

AGENDA

CCESP Advisory Council Meeting

March 15, 2022, at 9:00 am – 10:30 am

Clinton County Office Annex

111 S. Nelson Avenue, Wilmington OH 45177

Entrance B, Community Room A

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m4dd21759044f7e98cfc4fbe4898a05a2>

Tuesday, Mar 15, 2022 9:00 am | 1 hour 30 minutes | (UTC-05:00) Eastern Time (US & Canada)

Meeting number: 2348 231 7688

Password: 4PjmPsrZs46

Join by phone

1-844-621-3956 United States Toll Free

+1-415-655-0001 US Toll

Access code: 234 823 17688

CALL TO ORDER	Nicole Rodman
APPROVAL OF MINUTES <ul style="list-style-type: none">❖ December 14, 2021, Minutes (Action Needed)❖ January 25, 2022, Minutes (Action Needed)	Nicole Rodman
QUARTERLY REPORTS <ul style="list-style-type: none">❖ Program Dashboard & Financial Report❖ Provider Network Report❖ Market Penetration & Five-Year Levy Projections	Ken Wilson & Carl McCullough Lisa Portune Ken Wilson
OLD BUSINESS <ul style="list-style-type: none">❖ Fiscal Intermediary RFP	Ken Wilson
NEW BUSINESS <ul style="list-style-type: none">❖ Chronic Care Management Pilot❖ Community Engagement❖ Maximum Reimbursement Rates❖ Updated Sliding Fee Scale❖ Conflict of Interest / Confidentiality Forms	Kim Clark Haley Allgood Ken Wilson Ken Wilson Nicole Rodman
HEARING THE PUBLIC	Nicole Rodman
ADJOURNMENT	Nicole Rodman

NEXT MEETING

June 21, 2022

MINUTES
CCESP ADVISORY COUNCIL MEETING
TUESDAY, DECEMBER 14, 2021 @ 9:00 A.M.

ATTENDANCE

Members Present: Bob Baker Gene Breckel Ray Camp Sue Caplinger Tim Hawk Nicole Rodman Duane Weyand	COA Staff: Cynthia Fitch Kate Laubenthal Carl McCullough Ken Wilson	Guests: Stella Cramer, CCCAP
Excused: Trevor Shoemaker	Facilitator: Nicole Rodman	Scribe: Heather Junker
Absent:		

CALL TO ORDER / WELCOME

The September 21, 2021, meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 8:58 a.m. The meeting was hybrid with some joining in-person while others joined remotely.

APPROVAL OF MINUTES

Nicole Rodman called for a motion to approve the September 14, 2021, CCESP Advisory Council meeting minutes.

Motion: Bob Baker made a motion to the September 14, 2021, minutes as presented.

Second: Gene Breckel seconded the motion.

Action: The minutes were unanimously approved as presented.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard for July through September. The quarter ended with 409 clients, which was six fewer than last quarter and 45 fewer than last year. This is the first year in some time there has been a drop. Ken attributes all of that to less outreach, and some to the fact that there are fewer short term clients because of the pandemic impact. When looking at the budget last year, there was a concern that the budget was going into the red, so they were conservative about doing outreach. The plan is to do more outreach next year and make sure seniors throughout Clinton County are aware of the program. There were 41 new enrollments and 55 disenrollments with the number one reason being needs otherwise met, followed by deceased, and entering a skilled nursing facility.

The average cost per client dropped to \$308. There has been a little bit of decline due to the 14 day emergency meal boxes no longer being needed. There were 266 clients that received 5,785 hours of home care at \$171,596.

Fast Track Home had 11 new enrollments and five disenrollments, three of which were transitioned on to traditional ESP for ongoing services. Referrals are coming from a variety of settings with the biggest being Clinton Memorial Hospital and rehab facilities throughout the county. The average length of stay on the program was 50 days. The top services were home delivered meals, home care assistance, and electronic monitoring systems.

The average number of days from the intake call to enrollment increased to 17 days. There are a few outliers which bumped the average up. This isn't a significant concern because there were people that were asking for a delayed assessment. So, this was not a quality issue just accommodating what the families requested. There were 117 clients who needed home care assistance and only 3% were not matched with a provider. This is really good as all of the rest of the counties in the region universally are performing much lower in this category due to staffing shortages. As a point of comparison, in some of the other counties in the region, the percent not being placed with a provider is as high as a quarter to a third of clients. Satisfaction scores for home delivered meals and home care assistance are really good at above 98%.

Carl reviewed the Financial Report. The amount of spending from the levy through the 3rd quarter, the program will need about \$1.2 million dollars from tax levy appropriations. Compared to the budgeted amount of \$1.6 million, the program is \$355,000 under budget for the year. There has also been about \$419,000 from other funding sources leveraged by COA such as Title III funding, Rapid Response, CARES Act, State Funding, and client copays this program year.

The Total amount of projected expenses at the end of the 3rd quarter is \$1.6 million. Compared to the budget, which is \$1.7 million, the program is projected to be under budget by \$111,000.

Looking only at purchase services, the program is projected to spend \$1.3 million in the services listed. Compared to the budgeted amount of \$1.3 million, the program is under budget by \$80,000.

The trend for total projected cost of in home services has not changed much from last month and the program is still tracking close or below the original budget amounts. As mentioned last quarter, the adult day facility in Clinton County is closed, and it is uncertain when they might re-open.

Provider Network Report

Ken reviewed the Provider Network Report. COA is still providing PPE to providers through a supply from ODA. In some cases, PPE is shipped directly to the home care providers.

Adult Day Centers have not been able to reopen due to staffing challenges. This is not unique to Clinton County. When centers closed last year with the health order, the staff moved on either retiring or taking other jobs which has made it very difficult for them to reopen. Clinton County Community Action is considering reopening the adult day in Wilmington. COA will be working with them closely as they develop a reopening plan and hopefully that will be successful.

Transportation is also seeing some staffing shortages but that's not a significant issue so far in Clinton County.

With Electronic Monitoring Systems, the 3G towers are going away. COA is working with Guardian Medical Monitoring to upgrade the equipment of those clients effected to avoid a disruption in service. The 3G towers will be phased out by February 1, 2022.

The Senior Farmers Market, which is a federally funded program, just wrapped up the second year. There were 77 seniors in Clinton County that participated. This is a great program because it supports local farmers, and it encourages seniors to get healthy fruits and vegetables. Duane added that it also gets people out walking.

Restaurant Meals continue through CARES Act funding. Beaugard's is the provider sending out the meals.

Ken presented the schedule of provider reviews. These reviews are completed annually to ensure providers are staying in compliance with contracts. For example, they have the insurance in place, training, and background checks. This schedule has been disrupted the past two years due to COVID. The plan is to get all of that back on track next year.

The RFP schedule for 2022 has changed since this report came out. COA plans to delay Electronic Monitoring Systems for another year. This is due to ODA requiring RFPs for any service partially funded with federal dollars. This includes Title III services such as congregate meals, home delivered meals, adult day services, and transportation. COA also plans to put out an RFP for homemaking and personal care. Sue added that she thinks it would be a good idea to have adult day services at the senior center because some of the clients would be able to interact with clients that go for congregate meals and some of the activities. Ken agreed that is a good solution and beneficial.

Provider Quality Report

Ken gave a brief overview of the Provider Quality Report. This report is published so people can see the quality of services being delivered. Clients are surveyed twice a year.

Ken reviewed Homemaking and market share. First Community Health Services, Gabriel's Angels, and Katie's Home Health Care are all newer providers recruited in the last few years. Previously all of the services were provided by Clinton County Community Action and Blackstone. There were quality problems with Blackstone. Ken noted that over the last couple of years, the new providers now have 42% of the clients and Blackstone now only has 8% when they used to have more than half. This has been an improvement for seniors receiving this service.

Satisfaction scores show the new providers are doing a really good job. The green scores are above the benchmark and red is below the benchmark. This report for Blackstone used to be in all red but now there is a lot of green. Bob asked if Blackstone has been replaced. Ken explained they are still providing services, but they just have fewer clients now.

Market Penetration & Five-Year Levy Projections

Ken reviewed the Market Penetration and the Five-Year Levy Projections. The market penetration rate for 2021 is at 39% which means there is an opportunity to do more community awareness and outreach. Once awareness gets going it should jump back up to around 43%. This data is used to project how many seniors will need services in the future.

The Five-Year plan resets in 2022 and it is projected the fund balance in 2021 will end with around \$500,000. This is a drop from the beginning of the levy cycle where the fund balance was \$850,000. It is projected the program will slowly grow to 507 clients based on population estimates. The fund balance will be right around \$650,000 at the end of the new levy cycle. Keep in mind, costs will be going up. COA is anticipating that provider rates will increase as well. They will keep close tabs on these projections. Sue asked if the case managers are doing in home visits. Ken explained that are doing virtual visits. The plan is to resume the in person visits once the COVID surge goes back down. As of yesterday, the ICUs were at 101% capacity. COA is following the recommendations from the Ohio Department of Medicaid and Health to minimize exposure to at risk seniors when there is a surge.

OLD BUSINESS

Levy Results

Ken thanked everyone who participated in the levy campaign. They were on the ballot for an increase, which guarantees a drop in voter support. Over 60% of voters approved the levy which is an impressive level of support. The last two levies were on the ballot as a renewal with no increase.

Medicare Advantage Plan Update

Kate gave an update on Medicare Advantage Plans. In 2018, Congress allowed Medicare to begin offering long term supportive services to people on Advantage Plans. There are roughly 40% of seniors across the region who have Medicare Advantage Plans. COA wanted to do their best to make sure they are connecting with their Advantage Plan services to ensure the levy is payor of last resort. In the spring of 2021, COA implemented a benefits specialist position. These plans are difficult to navigate, and the goal is to not only keep staff up to date and knowledgeable but to help seniors navigate their plans and know what their benefits are.

Cynthia Fitch gave an overview of her role as the Benefits Specialist and her experience up to this point. She has two objectives in mind: COA is being good stewards of the levy funds as payor of last resort and making sure seniors are able to use all of their benefits including OTC. She receives referrals via case managers once they have identified the client has a Medicare Advantage Plan. Cynthia then reviews the plan with client and calls their insurance with them, so they know how to use their benefit. Clients have expressed to her how grateful they are that COA is advocating for them with their insurance, and many have said they could not have done this on their own.

Kate added that this went into effect mid-summer. There have been 88 seniors referred since July, with 11 of those having services transitioned. For the other individuals, COA is helping them know what they're eligible for should a need arise. COA became aware in September that an Anthem Advantage

Plan was allowing individuals to access lifelines. They are reaching out to those 49 seniors in the county to help them transition that service to their Advantage Plan. So far, they have saved the levy \$10,500.

There are some limitations with this process especially due to the pandemic. They are relying on self-reporting from clients in regard to their insurance information since most visits have been telephonic. Some benefits through the Advantage Plans are more complex to access. For example, some of them are dependent upon knowing exactly when a client entered the hospital and was discharged. Sue added that the supportive person at the senior center saved her \$40 a month by helping her get on a different drug plan. This is another perk for seniors. Cynthia advised that if seniors have further questions beyond what she helps with, she refers them to the senior center.

NEW BUSINESS

Senior Center Funding

Nicole discussed the Senior Center Funding as she and Ken met with the County Commissioners last week. They had questions about the additional funding they had agreed to build into the budget for senior centers. The conversation she wanted to have with everyone was how to utilize it. Is it something that will sit in the budget for when a need arises, or should they advertise and have an application and award process for that funding? Sue felt it should be an application process so it's clear what the need is. Nicole agreed and asked if she thought it should be advertised. Tim expressed that it could create issues if people don't know about it. Ray agreed and thought it should all be put out there. Sue suggested maybe they could send a letter to the senior centers to let them know funds are available for emergency uses. Tim stated it should be clear as to what the parameters of the funds are for. Duane agreed that it should be an application process and people need to know what the funds are for.

Nicole advised they need to come up with an application process, the rate, and award for different types of funding when available. Ken advised that COA could draft a process for the Advisory Council to review. The group agreed and Nicole suggested they hold a special meeting in January just to discuss this process. Tim asked how many senior centers there were that might ask for help. Sue stated that Port Williams and Blanchester are the only ones that have a permanent place for their centers. In Sabina, they meet at The Cove two days a week. Nicole stated that's another piece is to see what kind of need an entity that doesn't have a permanent place might have. How would they identify how their need would be appropriate versus a provider who had a permanent setting? Gene added that a provider should find out what the cost is going to be before they apply.

After Meeting Action: Heather will coordinate scheduling the special meeting for January.

ARPA Funding

Ken discussed the American Rescue Plan Act Funding. Funds are starting to flow in to COA for the region through ODA. They have been working to create a plan around that. COA held a public hearing and is in the process of revising the plan based on feedback. The challenge with this is that it's not sustainable. This is an opportunity to take some of what was learned during the pandemic to improve service delivery. Some of the things COA is looking into is improving transportation, workforce development, grocery delivery service, a congregate meal model that involves local restaurants, technology to connect

seniors to the evidence based wellness programs, respite opportunities for family caregivers, and helping Adult Day Centers reopen. Ken asked the group to let him know if they have any additional ideas or feedback. Another limitation is that there are strings attached to this funding. For example, Title III-C has to be related to a nutrition program. Tim asked if there was currently a grocery delivery program. Ken advised there was not but sometimes aides will pick up groceries for the clients.

Vice Chair Nomination

Nicole advised that the Advisory Council needs a Vice Chair and asked if anyone wanted to fill that role. This would entail that person filling in to run the meeting for Nicole if she was out. Larry served in this role previously. No one spoke up so Nicole tabled the discussion for now.

2022 Meeting Dates

Nicole reviewed the 2022 meeting dates. There were no requested changes.

HEARING THE PUBLIC

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

ADJOURNMENT

With no further business to discuss, Nicole called for a motion to adjourn the meeting.

Motion: Gene Breckel made a motion to adjourn the meeting.

Second: Sue Caplinger seconded the motion.

Action: It was unanimously agreed to adjourn at 9:51 a.m.

NEXT MEETING

March 15, 2022

MINUTES
CCESP ADVISORY COUNCIL MEETING
TUESDAY, JANUARY 25, 2022 @ 9:00 A.M.

ATTENDANCE

Members Present: Gene Breckel Ray Camp Sue Caplinger Tim Hawk Nicole Rodman Duane Weyand	COA Staff: Ken Wilson	Guests:
Excused: Bob Baker	Facilitator: Nicole Rodman	Scribe: Heather Junker
Absent:		

CALL TO ORDER / WELCOME

The January 25, 2022, meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 9:02 a.m.

OLD BUSINESS

Senior Services Grant Application

Ken reviewed the draft Senior Services Grant Application and asked the Advisory Council their thoughts. The group generally agreed that they liked the application as it was brief and to the point. Duane stated that when he helped out Blanchester, he found himself doing a lot of the work and a simple application process is best. Ken asked everyone if they thought this draft application was simple enough to which everyone agreed that it was. Nicole stated that they need to make sure people are aware that it's a one-time thing to help them improve something in their structure or something that doesn't require further sustainability.

Sue asked if the application will be reviewed once it's submitted. Ken suggested that once the applications come in, he would distribute them to the whole group to review. Then when they meet, they can review and score each application. Ken could then compile the scores so that the Advisory Council can make a decision. Duane asked if these applications would be reviewed at the regularly scheduled Advisory Council meetings. Ken advised that was the intent and he suggests these be distributed to the organizations in the county ahead of time, provide them with a due date, and then sequence them enough so that action can be taken at the scheduled meetings. Duane also asked how much money would be allocated for this. Ken informed there would be \$50,000 available each year.

Ken asked if anyone thought there was something missing from the application and if the requirements looked ok. Tim asked if there were some parameters that could be shared with the applicants so they aren't shooting too high when they apply since there is only \$50,000. Ken agreed that was a good point and they can add the availability of funding is up to \$50,000. Duane added that people need to be aware this grant won't fund anything with reoccurring costs such as security systems. Gene suggested that when applying, quotes need to come from certified workers.

Nicole asked how they should rate the applications that come in. Ken stated he was thinking they could take the evaluation criteria and create a simple scorecard for the Advisory Council members to use. Duane asked if they would complete one application per project. Nicole stated she thought they should fill out one application per project request. Gene asked if they would tell applicants there is \$50,000 available. Ken advised they did discuss putting that in there. Nicole stated maybe they could clarify and state it's \$50,000 county-wide. Tim asked if Ken would be the point of contact if anyone had any additional questions about the application. Ken stated he was happy to do that and that can be added to the application as well.

Nicole asked how they would distribute the information that this grant is available and that there are applications to apply. Ken stated the Commissioners were concerned about making sure people in the county were aware this was available. Tim asked if this was for any type of agency that has services for the elderly. Ken advised he can make the verbiage clearer and add that it's any resident over the age of 60. Sue suggested they send letters out first explaining the grant and that there are applications available. Nicole agreed with this strategy so that people will have to think about what their need actually is instead of just the fact there is money available. Ken advised he will come up with a letter and distribution strategy to make sure all the communities in Clinton County receive it.

Nicole brought up the fact that this was initially just for senior centers but now that they are opening it up to other entities, so part of the rating process should be whether the applicant has the ability to fund their project in other ways. Some organizations have other funding sources whereas senior centers do not. Ken stated he would add that to the evaluation criteria, and everyone agreed. Nicole asked Ken if he could email a draft of the letter to the Advisory Council before it's sent out to the organizations. Ken advised that he would. Tim asked if Ken is going to add the due date for applications to be submitted and if they will send out new due dates if funds are still available. Ken stated they could do that or roll over the money to the next year.

ADJOURNMENT

With no further business to discuss, the meeting was adjourned at 9:18 a.m.

NEXT MEETING

March 15, 2022



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

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 4, 2020), census decreased by 41 clients (from 440 to 399) or -9.3%.
 - 1. Short-term clients excluded, census decreased by 40 clients (from 439 to 399) or -9.11%.
- B. Compared to last quarter (Quarter 3, 2021), census decreased by 10 clients (from 409 to 399) or -2.44%.
 - 1. Short-term clients excluded, census decreased by 9 clients (from 408 to 399) or -2.21%.
- 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	0	0	1	0
Disenrolled Short-term Clients	1	0	0	1

2. Fast Track Home

- A. Average length of stay has decreased by 1 day to 49 days compared to Quarter 3, 2021 (from 50 to 49).
- B. New Enrollments decreased from Q3, 2021 to Q4, 2021 (from 11 to 7).
- C. Total clients who transferred to ESP from FTH stayed the same from Quarter 3, 2021 (from 3 to 3).

3. Financials

- A. Total Levy Revenue: The amount needed to be drawn down from the levy is \$1.3 million through the fourth quarter, as compared to the budgeted amount of \$1.55 million. The variance is under budget by \$208,714 or 13%.
- B. Total Expenses: The expenses incurred through the fourth quarter is \$1.6 million as compared to \$1.7 million in the budget. The variance is under budget by \$107,022 or 6%.
- C. Purchase Services: The projected expenses were lower than budget by \$82,919 or 6% as compared to budget.

¹ In reference to the chart on page 7: Average number of days from Intake Call to the Enrollment Assessment, the increase in Q3 2021 is due to the return to Face-to-Face visits. The time it takes to arrange Face-to-Face visits in the current environment is longer than when staff did telephonic interventions.

Quarter-End Census by Program

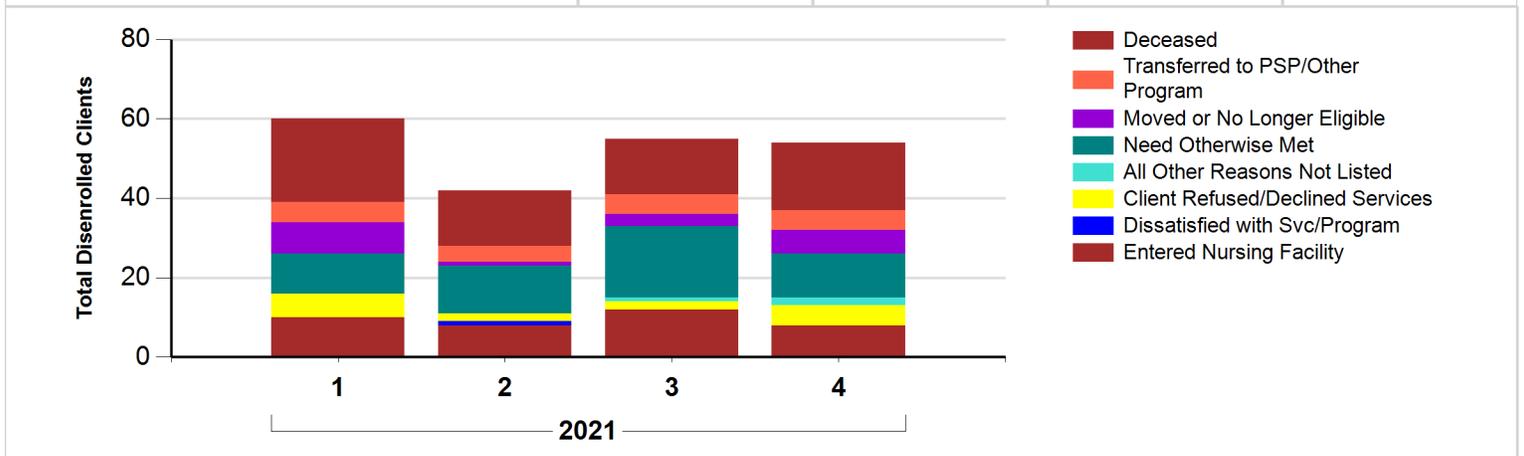
Year	2021			
Quarter	1	2	3	4
ESP	417	415	409	399
FTH	2	3	8	5
Medicaid Programs	139	144	139	136
Passport	21	18	16	14
Assisted Living	3	3	0	1
Molina	41	46	49	47
Aetna	74	77	74	74

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2021			
Quarter	1	2	3	4
Quarter-End Census	417	415	409	399
New Enrollments	31	44	41	43
Disenrollments	60	42	55	54

Disenrollment Outcomes

Year	2021			
Quarter	1	2	3	4
Deceased	21	14	14	17
Transferred to PSP/Other Program	5	4	5	5
Moved or No Longer Eligible	8	1	3	6
Need Otherwise Met	10	12	18	11
All Other Reasons Not Listed	0	0	1	2
Client Refused/Declined Services	6	2	2	5
Dissatisfied with Svc/Program	0	1	0	0
Entered Nursing Facility	10	8	12	8
Total	60	42	55	54

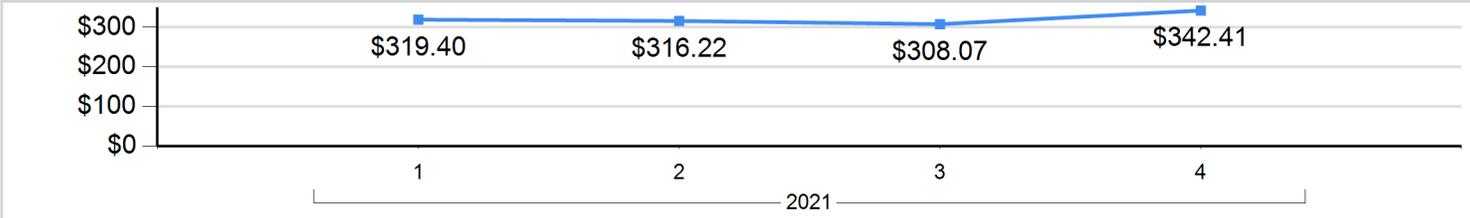


¹ Q3 '20 - Q2 '21 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.



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

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹²

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	16	17	16	18
Electronic Monitoring	302	284	285	275
Home Care Assistance	270	270	266	259
Home Delivered Meals	120	110	119	108
Home Medical Equipment	11	13	16	7
Medical Transportation	5	3	3	4
Other Services	14	8	12	10
All Services (Unduplicated)	442	420	434	413

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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	1,693	1,829	1,483	2,117
Electronic Monitoring	930	868	860	843
Home Care Assistance	5,935	6,344	5,785	5,613
Home Delivered Meals	8,121	7,618	7,703	7,319
Home Medical Equipment	12	15	20	8
Medical Transportation	18	12	18	46
Other Services	19	17	17	11

Dollars Paid by Service Group (Purchased Services)¹²

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	\$25,475	\$26,589	\$22,143	\$30,335
Electronic Monitoring	\$21,903	\$20,460	\$20,294	\$20,013
Home Care Assistance	\$174,894	\$187,268	\$171,596	\$167,408
Home Delivered Meals	\$76,861	\$62,720	\$73,702	\$72,502
Home Medical Equipment	\$6,289	\$6,310	\$4,738	\$2,595
Medical Transportation	\$744	\$703	\$911	\$3,368
Other Services	\$11,843	\$12,497	\$13,130	\$18,895
All Services	\$318,008	\$316,547	\$306,514	\$315,117

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



Clinton County ESP FTH
Quarter 4, 2021 (Oct. - Dec. 2021)
FAST TRACK HOME CENSUS TRENDS

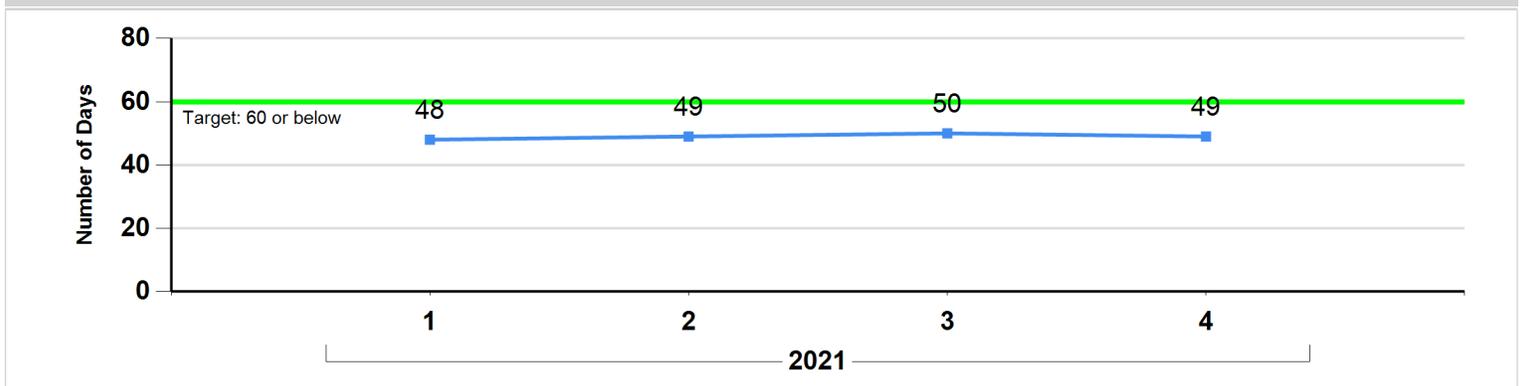
Total Clients Served, New Enrollments, Disenrollments

	2021			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	5	9	11	7
Disenrollments	8	9	5	10
Clients Transferred to ESP	5	3	3	3
	62.50%	33.33%	60.00%	30.00%

Enrollment by Setting

	2021			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Community	0	1	0	0
Clinton Memorial Hospital	1	3	4	1
University of Cincinnati Hospital Network	0	1	0	0
Other Hospital	0	0	2	0
Skilled Nursing Facilities	4	3	4	4
Not Captured	0	1	0	1
Total	5	9	10	6

Average Length of Stay





Clinton County ESP FTH
Quarter 4, 2021 (Oct. - Dec. 2021)
FAST TRACK HOME SERVICE TRENDS

Distinct Clients Served by Service Group

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	5	2	3	6
Home Care Assistance	3	5	4	5
Home Delivered Meals	3	1	6	5
Home Medical Equipment	2	0	0	0
All Services (Unduplicated)	6	6	9	12

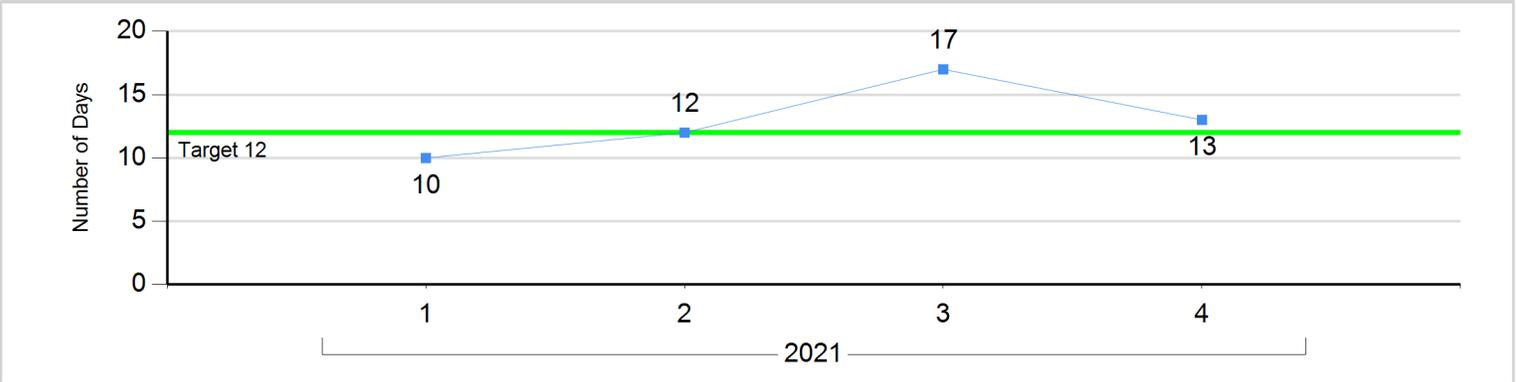
Units Billed by Service Group *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	11	6	4	10
Home Care Assistance	39	65	20	69
Home Delivered Meals	63	35	133	105
Home Medical Equipment	2	0	0	0

Dollars Paid by Service Group (Purchased Services)

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	\$175	\$75	\$76	\$168
Home Care Assistance	\$1,114	\$1,894	\$581	\$1,928
Home Delivered Meals	\$592	\$336	\$1,225	\$1,014
Home Medical Equipment	\$136	\$0	\$0	\$0
All Services	\$2,016	\$2,306	\$1,882	\$3,110

Average Number of Days from Intake Call to the Enrollment Assessment¹



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. # of Referral Attempts per Client
2021	1	106	0	0%	1.09
2021	2	122	2	2%	1.28
2021	3	117	2	2%	1.25
2021	4	110	6	5%	1.31

Home Delivered Meals - Client Satisfaction Survey Results

Year	2021				
	Quarter	1	2	3	4
Overall Satisfaction		98.71%	97.73%	99.11%	95.00%
Good Choice of Meals Available		89.66%	87.88%	92.86%	80.00%

Home Care Assistance - Client Satisfaction Survey Results

Year	2021				
	Quarter	1	2	3	4
Overall Satisfaction		97.38%	96.00%	98.61%	98.60%
Aide is Dependable		97.89%	95.24%	100.00%	100.00%

¹ Average number of days from Intake Call to the Enrollment Assessment, the increase in Q3 2021 is due to the return to Face-to-Face visits. The time it takes to arrange Face-to-Face visits in the current environment is longer than when staff did telephonic interventions.



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

FINANCIALS: based on actual revenue & expenses as of December 31, 2021¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$1,348,382	\$1,557,096	(\$208,714)	-13.4%
Federal & State Funding				
Title III B	9,448	15,000	(5,552)	-37.0%
Title III C2 - Home Delivered Meals	139,181	97,774	41,407	42.3%
Title III E - Caregiver Support	-	-	-	0.0%
Alzheimer's	-	805	(805)	-100.0%
Nutrition Services Incentive Program (NSIP)	12,354	15,708	(3,354)	-21.4%
Senior Community Services (SCS)	14,886	10,000	4,886	48.9%
Rapid Response	18,181	-	18,181	0.0%
Cares Act Funding	48,380	-	48,380	0.0%
Client Contributions				
Client Donations	21	207	(186)	-90.0%
Co-Pays Received	35,231	36,496	(1,265)	-3.5%
Total Revenue	\$1,626,064	\$1,733,086	(\$107,022)	-6.2%
Expenses				
Operating Expenses				
COA Administrative	\$99,760	\$109,586	\$6,560	6.0%
Intake & Assessment	2,449	8,795	6,347	72.2%
FTH Case Management	44,924	47,439	2,515	5.3%
Case Management	222,747	228,162	5,415	2.4%
Total Operational Expenses	\$369,879	\$393,982	\$24,103	6.1%
Purchased Services				
Homemaker-Hourly	\$580,648	\$572,049	(\$8,599)	-1.5%
Personal Care -Hourly	105,631	77,104	(28,527)	-37.0%
Respite-Hourly	14,887	18,599	3,712	20.0%
Home Medical Equipment	19,932	9,970	(9,962)	-99.9%
Emergency Response Systems	82,670	90,872	8,202	9.0%
Minor Home Modifications	39,918	37,528	(2,390)	-6.4%
Chore	16,447	1,818	(14,629)	-804.7%
Home Delivered Meals	285,785	355,286	69,501	19.6%
Adult Day Service	-	44,554	44,554	100.0%
Adult Day-Transportation	-	-	-	0.0%
Medical Transportation	5,726	7,311	1,585	21.7%
Consumer Directed Care	104,542	124,013	19,471	15.7%
Gross Purchased Services	\$1,256,185	\$1,339,104	\$82,919	6.2%
Gross Program Expenses	\$1,626,064	\$1,733,086	\$107,022	6.2%
Administrative Percent	6.3%	6.3%		
Client Census	404	431	27	6.3%
Cost of Services per Client	\$251.61	\$253.10	\$1.49	0.6%

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

* Projected year-end census.

1. Census Trends

- A. Quarter-End Census by Program is a client count based on a one-day snapshot of clients with a status of 'Enrolled' or 'Suspended' on the last day of the quarter. It is used as an approximation of how many clients are being served on any given day.
1. The Service Trends section shows the client count based on billing data. This shows the number of clients whom services were delivered and invoiced. Given these differences, the quarter-end census and the client count for all services will not match.
- B. New Enrollments are calculated by taking the total number of clients who have an enrollment date during the quarter and an approved care plan.
- C. Disenrollment Outcomes
1. All Other Reasons Not Listed includes: Dissatisfied with Service/Program, Refused Cost, Share/Verification, 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 and Independent Living Assistance (Hamilton only).
- E. Dollars Paid by Service Group represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.

3. FTH Census Trends

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

4. FTH Service Trends

- A. Other Services includes Pest Control.

5. 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

6. **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.

Clinton County Provider Network Report March 2022

Personal Protective Equipment (PPE)

The Ohio Department of Health has PPE supplies available for providers of Adult Day, Home Health Care, and Senior Centers. Communication on how to request supplies was sent to the applicable providers.

Homemaking/Personal Care/Respite

Homemaking and Personal Care/Respite providers are experiencing staffing/aide shortages. This has not been a significant issue in Clinton County until the past few months. We continue to meet with providers to look for ways to streamline our processes to meet the needs of our clients.

Adult Day

Clinton County Adult Day remains closed at this time.

Electronic Monitoring Systems – Cellular Equipment Upgrades

Guardian continues efforts to update the equipment for one CCESP client. The client has been notified and is working with Guardian to schedule the installation of the new equipment. 3G towers, which are used to communicate signals from cellular equipment used by Guardian and other EMS providers, are slated to shut down at the end of February 2022.

The EMS Request for Proposals (RFP) previously anticipated in 2022 has been removed from the RFP schedule for this year. Guardian has agreed to continue to provide services to ESP clients at their current rates through September 30, 2024. COA Provider Services, led by LaTricia Long – Business Relations Partner, will take this time to research and explore the various equipment and options that currently exist to ensure the service is beneficial to the clients and to help develop a better RFP for this service.

Senior Farmers Market Nutrition Program

COA has signed the grant agreement for the 2022 Senior Farmers Market Nutrition Program and submitted it to Ohio Department of Aging. The 2022 plan includes both coupon distribution to seniors to spend at participating farm markets and bulk produce delivery to select senior housing locations. Applications will be available in April.

2022 CCESP SCR Schedule

CLINTON COUNTY ESP STRUCTURAL COMPLIANCE REVIEW (SCR) SCHEDULE - 2022

(Please find below the list of Clinton County Providers of ESP Services and the Tentative dates for annual review for 2022.)

Clinton County ESP Providers	Review Type	Review Tentative Date
Active Day of Cincinnati	Annual	Jun-22
Bayley Adult Day	Annual	Oct-22
Clinton County Adult Day Center, Inc.	Annual	Oct-22
Clinton County Community Action Program	Annual	Sep-22
First Community Health Care Services LLC (FCHS, LLC)	Annual	Apr-22
Gabriel's Angels	Annual	Jul-22
Home Care by Black Stone	Annual	Apr-22
Home First	Annual	Jul-22
Katy's Home Health Care	Annual	Apr-22
Oxford Seniors Community Adult Day Service	Annual	Apr-22
People Working Cooperatively	Annual	Apr-22
Senior Deserved Day	Annual	Jun-22

2022 Draft Request for Proposal (RFP) Schedule

COA has revised the proposed 2022 Request for Proposals (RFPs) schedule. Our intent is to issue the following RFPs during 2022:

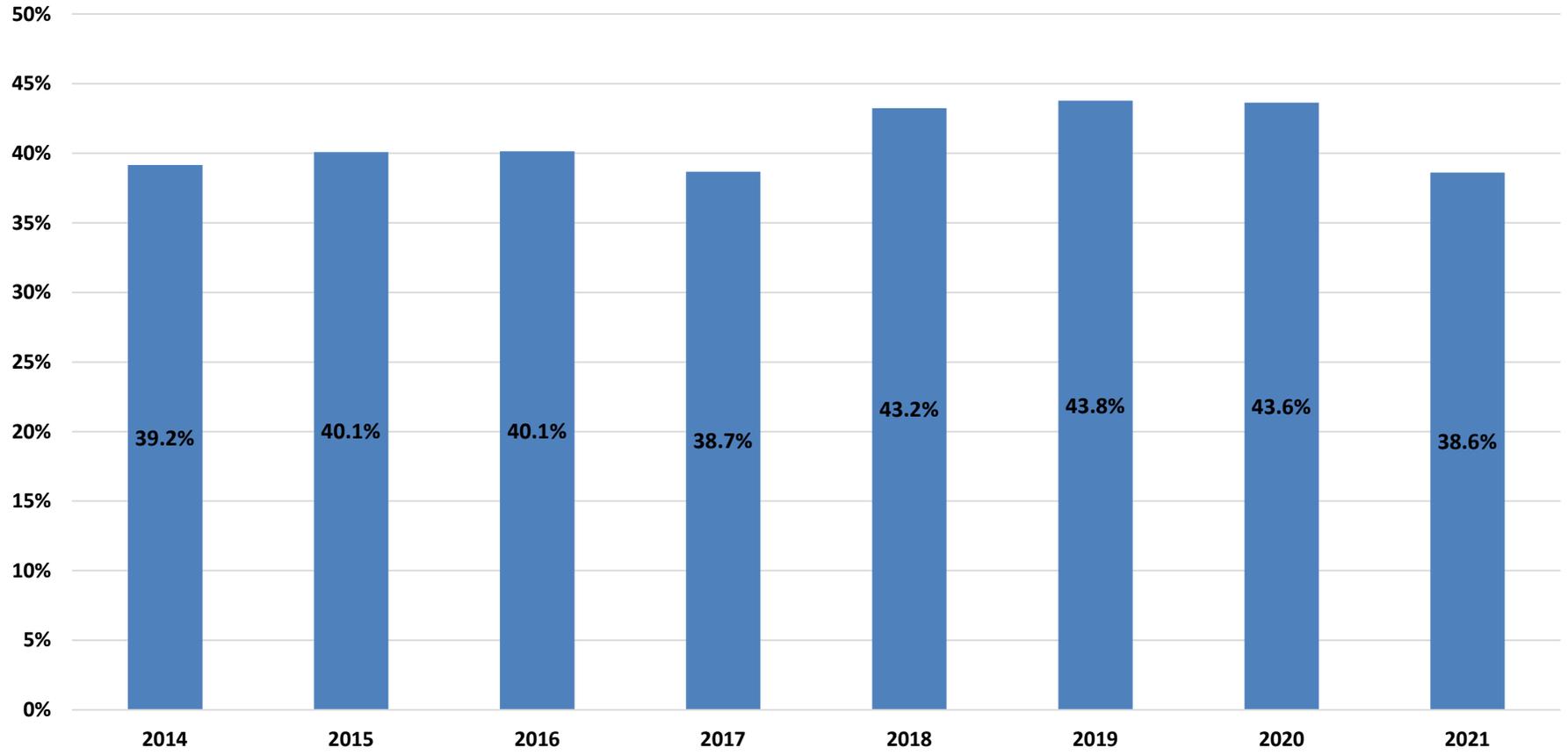
- Catering
- Homemaking and Personal Care/Respite (Clinton County only)
- Minor Home Modification & Repair
- Independent Living Assistance – (Butler, Hamilton, & Warren Counties only)

The RFP evaluations will have 4 categories:

- **Financial Analysis and Stability:** This will be a Go/No-Go criteria. Proposals that do not demonstrate financial stability will not move forward in the evaluation process.
- **The Organization and Capabilities Overview:** Has the Proposal demonstrated the company's ability to provide and sustain these services? Has the Proposal demonstrated the company's previous commitment to serving the aging population? Does the provider have a county presence in our county/counties? Proposals demonstrating a county presence will receive additional scoring.

- **Personnel, Staffing and Training:** Has the Proposal demonstrated the company's ability to recruit, hire, train, and retain staff to insure delivery of services? Does the provider demonstrate retention and tenure in leadership positions?
- **Pricing:** Does the Proposal demonstrate competitive pricing with respect to other proposals received?

Clinton County Market Penetration 2014 to date



Clinton County Elderly Services Program Levy Projection

CURRENT COA PROJECTION: Feb 2022

	Year 1 2022 Proj.	Year 2 2023 Proj.	Year 3 2024 Proj.	Year 4 2025 Proj.	Year 5 2026 Proj.	Levy Cycle Total
Revenue						
Beginning Fund Balance	376,536	731,000	733,595	632,713	441,010	376,536
Levy Revenue (Cash Basis)	1,959,590	1,959,590	1,959,590	1,959,590	1,959,590	9,797,950
COA Levy Draw	1,605,126	1,956,995	2,060,472	2,151,294	2,242,931	10,016,817
Title III and State Funding (Accrual Basis)	184,727	107,231	107,231	107,231	107,231	613,651
Client Donations (Accrual Basis)	64	69	71	73	75	351
Client Co-Payments (Accrual Basis)	40,139	43,567	44,955	46,223	47,478	222,362
Total Revenue to support ESP	1,830,056	2,107,861	2,212,728	2,304,821	2,397,715	10,853,181
Total Available Revenue (incl. previous year carryover)	2,561,056	2,841,457	2,845,442	2,745,830	2,555,384	11,010,850
COA Operational Expenses						
Provider Services (Accrual Basis)	1,362,060	1,614,712	1,702,810	1,778,649	1,854,941	8,313,171
FTH Provider Services	8,726	9,252	9,437	9,625	9,818	46,858
Information & Assistance (Accrual Basis)	4,496	4,631	4,770	4,913	5,060	23,870
Care Management (Accrual Basis)	281,028	289,459	298,143	307,087	316,299	1,492,016
FTH Care Management	58,028	60,964	62,184	63,427	64,696	309,299
Program Management (Accrual Basis)	115,718	128,844	135,386	141,119	146,900	667,967
Total COA Operational Expenditures	1,830,056	2,107,861	2,212,728	2,304,821	2,397,715	10,853,181
Federal Transportation Match/Senior Center HVAC					-	-
Actual & Estimated Median Fund Balance	731,000	733,595	632,713	441,010	157,669	157,669
Year Ending Client Census	446	459	472	484	498	

Assumptions:

Census: Census: a/o 12/30/21 was 399 traditional (+ 5 FTH); The new cycle is modeled for market penetration on 41%

Revenues:

Levy Tax Collections: levy revenues of \$1.96M, based on updated increased millage per the newly passed levy

Additional funds are expected to be added to blending in 2022-2024 due to ARPA funding; 2022 fundindg is estimated to be \$185K

Client Co-payments are forecasted lower than usual due to the pandemic, when services that require co-pays, such as ADS and transportation are reduced

Program Costs:

Case Management will be employing 4 FTE in 2022

Clinton County Elderly Services Program Levy Projection

CURRENT COA PROJECTION: Feb 2022

	Year 1 2018 Actual	Year 2 2019 Actual	Year 3 2020 Actual	Year 4 2021 Proj.	Levy Cycle Total
Revenue					
Beginning Fund Balance	846,174	999,493	845,697	472,579	846,174
Levy Revenue (Cash Basis)	1,248,312	1,241,561	1,252,339	1,252,339	4,994,551
COA Levy Draw	1,094,993	1,395,357	1,625,457	1,348,382	5,464,188
Title III and State Funding (Accrual Basis)	214,499	204,625	170,258	242,431	831,813
CCESP County COVID response			-	-	-
United Way COVID relief			120,000	-	120,000
Client Donations (Accrual Basis)	111	193	2,168	21	2,493
Client Co-Payments (Accrual Basis)	29,143	40,682	36,223	35,231	141,280
Total Revenue to support ESP	1,338,746	1,640,858	1,954,106	1,626,065	6,559,775
Total Available Revenue (incl. previous year carryover)	2,338,240	2,486,555	2,426,685	2,002,601	6,936,311
COA Operational Expenses					
Provider Services (Accrual Basis)	922,899	1,164,261	1,460,015	1,246,872	4,794,048
FTH Provider Services	29,344	18,998	15,040	9,313	72,695
Information & Assistance (Accrual Basis)	6,081	1,779	2,802	2,449	13,111
Care Management (Accrual Basis)	262,757	264,631	281,682	222,747	1,031,817
FTH Care Management	32,369	59,330	64,042	44,924	200,666
Program Management (Accrual Basis)	85,296	101,858	117,824	99,760	404,738
Total COA Operational Expenditures	1,338,746	1,610,858	1,941,406	1,626,065	6,517,075
Federal Transportation Match/Senior Center HVAC		30,000	12,700	-	42,700
Estimated Minimum Fund Balance (-1 STD DEV)	-	-	-	-	
Actual & Estimated Median Fund Balance	999,493	845,697	472,579	376,536	376,536
Estimated Maximum Fund Balance (+1 STD DEV)	-	-	-	-	
Year Ending Client Census	416	442	443	404	

Assumptions:

Census: a/o 12/30/21 was 399 traditional (+ 5 FTH);

Revenues:

Levy Tax Collections: 2020 levy revenues of \$1.25M, based on actuals updated per the Clinton Co Auditor's Office (\$1,252,339)

Title III + State funding revenue in 2021 was \$175,869; \$19K of Rapid Response and \$48K of Cares Act funds were added in 2021; Additional funds from the ARPA award are expected to be added to blending in 2022-2024

Client Co-payments are forecasted to go down due to the pandemic, when services that require co-pays, such as ADS and transportation are reduced

Program Costs:

Case Management Cost reflects 3 FTE (instead of 4) in 2021 - 2022 will have 4 FTE

Provider Service Costs: Due to the pandemic, Adult Day Services were zero in 2021; all other services were at typical level

This cycle is ending 1 year ahead of schedule, due to an early renewal with increase that is needed to keep the program running at current enrollment levels

FINANCIAL MANAGEMENT SERVICE (FMS) SUMMARY

CDC Overview

Consumer Directed Care (CDC) is another option for delivering home care services. Instead of using traditional agencies, clients or their authorized representatives become employers and hire their own employee(s) to provide the care and services they need. This allows a client to choose their home care aide to assist and support them tasks such as personal care, homemaking, companion, and respite.

For this service to be available to our clients, it requires that COA maintains a contract with a Fiscal Intermediary who manages employee background checks, timesheets, payroll, and tax documents.

Financial Management Service RFP Overview

In 6/2021, COA published a Request for Proposal (RFP) for a Fiscal Intermediary, now known as a Financial Management Service (FMS). The FMS supports the ESP clients receiving Consumer Directed Care (CDC). The proposal due date was 7/1/21. We received one proposal. After the scoring evaluation was complete, we found that the proposal did not meet our needs as an FMS partner.

We retained the assistance of an FMS expert, Sue Flanigan, and developed another RFP. This RFP fell in line with the industry standard. The breakdown consisted of:

- 60% Technical (50% evaluations and 10% for financials)
- 40% Cost
- 5% Bonus Opportunity (ability and willingness to work with our HHAA)

The new RFP, Vendor Fiscal/Employer Agent (VF/EA) Financial Management Service (FMS), was published with a due date of 10/22/21. We received three proposals. The proposal contained a tight timeline to avoid a bifurcated tax year. However, this resulted in a limited number of proposal submissions and significant implementation challenges. Therefore, we amended the RFP to have a longer transition time and a new due date of 11/19/21. We then received a total of 6 proposals. The proposals were scored and Palco was selected as our new FMS provider. Palco received the highest overall score from the RFP, 102.5 points out of a possible 105 points.

The Palco contract was fully executed on 1/10/22 and the process of transitioning our current Consumer Directed Care (CDC) clients is currently underway.

We requested a contract extension from our current FMS provider, Acumen, to ensure accuracy in the transition process. Acumen's contract extension is effective until 6/30/22.

We were also looking for a provider that would partner with us to support our home health aide app. Palco was able to meet our needs for both an FMS and Home Health Aide App provider.

Home Health Aide App Overview

Home Health Aide App (HHAA), now known as AddnAide is an investment by COA to give aides and clients autonomy over their schedules, allows for transparent communication between everyone involved in the care plan, and empowers clients and their families/caregivers to have more control over their care. It also helps COA staff more quickly identify critical gaps in care.

Following the framework of Consumer Directed Care (CDC) as a baseline, the app allows the client to become an employer and hire their own employees/home care aide. It is an alternative to the traditional option of procuring a home care agency. The employee provides the same services that would be available through the home care agency, including help with chores and transportation. The goal of the HHAA option is to provide more choice, independence, and increase client satisfaction while using ESP resources more effectively and increasing the home health aide workforce by targeting additional workforce currently not participating in home care services.

HHAA is designed to be universal and to serve individuals accessing in-home care services through a variety of programs and sources. The app will be available in all major app stores for tablet and mobile devices, designed with older adults in mind.

Our mobile application will:

- Increase compatibility and flexibility between home health aides and their care recipient.
- Expand the Consumer Directed Care workforce to help alleviate the aide shortage.
- Improve communication between clients, informal caregivers, home health aides, and the care management team.
- Provide training, best practices, and payment for services for home health aides, all in one space.
- Make timely payments to home health aides for services rendered based on built-in checks and balances leveraged by electronic visit verification (EVV).

Cost Analysis

Palco received the maximum percentage points within the RFP specific to the cost evaluation section.

Their cost covered the following:

One time start up and monthly per member per month (PM/PM) VF/EA FMS payment.

- A one-time payment for the services and deliverables described in this RFP.
- The PM/PM payments shall be the sole compensation to the Contractor for all work on the FMS performed pursuant to the contract awarded from the RFP.
- If COA's client record is not updated reflect death or suspension of the previous month by the 1st of the PM/PM month calculation, COA can make an adjustment for any payment issued.

The level of service outlined in the new contract is higher than the service that has been provided. This is expected to result in more timely and simplified onboarding of clients and their employees into this care option.



**Clinton County Advisory Council
Chronic Case Management-Tele Health Project
March 2022**

Council on Aging has entered in a statewide contract with Direction Home/O4A. The contract allows Council on Aging to provide Comprehensive Care Management to individuals that are current Medicare B recipients with a secondary insurance.

Comprehensive Care Management (CCM) is a benefit through Medicare for those with two or more chronic conditions that provides:

- Systematic assessment of the patient's medical, functional, and psychosocial needs
- System-based approaches to ensure timely receipt of all recommended preventive care service
- Medication reconciliation with review of adherence and potential interactions
- Oversight of patient self-management of medications
- Coordinating care with home- and community-based clinical service providers

The statewide contract opens the door for Council on Aging to provide another level of service to Elderly Services Program recipients in Clinton County. This service compliments the care management piece that is already in place and potentially provides care management cost savings to the Clinton County Levy. There are components of current case management practices in Clinton County that fit into CCM such as coordination of services and ongoing assessment of needs and therefore will be able to be billed to the CCM program rather than the levy.

There are other components of CCM that will enhance the level of case management in Clinton County which include:

- Regular check ins by a Nurse Practitioner (NP). NP visits are done through a telehealth platform where individuals receiving CCM will receive a tablet. The tablet is of no cost to the individual. Internet connection is set through a data plan that is covered through the service. Regular NP check ins will provide increased medical oversight that will help address health concerns sooner.
- Clinton County Case Managers will provide regular telephonic check ins with the individual. The check-ins can include but not limited to:
 - Medication compliance
 - Review of services along with identifying additional needs
 - Connecting individuals to other health care providers
 - Collaborating with NP to ensure health needs are addressed

The goals of this program are:

- To decrease the care management cost to levy



**Clinton County Advisory Council
Chronic Case Management-Tele Health Project
March 2022**

- Collaborate with health care providers to enhance current care management model to focus on medical complexity and address social determinates of health
- Provide an increased level of service to clients with chronic conditions through holistic care that improves health outcomes and reduces barriers to care
- Enable eligible clients and staff to engage in remote chronic care management

Our anticipated role out date is May 2022. Our process for identifying and enrolling individuals into this program will be:

- New individuals referred to CCESP will be assessed for CCESP eligibility and then assessed for CCM eligibility.
- Individuals currently enrolled in Fast Track Home and need ongoing services and remain eligible for CCESP will be assessed for CCM eligibility

Clinton County ESP (Senior Services Levy)
Maximum Reimbursement Rates
Rates as of March 1, 2022

Service	Cost per	
	Unit	Unit
Adult Day Service - Transportation	25.00	One Way Trip
Adult Day Service - (Enhanced)	30.00	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 Meals (Kosher - Daily)	11.25	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Homemaking	7.88	Per 15 min
Personal Care	7.10	Per 15 min
Respite Care - Hourly	7.10	Per 15 min

- * Home Medical Equipment Rates will go into effective 4/1/2022
- * Homemaking, Personal Care, and Respite Rates went into effective 1/1/2022
- * 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%) >>></i>	\$ 13,590		\$ 18,310		\$ 23,030		\$ 27,750		\$ 32,470		\$ 37,190	
Copay	Min	Max	Min	Max								
0%	\$ -	\$ 1,699	\$ -	\$ 2,289	\$ -	\$ 2,879	\$ -	\$ 3,469	\$ -	\$ 4,059	\$ -	\$ 4,649
5%	\$ 1,700	\$ 1,847	\$ 2,290	\$ 2,488	\$ 2,880	\$ 3,130	\$ 3,470	\$ 3,771	\$ 4,060	\$ 4,413	\$ 4,650	\$ 5,054
10%	\$ 1,848	\$ 1,996	\$ 2,489	\$ 2,690	\$ 3,131	\$ 3,383	\$ 3,772	\$ 4,076	\$ 4,414	\$ 4,770	\$ 5,055	\$ 5,463
15%	\$ 1,997	\$ 2,146	\$ 2,691	\$ 2,891	\$ 3,384	\$ 3,636	\$ 4,077	\$ 4,382	\$ 4,771	\$ 5,127	\$ 5,464	\$ 5,872
20%	\$ 2,147	\$ 2,295	\$ 2,892	\$ 3,093	\$ 3,637	\$ 3,890	\$ 4,383	\$ 4,687	\$ 5,128	\$ 5,484	\$ 5,873	\$ 6,281
25%	\$ 2,296	\$ 2,445	\$ 3,094	\$ 3,294	\$ 3,891	\$ 4,143	\$ 4,688	\$ 4,992	\$ 5,485	\$ 5,841	\$ 6,282	\$ 6,690
30%	\$ 2,446	\$ 2,594	\$ 3,295	\$ 3,495	\$ 4,144	\$ 4,396	\$ 4,993	\$ 5,297	\$ 5,842	\$ 6,199	\$ 6,691	\$ 7,100
35%	\$ 2,595	\$ 2,744	\$ 3,496	\$ 3,697	\$ 4,397	\$ 4,650	\$ 5,298	\$ 5,603	\$ 6,200	\$ 6,556	\$ 7,101	\$ 7,509
40%	\$ 2,745	\$ 2,893	\$ 3,698	\$ 3,898	\$ 4,651	\$ 4,903	\$ 5,604	\$ 5,908	\$ 6,557	\$ 6,913	\$ 7,510	\$ 7,918
45%	\$ 2,894	\$ 3,043	\$ 3,899	\$ 4,100	\$ 4,904	\$ 5,156	\$ 5,909	\$ 6,213	\$ 6,914	\$ 7,270	\$ 7,919	\$ 8,327
50%	\$ 3,044	\$ 3,192	\$ 4,101	\$ 4,301	\$ 5,157	\$ 5,410	\$ 6,214	\$ 6,518	\$ 7,271	\$ 7,627	\$ 8,328	\$ 8,736
55%	\$ 3,193	\$ 3,342	\$ 4,302	\$ 4,502	\$ 5,411	\$ 5,663	\$ 6,519	\$ 6,824	\$ 7,628	\$ 7,984	\$ 8,737	\$ 9,145
60%	\$ 3,343	\$ 3,491	\$ 4,503	\$ 4,704	\$ 5,664	\$ 5,916	\$ 6,825	\$ 7,129	\$ 7,985	\$ 8,342	\$ 9,146	\$ 9,554
65%	\$ 3,492	\$ 3,641	\$ 4,705	\$ 4,905	\$ 5,917	\$ 6,170	\$ 7,130	\$ 7,434	\$ 8,343	\$ 8,699	\$ 9,555	\$ 9,963
70%	\$ 3,642	\$ 3,790	\$ 4,906	\$ 5,107	\$ 6,171	\$ 6,423	\$ 7,435	\$ 7,739	\$ 8,700	\$ 9,056	\$ 9,964	\$ 10,372
75%	\$ 3,791	\$ 3,940	\$ 5,108	\$ 5,308	\$ 6,424	\$ 6,676	\$ 7,740	\$ 8,045	\$ 9,057	\$ 9,413	\$ 10,373	\$ 10,781
80%	\$ 3,941	\$ 4,089	\$ 5,309	\$ 5,509	\$ 6,677	\$ 6,930	\$ 8,046	\$ 8,350	\$ 9,414	\$ 9,770	\$ 10,782	\$ 11,190
85%	\$ 4,090	\$ 4,239	\$ 5,510	\$ 5,711	\$ 6,931	\$ 7,183	\$ 8,351	\$ 8,655	\$ 9,771	\$ 10,127	\$ 11,191	\$ 11,600
90%	\$ 4,240	\$ 4,388	\$ 5,712	\$ 5,912	\$ 7,184	\$ 7,436	\$ 8,656	\$ 8,960	\$ 10,128	\$ 10,485	\$ 11,601	\$ 12,009
95%	\$ 4,389	\$ 4,538	\$ 5,913	\$ 6,114	\$ 7,437	\$ 7,690	\$ 8,961	\$ 9,266	\$ 10,486	\$ 10,842	\$ 12,010	\$ 12,418
100%	\$ 4,539	\$ 4,687	\$ 6,115	\$ 6,315	\$ 7,691	\$ 7,943	\$ 9,267	\$ 9,571	\$ 10,843	\$ 11,199	\$ 12,419	\$ 12,827

Clinton County Elderly Services Program

2022

CONFLICT OF INTEREST POLICY

INTRODUCTION

This policy shall apply to the Clinton 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 Clinton County Elderly Services Program to carry out its mission. The Advisory Council has adopted this conflict of interest policy as a guide for Clinton 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 Clinton 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 Clinton 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 Clinton 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

Clinton County Elderly Services Advisory Council Members shall:

Exercise their professional judgment solely for the benefit of the Clinton 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 Clinton 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 Clinton County Elderly Services Program without full disclosure to Clinton County Elderly Services Advisory Council.

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

EXCEPTIONS

1. Upon disclosure of any violation of these standards, Clinton 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 Clinton County Elderly Services Program Advisory Council. Must be completed by each Clinton 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 Clinton County Elderly Services Advisory Council)

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

_____ I have received and read the "Conflict of Interest" policy of the Clinton County Elderly Services Program and disclose the following:

I certify that the above information is true to the best of my knowledge and that I have no other conflict to report at this time. I further certify that I will abide by the terms of the conflict of interest policies of the Clinton 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 Clinton County Elderly Services Advisory Council itself;
2. You are a member of Clinton 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 Clinton County Elderly Services Program;
5. You have a personal interest in a matter before Clinton 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 Clinton County Elderly Services Program.



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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: _____