

## AGENDA

### HCESP Advisory Council Meeting

March 24, 2022, at 2:00 pm – 3:30 pm

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m4fe5f632491269dfa13dc60db190be5d>

Meeting number: 2331 433 5688

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<b>CALL TO ORDER / WELCOME NEW MEMBERS</b>	Rose Stertz
<b>APPROVAL OF MINUTES</b> ❖ December 2, 2021, Minutes (Action Needed)	Rose Stertz
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report  ❖ Provider Network Report - 2022 Services with a Capacity Problem	Ken Wilson & Carl McCullough Lisa Portune
<b>OLD BUSINESS</b> ❖ Financial Management Service (FMS) RFP ❖ YOURCARE+ (Chronic Care Management) Pilot Update ❖ Levy Update	Ken Wilson Stephanie Seyfried Stephanie Seyfried
<b>NEW BUSINESS</b> ❖ Utility Assistance and Home Modification Pilot ❖ Independent Living Assistance Service Specification Changes (Action Needed) ❖ Maximum Reimbursement Rates - Consumer Directed Care ❖ Updated Sliding Fee Scale ❖ Expiring Member Terms - Rose and Janice ❖ Conflict of Interest Forms/Confidentiality Policy	Ken Wilson Monica Schulze  Ken Wilson  Ken Wilson Rose Stertz  Rose Stertz
<b>HEARING THE PUBLIC</b>	Rose Stertz
<b>ADJOURNMENT</b>	Rose Stertz

### NEXT MEETING

June 23, 2022

**MINUTES**  
**HCESP ADVISORY COUNCIL MEETING**  
**THURSDAY, DECEMBER 2, 2021 @ 2:00 P.M.**

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**ATTENDANCE**

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<b>Members Present:</b> Janice Hunter Clarissa Rentz Rose Stertz, Chair Matthew Worth	<b>COA Staff:</b> Suzanne Burke Judy Eschmann Cynthia Fitch Kate Laubenthal Carl McCullough Antoinette Moore Stephanie Seyfried Ken Wilson	<b>Guests:</b> Lisa Webb, Hamilton County
<b>Excused:</b>	<b>Facilitator:</b> Rose Stertz	<b>Scribe:</b> Heather Junker
<b>Absent:</b>		

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**CALL TO ORDER / INTRODUCTIONS**

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The December 2, 2021, meeting of the HCESP Advisory Council was called to order by Rose Stertz, Chair at 2:02 p.m. The meeting was hybrid with some members in person, and others joining on-line.

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**APPROVAL OF MINUTES**

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Rose Stertz called for a motion to approve the September 23, 2021 Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

- Motion:** Janice Hunter made the motion to approve the minutes.  
**Second:** Clarissa Rentz seconded the motion.  
**Action:** The September 23, 2021, minutes were approved unanimously

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**QUARTERLY REPORTS**

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***Program Dashboard and Financial Report***

Ken gave an overview of the Program Dashboard for July through September 2021. The quarter ended with 5,409 clients enrolled which is an increase of 17 clients over the last quarter. Looking at a year ago, the program was down by 106 clients, but that's because the program had a bump in census because of short term needs due to the pandemic. Putting those short-term clients aside, the program grew by 209 clients over the year. Janice asked if the program lost more clients from COVID deaths during that time. Ken advised the program did not and there is an average of one to three clients per month that pass away due to COVID that are reported. Overall, the number of deceased is not significant. There were 574 disenrollments over that quarter with the number one reason for disenrollment being needs otherwise met, followed by deceased. There were only 78 individuals who were disenrolled for skilled nursing facility placement, which continues to be very low.

The average cost per client per month was down a little bit at \$339. The biggest driver is the home care staffing shortages. This has not gotten worse, but it also hasn't gotten better. Due to this, the program is saving a lot of money because services aren't provided. When there's turnover, costs go down but that's not for a good reason.

The Consumer Directed Care program has grown over the last year, while Home Care Assistance over the same time period has dropped or remained flat with the growing program.

The Fast Track Home program saw 208 enrollments and 255 disenrollments with about a third of those enrolling into ESP for ongoing services after two months. There is a wide variety of hospitals that seniors are coming from. Referrals are coming from every hospital in Hamilton County as well as various nursing and rehabilitation facilities. The average length of stay on the program was 54 days. The top services were home delivered meals, home care assistance, and electronic monitoring systems.

The average number of days between the intake call and the enrollment assessment was 12 days which is right on target but higher than what the average has been. This is a struggle because not only are providers having staffing problems but so is COA. This has caused caseloads to go up. COA has more turnover than they are used to seeing. Matt asked if COA has lost any long term employees- specifically those that are higher up in the company. Ken advised there has been some. There is a lot of competition for other jobs. COA is not alone as hospitals and nursing facilities are both reporting that they've never been as short staffed as they are now.

There were 1,323 clients who needed home care assistance and 276, or 21%, of those were not matched with a provider. It's taking an average of over three referral attempts to obtain a provider. The experience with this varies depending what part of the county someone is in. Satisfaction scores are high for those who are currently receiving home care assistance.

Carl reviewed the Financial Report. Looking at the amount of spending from the levy through the third quarter, the program will need about \$20 million dollars from tax levy appropriations. Compared to the budgeted amount of \$25.9 million, the program is \$6 million under budget for the year. COA has also received about \$3 million from other funding sources such as CARES Act funding, Title III funding, State Funding, and client copays this program year.

The Total amount of projected expenses at the end of the third quarter is \$22.7 million. Compared to the budget, which is \$27.9 million, the program is under budget by \$5.2 million. Looking only at purchase services, the program is projecting to spent \$17 million in the services listed. Compared to the budgeted amount of \$20.5 million, the program is under budget by \$3.5 million.

Overall, looking at this report from last quarter and comparing it to this quarter, the projections are lower this quarter with the exception of two items. Home Care Assistance is projected to be slightly higher than what was in last quarter's report. Medical Transportation is also higher than what was projected last quarter. However, both of these services are projected to end the year under budget. The census is projected to end at 5,579 clients, which compared to the budgeted amount, the program will be at about 362 clients lower than budgeted.

Ken added that a lot of this is driven by the Home Care Staffing shortages. Suzanne stated that she knows the Committee discussed approaching the county at the last meeting about trying to redirect

some of these funds to some of the marketing efforts that will come from the home health app COA has been working on. She has reached out to both Lisa and Jeff at the county to schedule a meeting because that would require a contract change. The reason the budget has savings is because the workforce isn't there to carry out the tasks that people need. Until that can be fixed, approvals are needed from the county to help with that process. Lisa expressed that there is definitely value and need for that. She advised Suzanne that she has forwarded that to Jeff Aluotto so if he hasn't reached out to her yet, it's only because they are finalizing the budget and PTR today. Lisa also informed Suzanne that she got her message about potential ARPA funds. The Advisory Council reiterated their support and Suzanne advised that once she has some dates she will reach out and appreciates their support.

### ***Provider Network Report***

Ken reviewed the Provider Network Report. COA continues to distribute PPE to the provider network by working with ODA. In some cases, PPE is being sent directly to home care providers.

The shortages with Home Care Providers were previously discussed.

With Adult Day Services, Active Day, Bayley, and Lincoln Heights are all open. Several centers remain closed. In most cases, they are closed because of staffing shortages. This is happening in every county. When the centers closed due to the Governor's order, most of that staff took other jobs, and it's been difficult to hire sufficient staff to reopen. Janice asked where Active Day was located, and Ken advised they are located in Blue Ash.

Judy will review Transportation later in the meeting, but COA is working to recruit new providers.

The Federally funded Senior Farmers Market Program served 1,176 seniors and COA plans to continue this program next year. This was the second year for the program in the region.

The Comfort Meal Program continues to provide restaurant meals to low income senior buildings. There have been 81,842 meals provided to seniors so far.

With Electronic Monitoring Systems, the 3G towers are going away causing implications with some of the equipment. The EMS provider is replacing equipment for those seniors who are reliant on those older cell towers in advance of the deadline.

Every year, COA is required to provide a proposed schedule of provider monitoring. Providers are reviewed on a regular basis to make sure they are meeting the requirements of the contract such as doing background checks, training their employees correctly, having insurance in place, etc. The current schedule had been interrupted due to COVID.

There have been changes to the RFP outline since this report was sent out. Next year, COA plans to bid out the Electronic Monitoring Systems. This is currently through Guardian Medical Systems, and they service all four counties. This has been a good contract, saving a lot of money with economies of scale. Independent Living Assistance is also seeing capacity problems, so COA is looking to put that out for RFP.

In addition to that, which is not on the report, COA will probably need to go out for an RFP with Adult Day, Home Delivered Meals, and Title III. The reason for that is the schedule from ODA came out which

is a little complicated. These services have some federal money so these must follow that timeline. These RFPs were originally going to be published in 2023 but now they will be published in 2022. An update to the final RFP schedule will be provided at our next meeting.

Another item of note on this report, at the last meeting Ken talked about the Fiscal Intermediary. COA currently has a contract with Acumen. They help with payroll, background checks, and other administrative tasks for the Consumer Directed Care Program. COA published an RFP, received six responses and results came in this afternoon. There is a clear winner who is not Acumen. COA needs to do some due diligence before they award the contract. This will be a significant transition happening in the first quarter of next year. Ken knows this will be a lot of work, but he also thinks there will be a lot of return because COA was looking for a better process and better technology to support this process. They want to make it easier for families that want to hire their own worker. He is hopeful that these new requirements and the new vendor they are bringing on will do a good job. Ken will provide a summary to the Advisory Council at the next meeting.

### ***Provider Quality Report***

Ken gave a quick overview of the Provider Quality Report. This report is run four times a year and is provided to the Advisory Council twice a year. The report is utilized to help keep tabs on the diversity of providers, what's changing, and the quality and performance of how the providers are doing.

There are a lot of Home Care providers with some holding steady and others shrinking over time. They are providing excellent service, for example, Superior Home Care, Hillebrand and Interim are all really good providers that deliver great service. However, they are also not taking a lot of new clients as they are having staffing problems just like everyone else. A Miracle Home Care has seen significant growth and has almost 32% of the market share. Then there are other providers such as Blackstone and Helping Hands which have declined over the past year.

With Meals on Wheels, there was a merger between CASS and Meals on Wheels of Southwestern Ohio. This has resulted in one provider with 69% of the market share for home delivered meals.

Looking at the SASI scores, some of the smaller Home Care Providers Ken discussed previously have very high satisfaction scores but they are not able to take on new clients due to staffing shortages. Clarissa asked what happened to Comfort Keepers. Ken explained that they were bought out and were under new ownership when then they dropped out.

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

Ken reviewed the Market Penetration and Five-Year Levy Projections. Next year will be the last year in the current levy cycle. The cycle started with a fund balance of \$8.4 million and is projected to end with a fund balance of \$29.5 million. This clearly says that there is no need for an increase in the levy. Like previously discussed, the biggest pain point and driver with all of this is the staffing challenges which is making projections difficult. The projections in the next five-year levy cycle are going to look a lot different if they are able to solve the home care staffing challenges.

The Market Penetration is used for forecasting and projections. This is the number of seniors on the Elderly Services Program divided by the number of seniors in Hamilton County who have a disability.

Level market penetration means a growing program because the population of seniors in Hamilton County is growing. For example, if there was 30% market penetration and it stayed at 30%, that would mean that they are keeping up with the growth in Hamilton County's population. The market penetration has grown from 27% to 31% in 2016/2017, which was a result of waiting lists at that time. Market penetration did drop a little bit from 2020 to 2021 but that's entirely the result of the one time bump at the start of the pandemic when many seniors needed services short-term. The market penetration rates are almost right on the nose from what was shared with the Tax Levy Review Committee four years ago.

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## **OLD BUSINESS**

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### ***Medicare Advantage Plan Update***

Kate discussed the Medicare Advantage Plan Update. In 2018, Medicare Advantage Plans were given permission to start providing long-term care services. Roughly 40% of seniors in this area have a Medicare Advantage Plan, so COA wanted to set up a process to help those seniors connect with the services provided by those Advantage Plans. In the spring of 2021, COA implemented the Benefit specialist position to help navigate the plans with the clients.

Cynthia Fitch gave an overview of her role as the Benefits Specialist and her experience up to this point. So far, she has found there is some Medical Transportation, EMS, and Over the Counter benefits with these plans. She receives referrals via case managers once they have identified the client has a Medicare Advantage Plan. Cynthia then reviews the plan with client and calls their insurance with them, so they know how to use their benefit. Clients have expressed to her how grateful they are that COA is advocating for them with their insurance, and many have said they could not have done this on their own.

Kate added that between April 2021 and September 2021, there have been 136 clients assisted so far with 84 having services transitioned to their Medicare Advantage Plan. This has saved the levy over \$156,000. This is a new process and there are still things they are working through. It has been a little difficult to get accurate insurance information as this is currently being done telephonically. There are some services a little bit easier to access than others. Medical Transportation and EMS tend to be easier to connect to and easier for seniors to understand. Some services require clients to be hospitalized so, it really requires them to know and have specific timing down which doesn't always happen when relying on self-report.

### ***Transportation Coordination Update***

Judy provided the Transportation Coordination Update. There have been just under 16,000 trips provided so far. COA has hired additional call center staff. They have also been looking at the capacity issue. Suzanne and Judy met with the three largest transportation providers about their performance, no show rates, late arrivals- all the things Judy spoke to the Advisory Council about back in September. They did share with them their particular data and the fact they were not using COA's system which meant COA couldn't assist the clients either. Judy and Suzanne are working with them to get on board.

COA is also onboarding a couple of new providers. Judy had done some cold calling and found eight providers who are interested and have contacted COA's Provider Services Division. One started in

November, another is currently being onboarded and another is currently filling out the paperwork. These are all small providers and most of them were home health care companies that are transitioning to transportation. In the transportation world, the one thing they continue to hear is that there is a driver shortage.

Suzanne added the intent to reach out to the county. Some of the reasons she and Judy are having these calls with the providers is because they are refusing to cooperate and refusing to use the software. They are doing that because they've pretty much told them that they have other players that fund them, and they don't have to follow what COA is doing. The other funders they are referring to include other county agencies who are undoubtedly getting the same poor service that COA is getting. The providers don't want the county to see that for the same reason they don't want COA to see it. Suzanne has had conversations with Jeff Aluotto and shared with him that this is a much bigger issue. She wants to see if there is some way to bring all of those contracts under the auspices of Home52. Then they could require them to use the software for all county contracts and the other county departments would have the accountability with these providers that they don't have right now. Jeff did agree to schedule a meeting with some of the other county departments who have contracts with MedaCare and Valley, for example, who don't want their poor performance being exposed. These providers have been getting away with this for years and COA hasn't necessarily seen it because the complaints go straight to them, and they don't share that.

Clarissa asked Suzanne if COA has legal counsel to address issues such as this. Suzanne advised COA does, but the problem is these providers have COA "over a barrel". They can take all the legal remedies they want but if they walk away, there is no one to pick up a 30% market share. The group further discussed the transportation issues. Matt suggested that maybe the individuals who are newly retired or about to retire could fill in for some of these driver or aide shortages. Maybe they need to start their own campaign to recruit these people they may want to take on some part time work. Something to attract the Boomers who are in the early stages of retirement. Suzanne agreed and advised that is the exact kind of conversation she wants to have with Lisa and Jeff about doing a campaign to get those kind of people because what's not been in place before, that the app will help with, is people being able to do their own scheduling. On the transportation, as it pertains to drivers, does COA need to somehow be a backup transportation provider for when a company drops the ball and leaves somebody stranded? This is something COA is exploring.

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## **NEW BUSINESS**

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### ***Chronic Care Management Pilot***

Stephanie gave an overview of the Chronic Care Management Pilot. Chronic Care Management is the oversight and education by healthcare professionals to help clients with their chronic disease conditions such as diabetes, high blood pressure or congestive heart failure. Chronic Care Management is a billable service under Medicare Part B. COA is currently working on partnering and contracting with Medical House Call, LLC to provide this service. The outline, and goal, is to start the pilot in January 2022. They plan to target clients currently enrolled in Fast Track Home and that are transitioning to ESP. Roughly about 40% of the client transition. They will try the pilot for 60 days and then expand. Two COA staff members have been identified to help get the pilot up and running: a case manager in Fast Track Home and a CM supervisor in ESP, as well as Stephanie overseeing the project. After the 60 days, they would

look at expanding it over to a one year (or longer) pilot based on the contract. Stephanie reviewed the goals they have identified. (Please refer to document in meeting packet).

Janice asked if Medical House Calls were using their case managers to provide the Chronic Care Management. Stephanie explained that they are using RNs and LPNs in their current model and the goal is to work with them to provide that Chronic Care Management piece to new clients going into the practice. COA would be providing the Chronic Care Management piece to the clients. Janice asked what the COA staff's qualifications were to provide this. Stephanie advised that one is a professional care manager and the other is a licensed social worker. As part of the Coleman model that COA currently uses, which is evidence based, the staff is already doing this type of work- reviewing their medications, going over red flags, and then communication any kind of follow up back over to the PCP. They will also have nursing supervisor oversight for consultation.

Suzanne stated that it's important to add that COA is following the required qualifications that are set out by CMS and those do not require nursing staff. Medical House Calls has always used that but it's not a requirement. From Medical House Calls' role, they will still go out and do an in-person assessment and they will be billing permissible charges for that function in addition to billing COA's ongoing Chronic Care Management activities. The important thing to know with CMS and the way this is set up, is that this is done by doctor's office staff in the front office. Janice expressed that if someone who is going to be managing diabetes, high blood pressure or congestive heart failure, they need to have the education or the experience in managing those conditions. Clarissa stated that for what she understands, Medical House Calls will still be making a home visit with the RN or LPN and then the social worker coordinates the care. Suzanne advised that was correct and like Stephanie said, this is new and what they are all figuring out now. Such as who will be doing what functions, who is billing for what because they can't have duplication, and things like that. All of this with the goal of trying to make sure the levy is the payor of last resort even for care management.

Clarissa asked to clarify that the pilot is beginning in 60 days. Stephanie explained that the goal would be to start in January, if possible, pilot it for 60 days and then expand it to other clients that may be eligible. Rose stated it should be a very manageable test since they are starting with 10 clients. Stephanie agreed that they wanted to start out small. Suzanne added that this is way down the road, but this is something they will be educating the county on: If this is wildly successful and if it allows them to draw down for clients who are eligible for this revenue source over the county, the county will need to decide, if clients say they don't want to do this, whether they will grandfather them in or make it a requirement for them to be in the program.

Janice asked what criteria they are using to determine success with the pilot. Stephanie advised they are still working to define that and what they want to measure. What she would really like to see is take what Medical House Calls does and what COA does and marry the two processes. Also, eliminating unnecessary hospitalizations and ER visits as well as providing education to the client so they can be self-aware and know that something is a red flag. Ken added that one of the goals is financial. They want to see that the cost to the levy is lower. Janice stated that they have to have clear criteria to determine if the pilot is successful. Suzanne advised they will have that, and the financial piece is easy. They also have benchmarks around some of these indicators such as hospitalizations. Once the outcomes are identified, they will have a lot of data points to draw from. Clarissa added that some of the outcomes are going to be individual so that will be a whole new set of criteria. Ken pointed out that this project, as well as the Medicare Advantage Plan, is COA recognizing that Medicare is changing and COA is changing

with it. COA needs to make sure as the population and the needs continue to grow, that they are identifying Federal sources of funding to pay for some of these services.

### **2022 Meeting Dates**

Rose reviewed the proposed 2022 meeting dates. There were no objections or requests to change any dates on the schedule. Rose asked if the meetings will be full in-person or will the next meeting be a hybrid meeting. Ken advised that they were trying to figure that out. He likes the idea of giving people options and it provides better accessibility when doing a hybrid meeting.

### **ARPA Funding**

Ken reviewed the ARPA Funding. COA is starting to receive funding through ODA. They are working on a plan on how they are going to spend the funds between now and September 30, 2024. The first round of funding was for \$1.2 million. COA is expecting a total of \$6 million through September 30, 2024. This is all one time funding so they can't become dependent on it. COA is looking at this as an opportunity to innovate and improve services for the future. Ken held a public hearing last week and revisions will be made to the plan based on input that was received. Some of the things they are planning to do is focus on transportation and workforce development, develop a grocery delivery service, using restaurant meals with home delivered meals, and a new congregate meal model. In addition to that, short term respite, which was discussed at the last meeting. One of the things that came out of the public hearing was how to help with the reopening of Adult Day Centers.

### **2022 Levy Renewal**

Ken discussed the 2022 levy renewal. The levy will be on the ballot next year. Last time the levy was on the ballot in 2017, it was as an increase. There was a record amount of support from the county voters for a levy increase in the region. Ken advised they need to organize a campaign but with not as much expense as the last levy since they're asking for a renewal and not an increase. They will be pulling the campaign strategy together. They will also be working with the TLRC and the Advisory Council for a recommendation for the Commissioners to put the levy on the ballot. Ken is hoping this will be much easier than what it was last time.

Lisa added that on the Tax Levy Committee process, she sent out an RFP yesterday for consultants for the levy reviews and a tentative levy schedule is posted on the Tax Levy Committee website right now going through June. They will be going back to in-person meetings instead of virtual.

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## **HEARING THE PUBLIC**

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No individuals from the public requested to speak.

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## **ADJOURNMENT**

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There being no further business, Rose called for a motion to adjourn the meeting.

**Motion:** Janice Hunter made a motion to adjourn the meeting.

**Second:** Clarissa Rentz seconded the motion.

**Action:** It was unanimously agreed to adjourn the meeting at 3:21 p.m.

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## **NEXT MEETING**

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March 24, 2022



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



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

**Highlighted Findings**

**1. Traditional ESP Census Trends**

- A. Compared to last year (Quarter 4, 2020), census has decreased by -175 clients (from 5,514 to 5,339) or -3.17%.
  - 1. Short-term clients excluded, census decreased by -156 (from 5,493 to 5,337) or 2.84%
- B. Compared to last quarter (Quarter 3, 2021), census has decreased by -70 clients (from 5,409 to 5,339) or -1.29%.
  - 1. Short-term clients excluded, census decreased by -71 (from 5,408 to 5,337) or -1.31%
- C. Quarter-end census, new enrollments, and disenrollements include clients aged 60 and over who are receiving short-term services as a result of the pandemic.

Year	2021	2021	2021	2021
Quarter	Q1	Q2	Q3	Q4
Short-term Clients Added to Census	1	0	1	2
New Short-term Client Enrollments	10	0	1	1
Disenrolled Short-term Clients	30	1	0	0

**2. Fast Track Home Census Trends**

- A. Average length of stay decreased by 1 compared to Quarter 3, 2021 (from 54 to 53).
- B. New Enrollments increased by 12 compared to Quarter 3, 2021 (from 208 to 220).
- C. Total clients who transferred to ESP from FTH decreased by 19 clients from Quarter 3, 2021 (from 96 to 77).

**3. Financials**

- A. Total Revenue: The amount needed to be drawn down from the levy is \$21 million through the fourth quarter, as compared to the budgeted amount of \$26 million. The variance is under budget by \$4.9 million or 18.8%.
- B. Total Expenses: The projected expenses incurred through the first quarter is \$24 million as compared to \$28 million in the budget. The variance is under budget by \$4 million or 15%.
- C. Purchase Services: The projected expenses were lower by \$3 million or 16% as compared to budget.



**Hamilton County ESP**  
**Quarter 4, 2021 (Oct. - Dec. 2021)**  
**TRADITIONAL ESP CENSUS TRENDS**

**Quarter-End Census by Program**

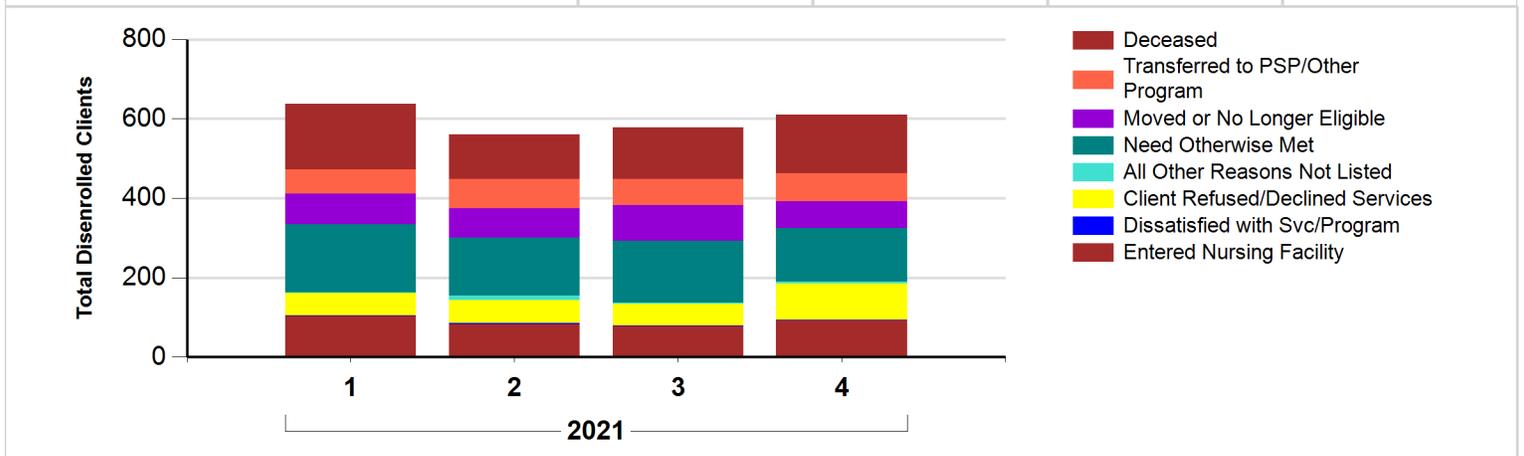
Year	2021			
Quarter	1	2	3	4
<b>ESP</b>	<b>5,446</b>	<b>5,391</b>	<b>5,409</b>	<b>5,339</b>
<b>FTH</b>	<b>111</b>	<b>149</b>	<b>101</b>	<b>117</b>
<b>Medicaid Programs</b>	<b>3,276</b>	<b>3,211</b>	<b>3,317</b>	<b>3,281</b>
Passport	658	623	570	557
Assisted Living	110	109	113	127
Molina	1,025	979	1,098	1,106
Aetna	1,483	1,500	1,536	1,491

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

Year	2021			
Quarter	1	2	3	4
Quarter-End Census	5,446	5,391	5,409	5,339
New Enrollments	560	498	564	508
Disenrollments	638	560	579	610

**Disenrollment Outcomes**

Year	2021			
Quarter	1	2	3	4
Deceased	165	112	131	147
Transferred to PSP/Other Program	61	73	65	71
Moved or No Longer Eligible	78	74	90	67
Need Otherwise Met	171	146	156	135
All Other Reasons Not Listed	2	11	3	4
Client Refused/Declined Services	56	58	55	92
Dissatisfied with Svc/Program	1	3	1	2
Entered Nursing Facility	104	83	78	92
<b>Total</b>	<b>638</b>	<b>560</b>	<b>579</b>	<b>610</b>

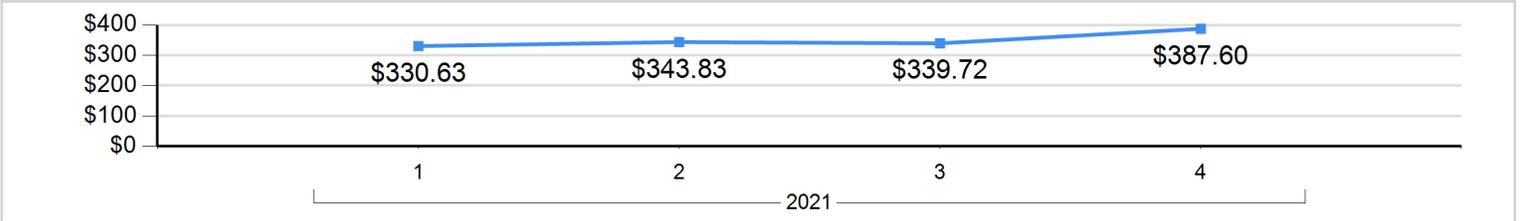


<sup>1</sup> Q3 '20 - Q2 '21 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.



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

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



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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	207	208	233	260
Electronic Monitoring	3,025	3,005	2,985	2,922
Home Care Assistance	2,474	2,477	2,475	2,274
Home Delivered Meals	3,032	2,910	2,827	2,704
Home Medical Equipment	191	206	171	195
Medical Transportation	697	659	657	644
Non-Medical Transportation	142	139	165	190
Other Services	199	230	214	234
<b>All Services (Unduplicated)</b>	<b>5,474</b>	<b>5,421</b>	<b>5,379</b>	<b>5,252</b>

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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	18,630	20,098	21,512	24,247
Electronic Monitoring	9,068	8,898	8,978	8,707
Home Care Assistance	77,089	80,974	77,678	80,275
Home Delivered Meals	204,361	198,022	189,477	186,124
Home Medical Equipment	259	270	223	257
Medical Transportation	8,559	8,462	7,943	8662
Non-Medical Transportation	1,226	1,135	1,200	1705
Other Services	1,611	2,537	3,021	2,708

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

Year	2021			
Quarter	1	2	3	4
Consumer Directed Care	\$265,238	\$292,235	\$312,016	\$392,102
Electronic Monitoring	\$187,068	\$184,754	\$189,655	\$185,780
Home Care Assistance	\$1,652,640	\$1,832,290	\$1,790,393	\$2,035,097
Home Delivered Meals	\$1,456,369	\$1,396,281	\$1,276,820	\$1,252,199
Home Medical Equipment	\$61,487	\$66,237	\$65,820	\$73,798
Medical Transportation	\$261,477	\$269,164	\$386,805	\$424,777
Non-Medical Transportation	\$35,041	\$30,666	\$34,053	\$30,269
Other Services	\$245,915	\$263,704	\$302,773	\$228,368
<b>All Services</b>	<b>\$4,130,194</b>	<b>\$4,335,331</b>	<b>\$4,358,336</b>	<b>\$4,622,388</b>

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



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

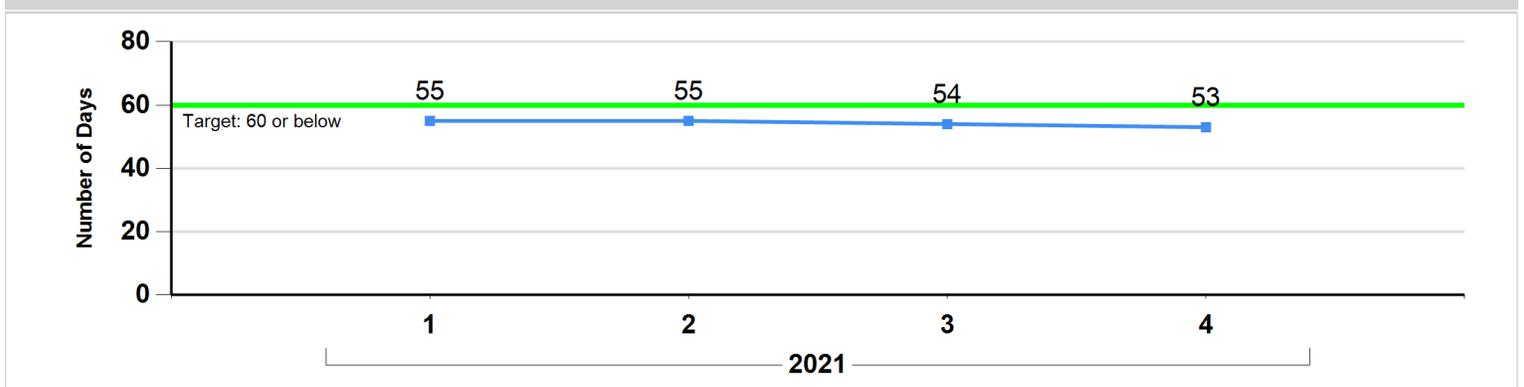
**Total Clients Served, New Enrollments, Disenrollments**

	2021			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	174	230	208	220
Disenrollments	164	190	255	202
Clients Transferred to ESP	79	68	96	77
	48.17%	35.79%	37.65%	38.12%

**Enrollment by Setting**

	2021			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Drake Rehab	0	0	4	3
Community	5	7	13	4
Mercy Hospital Network	23	42	21	19
The Christ Hospital	13	20	21	24
TriHealth Hospital Network	43	52	24	28
University of Cincinnati Hospital Network	5	13	16	11
Veterans Admin - VA	0	3	1	3
Other Hospital	3	2	10	7
Skilled Nursing Facilities	40	41	48	69
Rehabilitation Facilities	15	24	17	19
Skilled HHC	3	0	5	8
Not Captured	2	12	7	9
<b>Total</b>	<b>152</b>	<b>216</b>	<b>187</b>	<b>204</b>

**Average Length of Stay**





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

**Distinct Clients Served by Service Group**

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	78	86	102	91
Home Care Assistance	63	93	112	51
Home Delivered Meals	126	150	160	140
Home Home Medical Equipment	72	104	81	91
Home Modification	26	40	44	29
Independent Living	2	2	2	0
Medical Transportation	21	27	39	35
Non-Medical Transportation	1	1	2	5
<b>All Services (Unduplicated)</b>	<b>217</b>	<b>261</b>	<b>289</b>	<b>240</b>

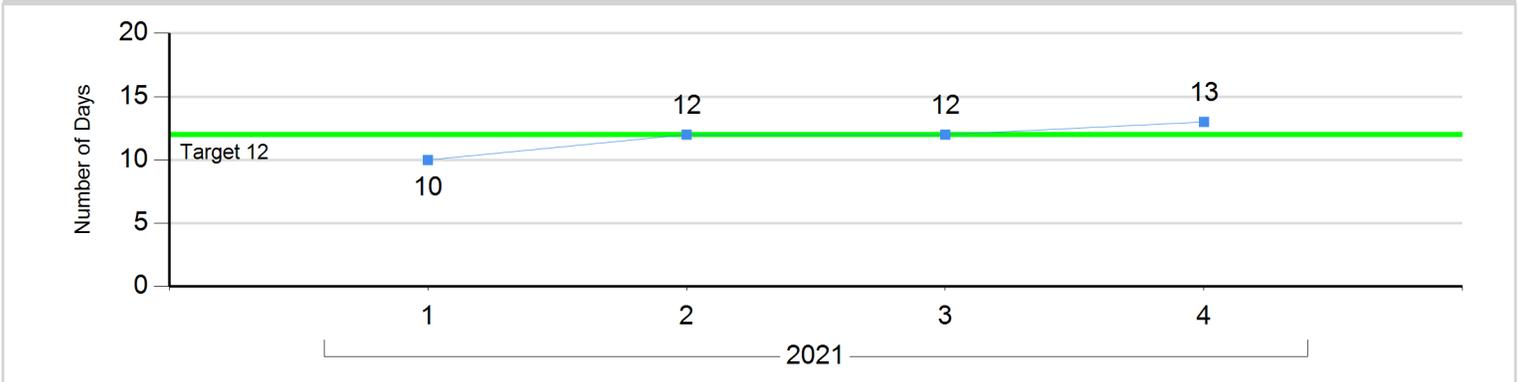
**Units Billed by Service Group** *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	126	125	144	130
Home Care Assistance	692	869	1,307	850
Home Delivered Meals	3,653	4,332	4,325	4,078
Home Home Medical Equipment	127	181	149	183
Home Modification	27	45	48	30
Independent Living	4	2	6	0
Medical Transportation	236	153	309	249
Non-Medical Transportation	2	2	3	12

**Dollars Paid by Service Group (Purchased Services)**

Year	2021			
Quarter	1	2	3	4
Electronic Monitoring	\$2,859	\$2,880	\$3,395	\$2,983
Home Care Assistance	\$14,751	\$19,086	\$29,211	\$18,934
Home Delivered Meals	\$26,020	\$30,457	\$29,701	\$28,161
Home Home Medical Equipment	\$10,508	\$11,768	\$11,369	\$18,626
Home Modification	\$13,745	\$18,614	\$17,575	\$10,831
Independent Living	\$221	\$162	\$444	\$0
Medical Transportation	\$6,737	\$5,559	\$18,837	\$10,683
Non-Medical Transportation	\$65	\$104	\$105	\$708
<b>All Services</b>	<b>\$74,906</b>	<b>\$88,629</b>	<b>\$110,638</b>	<b>\$90,926</b>

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



**Home Care Provider Network Referrals and Capacity**

Year	Quarter	#Clients in Need of HCA	#Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg #Days To Authorize Request	Avg. #Days Not Matched with Provider
2021	4	2416	326	13%	30	85
2022	1					
2022	2					
2022	3					

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

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	97.73%	97.65%	98.06%	97.99%
Good Choice of Meals Available	93.40%	93.43%	93.78%	94.54%

**Medical Transportation - Client Satisfaction Survey Results**

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	96.13%	93.82%	93.54%	94.51%
Service Returns Client Home Promptly	91.22%	87.61%	89.20%	81.63%

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

Year	2021			
Quarter	1	2	3	4
Overall Satisfaction	91.08%	90.73%	90.03%	90.39%
Aide is Dependable	89.00%	87.48%	85.81%	86.46%

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

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



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

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

	<b>Annual Actual</b>	<b>Annual Budget</b>	<b>Budget Variance</b>	<b>% Budget Variance</b>
<b>Revenue</b>				
Tax Levy Appropriations	\$21,067,414	\$25,948,012	(\$4,880,598)	-18.8%
<b>Federal &amp; State Funding</b>				
Title III B - Supportive Services	239,634	252,320	(12,686)	-5.0%
Title III C2 - Home Delivered Meals	1,141,902	649,940	491,962	75.7%
Title III E - Caregiver Support	185,645	175,893	9,752	5.5%
Alzheimer's	23,170	15,591	7,579	48.6%
Nutrition Services Incentive Program (NSIP)	335,826	383,208	(47,382)	-12.4%
Senior Community Services (SCS)	210,568	102,203	108,365	106.0%
Cares Act	135,512	-	135,512	0.0%
<b>Client Contributions</b>				
Client Donations	4,199	2,517	1,682	66.8%
Co-Pays Received	390,418	417,408	(26,990)	-6.5%
<b>Total Revenue</b>	<b>\$23,734,287</b>	<b>\$27,947,092</b>	<b>(4,212,805)</b>	<b>-15.1%</b>
<b>Expenses</b>				
<b>COA Expenses</b>				
Administrative	\$1,448,572	\$1,705,691	\$257,119	15.1%
Intake & Assessment	109,995	242,007	132,012	54.5%
FTH Case Management	975,629	578,466	(397,163)	-68.7%
Case Management	3,678,569	4,734,829	1,056,260	22.3%
Program Mgmt Transportation	75,273	102,664	27,391	26.7%
<b>Total COA Expenses</b>	<b>\$6,288,039</b>	<b>\$7,363,657</b>	<b>\$1,075,618</b>	<b>14.6%</b>
<b>Purchased Services</b>				
Home Care Assistance	7,310,420	9,854,466	2,544,046	25.8%
Independent Living	135,396	41,514	(93,882)	-226.1%
Minor Home Modifications	427,981	366,894	(61,087)	-16.6%
Pest Control	55,259	21,229	(34,030)	-160.3%
Major House Cleaning	45,212	63,686	18,474	29.0%
Home Medical Equipment	267,342	166,796	(100,546)	-60.3%
Emergency Response Systems	747,257	797,418	50,161	6.3%
Home Delivered Meals	5,381,669	5,016,541	(365,128)	-7.3%
Adult Day Service	287,509	758,475	470,966	62.1%
Adult Day Transportation	54,361	136,124	81,763	60.1%
Medical Transportation	1,342,224	1,597,270	255,046	16.0%
Non-Medical Transportation	130,028	208,731	78,703	37.7%
Consumer Directed Care	1,261,590	1,554,291	292,701	18.8%
<b>Gross Purchased Services</b>	<b>\$17,446,249</b>	<b>\$20,583,435</b>	<b>\$3,137,186</b>	<b>15.2%</b>
<b>Gross Program Expenses</b>	<b>\$23,734,287</b>	<b>\$27,947,092</b>	<b>\$4,212,805</b>	<b>15.1%</b>
<b>Client Census</b>	<b>5,454</b>	<b>5,941</b>	<b>487</b>	<b>8.2%</b>
<b>Cost of Services per Client</b>	<b>263.08</b>	<b>290.26</b>	<b>27.18</b>	<b>9.4%</b>

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

\* Projected year-end census.

## 1. Census Trends

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

## 2. Service Trends

- A. Average Monthly Cost per Client is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.
- B. Clients Served by Service Group is based on billing data. These numbers represent the unduplicated client counts within each service group and overall. The All Services client count will not equal the sum of the service group subtotals because many clients receive more than one service.
- C. Home Care includes homemaking, personal care, companion, and respite services.
- D. Other Services includes Environmental Services 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 2022

### **Personal Protective Equipment (PPE)**

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

### **Home Care Assistance (HCA)**

HCA providers continue to experience staffing/aide shortages. We continue to meet with providers to look for ways to streamline our processes to meet the needs of our clients.

### **Financial Management Service (FMS) for Consumer Directed Care (CDC)**

An RFP was published in June 2021 to find a new Financial Management Service for Consumer Directed Care. We were working with a very tight timeline to avoid a bifurcated tax year for the provider. As a result, we did not receive an adequate number of submissions, so a new RFP was developed to address this concern.

COA worked with a consultant in the field of Fiscal Intermediary or FMS services. Based on her feedback and expertise, a newly designed RFP was published in September 2021, to procure providers to serve as the FMS for CDC. We received six submissions.

After a scoring team reviewed the proposals, and the highest scored bidder completed a Readiness Review with our consultant, a new FMS provider was selected. Palco will be our new FMS provider for CDC.

We are currently working with Acumen to transition existing clients to the new provider. The transition of this service is large and will take several months to complete.

### **Adult Day**

The following adult day centers are open in Hamilton County: Active Day, Bayley, and Lincoln Heights Outreach. Active Day continues to have a waitlist.

Northwest ADS is under new ownership and received an on-site review on March 3, 2022. Northwest is working on a few minor exceptions to be in full compliance.

Day Share sent notification during the second week of March that they are working to reopen.

Senior Deserved Day has not responded to communication from COA, and it appears the adult day center is permanently closed.

## **Transportation**

Provider Services is currently working to add additional transportation providers to support the demands of the home52 program.

Three additional providers have been added since the last report.

Outreach to 13 agencies has been completed since January, of which 5 of the agencies are moving forward with the precertification process to become home52 providers.

## **Independent Living Assistance (ILA)**

Partners in Prime requested to place their ILA program on hold for new referrals due to major staffing shortages.

Central Connections is in the process of expanding their ILA program. They have hired staff and are looking to expand their program.

An RFP for ILA was published in February 2022. The proposal has a due date in March 2022.

As part of the development process of the RFP, we met with our existing ILA providers and COA Management staff to review the service specification. Minor suggestions for revisions were made.

Please see the attached tracked changes version, as well as a final version, of the ILA Service Specification we would like to propose to be effective in March.

During our discussions with the providers, feedback was given as to the need to allow ILA providers to deliver the service to the client even if they are on hold or suspension. The providers expressed concerns that a person could lose their housing if the provider is not permitted to assist them with paying their rent or house payment while in a rehab facility, hospital, or nursing facility. This is a large concern. After further discussion with COA Management staff, the decision was made to allow the provider to deliver ILA service while a client is on hold or suspended.

## **Senior Farmers Market Nutrition Program**

COA has signed the grant agreement for the 2022 Senior Farmers Market Nutrition Program and submitted it to Ohio Department of Aging.

With the \$150,000 grant amount received - 10% will be used for administration costs and 90% will cover the value of the coupons.

We doubled our participation last year and will be able to serve an additional 500 seniors this year for a total of 2700 participants.

The 2022 plan includes both coupon distribution to seniors to spend at participating farm markets, as well as bulk produce delivery to select senior housing locations.

Applications for seniors age 60+ will be available in April for all 5 counties. Each participant will receive a value of \$50.00 in coupon vouchers or delivery of fresh fruits, vegetables, honey, and fresh cut herbs.

### **Meal Programs**

The COA Restaurant Meal program continues to deliver comfort meals to Hamilton, Butler, Warren, and Clinton counties for seniors who may be experiencing continued isolation or food insecurities during the Pandemic.

We have the following participating restaurants in Hamilton County: LaRosa's, Taste of Belgium, Frisch's, Personal Chef Anthony Jordan

14,226 Special Holiday meals were delivered to Hamilton County Seniors in December 2021.

As of February 28<sup>th</sup>, 23,821 meals have been delivered to Hamilton County seniors this year.

### **Alternate Meal Option Pilot**

COA is coordinating with two providers, 55 North and MOW of SW Ohio/N KY, to pilot a restaurant option for congregate meal consumers. A registered consumer will receive a reloadable swipe card to use at participating restaurants for a meal. Restaurants are being secured and operation details finalized. This will allow consumers to choose to receive a meal at a congregate meal location or a participating restaurant.

### **Grocery Delivery Service**

Provider Services has plans to explore a grocery delivery service. This will allow an agency to pick up a grocery order and deliver it to a client's residence.

### **Electronic Monitoring Systems – Cellular Equipment Upgrades**

Guardian continues efforts to update the equipment for two HCESP clients. Guardian as well as CM, have contacted the clients many times via phone and mail. Guardian will continue efforts to ensure the client receives the 4G equipment.

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

## Structural Compliance Reviews (SCRs)

Reviews continue to be conducted as desk reviews until further notice due to the pandemic. A return to field plan has been developed in order to transition back to onsite audits.

<b>HAMILTON COUNTY ESP STRUCTURAL COMPLIANCE REVIEW SCHEDULE - 2022</b> (please find below the list of Hamilton County Providers of ESP Services and the tentative dates for annual review for 2022.)		
<b>Hamilton County ESP Providers</b>	<b>Review Type</b>	<b>Review Tentative Date</b>
<b>A Best Home Care, Inc.</b>	<b>Annual</b>	<b>Nov-22</b>
<b>A Miracle Home Care</b>	<b>Annual</b>	<b>Sept-22</b>
<b>Active Day of Cincinnati</b>	<b>Annual</b>	<b>Jun-22</b>
<b>Always There Homecare</b>	<b>Annual</b>	<b>May-22</b>
<b>Amaramedical Health Care Services, Inc.</b>	<b>Annual</b>	<b>Jan-22</b>
<b>Bayley Adult Day</b>	<b>Annual</b>	<b>Oct-22</b>
<b>Comfort and Care Home Health Agency</b>	<b>Annual</b>	<b>Jun-22</b>
<b>Day Share Senior Services</b>	<b>Annual</b>	<b>Sep-22</b>
<b>Deupree Meals on Wheels</b>	<b>Annual</b>	<b>Jul-22</b>
<b>Eastern Personnel Services</b>	<b>Annual</b>	<b>Dec-22</b>
<b>Helping Hands Private Duty Homecare</b>	<b>Annual</b>	<b>Dec-22</b>
<b>Hillebrand Home Health</b>	<b>Annual</b>	<b>Oct -22</b>
<b>Assisted Care by Black Stone</b>	<b>Annual</b>	<b>Apr-22</b>
<b>Home Care Network, Inc.</b>	<b>Annual</b>	<b>Oct-22</b>

<b>Home First</b>	<b>Annual</b>	<b>Jun-22</b>
<b>Interim HomeStyles of Greater Cincinnati</b>	<b>Annual</b>	<b>Oct-22</b>
<b>Kemper Shuttle Services</b>	<b>Annual</b>	<b>Jan-22</b>
<b>LCD Home Health Agency</b>	<b>Annual</b>	<b>Oct-22</b>
<b>Lincoln Heights Outreach</b>	<b>Annual</b>	<b>Sep-22</b>
<b>Maple Knoll Outreach Services for Seniors</b>	<b>Annual</b>	<b>Dec-22</b>
<b>Mayerson JCC (Jewish Community Center)</b>	<b>Annual</b>	<b>Apr-22</b>
<b>Meda-Care Transportation, Inc.</b>	<b>Annual</b>	<b>Aug-22</b>
<b>MedAdapt Ltd.</b>	<b>Annual</b>	<b>Jun-22</b>
<b>North College Hill Senior Center</b>	<b>Annual</b>	<b>Dec-22</b>
<b>Northwest Adult Day Services (Self-Suspended Services)</b>	<b>Annual</b>	<b>Nov-22</b>
<b>Nova Home Care Co.</b>	<b>Annual</b>	<b>Nov-22</b>
<b>Prime Home Care, LLC</b>	<b>Annual</b>	<b>Feb-22</b>
<b>PWC</b>	<b>Annual</b>	<b>Apr-22</b>
<b>Quality Care</b>	<b>Annual</b>	<b>Jul-22</b>
<b>Senior Deserved Day</b>	<b>Annual</b>	(Closed in March of 2020) <b>SCR proposed Jul-22 if in operation</b>
<b>Senior Helpers of Greater Cincinnati</b>	<b>Annual</b>	<b>Jul-22</b>
<b>Superior Home Care, Inc.</b>	<b>Annual</b>	<b>Jul-22</b>
<b>Wesley/Meals on Wheels of Southwest OH &amp; Northern KY</b>	<b>Annual</b>	<b>Apr-22</b>

## 2022 Draft Request for Proposal Schedule

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

- Catering
- Minor Home Modification & Repair
- Independent Living Assistance – (Butler, Hamilton, & Warren Counties only)

The RFP evaluations will have 4 categories:

- **Financial Analysis and Stability:** This will be a Go/No-Go criteria. Proposals that do not demonstrate financial stability will not move forward in the evaluation process.
- **The Organization and Capabilities Overview:** Has the Proposal demonstrated the company's ability to provide and sustain these services? Has the Proposal demonstrated the company's previous commitment to serving the aging population? Does the provider have a county presence in our county/counties? Proposals demonstrating a county presence will receive additional scoring.
- **Personnel, Staffing and Training:** Has the Proposal demonstrated the company's ability to recruit, hire, train, and retain staff to insure delivery of services? Does the provider demonstrate retention and tenure in leadership positions?
- **Pricing:** Does the Proposal demonstrate competitive pricing with respect to other proposals received?

### Services with a Capacity Problem

Council on Aging has identified the following services to have a capacity problem- pursuant to our contract, we are requesting a waiver of competitive bidding requirements to allow the recruitment of new providers to address the program needs:

- Transportation
- Adult Day Services
- Home Modification/Repair
- Home Care Assistance

## FINANCIAL MANAGEMENT SERVICE (FMS) SUMMARY

### **CDC Overview**

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

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

### **Financial Management Service RFP Overview**

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

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

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

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

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

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

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

## **Home Health Aide App Overview**

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

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

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

Our mobile application will:

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

## **Cost Analysis**

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

Their cost covered the following:

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

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

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

Hamilton County ESP Advisory Board Update  
Chronic Care Management  
March 2022

### **Chronic Care Management Pilot**

Chronic Care Management is the oversight and education activities conducted by health care professionals to help clients with chronic diseases and health conditions such as diabetes, high blood pressure, and congestive heart failure. Chronic care management is a billable service under Medicare Part B benefit.

Council on Aging has partnered with Medical House Calls LLC to provide chronic care management services to existing Hamilton County ESP clients who are currently receiving primary care through Medical House Calls.

#### ***Pilot Target and Timeline-***

Contract is currently being reviewed by Graydon as of March 9<sup>th</sup>

Workflow and process have been outlined

Conducted two observations with Medical House Calls Staff and EMR system

Training outline for COA CCM staff

60-day pilot to start

Start with 10 clients that have been identified within the FTH to ESP transition who would also benefit for CCM services

1 staff serving in a dual role – FTH and ESP. The goal is to bring on additional staff as we work through the pilot

After 60-day pilot look to expand to a one-year pilot

#### **Goals-**

- To decrease the care management cost to levy
- Collaboration with Medical House Calls to enhance current care management model to focus on medical complexity and address social determinates of health
- Provide an increased level of service to clients with chronic conditions through holistic care that improves health outcomes and reduces barriers to care
- Enable eligible clients and staff to engage in remote chronic care management



## PROGRAM HIGHLIGHTS

Regular check-ins from your ESP care manager to help you set goals, stay on track and manage your health care needs.

Personalized assistance from a dedicated nurse practitioner who will work with you to create your care plan, including 24/7 emergency access.

Coordination of care between your pharmacy, specialists, testing centers, hospitals, and more.

Better health and less worry for you!

# YOURCARE+

Managing every aspect of your health care can be overwhelming, but it doesn't have to be.

You trust Council on Aging and the Elderly Services Program (ESP) to provide the services you need to help you remain independent in your home. Now, Council on Aging is partnering with Medical HouseCalls, LLC to help you manage your health and provide coordination of all your health care needs, with the goal of ensuring all your needs are met.

Council on Aging's YourCare+ program combines traditional ESP services with chronic care management services (a Medicare benefit) to help connect all the dots so you can spend more time focusing on the things you enjoy.

Through YourCare+, we'll help you navigate all your health and long-term care services so you can get the most out of your care.

For more information about YourCare+, speak to your care manager or call (513) 721-1025.

## About Medical HouseCalls LLC

Medical HouseCalls is a local, Medicare-approved provider specializing in providing primary care services for homebound older adults. Medical HouseCalls takes the stress out of going to the doctor's office by bringing the doctor's office to your home.



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

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

## INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION

### 1.0 OBJECTIVE

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

### 2.0 UNIT OF SERVICE

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

### 3.0 ILA SERVICES

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

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

#### b) Commodity Box and Food Pantries

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

#### c) Housing

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

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

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

e) Bill Pay

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

f) Banking

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

g) Assisting with business and personal correspondence

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

h) Mail

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

i) Assist with making appointments

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

j) Patient Assistance Programs and Community Assistance

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

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

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

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

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

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

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

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

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

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

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

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

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

~~k) Arranging appointments.~~

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

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

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

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

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

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

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

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

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

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

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

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

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## 5.0 QUALIFICATIONS OF ILA WORKER

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

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

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

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

c) Advanced knowledge of community resources.

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

d) Computer literate.

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

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

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## 6.0 QUALIFICATIONS FOR ILA SUPERVISOR

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

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

## 7.0 ILA SUPERVISION

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

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

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

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

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

# **INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION**

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- Assist with mortgage refinancing and loan applications
- Work with Cincinnati Metropolitan Housing Authority
- Assistance with finding appropriate housing to meet the needs of the client
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- Assist with completion of paperwork for doctors
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- d) Can effectively assist the client with managing finances and budget needs
- e) Computer literate.
- f) Understanding of ethics, boundaries, and legal compliance regarding working with clients.
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c) The Supervisor must notify the Care Manager within one business day of becoming aware of any significant changes in the client's health and safety or any recommended service modifications.

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

<b>Service</b>	<b>Cost per</b>	
	<b>Unit</b>	<b>Unit</b>
Adult Day Service - Transportation	20.00	One Way Trip
Adult Day Service - (Intensive)	40.75	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)	9.93	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Home Care Assistance	6.76	Per 15 min
Independent Living Assistance	20.40	Per 15 min

\* Home Care Assistance Rates went into effective 5/1/2021

\* Home Medical Equipment Rates will go into effective 4/1/2022

All other services excluding Electronic Monitoring changed effective 10/1/2021

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

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

## Hamilton County Elderly Services Program

2022

### 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.



4601 Malsbary Road  
Blue Ash, OH 45242  
(513) 721-1025  
(800) 252-0155  
[www.help4seniors.org](http://www.help4seniors.org)

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

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

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

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

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

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

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

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