

AGENDA

CCESP Advisory Council Meeting

March 28, 2023, at 9:00 am – 10:30 am

Clinton County Office Annex, 111 S. Nelson Avenue, Wilmington OH 45177

Entrance B, Community Room A

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m5a9c73f158d62b605928521d47051a6c>

Meeting number: 2337 026 8946

Password: EsHYEXPm735 (37493976 from video systems)

Join by phone

1-844-621-3956 United States Toll Free

+1-415-655-0001 US Toll

Access code: 233 702 68946

CALL TO ORDER	Nicole Rodman
APPROVAL OF MINUTES ❖ December 13, 2022, Minutes (Action Needed)	Nicole Rodman
QUARTERLY REPORTS ❖ Program Dashboard & Financial Report ❖ Program Update Report - 2023 Services with a Capacity Problem (Action Needed) - Senior Center Funding Status Update - Title III RFP	Ken Wilson & Ronnie Spears Lisa Portune & Ken Wilson
OLD BUSINESS	Nicole Rodman
NEW BUSINESS ❖ Service Specification Changes (Action Needed) - Home Delivered Meals - Adult Day Services ❖ State Budget Update - Healthy Aging Grants - PACE Expansion - Rate Increases ❖ Community Engagement ❖ Maximum Reimbursement Rates ❖ Updated Sliding Fee Scale ❖ Public Meeting Requirements ❖ Conflict of Interest / Confidentiality Forms	Lisa Portune? Suzanne Burke Haley Allgood Ronnie Spears Ronnie Spears Ken Wilson Nicole Rodman
HEARING THE PUBLIC	Nicole Rodman
ADJOURNMENT	Nicole Rodman

NEXT MEETING

June 20, 2023

MINUTES
CCESP ADVISORY COUNCIL MEETING
TUESDAY, DECEMBER 13, 2022 @ 9:00 A.M.

ATTENDANCE

<i>Members Present:</i>	<i>COA Staff:</i>	<i>Guests:</i>
Bob Baker Gene Breckel Ray Camp Sue Caplinger Donald Gephart Tim Hawk Nicole Rodman Duane Weyand	Nan Cahall Carl McCullough Lisa Portune Stephanie Seyfried Ronnie Spears Ken Wilson	
<i>Excused:</i>	<i>Facilitator:</i>	<i>Scribe:</i>
	Nicole Rodman	Heather Junker
<i>Absent:</i>		

CALL TO ORDER / WELCOME

The December 13, 2022, meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 9:03 a.m.

APPROVAL OF MINUTES

Nicole Rodman called for a motion to approve the September 20, 2022, CCESP Advisory Council meeting minutes.

Motion: Gene Breckel made a motion to the September 20, 2022, minutes as presented.

Second: Bob Baker seconded the motion.

Action: The minutes were unanimously approved as presented.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard (please see handout for full details). The home care provider network referrals and capacity chart is different from what has previously been reported. We have incorporated looking at the overall home care need including people going into Consumer Directed Care and not just those waiting on home care assistance. Ken noted that Clinton County is performing better than the other four counties in our region when it comes to the amount of individuals not matched with a home care provider. Nicole asked what the options are for those that are not matched with a home care provider. Ken explained that we are adding more providers. Also, if the client is eligible and can

manage it, we recommend the Consumer Directed Care Program. Ken predicts we will see more growth in that option and that's why we've included data around it in the chart. Nicole then asked how much HCA a client receives- a few hours at a time or does it depend on the client? Ken advised that typically an ESP client will receive a couple of hours once a week, but it does depend on the individual's needs. Duane asked if there are exit interviews being done with these aides that are leaving. In his experience with family receiving services in another county, aides are leaving because of an odd reason. Ken advised this is a national problem that's very complex. For some people wages were the issue and some left the field altogether to work at places such as Amazon or Target. Tim asked how Clinton County compares to the other counties as far as distribution of services. Ken explained that there is a lot of similarity. There is a higher usage of Electronic Monitoring Systems compared to other counties, but the other services are at similar levels.

Carl reviewed the Financial Report. There were no questions or concerns.

Program Update Report

Lisa gave an overview of the Program Update Report including the draft 2023 RFP Plan & Bidding Criteria as well as the draft 2023 Schedule of Provider Monitoring Reviews (please refer to handout for full detail). Ken noted that as of yesterday, 57 out of the 81 clients that needed a new provider due to Clinton County Community Action terminating services have been placed so the number is going down.

Tim asked if Beaugard's BBQ is still a provider as he heard they were closing. Ken advised that they were for a period of time during our restaurant meal program utilizing CARES Act funding, but that program has since ended.

Bob asked for further explanation of the Home Care Assistance Hourly Rates chart. Lisa explained that with Clinton County Community Action's decision to terminate services, there were some questions that had come up. We looked at private rates, other rates within Clinton County, and other ESP programs to show that our rate for the Clinton County ESP program is appropriate. Nicole asked if the bid rate included per unit of care, administrative costs, and what they pay the aide. Lisa explained that it does as the providers were required to roll that into their bid rate. Bob then asked if we currently have a waiting list. Ken advised that we do not have a waiting list at this time except for those who are waiting for a provider that has sufficient staff to start services. Sue asked if anyone tried to negotiate with Clinton County Community Action when they stated they were terminating services. Lisa advised that both her and Ken met with them in person. Ken added that they were offered a contract at \$36.24 an hour and they decided to give notice. Gene asked if they were ending that service altogether or just with COA. Ken advised that they ended the service just with COA.

Stephanie gave a quick update on the Laundry Delivery Service. We currently do not have anyone to service Clinton County, but we are working to find a provider who can expand to serve the area.

Stephanie also gave a quick update on AddnAide. Nicole noted that AddnAide has not yet been implemented yet as the Commissioners requested further data before we utilize funding to promote the program. Ken explained that we are hoping to get back with them early next year with that data.

Provider Quality Report

Lisa reviewed the Provider Quality Report (please see handout for full details). Nicole asked if CareStar was getting ready to come into the equation to provide services to which Lisa advised they will be starting in January. There were no other further questions or concerns.

Market Penetration & Five-Year Levy Projections

Ken reviewed the Market Penetration Report. This graph shows the comparison between the number of people served by the levy and the number of older adults with a disability in the community. The current Market Penetration is up from last year but still down from the height of the pandemic when older adults needed temporary services.

Ken reviewed the Five-Year Levy Projections. We are in the final month of the current cycle. The cycle started with a fund balance of \$839,000 and will be ending with a fund balance of \$108,000. This will roll over into the next levy cycle. At prior meetings, we opted to push the senior center grant project to 2023 due to insufficient revenue which was a good decision. That would have left us with an uncomfortably low fund balance. The next five-year cycle will see an increase in levy revenue. Based on the auditor's office, we should see almost \$2 million available for the levy program. This is something we'll watch closely next year to see how the receipts come in and hopefully we will see a higher number. Based on these projections, we will be establishing a waiting list starting in 2026. This is consistent with what we said when we originally set up the new levy. When we talked about levy options, we knew we were under what we felt we needed to get through the cycle. Ken added that it is way too early to say for sure if there will be a waiting list because there are so many factors built into this.

OLD BUSINESS

Senior Center Grant Applications

The Advisory Council reviewed and discussed each of the four grant applications (please see handouts for full details). With \$50,000 set aside to do this, Nicole is going to assume that with these bids, considering the timeframe that has passed, some of those costs may have gone up. She thinks they can still evaluate and decide an amount they would award to each entity. Obviously, they will not necessarily be able to cover the entire cost of what they're requesting. Tim asked if they plan to award the whole amount or just partial amounts. He also asked how the provider would cover the rest of the project cost if they weren't awarded the full amount. Nicole stated her thought was that when they go to do this next time and make some tweaks to the process, to ask the providers how they would supplement the rest of the cost if they don't get awarded the full amount. Her worry is that if they get awarded partial funds and can't cover the rest, what will they do with that funding. Donald suggested when they go to do this next year, put a clause in there that states if the provider doesn't have the remaining amount, they have the option to rescind their request.

Upon further discussion the group unanimously decided to fund the parking lot for the Blanchester Senior Center and the bathroom accessibility for the New Vienna Community Center. Nicole asked that we put this topic back on the agenda for the next meeting so the group can fine tune the application process and set additional parameters. Ken advised that we would add it as well as reach out to all of the applicants to inform them of the Advisory Council's decision.

NEW BUSINESS

2023 Meeting Dates

Nicole reviewed the 2023 Meeting Dates. The Advisory Council agreed to the dates and times for 2023.

HEARING THE PUBLIC

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

ADJOURNMENT

With no further business to discuss, Nicole adjourned the meeting at 10:34 a.m.

NEXT MEETING

March 21, 2023



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

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 4, 2021), census decreased by -20 clients (from 399 to 419) or -4.8%.
- B. Compared to last quarter (Quarter 3, 2022), census had no change in clients (from 419 to 419) or 0%.

2. Fast Track Home

- A. Average length of stay has decreased by -16 days compared to Quarter 3, 2022 (from 54 to 38).
- B. New Enrollments increased from Q3, 2022 to Q4, 2022 (from 12 to 19).
- C. Total clients who transferred to ESP from FTH decreased from Quarter 3, 2022 (from 11 to 6).

3. Financials

- A. Total Levy Revenue: The amount needed to be drawn down from the levy is \$1.6 million through the fourth quarter, as compared to the budgeted amount of \$1.8 million. The variance is under budget by \$211,165 or 11.5%.
- B. Total Expenses: The expenses incurred through the fourth quarter is \$1.85 million as compared to \$1.97 million in the budget. The variance is under budget by \$125,827 or 6.4%.
- C. Purchase Services: The projected expenses were lower than budget by \$155,207 or 10.0% as compared to budget.

Quarter-End Census by Program

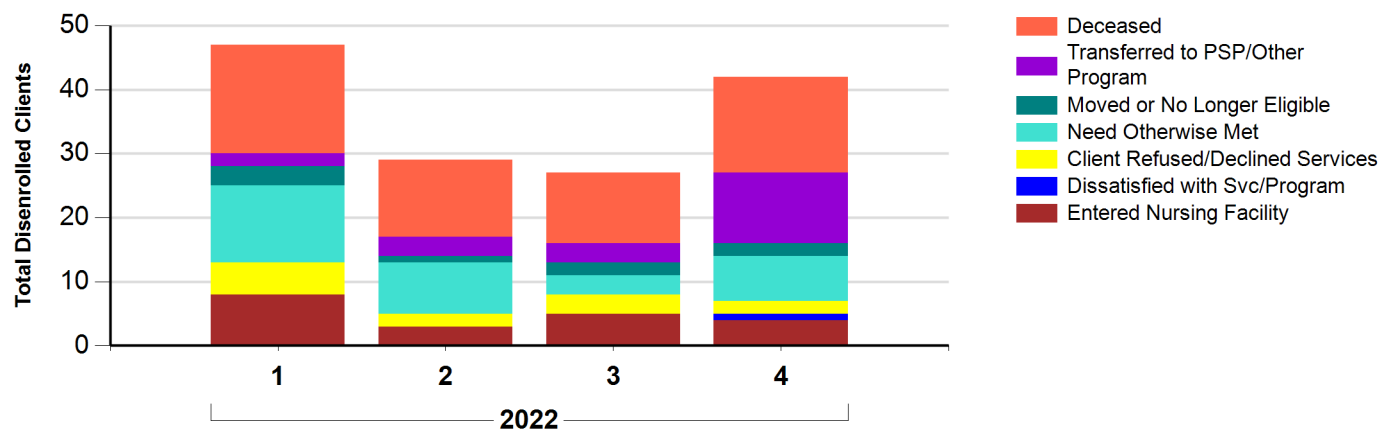
Year	2022			
Quarter	1	2	3	4
ESP	399	412	419	419
FTH	4	11	6	12
Medicaid Programs	132	175	136	146
Passport	14	12	13	15
Assisted Living	1	1	0	0
Molina	45	88	50	52
Aetna	72	74	73	79

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2022			
Quarter	1	2	3	4
Quarter-End Census	399	412	419	419
New Enrollments	45	43	34	46
Disenrollments	47	29	27	42

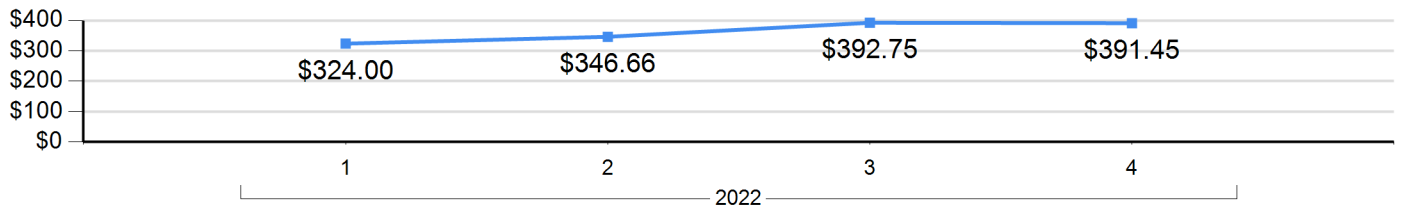
Disenrollment Outcomes

Year	2022			
Quarter	1	2	3	4
Deceased	17	12	11	15
Transferred to PSP/Other Program	2	3	3	11
Moved or No Longer Eligible	3	1	2	2
Need Otherwise Met	12	8	3	7
Client Refused/Declined Services	5	2	3	2
Dissatisfied with Svc/Program	0	0	0	1
Entered Nursing Facility	8	3	5	4
Total	47	29	27	42



Clinton 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	14	17	19	18
Electronic Monitoring	267	256	260	267
Home Care Assistance	245	248	255	237
Home Delivered Meals	107	133	140	147
Home Medical Equipment	15	16	34	22
Other Services	10	20	17	19
Transportation	10	7	7	7
All Services (Unduplicated)	404	407	424	421

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	1,889	1,752	2,463	1,569
Electronic Monitoring	823	802	831	824
Home Care Assistance	4,541	4,846	5,135	4,205
Home Delivered Meals	6,290	8,118	8,442	8,623
Home Medical Equipment	16	19	37	25
Other Services	11	22	20	21
Transportation	111	97	99	135

Dollars Paid by Service Group (Purchased Services)¹²

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	\$27,477	\$27,914	\$39,974	\$26,266
Electronic Monitoring	\$19,445	\$19,029	\$19,853	\$19,805
Home Care Assistance	\$145,136	\$151,197	\$168,898	\$139,511
Home Delivered Meals	\$61,528	\$79,527	\$125,600	\$132,772
Home Medical Equipment	\$6,128	\$7,163	\$8,854	\$9,603
Other Services	\$12,500	\$22,425	\$25,105	\$42,485
Transportation	\$10,120	\$11,240	\$15,390	\$19,165
All Services	\$282,334	\$318,494	\$403,674	\$389,607

Clinton County ESP FTH

Quarter 4, 2022 (Oct - Dec 2022)

FAST TRACK HOME CENSUS TRENDS

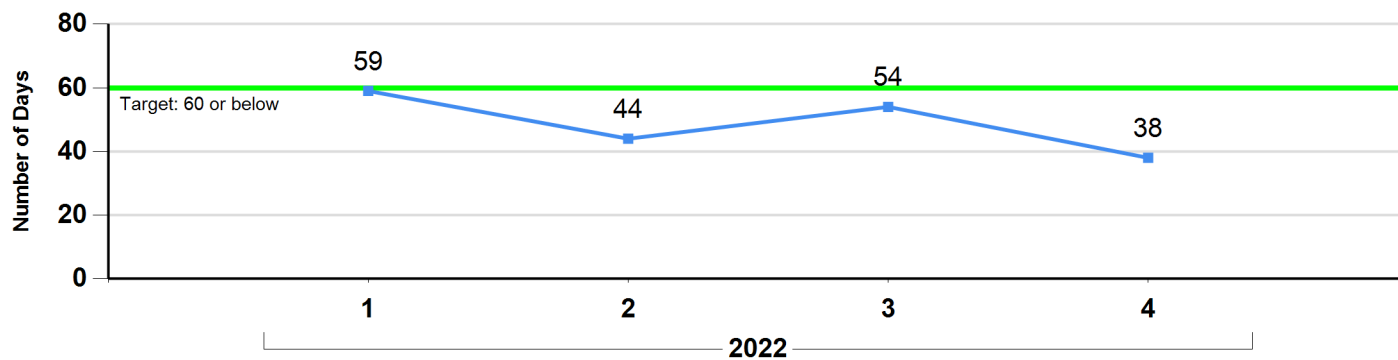
Total Clients Served, New Enrollments, Disenrollments

	2022			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	5	13	12	19
Disenrollments	6	5	17	14
Clients Transferred to ESP	5	1	11	6
	83.33%	20.00%	64.71%	42.86%

Enrollment by Setting

	2022			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Miami Valley Hospital	0	2	0	0
Spousal Meals	0	0	1	5
Clinton Memorial Hospital	3	3	2	7
The Christ Hospital	0	1	0	1
TriHealth Hospital Network	1	0	0	1
University of Cincinnati Hospital Network	0	1	0	0
Other Hospital	0	1	0	0
Skilled Nursing Facilities	1	2	7	3
Rehabilitation Facilities	0	0	1	1
Not Captured	0	1	1	1
Total	5	11	12	19

Average Length of Stay



Clinton 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	3	3	4	5
Home Care Assistance	1	0	3	5
Home Delivered Meals	0	2	8	12
Home Medical Equipment	1	2	4	4
Other Services	0	0	2	1
Transportation	0	0	1	1
All Services (Unduplicated)	5	5	15	17

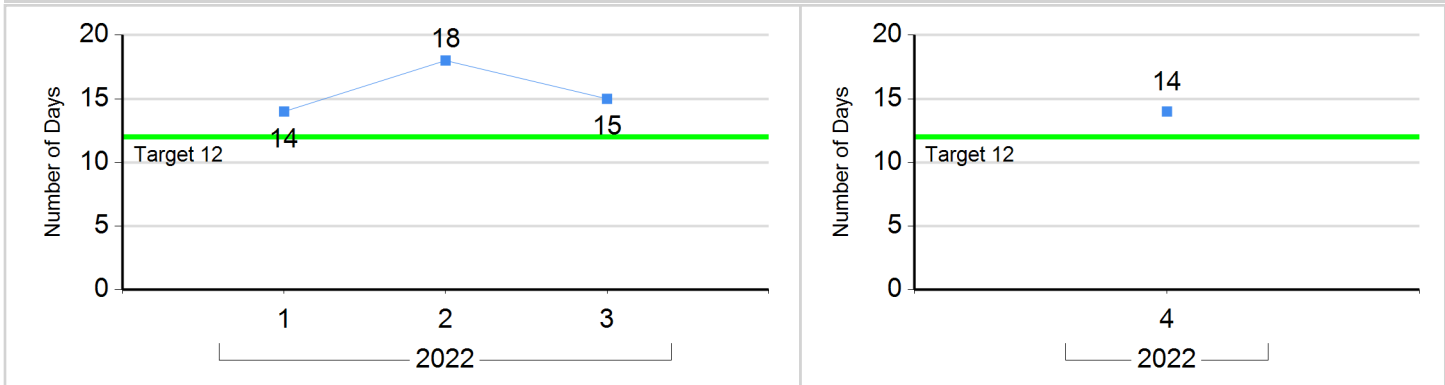
Units Billed by Service Group *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	5	4	6	11
Home Care Assistance	4	0	26	46
Home Delivered Meals	0	49	294	253
Home Medical Equipment	1	2	8	8
Other Services	0	0	2	1
Transportation	0	0	12	2

Dollars Paid by Service Group (Purchased Services)

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	\$100	\$100	\$150	\$176
Home Care Assistance	\$104	\$0	\$787	\$1,366
Home Delivered Meals	\$0	\$491	\$2,942	\$3,520
Home Medical Equipment	\$80	\$97	\$376	\$648
Other Services	\$0	\$0	\$850	\$585
Transportation	\$0	\$0	\$2,232	\$292
All Services	\$284	\$688	\$7,337	\$6,587

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	2	212	22	8%	86%	6%
2022	3	293	25	9%	86%	6%
2022	4	300	45	15%	79%	6%

Home Delivered Meals - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	89.46%	97.83%	94.47%	93.53%
Good Choice of Meals Available	60.00%	82.61%	85.71%	79.31%

Home Care Assistance - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	96.02%	96.59%	93.65%	93.97%
Aide is Dependable	98.41%	100.00%	94.12%	96.49%

Medical Transportation - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	100.00%	n/a	83.33%	100.00%
Service Returns Client Home Promptly	100.00%	n/a	100.00%	100.00%

¹ As of Q4 2022, Average number of days from Intake Call to the Enrollment Assessment data collection process been changed.

² As of Q1 2023, Number of Clients still waiting to be matched with a Provider has been reduced down to four clients.

ESP Cost Savings Analysis

Referrals

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Number of Members Assisted	26	17	6	11

Services Awarded

Year	2022	2022	2022	2022
Quarter	Q1	Q2	Q3	Q4
Emergency Response Service	7	4	2	5
Medical Transportation	3	2	4	4
Total	10	6	6	9

Annual Cost Savings

Year	2022
Total Cost Savings	\$24,199

Clinton 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	\$1,623,551	\$1,834,715	(\$211,165)	-11.5%
Federal & State Funding				
Title III B	\$1,068	15,000	(\$13,932)	-92.9%
Title III C2 - Home Delivered Meals	78,606	65,718	12,888	19.6%
Title III E - Caregiver Support	17,222	0	17,222	0.0%
Alzheimer's	-	805	(805)	-100.0%
Nutrition Services Incentive Program (NSIP)	36,967	15,708	21,259	135.3%
Senior Community Services (SCS)	12,371	10,000	2,371	23.7%
Other Federal (Title C2 Supplemental, Title III D, AARPA)	33,222	0	33,222	-100.0%
Client Contributions				
Client Donations	101	215	(114)	-53.0%
Co-Pays Received	44,118	30,891	13,227	42.8%
Total Revenue	\$1,847,225	\$1,973,052	(\$125,827)	-6.4%
Expenses				
Operating Expenses				
COA Administrative	\$116,803	\$124,760	\$7,957	6.4%
Intake & Assessment	3,301	2,759	(542)	-19.6%
FTH Case Management	45,184	56,776	11,592	20.4%
Case Management	287,828	239,441	(48,387)	-20.2%
Total Operational Expenses	\$453,116	\$423,736	(\$29,380)	6.9%
Purchased Services				
Homemaker-Hourly	\$542,259	\$685,876	\$143,617	20.9%
Personal Care -Hourly	60,358	130,814	70,456	53.9%
Respite-Hourly	7,088	19,045	11,958	62.8%
Home Medical Equipment	31,848	22,800	(9,048)	-39.7%
Emergency Response Systems	78,031	93,487	15,456	16.5%
Minor Home Modifications	97,790	36,401	(61,389)	-168.6%
Chore	4,725	18,055	13,330	73.8%
Home Delivered Meals	394,465	345,671	(48,794)	-14.1%
Adult Day Service	-	71,554	71,554	100.0%
Adult Day-Transportation	-	1,951	1,951	100.0%
Medical Transportation	55,915	3,245	(52,669)	-1622.9%
Consumer Directed Care	121,632	120,416	(1,215)	-1.0%
Gross Purchased Services	\$1,394,109	\$1,549,316	\$155,207	10.0%
Gross Program Expenses	\$1,847,225	\$1,973,052	\$125,827	6.4%
Client Census	431	456	25	5.5%
Cost of Services per Client	\$281.81	\$273.60	(\$8.21)	-3.0%

1. Census Trends

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

2. Service Trends

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

3. FTH Census Trends

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

4. FTH Service Trends

- A. Other Services includes Pest Control.

5. Unit of Measure Descriptions by Service

- A. Adult Day - Number of Days
B. Consumer Directed Care - Number of Hours
C. Electronic Monitoring - Number of Months
D. Home Care - Number of Hours
E. Home Delivered Meals - Number of Meals
F. Medical Transportation - Number of Trips

6. **N/A:** This is displayed on a case-by-case basis, but is most frequently related to a rate or unit change. The metric should display data in subsequent quarters after the change has taken effect.

Clinton County Program Update Report March 2023

Homemaking/Personal Care/Respite is now Home Care Assistance (HCA)

American Maid is a new provider in Clinton County. They have hired additional staff and are actively accepting referrals and serving clients for HCA in Clinton County.

CareStar Home Care is another new provider in Clinton County. They have started to pick up referrals for HCA.

We have started the precertification process for Visiting Angels. They will serve in Clinton County for HCA.

Currently, we have 6 active providers in the county, and we have zero clients waiting to receive FTH HCA services and zero clients waiting for traditional HCA services.

Home Medical Equipment (HME)

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

Adult Day Services (ADS)

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.

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.

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 AAAs in Ohio to gain their interest and feedback with this advocacy initiative.

Grocery Delivery Service

Central Connections is contracted for grocery delivery service in Clinton 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.

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.

Clinton County Elderly Services Program 2022 Structural Compliance Review Results							
Clinton 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?
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
Bayley Adult Day Program	Annual	10/04/2022	Adult Day Services	N/A	N/A	N/A	N/A
Clinton County Community Action Program	Annual	9/15/2022	Home Delivered Meals, Homemaker, Transportation	N/A	N/A	N/A	N/A
First Community Health Care Services LLC (FCHS, LLC)	Annual	6/21/2022	Homemaker, Personal Care, Respite	N/A	N/A	N/A	N/A
Gabriel's Angels	Annual	8/26/2022	Homemaker	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
Katy's Home Health Care	Annual	8/26/2022	Homemaker	N/A	N/A	N/A	N/A
Oxford Seniors Community Adult Day Service	Annual	12/20/2022	Adult Day Services, ADS Transportation	N/A	N/A	N/A	N/A
People Working Cooperatively	Biennial	5/27/2022	Minor Home Modification	N/A	N/A	N/A	N/A

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

CLINTON COUNTY ESP STRUCTURAL COMPLIANCE REVIEW (SCR) SCHEDULE 2023

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

Clinton County ESP Providers	Review Type	Review Tentative Date
Active Day of Cincinnati	Annual	Dec. 2023
American Maid	Annual	Dec. 2023
Bayley Adult Day	Annual	Sept. 2023
Clinton County Community Action Program	Annual	Aug. 2023
First Community Health Care Services LLC (FCHS, LLC)	Annual	Feb. 2023
Gabriel's Angels	Annual	July. 2023
Home Care by Black Stone	Annual	April. 2023
Home First	Annual	Dec. 2023
Katy's Home Health Care	Annual	July. 2023
Oxford Seniors Community Adult Day Service	Annual	April. 2023
People Working Cooperatively	Annual	May. 2023

2023 Draft Request for Proposal (RFP) 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 at the end of Quarter One
- 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?

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

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 Objective.....	3
2.0 Unit of Service.....	3
3.0 Menu Planning.....	4
4.0 Alternative Meals.....	5
5.0 Bulk Meals	6
6.0 Food Sanitation and Safety	7
7.0 Meal Delivery	8
8.0 Emergency Procedures	10
9.0 Provider Requirements	11
10.0 Provider Training.....	11
11.0 Provider Quality Improvement.....	12

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 $\frac{3}{4}$ " or smaller);~~
- ~~(ii) — ground (all foods placed in food grinder and made to $\frac{1}{4}$ " 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 ($\frac{1}{3}$) 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

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 Objective & Client Eligibility	1
2.0 Units of Service	2
3.0 Service Requirements	2
4.0 Facility Requirements	4
5.0 Nutrition Requirements <u>for Lunch and Snacks</u>	4
6.0 Staffing Requirements	5
7.0 Client Service Management	6
8.0 Personnel Qualifications	7
9.0 Direct Care Staff Training	9

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

TABLE OF CONTENTS

<u>SECTION TITLE</u>	<u>SECTION</u>	<u>PAGE</u>
Objective	1.0	1
Unit of Service.....	2.0	1
Provider Requirements.....	3.0	1
Training	4.0	3
Driver Requirements	5.0	4
<i>Appendix A</i>		5
<i>Appendix B</i>		8
<i>Appendix C</i>		9

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*

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

Service	Cost per	
	Unit	Unit
Adult Day Service - Transportation	N/A	One Way Trip
Adult Day Service - (Enhanced)	N/A	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)	15.94	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Home Care Assistance	9.06	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 1/1/2023

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>

Clinton County Elderly Services Program
2023
CONFLICT OF INTEREST POLICY

INTRODUCTION

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

DEFINITIONS

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

STANDARDS

Clinton County Elderly Services Advisory Council Members shall:

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

Refrain from using or authorizing the use of the authority of their positions to secure anything of value or the promise or offer of anything of value that manifests a substantial and improper influence upon them with respect to their duties. No board or council member may either solicit or accept gratuities, favors, or anything of monetary value from grant recipients, potential grant recipients, contractors, potential contractors, or parties to sub-agreements.

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

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

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

In addition:

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

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

EXCEPTIONS

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

Form I

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

FORM I

CONFLICT OF INTEREST DISCLOSURE STATEMENT

(For reporting by the Clinton County Elderly Services Advisory Council)

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

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

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

Date

Signature

Printed Name

(*) A conflict of interest exists if:

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



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 _____