

AGENDA

HCESP Advisory Council Meeting

March 23, 2023, at 2:00 pm – 3:30 pm

COA, Board Room, 4601 Malsbary Road, Blue Ash, OH 45242

<https://councilonaging.webex.com/councilonaging/j.php?MTID=mef9065488defffd77bb42bea17b240cd>

Meeting number: 2332 074 1678

Password: wGD6kqjBE38 (94365752 from video systems)

Join by phone

1-844-621-3956 United States Toll Free

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Access code: 233 207 41678

CALL TO ORDER	Matt Worth
APPROVAL OF MINUTES <ul style="list-style-type: none">❖ December 1, 2022, Minutes (Action Needed)	Matt Worth
QUARTERLY REPORTS <ul style="list-style-type: none">❖ Program Dashboard & Financial Report❖ Five Year Levy Plan/Outlook❖ Program Update Report<ul style="list-style-type: none">- 2023 Services with a Capacity Problem- AddnAide Update	Ken Wilson & Ronnie Spears Ken Wilson & Ronnie Spears Lisa Portune Kate Laubenthal
OLD BUSINESS	Matt Worth
NEW BUSINESS <ul style="list-style-type: none">❖ Service Specification Changes (Action Needed)<ul style="list-style-type: none">- Home Delivered Meals- Adult Day Services❖ State Budget Update<ul style="list-style-type: none">- Healthy Aging Grants- PACE Expansion- Rate Increases❖ Review Bylaws❖ Maximum Reimbursement Rates❖ Updated Sliding Fee Scale❖ Public Meeting Requirements❖ Conflict of Interest / Confidentiality Forms	Lisa Portune Suzanne Burke Ken Wilson Ronnie Spears Ronnie Spears Ken Wilson Matt Worth
HEARING THE PUBLIC	Matt Worth
ADJOURNMENT	Matt Worth

NEXT MEETING

June 22, 2023

MINUTES
HCESP ADVISORY COUNCIL MEETING
THURSDAY, DECEMBER 1, 2022 @ 2:00 P.M.

ATTENDANCE

<i>Members Present:</i> Janice Hunter Dimity Orlet Susan Van Amerongen Matthew Worth	<i>COA Staff:</i> Bryan Black Nancy Cahall Judy Eschmann Kate Laubenthal Carl McCullough Lisa Portune Stephanie Seyfried Ronnie Spears Ken Wilson	<i>Guests:</i>
<i>Excused:</i> Viola Brown Lavina Bryant Diane Slovin	<i>Facilitator:</i> Matthew Worth	<i>Scribe:</i> Heather Junker
<i>Absent:</i>		

CALL TO ORDER

The December 1, 2022, meeting of the HCESP Advisory Council was called to order by Matthew Worth at 2:02 p.m. Introductions were made.

APPROVAL OF MINUTES

Matthew Worth called for a motion to approve the September 22, 2022, Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

Motion: Janice Hunter made the motion to approve the minutes.

Second: Susan Van Amerongen seconded the motion.

Action: The September 22, 2022, minutes were approved unanimously

QUARTERLY REPORTS

Program Dashboard and Financial Report

Ken reviewed the Program Dashboard (please see handout for full detail). The number for nursing facility placements is very low and Ken thinks the pandemic had a lot of impact on that. Maple Knoll closed an entire floor and gave the beds back to the State. This was not only because of staffing issues, but they were also seeing less demand for their nursing home beds. Susan asked why there isn't a demand. Ken explained people are avoiding nursing facilities. His impression is that it's a culture shift.

The pandemic was so hard on nursing facilities because of visitor restrictions and people's perceptions of going to a nursing facility have changed. Ken thought we would see that rebound after those restrictions went away but that's not happening.

The home care provider network referrals and capacity chart is different from what has previously been reported. We have incorporated looking at the overall need of people going into Consumer Directed Care and not just those waiting on home care assistance. The charts we had before didn't show the whole picture. The need is continuing to get worse.

Carl reviewed the Financial Report (please see handout for full detail). Ken added that the Utility Assistance Program that was talked about at the last meeting is factored into this report.

Program Update Report

Lisa reviewed the Program Update Report including the draft 2023 RFP plan and bidding criteria as well as the draft 2023 schedule of provider monitoring reviews (please see handout in packet for full detail). Lisa noted that Senior Helpers took the vast majority of clients as well as aides from Helping Hands when they closed. We did offer AddnAide to some of the aides and some of the aides decided to leave the field. For some clients, they used the opportunity to change to a different aide when they were switched over to a new provider. Superior and Blackstone also assisted in picking up some of the clients.

Dimity asked for more information to understand the value of swipes in the Swipe 'n Dine Program in correlation to the traditional meal program. Lisa explained Swipe 'n Dine is slightly more expensive, but it also addresses social isolation. Dimity then asked what the price point is for the program. Lisa advised it's around \$12. Dimity asked what the catering contract was that Lisa had referred to. Lisa explained that COA had a catering contract that allowed our smaller food providers to get a bulk price. However, we found that our clients weren't exactly thrilled with the quality of food that was coming from the caterer. That was adversely affecting some of those satisfaction scores our providers were getting. When we had our provider summit, we talked a great deal about what works and what doesn't. Talking with other AAAs, they do not have catering contracts. We decided to put that back on the provider. Our providers talked about coming together as a collective group and potentially ordering as one. There are some new innovative ideas out there to address removing that contract. Ken added that it's a big deal because we've had that catering contract in place for over 30 years. Dimity asked if we had the contract in place and then the providers had access through that. Ken advised that was correct.

Stephanie reviewed the Chronic Care Management Program. Since this report was sent out, we have 45 clients enrolled and 28 pending clients. Pending means the individual has agreed to the program, we've referred them to Medical House calls, and they are waiting on the Nurse Practitioner to conduct the initial visit. Janice asked what chronic conditions were on the list. Stephanie explained that the list is all inclusive and a client can be on the program with any two chronic conditions.

Stephanie reviewed the Laundry Delivery Service Program. To date, there are 27 HCESP clients enrolled and 20 Hamilton County FTH clients enrolled. People have been very happy with the service so far and Stephanie hasn't heard any complaints.

Kate gave an update on AddnAide. Susan asked how many aides are currently in the app. Kate advised there are 173 aides in the app. We just sent a letter out this past weekend advising all of those aides that they need to be background checked. They have 30 days to get their background checks completed. At the end of those 30 days, if they've completed their background check, they will be able to match with clients. Susan asked if they weren't getting background checks before. Ken advised that they were always getting a background check completed. We've just changed the timeframe as to when that occurs. Dimity added that ProSeniors is working with COA to educate clients about financial exploitation and prevention. They are also working on training for the aides in terms of protecting themselves from accusations. Kate confirmed that COA is working with Mercy Neighborhood Ministries and ProSeniors to integrate that for both aides and clients in the app. Kate stated we are also working on agency-wide training as well.

Provider Quality Report

Lisa reviewed the Provider Quality Report (please see handout in packet for full detail). Janice stated she knows the goal is 100% but asked what the realistic goal is for service satisfaction. Ken explained we are looking for those that are in the green areas and are performing well. Those in the red areas are problematic. Lisa added that if a provider only has five clients, and one client gives a negative score, the provider's score would be 80%. That needs to be kept in mind when looking at some of these scores. Nan asked why we don't have any surveys for Home52. Ken explained we're capturing that differently and we will work on pulling that data into this report.

Market Penetration & Five-Year Levy Projections

Ken reviewed the Market Penetration report (please refer to handout for full detail). This looks at the population of Hamilton County and the number of people served by the program. Level market penetration represents a growing program. Susan asked if 32% are individuals over 65 years of age receiving services. Ken explained that 32% is the population aged 60 and over with a disability. Susan then asked if these are individuals eligible for services or actually receiving services. Ken advised these are individuals actually receiving services. Matt asked what qualifies as a disability. Ken explained that it's one impairment that would prevent someone from being able to do tasks themselves such as bathing or dressing. Susan asked to clarify that these are not just individuals collecting disability. Ken explained that was correct. Dimity asked how we receive the number of individuals with a disability. Ken explained Scripp's Gerontology Center runs analytics using census data and population projections in order to estimate. Susan asked if the population was down. Ken advised the population is actually growing. Matt asked if 32% is indicative of how well COA is functioning and if that's a good number. Ken stated that is a good number. Ken advised he would provide a Market Penetration report at the next meeting for all counties so the Advisory Council can see the comparison.

Ken reviewed the Five-Year Levy Projections (please refer to handouts for full detail). We are in the last year of the five-year plan. We began the five-year levy with a fund balance of \$8.4 million and we are projecting to end with a fund balance of \$26.8 million. That is due to an increase on the ballot five years ago to generate higher revenue. The pandemic also brought in extra federal funding and some services closed down. We are projecting in the next levy cycle, that the fund balance will be spent down to \$3.4 million. Matt stated that is a substantial decrease in the fund balance and asked if there was a specific bucket that we can attribute that amount of spending to. Ken explained that the biggest buckets were

the infusion of money with federal COVID funding that came in and that's now disappearing. Matt asked if Ken could provide the five years prior to this current levy cycle. Ken advised that he would.

OLD BUSINESS

Levy Results

Stephanie discussed the levy results. The levy passed with an almost 78% passage rate. This is the highest rate to date in Hamilton County for the levy. Stephanie thanked anyone for their help as this was a team effort.

Home52 Transportation Update

Bryan gave an update on Home52 Transportation (please see handout for full detail). Susan asked what an abandonment rate is. Ken explained that it's the percentage of people that call in and then hang up.

NEW BUSINESS

Chair & Vice Chair Appointments

Matt advised that with Rose matriculating off the Advisory Council, appointments must be made for a new Chair and Vice Chair. The group discussed and Janice nominated Matt to be the new Chair. Janice also volunteered to be the Vice Chair. The group unanimously agreed with Matt being the new Chair and Janice being the new vice Chair.

2023 Meeting Dates

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

HEARING THE PUBLIC

No individuals from the public were present that requested to speak.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:54 p.m.

NEXT MEETING

March 23, 2023



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

Highlighted Findings

1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 4, 2021), census has increased by 248 clients (from 5,339 to 5,587) or 4.65%.
- B. Compared to last quarter (Quarter 3, 2022), census has increased by 64 clients (from 5,523 to 5,587) or 1.16%.

2. Fast Track Home Census Trends

- A. Average length of stay decreased by 2 days compared to Quarter 3, 2022 (from 56 to 54).
- B. New Enrollments increased by 36 compared to Quarter 3, 2022 (from 197 to 233).
- C. Total clients who transferred to ESP from FTH decreased by 8 clients from Quarter 3, 2022 (from 75 to 83).

3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$25.5 million through the fourth quarter, as compared to the budgeted amount of \$25.9 million. The variance is under budget by \$400,085 or 1.5%.
- B. Total Expenses: The projected expenses incurred through the fourth quarter is \$28.3 million as compared to \$27.5 million in the budget. The variance is under budget by \$775,147 or 2.8%.
- C. Purchase Services: The projected expenses were lower by \$203,107 or 1.0% as compared to budget.

Quarter-End Census by Program

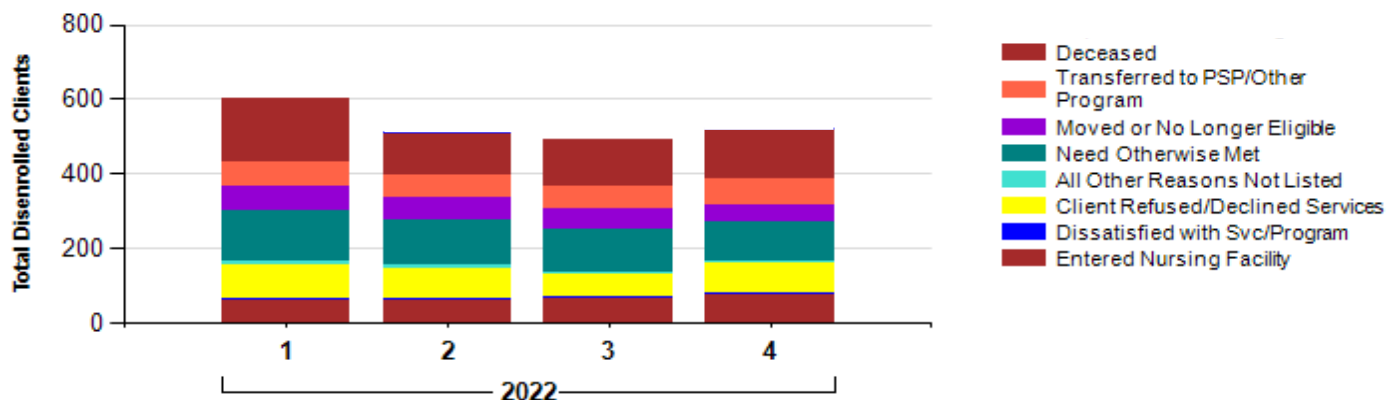
Year	2022			
Quarter	1	2	3	4
ESP	5,277	5,404	5,523	5,587
FTH	126	119	139	182
Medicaid Programs	3,334	3,543	3,276	3,353
Passport	543	560	544	498
Assisted Living	96	96	94	87
Molina	1,111	1,321	1,085	1,162
Aetna	1,584	1,566	1,553	1,606

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2022			
Quarter	1	2	3	4
Quarter-End Census	5,277	5,404	5,523	5,587
New Enrollments	508	590	600	568
Disenrollments	603	513	493	521

Disenrollment Outcomes

Year	2022			
Quarter	1	2	3	4
Deceased	171	118	126	136
Transferred to PSP/Other Program	64	59	61	66
Moved or No Longer Eligible	68	62	56	50
Need Otherwise Met	137	119	115	102
All Other Reasons Not Listed	7	7	4	8
Client Refused/Declined Services	92	84	63	81
Dissatisfied with Svc/Program	2	1	3	1
Entered Nursing Facility	62	62	65	77
Total	603	513	493	521

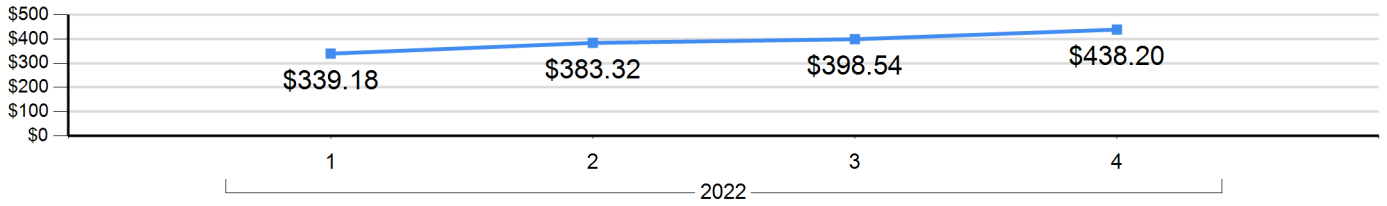


Hamilton County ESP

Quarter 4, 2022 (Oct - Dec 2022)

TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹²

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	272	283	362	399
Electronic Monitoring	2,779	2,753	2,756	2,690
Home Care Assistance	2,191	2,172	2,192	2,092
Home Delivered Meals	2,646	2,728	2,773	2,802
Home Medical Equipment	184	229	198	186
Laundry Service	0	0	6	27
Other Services	211	244	277	260
Transportation	661	663	723	689
All Services (Unduplicated)	5,140	5,144	5,265	5,244

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

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	24,236	23,862	25,399	23,709
Electronic Monitoring	8,318	8,199	8,362	8,091
Home Care Assistance	71,768	76,389	73,033	75,035
Home Delivered Meals	173,444	181,026	185,481	193,554
Home Medical Equipment	240	302	252	259
Laundry Service	0	0	6	73
Other Services	2,740	2,947	3,267	3,883
Transportation	9,939	7,662	10,329	9,617

Dollars Paid by Service Group (Purchased Services)¹²

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	\$321,723	\$376,134	\$490,829	\$422,020
Electronic Monitoring	\$178,914	\$176,194	\$180,120	\$174,341
Home Care Assistance	\$1,617,537	\$1,786,993	\$1,789,446	\$1,928,434
Home Delivered Meals	\$1,228,272	\$1,431,723	\$1,785,094	\$2,037,794
Home Medical Equipment	\$71,417	\$98,244	\$87,330	\$95,562
Laundry Service	\$0	\$0	\$1,024	\$9,202
Other Services	\$255,346	\$286,512	\$346,114	\$379,318
Transportation	\$318,632	\$405,144	\$452,939	\$510,680
All Services	\$3,991,841	\$4,560,944	\$5,132,896	\$5,557,352

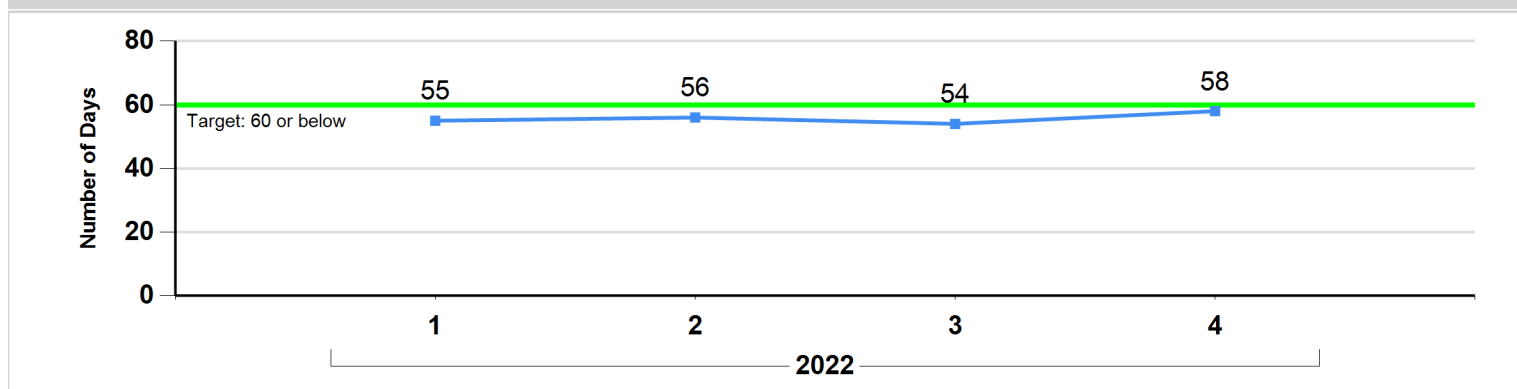
Total Clients Served, New Enrollments, Disenrollments

	2022			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	192	197	233	275
Disenrollments	189	198	207	235
Clients Transferred to ESP	81	79	91	102
	42.86%	39.90%	43.96%	43.40%

Enrollment by Setting

	2022			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Drake Rehab	0	1	3	4
Miami Valley Hospital	0	0	1	0
Spousal Meals	2	0	2	12
Mercy Hospital Network	39	28	51	50
The Christ Hospital	19	19	31	27
TriHealth Hospital Network	36	39	39	47
University of Cincinnati Hospital Network	11	16	20	25
Veterans Admin - VA	1	1	2	1
Other	5	11	5	4
Skilled Nursing Facilities	42	39	40	58
Rehabilitation Facilities	22	20	18	23
Skilled HHC	0	1	0	0
Not Captured	15	22	21	24
Total	192	197	233	275

Average Length of Stay



Hamilton County ESP FTH

Quarter 4, 2022 (Oct - Dec 2022)

FAST TRACK HOME SERVICE TRENDS

Distinct Clients Served by Service Group

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	77	68	81	86
Home Care Assistance	32	42	42	58
Home Delivered Meals	139	159	167	210
Home Medical Equipment	108	104	79	106
Independent Living	1	1	1	0
Laundry Service	0	0	6	31
Other Services	55	38	43	38
Transportation	33	29	34	34
All Services (Unduplicated)	232	236	251	311

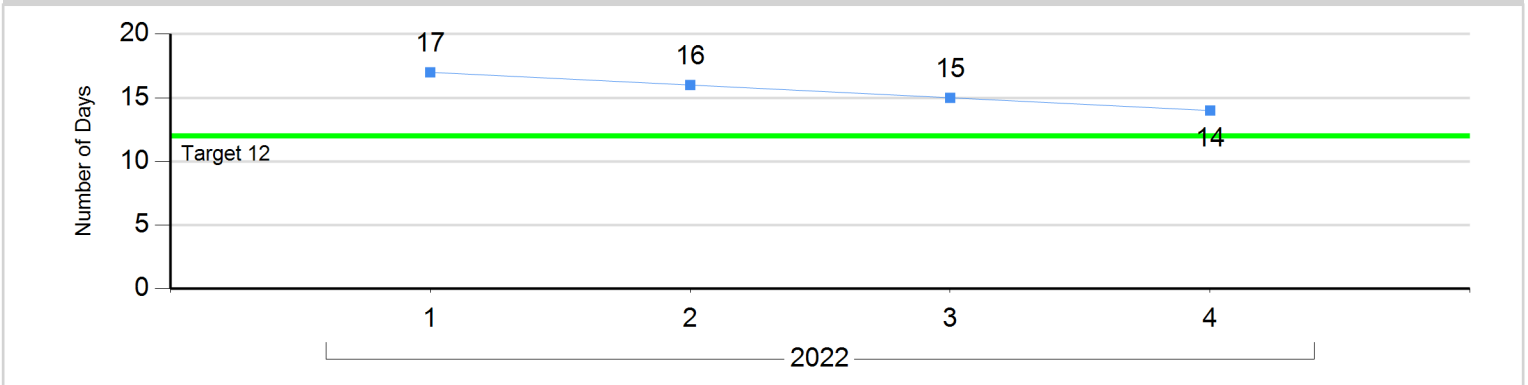
Units Billed by Service Group *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	133	102	124	117
Home Care Assistance	279	546	275	486
Home Delivered Meals	4,155	4,076	4,738	6,570
Home Medical Equipment	197	220	154	214
Independent Living	5	4	1	0
Laundry Service	0	0	24	90
Other Services	60	39	46	39
Transportation	181	152	204	229

Dollars Paid by Service Group (Purchased Services)

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	\$2,774	\$2,135	\$2,729	\$2,323
Home Care Assistance	\$5,963	\$12,125	\$6,208	\$12,366
Home Delivered Meals	\$28,673	\$28,279	\$32,694	\$62,678
Home Medical Equipment	\$13,779	\$18,227	\$16,708	\$21,853
Independent Living	\$408	\$326	\$82	\$0
Laundry Service	\$0	\$0	\$1,690	\$4,812
Other Services	\$21,700	\$15,211	\$16,570	\$16,380
Transportation	\$11,633	\$7,493	\$14,130	\$17,265
All Services	\$84,930	\$83,796	\$89,520	\$137,677

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 & CDC	#Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	% of Clts Receiving Traditional HCA	% of Clts Receiving CDC
2022	1	2,906	443	15%	75%	7%
2022	2	3,055	600	20%	71%	9%
2022	3	3,205	730	23%	68%	9%
2022	4	3,185	694	22%	66%	12%

Home Delivered Meals - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	98.89%	98.23%	98.58%	98.32%
Good Choice of Meals Available	96.61%	95.17%	95.03%	95.37%

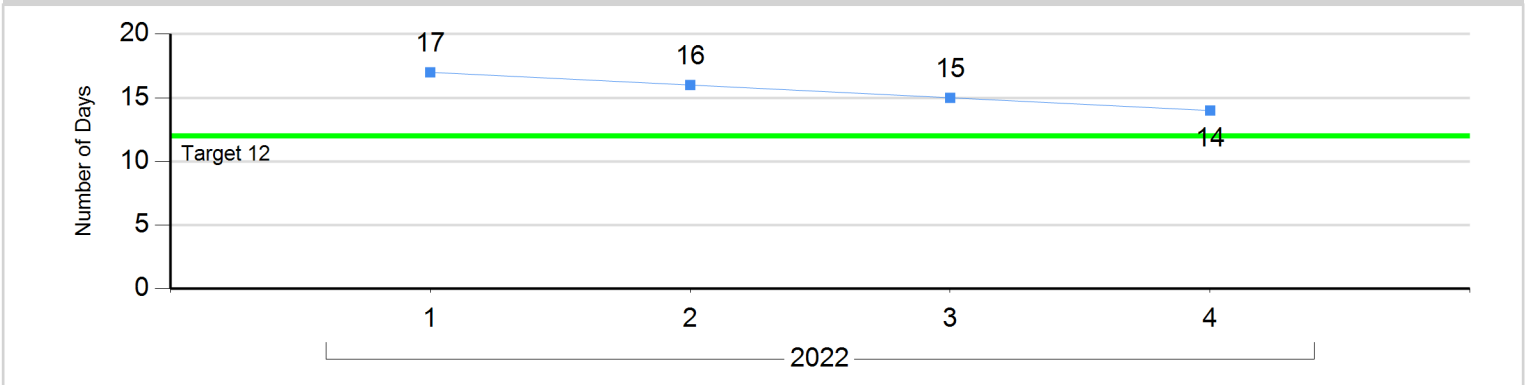
Medical Transportation - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	97.13%	95.93%	96.58%	95.49%
Service Returns Client Home Promptly	95.03%	94.20%	88.46%	92.96%

Home Care Assistance - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	91.48%	91.70%	92.58%	91.94%
Aide is Dependable	87.68%	89.14%	90.30%	87.19%

Average Number of Days from Intake Call to the Enrollment Assessment¹



Home Care Provider Network Referrals and Capacity

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ESP Cost Savings Analysis

Referrals

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Number of Members Assisted	93	85	63	51

Services Awarded

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Emergency Response Service	24	18	16	14
Medical Transportation	21	23	20	14
Total	45	41	36	28

Annual Cost Savings

Year	2022
Total Cost Savings	\$342,622

Hamilton County ESP

Quarter 4, 2022 (Oct. - Dec. 2022)

FINANCIALS: based on actual revenue & expenses as of December 31, 2022¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$25,489,136	\$25,889,221	(\$400,085)	-1.5%
Federal & State Funding				
Title III B - Supportive Services	0	250,300	(250,300)	-100.0%
Title III C2 - Home Delivered Meals	1,089,391	284,173	805,218	283.4%
Title III E - Caregiver Support	237,279	175,893	61,386	34.9%
Alzheimer's	4,646	15,591	(10,945)	-70.2%
Nutrition Services Incentive Program (NSIP)	419,747	383,208	36,539	9.5%
Senior Community Services (SCS)	143,173	102,203	40,970	40.1%
Other Federal (Title C2 Supplemental, Title III D, ARPA)	541,792	-	541,792	0.0%
Client Contributions				
Client Donations	1,693	5,424	(3,731)	-68.8%
Co-Pays Received	386,273	431,971	(45,698)	-10.6%
Total Revenue	\$28,313,131	\$27,537,984	775,147	2.8%
Expenses				
COA Expenses				
Administrative	\$1,727,810	\$1,618,163	(\$109,647)	-6.8%
Intake & Assessment	168,811	127,958	(40,853)	-31.9%
FTH Case Management	1,053,123	1,016,747	(36,376)	-3.6%
Case Management	4,732,011	3,940,633	(791,378)	-20.1%
Total COA Expenses	\$7,681,755	\$6,703,501	(\$978,254)	-14.6%
Purchased Services				
Home Care Assistance	\$7,182,387	\$7,750,293	\$567,906	7.3%
Independent Living	208,395	155,034	(53,360)	-34.4%
Minor Home Modifications	432,774	425,657	(7,117)	-1.7%
Pest Control	49,152	47,413	(1,738)	-3.7%
Major House Cleaning	61,193	38,793	(22,400)	-57.7%
Home Medical Equipment	353,723	273,483	(80,240)	-29.3%
Emergency Response Systems	709,581	839,416	129,835	15.5%
Home Delivered Meals	6,437,507	6,850,346	412,839	6.0%
Adult Day Service	366,778	695,765	328,986	47.3%
Adult Day Transportation	82,519	126,275	43,756	34.7%
Medical Transportation	1,294,070	1,205,464	(88,606)	-7.4%
Non-Medical Transportation	392,678	146,722	(245,956)	-167.6%
Consumer Directed Care	1,615,522	1,252,911	(362,611)	-28.9%
* Utility Assistance Program	1,444,597	1,025,000	(419,597)	-40.9%
All Other Services	500	1,911	1,411	73.8%
Gross Purchased Services	20,631,375	20,834,484	203,107	1.0%
Gross Program Expenses	\$28,313,131	\$27,537,984	(\$775,147)	-2.8%
Client Census	5,769 **	6,120	351	5.7%
Cost of Services per Client	287.27	262.96	(24.31)	9.2%

* Utility Assistance Program was added to budget mid-year by commissioners - \$1,025,000.

** Actual year-end census.

1. Census Trends

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

2. Service Trends

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

Hamilton County Provider Network Report March 2023

Home Care Assistance

Homecare providers continue to pursue hiring staff for homecare assistance. Currently, we have 16 active providers for homecare assistance.

Quality Action Plan (QAP)

Amaramedical Health Care was placed on a QAP with a hold on new referrals effective 9/7/22.

Amaramedical Home Care was placed on hold for new referrals and placed on a QAP due to billing inconsistencies and SASI (client satisfaction) percentages that fell below the regional average. We have been working with Amaramedical to establish a plan to improve their SASI scores and to address the billing inconsistencies.

Amaramedical has made quality calls to clients, hired additional staff, increased communication with clients, billing more frequently, provided additional training for staff, and have revised their EVV system to ensure compliance with timesheets. Their SASI scores have improved, and their billing is consistent without errors. Therefore, we have removed the QAP and lifted the hold on referrals. We will continue to monitor to ensure good quality service is provided.

Adult Day Services (ADS)

Active Day of Cincinnati, previously located on Towne Street, temporarily relocated to 2600 Civic Center Drive in Hamilton County due to increased rents. Active Day is expected to be in the temporary location for approximately 6-9 months while they look for a permanent location.

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

Transportation

Three agencies, EasterSeals Redwood, Smooth Sailing Transportation, and Bethesda Medical Transportation are currently in the pre-certification process for home52 transportation. The last two aforementioned agencies have been in operation for less than

6 months and have received extensive guidance from Provider Services on policy development and rule requirements.

Independent Living Assistance (ILA)

Due to no billing, we placed Warming Hearts on hold for new referrals. While we attempted numerous times to reach out and offer assistance, they were resistant. We provided our 90-day notice to terminate their ILA contact, which is effective as of 4/12/23. We are working with the Hamilton County staff to transition those clients in need of ILA services to other providers.

Home Medical Equipment (HME)

We have contracted Tristate Maintenance for Home Medical Equipment to provide ramps in Hamilton County.

Provider Merge:

55 North, a Hamilton County Title III provider for congregate meals, supportive services and transportation merged with Meals on Wheels of SW OH & N KY effective January 1, 2023. This merger gives the opportunity to provide services to more area aging adults. Both providers have been part of the Swipe N' Dine pilot and our Grocery Delivery Service pilot program. This merger will help further innovate programming and expand their geographic reach.

Senior Farmers Market Nutrition Program for 2023

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

Modernization of Home Delivered Meals and Congregate Meal Programs

As we discussed at the prior meeting, COA worked with the Livewell Collaborative in 2022 to develop a roadmap for modernizing our congregate and home delivered meal programs. We hosted meetings in September, November, and December to collaborate with our providers and community stakeholders in discussing and brainstorming ways to modernize, streamline and innovate both simple and more challenging ideas to meet the changing needs and desires of our aging adults.

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

program prior to the publication of the Title III and Home Delivered Meal RFP. Applications were due March 10, 2023 and estimated award date is by March 31, 2023

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

Therapeutic Meal and Ohio Prescription Requirement Advocacy

COA and Meals on Wheels of SW OH & N KY have been working with our government relations staff to discuss current therapeutic prescription requirements and desire to remove and/or loosen this requirement. The goal of this rule evaluation is to provide variety, increase choice, increase satisfaction, and decrease delay in providing therapeutic meals. Research includes learning what surrounding states require. Kentucky does not require a prescription for therapeutic meals. There has been contact with legislatures and The Commonsense Initiative. The Commonsense Initiative has begun conversations with ODA and ODM, both agencies have shown interest in learning more. Through our research we have discovered that none of the surrounding states require prescriptions for meals. This includes Kentucky, Michigan, Pennsylvania, and Indiana. We have also started reaching out to the other AAA's in Ohio to gain their interest and feedback with this advocacy initiative.

Alternate Meal Option Pilot – Official name Swipe ‘N’ Dine

Older adults who participate in a congregate meal program will soon be able to apply for meal credits to use at a participating restaurant. Meals on Wheels of SW Ohio & N Kentucky has secured participation with Sugar and Spice Diner on Reading Road. Additional restaurant partnerships are in the menu development phase. 55 North in Hyde Park (now part of Meals on Wheels of SW OH & N KY) is also working on the recruitment of restaurants for this pilot program. Necessary equipment (iPad) was ordered and received using ARPA funding for this pilot. Service set-up and additional materials, swipe cards, will be coordinated with CATMATT- creator of the Senior Dine software. The pilot plan includes up to 90 clients receiving 5 meal credits a month. COA conducted an internal contest to name this program, now officially known as Swipe ‘N’ Dine.

Grocery Delivery Service

MOW of SW OH & N KY/55 North and Central Connections are contracted for grocery delivery service in Hamilton Co. This program allows an agency to assist a client with ordering groceries, picking them up safely and delivering them to the client's residence. Assistance is provided if a client needs help putting the groceries away.

- Central Connections has started advertising the program by sending out a bulk mailing with information about the program to their 1500 clients informing them of this opportunity.
- Meals on Wheels of SW Ohio and N KY/55 North are working towards starting the program with a small number of clients, then evaluating their progress before expanding the program out to be offered to more clients.

Electronic Monitoring Systems

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

2022 Provider Monthly Relief Payments

As previously reported, due to the downstream effects of the global pandemic on the economy it was necessary to readjust the provider rates. Each of the various services within the Elderly Services provider network has experienced unprecedented increases in expenditures. Rate increases were being provided as monthly relief payments to providers based on the number of clients served. These relief payments were included as an addition to the provider's current years contracted rate.

Hamilton County Elderly Services Program 2022 Structural Compliance Review Results							
Hamilton County Provider List	Review Frequency	2022 Review Date	Services Provided	Findings Detail	Corrective Action Required?	COA Follow up Strategy	Reports Completed within 30 days of resolution?
A Best Home Care	Annual	11/15/2022	Home Care Assistance	N/A	N/A	N/A	N/A
A Miracle Home Care	Annual	9/8/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Active Day of Cincinnati	Annual	12/28/2022	Adult Day Services, ADS Transportation	Incorrect BCII Code	Corrective Action Plan completed and closed.	N/A	Yes
A-List Cleaning & Transportation	Annual	10/10/2022	Transportation	N/A	N/A	N/A	N/A
Always There Homecare	Annual	8/22/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Amaramedical Health Care Services, Inc.	Annual	4/22/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Assisted Care by Black Stone	Annual	9/19/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Bayley Adult Day Program	Annual	10/04/2022	Adult Day Services	N/A	N/A	N/A	N/A

Cincinnati Medical Transport	Bi-Ennial	12/16/2022	Transportation	N/A	N/A	N/A	N/A
Comfort and Care Home Health Agency	Annual	09/27/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Day Share Senior Services	Annual	12/15/2022	Adult Day Services and ADS Transportation	N/A	N/A	N/A	N/A
Deupree Meals on Wheels	Annual	9/2/2022	Home Delivered Meals	N/A	N/A	N/A	N/A
Eastern Personnel Services	Annual	11/22/2022	Home Care Assistance	Provider failed to retain BCI Result letters	N/A	Schedule of Findings	Yes
Interim HomeStyles Greater Cincinnati	Annual	10/18/2022	Home Care Assistance	N/A	N/A	N/A	N/A
LCD Agency Services	Annual	08/10/2022	Home Care Assistance	N/A	N/A	N/A	N/A
LifeSpan Care Management	Annual	01/10/2023	Care Management	N/A	N/A	N/A	N/A
Lincoln Heights Outreach	Annual	10/26/2022	Adult Day Services and ADS Transportation	Unsupporte d Units due to lack of documentation	Corrective Action Plan completed and closed.	N/A	Yes
Maple Knoll Outreach Services for Seniors	Annual	12/30/2022	Home Delivered Meals, Medical Transportation, Non-Medical Transportation	N/A	N/A	N/A	N/A
Mayerson JCC (Jewish Community Center)	Annual	12/28/2022	Home Delivered Meals	N/A	N/A	N/A	N/A
Mullaney's Pharmacy & Medical Supply	Bi-Ennial	12/14/2022	Home Medical Equipment	Incorrect BCII Code	N/A	Schedule of Findings	Yes
Northwest Adult Day Services	Annual	12/19/2022	Adult Day Services, ADS Transportation	Not enough meals being ordered from Invito to feed all ADS participants	N/A	Schedule of Findings	Yes

Nova Home Care	Annual	12/06/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Ny's Transportation	Annual	2/11/2022	Transportation	N/A	N/A	N/A	N/A
People Working Cooperatively	Bi-Ennial	5/27/2022	Minor Home Modification	N/A	N/A	N/A	N/A
Prime Home Care	Annual	03/15/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Quality Care	Annual	12/29/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Senior Helpers of Greater Cincinnati	Annual	11/21/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Superior Home Care, Inc.	Annual	8/26/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Wesley/Meals on Wheels of Southwest OH & Northern KY	Annual	04/19/2022	Home Delivered Meals, Independent Living Assistance, Medical Transportation, Non-Medical Transportation	N/A	N/A	N/A	N/A

Structural Compliance Reviews (SCRs) (a highlight indicates a change)

HAMILTON COUNTY ESP STRUCTURAL COMPLIANCE REVIEW SCHEDULE - 2023		
(Please find below the list of Hamilton County Providers of ESP Services and the tentative dates for annual review for 2023.)		
Hamilton County ESP Providers	Review Type	Review Tentative Date
360 Total Care	Annual	June. 2023
A Best Home Care	Annual	Nov. 2023
A Miracle Home Care	Annual	Sept. 2023
Active Day of Cincinnati	Annual	Dec. 2023
A-List Cleaning & Transportation	Annual	Oct. 2023
Always There Homecare	Annual	Aug. 2023

Amaramedical Health Care Services, Inc.	Annual	Jan. 2023
American Ramp Systems / AmRamp	Bi-Ennial	Nov. 2023
Assisted Care by Black Stone	Annual	Apr. 2023
Bayley Adult Day Program	Annual	Sept. 2023
Bernens Medical Pharmacy	Bi-Ennial	Dec. 2023
Cincinnati Medical Transport	Bi-Ennial	Nov. 2023
Comfort and Care Home Health Agency	Annual	Sept. 2023
Custom Home Elevator & Lift Co.	Bi-Ennial	Aug. 2023
Day Share Senior Services	Annual	Dec. 2023
Deupree Meals on Wheels	Annual	Sept. 2023
Eastern Personnel Services	Annual	Dec. 2023
Elite Xpress Transportation LLC	Annual	Sept. 2023
Home First	Bi-Ennial	Dec. 2023
I Care Transportation LLC	Annual	Sept. 2023
Interim HomeStyles Greater Cincinnati	Annual	Oct. 2023
Kemper Shuttle Services	Annual	Jan. 2023
LCD Agency Services	Annual	Aug. 2023
LifeSpan Care Management	Annual	Dec. 2023
Lincoln Heights Outreach	Annual	Sept. 2023
Maple Knoll Outreach Services for Seniors	Annual	Dec. 2023
Mayerson JCC (Jewish Community Center)	Annual	Apr. 2023
MedAdapt Ltd.	Bi-Ennial	June. 2023
Milts Termite & Pest Control	Bi-Ennial	Aug. 2023

Mullaney's Pharmacy & Medical Supply	Bi-Ennial	Aug. 2023
Northwest Adult Day Services	Annual	Nov. 2023
Nova Home Care	Annual	Dec. 2023
Ny's Transportation	Annual	Jan. 2023
People Working Cooperatively	Bi-Ennial	May. 2023
Prime Home Care	Annual	Feb. 2023
Quality Care	Annual	Sept. 2023
Senior Helpers of Greater Cincinnati	Annual	Nov. 2023
St. Joseph Construction	Bi-Ennial	July. 2023
Superior Home Care, Inc.	Annual	June. 2023
Timmons Tender Care	Annual	Oct. 2023
Universal Transportation Systems (UTS)	Bi-Ennial	March. 2023
Wesley/Meals on Wheels of Southwest OH & Northern KY	Annual	Apr. 2023

2023 Draft Request for Proposal Schedule

COA has revised the proposed 2023 Request for Proposals (RFPs) schedule. Our intent is to issue the following RFPs during 2023:

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

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

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

The RFP evaluations will have 3 categories:

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

ADDNAIDE PROJECT UPDATES

WEEK OF 03.10.23

HIGH LEVEL UPDATES

ADDNAIDE ENGAGEMENT: Three field support visits were completed this week and four visits are scheduled. 13 clients remain on our Waiting for a Call list that may need visits scheduled.

ADDNAIDE REFERRALS: Since the report out for the week of 3/3/23, there have been a total of 8 referrals. 8 from Hamilton County and 0 from Warren County.

ADDNAIDE MARKETING We are working with Vehr and LocaliQ to identify opportunities to gain more exposure in Warren County. We want to target zip codes where we know clients are going without services with the goal of finding potential aides in the surrounding geographic area. We're considering targeting these areas via a direct mail campaign as well as advertising on Nextdoor. LocaliQ continues to refine our digital campaign to generate the highest value clicks. We've eliminated underperforming keywords to focus investment behind those that are performing to goal and generating action.

ADDNAIDE DEVELOPMENT: This week we are continuing work on streamlining the Employer user interface. This work will deliver enhancements to the employers interactions in AddnAide.

EMPLOYER/CLIENT OVERVIEW

EMPLOYER/CLIENT ACTIVITY

Updates on Activity in AddnAide

There are currently 32 clients who are actively receiving service through AddnAide – 17 in Hamilton County and 14 in Warren County. There are 15 clients working through the Palco paperwork process- 3 in Warren County and 12 Hamilton County.

CLIENT ACTIVITY DATA

[Client Data in SharePoint \(Click Here\)](#) From 3/4/23 – 3/10/23 a total of 6 new accounts (6 - Hamilton County and 0 - Warren County) were created, 3 account was deactivated. This brings the total number of deactivated accounts to 42 and active accounts to 379. Of the 421 client accounts in AddnAide:

- 114 (114 reported on 3/3/23's report) still need to accept terms [**note:** some of these individuals have active service under HCA]
- 24 (24 reported on 3/3/23's report) are in the onboarding process
- 86 (84 reported on 3/3/23's report) are ready to start conversations to match

Link to Information: [AddnAide Data Snapshots \(sharepoint.com\)](#) (note this is real time data and may not match what has been reported.)

- 155 (154 reported on 3/3/23's report) are actively using the service or working to find an employee

Hamilton County currently has 334 accounts in AddnAide, and Warren County has 87 accounts in AddnAide.

EMPLOYEE/AIDE ACTIVITY

There are currently 339 Aide accounts in AddnAide. 161 aides have requested a background check (153 reported on 3/3/23's report) 30 aides have completed the background check process, and 0 aide have deactivated their account since report out on 3/3/23. Currently of the 145 aide users in pending status, 114 have gotten information to go out and get their background check.

This week we began calling the aides pending a background check to get feedback on where they are in the process. Of those reached so far, 14 are waiting for instructions from Palco, 5 state that Palco has confirmed their fingerprint results already, 4 have completed their fingerprints but are waiting on results and 3 don't know where they are in the process. We will continue to call aides to ascertain their status, get feedback and learn how we can improve the process.

Additional information to the [Aide User Information is in the SharePoint \(Click Here\)](#) dashboard. Find the Average days for the background check process in the table below.

Link to [Active Services over Time Graph](#)

How many days on average is the Background Check process?

DESCRIPTION	AVG. DAYS
DAYS UNTIL PALCO ACKNOWLEDGED THE BACKGROUND CHECK	6
DAYS UNTIL PALCO FINALIZED THE BACKGROUND CHECK	24
DAYS ELAPSED FOR BCI&I BACKGROUND CHECK RESULTS (FOR AIDES THAT HAVE COMPLETED THEIR BACKGROUND CHECK)	32
DAYS ELAPSED FOR BCI&I BACKGROUND CHECK RESULTS (FOR AIDES THAT HAVE NOT COMPLETED THEIR BACKGROUND CHECK YET)	~53
DAYS TO CONSENT TO THE BACKGROUND CHECK	8
DAYS UNTIL THE BACKGROUND CHECK WAS APPROVED	35

Find description definitions in [Aide User Information on SharePoint](#).

How Aides find AddnAide

METHOD	COUNT	% OF RESPONDENTS
MARKETING	129	42%
WEBSITE	82	27%
A FAMILY MEMBER OR FRIEND	45	29%
ANOTHER AIDE	13	8%
COMMUNITY EVENT	5	4%
LOCAL NONPROFIT	16	10%
OTHER	30	19%

Link to Information: [AddnAide Data Snapshots \(sharepoint.com\)](#) (note this is real time data and may not match what has been reported.)

MARKETING ACTIVITY

FOR THE PERIOD 3/2 – 3/8




SEARCH ADS

We continue to adjust the search campaign to focus on top performing keywords. As we make adjustments, we'll continue to see fluctuations in clicks, but expect to see improvement overtime. After digging into data, LocaliQ found that some keywords were driving clicks but no action. We want action after the click. For this period compared to last period, overall impressions and clicks are down and we are just out of the expected 4-6% CTR range. We expect to see improvement in these numbers next week.












YOUTUBE

Link to Information: [AddnAide Data Snapshots \(sharepoint.com\)](#) (note this is real time data and may not match what has been reported.)

Video	Impressions	Views	View Rate (30% Benchmark)	Video Played to 100%
AddnAide (:30)	23,444 	13,225 	56% 	56.62%

DISPLAY

Last week, the Students & Potential Caregivers segment was the top performer. This week it has been edged out by the Side Hustle/Stay-at-Home segment. The geotargeting campaign continues to perform well.

Campaign	Impressions	Clicks	Clickthrough Rate (0.4% - 0.8% Benchmark)
Students & Potential Caregivers Ages 18-25	45,913 	47 	0.10% 
Side hustle/Stay at Home Mom Ages 25-50	46,373 	50 (flat)	0.11% (flat)
Purpose driven/Passion Project Adults Ages 40-65	49,434 	40 	0.08% 
Geo Fencing (All Locations)	116,338 	130 	0.09% (flat)

Link to Information: [AddnAide Data Snapshots \(sharepoint.com\)](#) (note this is real time data and may not match what has been reported.)

FACEBOOK PAID

PAID	Feb 1-22	Feb 23-Mar 1	Mar 2-8
<i>Impressions</i>	252,204	63,973	72,816
<i>Clicks</i>	1,393	437	425
<i>CTR</i>	0.55%	0.68%	0.58%
<i>Cost-per-click</i>	\$0.90	\$0.91	\$0.91
<i>Engagements (in addition to clicks)</i>	96	20	24



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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



To learn more about AddnAide visit home52.org/addnaide



ELDERLY SERVICES PROGRAM (ESPSM)/TITLE III

HOME DELIVERED MEALS

SERVICE SPECIFICATION

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

ELDERLY SERVICES PROGRAM

HOME DELIVERED MEALS SERVICE SPECIFICATION

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HOME DELIVERED MEALS SERVICE SPECIFICATIONS

1.0 OBJECTIVE

- ~~1.1 Home Delivered Meal Service is a service in which the provider furnishes one or more meals in the home setting to an eligible client or other eligible customer and provides client/customer choice of meal content. Each meal must meet these requirements:~~
- ~~(a) Contain at least one third (1/3) the Dietary Reference Intakes (DRI); unless a therapeutic diet requires otherwise.~~
 - ~~(b) Follow the 2020-2025 Dietary Guidelines for Americans unless a therapeutic diet requires otherwise.~~
 - ~~(c) Be served by a nutrition service provider which is under contract with Council on Aging of Southwestern Ohio;~~
- 1.1 Home Delivered meals is a meal delivery service based on an individual's need for assistance with activities of daily living (ADL's) and/or instrumental activities of daily living (IADL's) to safely prepare meals, or ensure meals are prepared to meet the individual's dietary needs or specialized nutritional needs, including kosher meals, as ordered by a licensed healthcare professional within his or her scope of practice.
- 1.2 Eligibility Criteria: Eligibility is determined by the ESP Care Manager in accordance with Ohio Administrative Code 173-4-02 and COA policy.
- 1.3 Home delivered meals are delivered by a nutrition service provider which is under contract with Council on Aging of Southwestern Ohio. For all meals the provider must comply with the requirements in the following rules:
- 1.3.1 Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws- Nursing facility-based level of care home and community- based services programs: home delivered meals.
 - 1.3.2 Rule 173-3-07 - Ohio Administrative Code | Ohio Laws-Older Americans Act: consumer Contributions
 - 1.3.3 Rule 173-4-05 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: nutrition projects.
 - 1.3.4 Rule 173-4-05.2 - Ohio Administrative Code | Ohio Laws- Older Americans Act nutrition program: home-delivered meals

projects

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

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

2.0 UNIT OF SERVICE

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

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

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

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

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

3.0 MENU PLANNING

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

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

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

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

3.2 Meal type options include:

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

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

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

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

4.0 ALTERNATIVE MEALS

4.1 ~~Therapeutic meals~~

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

Definitions:

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

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

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

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

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

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

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

~~4.2—Modified meals~~

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

~~client request:~~

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

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

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

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

Kosher meals:

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

~~5.0 — BULK MEALS~~

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

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

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

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

~~(c) The Provider must document the client's choice and preference for an alternative delivery method for milk, juice, kefir, bread, and butter.~~

5.0 PROVIDER QUALIFICATIONS

5.1 Provider will comply with the following rules:

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

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

6.0 FOOD SANITATION AND SAFETY

~~6.1 The provider shall maintain current food service licensure and demonstrate food safety compliance as determined by the local health department that has jurisdiction in the location where the provider prepares meals for delivery.~~

~~6.2 Ohio-based meal producers must maintain registration with the Ohio Department of Agriculture, Meat Division and/or Food Safety Division.~~

~~6.3 Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to appropriate authority.~~

~~6.4 The Provider must deliver meals that:~~

~~(a) Meet the following criteria:~~

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

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

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

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

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

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

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

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

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

6.0 FOOD SANITATION AND SAFETY

6.1 Provider will comply with rules:

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

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

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

7.0 MEAL DELIVERY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Within twenty-four (24) hours; or;
- Within a time period negotiated with the ESP Intake and assessment, not to exceed seventy-two (72) hours.

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

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

the provider must comply with rule:

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

8.0 EMERGENCY PROCEDURES

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

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

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

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

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

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

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

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

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

8.1 The provider must comply with rule:

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

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

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

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

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

~~9.0~~ PROVIDER REQUIREMENTS

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

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

~~10.0~~ 9.0 PROVIDER STAFF TRAINING

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

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

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

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

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

9.1 Provider must comply with the following rules:

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

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

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

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

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

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

ELDERLY SERVICES PROGRAM (ESPSM)

ADULT DAY SERVICES

SERVICE SPECIFICATIONS 2023

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

ADULT DAY SERVICES
SERVICE SPECIFICATIONS

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ADULT DAY SERVICES SERVICE SPECIFICATIONS

1.1 OBJECTIVE and CLIENT ELIGIBILITY

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

2.0 UNITS OF SERVICE

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

3.0 SERVICE REQUIREMENTS

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

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

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

4.0 FACILITY REQUIREMENTS

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

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

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

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

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

location in the center.

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

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

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

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

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

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

5.0 NUTRITION REQUIREMENTS FOR LUNCH AND SNACKS

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

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

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

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

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

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

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

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

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

6.0 STAFFING REQUIREMENTS

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

7.0 CLIENT SERVICE MANAGEMENT

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

7.2 The initial intake assessment must include the following components:

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

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

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

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

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

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

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

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

8.0 PERSONNEL QUALIFICATIONS

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

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

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

9.0 DIRECT-CARE STAFF TRAINING:

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

ELDERLY SERVICES PROGRAM (ESPSM)

ADULT DAY TRANSPORTATION

SERVICE SPECIFICATION

2023

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

ELDERLY SERVICES PROGRAM

ADULT DAY TRANSPORTATION

SERVICE SPECIFICATION

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ADULT DAY TRANSPORTATION SERVICE SPECIFICATION

1.0 OBJECTIVE

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

2.0 UNIT OF SERVICE

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

3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

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

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

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

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

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

4.0 TRAINING

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

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

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

5.0 DRIVER REQUIREMENTS

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

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

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

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

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

Appendix A

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

~~A. Seating~~

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

~~B. Defrosters and heaters~~

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

~~C. Windshield wipers/washers~~

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

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

~~E. Mirrors~~

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

~~F. Emergency Equipment~~

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

~~G. Brakes~~

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

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

~~H. Emergency Brake~~

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

~~I. Steering Gear~~

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

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

~~K. Windshield/windows~~

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

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

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

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

~~N. Tires~~

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

~~O. Exhaust System~~

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

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

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

~~R. Gas Tank:~~

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

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

TRANSPORTATION

Appendix B

Required Daily Wheelchair Lift Inspection Elements

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

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

TRANSPORTATION

Appendix C

~~Required Vehicle Safety Checklist Elements~~

Vehicle ID:

Odometer:

Date:

Interior:

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

Exterior:

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

Winter:

Shovel

Non-Corrosive Traction Material (sand or clay litter)

Blankets

Fluids:

Engine Oil

Brake Fluid

Engine Coolant

Power Steering*

Automatic Transmission*

Fuel

Windshield Washer

Battery

Belts & Hoses:

Fan

Alternator

Heater Hose

Radiator

No Leaks under Vehicle

Tires:

Inflation

Wear

Sidewall or Tread

Damage

Spare

Emergency Equipment Available:

Biohazard Kit

First Aid Kit

Flares or Reflector Triangles

Fire Extinguisher

**Must Be Checked At Operating Temperature*

Council on Aging of Southwestern Ohio

HAMILTON COUNTY ELDERLY SERVICES PROGRAM **BY LAWS**

ARTICLE I – NAME

The name of the organization shall be the Hamilton County Elderly Services Program (ESP) Advisory Council of the Council on Aging of Southwestern Ohio (COA).

ARTICLE II - PURPOSE

Section 1 - ~~The ESP Advisory Council shall provide a means by which the views of the consumers of elderly services, the general public, individuals involved in the field of aging, and community leaders synthesized recommendations to the COA Board of Trustees and staff, form a partnership of older citizens, community agencies, state and local governments, the community at large, and COA in the implementation of the ESP.~~ The Elderly Services Program Advisory Council (ESPAC) shall provide a means by which the views of the consumers of elderly services, the general public, individuals involved in the field of aging, and community leaders synthesize recommendations to the Council on Aging (COA) Board of Trustees. The ESPAC shall oversee the operation of the Elderly Services Program, address such issues related to the provision of elderly services in Hamilton County as may be presented by the BOCC and/or the COA, and shall resolve any open disputes between the COA and an Elderly Services Program client. The ESPAC shall operate as a public body in compliance with the Public Records Act, RC§149.43, and the Open Meetings Act, §121.22.

ARTICLE III - GOALS AND OBJECTIVES

- Section 1 - The goals and objectives of the ESP Advisory Council are:
- a) To establish a consortium of representatives of consumers of services, knowledgeable persons in the field of aging, and other community representatives.
 - b) To maintain an active working arrangement with area local planning agencies related to services to older people and to approve policy as it relates to serving the ESP client.

- c) To maintain an appropriate relationship with local government, businesses, industries, and care providers for the purpose of service coordination and planning for local funding.
- d) To assist in the assessment of service needs and the development of program plans.
- e) To assist in evaluating the impact of the ESP.
- f) To maintain an active advocacy role in support of the service needs and issues of older adults.

ARTICLE IV - STRUCTURE

Section 1 - **Members**

~~Members of the ESP Advisory Council must reside or provide ESP services in Hamilton County. Members are appointed by the Board of Hamilton County Commissioners (Commissioners), unless otherwise noted, and shall include:~~

- ~~a) One (1) member representing the Commissioners.~~
- ~~b) A minimum of two (2), maximum of four (4), consumers and/or caregivers of ESP services.~~
- ~~c) A minimum of three (3), maximum of six (6), members representing ESP service provider agencies.~~
- ~~d) A minimum of five (5), maximum of eleven (11), members representing business, industry, and/or the community.~~
- ~~e) A minimum of one (1) ex-officio (nonvoting) member of the COA Board of Trustees, appointed by the COA Board President. Members shall be business and community representatives in Hamilton County with a demonstrated interest in elderly services and ESPAC service. Members are appointed by the Board of County Commissioners, unless otherwise noted. The BOCC shall select such persons for appointment to the ESPAC from those recommended by the COA or such other persons the BOCC may identify.~~

Section 2 - **Terms**

- ~~a) Each member of the ESP Advisory Council shall be appointed for a term of three (3) years. No individual shall serve more than two (2) consecutive terms. Terms shall be staggered so that new appointees are designated in each calendar year.~~
- ~~b) Any ESP Advisory Council member missing three (3) unexcused scheduled meetings annually will be asked to resign from the ESP~~

Advisory Council. The first two appointments shall be for a term of one year, the next two appointments shall be for a term of two years, and the remaining appointments shall be three year terms. Thereafter all appointments shall be three year terms. The ESPAC shall elect a Chair and Vice Chair, to act as presiding officers, from its membership for terms not to exceed two years. Any member of the ESPAC who demonstrates a pattern of non-attendance at regular meetings shall be considered for replacement by the BOCC.

Section 3 - **Officers**

- a) The ESP Advisory Council shall elect from its membership a Chair, Vice Chair, and a Secretary for a term of two (2) years at the final annual meeting in even-numbered years. Newly elected officers shall assume office at the close of this meeting.
- b) The Chair of the ESP Advisory Council and the Executive Director of COA, or their designee, shall prepare each meeting agenda, giving due consideration to matters proposed by ESP Advisory Council members or the general public.

Section 4 - **Committees**

- a) The Chair shall appoint a Nominating Committee, which will be responsible for submitting the names of potential candidates for the ESP Advisory Council's approval prior to submission to the Board of Trustees and the Commissioners for their approval.
- b) Elected officers; i.e., Chair, Vice Chair, Secretary and two (2) additional ESP Advisory Council members, designated by the Chair and approved by the ESP Advisory Council, shall constitute the Executive Committee of the ESP Advisory Council, for consideration and/or transaction of urgent or special business when, in the judgement of the Chair or the Vice Chair (in the absence of the Chair), it would be inconvenient or impossible to assemble a sufficient number of ESP Advisory Council members to constitute a quorum for a full ESP Advisory Council.
- c) Other committees shall be appointed by the Chair as needed.

Section 5 - **Meetings**

- a) All meetings are open to the public.
- b) There shall be a minimum of four (4) meetings a year and others, as needed, determined by the Chair in consultation with the Executive Director.
- c) A quorum will consist of a majority of the current members of the ESP Advisory Council, not to include nonvoting members.
- d) Roberts Rules of Order shall govern all meetings.

ARTICLE V - AMENDMENTS

These Bylaws may be amended by a two-thirds (2/3) vote of the ESP Advisory Council at any regular meeting provided that any proposed amendment is submitted in writing to all members of the ESP Advisory Council at that meeting of the ESP Advisory Council, which immediately precedes the meeting at which the vote on the amendment is taken. The amended Bylaws must have final approval by a majority vote of the Board of Trustees and the Commissioners.

ARTICLE VI - FUNCTIONS

The functions of the ESP Advisory Council are subject to review by the Executive Director, the Board of Trustees, and the Commissioners. The organizational structure and the operation of the ESP Advisory Council shall be in keeping with all pertinent federal and state regulations for the implementation of which the Board of Trustees is responsible.

ARTICLE VII - CONFLICT OF INTEREST

Membership on the ESP Advisory Council shall not redound to the advantage of members. In the consideration of any matter, the outcome of which may result in a personal gain for one or more members, or the agencies or organizations they represent, those members shall declare the existence of a conflict of interest and shall abstain from voting to decide the issue.

Draft: April 23, 1993

Revised: May 30, 1995
November 3, 1998
March 6, 2003

Hamilton County ESP (Senior Services Levy)
Maximum Reimbursement Rates
Rates as of February 1, 2023

Service	Cost per	
	Unit	Unit
Adult Day Service - Transportation	27.60	One Way Trip
Adult Day Service - (Intensive)	49.80	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)	13.41	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Home Care Assistance	7.02	Per 15 min
Independent Living Assistance	24.30	Per 15 min

- * Consumer Directed Care will change 6/1/2022
- * Home Delivered Meals change is effective 5/1/2022
- * Home Care Assistance change is effective 10/1/2022

2023 Sliding Fee Scale Effective 4/1/2022

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

Public Meeting Requirements

January 2023

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

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

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

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

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

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

Hamilton County Elderly Services Program
2023
CONFLICT OF INTEREST POLICY

INTRODUCTION

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

Hamilton County Elderly Services Advisory Council Members shall:

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

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

EXCEPTIONS

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

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

_____ I have received and read the "Conflict of Interest" policy of the Hamilton 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 Hamilton 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 Hamilton County Elderly Services Advisory Council itself;
2. You are a member of Hamilton 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 Hamilton County Elderly Services Program;
5. You have a personal interest in a matter before Hamilton 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 Hamilton County Elderly Services Program.



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

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

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

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

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

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

Acknowledgement of Confidentiality of Client Information

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

Signature of Affiliate/Volunteer _____

Date _____ Name _____