura was welcomed to the Advisory Council.

---

**APPROVAL OF MINUTES**

---

Katy Abbott called for a motion to approve the September 8, 2022, Butler County ESP Advisory Council meeting minutes.

**Motion:** Sabrina Jewell made a motion to approve the September 8, 2022, minutes as presented.

**Second:** Christine Matacic seconded the motion.

**Action:** The September 8, 2022, minutes were unanimously approved as presented.

---

**QUARTERLY REPORTS**

---

***Program Dashboard & Financial Report***

Ken gave an overview of the Program Dashboard (please see handout for full details). He did make note that the Medicaid programs have grown. Nursing home enrollments are also lower than they have been. Some nursing facilities are closing wings and giving the beds back to the State. This is due not only to staffing challenges but also to lower demand. Ken thinks the pandemic really shifted how people think of nursing facilities because of all the visitation rules. It shifted the mentality of families and the decision to place people.

The home care provider network referrals and capacity chart is different from what has previously been reported. We have incorporated looking at the overall need of people going into Consumer Directed Care and not just those waiting on home care assistance. The charts we had before didn't show the whole picture. We're going to see a shift over time, and we want to be able to track that on the Dashboard.

Randy asked about any reimbursement strategies around community-based services as those positions are still a challenge to staff. Ken advised that the rates we're paying in ESP for home care is competitive. We increased rates by 20% and the trendline for staffing shortages isn't shifting. Ken feels that part of the problem is that Medicaid payers are way behind, and we need to get them up to market rates. We have an intense advocacy strategy underway with that. We had a legislator forum about a month ago. Legislators as well as home care aides, a family caregiver, and providers including Helping Hands who closed their business, were all present to talk about the problems with the Medicaid rates. We had a specific ask for the legislators and there has been a bill introduced in lame duck to increase those reimbursement rates by 50%. The hope is to get that through by the end of the year. It has a lot of support from our local legislators. The problem is there are a lot of competing bills, and it may get lost. If we don't win in lame duck, we're going for the State budget.

In terms of pay for performance, MyCare is a managed care option demonstration that Ohio went with several years ago. The idea is that it would incentivize the payment structure to move people out of the nursing facilities and into the community. Ohio's trendline on the balance of people receiving care in the community versus in a nursing facility is really strong. There has been a significant shift.

Jennifer H. asked if the legislative forum was sponsored by COA or the State. Ken explained that our state association initiated it, but it was organized locally. We had more legislators turn up to our session than any other region. Our local forum was all done in an hour, so it was very concise, and we highlighted what the problem and solution was.

Carl reviewed the Financial Report (please see handout for full details). Katy asked what the difference was between non-medical transportation projected and budgeted as there seems to be a larger difference there than in some of the other line items. Carl explained that's due to the cost of fuel prices and there could be more demand. We've brought on a few providers to help with that demand. Ken advised that it's also a small dollar amount, so the small variance looks like a large percentage.

### ***Market Penetration & Five-Year Levy Projections***

Ken reviewed the Market Penetration Report (please see handout for full details). This report is based off how many people are enrolled in the program compared to the number of older adults with a disability living in the county. We've been really consistent through 2021, but the number dropped in 2022. Ken attributes this to the growth in the number of people on Medicaid programs as well as the labor force problems. Some individuals who weren't able to find a provider are dropping off the program.

Ken reviewed the Five-Year Levy Projections (please see handout for full details). We started this levy cycle with a fund balance of \$9.6 million and project to end with a fund balance of \$1.5 million by 2025. With this projection, we are predicting a waiting list at the end of 2024. We will continue to monitor this over the course of time because we may find that the levy receipts increase, and we won't have the need for a waiting list. On the downside, if we see labor improve or growth in Consumer Directed Care,

that will increase costs and will move up when the waiting list would need to take place. Sabrina asked if we've ever had a waiting list. Ken advised that we've had a waiting list at two different times. The last time the levy was on the ballot for an increase, there was a waiting list. Christine asked if these projections take inflation into account. Ken advised that they do as well as any rate increases that we know about. We have also included the assumption that home delivered meal costs will come down at the end of next year. That may or may not materialize.

---

## COMMITTEE REPORTS

---

### *Services Committee*

Katy gave the Services Committee report. She gave an overview of the Program Update Report including the draft 2023 RFP Plan & Bidding Criteria as well as the draft 2023 Schedule of Provider Monitoring Reviews (please see handout in packet for full details). She noted that the application for the Senior Farmers Market program will change next year. COA plans to attend the Farmers Markets as well as other key locations so people can sign up and get their coupons immediately.

There was also an update on the Chronic Care Management pilot. Certain Medicare Advantage Plans offer comprehensive case management which is very similar to what ESP offers. COA bills Medicare and this is a cost savings to the levy. Kate added that CCM is covered under Medicare Part B and is not specific to an Advantage Plan.

COA has run some different scenarios and eligibility is going to change next year based on the new contract. As part of that new contract, the county dropped the age to 60 and above for all services rather than selective services, which will be implemented next year. Given the fact that we're lowering the age of eligibility, we asked COA to look at the way we identify those that are eligible. The Services Committee and COA are recommending a scenario for individuals ages 60 and older with two or more impairments of ADLs or IADLs. Supervision and hands-on deficit also count as an impairment. This removes a mechanical deficit (those that use a walker or cane for example) which currently counts as an impairment. This will help provide equity in the program. These requirements would be for new clients only and we wouldn't be disenrolling anyone. The scenario also includes the implementation of Fast Track Home. The implication is that we would serve 8% less individuals than we're currently serving with a savings of \$1.85 million.

Kate added that we can also scale back or adjust this if it ends up not working. Christine added that the cost savings will be seen in the future and won't be immediate. Ken advised that next year, we plan to go to the county with overlapping program modifications. We'll talk about Chronic Care Management and AddnAide at the next meeting. He would like to go to the county with one package. Sabrina asked when it would be implemented if the county approved it. Katy advised that it depends on when it happens. The idea is that COA will have a timeline when they go to the county, so it depends on when that is scheduled.

With no other questions, Katy asked for a motion to approve this scenario with the addition of Fast Track Home to be advanced to the Commissioners for final approval.

**Motion:** Sherrill Swann made a motion to approve this scenario with the addition of Fast Track Home to be advanced to the Commissioners for final approval.

**Second:** Shawn Cowan seconded the motion.

**Action:** This scenario with the addition of Fast Track Home to be advanced to the Commissioners for final approval was unanimously approved.

## ***Governance Committee***

Julie gave the Government Committee report and presented some new member applicants to everyone. Michael Berding is a Trustee in Fairfield Township and owns Midwest Prescription Packaging LLC. He is very involved with his community and has a strong interest in helping the elderly. Nancy Williams is a resident of West Chester and currently works for the West Chester Coalition of Seniors. Due to Julie being the JFS rep on the Advisory Council and the fact that she is terming off, there needed to be another JFS rep to take her place. She will be recommending Kevin Kurpieski with APS to the Commissioners as her replacement, which has been previously discussed with the Advisory Council.

**Motion:** Christine Matacic made a motion to appoint Michael Berding and Nancy Williams to the Advisory Council.

**Second:** Shawn Cowan seconded the motion.

**Action:** Michael Berding and Nancy Williams were unanimously appointed to the Advisory Council.

Julie advised she does have another person that she's speaking to who will need to be appointed by the Commissioners.

A new slate of officers needs to be decided on. Katy advised that Jennifer Roth will be taking the role of President starting next year, but we do need someone to fill the role of Vice President. Sabrina volunteered to step in as Vice President. There was discussion on whether the roles of Secretary and Treasurer can be dissolved as they are no longer needed. It was decided to table that discussion for now. Ken stated we will make a note in our planning for the Advisory Council to review the ByLaws next year and further discuss. Katy added that Jennifer Heston-Mullins will be taking the role of Services Committee Chair.

**Motion:** Christine Matacic made a motion to appoint Jen Roth as President and Sabrina Jewell as Vice President of the Advisory Council as well as Jennifer Heston-Mullins as chair of the Services Committee.

**Second:** Randy Allman seconded the motion.

**Action:** Jen Roth as President and Sabrina Jewell as Vice President of the Advisory Council as well as Jennifer Heston-Mullins as chair of the Services Committee were unanimously approved.

Julie stated the Governance Committee needs new members. She would like to see three or four people join. They don't have any meetings and correspond via email. Julie plans to speak with Kevin about chairing this Committee. Julie asked for volunteers to review applications and resumes before they are submitted to the Advisory Council or the Commissioners. Sabrina volunteered to be a part of the Committee.

---

## **OLD BUSINESS**

---

There was no old business to discuss.

---

## NEW BUSINESS

---

### *Service Specifications & Conditions of Participation- All Services*

Ken advised that there is language in our contract with the county that requires all service specifications and the conditions of participation be shared with everyone at the beginning of each new contract. These have been provided to everyone via email, with a few available hard copies at the meeting.

### *2023 Meeting Dates*

Katy reviewed the 2023 meeting dates. The Advisory Council agreed to the dates and times for 2023. Heather advised she would send out the 2023 meeting invites to everyone soon.

---

## HEARING THE PUBLIC

---

There was no one from the public requested to speak.

---

## ADJOURNMENT

---

### *Farewell to Advisory Council Members*

Katy thanked the departing members for the tenure on the BCESP Advisory Council. The Advisory Council also thanked Katy for her service and tenure as well.

With there being no further business to discuss Katy asked for a motion to adjourn.

**Motion:** Randy Allman made a motion to adjourn the meeting.

**Second:** Julie Gilbert seconded the motion.

**Action:** It was unanimously agreed to adjourn at 4:16 p.m.

---

## NEXT MEETING

---

March 9, 2023



**Butler County ESP  
Program and Financial Report  
Quarter 4, 2022 (Oct - Dec 2022)**

## Highlighted Findings

### 1. Census Trends

- A. Compared to last year (Quarter 4, 2022), census decreased by -104 clients (from 3,174 to 3,070) or -3.28%.
- B. Compared to last quarter (Quarter 3, 2022), census decreased by -36 clients (from 3,106 to 3,070) or -1.16%.

### 2. Financials

- A. Total Levy Revenue: The amount needed to be drawn down from the levy is \$10.5 million through the fourth quarter, as compared to the budgeted amount of \$11.9 million. The variance is under budget by \$1.4 or 12.0%.
- B. Total Expenses: The expenses incurred through the fourth quarter is \$11.9 million as compared to \$12.7 million in the budget. The variance is under budget by \$781,626 or 6.1%.
- C. Purchase Services: The purchased services expenses were lower by \$543,176 or 6.1% as compared to budget.



#### Quarter-End Census by Program

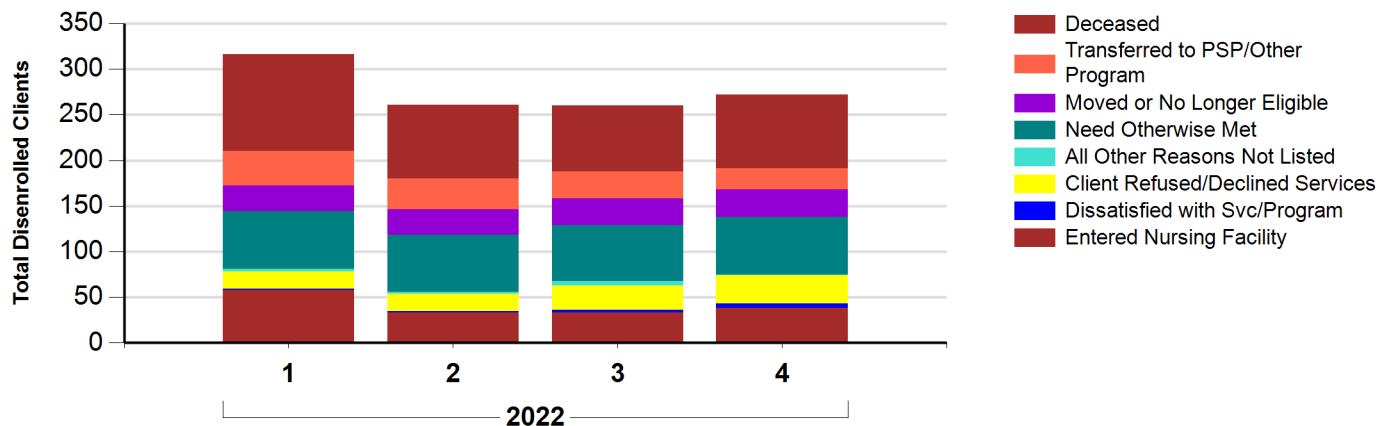
Year	2022			
Quarter	1	2	3	4
<b>ESP</b>	<b>3,092</b>	<b>3,098</b>	<b>3,106</b>	<b>3,070</b>
<b>Medicaid Programs</b>	<b>1,322</b>	<b>1,333</b>	<b>1,360</b>	<b>1,426</b>
Passport	281	280	272	280
Assisted Living	112	94	111	118
Molina	340	351	361	397
Aetna	589	608	616	631

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

Year	2022			
Quarter	1	2	3	4
Quarter-End Census	3,092	3,098	3,106	3,070
New Enrollments	241	259	273	235
Disenrollments	316	261	260	272

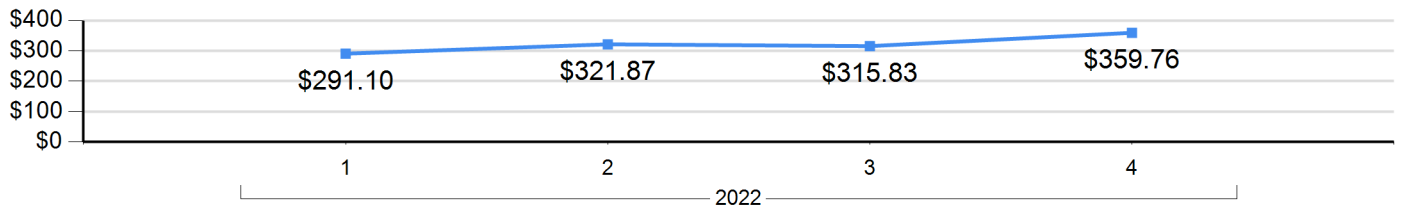
#### Disenrollment Outcomes

Year	2022			
Quarter	1	2	3	4
Deceased	106	81	72	81
Transferred to PSP/Other Program	38	34	30	23
Moved or No Longer Eligible	28	28	29	30
Need Otherwise Met	63	62	61	63
All Other Reasons Not Listed	3	2	5	1
Client Refused/Declined Services	19	19	27	31
Dissatisfied with Svc/Program	1	2	3	5
Entered Nursing Facility	58	33	33	38
<b>Total</b>	<b>316</b>	<b>261</b>	<b>260</b>	<b>272</b>



**Butler County ESP**  
**Quarter 4, 2022 (Oct - Dec 2022)**  
**TRADITIONAL ESP SERVICE TRENDS**

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



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

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	144	148	174	187
Electronic Monitoring	2,132	2,093	2,033	1,988
Home Care Assistance	835	784	748	657
Home Delivered Meals	1,495	1,510	1,548	1,560
Home Medical Equipment	125	132	170	143
Other Services	332	353	379	370
Transportation	262	267	296	283
<b>All Services (Unduplicated)</b>	<b>3,402</b>	<b>3,360</b>	<b>3,373</b>	<b>3,342</b>

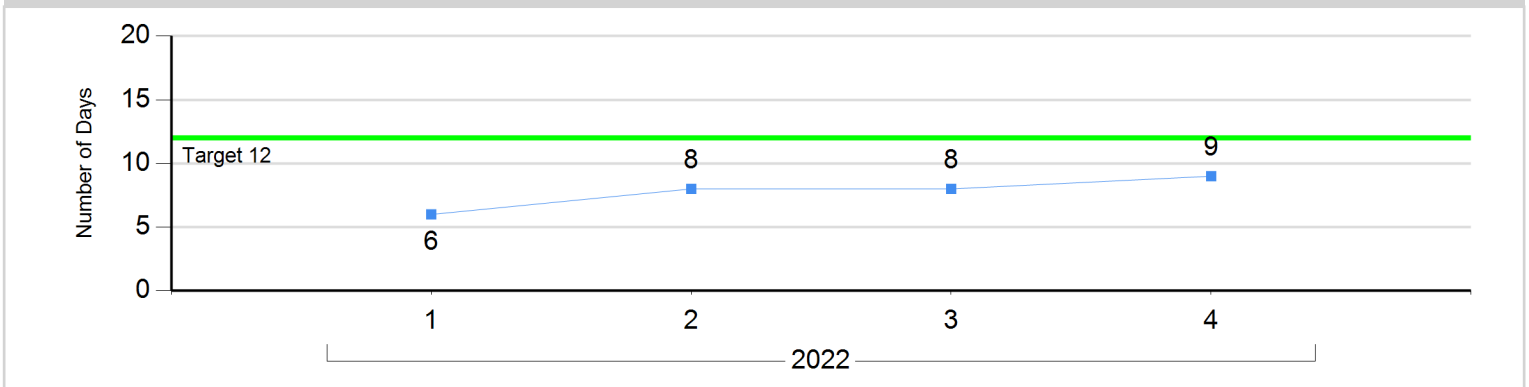
**Units Billed by Service Group<sup>12</sup>** *Please see the notes page for unit of measure descriptions by service.*

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	12,173	11,070	11,974	11,098
Electronic Monitoring	7,022	6,871	6,900	6,726
Home Care Assistance	21,041	21,172	19,038	19,673
Home Delivered Meals	93,648	96,317	96,794	99,634
Home Medical Equipment	209	209	262	226
Other Services	1,355	1,404	1,500	1,933
Transportation	2,360	2,634	2,696	2,681

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

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	\$169,776	\$174,237	\$199,511	\$191,169
Electronic Monitoring	\$121,737	\$119,151	\$120,352	\$116,114
Home Care Assistance	\$503,082	\$531,777	\$469,012	\$526,922
Home Delivered Meals	\$739,947	\$938,838	\$944,763	\$1,168,143
Home Medical Equipment	\$26,565	\$28,255	\$27,894	\$27,504
Other Services	\$149,478	\$172,556	\$206,048	\$287,998
Transportation	\$98,571	\$116,839	\$110,008	\$107,703
<b>All Services</b>	<b>\$1,809,156</b>	<b>\$2,081,652</b>	<b>\$2,077,587</b>	<b>\$2,425,554</b>

**Average Number of Days from Intake Call to the Enrollment Assessment**



**Home Care Provider Network Referrals and Capacity**

Year	Quarter	# Clients in Need of HCA & CDC	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	# of Clts Receiving Traditional HCA	# of Clts Receiving CDC
2022	1	1,347	368	27%	62%	11%
2022	2	1,409	477	34%	56%	11%
2022	3	1,408	520	37%	53%	10%
2022	4	1,327	548	41%	46%	12%

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

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	97.84%	97.95%	97.44%	97.27%
Good Choice of Meals Available	94.43%	94.44%	95.07%	93.98%

**Medical Transportation - Client Satisfaction Survey Results**

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	96.77%	95.87%	95.81%	97.10%
Service Returns Client Home Promptly	90.00%	95.07%	90.34%	92.61%

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

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	92.21%	92.01%	88.28%	91.77%
Aide is Dependable	90.09%	91.29%	87.76%	91.25%

**ESP Cost Savings Analysis**

**Referrals**

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Number of Members Assisted	129	122	146	123

**Services Awarded**

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Emergency Response Service	35	25	56	39
Home Care Assistance	0	0	0	0
Home Delivered Meals	0	0	0	0
Medical Transportation	34	34	62	43
<b>Total</b>	69	59	118	82

**Annual Cost Savings**

Year	2022
Total Cost Savings	\$324,168

## Butler County ESP

Quarter 4, 2022 (October - December 2022)

**FINANCIALS: Based on Actual Revenue & Expenses as of December 31, 2022<sup>1</sup>**

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
<b>Revenue</b>				
Tax Levy Appropriations	\$10,498,690	\$11,924,142	(\$1,425,452)	-12.0%
<b>Federal Funding</b>	\$0	\$0	\$0	0.0%
Title III C2 - Home Delivered Meals	551,795	137,450	414,345	301.5%
Title III E - Caregiver Support	108,889	110,662	(1,773)	-1.6%
Alzheimer's	0	5,517	(5,517)	-100.0%
Nutrition Services Incentive Program (NSIP)	241,474	270,556	(29,082)	-10.7%
Senior Community Services (SCS)	74,374	24,072	50,302	0.0%
Other Federal (Title C2 Supplemental, D and ARPA)	258,190	0	258,190	0.0%
<b>Other Revenue Sources (Interest)</b>	\$2,879	\$278	\$2,601	935.7%
<b>Client Contributions</b>				
Client Donations	10,715	12,450	(1,735)	-13.9%
Co-Pays Received	201,057	244,561	(43,504)	-17.8%
<b>Total Revenue</b>	<b>\$11,948,062</b>	<b>\$12,729,688</b>	<b>(\$781,626)</b>	<b>-6.1%</b>
<b>Expenses</b>				
<b>Operating Expenses</b>				
COA Administrative	\$781,649	\$832,783	\$51,134	6.1%
Intake & Assessment	284,377	314,915	30,538	9.7%
Case Management	2,488,086	2,644,864	156,778	5.9%
<b>Total Operational Expenses</b>	<b>\$3,554,112</b>	<b>\$3,792,562</b>	<b>\$238,450</b>	<b>6.3%</b>
<b>Purchased Services</b>				
Home Care Assistance	\$2,030,793	\$3,292,364	\$1,261,571	38.3%
Independent Living	251,147	307,555	56,408	18.3%
Home Medical Equipment	110,218	85,856	(24,362)	-28.4%
Electronic Monitoring	477,353	513,913	36,559	7.1%
Minor Home Modifications	316,418	414,199	97,781	23.6%
Major Housecleaning	35,541	24,097	(11,445)	-47.5%
Pest Control	57,989	39,316	(18,673)	-47.5%
Home Delivered Meals	3,791,691	2,986,014	(805,677)	-27.0%
Adult Day Service	47,112	69,855	22,743	32.6%
Adult Day Transportation	13,078	11,204	(1,875)	-16.7%
Medical Transportation	433,121	417,527	(15,594)	-3.7%
Non Medical Transportation	55,494	24,839	(30,655)	-123.4%
Consumer Directed Care	734,693	619,136	(115,557)	-18.7%
Behavior Health	39,300	131,250	91,950	70.1%
<b>Gross Purchased Services</b>	<b>\$8,393,949</b>	<b>\$8,937,126</b>	<b>\$543,176</b>	<b>6.1%</b>
<b>Gross Program Expenses</b>	<b>\$11,948,062</b>	<b>\$12,729,688</b>	<b>\$781,626</b>	<b>6.1%</b>
<b>Client Census</b>	<b>3,070*</b>	<b>3,300</b>	<b>230</b>	<b>7.0%</b>
<b>Cost of Services per Client</b>	<b>224.15</b>	<b>212.81</b>	<b>(11.34)</b>	<b>-5.3%</b>

\*Actual 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, Eviction, Health/Safety, and Unable to Meet Client Need.
  2. Client Non-Compliant includes: Declined Call/Visit, Delinquent Balance, Refused, Transfer to Passport/Other Program and Unable to Contact.
  3. Adding the difference between *New Enrollments* and *Disenrollments* in a given quarter to the previous *Quarter-end Census* may result in a discrepancy due to the timing of census reporting and back dating client enrollments and disenrollments.

## 2. Service Trends

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

- A. Adult Day - Number of Days
- B. Consumer Directed Care - Number of Hours
- 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

4. **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.

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

**HOME DELIVERED MEALS**

**SERVICE SPECIFICATION**

**EFFECTIVE ~~September 1, 2021~~ 10/1/2023**  
**(BCESP) (CCESP) (HCEP) (WCEP)**

## **ELDERLY SERVICES PROGRAM**

### **HOME DELIVERED MEALS SERVICE SPECIFICATION**

#### **TABLE OF CONTENTS**

<u>SECTION</u>	<u>PAGE</u>
1.0 Objective.....	3
2.0 Unit of Service.....	3
3.0 Menu Planning.....	4
4.0 Alternative Meals.....	5
5.0 Bulk Meals .....	6
6.0 Food Sanitation and Safety .....	7
7.0 Meal Delivery .....	8
8.0 Emergency Procedures .....	10
9.0 Provider Requirements .....	11
10.0 Provider Training.....	11
11.0 Provider Quality Improvement.....	12



## HOME DELIVERED MEALS SERVICE SPECIFICATIONS

### 1.0 OBJECTIVE

~~1.1 Home Delivered Meal Service is a service in which the provider furnishes one or more meals in the home setting to an eligible client or other eligible customer and provides client/customer choice of meal content. Each meal must meet these requirements:~~

~~(a) Contain at least one third (1/3) the Dietary Reference Intakes (DRI); unless a therapeutic diet requires otherwise.~~

~~(b) Follow the 2020-2025 Dietary Guidelines for Americans unless a therapeutic diet requires otherwise.~~

~~(c) Be served by a nutrition service provider which is under contract with Council on Aging of Southwestern Ohio;~~

1.1 Home Delivered meals is a meal delivery service based on an individual's need for assistance with activities of daily living (ADL's) and/or instrumental activities of daily living (IADL's) to safely prepare meals, or ensure meals are prepared to meet the individual's dietary needs or specialized nutritional needs, including kosher meals, as ordered by a licensed healthcare professional within his or her scope of practice.

1.2 Eligibility Criteria: Eligibility is determined by the ESP Care Manager in accordance with Ohio Administrative Code 173-4-02 and COA policy.

1.3 Home delivered meals are delivered by a nutrition service provider which is under contract with Council on Aging of Southwestern Ohio. For all meals the provider must comply with the requirements in the following rules:

1.3.1 Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community- based services programs: home delivered meals.

1.3.2 Rule 173-3-07 - Ohio Administrative Code | Ohio Laws-Older Americans Act: consumer Contributions

1.3.3 Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.

1.3.4 Rule 173-4-05.2 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: home-delivered meals

projects

1.3.5 Rule 173-4-06 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: diet orders

1.3.6 Rule 173-39-02.14 - Ohio Administrative Code | Ohio Laws- ODA provider certification: home-delivered meals.

## **2.0 UNIT OF SERVICE**

2.1 A unit of service is one (1) meal that is delivered in a single delivery or a part of a multiple delivery. ~~and prepared and delivered according to the Elderly Services Program (ESP)/ Title III Service Specifications to the client's residence.~~

2.2 The unit rate must be a total of meal cost and frequency of meal delivery. The unit rate for the meal cost must include administration, in-kind (as applicable), food production, and packaging and delivery. ~~The delivery cost is strictly for the cost to transport the meal. The frequency of meal delivery will be established by the Care Manager as a daily delivery or weekly delivery. HDM daily delivery is defined as delivery of a meal to the client's residence which occurs three to five days a week and may include delivery of weekend meals. HDM weekly delivery is defined as delivery of meals to the client's residence which occurs one or two days a week and may include delivery of weekend meals.~~

2.3 The frequency of meal delivery will be established by the Care Manager as a daily delivery or weekly delivery.

- HDM daily delivery: Meals delivered two to five days a week.
- HDM weekly delivery: Meals delivered one day a week.

2.4 ~~The number of authorized units of service may vary. Additional units of service and/or permanent change in delivery schedule will require prior authorization from the Care Manager.~~

### 3.0 MENU PLANNING

#### ~~3.1—Methods for Determining Nutritional Adequacy:~~

~~The Provider must furnish a menu that complies with rule 173-4-05, 173-4-05.2 and 173-4-06 of the Ohio Administrative Code.~~

#### **3.1** For all meals the provider must comply with the Requirements of the following rules:

- a. Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community-based services programs: home delivered meals.
- b. Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.
- c. Rule 173-4-06 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: diet orders

#### 3.2 Meal type options include:

- (a) Hot, ready to eat; or reheated at the client's home by the meal driver
- (b) Chilled, ready to eat and/or heat
- ~~(c) Frozen, ready to heat (may be a commercially frozen meal if the meal is compliance with the applicable Service Specifications)~~
- (d) Shelf stable

#### ~~3.3—The Provider must ensure that all menu types offered meet the following requirements:~~

- ~~(a)—Be approved by an Ohio-Licensed Dietitian;~~
- ~~(b)—Include specified serving sizes for each food;~~
- ~~(c)—Ingredient list for all food items must be available to clients;~~
- ~~(d)—All menu substitutions retain the nutritional adequacy of the pre-planned menu through:
  - ~~(i)—pre approval by a licensed dietitian; or~~
  - ~~(ii)—adherence to a menu substitution list/procedure pre-approved by a licensed dietitian.~~~~

#### 3.4 Person Centered Direction: The Provider must offer clients an opportunity to make a choice about food served and delivery options.

## 4.0 ALTERNATIVE MEALS

### 4.1 ~~Therapeutic meals~~

- ~~(a) If authorized by the Care Manager, a Provider must furnish a therapeutic meal. A therapeutic meal is a diet ordered by a physician, or another healthcare professional with prescriptive authority, as part of a treatment of a disease or a clinical condition to eliminate, decrease, or increase certain foods, nutrients, or substances in the diet. It is a food regimen requiring a daily minimum or maximum amount of one or more specific nutrients or a specific distribution of one or more nutrients.~~
- ~~(b) Council on Aging determines which therapeutic meals the Provider may furnish. Current meal plans considered for therapeutic reimbursement include Gluten Free, Diabetic, Renal, Cardiac, Dysphagia Management Level 1 & Level 2 and Lactose Free.~~
- ~~(c) The Provider may begin delivery of a therapeutic diet at the start of service. The provider must obtain a diet order within 30 days of start of service in order to continue providing the therapeutic diet.~~
- ~~(d) The Provider shall obtain the diet order from the physician or healthcare professional with prescriptive authority for a therapeutic meal. The diet order must be obtained any time the diet order is changed and verified at least annually. A statement of approval from the physician or healthcare professional with prescriptive authority must be obtained before changing from a therapeutic diet to a regular diet.~~
- ~~(e) The Provider shall ensure that the therapeutic meal is consistent with the diet order by utilizing a meal plan approved by a Licensed Dietitian.~~

#### Definitions:

Diet order means an order for a therapeutic diet from a licensed healthcare professional whose scope of practice includes ordering these diets.

Therapeutic diet means a diet ordered by a licensed healthcare professional whose scope of practice includes ordering therapeutic diets, including:

- As part of the treatment for a disease or clinical condition.

- To modify, eliminate, decrease or increase certain substances in the diet; or.
- To provide mechanically altered food when indicated.
- Examples of therapeutic diet are Diabetic, Cardiac, Renal, Allergen free, and Dysphagia.

4.1 For all meals the provider must comply with the Requirements of the following rules:

- a. Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community- based services programs: home delivered meals.
- b. Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.
- c. Rule 173-4-06 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: diet orders

4.2 The provider may provide a therapeutic diet to consumer **only** if the provider received a diet order for the consumer. Client is responsible for obtaining the prescription.

~~4.2—Modified meals~~

- ~~(a)—The Provider may only provide a modified meal if the nutritional adequacy of the meal is determined by nutrient analysis or the meal pattern. A physician's order is not required.~~
- ~~(b)—The Provider may offer the following modifications to the regular menu. These meal types may be offered per~~

~~client request:~~

- ~~(i) — lower concentrated sweets substitutions;~~
- ~~(ii) — lower fat/cholesterol substitutions~~

~~(c) — The Provider must provide a modified consistency meal should the client or care manager request to ease client in chewing, with a consistency specific to the client's needs. The following food textures are recommended:~~

- ~~(i) — chopped (all foods cut to ¾" or smaller);~~
- ~~(ii) — ground (all foods placed in food grinder and made to ¼" and meats are moistened with gravy/sauce);~~
- ~~(iii) — pureed "spoon thick" (food placed in blender until food holds up on a spoon, not watery).~~

~~(d) — As some food items are not suitable to be modified, any menu substitutions must receive approval from a licensed dietitian and kept on file at COA.~~

Kosher meals:

- (e) If authorized by a Care Manager, the Provider may furnish a home delivered kosher meal.
- (f) The kosher meal must comply with rule 173-4-05 of the Ohio Administrative Code as much as possible while complying with kosher practices for meal preparation and dietary restriction.
- (g) The Provider shall furnish evidence to COA that the home-delivered kosher meals that it furnishes are certified as kosher by a recognized kosher certification or a kosher establishment under orthodox rabbinic supervision.
- (h) As some food items are not suitable to be modified, any menu substitutions must receive approval from a licensed dietitian and kept on file at COA.

## **~~5.0 — BULK MEALS~~**

~~5.1 — The Home Delivered Meal (HDM) service is not designed to provide bulk quantities of foods for a client to portion out and/or prepare. All home delivered meals must be delivered as a single meal. Providers are required to assemble a prepared meal that meets at least one-third (1/3) the DRI.~~

- ~~(a) — While home delivered meals can be delivered for multiple days, they may not be delivered as bulk food items. Providers may not deliver a bag of food that is~~

~~to be portioned out for more than one meal at a time.~~

- ~~(b) It is permissible to incorporate a client's preference for an alternate delivery method for only the following food items: milk, kefir, juice, bread and butter. Milk, kefir and juice containers must not exceed one half gallon in size. Loaves of sliced bread and small containers of butter/margarine may be delivered. If these items are delivered in a larger container than one serving, the meals must include instruction as to which meal components must be combined to meet the daily nutritive requirements.~~
- ~~(c) The Provider must document the client's choice and preference for an alternative delivery method for milk, juice, kefir, bread, and butter.~~

## **5.0 PROVIDER QUALIFICATIONS**

5.1 Provider will comply with the following rules:

- a. Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community- based services programs: home delivered meals.
- b. Rule 173-39-02.14 - Ohio Administrative Code | Ohio Laws- ODA provider certification: home-delivered meals.

5.2 Provider must comply with the Elderly Services Program Conditions of Participation.

## **6.0 FOOD SANITATION AND SAFETY**

- ~~6.1 The provider shall maintain current food service licensure and demonstrate food safety compliance as determined by the local health department that has jurisdiction in the location where the provider prepares meals for delivery.~~
- ~~6.2 Ohio-based meal producers must maintain registration with the Ohio Department of Agriculture, Meat Division and/or Food Safety Division.~~
- ~~6.3 Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to appropriate authority.~~
- ~~6.4 The Provider must deliver meals that:~~
  - ~~(a) Meet the following criteria:~~

~~(i) processing must adhere to the Hazardous Analysis Critical Control Point (HACCP) principles~~

~~(ii) only freshly prepared or commercially processed foods can be used (no leftovers)~~

~~(iii) preparation techniques must be modified, when necessary, to ensure quality~~

~~(iv) chilled meals that are to be delivered hot (re-thermalized) to the client must be heated to a minimum of 165° F prior to packing the HDM route, and maintain temperature above 135° F until delivered to the client~~

~~(v) meals delivered chilled must remain at or below 41° F from the time of packing through delivery to the client~~

(b) ~~Include written preparation directions for both commercially prepared and self-produced meals.~~

~~(c) Are labeled with a production date or code and a "use before" date.~~

~~6.5 Food items, including donations, must be from a commercial vendor unless approved by COA.~~

~~6.6 Upon request, meal production must be accessible to COA for periodic monitoring.~~

## **6.0 FOOD SANITATION AND SAFETY**

6.1 Provider will comply with rules:

a. Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community-based services programs: home delivered meals.

b. Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.

6.2 Meals shall be labeled with a production date or code and a "use before" date.



## **7.0 MEAL DELIVERY**

~~7.1 The provider shall verify each meal delivery for which it bills using either an electronic or manual system. Regardless of the system used, the provider shall collect all the following information:~~

- ~~(a) Consumer's Name~~
- ~~(b) Delivery Date.~~
- ~~(c) Number of meals delivered.~~
- ~~(d) A signature or unique identifier of the client, the client's caregiver, or the delivery driver's attestation that the delivery occurred.~~

~~7.2 The Provider shall only leave the meal with the client or caregiver. If meals are left with the caregiver and the client is not home, the delivery driver must inquire as to the client's whereabouts. It is the Provider's responsibility to document absence and notify the case management staff, including the reason client was absent, if known.~~

~~7.3 The Provider is responsible for notifying Care Management of a missed delivery whether it is due to client not being home or a provider issue. If client was not home at time of delivery, information of client whereabouts shall be included, if known.~~

~~7.4 The Provider must ensure that delivery of the meal occurs between 10:00 a.m. and 6:00 p.m. or have written consent from the client and Care Manager to deliver at another time.~~

~~The Provider must notify the client if the meal will be delivered more than one (1) hour past the established delivery time.~~

~~7.5—The Provider must begin regular meal delivery on a start date authorized by the Care Manager.~~

~~7.6—The Provider must deliver meals to clients who need immediate meal support as authorized by the Care Manager or the ESP Intake and assessment:~~

~~7.6.1 Within twenty-four (24) hours; or;~~

~~7.6.2 Within a time period negotiated with the ESP Intake and assessment, not to exceed seventy-two (72) hours.~~

~~7.7—Providers using temperature controlled food delivery vehicles must maintain verification of testing meal temperatures at least monthly. All other delivery systems must test meal temperatures at least weekly.~~

~~7.8—The Provider shall provide each client with the opportunity to voluntarily contribute to a meal's cost. When soliciting for voluntary contributions, the provider must:~~

~~7.8.1 Clearly inform each client that he/she has no obligation to contribute. The Provider shall not deny a client a meal because the client does not contribute.~~

~~7.8.2 Protect each client's privacy and confidentiality with respect to the client's contribution.~~

~~7.8.3 Establish appropriate procedures to safeguard and account for all contributions.~~

~~7.8.4 Not base the suggested contribution on the client's financial means to contribute.~~

~~7.9—The Provider may use a technology based system to collect or retain the records required under this rule, if the system is approved by COA.~~

**7.1** The Provider must begin regular meal delivery on a start date authorized by the Care Manager.

**7.2** The Provider must deliver meals to clients who need immediate meal support as authorized by the Care Manager or the ESP Intake and assessment:

- Within twenty-four (24) hours; or;

- Within a time period negotiated with the ESP Intake and assessment, not to exceed seventy-two (72) hours.

**7.3** Use of a commercial or common carrier is not an acceptable means of delivery, unless prior approval is received from COA.

**7.4** The Provider shall provide each client with the opportunity to voluntarily contribute to a meals cost. When soliciting for voluntary contributions,

the provider must comply with rule:

- a. Rule 173-3-07 - Ohio Administrative Code | Ohio Laws-Older Americans Act: consumer Contributions.

## **8.0 EMERGENCY PROCEDURES**

~~8.1—The Provider must develop and document implementation of written contingency procedures for situations such as short-term weather-related emergencies, loss of power, on-site/central kitchen malfunctions, or meal delivery delays. Procedures must include notifying clients of closure and also their COA Business Relations Partner. It is not an acceptable practice to cancel meal delivery based solely on local school closures.~~

~~8.2—The Provider must prepare clients for emergencies when meals may not be delivered as scheduled by supplying each client with an 2 emergency shelf-stable meals that meets at least one-third (1/3) the DRI.~~

~~(a)—Providers are expected to replace shelf-stable meals once utilized for an emergency.~~

~~8.3—Providers shall develop and implement procedures for assuring the delivery of safe meals. Providers must immediately notify their COA Business Relations Partner if:~~

~~(a)—A person complains of a food-borne illness. The Provider must contact COA in the event that a client reports illness after eating a Provider's food, even if there is only one client.~~

~~(b)—An unsafe meal is delivered to one or more clients. Providers must have a written policy in place should the unfortunate circumstance occur that an unsafe meal is delivered to one or more clients. Procedure must include the retrieval of all meals, name of every client who received an unsafe meal, indicate whether meal was picked up prior to being consumed (or partially consumed), and which portion of the meal was consumed.~~

~~8.4—The Provider must ensure that delivery persons understand how to respond to common client in-home emergencies (e.g., client is non-responsive) or meal-related concerns (e.g., client has not eaten previous meals). The provider must document any client-related concerns in the client record and notify the Care Manager.~~

~~8.5—The Provider must ensure that delivery persons have and carry a current valid driver's license.~~

~~8.6—The Provider shall retain records to show that the owner of each meal delivery vehicle used for this service carries auto liability insurance on the vehicle.~~

**8.1** The provider must comply with rule:

- a. Rule 173-4-05.2 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: home-delivered meals projects
- b. Provider are expected to replace shelf-stable meals once utilized for an emergency.

8.2 Consistent with the condition of participation, the provider must notify COA's Manager of Procurement and provider services or their designed of any MUI that involves food borne illness and/or delivery of an unsafe meal within one hour after the provider becomes aware of the MUI.

- a. Provider must develop and implement procedures for assuring the delivery of safe meals
- b. Provider must have a written policy in place should the unfortunate circumstance occur that an unsafe meal is delivered to one or more clients.

8.3 The Provider must ensure that delivery persons understand how to respond to common client in-home emergencies (e.g., client is non-responsive) or meal-related concerns (e.g. client has not eaten previous meals). The provider must document any client- related concerns in the client record and notify the Care Manager.

8.4 The Provider must ensure that delivery persons have and carry a current valid driver's license.

**~~9.0~~ PROVIDER REQUIREMENTS**

~~9.1—The Provider is required to have service delivery capability and telephone availability at a minimum of eight (8) hours per day, seven (7) days each week even if it is a voice mail. The Provider must be able to provide meals for each of the seven (7) days per week and not necessarily deliver each of the seven (7) days.~~

~~9.2—Providers will bill the holiday meal in the month in which the meal is consumed rather than when the meal was delivered (e.g. January 1st New Year Holiday meals delivered to client on December 30th would be entered on January 1st and paid with the January billing).~~

**~~10.0~~ 9.0 PROVIDER STAFF TRAINING**

~~10.1—The Provider develop a training plan that includes orientation and annual continuing education.~~

~~10.2—Orientation: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery receives orientation on topics relevant to the employee's job duties before the employee performs those duties.~~

~~10.3—Continuing education: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery receives of training completes continuing education each year on topics that a relevant to the employee's job duties.~~

~~10.4—The provider shall make, and retain, a written record of each employee and volunteer's completion of orientation and continuing education. The record shall include topics covered during the orientation and continuing education.~~

~~10.5—Providers who produce meals must have at least one (1) food-service employee certified in food safety training.~~

9.1 Provider must comply with the following rules:

- (a) Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community- based services programs: home delivered meals.
- (b) Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.

~~11.0~~ **10.0 PROVIDER QUALITY IMPROVEMENT**

~~11.1~~ **10.1** Consistent with the Conditions of Participation, the Provider must continuously monitor all aspects of the operation and take immediate action to improve practices. Aspects required to be monitored are, at a minimum:

- (a) Food temperatures during storage, preparation, transport, and delivery of food to the client;
- (b) Preparation, holding, and delivery practices to ensure retention of quality food characteristics (e.g., flavor and texture);
- (c) Client satisfaction; provider must elicit comments from clients regarding satisfaction with food taste, portion size, appearance and temperature; meal delivery schedule and meal delivery personnel.

~~11.2~~ **10.2** Providers shall develop and implement an annual plan to evaluate and improve the effectiveness of the program's services. In the plan, the Provider shall include:

- (a) A review of the existing program;
- (b) Satisfaction survey results from clients
- (c) Program modifications made that responded to changing needs or interests of clients, staff or volunteers;

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

**ADULT DAY SERVICES**

**SERVICE SPECIFICATIONS 2023**

**EFFECTIVE October 1, 2023  
(BCESP)(CCESP)(HCESP)(WCESP)**

**ADULT DAY SERVICES**  
**SERVICE SPECIFICATIONS**

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 Objective & Client Eligibility .....	1
2.0 Units of Service .....	2
3.0 Service Requirements .....	2
4.0 Facility Requirements .....	4
5.0 Nutrition Requirements <u>for Lunch and Snacks</u> .....	4
6.0 Staffing Requirements .....	5
7.0 Client Service Management .....	6
8.0 Personnel Qualifications .....	7
9.0 Direct Care Staff Training .....	9



## **ADULT DAY SERVICES SERVICE SPECIFICATIONS**

### **1.1 OBJECTIVE and CLIENT ELIGIBILITY**

- 1.1 Adult Day Service (ADS) is a community-based service designed to meet the needs of functionally-impaired older adults and to encourage optimal capacity for self-care and/or maximize functional abilities.
- 1.2 ADS consists of structured, comprehensive and continually-supervised components that are provided in a protective setting and delivered based on individualized care plans.
- 1.3 There are two levels of ADS: Enhanced and Intensive. The levels are based upon the services furnished. Adult Day Service centers must be certified by Council on Aging of Southwestern Ohio (COA)<sup>sm</sup> as Enhanced or Intensive. A center certified to provide Intensive ADS meets the certification requirements for the Enhanced level.
- 1.4 The Case/Care Manager assesses the client's needs and preferences when determining the client's appropriateness for ADS and which level of ADS to approve.
- 1.5 Clients who are eligible for ADS must be enrolled in the ESP program and meet one of the following criteria:
  - (a) Cognitive Impairment (i.e. Dementia, Alzheimer's, etc.);
  - (b) Physical Impairment including:
    - (i) Impaired mobility (may include a prescription from a physician for a plan of care, which includes therapies and/or rehabilitation)
    - (ii) Impairments which do not require therapy, but preclude clients from attending a senior center, (ie severe arthritis, Parkinson's disease, etc.);
  - (c) The client requires a supervised, supportive environment (may include medication administration);
  - (d) The primary caregiver is in need of respite service; or
  - (e) No community based service/facility available in client's community.

## 2.0 UNITS OF SERVICE

- 2.1 Adult Day Service: A unit of service for ADS attendance is measured in time according to the following:
- (a) One-unit is less than four hours ADS per day which corresponds to a half-day authorization in the service plan.
  - (b) Two units is four or more hours ADS per day.
  - (c) A unit of service for ADS attendance does not include the time it takes to transport the client to/from the center.
  - (d) A unit of service includes, but is not limited to, administrative costs, meals/snacks, materials, supplies and labor expenses.
- 2.2 Adult Day Service Transportation: A unit of service for ADS transportation is a one-way trip. It is an industry standard that ADS transportation trips include multiple passengers. Transportation will be provided directly by the center, unless the provider subcontracts with another provider complying with the ESP Adult Day Transportation Service Specification.

## 3.0 SERVICE REQUIREMENTS

	<u>Enhanced ADS</u>	<u>Intensive ADS</u>
<u>Structured Activity Programming</u>	<u>Yes</u>	<u>Yes</u>
<u>Supervision of all activities of daily living (ADLs)</u>	<u>Yes</u>	<u>Yes</u>
<u>Supervision (Hands-on assistance with) of medication administration</u>	<u>Yes</u>	<u>Yes</u>
<u>Hands-on assistance with ADL activities</u>	<u>Yes – one or more (except bathing)</u>	<u>Yes, minimum of two ADLs (bathing included)</u>
<u>Comprehensive therapeutic activities ((activities that stimulate the mind and or/muscles are pre-planned, set-up, and structured within the written daily activities plan);</u>	<u>Yes</u>	<u>Yes</u>
<u>Monitoring of health status, i.e. blood pressure screening, weight monitoring, etc.</u>	<u>Intermittent</u>	<u>Regular monitoring of and intervention with health status i.e., blood glucose monitoring, medication dispensing</u>
<u>Hands-on assistance with personal hygiene activities</u>	<u>Yes (except bathing)</u>	<u>Yes (bathing included)</u>
<u>Health assessments</u>	<u>Yes</u>	<u>Yes</u>
<u>Social Work Services</u>	<u>No</u>	<u>Yes – not reimbursable by COA</u>
<u>Skilled nursing services (e.g., dressing changes and other treatments) and rehabilitative nursing procedures provided by an RN or LPN under the direction of an RN.</u>	<u>No</u>	<u>Yes</u>
<u>Rehabilitative and restorative services, including physical therapy, speech therapy, and occupational therapy</u>	<u>No</u>	<u>Yes -(skilled services are not reimbursable by ESP)</u>

3.1 Transportation: A Provider is required to transport each provide or arrange transportation for a client to and from the center either directly or by esubcontract. ~~The Provider has the option of servicing a zone and/or county for ADS transportation.~~

- (a) Transportation services include assistance with transfer to and from the vehicle.
- (b) ADS providers must ensure transportation services comply with the ESP Adult Day Medical Transportation service specification.
- (c) ADS providers have the option of subcontracting with any COA contracted ESP, home52, PASSPORT or Title III transportation provider. The ADS provider must ensure the subcontracted services comply with the ESP program.

#### **4.0 FACILITY REQUIREMENTS**

- 4.1 The Provider must assure that separate, identifiable space for main activity areas is available during operational hours if the center is located in a facility housing other services.
- 4.2 The Provider must furnish evidence that at least sixty (60) square feet of space is available per client for multipurpose use. ~~(excluding hallways, offices, restrooms and storage areas.) is available per client for exclusive use of ADS clients.~~
- 4.3 The center must have at least one (1) toilet for every ten clients present that it serves and at least one (1) wheelchair-accessible toilet.
- 4.4 The Provider must store clients' medications in a locked area that maintains the temperature requirements of the medications.
- 4.5 The Provider must store toxic substances in an area that is inaccessible to the clients.

4.6 An ADS center certified to provide Intensive ADS services must have appropriate bathing facilities for clients.

4.64.7 ~~The center must comply with the ADA Accessibility Guidelines for Buildings and Facilities in appendix A to 28 C.F.R. Part 36.~~

4.8 Daily and monthly planned activities must be announced through two or more of the following media: ~~posted in conspicuous locations throughout the center.~~

- Posters in prominent locations throughout the center
- An electronic display (e.g. television) in a prominent

location in the center.

- The center's website.
- Direct communication set to clients/caregivers (others) such as monthly newsletters, email, text, or mail.

~~4.7—The Provider must develop and annually review a fire inspection and emergency safety plan.~~

~~4.8—The Provider must conduct and show evidence of an annual inspection of fire extinguishers and smoke alarms.~~

~~4.9—The Provider must post evacuation procedures in prominent places throughout the center.~~

~~4.10—The Provider must conduct, on at least a quarterly basis, an evacuation drill from the center while clients are present.~~

~~The Provider must retain records of each evacuation drill including the date and time the drill is completed.~~

## **5.0 NUTRITION REQUIREMENTS FOR LUNCH AND SNACKS**

~~Provider must furnish a lunch meal and snacks as outlined below:~~

~~5.1 The provider shall provide lunch and snacks to each consumer who is present during lunchtime or snacktime.~~

~~5.2 The provision of lunch shall comply with paragraphs (A)(7) to (A)(12) of Rule 173-4-05 - Ohio Administrative Code | Ohio Laws and Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws.~~

~~(i) Meals/Snacks can be one of the following: ) Secured from COA contracted caterer;~~

~~(ii) Secured from a meal producer who meets requirements in rule 173-4-05 of the Ohio Administrative Code and is approved by COA's dietitian; or~~

~~(iii) Self-produced by the provider, if the provider meets the requirements in rule 173-4-05 of the Ohio Administrative Code and is approved by COA's dietitian.~~

~~5.2—Provider must maintain a current food license with their local health department to serve the lunch meal and snacks. Provider must maintain a current copy of the Certificate of Registration with Ohio Department of Agriculture and any required local health department licenses' from their meal producer. If self-producing meals, provider must maintain a current Certificate of Registration with Ohio Department of Agriculture and any required local health department licenses'.~~

~~5.3 Provider must maintain copies of facility health department inspections. Provider must maintain copies of inspection reports from their meal producer.~~

~~5.4 Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to appropriate authority.~~

## **6.0 STAFFING REQUIREMENTS**

- 6.1 At least two staff must be present in the ADS center when one or more clients are in attendance. At least one of the two staff must be paid as direct care staff and at least one staff persons present must be certified in CPR.
- 6.2 The staff to client ratio must be at least one staff to six clients at all times.
- 6.3 The provider shall have one RN, or LPN under the direction of an RN, present whenever a consumer who receives enhanced ADS or intensive ADS requires components of enhanced ADS or intensive ADS that fall within a nurse's scope of practice.
- 6.4 The provider shall employ an activity director to direct consumer activities. The activity director shall have the responsibility of developing the activity calendar and ensuring activities meet the requirement.

## 7.0 CLIENT SERVICE MANAGEMENT

7.1 The Provider must initiate an initial intake assessment of the client within the first two days of attendance and complete the assessment within 30 calendar days.

7.2 The initial intake assessment must include the following components:

- (a) Functional and cognitive profiles which also identify ADLs and instrumental activities of daily living (IADLS) which require attention or assistance by ADS center staff;
- (b) A social profile assessment conducted including social activity patterns, life events, community services, caregiver data, formal and informal support systems, and behavior patterns; and
- (c) A health assessment completed for each client within thirty calendar days of first attendance, conducted by a licensed healthcare professional whose scope of practice includes health assessments. The health assessment must include the client's psychosocial profile and identify the client's risk factors, diet, and medications ~~that includes, but is not limited to, a health profile including risk factors, psychosocial profile, diet, medications, and the professional's name. The -and- phone number must be documented if the professional is not a staff member of the provider.~~

7.3 A care plan must be developed by a licensed healthcare professional whose scope of practice includes health assessments for each client within the client's first thirty days of attendance or ten units of service, whichever comes first. ~~The care plan must identify~~ The care plan must document the following elements:

~~7.3 — the client's strengths, needs, problems or difficulties, goals, and objectives. The care plan must document the following elements:~~

- (a) Interests, preferences and social rehabilitative needs;
- (b) Health needs;
- (c) Specific goals, objectives and planned interventions of ADS services that enable the goals; and
- (d) A description of the client and/or caregiver involvement in development of the care plan.

- 7.4 Before administering medications or providing nursing services, therapeutic meals, nutrition consultation, or therapeutic service(s) the provider shall obtain a plan of treatment from a licensed healthcare professional whose scope of practice includes making plans of treatment. The Provider must obtain the plan of treatment at least every ninety (90) days for each for client that receives medications/treatments, nursing services, nutrition consultation, physical therapy (PT), speech therapy (ST).

~~Before providing a therapeutic meal, the Provider shall obtain a diet order from the licensed professional with prescriptive authority for a therapeutic meal. The provider may provide a therapeutic diet to a client only if the provider receives a diet prescription from the client. Client is responsible for obtaining the prescription.~~

The diet order must be updated any time the diet order is changed, and verified at least annually. The provider shall comply with the diet order requirements under rule 173-4-06 of the Administrative Code.

- 7.5 The daily attendance roster must include documentation of:
- (a) Client's name;
  - (b) Date of Service;
  - (c) Client's arrival and departure times;
  - (d) ~~List c~~Client's mode of transportation by the ADS center, name of subcontractor, family/caregiver; and
  - (e) Client's signature. ~~and the signature of the ADS staff person.~~ If the client is unable to sign, the provider must document in the client's file if initials or other mark will be used for service verification.
- 7.6 The Provider furnishing Intensive Services must document and maintain a client record of each Intensive Service delivered, i.e., bathing, health assessment, skilled nursing, PT, ST. Documentation must include date of contact, type of contact and name(s) of person(s) having contact with the client.
- 7.7 The Provider must conduct an interdisciplinary care conference with the ADS staff that should include the client and/or caregiver at least every six months **and** the plan must be revised in accordance with changes in client status, condition, preferences and response to service, when applicable. The results of the interdisciplinary care conference must be documented.
- 7.8 The Care Manager must be invited to participate in the interdisciplinary care conference and be notified of the date and time in advance.

## 8.0 PERSONNEL QUALIFICATIONS

8.1 The Provider must document and retain evidence that ADS staff possess the following qualifications:

- (a) Appropriate, current and valid licensure for all registered nurses, licensed practical nurses, social workers, physical therapists, physical therapy assistants, speech therapists, dietitians, occupational therapists and occupational therapy assistants or other licensed professionals.
- (b) The activity director must possess one of the following:
  - (i) A baccalaureate or associate degree in recreational therapy or a related degree;
  - (ii) A certification from the National Certification Council of Activities Professionals (NCCAP); or
  - ~~(iii)~~ A minimum of two years experience as an activity director or activity assistance in a related position.
  - ~~(iii)~~(iv) Compliance with the qualifications under rule 371-17-07 of the Administrative Code for directing resident activities in a nursing home.
- (c) Activity program staff must possess one of the following:
  - (i) Possess a high school diploma or high school equivalence diploma; or
  - (ii) A minimum of two years experience in a supervised position providing personal care activities and/or social/recreational services. ~~under the direction of a licensed or certified health care professional.~~
- (d) Each personal care aide must meet at least one of the following training or certification requirements prior to client contact:
  - (i) Possess a high school diploma or high school equivalence diploma;
  - (ii) Be listed on the Ohio Department of Health's Nurse Aide Registry;
  - (iii) Successfully complete the Nurse Aide Competency Evaluation Program conducted by the Ohio Department of Health under Section 3721.31 of the Revised Code;



- (iv) At least two years of employment in a supervised position to furnish personal care, to furnish activities, or to assist with activities; or
  - (v) The successful completion of a vocational program in a health or human services field.
- 8.2 Task-based training: Before each new personal care aide provides an ADS, the provider must provide task-based training and maintain document to support the training in compliance with 9.3 (a-d).
- 8.3 Each staff member that provides transportation to clients ~~Transportation—staff~~ must meet all transportation personnel requirements set forth in the ESP ~~Medical—Adult Day~~ Transportation Service Specification. The service specification is available on COA's website [www.help4seniors.org](http://www.help4seniors.org)).

## **9.0 DIRECT-CARE STAFF TRAINING:**

- 9.1 The Provider must provide orientation to all direct care staff prior to the staff member furnishing any ADS. The Provider shall train the staff members on:
  - (a) Expectation of employees;
  - (b) the employee code of ethics;
  - (c) an overview of personnel policies;
  - (d) incident reporting procedures;
  - (e) agency organization and lines of communication;
  - (f) ~~emergency procedures~~;
  - (g) task based training; and
  - (h) universal precautions for infection control procedures.
- 9.2 Each staff member must participate in at least eight (8) hours of in-service or continuing education on topics related to their position annually.
- 9.3 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
  - (a) the instructor's name, title, qualifications, and signature;
  - (b) the date and time of instruction;
  - (c) the content of the instruction; and
  - (d) the name and signature of the direct care staff member completing the training.

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

**ADULT DAY TRANSPORTATION**

**SERVICE SPECIFICATION**

**2023**

**EFFECTIVE October 2023  
(BCESP, CCESP, HCESP, WCESP)**

# ELDERLY SERVICES PROGRAM

## ADULT DAY TRANSPORTATION

### SERVICE SPECIFICATION

#### TABLE OF CONTENTS

<u>SECTION TITLE</u>	<u>SECTION</u>	<u>PAGE</u>
Objective .....	1.0 .....	1
Unit of Service.....	2.0 .....	1
Provider Requirements.....	3.0 .....	1
Training .....	4.0 .....	3
Driver Requirements .....	5.0 .....	4
<i>Appendix A</i> .....		5
<i>Appendix B</i> .....		8
<i>Appendix C</i> .....		9

## ADULT DAY TRANSPORTATION SERVICE SPECIFICATION

### **1.0 OBJECTIVE**

- 1.1 ~~Adult Day Medical~~ Transportation is a service designed to enable a client to gain access to and from the adult day center.
  - (a) Transportation ~~may will~~ be provided directly by the center, unless the center subcontracts with another provider complying to this rule. to the pharmacy after the completion of a medical appointment.
  - (b) It is an industry standard that ADS transportation trips include multiple passengers. Transportation services are not provided when a client has been under anesthesia or when a client is being admitted to or discharged from a hospital or rehabilitation facility.

### **2.0 UNIT OF SERVICE**

- 2.1 A unit of service is a "one-way" trip.
- 2.2 The unit rate is the price quoted for the "one-way" trip.
- 2.3 The unit rate must include, but not be limited to, all administrative costs, training and other costs associated with maintaining a fleet of vehicles.
- 2.4 Additional units require prior authorization from Care/Case Management.

### **3.0 PROVIDER REQUIREMENTS**

Provider requirements include the following:

- 3.1 The Provider must furnish evidence of a service back-up plan to provide service when a driver is unavailable or when a vehicle becomes disabled.
- 3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.10.1 of the Ohio Revised Code.
- 3.3 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 3.4 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.

- 3.5 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements as outlined on the Annual Inspection Form ODA0004.1.pdf (ohio.gov) ~~of this rule~~, as applicable to the vehicle inspected.
- 3.6 The Provider must assure that all vehicles are easily identifiable with the Provider's name.
- 3.7 The Provider must assure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.
- 3.8 Service Delivery
- (a) Assist in transfer of the client, as necessary, safely from client's door to the vehicle and from the vehicle to the street level entrance of the destination point. The driver must perform the same transfer assist service when transporting the client back to the client's residence. All hands-on escorting of all passengers including entry and exit of the vehicle must be done in compliance with training received.
  - (b) Vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position used. Providers must inspect their vehicles for compliance with the items listed on the Daily Vehicle Inspection Form APPENDIX A (ohio.gov) in ~~Appendix B~~ on a daily basis.
  - (c) Transfers of a passenger who remains in a wheelchair must be conducted in a safe manner.
  - (d) All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
  - (e) There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
  - (f) Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action.

3.9 ~~The Provider ADS center– may use the daily attendance roster as evidence of service delivery. In order to support services delivered by the center or the subcontractor, the roster must include: must maintain documentation for each episode of service delivery that includes\_~~

- ~~(a) A description of the service provided~~Client's name;
- ~~(b) The date~~Date of Service;
- ~~(c) The location of the pick-up~~Client's arrival and departure times;
- ~~(d) The time of the pick-up~~Client's mode of transportation i.e. ADS center, name of subcontractor, family/caregiver; and
- ~~(e) The location of the delivery~~Client's signature and the signature of the ADS staff person. If the client is unable to sign, the provider must document in the client's file if initials or other mark will be used for service verification
- ~~(f) The time of the delivery~~
- ~~(g) The name and signature of the driver~~
- ~~(h) Name and signature of the client to whom transportation services were provided.~~

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

## **4.0 TRAINING**

4.1 The Provider must assure and document in driver's file, prior to transporting clients, that each driver meets all of the following requirements:

- (a) Current certificates of completion of training courses in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the National Safety Council, or an equivalent course approved by Council on Aging<sup>sm</sup>.
- (b) Evidence of return demonstration on:
  - (i) Client transfers;

- (ii) Wheelchair lift operation; and
    - (iii) Restraint application
  - (c) Training on Universal Precautions
- 4.2 Within six months of hire, all drivers must have one of the following passenger assistance training courses:
- (a) A certificate of completion of the Passenger Assistance Safety and Sensitivity (PASS) Training <https://ctaa.org/pass/>. A refresher course is required every three years thereafter.
  - (b) A certificate of completion of the DRIVE Training <http://www.coaaa.org/cms/education/drive-training>. A refresher course is required every three years thereafter.

## 5.0 DRIVER REQUIREMENTS

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

- 5.1 At least two years of verified licensed driving experience; and the driver has the ability to understand written and oral instructions and document services delivered.
- 5.2 A current and valid driver's license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state;
- 5.3 Assurance that drivers:
  - (a) Maintain a safety checklist that includes items listed ~~in~~ on the Daily Vehicle Inspection Form APPENDIX A (ohio.gov). Appendix C of this rule that The form must be completed each day by the driver or designated staff prior to transporting client(s).
  - (b) Maintain service logs or trip sheets daily as defined in Section 3.10.
  - (c) Hands-on assistance as outlined in Section 3.8 (a).
- 5.4 Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
- 5.5 Provide a valid copy of a signed statement from a licensed physician acting within the scope of the physician's practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected

and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.

- 5.6 Provide the results of a chemical test or tests of the driver's blood, breath, or urine conducted at a hospital or other laboratory licensed by the Ohio Department of Health for the purpose of determining the alcohol and drug content of the applicant's blood, breath and/or urine.

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



## **Appendix A**

### **~~Required Annual Inspection Elements for Vehicles. Apply to all vehicles.~~**

#### **~~A. Seating~~**

- ~~1. All seats must be securely fastened to the floor.~~
- ~~2. No broken tubing or protruding pieces of metal should be around seats.~~

#### **~~B. Defrosters and heaters~~**

- ~~1. Must operate as designed.~~
- ~~2. Heater cores must be clean and free of leaks and obstructions to the flow of air.~~
- ~~3. Hoses must not have cracks or leaks and must otherwise be in good condition.~~
- ~~4. Fan guards must be metal or plastic.~~

#### **~~C. Windshield wipers/washers~~**

- ~~1. Must operate as designed.~~
- ~~2. Wiper blades in the vehicle operator's field of vision must be clean.~~
- ~~3. Wiper blades must not be brittle or badly worn.~~

#### **~~D. The floor must be metal and intact without holes.~~**

#### **~~E. Mirrors~~**

- ~~1. Must have at least one rear view interior mirror that is properly secured and in proper placement.~~
- ~~2. Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.~~
- ~~3. Prismatic lens must be properly installed.~~
- ~~4. All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).~~

#### **~~F. Emergency Equipment~~**

- ~~1. Three red reflectors must be stored in the vehicle.~~
- ~~2. The vehicle must have a five pound dry chemical fire extinguisher with the minimum rating outlined in section 20.b.c. of the Ohio fire code and based on section 10 of the National Fire Protection Association. The fire extinguishers must be securely mounted near the vehicle operator for easy access.~~
- ~~3. The vehicle must be equipped with a first aid kit.~~

#### **~~G. Brakes~~**

- ~~1. Must be properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.~~
- ~~2. Tail exhaust pipes must be properly secured to prevent dropping on brake lines.~~

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

#### ~~H. Emergency Brake~~

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

#### ~~I. Steering Gear~~

- ~~1. The steering shaft must have no more than one half inch upward motion when the steering wheel is pulled upwards.~~
- ~~2. The steering gear assembly, power steering unit, brackets and mounting bolts must be securely fastened.~~
- ~~3. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.~~
- ~~4. Tie rod ends must function properly.~~
- ~~5. Tires must not rub any chassis or body component in any position.~~

#### ~~J. The horn must operate as designed~~

#### ~~K. Windshield/windows~~

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

#### ~~L. Emergency Door (Applicable to Bus Type Vehicles)~~

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

#### ~~M. Springs/Shocks Must Be Intact and Properly Mounted~~

~~N. Tires~~

- ~~1. Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.~~
- ~~2. Retread tires should not be located on the steering axle.~~
- ~~3. Must be free of irregular wear, cuts, bruises, and breaks.~~
- ~~4. Must be balanced and in proper alignment.~~
- ~~5. All lugs must be present and fitted tightly on tires.~~
- ~~6. All tread types must match mated tires.~~

~~O. Exhaust System~~

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

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

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

~~R. Gas Tank:~~

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

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

## **TRANSPORTATION**

### **Appendix B**

#### **Required Daily Wheelchair Lift Inspection Elements**

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

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

## **TRANSPORTATION**

### **Appendix C**

#### **~~Required Vehicle Safety Checklist Elements~~**

##### **Vehicle ID:**

##### **Odometer:**

##### **Date:**

##### **Interior:**

Clean Appearance  
~~Seats (tears, loose armrests, etc.)~~  
Seat Belts  
Wheelchair Restraints  
~~Wheelchair Lift Ramp (good condition & secure)~~  
~~Cargo Barriers (secure & in place)~~  
~~Floor Coverings (safe & clean)~~  
Electrical/Mechanical:  
Brakes  
~~Heater/Air Conditioning/Defroster~~  
Horn  
~~Gauges (oil, fuel, temperature, etc.)~~  
~~Two-way communication device~~  
~~Windshield wipers & washers~~  
~~Jack & tire tools~~  
Emergency Brake  
Lights:  
    Headlights: high & low beams  
    Taillights, Marker Lights  
    Brake Lights  
    Turn Signals (front and rear)  
    Backup Lights  
    4-Way Hazard (front and rear)  
    License Plate Light  
    Interior Lights

##### **Exterior:**

~~Identification of Provider name~~  
No Body Damage  
Clean Appearance  
~~Mirrors (Adjusted and Clean)~~  
Windows (Clean)  
~~Doors (Operable from In/Outside)~~  
Door Locks (Operable)

**Winter:**

Shovel

Non-Corrosive Traction Material (sand or clay litter)

Blankets

**Fluids:**

Engine Oil

Brake Fluid

Engine Coolant

Power Steering\*

Automatic Transmission\*

Fuel

Windshield Washer

Battery

**Belts & Hoses:**

Fan

Alternator

Heater Hose

Radiator

No Leaks under Vehicle

**Tires:**

Inflation

Wear

Sidewall or Tread

Damage

Spare

**Emergency Equipment Available:**

Biohazard Kit

First Aid Kit

Flares or Reflector Triangles

Fire Extinguisher

*\*Must Be Checked At Operating Temperature*

**Butler County ESP (Senior Services Levy)**  
**Maximum Reimbursement Rates**  
**Rates as of Feb 1 , 2023**

<b>Service</b>	<b>Cost per</b>	
	<b>Unit</b>	<b>Unit</b>
Adult Day Service - Transportation	30.48	One Way Trip
Adult Day Service - (Enhanced)	48.60	Per 1/2 Day
Consumer Directed Care	3.75	Per 15 min
Electronic Monitoring System - (VTC/Camera)	41.00	Per 1/2 Month
Home Delivered (Mechanically Altered)	13.86	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Home Care Assistance	7.02	Per 15 min
Independent Living Assistance	15.25	Per 15 min

\* Consumer Directed Care change is effective 11/1/2022

\* Home Delivered Meals change is effective 10/1/2022

\* Home Care Assistance change is effective 10/1/2022

**2023 Sliding Fee Scale Effective 4/1/2022**

	1 Person		2 People		3 People		4 People		5 People		6 People	
<i>FPL (100%) &gt;&gt;&gt;</i>	\$ 14,580		\$ 19,720		\$ 24,860		\$ 30,000		\$ 35,140		\$ 40,280	
<b>Copay</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>
<b>0%</b>	\$ -	\$ 1,823	\$ -	\$ 2,465	\$ -	\$ 3,108	\$ -	\$ 3,750	\$ -	\$ 4,393	\$ -	\$ 5,035
<b>5%</b>	\$ 1,824	\$ 1,981	\$ 2,466	\$ 2,680	\$ 3,109	\$ 3,378	\$ 3,751	\$ 4,077	\$ 4,394	\$ 4,776	\$ 5,036	\$ 5,474
<b>10%</b>	\$ 1,982	\$ 2,142	\$ 2,681	\$ 2,897	\$ 3,379	\$ 3,652	\$ 4,078	\$ 4,407	\$ 4,777	\$ 5,162	\$ 5,475	\$ 5,917
<b>15%</b>	\$ 2,143	\$ 2,302	\$ 2,898	\$ 3,114	\$ 3,653	\$ 3,925	\$ 4,408	\$ 4,737	\$ 5,163	\$ 5,549	\$ 5,918	\$ 6,360
<b>20%</b>	\$ 2,303	\$ 2,463	\$ 3,115	\$ 3,331	\$ 3,926	\$ 4,199	\$ 4,738	\$ 5,067	\$ 5,550	\$ 5,935	\$ 6,361	\$ 6,803
<b>25%</b>	\$ 2,464	\$ 2,623	\$ 3,332	\$ 3,548	\$ 4,200	\$ 4,472	\$ 5,068	\$ 5,397	\$ 5,936	\$ 6,322	\$ 6,804	\$ 7,246
<b>30%</b>	\$ 2,624	\$ 2,783	\$ 3,549	\$ 3,765	\$ 4,473	\$ 4,746	\$ 5,398	\$ 5,727	\$ 6,323	\$ 6,708	\$ 7,247	\$ 7,689
<b>35%</b>	\$ 2,784	\$ 2,944	\$ 3,766	\$ 3,981	\$ 4,747	\$ 5,019	\$ 5,728	\$ 6,057	\$ 6,709	\$ 7,095	\$ 7,690	\$ 8,133
<b>40%</b>	\$ 2,945	\$ 3,104	\$ 3,982	\$ 4,198	\$ 5,020	\$ 5,293	\$ 6,058	\$ 6,387	\$ 7,096	\$ 7,481	\$ 8,134	\$ 8,576
<b>45%</b>	\$ 3,105	\$ 3,264	\$ 4,199	\$ 4,415	\$ 5,294	\$ 5,566	\$ 6,388	\$ 6,717	\$ 7,482	\$ 7,868	\$ 8,577	\$ 9,019
<b>50%</b>	\$ 3,265	\$ 3,425	\$ 4,416	\$ 4,632	\$ 5,567	\$ 5,840	\$ 6,718	\$ 7,047	\$ 7,869	\$ 8,254	\$ 9,020	\$ 9,462
<b>55%</b>	\$ 3,426	\$ 3,585	\$ 4,633	\$ 4,849	\$ 5,841	\$ 6,113	\$ 7,048	\$ 7,377	\$ 8,255	\$ 8,641	\$ 9,463	\$ 9,905
<b>60%</b>	\$ 3,586	\$ 3,746	\$ 4,850	\$ 5,066	\$ 6,114	\$ 6,387	\$ 7,378	\$ 7,707	\$ 8,642	\$ 9,027	\$ 9,906	\$ 10,348
<b>65%</b>	\$ 3,747	\$ 3,906	\$ 5,067	\$ 5,283	\$ 6,388	\$ 6,660	\$ 7,708	\$ 8,037	\$ 9,028	\$ 9,414	\$ 10,349	\$ 10,791
<b>70%</b>	\$ 3,907	\$ 4,066	\$ 5,284	\$ 5,500	\$ 6,661	\$ 6,933	\$ 8,038	\$ 8,367	\$ 9,415	\$ 9,801	\$ 10,792	\$ 11,234
<b>75%</b>	\$ 4,067	\$ 4,227	\$ 5,501	\$ 5,717	\$ 6,934	\$ 7,207	\$ 8,368	\$ 8,697	\$ 9,802	\$ 10,187	\$ 11,235	\$ 11,677
<b>80%</b>	\$ 4,228	\$ 4,387	\$ 5,718	\$ 5,934	\$ 7,208	\$ 7,480	\$ 8,698	\$ 9,027	\$ 10,188	\$ 10,574	\$ 11,678	\$ 12,120
<b>85%</b>	\$ 4,388	\$ 4,548	\$ 5,935	\$ 6,151	\$ 7,481	\$ 7,754	\$ 9,028	\$ 9,357	\$ 10,575	\$ 10,960	\$ 12,121	\$ 12,563
<b>90%</b>	\$ 4,549	\$ 4,708	\$ 6,152	\$ 6,368	\$ 7,755	\$ 8,027	\$ 9,358	\$ 9,687	\$ 10,961	\$ 11,347	\$ 12,564	\$ 13,006
<b>95%</b>	\$ 4,709	\$ 4,868	\$ 6,369	\$ 6,585	\$ 8,028	\$ 8,301	\$ 9,688	\$ 10,017	\$ 11,348	\$ 11,733	\$ 13,007	\$ 13,449
<b>100%</b>	\$ 4,869	\$ 5,029	\$ 6,586	\$ 6,801	\$ 8,302	\$ 8,574	\$ 10,018	\$ 10,347	\$ 11,734	\$ 12,120	\$ 13,450	\$ 13,893



# Public Meeting Requirements

January 2023

---

The ESP Advisory Council is classified as a public meeting and is subject to Ohio Sunshine Law requirements.

The following is a summary of the requirements that apply to public meetings:

1. Meetings can be hybrid, but must include an in-person option, including permitting the public to attend in-person. No public meeting can be 100% virtual.
2. Members must be present in person (not virtual) to be counted as part of the quorum and to vote on any issue considered at the meeting. Members may attend and participate virtually, but cannot vote and will not be counted as part of the quorum. Members must notify COA in advance if they will participate in person, or virtually, so we can determine if we meet the quorum thresholds.
3. Meetings must be open and accessible to the public and for individuals with disabilities.
4. Members of the public have a right to be heard (but not be disruptive) during public meetings.
5. The meeting must be announced a minimum of 24 hours in advance. The announcement must include the meeting time, place and purpose. COA posts all meeting information and materials including the agenda on the COA website: <https://www.help4seniors.org/news-events/public-meetings>.
6. Full and accurate minutes (not verbatim) must be taken that include facts and relevant information that reflect the rationale for decisions. Minutes must be available to the public. COA publishes minutes on the website with the meeting materials.

Executive Session is limited to certain personnel matters, purchase or sale of property, pending or imminent court action, security matters, collective bargaining or certain matters that are required per federal or state law to be kept confidential.

A complete set of sunshine law requirements can be found at:

<https://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Legal/Sunshine-Laws-Publications/2022-Sunshine-Manual.aspx>

## **Butler County Elderly Services Program**

2023

### **CONFLICT OF INTEREST POLICY**

#### **INTRODUCTION**

This policy shall apply to the Butler County Elderly Services Advisory Council. The Advisory Council recognizes that any real or perceived conflict of interest on behalf of the Advisory Council could impair the ability of the Butler County Elderly Services Program to carry out its mission. The Advisory Council has adopted this conflict of interest policy as a guide for Butler County Elderly Services Program's standard conduct as it relates to potential conflicts of interest.

#### **DEFINITIONS**

1. "Family" means a person's spouse, partner, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law.
2. "Staff" means an employee of an agency that conducts business with the Butler County Elderly Services Program.
3. A person shall be considered to have a financial interest in a matter if it could result in a financial benefit or detriment of more than \$1,000 to him or his family. A person shall be considered to have a financial interest in any business entity in which he or a member of his family owns a 5% or more interest or in which he is an officer or policy-making employee.
4. A person shall be considered to have a personal interest in a matter if his or her judgment is substantially influenced in fact or by appearance by concerns other than those of the Butler County Elderly Services Program; also, a personal interest exists if they sit on the Board, serve in management or leadership, or any agency under contract with the Butler County Elderly Services Program or Administrator.
5. A business entity shall be deemed "related to a contract agency" if agency board or staff creates the entity, if agency funds are used to create the entity, or if agency funds or staff are used in the operation of the entity.

#### **STANDARDS**

Butler County Elderly Services Advisory Council Members shall:

Exercise their professional judgment solely for the benefit of the Butler County Elderly Services Program and their stakeholders, free from any adverse or conflicting personal or financial interests.

Refrain from using or authorizing the use of the authority of their positions to secure anything of value or the promise or offer of anything of value that manifests a substantial and improper

influence upon them with respect to their duties. No board or council member may either solicit or accept gratuities, favors, or anything of monetary value from grant recipients, potential grant recipients, contractors, potential contractors, or parties to sub-agreements.

Abstain from voting on any matter in which they and/or a family member have a personal or financial interest.

Promptly inform the Advisory Council of any personal or financial interest of which they are aware which may influence their decisions. Such disclosure shall occur at least annually and at any other time that Butler County Elderly Services Advisory Council considers any matter involving a business entity in which the board member has an interest.

Refrain from participating in the selection, award, or administration of a grant if real or perceived conflicts of interest exist.

In addition:

No person shall serve concurrently as an employee or board member of a contracted provider and as a board or advisory council member of Butler County Elderly Services Program without full disclosure to Butler County Elderly Services Advisory Council.

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

## **EXCEPTIONS**

1. Upon disclosure of any violation of these standards, Butler County Elderly Services Advisory Council or the board of any agency may ratify any action it has taken without knowledge of the violation by a majority vote of disinterested board members.
2. No contract or transaction undertaken by a board without knowledge of the breach of one of these standards shall be void or voidable except as provided in Ohio Revised Code Section 1702.301.
3. Attached is Conflict of Interest reporting form:

### **Form I**

For reporting by Butler County Elderly Services Program Advisory Council. Must be completed by each Butler County Elderly Services Program Advisory Council member when elected or appointed. A new form should be completed if a subsequent conflict arises.

## FORM I

### CONFLICT OF INTEREST DISCLOSURE STATEMENT

*(For reporting by the Butler County Elderly Services Advisory Council)*

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

\_\_\_\_\_ I have received and read the "Conflict of Interest" policy of the Butler County Elderly Services Program and disclose the following:

---

---

---

---

---

---

I certify that the above information is true to the best of my knowledge and that I have no other conflict to report at this time. I further certify that I will abide by the terms of the conflict of interest policies of the Butler County Elderly Services Advisory Council and will report any new conflict of interest when it arises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

(\*) A conflict of interest exists if:

1. You are a board member of both a contract agency and the Butler County Elderly Services Advisory Council itself;
2. You are a member of Butler County Elderly Services Advisory Council and also on its staff or the staff of a contract agency;
3. You have a family member on a contract agency's board or staff;
4. You have a family member on the staff of Butler County Elderly Services Program;
5. You have a personal interest in a matter before Butler County Elderly Services Program; or
6. You or your family member has a financial interest of \$1,000 or more, or owns 5% or more of, or is an officer or policy-making employee of a business entity doing business with Butler County Elderly Services Program.



Council on Aging of Southwestern Ohio  
4601 Malsbary Road  
Blue Ash, Ohio 45242  
(513) 721-1025 or (800) 252-0155  
[www.help4seniors.org](http://www.help4seniors.org)

## **Confidentiality Policy for Board and Advisory Council Members, Volunteers and Affiliates of Council on Aging**

Respecting the privacy of our clients, donors, members, staff, volunteers and of Council on Aging (COA) itself is a basic value of COA. Personal, health and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from COA in accordance with the HIPAA Privacy and Security Rule.

Board and council members, volunteers and affiliates are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from discussing confidential information in public spaces and from leaving confidential information contained in documents or on computer screens in plain view.

Board and council members, volunteers and affiliates of COA may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of COA that such information must be kept confidential both during and after affiliation or volunteer service. Affiliates and volunteers, including board and advisory council members, are expected to return materials containing privileged or confidential information at the time of separation from affiliation or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

### **Acknowledgement of Confidentiality of Client Information**

I agree to treat all information about clients, donors, members, staff, volunteers and COA itself that I learn during my affiliation or service with COA as confidential and I understand that it would be a violation of policy to disclose such information to anyone without prior COA authorization in accordance with the HIPAA Privacy and Security Rule.

Signature of Affiliate/Volunteer \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_