



BCESP Services Committee Meeting

March 09, 2023, at 1:30 pm – 3:00 pm

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

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m84fab1afa622a5079b05b77ca28868ea>

Meeting number: 2331 543 8845

Password: v6EV2Cattp5 (86382228 from video systems)

Join by phone

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Access code: 233 154 38845

AGENDA

- | | |
|--|-------------------------|
| 1. Call to Order | Jennifer Heston-Mullins |
| 2. December 8, 2022, Minutes (Action Needed) | Jennifer Heston-Mullins |
| 3. Program Update Report | Lisa Portune |
| - 2022 Executive Summary Report of Provider Reviews | |
| - AddnAide Update | Kate Laubenthal |

OLD BUSINESS

- | | |
|---|--------------------|
| 4. ESP Evaluation Implementation Update | Kate Laubenthal |
| 5. Fast Track Home Update | Stephanie Seyfried |

NEW BUSINESS

- | | |
|--|--------------|
| 6. Service Specification Changes (Action Needed) | Lisa Portune |
| - Home Delivered Meals | |
| - Adult Day Services | |

ADJOURNMENT

Jennifer Heston-Mullins

NEXT MEETING:

June 08, 2023

Butler County Elderly Services Program (BCESP)

Services Committee Meeting

December 8, 2022

Committee Report

Present: Katy Abbott, Jennifer Heston-Mullins, Christine Maticic, Sherrill Swann, Kim Clark, Kate Laubenthal, Lisa Portune, Stephanie Seyfried, and Ken Wilson.

Call to Order: The December 8, 2022, the BCESP Advisory Council Services Committee meeting was called to order at 1:34 p.m. by Katy Abbott.

Approval of Minutes: Katy Abbott called for a motion to approve the September 8, 2022, BCESP Services Committee Minutes.

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

Second: Jennifer Heston- Mullins seconded the motion.

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

Program Update Report:

Lisa gave an overview of the Program Update Report (please refer to handout in packet). Lisa noted that Senior Helpers took the vast majority of clients from Helping Hands when they closed.

Katy asked what sites we will be going to next year for the Senior Farmers Market applications. Lisa advised we will be going to the Farmers Markets as well as other key locations to do outreach. This will allow individuals to sign up and receive their coupons immediately.

Katy asked if we're bound by Title III funding requirements or is there room for innovation in the Meals & More project. Lisa explained that we have room to innovate, and we're also bound by some Title III requirements. For example, one of those innovations is expanding the thought on how to flavor a meal. To help combat the bland meal, we can include a seasoning packet as an option for example. Jennifer H. asked what the most restrictive rule is and if there are any rules we're struggling with. Ken advised it's the rules about what needs to be included in a meal that is sometimes challenging. We want people to be healthy, but the RDA requirements hinders their choice. Some of these requirements are historical. When you go back to try to find where the requirement is, you can't find it. Ken provided another example that Ohio has a rule that a prescription is required for a specialized diet such as gluten free and cardiac meals. This delays individuals receiving their meals. We are working to verify if this is a State or Federal requirement.

Stephanie gave a quick update on the laundry delivery service. There are no Butler County clients enrolled at this time. Katy asked if the Laundry Spot will end up servicing Oxford at all. Stephanie explained that we've mapped out where the need is in the county, and they may potentially be open to that area. Jennifer H. advised if the laundry Spot needs a certain number of clients in order to serve that area, let the Advisory Council know and they can try to do some advertising to get those numbers.

Kate gave an update on AddnAide. Katy asked who pays for the background checks and Kate advised the levy does. Ken added that is part of the CDC process. Katy asked if we're still feeling like people are receptive to it and have shown interest. Kate advised that we are seeing interest and it's just taking these initial learnings and integrating them into a process.

Ken added that our contract with the county expired at the end of September. The county issued an RFP and we responded. They did award the contract to us. As part of our proposal, we talked about Scripp's evaluation as well as some of these innovations we want to bring to Butler County like AddnAide. The county was very receptive. We plan to come back to the commissioners next year with contract amendments after we've fully vetted them through the Advisory Council. Ken is recommending that we layer all these things all into one amendment to take to the county. The County did agree with the recommendation around changing the eligibility age from 65 and older to 60 and older for all services rather than selective services such as home delivered meals. This will be effective as of the first of the year.

Provider Quality Report:

Lisa reviewed the Provider Quality Report (please see handout for full details). Sherrill asked if there is a range in satisfaction scores we're trying to achieve. Lisa stated she would like to see scores in the higher 90's. That range is based on the number of people surveyed so someone can have a 94% and be in the red. Ken added that the colors are based on benchmarking. The green are the top performers, the gray means the sample size wasn't big enough, white is average, and red are concerns.

Katy noted that MedaCare Transportation's scores seem to be all over the place. Lisa advised this might speak to the fact that drivers aren't staying with companies. Katy then asked if there are any strategies around when a provider states they can't find quality people to hire. Lisa stated we have the option to put referrals on hold. At the same time, if we put providers on hold, we may have clients going without service. Ken added that we have OnDemand Transportation in Hamilton County, and the largest providers have the lowest quality scores there. Sherrill asked if we considered contracting with Uber. Ken explained that since the drivers aren't employees, they can't do the required training. The Uber model is designed for mobile people, and they don't provide assistance if individuals needs it. They also can't guarantee the type of car. Lisa also added that Uber has many variables that don't work with our population. Ken stated that we did speak with Uber extensively a few years ago to try to get a program together. The biggest variable was that we wouldn't be able to mandate the training their drivers would need. Jennifer H. asked what the gray shading on the scores meant. Ken advised it means there was an insufficient sample size.

OLD BUSINESS

There was no old business to discuss.

NEW BUSINESS

New Program & Eligibility Changes:

Kate reviewed the eligibility recommendation options (please see handout in packet for further detail). Christine asked to clarify that in Scenario 1, which COA is recommending, the age requirement is lowered but we'd be increasing the eligibility requirement to the individual needing supervision. Kate advised that was correct. We would grandfather clients in, and they wouldn't get disenrolled. Ken added that as a reminder, the reason they are discussing this is because this was a recommendation based on Scripp's Evaluation as well as recognizing our financial position. We're spending more money on ESP than we're bringing in through the levy. The only thing that's saving us right now from not having a waiting list is that we have a workforce shortage. We don't know when that will reverse. When it does, it will be good for the individuals who need service, but it will move up the need for our waiting list significantly. These scenarios don't factor in all those variables, which we will still track. At the end of the day, we're looking at a program that's not financially sound. This looks at options for sustainability.

Katy asked what the average is of the clients we're serving now. Ken advised we're serving an average of 5,152 annually. Katy then asked if we implemented something and it doesn't work, can we reverse it. Ken stated we could put this in such a way where we could reverse it if we needed to. The contract doesn't go into this level of detail anyway. This could become a program operating definition and we would inform the county that this is what our plan is. Then if it doesn't work, we could pull it back or tweak it more. Sherrill asked if there was a lot of fraud in the program. Kate advised that most individuals need to be encouraged to take the services that they need. Ken added that we also audit the providers to make sure they are providing the services that we are being billed for. Jennifer H. asked that to confirm that every client gets case management even if they just have a lifeline to which Kate advised is correct.

With no other questions, Katy asked for a motion to approve COA's recommendation of Scenario 1 with the addition of Fast Track Home to be advanced to the full Advisory Council.

Motion: Christine Maticic made a motion to approve COA's recommendation of Scenario 1 with the addition of Fast Track Home to be advanced to the full Advisory Council.

Second: Sherrill Swann seconded the motion.

Action: COA's recommendation of Scenario 1 with the addition of Fast Track Home to be advanced to the full Advisory Council was unanimously approved.

Katy asked when this would be implemented. Ken explained that is to be determined. We will package this with the other recommendations and take it to the county next year. Katy then asked if it would be in effect immediately once we do take it to the Commissioners. Ken advised that once we have a date that we're going to meet with them, we'll go in with a recommendation on the effective date. That is something we can plan out to give us time to educate the staff and provide training.

Chronic Care Management:

Kim gave an overview of Chronic Care Management (please see handout for full details). Jennifer H. asked if the individuals participating in this have a CCM care manager as well as a COA care manager. Kim explained they have one care manager through COA and the CCM piece would be

billed through Medicare and not the levy. Katy asked what percentage of clients are on a Medicare Advantage Plan. Kim stated that many of our clients have a Medicare Advantage Plan, but they can also have traditional Medicare and still receive CCM. Ken advised that around 45% of our clients have an Advantage Plan. Jennifer asked if there was different credentials required for a CCM care manager. Kim explained that there is not. The only difference is the type of training we do. We've incorporated care transitions and red flags that we can utilize to help the person. Katy asked if we have to check benefits every year to make sure the CCM is still covered. Kate advised that it is a Medicare Part B benefit and individuals don't have to have an Advantage Plan to qualify.

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

No individuals present from the public requested to speak.

ADJOURNMENT

The December 8, 2022, meeting was adjourned at 2:55 p.m.

NEXT MEETING

March 9, 2023

Butler County Program Update Report March 2023

Home Care Assistance (HCA)

Homecare providers continue to pursue hiring staff for homecare assistance. Currently, we have 11 active providers for Home Care Assistance.

Adult Day and Senior Operations

Oxford Adult Day Service (ADS) has been operating in the senior center due to a broken elevator. The elevator has been replaced and passed State inspection on February 13, 2023. A deep clean and reorganization of the ADS will occur over the next few weeks and the center will welcome clients on March 1st. Clients will continue to receive ADS services in the senior center and Oxford reports the census is growing.

A virtual Adult Day Provider Partnership Meeting was held on November 17th and attended by all eight of our contracted providers. The discussion included efforts to expand the number of facilities providing adult day services and more importantly how to market the much-needed services to individuals in the community. Providers indicated that client participation remains low due to COVID-19 concerns. Information regarding the upcoming RFP was shared and input was collected for improvements to the service specification. In whole, providers had very few suggestions for rule changes. The provider network appreciated the time to come together to collaborate and expressed a desire to meet again.

Service Specification Update:

The ESP Adult Day Service Specification was updated to remove fire and safety provider requirements that are now being completed by each municipality and the inclusion of charts to allow for easier reading.

The ESP Adult Day Transportation Service Specification was created to provide guidance to centers and subcontractors regarding ADS transportation. Previously, ADS providers referenced the medical transportation service specification. No material transportation changes will impact the provider.

A Request for Applications (RFA) was published in February. The RFA gave current ADS providers the opportunity to request ARPA funds for Capital Purchases and Projects/Pilots that support innovation of social programming for the changing needs of the older adults we serve prior to the publication of the Title III and ESP ADS RFP. Applications are due March 10, 2023, and estimated award date is by March 31, 2023

Transportation

No changes from previous report.

Independent Living Assistance (ILA)

Warming Hearts Home Care - We have placed Warming Hearts on hold for new referrals. Their contract will not be renewed. Therefore, effective 4/12/23, they will no longer be a contracted provider for ILA.

We are working with the case management to transition those clients in need of ILA services to other providers.

Senior Farmers Market Nutrition Program for 2023

We are working to re-structure how Senior Farmers Market applications are received and processed, including how coupons are distributed, for efficiency to improve the experience for the participants. COA will host coupon distribution events in each of our counties. These events will allow participants to apply and receive coupons the same day, reducing administration time and reducing the number of coupon mailings to ensure seniors have coupons to spend earlier in the season. Each approved participant receives a value of \$50.00 in coupon vouchers to spend on fresh fruits, vegetables, honey, and fresh cut herbs at participating farmers markets in all 5 counties. Eligible participants must be at least 60 years old, live in our region, and meet the income guidelines of 185% of the federal poverty level.

Modernization of Home Delivered Meals and Congregate Meal Programs

COA worked with the Livewell Collaborative in 2022 to develop a roadmap for modernizing our congregate and home delivered meal programs. Since wrapping up the project with the Livewell Collaborative, COA has hosted the following meetings:

- September 30th and October 13th – Held meetings with meals providers so discussions regarding the future of the HDM and congregate meal programs could be had.
- November 2nd – Held a Meals and More Summit with our current HDM and congregate meal providers along with potential external partners from the community to gain a unique perspective and create networking opportunities.
- December 21st - First focus group to discuss topics of interest identified at the Summit. The focus groups' intention is to discuss each topic to identify barriers, pain points, and innovative techniques to help modernize the program. The topic discussed at this meeting was meal options.

A Request for Applications (RFA) was published in February. The RFA gave current nutrition providers the opportunity to request ARPA funds for Capital Purchases and Projects/Pilots that can generate more room for innovation and modernization of the program prior to the publication of the Title III and Home Delivered Meal RFP.

Applications are due March 10, 2023, and estimated award date is by March 31, 2023

An update to Home Delivered Meal Service Specification includes a change in responsibility in obtaining a prescription for a therapeutic diet from provider to client. The service specification includes links to the appropriate rules for quick reference and allows the specification to remain current with any posted updates and changes to the rules.

Therapeutic Meal and Ohio Prescription Requirement Advocacy

COA and MOW of SW OH & N KY have been working with our government relations staff to discuss current therapeutic prescription requirements and desire to remove and/or loosen this requirement. The goal of this rule evaluation is to provide variety, increase choice, increase satisfaction, and decrease delay in providing therapeutic meals. Research includes learning what surrounding states require. Kentucky does not require a prescription for therapeutic meals. There has been contact with legislators and The Commonsense Initiative.

Grocery Delivery Service

Central Connections, one of our Title III providers, is currently contracted for grocery delivery service in Butler County using ARPA funds. This program allows an agency to assist a client with ordering groceries, picking them up safely and delivering them to the client’s residence. Assistance is provided if a client needs help putting the groceries away.

- Central Connections has started advertising the program by sending out a bulk mailing with information about the program to their 1500 clients informing them of this opportunity.

Electronic Monitoring Systems

Representatives from Guardian Medical Monitoring visited COA on 2/16/23 to share new reporting capabilities which will inform Care Managers of clients who have frequent falls, those that are not in compliance with taking medications, and a monthly aggregate of alert notifications. Guardian highlighted two new programs addressing engagement/social isolation and virtual health monitoring and will continue to share opportunities to support clients to remain safe in their homes.

| Butler County Elderly Services Program 2022 Annual Structural Compliance Review Results | | | | | | | |
|--|------------------|------------------|----------------------|-----------------|-----------------------------|------------------------|---|
| Butler County Provider List | Review Frequency | 2022 Review Date | Services Provided | Findings Detail | Corrective Action Required? | COA Follow up Strategy | Reports Completed within 30 days of resolution? |
| A Best Home Care | Annual | 11/15/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| A Miracle Home Care | Annual | 09/08/2022 | Home Care Assistance | N/A | N/A | N/A | N/A |

| | | | | | | | |
|---|----------|----------|---|---|--|----------------------|-----|
| Active Day Cincinnati | Annual | 12/28/22 | Adult Day Services, ADS Transportation | Incorrect BCII Code | Corrective Action Plan completed and closed. | N/A | N/A |
| All Gone Termite & Pest Control | Biennial | 02/18/22 | Environmental Services - Pest Control | late or missing BCII | Yes | Disciplinary Action | No |
| Always There Homecare | Annual | 08/22/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Bayley Adult Day | Annual | 10/04/22 | Adult Day Services | N/A | N/A | N/A | N/A |
| Central Connections | Annual | 12/13/22 | Home Delivered Meals, Independent Living Assistance, Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |
| Comfort and Care Home Health Agency | Annual | 09/27/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Home Care by Blackstone | Annual | 09/19/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Interim HomeStyles of Greater Cincinnati @ Cincinnati | Annual | 10/18/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| LCD Agency Services | Annual | 08/10/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| LifeSpan | Annual | 01/10/23 | Care Management | N/A | N/A | N/A | N/A |
| Maple Knoll Outreach Services for Seniors | Annual | 12/30/22 | Home Delivered Meals, Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |
| MedaCare Transportation | Biennial | 08/18/22 | Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |
| Mullaney's Pharmacy & Medical Supply | Biennial | 12/14/22 | Home Medical Equipment | Incorrect BCII Code | N/A | Schedule of Findings | Yes |
| Northwest Adult Services | Annual | 12/19/22 | Adult Day Services, ADS Transportation | Not enough meals being ordered from Invito to feed all ADS participants | N/A | Schedule of Findings | Yes |

| | | | | | | | |
|---|----------|----------|---|-----------------------|-----|----------------------|-----|
| Nova Home Care Company (2023) | Annual | 12/06/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Otterbein Lebanon Adult Day Service | Annual | 08/10/22 | Adult Day Services | N/A | N/A | N/A | N/A |
| Oxford Senior Community Adult Day Service | Annual | 12/20/22 | Adult Day Services, ADS Transportation | N/A | N/A | N/A | N/A |
| Oxford Seniors | Annual | 12/20/22 | Home Delivered Meals | N/A | N/A | N/A | N/A |
| Partners in Prime | Annual | 07/28/22 | Home Delivered Meals, Independent Living Assistance, Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |
| Prime Home Care | Annual | 03/15/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Senior Helpers of Southern Ohio (SH of Southern Ohio) | Annual | 11/21/22 | Home Care Assistance | N/A | N/A | N/A | N/A |
| Stateline Medical Equipment | Biennial | 12/06/22 | Minor Home Modifications | N/A | N/A | N/A | N/A |
| Transport- U Transportation | Biennial | 10/17/22 | Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |
| Tri State Maintenance | Biennial | 06/20/22 | Minor Home Modifications | N/A | N/A | N/A | N/A |
| Warren County Community Services | Annual | 12/16/22 | Home Delivered Meals, Medical Transport | Driver Qualifications | N/A | Schedule of Findings | N/A |
| Warren County Care Management | Annual | 12/16/22 | Care Management | N/A | N/A | N/A | N/A |
| Wesley/ MOW of Southwest OH & Northern KY | Annual | 04/19/22 | Home Delivered Meals, Independent Living Assistance, Medical Transportation, Non-Medical Transportation | N/A | N/A | N/A | N/A |

2023 BCESP Tentative Structural Compliance Review (SCR) Schedule

BUTLER COUNTY ESP STRUCTURAL COMPLIANCE REVIEW SCHEDULE – 2023

(Please find below the list of Butler County Providers of ESP Services and the tentative dates for annual review for 2023).

| Butler County ESP Providers | Review Type | Review Tentative Date |
|---|-------------|-----------------------|
| A Best Home Care | Annual | Nov. 2023 |
| A Miracle Home Care | Annual | Sept. 2023 |
| Active Day of Cincinnati | Annual | Dec. 2023 |
| All Gone Termite & Pest Control | Biennial | May. 2023 |
| Always There Homecare | Annual | Aug. 2023 |
| Bayley Adult Day Program | Annual | Sept. 2023 |
| American Ramp Systems / AmRamp | Biennial | Nov. 2023 |
| Bernens Medical | Biennial | Dec. 2023 |
| Central Connections | Annual | Jan. 2023 |
| Comfort and Care Home Health Agency | Annual | Sept. 2023 |
| Custom Home Elevator & Lift Co. | Biennial | Aug. 2023 |
| Home Care by Blackstone | Annual | April. 2023 |
| Home First | Biennial | Dec. 2023 |
| Interim HomeStyles Greater Cincinnati | Annual | Oct. 2023 |
| LCD Agency Services | Annual | Aug. 2023 |
| MedAdapt Ltd. | Biennial | June. 2023 |
| Milts Termite & Pest Control | Biennial | Aug. 2023 |
| Northwest Adult Services | Annual | Nov. 2023 |
| Nova Home Care | Annual | Dec. 2023 |
| Otterbein Lebanon Adult Day Service | Annual | Aug. 2023 |
| Oxford Community Adult Day Services | Annual | April. 2023 |
| Oxford Seniors | Annual | April. 2023 |
| Partners in Prime | Annual | July. 2023 |
| People Working Cooperatively | Biennial | May. 2023 |
| Prime Home Care | Annual | Feb. 2023 |
| Senior Helpers of Greater Cincinnati | Annual | Nov. 2023 |
| UTS | Biennial | March. 2023 |
| Warren County Community Services (WCCS) | Annual | March. 2023 |
| Wesley/ MOW of Southwest OH & Northern KY | Annual | April. 2023 |

2023 Draft Request for Proposal (RFP) Schedule

COA has intent to issue the following RFPs during 2023:

- Title III – This RFP will also contain Home Delivered Meals and Adult Day Services and is proposed to be published during the beginning of Quarter Two.
- Laundry Delivery Service – tentatively proposed to be published at the end of Quarter Two.
- Home Medical Equipment – tentatively proposed to be published in Quarter Three.
- Butler County ESP Intake and Assessment Subcontractor – tentatively proposed to be published at the end of Quarter Three
- In alignment with the goal of program modernization of our meal programs, COA has made the decision to forego a catering contract as of 10/1/2023.

We will continue to monitor client service needs as the year progresses to determine if any additional RFPs need to be published this upcoming year.

COA is pleased to announce a new process for Procurement (RFQs, RFIs and RFPs) in 2023. COA will use Bonfire, a competitive bidding platform for proposal information and submissions. Electronic Procurement ensures 100% compliance with submission requirements and leads to evaluation efficiencies.

The RFP evaluations will have 3 categories:

- **Financial Analysis and Stability:** Proposals will be scored on their agency's demonstration of financial stability.
- **The Organization and Capabilities Overview:** Focus will include- emergency preparedness, quality improvement and service delivery to meet the changing needs of the older adults. Proposals demonstrating a county presence will receive additional scoring.
- **Pricing:** Does the Proposal demonstrate competitive pricing with respect to other proposals received?

AddnAide Project Updates

AddnAide Engagement: Four field support visits were completed this week and three visits are scheduled. Three clients are waiting for a visit, but 21 clients remain on our Waiting for a Call list that may need visits scheduled.

AddnAide referrals: Since the report out for the week of 02/17/23, there have been a total of 11 referrals. 8 from Hamilton County and 3 from Warren County.

AddnAide Marketing The remainder of the digital campaign is fully launched. This includes display ads on the Google network, targeted search ads and YouTube.

AddnAide Development: This week the development team wrapped up the CSV import for Care Director. We will begin pulling Care Plan data from CareDirector and importing it into AddnAide manually next week. We have also begun work on streamlining the Employer

user interface. This work will deliver enhancements to the employers' interactions in AddnAide.

Updates on Activity in AddnAide: There are currently 27 clients who are actively receiving service through AddnAide – 16 in Hamilton County and 11 in Warren County. There are 9 clients working through the Palco paperwork process- 2 in Warren County and 7 Hamilton County.

CLIENT ACTIVITY DATA

From 2/18/23 – 2/24/23 a total of 4 new accounts (1 - Hamilton County and 3 - Warren County) were created, 1 account was deactivated. This brings the total number of deactivated accounts to 38 and active accounts to 366. Of the 404 client accounts in AddnAide:

- 112 (111 reported on 2/17/23's report) still need to accept terms [**note:** some of these individuals have active service under HCA]
- 23 (24 reported on 2/17/23's report) are in the onboarding process
- 86 (87 reported on 2/17/23's report) are ready to start conversations to match
- 145 (142 reported on 2/17/23's report) are actively using the service or working to find an employee

Hamilton County currently has 318 accounts in AddnAide, and Warren County has 86 accounts in AddnAide.

EMPLOYEE/AIDE ACTIVITY

There are currently 310 Aide accounts in AddnAide. 133 aides have requested a background check (121 reported on 2/17/23's report) 25 aides have completed the background check process, and 1 aide have deactivated their account since report out on 2/17/23. Currently of the 127 aide users in pending status, 101 have gotten information to go out and get their background check. Find the Average days for the background check process in the table below.

| DESCRIPTION | AVG. DAYS |
|--|-----------|
| DAYS UNTIL PALCO ACKNOWLEDGED THE BACKGROUND CHECK | 7 |
| DAYS UNTIL PALCO FINALIZED THE BACKGROUND CHECK | 24 |
| DAYS ELAPSED FOR BCI&I BACKGROUND CHECK RESULTS <i>(FOR AIDES THAT HAVE COMPLETED THEIR BACKGROUND CHECK)</i> | 28 |
| DAYS ELAPSED FOR BCI&I BACKGROUND CHECK RESULTS <i>(FOR AIDES THAT HAVE NOT COMPLETED THEIR BACKGROUND CHECK YET)</i> | ~47 |
| DAYS TO CONSENT TO THE BACKGROUND CHECK | 8 |
| DAYS UNTIL THE BACKGROUND CHECK WAS APPROVED | 35 |

How Aides find AddnAide

| METHOD | COUNT | % OF RESPONDENTS |
|----------------------------------|--------------|-------------------------|
| MARKETING | 122 | 42% |
| WEBSITE | 76 | 26% |
| A FAMILY MEMBER OR FRIEND | 41 | 28% |
| ANOTHER AIDE | 11 | 8% |
| COMMUNITY EVENT | 5 | 4% |
| LOCAL NONPROFIT | 14 | 10% |
| OTHER | 28 | 19% |



Innovative Council on Aging solution aims to expand the critical homecare workforce

Michelle was looking for flexible work when a church friend referred her to AddnAide. She'd been cleaning houses since high school and had experience providing care for older family members, in addition to raising her four young children. It seemed like a good fit.

And it was. Michelle signed up for AddnAide in December 2022 and has been providing care for five (and counting) older adults in Hamilton and Warren counties who need in-home help.

AddnAide was developed by Council on Aging (COA) and its subsidiary, home52, to help overcome challenges created by a national shortage of traditional homecare workers. Because of this shortage, hundreds of older adults across Southwestern Ohio need help with household tasks such as laundry, housekeeping, meal preparation, errands and more to remain in their homes. While the problem is not unique to southwestern Ohio, AddnAide is a unique and innovative solution to the problem.



AddnAide allows older adults who need and qualify for in-home care services to connect with people, like Michelle, who are willing to provide that care. No experience is required for potential caregivers to sign up for AddnAide. It's ideal for those seeking a flexible schedule, such as stay-at-home parents, retirees, those with other employment or students. It's also ideal for community-minded individuals who want to give back while supplementing their income. To create an AddnAide account, caregivers must be 18 years old, have transportation and complete a required background check.

AddnAide expands the consumer directed model of care, in which older adults can hire their own caregivers instead of using a traditional home health agency. The traditional model of consumer directed care works well for older adults who know someone within their personal network who can provide their care. However, this model excludes many older adults who have limited social circles. AddnAide is attracting new individuals - from a variety of backgrounds - to this critical workforce and expanding the pool of caregivers older adults can choose from to meet their needs.

For Michelle, AddnAide's flexibility makes all the difference. A busy mom who also helps with the family cleaning business, she needed a job that would allow her to create her own schedule.

“It’s been very good because I can make my own schedule,” she said. “I can choose what days I work and create a schedule that works for my life.”

Michelle said signing up in AddnAide was easy. After she created her account, she received information from Palco regarding how to complete the required background check. With the background check complete, Michelle’s profile became visible to older adults in the app. Michelle also has the ability to “wave” to older adults in AddnAide to let them know she is available to provide care. She receives a steady stream of employment inquiries and she is able to choose who she works with based on her skills, the older adult’s needs, and other factors including schedules and driving distance.

In AddnAide, older adults (or their designee) act as employers for their hired caregiver(s). AddnAide makes it easy to manage the employee-employer relationship, including scheduling appointments, approving timecards and getting paid. Everything is built into the AddnAide app and a third-party financial management services provider, Palco Inc., manages all the payroll and tax-related aspects of the employment relationship.

Communication is another key feature of AddnAide. For example, Michelle can easily communicate with her clients if she’s running late or needs to make schedule adjustments. She can also communicate with other members of her clients’ care teams.

Older adults who use AddnAide have a care manager who determines what services they need and how many hours of care they can receive. The AddnAide app provides safeguards to ensure older adults receive only the care they are authorized to receive, in the correct amount, and at the right time.

Most older adults in AddnAide need help with basic activities of daily living. Michelle helps her clients with cleaning and dusting, meal preparation and cooking, laundry, taking out the trash, and running errands such as grocery shopping, picking up prescriptions or going to the library. These are critical services that make all the difference for older adults who need help and want to remain independent in their homes.

Michelle’s professional cleaning experience is something her clients appreciate. “[Cleaning] is something I know how to do; I have experience,” she said. “My clients want things done a certain way and they appreciate my work.”

“I have a good relationship with my clients,” Michelle said, adding that many of her clients appreciate her Hispanic heritage and the opportunity to be exposed to new ways of doing things. “Clients ask me to cook for them, and I show them the way I was taught to cook. They really like it!”



To learn more about AddnAide visit home52.org/addnaide



Implementation Plan from the Butler County ESP Evaluation May 2022

| Number and topic | Recommendation | Ownership of Recommendation | Plan in response to recommendation | Status Fall | February 1, 2023 |
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| 1) Programmatic eligibility | <p>Recommendation #1: Review the eligibility criteria used for Butler County ESP by establishing an advisory group of ESP care managers, supervisors, administrative staff, and providers. The committee should examine whether to increase the functional eligibility criterion and whether to decrease the age requirement to 60. Any changes would also require refining the intensity level and case mix for care managers.</p> | COA Program staff (Kate) | <p>BCESP leadership to explore possibility of changing eligibly and discuss recommendations.</p> <p>Explore BCESP recommendations with Business Intelligence and finance to explore impact on cost.</p> <p>A recommendation on the changes will be provided to the ESP Advisory Council a meeting in fall 2022.</p> | BCESP leadership exploring possibilities and recommendations. BCESP leadership will regroup with COA leadership the first week in June to review initial proposals. The recommendations will be reviewed at the Advisory Council meeting on September 8th. | <p>updated age recommendation accepted by the county. updated program eligibility presented to advisory board and will be presented to the county (note this is a programmatic update and does not technically need county approval)</p> <p>Next steps: will work with BI to develop reports to monitor program enrollment when new eligibility criteria is implement to assess for need for any changes</p> |
| 2) re-evaluate case management staffing based on service/ need | <p>Recommendation #2: Keep care management services for all enrollees, regardless of service usage. However, we suggest ESP continue to explore care management intensity levels, which had been modified as a result of COVID-19. Contact intensity and model</p> | COA Program staff (Kate) | BCESP staff to explore different structures and systems for deploying case management. Explore systems that can be put in place to remove as many non-clinical tasks from case managers as possible. | A leadership team is meeting the first week in June to review progress in their exploration of non-clinical tasks and will discuss next steps. | COA presented options for low intensity case management (which BCESP management is reviewing). Will revisit topic at March CMO monthly meeting |

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| | could be varied depending on the enrollee circumstances and a better allocation of care manager resources could better target care management time allocation. Given the apparent extension of the pandemic, further refinement of the care management visitation protocol should be explored. | | <p>Review suggestions with BI and finance to explore costs for different structures</p> <p>Provide results back to BCESP team so that they can adjust their structures, processes, and policies based on BI/ Finance results and suggestions from BCESP staff</p> | | |
| 3)intensity level review, options for case management support | <p>Recommendation #3: Return to three intensity levels and more evenly distribute caseload size and intensity. Assess options for supporting care managers, such as the use of case aides with non-clinical tasks (e.g., monthly intervention lists) and responding to inquiries from participants. Continue to use the benefit specialist positions to assist care managers in their work.</p> | COA Program staff (Kate) | <p>Talk with leadership from partner counties about steps needed to return to 3 intensity levels</p> <p>Adjust polices to go back to 3 intensity levels</p> <p>Review all clients to determine intensity levels</p> <p>BCESP leadership to explore tasks that can be given to case aides.</p> | <p>Discussion and planning is underway about steps needed to return to 3 intensity levels</p> <p>Adjust polices to go back to 3 intensity levels</p> <p>Review all clients to determine intensity levels</p> <p>BCESP leadership to explore tasks that can be given to case aides.</p> | Program has returned to 3 intensity levels and will revisit use of case aides and other specialized positions for non-clinical responsibilities at CMO meeting in March |

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| <p>4)review cost sharing policy and process</p> | <p>Recommendation #4: A review of the cost-sharing amounts and processes used should be undertaken. Care managers should continue to discuss cost sharing responsibilities with enrollees, including the initial delinquent payment, but they should not be responsible for collecting delinquent payments. The policy of terminating participants for lack of payment should be reviewed. Balancing the principle of emphasizing client responsibility, versus the logistics of dropping an individual from receiving services, should be examined thoughtfully by program staff and county decision makers.</p> | <p>COA program staff (Kate/ Stephanie while Kate is out)</p> | <p>Talk with accounting about adjustments that can be made to current delinquent copay process</p> <p>Work with accounting to explore impact of non-payment for services (explore opportunities for donations)</p> <p>Review policy suggestions with partner counties</p> <p>Update policies and retrain on policies</p> | <p>In process of reviewing copayment collection policy to ensure that CM role aligns with recommendation in SCRIPPs report.</p> | <p>COA is implementing a CCS that whose focus is he income process. More work to be done to see if partner counties can be integrated into this work (similar to what is done with the benefits specialist). More work to be completed over the summer to explore options for cost sharing redesign</p> |
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| <p>5) evaluate system improvements to care director</p> | <p>Recommendation #5: Challenges associated with home care information systems are common across home care programs and the Butler County ESP experience is no exception. While many of these types of problems are found consistently across counties and states, improved communications surrounding system changes and requirements can help to mitigate care manager frustration. We recommend that COA and Butler County ESP initiate meetings with stakeholder groups to review the use of Care Director and the ways in which aspects of the system can be improved. Involving care managers in particular will provide a needed voice and can help decrease user frustration to some degree.</p> | <p>COA program staff (Kate)</p> | <p>Meet with BCESP to review changes requested to comprehensive assessment tool and</p> <p>Rebuild comprehensive and deploy training.</p> <p>Meet with BCESP team to explore processes and workflows the create barriers to staff productivity</p> | <p>Have a draft version of the updated and streamlined comprehensive assessment. Will be meeting with Care Director to build and test form before working with training on deployment.</p> <p>Have granted permissions to BESP admin users to streamline workflows. Additional work being done in the area of service authorizations</p> | <p>additional access was given to Butler county staff to allow them to make certain changes without the involvement of the Care Director team to streamline processes (removal of case notes, updating careplan and income)</p> <p>In process of finalizing the comprehensive assessment</p> <p>will start a bi-monthly meeting in April with care director team to ensure program is better informed of software updates and to ensure COA IT team is aware of any ongoing challenges.</p> |
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| <p>6) communication with service providers</p> | <p>Recommendation #6: Schedule ongoing meetings with providers to talk about how to improve delivery of services. It is recommended that meetings be organized by provider type, (HCA, HDM, transportation). As an example, providers had an array of suggestions for addressing the supply shortages, such as, including the supplemental use of established cleaning services (e.g., Molly Maids) to help fill the gap in home care assistance. Some transportation providers suggested creating a set rate for trips instead of a variable rate. A structured dialog that occurs quarterly could be a good ongoing quality improvement strategy for Butler County ESP.</p> | <p>Provider Services (Lisa Portune)</p> | <p>Provider services to increase communication with providers by holding meetings with providers by provider type to support the sharing of ideas.</p> <p>Provider services to vet all suggestions to address supply shortages with the program leadership and where appropriate follow-up on procurement of services.</p> | <p>Provider services to schedule quarterly town hall meetings with providers according to type.</p> <p>Alternative laundry services have been piloted in FastTrack Home. Have worked to expand HME to include lightweight mops and vacuums for those clients who have family, or the ability to maneuver lighter and older adult friendly devices.</p> | |
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| <p>7) increasing community awareness of program</p> | <p>Recommendation #7: Plan a meeting with internal and external COA stakeholders who can help guide marketing efforts to increase the awareness of ESP in the community</p> | <p>Communications (Paula Smith)/ COA program staff (Kate and Stephanie) BCESP program staff (Katie)</p> | <p>Increased targeted outreach efforts with the following tactics:</p> <ul style="list-style-type: none"> • Targeted FB and Google advertising • Attend one or more of the new congregate meals happening at the West Chester library to give a talk about ESP and do onsite screenings for eligibility with additional services • Pilot grassroots outreach models. • Identify groups to speak to about ESP in this region • Identify other advertising opportunities in this region <p>Outreach and education to hospital discharge planners with the pilot FastTrack home model.</p> | <p>COA is in the process of building these strategies into a plan for the upcoming year. We are interested in targeting outreach into specific geographies so that we can measure the effectiveness of the impact. Probably starting with the West Chester and Liberty Township areas.</p> | |
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| <p>8) continued ways to support workforce</p> | <p>Recommendation #8: Explore ways to increase wages and benefits to new and existing workers (e.g., sign on and retention bonuses, wage pass through grants, decrease administrative responsibility so more funding can be used on workers). Work with providers to streamline requirements. One suggestion advanced by providers was to modify the RN/LPN supervisory visit requirement that could save providers money, which could be funneled to increasing worker wages. Consider (in rural, hard to staff areas) funding better support for transportation (e.g., Uber, Lyft, public transport, mileage reimbursement). Support the development of worker training aimed at communication, conflict resolution, and understanding mental health and cognitive</p> | <p>Provider services (Lisa Portune)</p> | <p>Work with the financial department to explore creative ways to address the economic increase of wages. In May of 2021 updated HCA service specifications were approved which removed the RN/LPN supervisory requirement, and the initial home visit. Supervisory visits are not only necessary to address complaint resolution. This change continues to be reviewed with providers during their meetings with their Provider Services BRP. Many providers report the initial visit is still completed, due to ease in getting necessary paperwork completed and those that still do supervisory visits do so because they choose to for their preferred process. Provider</p> | <p>Providers received a significant rate increase in the form of monthly relief payments to assist the providers ability to increase wages, provide a bonus structure, assist with transportation of their workers. The rate increases will be rolled into their current contract rate with the additional contract percentage increase for the new fiscal year beginning 10/1/22. A provider survey was sent to help determine who providers would be supporting their workers with their relief payments. Many providers indicated they would be accessing support for transportation, such as Uber, Lyft, public transportation and increased mileage reimbursement. A survey will be sent in 9/2022 to further determine the effect of the relieve payment and how it was used to support hard to reach areas. Provider Services to continue to</p> | |
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| | <p>impairment (including local resources such as Uplift and the Alzheimer's Association). Solicit periodic feedback from workers that could explore possible topics such as what they need to feel safe and supported during home visits.</p> | | <p>Services will explore appropriate trainings to support provider training around communication, conflict resolution and mental health and cognitive impairment.</p> | <p>review the HCA service specification updated in May 2021 with providers and will also include in future communications. Provider services is evaluating the need for an expanded presence on our COA website to allow providers to access trainings and information to support their workers in the field.</p> | |
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| <p>9) CM input for additional services</p> | <p>Recommendation #9: Meet with care managers and care manager supervisors to gauge the level of need for the services such as increasing cost caps, expanding adult day services, independent living assistance, companionship/social isolation services, more non-medical transportation, and possibly adding leaf and snow removal and brainstorm possible ideas for enhancing current services.</p> | <p>Program staff (COA: Kate and Stephanie, BCESP staff: Katie)/ provider services (Lisa Portune)</p> | <p>BCESP leadership has been meeting with staff to get their feedback and recommendations on services and gaps that they are noticing with services.</p> | <p>Alternative laundry services have been piloted in FastTrack Home. Have worked to expand HME to include lightweight mops and vacuums for those clients who have family, or the ability to maneuver lighter and older adult friendly devices.</p> <p>COA leadership will meet with BCESP leadership on 6/3 to discuss initial findings and establish follow up meeting dates to continue progress in this area.</p> | <p>Laundry service added, Work underway over the summer for title III ADS RFP)</p> <p>Program has updated over cost process to allow for increase in home mod prices (note- cap has not increased, but program is allowing clients to have jobs completed that are over lifetime limit with management review to bring them in line with other county's processes.</p> <p>Next steps: review cost caps, set up ongoing meetings or systems to solicit BCESP staff's feedback for gaps in service</p> |
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ELDERLY SERVICES PROGRAM (ESPSM)/TITLE III

HOME DELIVERED MEALS

SERVICE SPECIFICATION

EFFECTIVE ~~September 1, 2021~~ 10/1/2023
(BCESP) (CCESP) (HCESP) (WCESP)

ELDERLY SERVICES PROGRAM
HOME DELIVERED MEALS SERVICE SPECIFICATION
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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;

Butler County Fast Track Home Update February 2023

The Butler County pilot of FastTrack Home began August 1, 2022. The program is currently providing Care Transition Support using the evidenced based Coleman Model and Home Delivered Meals. Our care managers provide a connection between the hospital/facility and home that allows the client to avoid readmission, connect with needed resources and take an active role in managing their own health. We have served 38 clients as of 2/27/23. We expect to grow the program with additional outreach and staff over the next few months.

Outreach and education have been completed at Bethesda North, Bethesda Butler, and McCullough Hyde Hospital. A new care manager for these facilities has been hired and trained to facilitate awareness of Care Transition Supports and FastTrack Home. We continue to educate our current community partners in other counties about the FastTrack Home pilot in Butler County.

Next Steps:

- Continue outreach with hospital and skilled nursing facilities on FastTrack Home
- A designated FastTrack Home Care Manager will be assigned to Butler County hospitals and Skilled Nursing facilities.
- New Falls Prevention pilot will be offered in all counties as soon as April 1st.
- The goal is to have FastTrack Home fully implemented in Butler County in the near future.

ELDERLY SERVICES PROGRAM (ESPSM)

ADULT DAY SERVICES

SERVICE SPECIFICATIONS 2023

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

ADULT DAY SERVICES
SERVICE SPECIFICATIONS

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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)sm 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).

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 (ESPSM)

ADULT DAY TRANSPORTATION

SERVICE SPECIFICATION

2023

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

ELDERLY SERVICES PROGRAM

ADULT DAY TRANSPORTATION

SERVICE SPECIFICATION

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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 Agingsm.
- (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*