

## AGENDA

### BCESP Advisory Council Meeting

March 10, 2022, at 3:00 pm – 5:00 pm

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m9f7fb67cc5ae22eda483d12b1c84cfb2>

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<b>CALL TO ORDER / WELCOME</b>	Katy Abbott
<b>APPROVAL OF MINUTES</b> ❖ December 9, 2021, Minutes (Action Needed)	Katy Abbott
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report	Ken Wilson & Carl McCullough
<b>COMMITTEE REPORTS</b> ❖ Services Committee - Independent Living Assistance Service Specification Changes (Action Needed) ❖ Governance Committee - Candidates for Current Vacancies	Katy Abbott  Julie Gilbert
<b>OLD BUSINESS</b> ❖	Katy Abbott
<b>NEW BUSINESS</b> ❖ ESP Evaluation ❖ Maximum Reimbursement Rates - Consumer Directed Care ❖ Updated Sliding Fee Scale ❖ Conflict of Interest Form/Confidentiality Policy	Dr. Robert Applebaum Carl McCullough  Carl McCullough Katy Abbott
<b>HEARING THE PUBLIC</b>	Katy Abbott
<b>ADJOURNMENT</b>	Katy Abbott

### NEXT MEETING

June 9, 2022

**MINUTES**  
**BCESP ADVISORY COUNCIL MEETING**  
**THURSDAY, DECEMBER 9, 2021 @ 3:00 P.M.**

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**ATTENDANCE**

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<b>Members Present:</b> Katy Abbott, President Randy Allman Shawn Cowan Julie Gilbert Jennifer Heston-Mullins Sabrina Jewell Christine Matacic Ann Munafo Jennifer Roth Sherrill Swann	<b>COA Staff:</b> Carl McCullough Ken Wilson	<b>Guests:</b> Karen Dages Joyce Kachelries
<b>Excused:</b> Cheryl Marischen	<b>Facilitator:</b> Katy Abbott, President	<b>Scribe:</b> Heather Junker
<b>Absent:</b> Marc Bellisario John Centers Mindy Wendling		

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**CALL TO ORDER**

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The December 9, 2021, Butler County Elderly Services Program (ESP) Advisory Council was called to order at 3:10 p.m. by Katy Abbott.

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**APPROVAL OF MINUTES**

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Katy Abbott called for a motion to approve the September 9, 2021, Butler County ESP Advisory Council meeting minutes.

**Motion:** Randy Allman made a motion to approve the September 9, 2021, minutes as presented.

**Second:** Sherrill Swann seconded the motion.

**Action:** The September 9, 2021, minutes were unanimously approved as presented.

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**QUARTERLY REPORTS**

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***Program Dashboard & Financial Report***

Ken gave an overview of the Program Dashboard. In the 3<sup>rd</sup> quarter, there were 3,261 clients enrolled on the program, which is an increase of 143 from last year and 100 more than the prior quarter. The program is continuing to grow pretty significantly. There were 1,270 individuals enrolled on a Medicaid funded program. If someone is eligible for Passport or another program, they are moved off of ESP. That's one of the leading reasons why individuals leave the program. There were 366 new enrollments,

which is significantly higher, and 269 disenrollments with the number one reason being deceased, followed by needs otherwise met, transferred to Passport, moved or no longer eligible, and entering a skilled nursing facility.

The average cost per client was \$285.16. The cost decline is driven by the home care staffing shortage. This has a significant impact on five year planning. COA is managing in the budget but if the home care staffing shortage was ever fixed, there would be significant increase to costs in the program. That would probably create another problem of needing to start a waiting list.

One thing to note is the shift to Consumer Directed Care. This is the service that enables the client or family to hire their own caregiver. This program has seen steady growth over the last year as home care providers are not keeping up. There 991 clients receiving home care assistance in the 3<sup>rd</sup> quarter. That's not much of a growth over last year at 969 clients in the 4<sup>th</sup> quarter.

The average number of days between intake and enrollment was nine days. COA is tracking home care staffing challenges closely. In the 3<sup>rd</sup> quarter, the problem didn't get any worse, but it also didn't get any better. COA did add additional home care providers as the result of the RFP process, which might be why there wasn't a progression of decline. The problem is, there are other providers who are historically strong in Butler County that are shrinking because they are losing workforce and they can't keep up with the demand. There were 657 clients that needed home care assistance, and 224, or 34% were not matched with a provider taking an average of 4.63 referral attempts. There are some variations throughout the county. For example, Oxford is one of the hardest areas to find home care staffing. Hamilton and Middletown are a little bit easier although it's a challenge everywhere.

Satisfaction scores are all very high in home delivered meals, medical transportation, and home care assistance. There has been a back slide in the scores with transportation and home care. Ken thinks a lot of this comes back to the labor challenge.

Carl presented the Financial Report. Looking at the amount of spending from the levy through the 3<sup>rd</sup> quarter, the program will need about \$9.2 million dollars from tax levy appropriations. Compared to the budgeted amount of \$11.8 million, the program is \$2.6 million under budget for the year. There has also been about \$1.7 million from other funding sources such as Title III funding, Rapid Response, Cares Act, state, and client copays this program year.

The total amount of projected expenses at the end of the 3<sup>rd</sup> quarter is \$11 million. Compared to the budget, which is \$12.7 million, the program is projected to be under budget by \$1.7 million.

Looking only at purchase services, the program is projecting to spend \$7.5 million in the services listed. Compared to the budgeted amount of \$9 million, the program is under budget by \$1.5 million.

The trends in the projected services are lower than projections from last month. There are still challenges with Home Care Assistance and is projected to be \$998,000 under budget.

COA is projecting that the census will be about 3,260 by the end of the year. Compared to the budget, the program will be over by 48 clients.

Ken added that the census has grown more than projected since the budget was put together. The significant underspending in home care assistance and being able to offset some of the levy revenue

with federal dollars, has helped the five year plan. Katy asked how the client census was calculated. Carl explained they do it based on the market penetration and the number of clients that are being served by the end of the month or the quarter. Sabrina asked if the census has changed due to individuals taking loved ones out of nursing facilities because of all the COVID restrictions. Ken advised that is definitely part of it. People are avoiding nursing facilities more than they used to. He has heard of many individuals who have been pulled out due to the visitor restrictions. Sabrina then asked if COA has looked into increasing hourly pay for the Consumer Directed Care workers because that's not a sustainable wage. Ken informed this is something they are looking at and is on the agenda for COA's Program Planning Committee next quarter.

Jennifer Heston-Mullins asked if the referral attempts ever stop or does COA keep trying. Ken advised that COA keeps trying until the family situation changes and he's never seen it this bad. He also informed there will be some data around this next quarter because COA has changed their process and referrals are batched once a week instead of every day. The data is being captured differently and they will be able to show how long people are waiting for services as well as how many have not been matched with a provider.

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

Ken reviewed the Market Penetration and Five-Year Levy Projections. The market penetration is used to project census and program demand in the future. Flat market penetration means a growing program because the number of older adults in Butler County is growing. This is calculated by taking the number of older adults served on ESP and dividing it by the number of older adults that have disability living in the community. Overall, the market penetration has been very consistent right around 40% which gives really good estimates when looking further out.

The Five-Year Levy plan is based on current spending and what is known with rates and so forth with the census which allows COA to forecast what the fund balance is going to be. It tells them whether they are looking at a potential waiting list. Last time this was reviewed, a waiting list was forecasted for 2024, but now that's dropped off the radar completely. That could change if the home care staffing challenges improve. This levy cycle started with a \$9.5 million fund balance and is projected to end with a \$1.8 million fund balance with no waiting list. The census, given the 40% market penetration rate, is forecasted to grow to 3,700 clients by 2025. This is continuously updated, and Ken will keep everyone updated along the way.

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## **COMMITTEE REPORTS**

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### ***Services Committee***

Katy gave the Services Committee Report. COA is still providing PPE to the providers from a supply through ODA.

Home Care Assistance continues to be the biggest challenge followed by Adult Day Services. There is only one Adult Day facility in Butler County. Staffing challenges with transportation providers is a recent phenomenon. For example, one of the providers, Partners in Prime, went on hold. At the moment, COA thinks there are enough transportation providers but is something they are keeping their eye on. There

are shortages with Independent Living Assistance as well. This program helps older adults with writing checks, mail, and applications.

The Senior Farmers Market served 347 older adults in Butler County. COA is going to work to continue the program next year. This program originated from Cynthia Stever when she was on the Advisory Council.

Restaurant Meals continue, delivering roughly one meal a month across several different senior buildings. This is funded through the CARES Act.

With Electronic Monitoring Systems, 3G is being phased out. The provider is upgrading equipment for those participants on the 3G.

Part of the requirements for the COA contract is for them to share the schedule of provider monitoring reviews. These reviews are done with the providers to make sure that everything they agreed to do in their contract is being done. For example, staff background checks, training, and that the proper insurance is in place. Hopefully COVID will not interrupt that schedule.

There is a heavy RFP schedule for 2022. All Title III programs, which includes home delivered meals, adult day, and catering are all coming due as well as a few other programs. This is frustrating that this is a requirement because providers really need to be supported in reopening and expanding their services, not completing applications. COA is going to try to reach out to ODA to see if they can get some flexibility around the RFP process. They will also be ramping up their communications with providers and will try to simplify the process to make it as painless as possible. There will also be a change with the Fiscal Intermediary. COA published an RFP and received several applications. This is the entity that helps with Consumer Directed Care. They process payroll, background checks, and the logistics around Consumer Directed Care. It's very likely that the provider will change and COA is optimistic this provider will provide better service and have a bigger capacity.

As mentioned, there is a problem with home care staffing and many providers are serving less clients over time due to staffing shortages. Quality is becoming an issue with some providers. Typically, when a provider's quality drops to a certain threshold, they are placed on hold. However, at this point, the option to place providers on hold is not a good one given the difficult labor market. COA is talking with the providers and trying to work with them around the quality issue to see how it can be improved.

Many of the Medicare Advantage Plans offer services similar to the levy services. A review of client's insurance was completed, and COA was able to transition some the services of 18 clients to their Medicare Advantage Plan. This has yielded a considerable savings of around \$20,000. This work will continue to be ongoing, and client's insurance will be reviewed with them annually. This is just another way that COA is working very hard to make sure that the levy is payor of last resort.

Many know that the West Chester Senior Center closed a few years ago. There has been a very vocal group of older adults who have been asking the trustees to provide them with these services again. Ken gave a presentation to the West Chester Township Trustees about ESP. He was also able to connect with some of the older adults who were at the meeting. They have been able to work out an arrangement at the library. Every Friday starting in January, from 10am-2pm, congregate meals and programming will be provided. These congregate meals help keep people off the levy and are not

funded by ESP. These meals are especially important to those who live alone and might be socially isolated.

COA has been selected by Senator Sherrod Brown to receive federal funding for the home health aide app. This still needs to go through Congress and hasn't been approved. The hope is that this app might tap into a new workforce. Ken will be meeting with the Aging Friendly Oxford folks who have offered to help assist with pilot testing of the app. Since Oxford is one of the areas that is very difficult to find aides, it is hopeful that will help remediate this barrier.

Katy is looking for someone to take over as chair for the Services Committee. She has to rotate off of the Advisory Council at the end of 2022. Since she is the chair of both the Services Committee and Advisory Council, she thinks it would be a good idea to build some capacity and bring somebody in while she's still here. This would allow her to help mentor and support through this next year. She asked that if anyone was interested to please reach out. It would entail being at the four meetings each year and taking minutes to present at the Advisory Council meeting. COA does a tremendous amount of work to keep the burden very low. If she doesn't hear from anyone, Katy will start reaching out to individuals herself.

Sabrina advised that she just finished open enrollment for Medicare, and she is not a huge fan of the Advantage Plans because there are a lot of hidden costs and expenses that individuals just don't understand. She is interested in the home health part of the benefits because she's curious as to where they are getting service providers. Ken explained that what COA is mostly seeing with the Medicare Advantage Plans is not home health services but Electronic Monitoring Systems and transportation. He thinks they have had one client in the entire region they found home care for. This is not a prevalent benefit. Sabrina added that they did save people just over \$69,000.

Jennifer Heston-Mullins asked in regard to the home health aide app pilot, if there was already an evaluation set up for it. Ken advised there is not, but they know what problem they are trying to solve. He thinks this is a good conversation to have because COA has been really focused on the functionality but there do need to be measurements in place.

### ***Governance Committee***

Julie gave the Governance Committee report. She advised there wasn't much of an update. There are still two vacancies on the Advisory Council. She asked if anyone knew someone who may be interested to please let her know as she hasn't heard from anyone. Ken informed her that COA may have some applicants to forward to her because they had some applications come in for the COA Advisory Council. Katy asked if they had to be from any particular area or represent a particular group. Julie advised that she wasn't sure. Julie asked Ann Munafo if she would like to serve another term to which Ann replied that she would.

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### **OLD BUSINESS**

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There was no old business to discuss.

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## NEW BUSINESS

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### *ARPA Funding*

Ken discussed the ARPA Funding. The funding is starting to rollout from ODA and is coming in the same kind of format as the Older Americans Act in sub parts. These are restricted buckets of funding designated for specific services. For example, Title III-C is for nutritional services. COA worked on a priority planning template that was submitted to ODA. Right before Thanksgiving, COA held a public hearing and had a lot of participation. They are now in the process of updating the plan based on feedback. The challenge with this funding is that it's one-time and a program can't be created if it doesn't have a sustainable funding source.

There is a real opportunity to take services already being provided, along with the learnings from COVID, and make some investments to improve them or deliver those services in a different way. Initial priorities that COA is targeting include transportation, grocery delivery service, workforce development, restaurant meals and choices for home delivered and congregate meals programs, using smart devices for workshop participants in evidence based wellness programs, caregiver support, and something to add to this list would be helping the Adult Day Centers with reopening. COA received the initial allocation of around \$1.2 million. They will receive several rounds through 2024. Some of this money can help benefit ESP to help develop and innovate some of the services. In other cases, it can be used to benefit some of the other programs like the West Chester program previously discussed. Ken encouraged the group to let him know if they had any other ideas or suggestions.

Katy asked if the Uplift Program counts as the evidence based disease prevention and health promotion service. She wondered if Butler County Behavioral Health could get more funds if they have more demand for the program. Ken advised that was a good question and he would look into that. It is definitely evidence based and the question would be does it fit the classification of wellness, which Ken thinks they may be able to make that argument. He knows there is interest in expanding that program into other counties as well.

Randy added they are struggling a little bit to get more clients into the program. They have plenty of capacity and have been doing comprehensive marketing along with educating people to try to get referrals. They have seen a decline in referrals over the last two years. They recently changed some of the diagnostic criteria to open it up to serve more people. He's hoping they start to see an increase around the 4<sup>th</sup> quarter. There is plenty of funding there to serve people and it's really more of people not being referred. Ken suggested it may be a lot of disruption caused by the pandemic because people's normal activities have changed significantly. Randy stated that's what they anecdotally believe because the rest of their services have significantly increased. Overall, their demand from a year ago is up over 28%- just not with Uplift. Katy asked where most of their referrals come from. Randy informed a good chunk of them come through ESP services, but they can come from anywhere. Six months ago, they put a 4x6 card in all the home delivered meals explaining the program. That went out to about 1,300 people. They didn't really see an increase in referrals after that. Katy asked if people are able to meet virtually and Randy advised they could. He said that's not been an issue as most want to see someone in person.

Katy suggested that if this is something that continues, they could take a look at it in the Services Committee in terms of thinking about additional marketing strategies. Ann asked if they thought age makes a difference sometimes as many older adults are more reluctant due to the old stigma around mental health not being an illness but more something that can be controlled. Randy stated it could be part of that but to summarize, the most frustrating thing about all of it is that they can't figure out what the problem is. They have all these anecdotal things they believe are pieces of it but nothing that has a real value that they can then put a strategy against. Katy stated it sounds like they could use a master student intern next summer to help with that. Randy agreed that they could. He doesn't believe this is a staffing issue because they've had good tenure with their staff.

## **2022 Meeting Dates**

Katy reviewed the 2022 meeting dates. She asked the group if they wanted to discuss meeting in person, virtually or just take it on a meeting by meeting basis. Most agreed that they would like to have the meeting either completely in person or completely virtual and they would need to take it meeting by meeting. Jennifer Heston-Mullins advised that as for an in-person meeting, if everyone was masked, she would feel more comfortable. Katy asked how much time in advance would everyone need to make the call on whether the meeting would be virtual or in person. It was agreed that two weeks prior to the meeting would be enough time.

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## **HEARING THE PUBLIC**

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There was no one from the public present that wanted to speak.

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## **ADJOURNMENT**

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

**Motion:** Christine Maticic made a motion to adjourn the meeting.

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

**Action:** It was unanimously agreed to adjourn at 4:06 p.m.

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## **NEXT MEETING**

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March 10, 2022



**Butler County ESP  
Program and Financial Report  
Quarter 4, 2021 (Oct. - Dec. 2021)**



**Butler County ESP**  
**Quarter 4, 2021 (Oct - Dec. 2021)**  
**EXECUTIVE SUMMARY**

**Highlighted Findings**

**1. Census Trends**

- A. Compared to last year (Quarter 4, 2020), census increased by 51 clients (from 3,123 to 3,174) or 1.63%.
  - 1. Short-term clients excluded, census increased by 52 clients (from 3,122 to 3,174) or 1.67%
- B. Compared to last Quarter (Quarter 3, 2021), census decreased by -87 clients (from 3,261 to 3,174) or -2.67%.
  - 1. Short-term clients excluded, census decreased by -86 clients (from 3,260 to 3,174) or -2.64%.
- C. Quarter-end census, new enrollments, and disenrollements include clients aged 60 and over who are receiving short-term services as a result of the pandemic.

Year	2021	2021	2021	2021
Quarter	Q1	Q2	Q3	Q4
Short-term Clients Added to Census	0	0	1	0
New Short-term Client Enrollments	2	0	1	0
Disenrolled Short-term Clients	3	0	0	1

**2. Financials**

- A. Total Revenue: The amount needed to be drawn down from the levy is \$9.5 million through the fourth quarter, as compared to the budgeted amount of \$11.8 million. The variance is under budget by \$2.3 million or 20%.
- B. Total Expenses: The expenses incurred through the fourth quarter is \$11 million as compared to \$12.7 million in the budget. The variance is under budget by \$1.7 million or 13%.
- C. Purchase Services: The projected expenses were lower by \$1.4 million or 15.6% as compared to budget.

**Quarter-End Census by Program**

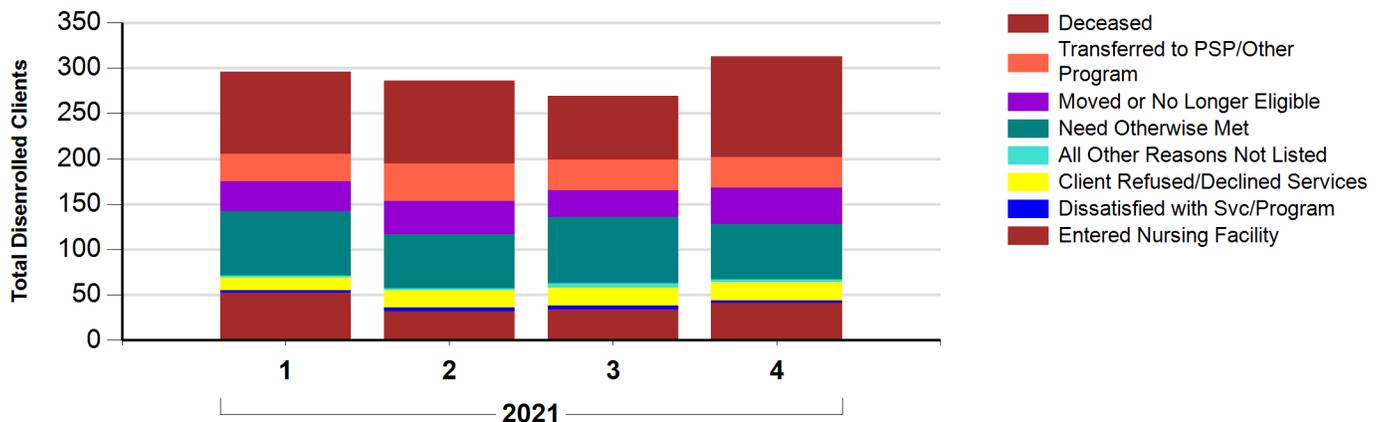
Year	2021			
Quarter	1	2	3	4
<b>ESP</b>	<b>3,139</b>	<b>3,161</b>	<b>3,261</b>	<b>3,174</b>
<b>Medicaid Programs</b>	<b>1,255</b>	<b>1,208</b>	<b>1,270</b>	<b>1,277</b>
Passport	265	268	265	272
Assisted Living	115	91	97	117
Molina	319	292	332	332
Aetna	556	557	576	556

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

Year	2021			
Quarter	1	2	3	4
Quarter-End Census	3,139	3,161	3,261	3,174
New Enrollments	312	305	366	232
Disenrollments	296	286	269	313

**Disenrollment Outcomes**

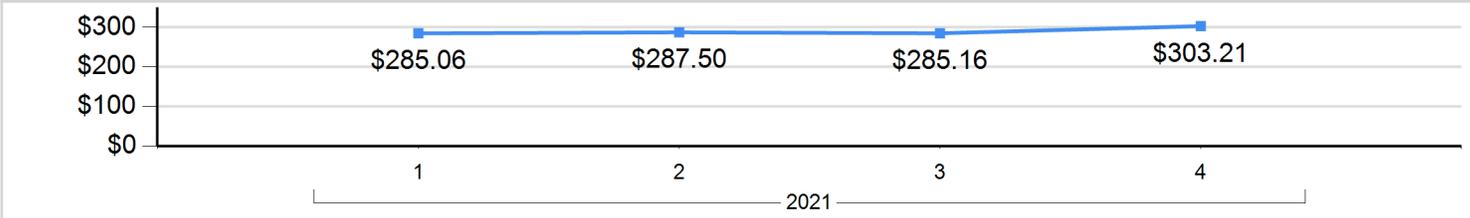
Year	2021			
Quarter	1	2	3	4
Deceased	91	91	70	111
Transferred to PSP/Other Program	30	42	34	34
Moved or No Longer Eligible	33	36	29	40
Need Otherwise Met	71	60	73	61
All Other Reasons Not Listed	2	2	5	3
Client Refused/Declined Services	14	19	20	20
Dissatisfied with Svc/Program	3	4	4	3
Entered Nursing Facility	52	32	34	41
<b>Total</b>	<b>296</b>	<b>286</b>	<b>269</b>	<b>313</b>





**Butler County ESP**  
**Quarter 4, 2021 (Oct. - Dec. 2021)**  
**TRADITIONAL ESP SERVICE TRENDS**

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



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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	115	131	144	150
Electronic Monitoring	2,193	2,196	2,231	2,205
Home Care Assistance	917	994	991	910
Home Delivered Meals	1,584	1,585	1,555	1,518
Home Medical Equipment	125	127	156	116
Medical Transportation	273	298	283	263
Non-Medical Transportation	51	47	55	72
Other Services	362	393	389	377
<b>All Services (Unduplicated)</b>	<b>3,438</b>	<b>3,453</b>	<b>3,524</b>	<b>3,485</b>

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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	8,261	9,589	10,719	12,381
Electronic Monitoring	6,968	6,981	7,215	6,936
Home Care Assistance	25,001	26,639	24,977	23,850
Home Delivered Meals	98,784	100,426	99,999	98,358
Home Medical Equipment	187	200	235	208
Medical Transportation	2,819	2,741	2,588	2,165
Non-Medical Transportation	213	211	207	314
Other Services	1,428	1,597	1,617	1,473

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

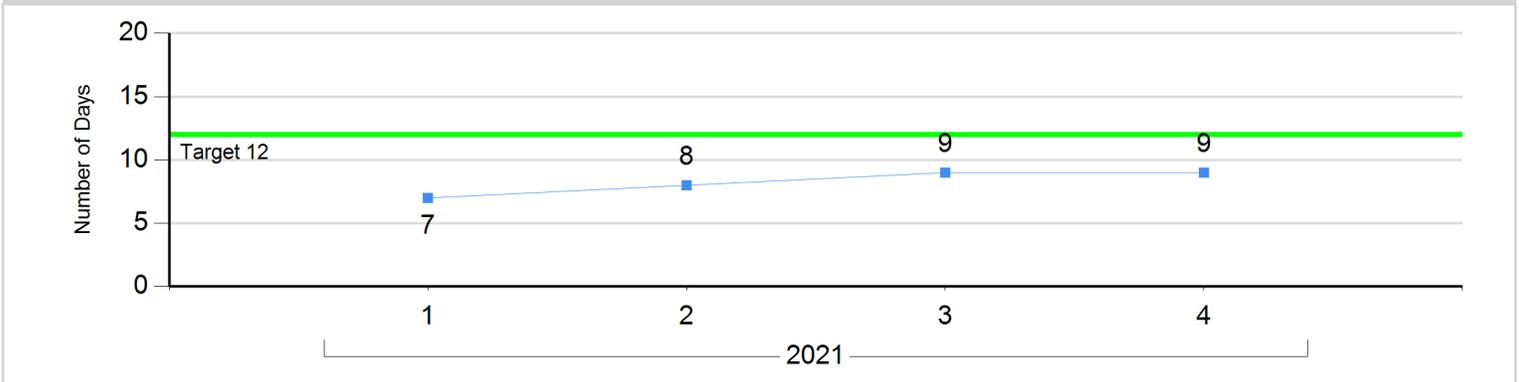
Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	\$121,769	\$137,853	\$153,380	\$177,418
Electronic Monitoring	\$119,917	\$121,975	\$125,694	\$120,243
Home Care Assistance	\$564,696	\$633,572	\$603,140	\$574,020
Home Delivered Meals	\$779,094	\$669,831	\$746,998	\$811,520
Home Medical Equipment	\$19,282	\$20,544	\$29,086	\$26,366
Medical Transportation	\$88,883	\$96,708	\$91,280	\$95,579
Other Services	\$147,876	\$207,200	\$188,254	\$206,858
<b>All Services</b>	<b>\$1,841,517</b>	<b>\$1,887,683</b>	<b>\$1,937,833</b>	<b>\$2,012,004</b>

<sup>1</sup> Other Services includes adult day facilities, many of which are still closed, while others began limited openings in May of Quarter 2, 2021.



**Butler County ESP**  
**Quarter 4, 2021 (Oct. - Dec. 2021)**  
**Traditional ESP PERFORMANCE TRENDS**

**Average Number of Days from Intake Call to the Enrollment Assessment<sup>1</sup>**



**Home Care Provider Network Referrals and Capacity**

Year	Quarter	#Clients in Need of HCA	#Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg #Days To Authorize Request	Avg. #Days Not Matched with Provider
2021	4	976	191	20%	44	104
2022	1					
2022	2					
2022	3					

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

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	97.68%	96.42%	97.99%	97.34%
Good Choice of Meals Available	92.94%	89.83%	94.24%	91.58%

**Medical Transportation - Client Satisfaction Survey Results**

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	95.80%	95.58%	92.98%	95.08%
Service Returns Client Home Promptly	90.32%	89.76%	87.01%	88.24%

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

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	92.29%	93.28%	90.61%	90.73%
Aide is Dependable	91.74%	92.50%	88.05%	86.45%

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

<sup>2</sup> As Q4 2021, all data used in Home Care Provider Network Referrals and Capacity metric table is collected and reported out from the ESP RFS tracker.



**Butler County ESP**  
**Quarter 4, 2021 (Oct. - Dec. 2021)**

**FINANCIALS: based on actual revenue & expenses as of December 31, 2021<sup>1</sup>**

	<b>Annual Actual</b>	<b>Annual Budget</b>	<b>Budget Variance</b>	<b>% Budget Variance</b>
<b>Revenue</b>				
Tax Levy Appropriations	\$9,502,721	\$11,835,854	(\$2,333,133)	-19.7%
<b>Federal &amp; State Funding</b>				
Title III C2 - Home Delivered Meals	\$490,855	\$265,373	\$225,482	85.0%
Title III E - Caregiver Support	118,356	110,662	7,694	7.0%
Alzheimer's	7,586	5,517	2,069	37.5%
Nutrition Services Incentive Program (NSIP)	224,887	270,556	(45,669)	-16.9%
Senior Community Services (SCS)	5,177	24,072	(18,895)	0.0%
Rapid Response Fund	356,790	0	356,790	0.0%
Cares Act Funding	126,402	0	126,402	0.0%
<b>Other Revenue Sources (Interest)</b>	233	5,852	(5,619)	-96.0%
<b>Client Contributions</b>				
Client Donations	13,654	5,255	8,399	159.8%
Co-Pays Received	241,023	215,395	25,628	11.9%
<b>Total Revenue</b>	<b>\$11,087,684</b>	<b>\$12,738,536</b>	<b>(\$1,650,852)</b>	<b>-13.0%</b>
<b>Expenses</b>				
<b>Operating Expenses</b>				
COA Administrative	\$725,363	\$833,362	\$107,999	13.0%
Intake & Assessment	286,081	313,316	27,235	8.7%
Case Management	2,397,204	2,498,293	101,089	4.0%
<b>Total Expenses</b>	<b>\$3,408,648</b>	<b>\$3,644,971</b>	<b>\$236,323</b>	<b>6.5%</b>
<b>Purchased Services</b>				
Home Care Assistance	\$2,375,428	\$3,419,590	\$1,044,162	30.5%
Independent Living	273,022	294,767	21,745	7.4%
Home Medical Equipment	95,277	121,082	25,805	21.3%
Electronic Monitoring	487,829	495,803	7,974	1.6%
Minor Home Modifications	312,894	383,794	70,900	18.5%
Major Housecleaning	20,799	12,465	(8,333)	-66.9%
Pest Control	33,934	29,086	(4,849)	-16.7%
Home Delivered Meals	3,007,444	2,890,417	(117,027)	-4.0%
Adult Day Service	26,308	189,132	162,824	86.1%
Adult Day Transportation	0	16,111	16,111	100.0%
Medical Transportation	372,451	486,772	114,321	23.5%
Non Medical Transportation	26,876	37,380	10,504	28.1%
Consumer Directed Care	590,419	617,416	26,997	4.4%
Behavior Health	56,356	99,750	43,394	43.5%
<b>Gross Purchased Services</b>	<b>\$7,679,037</b>	<b>\$9,093,565</b>	<b>\$1,414,528</b>	<b>15.6%</b>
<b>Gross Program Expenses</b>	<b>\$11,087,684</b>	<b>\$12,738,536</b>	<b>\$1,650,852</b>	<b>13.0%</b>
<b>Client Census</b>	<b>3,174</b>	<b>3,212</b>	<b>38</b>	<b>1.2%</b>
<b>Cost of Services per Client</b>	<b>\$199.64</b>	<b>\$236.35</b>	<b>\$36.71</b>	<b>15.5%</b>

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

\* Projected year-end census.

## 1. Census Trends

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

## 2. Service Trends

- A. Average Monthly Cost per Client is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.
- B. Clients Served by Service Group is based on billing data. These numbers represent the unduplicated client counts within each service group and overall. The All Services client count will not equal the sum of the service group subtotals because many clients receive more than one service.
- C. Home Care includes homemaking, personal care, companion, and respite services.
- D. Other Services includes Environmental Services, Adult Day, Adult Day Transportation, Non-Medical Transportation, and Independent Living Assistance.
- E. Dollars Paid by Service Group represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.

## 3. Unit of Measure Descriptions by Service

- A. Adult Day - Number of Days
  - B. Consumer Directed Care - Number of Hours
  - C. Electronic Monitoring - Number of Months
  - D. Home Care - Number of Hours
  - E. Home Delivered Meals - Number of Meals
  - F. Medical Transportation - Number of Trips
4. **N/A:** This is displayed on a case-by-case basis, but is most frequently related to a rate or unit change. The metric should display data in subsequent quarters after the change has taken effect.

**ELDERLY SERVICES PROGRAM (ESPSM)  
INDEPENDENT LIVING ASSISTANCE (ILA)  
SERVICE SPECIFICATION**

**EFFECTIVE March  
~~2022MAY 1, 2019~~  
(BCESP) (HCESP)  
(WCESP)**

## INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION

### 1.0 OBJECTIVE

~~To advocate for the client and assist them to remain independent in the community.~~  
To advocate for the client and assist them to remain independent in their home and in the community.

### 2.0 UNIT OF SERVICE

a) A unit of service is equal to 15 minutes. Notification should be given to care management staff if additional units are ~~needed fulfill the client's care plan.~~  
needed in order to fulfill the client's care plan at the end of the care plan year.

### 3.0 ILA SERVICES

#### a) Completion of Applications and Program Review

- Homestead Exemption
- Home Energy Assistance Program (HEAP)
- Percentage of Income Payment Plan (PIPP)
- Subsidized housing
- Prescription assistance
- Job and Family application
- Food Stamps
- PASSPORT
- Qualified Medicare Beneficiary (QMB)
- Veterans Administration application
- Commodity box yearly application

#### b) Commodity Box and Food Pantries

- Yearly applications
- Pick up and distribution of food boxes
- Authorized representative to pick up food boxes

#### c) Housing

- Assist with mortgage refinancing and loan applications
- Work with Cincinnati Metropolitan Housing Authority
- Assistance with finding appropriate housing to meet the needs of the client
- Work with client to ensure rent or house payments are made to maintain housing

#### d) Assisting with Health Insurance and Benefits

- Assist with completion of paperwork for doctors
- Review of Explanation of benefits (EOB) from insurance companies
- Organizing and coordinating health insurance records including the completion of Medicare and other third-party payer claim forms for reimbursement of health care expenses.
- Assisting the client in selection and applying for a new insurance plan

e) Bill Pay

- Ensuring bills are paid on time
- Making over the phone payments, if applicable
- Setting up auto pay or electronic bill pay, if preferred by the client

f) Banking

- making routine deposits and withdrawals
- purchasing money orders
- writing personal checks
- paying bills in person or by mail
- balancing and reconciling checkbooks
- reconciling monthly checking account statements

g) Assisting with business and personal correspondence

- writing letters
- help maintain benefits
- purchasing stamps
- delivering correspondence to or from the post office

h) Mail

- Organize and sort mail
- Identify bills that need to be paid
- Removal of junk mail

i) Assist with making appointments

- Transportation
- Doctor's appointments
- Schedule appointments to meet the needs of maintaining yearly applications for JFS, Medicaid, etc.
- Assisting the client with phone calls.

j) Patient Assistance Programs and Community Assistance

- Working with clients to assist with pharmacy programs, such as St. Vincent de Paul pharmacy, people working cooperatively, habit for humanity, rent and mortgage assistance programs
- Work with hospitals to complete application to lower client financial responsibility for a hospital stay

k) Follow up necessary if a client was involved in any scam activity.

l) Calling clients at times that no other in-home services are being provided to confirm that clients are functioning safely in the home environment.

~~a) Applying for programs such as Homestead Exemption, Home Energy Assistance Program, subsidized housing and prescription assistance.~~

~~b) Completion of applications: i.e. JFS and PASSPORT applications.~~

~~e)a) Mortgage refinancing and loan applications.~~

~~d) Organizing and coordinating health insurance records including the completion of Medicare and other third party payer claim forms for reimbursement of health care expenses.~~

~~e) Assisting or acting as the client's authorized representative for maintaining or applying for public benefits: i.e. food stamps, etc.~~

~~f) Assistance with finding appropriate housing to meet the needs of the client.~~

~~g) Assisting the client in selection and applying for a new insurance plan.~~

~~h) Banking which may include making routine deposits and withdrawals, purchasing money orders, writing personal checks, paying bills in person or by mail, balancing checkbooks and reconciling monthly checking account statements.~~

~~i) Assisting with business and personal correspondence including writing letters, purchasing stamps and delivering correspondence to the post office.~~

~~j) Monitoring of mail received for bills that are due.~~

~~k) Arranging appointments.~~

~~l) Assisting the client with phone calls.~~

~~m) Follow up necessary if a client was involved in any scam activity.~~

#### **n)b) 4.0 PROVIDER REQUIREMENTS**

a) a) The Provider must become the client's **legally** authorized representative or have documentation of written permission from the client **or on client's behalf to assist with tasks of a financial or personal nature.**  
~~e) to bank on client's behalf.~~

b) b) The Provider must have the capacity to **address client's concerns and respond during normal operational hours.**  
~~p) answer the telephone and respond during normal operational hours within 24 business hours.~~

e)c) c) The Provider must maintain individual records for each episode of service. Documentation must include:

- i. Date of service
- ii. A description of the service performed
- iii. The name of the individual performing the service
- iv. The arrival and departure times or telephone start and end time of the individual performing the service
- v. The written or electronic signature of the person performing the service
- vi. The client's or client's caregiver's signature for each episode of in home service delivery, unless an electronic verification system is used by the Provider.
- vii. A client signature is not required when ILA activities are telephonic.

c) e) If the Provider experiences a change in a client's status, the Provider will notify the Care Manager within one business day of becoming aware.

d) The Provider must deliver services as authorized in the client's care plan.

f) The Provider must be able to document they have the capacity to deliver services five (5) days per week.

g) The Provider must have a substitute to utilize in the event the scheduled staff member could not deliver the service as outlined in the client's care plan.

h) The Provider must review personnel time sheets, at a minimum of every 30 days, to ensure tasks performed coincide with the tasks on the assignment sheets.

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## 5.0 QUALIFICATIONS OF ILA WORKER

The ILA Provider shall ensure the ILA worker has appropriate skills such as:

a) Ability to balance and reconcile a checkbook. Can complete a check book register.

~~a) Ability to balance a checkbook.~~

b) Knowledge of health insurance plans including but not limited to Medicare, Medicaid, and MyCare Ohio.

c) Advanced knowledge of community resources.

a) ~~Ability to do simple math~~ Can effectively assist the client with managing finances and budget needs

d) Computer literate.

e) Understanding of ethics, boundaries, and legal compliance in regard to working with clients.

e)f) Understand community agencies that may provide legal assistance to clients, such as Legal aid and ProSeniors

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## 6.0 QUALIFICATIONS FOR ILA SUPERVISOR

a) The ILA Supervisor must possess a Bachelor's or Associate Degree in Gerontology, Health Care, Business, Family and Client Services, Human Services, Social Work degree as a Licensed Social Worker licensed in the State of Ohio or related degree; or a minimum of three (3) years of employment experience in the provision of social services.

b) Must also meet all of the qualifications for an ILA worker.

## 7.0 ILA SUPERVISION

a) The Supervisor must complete and document an initial home visit to develop the client's task sheet to meet the needs of the client, assuring consistency with the Care Manager's authorized care plan.

b) A supervisory home visit or phone call must be completed annually. The phone call or visit will include an evaluation of the ILA personnel performance, compliance with the care plan, and client satisfaction.

c) The Supervisor must notify the Care Manager within one business day of becoming aware of any significant changes in the client's health and safety or any recommended service modifications.

**ELDERLY SERVICES PROGRAM (ESPSM)  
INDEPENDENT LIVING ASSISTANCE (ILA)  
SERVICE SPECIFICATION**

**EFFECTIVE MARCH 2022  
(BCESP) (HCESP) (WCESP)**

# **INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION**

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- d) Can effectively assist the client with managing finances and budget needs
- e) Computer literate.
- f) Understanding of ethics, boundaries, and legal compliance regarding working with clients.
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# **Evaluation of the Butler County Elderly Services Program**

**March 2022**

**Leah M. Janssen**

**Robert Applebaum**

**Matt Nelson**

**Sydney Shadovitz**



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Leah M. Janssen, MGS, PhD

Robert Applebaum, MSW, PhD

Matt Nelson, MGS

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March 2022

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## BACKGROUND

### INTRODUCTION

As a large state, Ohio has the sixth highest older population in the nation with 2.9 million individuals age 60 and older, comprising one-quarter of the entire state population. The population age 80 and older includes 600,000 Ohioans, representing 4.3% of the state total (See Table 1). As we continue to age as a state, the age 80 and over group—those individuals most likely to need assistance—will grow to more than 750,000 by 2040—a 50% increase over the next two decades.

Today, Butler County has more than 82,000 residents age 60 and older, encompassing 21% of the total population, with 12,400 of these individuals age 80 and older. While in 2020 the county was younger than the state average, the age 80 and older group is projected to increase at a faster pace than the state overall, growing to 21,450 by 2040—a 73% change. Unlike the state overall, where it is projected that the total population growth is flat, estimates are that Butler County's overall population will increase by 10.3% between now and 2040. This means that even with the very high growth rate of the older population, Butler County will remain below the state average in the proportion of its residents age 60 and age 80 and older. We celebrate the societal success that accompanies increased longevity, but a larger older population also includes pressures to allocate resources in a new way to meet the needs associated with these demographic changes.

One approach taken by Butler County (and many other communities across the state and nation) has been to generate funds locally to support aging services. Local communities have become involved because the state and federal resources have been primarily directed to individuals eligible for Medicaid. However, with only one in ten individuals age 65 and older eligible for Medicaid, that strategy means that the long-term services needs for older people are largely ignored until the person is impoverished. To help elders remain in the community for as long as possible, 400 communities across 15 states are using the local initiative approach being implemented in Butler County. Most local funds are raised through the property tax, although localities have used other mechanisms, such as income taxes, payroll taxes, and sales taxes as a revenue source. The property tax used in Butler County to fund the Elderly Services program (ESP) is the most common approach used across the 74 Ohio counties with locally funded programs. Because ESP relies on local public tax dollars, it is important to evaluate program performance. The Butler County Elderly Services program (ESP) is operated by LifeSpan/Community First Solutions (CFS). This independent assessment of ESP, commissioned by the Council on Aging of Southwestern Ohio (COA), the agency managing ESP, is designed to examine how ESP can deliver services in the most efficient and effective manner possible.

**Table 1. Ohio and Butler County Aging Population (2010-2040)**

	2010 Number	2020 <sup>1</sup> Number	2030 <sup>2</sup> Number	2040 <sup>2</sup> Number	2010 Percent of population	2020 <sup>1</sup> Percent of population	2030 <sup>2</sup> Percent of population	2040 <sup>2</sup> Percent of population	2020-2030 Percent change	2020-2040 Percent change
<b>All Ohio population</b>	11,536,504	11,693,217	11,615,120	11,680,180	100.0	100.0	100.0	100.0	-0.7	-0.1
<b>60 and over</b>	2,277,424	2,894,207	3,050,200	2,924,320	19.7	24.8	26.3	25.0	5.4	1.0
<b>65 and over</b>	1,622,015	2,097,638	2,381,610	2,323,420	14.6	17.9	20.5	19.9	13.5	10.8
<b>80 and over</b>	474,262	500,856	596,880	754,000	4.1	4.3	5.1	6.5	19.2	<b>50.5</b>
<b>85 and over</b>	230,429	255,610	290,970	388,900	2.0	2.2	2.5	3.3	13.8	<b>52.1</b>
<b>Butler County total</b>	368,130	390,110	410,960	430,350	100.0	100.0	100.0	100.0	5.3	10.3
<b>60 and over</b>	61,947	82,020	94,930	96,030	16.8	21	23.1	22.3	15.7	17.1
<b>65 and over</b>	42,484	57,140	72,500	74,840	11.5	14.7	17.6	17.4	<b>26.8</b>	<b>31.0</b>
<b>80 and over</b>	11,295	12,370	16,210	21,450	3.1	3.2	3.9	5.0	<b>31.0</b>	<b>73.4</b>
<b>85 and over</b>	5,138	6,060	6,810	9,560	1.4	1.5	1.7	2.2	12.4	<b>57.8</b>

<sup>1</sup> 7/1/2020 Vintage files: <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html>

<sup>2</sup> "2015 to 2050 Data: Population Projections by Age and Sex, 2015 to 2050," Ohio Department of Development, Office of Research (April 2018).

The goal of this evaluation is to address the question: **Are there program design changes that should be considered in preparation for the demographic growth that will occur over the next 20 years?**

It is projected that the demand for services offered by ESP will grow as the older population continues to increase, but at the same time program resources are likely to be constrained; the overall population growth is estimated to be well below the increases in the older population of the county. Compounding the population growth are concerns, both now and in the future, about finding the right workers to provide these services. Today, worker shortages are approaching a crisis state and staffing concerns are expected to remain an industry challenge moving forward. Given this context, the following questions are addressed by the study:

**What opportunities exist to lower program costs, while continuing to provide a high-quality program?**

- Are there any changes to eligibility that should be considered?
- Should changes be made in cost sharing requirements and procedures that would generate more revenue?
- What changes are recommended to services or program procedures that allow ESP to adapt to growing workforce shortages?
- What recommendations should ESP consider to prepare for the future challenges ahead?

## **OVERVIEW OF THE OLDER POPULATION OF BUTLER COUNTY**

Similar to the state overall, the older population of Butler County is diverse (see Table 2). The majority of those age 65 and older (58%) are married, but three in ten older individuals do live alone. About one in ten elders are either black or Hispanic. The vast majority of elders in Butler County live independently without disability (86%) but almost one in four individuals age 75 and older (23%) have a disability that requires assistance. The majority of Butler County elders do not have severe disability requiring assistance with self-care (92%), but more than one in ten (10.9%) of those age 75 and older do need substantial physical assistance and 8% of those age 75 and older have a cognitive disability. About one in five individuals age 65 and older are renters (18.1%) and one in four homeowners spend 30% or more of their income on their mortgage. The majority of the county's older population does not live in poverty (93.5%), but about one in seven older individuals (13.2%) have incomes at 150% of poverty or below. This profile indicates the majority of older residents of the county do not need assistance, but a sizable minority of elders, particularly those age 75 and older, do require community support to remain independent.

A major indicator of the need for ongoing support is the functional ability of individuals. In the long-term services field, the measure most widely used is based on the person's ability to perform what are known as the activities of daily living (ADL) or the instrumental tasks of daily living (IADL). The ADLs include such tasks as dressing, bathing, and transferring from bed to chair, while the IADLs include areas such as grocery shopping, meal preparation, and transportation. These items are used to determine the type and amount of long-term services an individual might require. As described above, 14.1% of county residents age 65 and older (about 7,700) individuals need assistance in these areas. In addition, a subset of these individuals are the elders to be served by ESP. On average, ESP has an active caseload of about 3,800 people, for a utilization rate of about 50% of the disabled older population. Some individuals with disability receive support solely from family and friends, or purchase services privately.

## STUDY APPROACH

The study used a mixed methods approach relying on both quantitative and qualitative data.

*The quantitative component* of the study used information from the U.S. Census Vintage Files, the Ohio Department of Development Office of Research, the Scripps Gerontology Center's population projections based on national surveys of disability, and ESP participant data from the COA CareDirector system.

*The qualitative data* came from interviews and focus groups with COA and LifeSpan/CFS staff involved in the administration and care management of ESP, and providers responsible for delivering the specific hands-on services provided through ESP. The study collected data from 35 individuals who were involved with ESP. Interviews were conducted with (1) senior management at COA and LifeSpan/CFS ( $n = 11$ ); (2) ESP providers under contract ( $n = 12$ ; e.g., home-delivered meals, transportation, and home care); (3) care manager supervisors ( $n = 3$ ); and (4) care managers ( $n = 9$ ) through two focus groups and two individual interviews.

Interviews and focus groups were conducted over Zoom or telephone, audio recorded, transcribed verbatim, and de-identified. Due to the different types of stakeholders interviewed, variations of the interview guide were created to fit the interviewee perspective (see Appendix A for a consolidated list of interview questions). Transcripts were uploaded into an online data management software used to systematically facilitate coding and consensus by the research team. Discussions with stakeholders focused on the following topics: eligibility, care management, cost-sharing, the CareDirector information system, COA processes, services, and workforce issues and innovations.

<b>Table 2. Demographic Characteristics of Population Age 65 and Older in Butler County (2015- 2019)</b>		
<b>Measure</b>	<b>Count</b>	<b>%</b>
<b>Total county population (2015-2019 time period)</b>	380,019	
<b>Number 60+</b>	79,114	20.8
<b>Number 65+</b>	54,607	14.3
<b>Number 75+</b>	22,286	5.9
<b>Demographics 65+</b>		
<b>Not married</b>	22,990	42.1
<b>Living alone</b>	15,830	29
<b>Minority status</b>	5,460	10
<b>Disability</b>		
<b>65+ with severe disability</b>	4,497	7.8
<b>Age 65+ with self-care disability</b>	4,150	7.6
<b>Age 75+ with self-care disability</b>	2,429	10.9
<b>Age 65 with cognitive difficulties</b>	3,659	6.7
<b>Age 75 with cognitive disability</b>	1,850	8.3
<b>Age 65+ population with independent living difficulties</b>	7,700	14.1
<b>Age 75+ population with independent living difficulties</b>	5,082	22.8
<b>Economic well-being</b>		
<b>Age 65 at or below 100% of poverty</b>	3,550	6.5
<b>Age 65 at or below 150% of poverty</b>	7,208	13.2
<b>Age 65+ households that are renters</b>	9,884	18.1
<b>Mortgage takes 30% or more of income</b>	10,778	24.1
<b>Butler County ESP enrollment 65+</b>	4034	7.4

## **ESP PROGRAM MODEL AND DESCRIPTION**

Butler County ESP provides an array of services designed to help older residents live safely and independently in their homes and communities. These include adult day services, care management, consumer directed care (CDC), emergency response system, environmental services, home care assistance, home modifications and repairs, homemaking, independent living assistance, meals and nutrition counseling, medical equipment, mental health services, and transportation (medical and non-medical). To be eligible for ESP services, a participant must meet the age and functional criteria listed below.

### **BUTLER COUNTY ESP STANDARD ELIGIBILITY**

- Reside in Butler County in the community setting (i.e. not assisted living, or skilled nursing)
- Age 65 or older for most services
- Age 60 or older for home-delivered meals (see below for additional meals eligibility requirements)
- Age 18+ with a diagnosis of Alzheimer's or other dementia, eligible for adult day

Clients must also:

- Report impairment in at least two ADLs and/or IADLs. Mechanical supervision and hands-on are counted as deficits
- Agree to cost sharing or income waiver
- Agree to apply for and diligently seek to obtain services if available through another or source (payor of last resort policy)
- Be agreeable to participate in assessments and home visits/interventions with care manager and sign required forms

### **HOME-DELIVERED MEALS (HDM) ELIGIBILITY**

- Age 60 or older
- Unable to access congregate meal site due to physical and/or emotional difficulties
- Unable to prepare own meal
- Lacks other consistent meal support service in the community
- A spouse of an eligible HDM client may receive meals
- A person with disabilities who resides in the home of the eligible HDM client may receive meals
- Kinship meals are available with COA approval for minors in the home for whom the ESP client is acting as the kinship caregiver

To determine the desired and needed services, ESP uses an independent care management model, which is an approach implemented in the majority of in-home care programs in the United States. The screening, assessment, and care management responsibilities of ESP are undertaken by LifeSpan/CFS—a private, non-profit organization. COA, the area agency on aging serving the five-county region, provides management oversight to ESP and four other local levy programs through contractual relationships with each county. COA does program planning, reporting, auditing, contracting, provider services, technical assistance, and provides the IT infrastructure. COA contracts with LifeSpan/CFS to provide the care management function and with an array of providers to deliver the necessary home and community-based services.

When a prospective participant or family member calls ESP, they speak to an intake representative housed at LifeSpan/CFS who completes a preliminary assessment over the phone. The intake staff member instructs the participant/family about ESP services and explores the participant's financial resources and discusses potential consumer costs. The intake worker assesses the applicant's functional status to screen for potential referral to the PASSPORT Medicaid program. In cases of likely PASSPORT eligibility, a referral is made. An ESP assessment is also initiated so that ESP can provide services while the participant waits for PASSPORT enrollment. After completing the eligibility assessment process for ESP, individuals meeting the program criteria are enrolled. Participants are assigned a care manager who assists the consumer and their family in identifying and arranging the necessary services. At Butler County ESP, assessment and care management are performed by the same person. All enrollees are assigned a care manager.

The objective of care management is to facilitate, coordinate, and monitor the service plan through both regular and as-needed contacts with the consumer and/or caregiver(s). A minimum schedule of care management interventions is determined by an "intensity level" established at the initial assessment (i.e., assessment at levels one or three have been used during COVID-19). Categories used to establish intensity level include areas such as: safety status, frequency of contact with support systems, and assistance needed from the care manager. Beyond the minimum required contacts with consumers, care managers respond to requests from consumers and families and troubleshoot problems in the implementation of the care plan. Care managers also conduct ongoing assessment and annual reassessments. Care managers adjust the care plan due to assessed changes in need and/or supports, facilitate care transitions such as temporary stoppage of services due to hospitalizations or other institutional care, or assist with a transition to a different program or setting when necessary.

LifeSpan has 25.5 full-time equivalent staff allocated to the provision of care management. This includes 19 full-time care managers and three care management supervisors. Two of the care managers have team lead positions, with a part-time case load. There are three full-time and one half-time intake and screening workers.

## **CONSUMER DIRECTED CARE (CDC)**

A second model of care for ESP participants is called consumer direct care (CDC). The CDC option allows an ESP enrollee (or an authorized representative) to independently recruit, hire, train, and supervise their own worker (e.g., family member or friend) to provide home care services, whose wages are paid for by ESP. Eligibility to the CDC option is determined by the program. Individuals in CDC develop their own care plan and collaborate with the employee to implement their care plan. Under this person-centered model, the enrollee bears the responsibility for managing all aspects of their service plan.

## **DESCRIPTION OF BUTLER COUNTY ESP PARTICIPANTS**

In this section, we present an overview of the individuals enrolled in the Butler County ESP (see Table 3). The average age of participants is 80, with three in ten age 85 and older. Three in four participants are female and one in ten are non-white. One in five participants are married and six in ten live alone. In looking at resources, we find that one-third of enrollees have incomes below \$1,350 per month, 32% with incomes of \$1,350 to \$2,100 per month, and 35% with incomes over \$2,100 per month. Four in ten enrollees (37%) have a copay responsibility. Not unexpectedly, the majority of the copay group (83%) were in the highest income category (greater than \$2,100 per month), with about one in five (17%) of the \$1,350 - \$2,100 group having a copay responsibility.

ESP participants record on average three ADL impairments in areas such as bathing and dressing, and almost five IADL difficulties in areas such as meal preparation and homemaking. Nine of ten participants have two or more ADL limitations and 2% have dementia requiring 24-hour care.

For many ESP participants, access to care management and one of two major services describes their service use patterns. Just under half of enrollees received one paid service in the most recent quarter, most often home-delivered meals (14.6%) or an emergency response system (25.6%). The service use data are based on paid services in that month and so these use patterns may be an underestimate of the actual plan of care. It should be noted that some individuals eligible for home care services could have been on a waiting list due to the shortage of providers now being experienced across the county and state. Just over half of ESP participants receive two or more services. Four percent of ESP enrollees use the CDC option described earlier. Individuals choosing CDC enrollees do differ on some demographic, economic, and disability characteristics examined, including recording higher levels of disability, more likely to be women, more likely to be non-white, and less likely to live alone.

<b>Table 3. Characteristics of ESP Enrollees (July 2021)</b>				
	<b>All Enrollees %</b>	<b>Receiving 1 paid service of any type %</b>	<b>Receiving 2 or more paid services %</b>	<b>Consumer Directed Care option %</b>
<b><i>Demographics</i></b>				
<b>65-84</b>	66.0	65.0	67.0	59.5
<b>85+</b>	34.0	35.0	33.0	40.5
<b>Age (mean)</b>	80.9	81.3	80.5	81.5
<b>Female</b>	72.7	70.6	75.2	80.2
<b>Non-white</b>	10.3	9.1	11.7	16.7
<b>Married</b>	21.2	26.3	15.2	20.6
<b>Live alone</b>	59.7	52.9	67.8	56.4
<b>Income less than \$1,350</b>	30.5	29.0	32.2	31.8
<b>Between \$1,350-\$2,100</b>	33.0	27.7	39.4	39.6
<b>\$2,100 or greater</b>	36.5	43.3	28.4	28.6
<b><i>Functioning</i></b>				
<b>Dementia and needs 24-hour care</b>	2.3	3.2	1.3	4.0
<b>ADL (out of 7) (mean)</b>	3.1	3.0	3.2	3.6
<b>2 or more ADLS</b>	91.4	89.3	93.9	96.0
<b>IADLs (out of 8) (mean)</b>	4.6	4.3	5.0	5.8
<b>2 or more IADLS</b>	96.3	94.6	98.2	98.4
<b><i>Service and eligibility</i></b>				
<b>Meets ESP eligibility criteria</b>	99.5	99.4	99.6	99.2
<b>Has copay</b>	36.8	46.3	26.5	20.6
<b>Receipt of services breakdown</b>	100	54.6	45.4	4.0
<b>Total*</b>	3,152	1,721*	1,431	126

\*Some items have missing data

Data on utilization by region of the county was also examined to get a better understanding of enrollment patterns. As shown in Table 4, Middletown and Hamilton, as the largest population centers in the county, have the highest number of ESP enrollees in the county. In looking at the number of ESP participants—as a percentage of the older population—data show that the Middletown, Hamilton, and Trenton areas have the highest proportions. West Chester, Okeana, and Oxford areas have the lowest proportional use rate. In comparing ESP area enrollment rates with the measure of poverty for the over 65 population in those areas, we see that overall use and poverty rates align well. The one exception to that finding is West Chester, which has a poverty rate at the average, but a lower ESP utilization rate. This should be explored further.

<b>Table 4. ESP Utilization Patterns Across Butler County</b>				
<b>Butler County areas</b>	<b>ESP 65 count</b>	<b>65 population in area</b>	<b>Percent 65+ served</b>	<b>Percent 65+ below poverty in area</b>
<b>Middletown</b>	826	11,307	7.3	7.9
<b>Hamilton</b>	1,247	19,880	6.3	6.1
<b>Fairfield</b>	367	7,183	5.1	6.4
<b>Monroe</b>	72	14,241	4.5	3.3
<b>West Chester</b>	221	7,618	2.9	6.4
<b>Trenton/Seven Mile</b>	147	2,008	7.3	8.8
<b>Oxford/Somerville/College Corner/Collinsville</b>	128	3,776	3.4	3.9
<b>Okeana</b>	15	422	3.6	3.8
<b>Total</b>	3,129	58,817	5.6	6.4

With an average age of more than 80, and many ESP participants reporting high levels of disability each year, about 1,000 individuals leave the program. Individuals passing away (31%), relocating to assisted living or hospice (19%), or moving to a nursing home

(14%) account for almost two-thirds of all program terminations (see Table 4). A sizable portion of participants (19%) either decline services or refuse to participate in the copay responsibility component of the program. A handful of other reasons for leaving the program include: moving (8%), transferring to the PASSPORT program (3%), no longer meeting program eligibility (4%), and dissatisfaction with the program (1.3%). While the reasons for termination from ESP are similar to other home care programs, analysis of these patterns over time are warranted. For example, the data show a drop in participants leaving to receive long-term nursing home care, which could be interpreted as a positive finding in that individuals are able to remain in the community for a longer period of time. However, the increase in enrollees in the service or copay decline category could be a negative outcome that should be examined further.

**Table 5. Reasons for Disenrolling from Butler County Elderly Services Program (2015, 2019, 2020, 2021)**

<b>Reasons</b>	<b>2015 (n=948) %</b>	<b>2019 (n=1033) %</b>	<b>2020 (n= 1116) %</b>	<b>2021 (n=1093) %</b>
<b>Deceased</b>	29.4	25.8	31.2	30.6
<b>Entered a nursing home</b>	16.9	16.7	13.4	13.6
<b>Moved</b>	7.3	7.5	8.1	7.8
<b>No longer eligible</b>	5.6	1.7	2.7	3.9
<b>Transferred to PASSPORT</b>	7.3	5.3	6.3	3.2
<b>Refused transfer to PASSPORT</b>	0.0	1.3	1.7	0.6
<b>Declined service not willing to cost share</b>	8.5	16.1	15.5	18.7
<b>Unable to meet needs</b>	0.0	1.3	1.7	0.6
<b>Dissatisfied with services</b>	0.5	2.1	1.0	1.3
<b>Entered assisted living or hospice or services from another source</b>	19.9	22.3	19.7	19.3
<b>Other</b>	4.6	0.7	0.2	0.6

## MAJOR EVALUATION QUESTIONS EXAMINED IN STUDY

To address the overarching question of how to allocate resources as efficiently and effectively as possible, this study examined current operational and programmatic strategies and explored potential areas of change based on stakeholder recommendations and the experiences of other programs. The areas presented below—program eligibility, approaches to care management, cost-sharing strategies, the use of the information system CareDirector, COA processes, service enhancements, and workforce issues and innovations—emerged as most salient to stakeholders interviewed in the study.

### PROGRAM ELIGIBILITY - AGE AND LEVEL OF CARE

While some stakeholders supported the current eligibility standards, there was widespread agreement around modifications to the eligibility criteria. Critiques of the eligibility criteria focused on two dimensions: how functional eligibility was determined, and the use of age 65. Respondents indicated that the use of functional eligibility criteria is a good approach to determining eligibility. However, concerns about definitions were expressed. For example, including the need for mechanical assistance in the disability determination process meant that an individual who had shower or bathtub safety handrails installed would be considered impaired in bathing. Another example is the use of a medication organizer (e.g., mediset) for prescription drugs, which is used widely in many households. Removing the inclusion of mechanical assistance in determining disability was seen as a simple but important change in determining eligibility. There was also concern that two impairments in IADL functioning criterion, in some cases, was not stringent enough to require the array of ESP services, but might warrant the need for a home-delivered meal. Questions about type of eligibility and whether care management was needed by all enrollees was identified as an issue for consideration.

Changes also centered on the age requirement. Many interviewees recognized an increased need for services in a growing population of adults in their early 60s who are in need but are not currently eligible to receive ESP services beyond HDM. In some instances, these individuals have high impairment levels due to physical disability or cognitive impairment and demonstrate a need for assistance with ADLs and IADLs. This group of individuals was described as often “falling through the cracks,” since many are not eligible for other programs or services across the county.

**Recommendation: 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.**

## **CARE MANAGEMENT**

The findings in this section highlight how care management is used and ideas for potential changes.

### **Use of Care Management**

One area of discussion across senior management, care manager supervisors, and care managers, was whether all ESP participants needed to have a care manager. In particular, a question was raised about whether single service recipients receiving home-delivered meals or an emergency response system need to be care managed. Care managers and supervisors indicated an interest in keeping care management for all ESP enrollees. The strong relationships built and maintained by care managers allows for direct communication between care managers and individuals so that when needs increase (e.g., released from the hospital), the care manager can be ready to implement changes. ESP participants are described as a population whose needs regularly shift, so having the care management already in place allows for smooth and continuous service delivery. Despite the importance of care management, almost half of ESP enrollees receive one service—typically either home-delivered meals or emergency response systems—and ESP should explore the appropriate care manager intensity level for these individuals.

Interviewees spoke of the added benefit of the care managers' ability to physically assess and monitor the home environment to get a true sense of the person's needs, how their needs change over time, and how ESP can best meet those needs—a process that would be much more difficult if care management was removed. To this end, while care managers and care manager supervisors described remote home visits as potentially convenient in particular situations, it is not perceived as an acceptable long-term approach to care management. As a result of remote visits, many care managers discussed feeling less connected to individuals and expressed a desire to return to in-person visits to accurately assess and better understand client needs, despite the uncertainties of the COVID-19 pandemic.

**Recommendation: 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 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.**

### **Care Manager Workload**

Full-time care managers have an average caseload of about 125 individuals. ESP participants are currently classified into two intensity levels: level one and level three. Enrollees with a level one intensity level have a higher acuity level, receive more services, and are contacted more frequently by the care manager. Individuals with a level three intensity level have fewer needs and thus, receive fewer services and less frequent contact. Ideally, care managers maintain some balance in their caseloads with fewer level one enrollees and more level three participants. Another important factor in determining intensity level is the nature of the informal support system (e.g., family and friends who provide monitoring assistance), which can impact how much assistance is needed through care management. Originally, there were three intensity levels, which were paired down to two levels during COVID-19. Care managers spoke about wanting to bring back the three intensity levels, when possible, as it gave them additional mechanisms to characterize enrollee needs.

Care manager supervisors and care managers also described the advantages of using separate benefit specialist positions to facilitate connections to other programs including: people interested in the CDC program, those who might be eligible for the Medicaid PASSPORT program, or those eligible for services available through their Medicare Advantage program. Respondents reported that the benefit specialists were very effective in assisting care managers with referrals to other programs, as well as helping care managers be more efficient.

Care managers reported that several factors including the impacts of COVID-19, staff turnover, higher levels of enrollee disability, and the CareDirector information system have contributed to more time pressures faced in their work. Care managers emphasized that their work involves more than just enrolling and managing participants in ESP, but also includes helping with connections to social outlets, securing medical supplies, becoming a resource to families about questions they have (e.g., Adult Protective Services, Power of Attorney process), and helping individuals navigate issues with their service provider(s).

**Recommendation: 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.**

## COST-SHARING

A key component of Butler County ESP is to have those participants who can afford to do so, contribute to the costs of their services. Data show that four in ten (37%) ESP enrollees have cost sharing responsibilities. Care managers calculate and communicate the copay expectations. Care managers report that being upfront with this process is beneficial and leads to better awareness about how copay amounts are determined (e.g., assessing medical expenses).

However, from the perspective of care managers, there were concerns with the cost-sharing process. Under the current procedures, care managers not only explain and present cost sharing responsibilities, but they are also responsible for addressing delinquent payments. Care managers identified several problems with the current approach. First, care managers felt that the role of bill collector was not consistent with their role of a helping human services professional. Additionally, care managers reported not having adequate information in talking with enrollees about delinquent payments, because they were unable to access up-to-date balances, and often the outstanding balances information was out of date. Care managers reported it was important to have initial conversations with participants since they were more familiar with clients' situations, but they indicated that they should not be in the debt collector role. Stakeholders also raised questions about whether delinquent payments should result in service cancellation. The increase in the proportion of ESP enrollees leaving the program because of copay or declining services should be examined in the context of the copay question.

**Recommendation: 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.**

## CAREDIRECTOR INFORMATION SYSTEM

Stakeholder responses to the CareDirector system were mixed in terms of its utility and accessibility. Some stakeholders described CareDirector as better than previous systems in providing adequate data, and for some, it was easy to use. However, most stakeholders described it as inefficient (i.e., redundant forms), constantly changing, and time consuming, particularly adding tasks to care manager workloads. Care managers

discussed concerns with the amount of time needed to complete program paperwork and documentation, and that the workload for completing documentation had increased with the current system. Care managers mentioned that portions of documentation are repetitive, and that they are required to navigate in and out of CareDirector in order to complete documentation. Care managers also expressed tension between the time spent completing documentation (this time was estimated to have doubled with CareDirector) and the time spent with ESP participants, and the pressure to prioritize documentation over direct contact time. Stakeholder groups discussed the frequency of system changes as a challenge with CareDirector.

**Recommendations: 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 CareDirector 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.**

## **COA AND SERVICE PROVIDERS**

Providers were very positive about recently increased reimbursement rates, and that by doing so, several providers avoided closing their operation. However, there is also a concern about rates not keeping up with the actual cost of products and services. Providers explained that due to the competition during the bidding process, bids for service did not necessarily reflect the accurate portrayal of expenses, but providers felt uncertain about recording the actual expense for fear of being rejected. This puts the providers in a precarious and unsustainable position because they are not able to fully fund ESP services through ESP reimbursement. Providers are concerned about a “capacity problem” in not having enough contracted providers to meet the demand of ESP clients. The RFP, contract, and bidding process were described as overly complicated, time consuming, and involved many agency staff, which creates a barrier to soliciting new providers. While provider criticisms are quite common in home care programs, it is important to for COA to better understand the nature of questions raised.

At times, communication between providers and COA was described as inconsistent or delayed (e.g., changes to bidding process during the open bid process), and that COA departments are too “siloeed” (perception of COA not communicating across internal departments resulting in confusion). Providers believe these factors have created inefficient processes that create more work for providers. Providers expressed a concern about not having access to enough new enrollee information to pass on to their

workers, which impacts their ability to be prepared. Providers also mentioned that often the individuals they serve did not know who their care manager was at LifeSpan/CFS, which created difficulty in providers knowing who to contact when problems arose. Again, this is a common issue for care management agencies, and some providers have used approaches such as refrigerator magnets with agency and care manager names as an attempt to address this problem.

**Recommendation: 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.**

## **IMPROVING ESP SERVICES**

Across stakeholder groups, two areas emerged as ways to enhance the reach and impact of ESP. First, was the need to better educate the community about ESP. Second, was the suggestion for ESP to enhance services provided, both by increasing cost caps for high need enrollees and in expanding the services available. For example, increasing Adult Day Services and Independent Living Assistance services to improve social interaction/companionship, allowing for more non-medical transportation, and adding assistance with leaf and snow removal were identified as high need areas.

**Recommendation: Plan a meeting with internal and external COA stakeholders who can help guide marketing efforts to increase the awareness of ESP in the community. Meet with care managers and care manager supervisors to gauge the level of need for the services mentioned above, and brainstorm possible ideas for enhancing current services.**

## **WORKFORCE ISSUES AND INNOVATIONS**

Conversations with stakeholder groups exposed many barriers and concerns about the rapidly decreasing workforce that ESP relies on. However, alongside those challenges, there is also a commitment to creative and innovative strategies to recruit and retain these valuable workers.

## Barriers and Concerns

The pandemic has sparked worker shortages in an array of service industries, but no sector has been hit as hard as long-term services, including nursing homes, assisted living, and home care. For ESP, the workforce issues are predominantly focused on the lack of home care workers. However, there was also apprehension about the shortage of workers who provide HDM and transportation. It is evident that workforce shortages have hit nearly every aspect of the ESP delivery process. Of particular concern is the workforce “desert” in the more rural parts of Butler County such as the Oxford area, where the worker shortage is the most alarming. Common workforce concerns centered on three main topics: competition for wages, lack of transportation, and working conditions. Data on ESP use rates by county sub-units confirm lower use patterns in two of the more rural areas—Oxford and Okeana. It is important to emphasize that the long-term services worker issues are complex and cut across both the residential and home care sectors of the industry. There is no single answer that will solve this problem. Past research, such as the Robert Wood Johnson, Better Jobs, Better Care initiative, have highlighted that the solution to this problem will require an array of strategies.

### *Wages*

Despite COA’s efforts to increase wages for home care, transportation, and HDM, all stakeholder groups expressed concern about wages not keeping pace with the labor market and other competing industries (e.g., fast food, retail) who offer not only a higher hourly wage but also significant sign-on bonuses. Wages provide a good example of the industry challenges. For the most part, providers shared that small wage increases did little to increase recruiting and retaining workers. On the other hand, providers and workers consistently identify wages as an important part of the problem. As is the case for most workers, wages are only one aspect of the job, and other factors ranging from working conditions, supervision, safety and benefits also impact workers’ satisfaction and tenure on the job.

### *Transportation*

Issues arose repeatedly around the concern of workers not having reliable vehicles, the ability to repair vehicles, having enough gas money, and access to public transportation systems. Providers found that during COVID-19, many of their workers were running errands for participants, which resulted in an increased reliance on transportation, as well as unreimbursed mileage. This transportation concern was even more noticeable for rural areas where alternatives were not as readily available.

### *Working Conditions*

Different stakeholder groups acknowledged other on-the-job challenges that workers face that cause barriers to attracting and retaining workers. Examples included interpersonal conflict (particularly individuals with cognitive impairment), navigating family dynamics (e.g., substance abuse, mental health issues, criminal activity), and environmental hazards (e.g., insect/rodent infestations, dilapidated housing, strong odors, and clutter). Combining these challenges with the job competition mentioned above, it was recognized that ESP worker roles have less predictability and an increased exposure to environmental hazards when compared to other jobs at similar wages. Other working condition concerns included lack of access to needed supplies, which HDM providers voiced as connected to broader supply chain issues. For example, HDM providers described increased fuel costs and a food shortage for many of their menu items and a necessary move to use more meal or ingredient substitutes.

**Recommendation: 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 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.**

### *Innovations*

Given the challenges mentioned above, many providers discussed the need to be innovative and agile in their ability to recruit and retain the ESP workforce. Innovations fit into two broad categories: advances in how technology is used, and maintaining a flexible, creative, and caring approach to staffing.

#### *Technology*

Both COA and providers have utilized technology in ways that allow for recruitment advertising via texting campaigns, online onboarding, custom scheduling, electronic clock in/out, daily or weekly paychecks, payment advances, suspending the need for

paper and pen signatures on HDM, and exploratory methods of matching workers with participants. For instance, COA recently implemented the Home Care Assistance Pairing List, which allows more equitable access across providers. This updated process has been described by providers as much more user-friendly and easier to track, which clients have been waiting the longest for services. Additionally, COA is also rolling out a cutting-edge app that has the ability to match workers and participants by geographic location. This approach enhances the use and reach of the CDC program in an effort to get current CDC workers connected to additional nearby individuals needing assistance.

### *A Flexible, Creative, and Caring Approach*

Providers unanimously described their ability to be flexible and understanding as beneficial to an ever-changing workforce. For instance, workers choose or are scheduled for tailored blocks of time that meet their preferences. Providers got creative about using internal resources and funds to help with the transportation barrier, such as using office staff to transport workers to and from home visits to ensure shifts are covered. Providers found ways to recognize the valuable contributions and work anniversaries through awards and gift cards to show their appreciation.

## **CONCLUSION**

The Butler County Elderly Services Program fills an important gap in the long-term services delivery system in Ohio. While the ESP enrollees are primarily low to moderate income and have moderate to high levels of disability, they fall outside of the stringent Medicaid eligibility criteria. Most older Ohioans (90%) are not eligible for Medicaid until they enter a nursing home and spend down their assets. ESP is designed to respond to this gap by providing assistance to individuals to remain at home as long as possible. The demand for ESP services over the next 20 years will continue to grow and it will be critical to use data for ongoing quality improvement efforts to ensure that services are provided as efficiently and effectively as possible. COA and LifeSpan/CFS have demonstrated a commitment to using data to improve the services delivered. The forward-looking management provided by COA and the partnership with LifeSpan provides a strong foundation for Butler County ESP and it remains one of the top programs in the state.

The pandemic has placed considerable pressure on the provision of in-home services across the nation. Social isolation of elders and limited in-person visiting by care managers has been an ongoing challenge throughout the pandemic. While remote contacts have allowed ongoing communications, care managers universally reported missing the in-person connections. The pandemic also exasperated the home care worker challenge, which did exist before COVID-19, but has now reached Olympian heights. ESP care managers reported not being able to meet the demand for home care

workers, particularly for newly enrolled clients. This challenge will be reduced when the pandemic subsides, but it will not go away and COA and LifeSpan/CFS will need to continue the array of strategies now being developed to address these issues. The large growth in the age 80 and older population over the next 20 years will place additional pressures on the provision of home care. The presence of Butler County ESP is a critical resource for the citizens of Butler County to respond to the demographic and social challenges of tomorrow.

## APPENDICES

### APPENDIX A - CONSOLIDATED INTERVIEW GUIDE

Interviewee: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Telephone # or Web Platform: \_\_\_\_\_ Interviewer: \_\_\_\_\_

1. What is your title?
2. How long have you been with [Organization Name]?
3. How long have you been in your current position?
4. Confirm and talk through current eligibility (age, ADL/IADL, geography, income)
5. Based on the eligibility criteria, do you think we have the right eligibility criteria?
6. Are there any changes to eligibility that you think should be considered?
7. Are we serving the right people?
8. Do you think the ESP criteria around age (65+ for services, 60+ for HDM) makes sense, how so?
9. Are there clients who are enrolled in ESP who shouldn't be?
10. Are there clients who are not enrolled who you think should be on the program?
11. What is the process for when clients improve? If they do, do they stay in the program?
12. Can you talk about the process of clients being transferred from ESP to PASSPORT?
13. What strategies could be used by the state to incentivize clients staying with ESP?
14. What is the downside to transferring a client from the county to the state? Are there impacts on the family as well?
15. How is care management being used here?
16. Are there clients who need less care management and clients who might need more? What do these clients look like?
17. Now that we've looked at who may need more and who may need less, how might we allocate the care managed services?

18. If not everyone needs to be care managed, how can we allocate the service more efficiently?
19. Are there service gaps you see in terms of services that ESP provides vs. what is needed/missing?
20. Tell me about the process around reimbursement rates, are they adequate? How is the bidding and contract process? (i.e., home care, transportation, HDM)?
21. What requirements are costly or burdensome to your agency?
22. If you could change anything about ESP what would you do? What about the program itself? The structure of the program?
23. Are there caps or limitations on how much you can spend per person? Should those be modified?
24. Are there services that you would like to provide that you currently do not provide?
25. Overall, we see about 46 % of people cost share (\$200,000 in copays, about 1.8% total revenue; 2020 Annual Report), is that consistent with your experience?
26. What are the challenges to talking to clients and families about cost sharing?
27. How would you change how cost sharing is done?
28. What have you seen as the prominent issues facing workers?
29. How has this changed during COVID?
30. Are there changes that would help home care workers in their job? Do you have any recommendations?
31. What innovations or changes have you made toward attracting *new* workers?
32. What innovations or changes have you made toward retaining *existing* workers?
33. Are there procedural issues that could be streamlined to help workers be more efficient with their time? Do you have any recommendations?
34. What is the reimbursement rate for home care, transportation, HDM? Do the rates vary within provider categories?
35. How do you think technology could be used differently in regard to care delivery?
36. If a client has a Medicare Advantage Plan and ESP, who ends up paying for the services and how is that process managed?

37. How do you experience the communication between your agency and ESP? Are there any recommendations that you have to improve or enhance communication?

38. Is there anything you think is important to share that we haven't covered?

39. Do you have any questions for me?

**Butler County ESP (Senior Services Levy)**  
**Maximum Reimbursement Rates**  
**Rates as of February 1 , 2022**

<b>Service</b>	<b>Cost per</b>	
	<b>Unit</b>	<b>Unit</b>
Adult Day Service - Transportation	26.50	One Way Trip
Adult Day Service - (Enhanced)	38.60	Per 1/2 Day
Consumer Directed Care	3.75	Per 15 min
Electronic Monitoring System - (VTC/Camera)	41.00	Per 1/2 Month
Home Delivered Gluten Free (Daily)	10.09	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Home Care Assistance	6.68	Per 15 min
Independent Living Assistance	13.70	Per 15 min

\* Home Medical Equipment Rates will go into effective 4/1/2022  
 All other services excluding Electronic Monitoring changed effective 10/1/2021

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

	1 Person		2 People		3 People		4 People		5 People		6 People	
<i>FPL (100%) &gt;&gt;&gt;</i>	\$ 13,590		\$ 18,310		\$ 23,030		\$ 27,750		\$ 32,470		\$ 37,190	
<b>Copay</b>	Min	Max	Min	Max								
<b>0%</b>	\$ -	\$ 1,699	\$ -	\$ 2,289	\$ -	\$ 2,879	\$ -	\$ 3,469	\$ -	\$ 4,059	\$ -	\$ 4,649
<b>5%</b>	\$ 1,700	\$ 1,847	\$ 2,290	\$ 2,488	\$ 2,880	\$ 3,130	\$ 3,470	\$ 3,771	\$ 4,060	\$ 4,413	\$ 4,650	\$ 5,054
<b>10%</b>	\$ 1,848	\$ 1,996	\$ 2,489	\$ 2,690	\$ 3,131	\$ 3,383	\$ 3,772	\$ 4,076	\$ 4,414	\$ 4,770	\$ 5,055	\$ 5,463
<b>15%</b>	\$ 1,997	\$ 2,146	\$ 2,691	\$ 2,891	\$ 3,384	\$ 3,636	\$ 4,077	\$ 4,382	\$ 4,771	\$ 5,127	\$ 5,464	\$ 5,872
<b>20%</b>	\$ 2,147	\$ 2,295	\$ 2,892	\$ 3,093	\$ 3,637	\$ 3,890	\$ 4,383	\$ 4,687	\$ 5,128	\$ 5,484	\$ 5,873	\$ 6,281
<b>25%</b>	\$ 2,296	\$ 2,445	\$ 3,094	\$ 3,294	\$ 3,891	\$ 4,143	\$ 4,688	\$ 4,992	\$ 5,485	\$ 5,841	\$ 6,282	\$ 6,690
<b>30%</b>	\$ 2,446	\$ 2,594	\$ 3,295	\$ 3,495	\$ 4,144	\$ 4,396	\$ 4,993	\$ 5,297	\$ 5,842	\$ 6,199	\$ 6,691	\$ 7,100
<b>35%</b>	\$ 2,595	\$ 2,744	\$ 3,496	\$ 3,697	\$ 4,397	\$ 4,650	\$ 5,298	\$ 5,603	\$ 6,200	\$ 6,556	\$ 7,101	\$ 7,509
<b>40%</b>	\$ 2,745	\$ 2,893	\$ 3,698	\$ 3,898	\$ 4,651	\$ 4,903	\$ 5,604	\$ 5,908	\$ 6,557	\$ 6,913	\$ 7,510	\$ 7,918
<b>45%</b>	\$ 2,894	\$ 3,043	\$ 3,899	\$ 4,100	\$ 4,904	\$ 5,156	\$ 5,909	\$ 6,213	\$ 6,914	\$ 7,270	\$ 7,919	\$ 8,327
<b>50%</b>	\$ 3,044	\$ 3,192	\$ 4,101	\$ 4,301	\$ 5,157	\$ 5,410	\$ 6,214	\$ 6,518	\$ 7,271	\$ 7,627	\$ 8,328	\$ 8,736
<b>55%</b>	\$ 3,193	\$ 3,342	\$ 4,302	\$ 4,502	\$ 5,411	\$ 5,663	\$ 6,519	\$ 6,824	\$ 7,628	\$ 7,984	\$ 8,737	\$ 9,145
<b>60%</b>	\$ 3,343	\$ 3,491	\$ 4,503	\$ 4,704	\$ 5,664	\$ 5,916	\$ 6,825	\$ 7,129	\$ 7,985	\$ 8,342	\$ 9,146	\$ 9,554
<b>65%</b>	\$ 3,492	\$ 3,641	\$ 4,705	\$ 4,905	\$ 5,917	\$ 6,170	\$ 7,130	\$ 7,434	\$ 8,343	\$ 8,699	\$ 9,555	\$ 9,963
<b>70%</b>	\$ 3,642	\$ 3,790	\$ 4,906	\$ 5,107	\$ 6,171	\$ 6,423	\$ 7,435	\$ 7,739	\$ 8,700	\$ 9,056	\$ 9,964	\$ 10,372
<b>75%</b>	\$ 3,791	\$ 3,940	\$ 5,108	\$ 5,308	\$ 6,424	\$ 6,676	\$ 7,740	\$ 8,045	\$ 9,057	\$ 9,413	\$ 10,373	\$ 10,781
<b>80%</b>	\$ 3,941	\$ 4,089	\$ 5,309	\$ 5,509	\$ 6,677	\$ 6,930	\$ 8,046	\$ 8,350	\$ 9,414	\$ 9,770	\$ 10,782	\$ 11,190
<b>85%</b>	\$ 4,090	\$ 4,239	\$ 5,510	\$ 5,711	\$ 6,931	\$ 7,183	\$ 8,351	\$ 8,655	\$ 9,771	\$ 10,127	\$ 11,191	\$ 11,600
<b>90%</b>	\$ 4,240	\$ 4,388	\$ 5,712	\$ 5,912	\$ 7,184	\$ 7,436	\$ 8,656	\$ 8,960	\$ 10,128	\$ 10,485	\$ 11,601	\$ 12,009
<b>95%</b>	\$ 4,389	\$ 4,538	\$ 5,913	\$ 6,114	\$ 7,437	\$ 7,690	\$ 8,961	\$ 9,266	\$ 10,486	\$ 10,842	\$ 12,010	\$ 12,418
<b>100%</b>	\$ 4,539	\$ 4,687	\$ 6,115	\$ 6,315	\$ 7,691	\$ 7,943	\$ 9,267	\$ 9,571	\$ 10,843	\$ 11,199	\$ 12,419	\$ 12,827

## **Butler County Elderly Services Program**

2022

### **CONFLICT OF INTEREST POLICY**

#### **INTRODUCTION**

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

#### **DEFINITIONS**

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

#### **STANDARDS**

Butler County Elderly Services Advisory Council Members shall:

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

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

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

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

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

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

In addition:

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

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

## **EXCEPTIONS**

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

### **Form I**

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

**FORM I**

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

(\*) A conflict of interest exists if:

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



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[www.help4seniors.org](http://www.help4seniors.org)

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

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

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

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

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

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

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

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