

AGENDA

WCESP Advisory Council Meeting

May 3, 2023, at 9:30 am – 11:00 am

406 Justice Drive, Lebanon OH 45036 – Room 124

<https://councilonaging.webex.com/join/mtid-m3a9d199c1ba513bd43cdf37180d19c9>

Meeting number: 2341 699 5812

Password: MJscd5Wq2P3 (65723597 from video systems)

Join by phone

1-844-621-3956 United States Toll Free

+1-415-655-0001 US Toll

Access code: 234 169 95812

CALL TO ORDER / WELCOME	Dave Gully
APPROVAL OF MINUTES ❖ December 14, 2022, Minutes (Action Needed)	Dave Gully
QUARTERLY REPORTS ❖ Adult Protective Services ❖ Program Dashboard & Financial Report ❖ Program Update Report - Providers with Capacity Problems - 2022 Summary Report on Provider Monitoring Reviews - AddnAide Update	Kimberly Frick Ken Wilson & Ronnie Spears Lisa Portune Kate Laubenthal
OLD BUSINESS	Dave Gully
NEW BUSINESS ❖ Service Specification Changes (Action Needed) - Home Delivered Meals - Adult Day Services ❖ State Budget Update - Healthy Aging Grants - PACE Expansion - Rate Increases ❖ Updated Sliding Fee Scale ❖ Public Meeting Requirements ❖ Conflict of Interest / Confidentiality Forms	Lisa Portune Suzanne Burke Ronnie Spears Ken Wilson Dave Gully
HEARING THE PUBLIC	Dave Gully
ADJOURNMENT	Dave Gully

NEXT MEETING

June 14, 2023

MINUTES
WCESP ADVISORY COUNCIL MEETING
WEDNESDAY, DECEMBER 14, 2022 @ 9:30 A.M.

ATTENDANCE

<i>Members Present:</i>	<i>COA Staff:</i>	<i>Guests:</i>
Dave Gully Jerome Harrod Don Juszcyk John Lazares Matt Nolan Tiffany Zindel	Kate Laubenthal Carl McCullough Lisa Portune Stephanie Seyfried Ronnie Spears Ken Wilson	Annie Droege, WCCS Katie Evans, WCCS Kim Frick, APS Konnie Hansen, WCCS
<i>Excused:</i>	<i>Facilitator:</i>	<i>Scribe:</i>
	Dave Gully	Heather Junker
<i>Absent:</i>		

CALL TO ORDER

The December 14, 2022, meeting of the WCESP Advisory Council was called to order by Dave Gully at 9:33 a.m.

APPROVAL OF MINUTES

Dave Gully asked for approval of the minutes from the October 19, 2022, meeting of the WCESP Advisory Council.

Motion: Tiffany Zindel made a motion to approve the minutes as presented.

Second: Jerry Harrod seconded the motion.

Action: The October 19, 2022, minutes were unanimously approved as presented.

QUARTERLY REPORTS

Adult Protective Services

Kim Frick gave a brief update on Adult Protective Services. In September, they had 42 new referrals and investigated 22, in October 32 new referrals and investigated 22, in November 36 new referrals and investigated 26, and in December they've had 20 new referrals so far and are investigating a good portion of them. Many of the referrals coming through are for self-neglect including no water, heat, or money to pay for those things. They are also seeing a lot of mental health clients who will not leave their home for services. Unfortunately, they are unable to find anyone to go out to the home to help them. They were working with Butler Health Behavioral who stated they would go out to the homes, but APS hasn't had any luck with that happening.

Recently, APS has had three homeless families- two of which are veterans. One of those are living in a van and the other two are staying in hotels. The VA is stating they no longer help the two veterans. APS

did reach out to Family Promise who is doing all they can, but they are tight on funds. Dave asked if Warren County Veteran Services could help them. Kim explained they reached out to them, and they stated they were no longer helping them. One of the individuals will not take what he is offered and the other is staying in a hotel in Warren County but is not an actual resident of Warren County.

The last concern APS has had recently is around guardianship. They have had many families wanting to get guardianship, but they cannot afford the guardianship bill which is over \$265 plus a background check. Don asked what the \$265 is for. Kim explained that it's the filing fee with the probate court. Ken asked for more information on why Butler Behavioral Health won't go out to see the two clients. Kim explained that Butler Behavioral Health is stating that the initial assessment must be done in person. Stephanie asked if either of those individuals have services through ESP. Kim stated that one of them is with ESP and the other had started the services but stopped due to his paranoia.

Dave asked Kim how she was doing. Kim stated that they are good although extremely overwhelmed at APS. Dave then asked if they had enough resources to do their jobs. Kim stated they do aside from the mental health cases and the clients who don't have money for their heat or water (which they are working on resources for those individuals). Their main issue is not having resources for the mental health clients. Ken asked Kim to send him contact information and he will follow up with Butler Behavioral Health and see why they can't do an in home assessment. Kim advised she would do that.

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard (please see handout for full details). Ken noted that there are fewer people going into Nursing Facilities mostly due to visitor restrictions and staffing shortages.

There is a pattern of an increase in usage of Consumer Directed Care and a decrease in usage of home care assistance. Tiffany asked if that was the same in Butler and Hamilton County. Ken advised it was similar. We're seeing the most growth in Consumer Directed Care in Hamilton and Warren County where AddnAide has rolled out. Ken expects CDC will continue to grow over the year. Dave asked if that was a good thing. Ken stated the home care staffing shortage is not a good thing but the fact that we're filling some of that gap with growth in CDC is good. Don asked how someone becomes eligible for these services. Ken explained for someone to be eligible, they must be a resident of Warren County, meet the age criteria, and disability requirements of at least two impairments in daily living activities.

Ronnie reviewed the Financial Report. Don asked what pest control was. Ronnie advised that was for extermination services. Matt asked if the levy is paying for the increase in the home delivered meals or do the clients have to pay that. Ken explained that we collect donations for that. The clients do not have to pay for home delivered meals thru the copayment process. For other services, like home care assistance, if the client has a co-pay, we do bill the client for that. Don asked what the cost per meal was. Ken advised it's gone up a lot, but he doesn't have the exact cost in front of him. After some discussion, the rates are currently around \$10 per meal.

Provider Quality Report

Lisa reviewed the Provider Quality Report (please see handout for full details). Tiffany asked to confirm that we've historically had issues with the satisfaction scores in home care assistance. Ken advised that it was. Lisa added that the aide shortage is not helping in any way. Dave asked how we monitor the quality of care with Consumer Directed Care. Ken explained that most of those aides only provide

service to one person. The care manager asks how everything is going during the annual visit. We don't have that at a high level, but Ken thinks that's something we should look at given the fact that this service category is growing.

Program Update Report

Ken gave an overview of the Program Update Report including the draft 2023 RFP Plan and Bidding Criteria as well as the draft 2023 Schedule of Provider Monitoring Reviews (please see handout in packet for full details). Ken did make note with Electronic Monitoring Systems that Guardian Medical Monitoring was bought out by VRI. VRI is actually based here in Warren County. He thinks the level of service will improve as VRI has more medical expertise.

Kate gave an update on AddnAide. The project was launched back in July. We've learned a lot since then and have been working quickly to adjust accordingly. There are two big learnings we've been working to integrate over the past few weeks and are almost at a relaunch point. One of the big things we've integrated has been a robust in-home support system which is designed for the client. This includes individuals helping the client get comfortable with the technology.

The second thing we're hearing from potential clients and family members is changing the way we structured our background check process. In our traditional ESP process, it relied on clients knowing friends and family to provide the care. They were pretty familiar with them, but we still had them go through a background check. This happened after the paperwork was completed. What we're finding now is that clients are preferring the background check happens first. That is what we are now moving to. A communication was sent to the aides a couple of weeks ago, as well as clients, that before an aide can match with a client, they must have a background check completed. We've given them 30 days to get that done. We'll be relaunching our marketing campaign to attract more aides to the app starting after the new year.

Kim asked if the app was called AddnAide, which Kate advised it was. Kim then asked if they could let clients know about it now or if it was only for those in ESP. Kate explained that the clients need to be currently enrolled in ESP and speak with their care manager to ensure they are a good fit as the client would be the employer. Kim also asked who's helping with the app in the home. Kate advised it's a pool of people separate from the care manager. We have one full time person, one part time person, and a few volunteers who are completing those in home visits.

Stephanie gave a quick update on the Laundry Delivery Service. We are currently working with two companies: Queen City Laundry and Happy Nest. Each one is a little bit different in regard to the area and zip codes that they serve. There are 14 Warren County clients enrolled as of yesterday. A total of \$1,294.84 was spent in November on the service. Most clients get the service weekly, and some are bi-weekly. Don asked if that includes bedding, clothing, and towels. Stephanie advised it includes everything. Kim asked that for the clients who can't get up and get their clothes together if anyone can help them get their stuff ready. Stephanie explained that the companies will not assist with that as they have to have their stuff ready and set outside the home. Don asked how someone qualifies for the service. Stephanie advised we are currently looking at those on the ESP home care assistance waiting list who has a laundry need. Don asked who the client needs to contact to get that service. Stephanie explained that the care manager identifies the individuals. There are two separate processes from there. With Happy Nest, either the client or COA can set up their online account. With Queen City

Laundry, we're working on a template to streamline all of the information. That template goes over to Queen City, and they manage that process for us. Jerry asked if the cost for the service would be increasing next year. Stephanie stated that no one has said they would be increasing prices, but she will ask to make sure.

Five-Year Levy Projections

Ken gave an overview of the Five-Year Levy Projections (please see handout for full details). This looks at the big picture of the levy from 2022 through 2026. The beginning fund balance was \$11.9 million. Ken noted that we didn't collect levy revenue this year to drop the fund balance down. Collections will begin again in 2023. The assumed collection amount of \$8.1 million is based on 2021 which is the last time we did the collections. Based on history, that's probably understated because of the new construction and growth in Warren County. The projected fund balance at the end of 2026 is \$4.7 million. There are a number of factors that we're going to have to watch: what happens with inflation, and what happens with the cost of labor. We have an assumption here that the home delivered meal rates are going to drop in 2024 and that is looking more unlikely. This is a very healthy projection, and we aren't projecting a waiting list.

OLD BUSINESS

Friendly Visitors Program Update

Katie Evans with Warren County Community Services gave an update on the Friendly Visitors Program. This is a volunteer based program that provides companion care for socially isolated older adults. The volunteers for this program are ages 18 and older and meet with the seniors in their homes. The goal is to improve the quality of life by reducing social isolation.

This program started back in June. By the end of 2022, there will be 11 trained volunteers, and 9 seniors that are matched. Outreach efforts have taken place both in and out of Warren County to obtain volunteers. Katie has gone to various places such as Mason Kiwanis Club, Franklin Chamber of Commerce, UC Blue Ash, and Sinclair Community College. She asked if anyone had any recommendations of other places to do outreach to please let her know.

There have been a couple of barriers- mostly finding volunteers. To combat that issue, Katie took the idea of what Friendly Visitor is and expanded upon it to include individuals under the age of 18 as well as connecting residents in senior housing buildings. She has started coffee meetings with residents in their senior housing buildings. She is also talking with some high schools in hopes to do monthly or bi-monthly events that high school students can run such as movie nights and craft nights.

Annie added that volunteerism is at a downturn and Katie has done a great job by being flexible and adaptable to what's going on. Annie also stated that all the outreach Katie did in the first couple of months just to get her name and the program out there is starting to reap the benefits. They've doubled their numbers in just the last month and a half. Don asked how long the training period was for. Katie explained that it's scheduled based on when the volunteers are available. She has also created an online version of the training for those that can't come in person. Don asked how long the training itself takes. Katie advised it only takes a total of 2 ½ to 3 hours in total. Jerry suggested reaching out to churches for more volunteers. Konnie asked how many are on the waitlist right now as she knows ESP has done

several referrals. Katie stated she currently has four people on the waitlist that are in areas of Warren County where she hasn't had volunteers from that area sign up yet.

NEW BUSINESS

Maximum Reimbursement Rates

Ronnie presented the Maximum Reimbursement Rates (please see handout for full details). He made note that the Consumer Directed Care rate changed effective November 1st. The Home Delivered Meal and Home Care Assistance rate changes went into effect October 1st.

2023 Meeting Dates

The 2023 meeting dates were presented. Dave advised he would not be available for the March 1st meeting. Ken stated we would look to schedule it later in March.

HEARING THE PUBLIC

There were no individuals present from the public who wished to speak.

ADJOURNMENT

With no further business to discuss, Dave adjourned the meeting at 10:32 a.m.

NEXT MEETING

March 1, 2023



**Warren 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 increased by 47 clients (from 1,815 to 1,862) or 2.59%.
- B. Compared to last Quarter (Quarter 3, 2022), census decreased by -3 clients (from 1,865 to 1,862) or -0.16%.

2. Fast Track Home Census Trends

- A. Average length of stay decreased -3 days to 50 days compared to Quarter 3, 2022 (from 53 to 50).
- B. New Enrollments increased from Quarter 3, 2022 to Quarter 4, 2022 (from 28 to 41).
- C. Total clients who transferred into ESP from FTH decreased by -4 from Quarter 3, 2022 (from 16 to 12).

3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$6.9 million through the fourth quarter, as compared to the budgeted amount of \$7.1 million. The variance is under budget by \$200,421 or 2.8%.
- B. Total Expenses: The expenses incurred through the fourth quarter is \$7.8 million as compared to \$7.7 million in the budget. The variance is over budget by \$135,831 or 1.8%.
- C. Purchase Services: The expenses for in home services were lower by \$339,902 or 6.5% as compared to budget.

Special Note:

Q4 2022, there was a onetime sharp increase in cost for Consumer Directed Care services as a direct result from late provider billing.

Quarter-End Census by Program

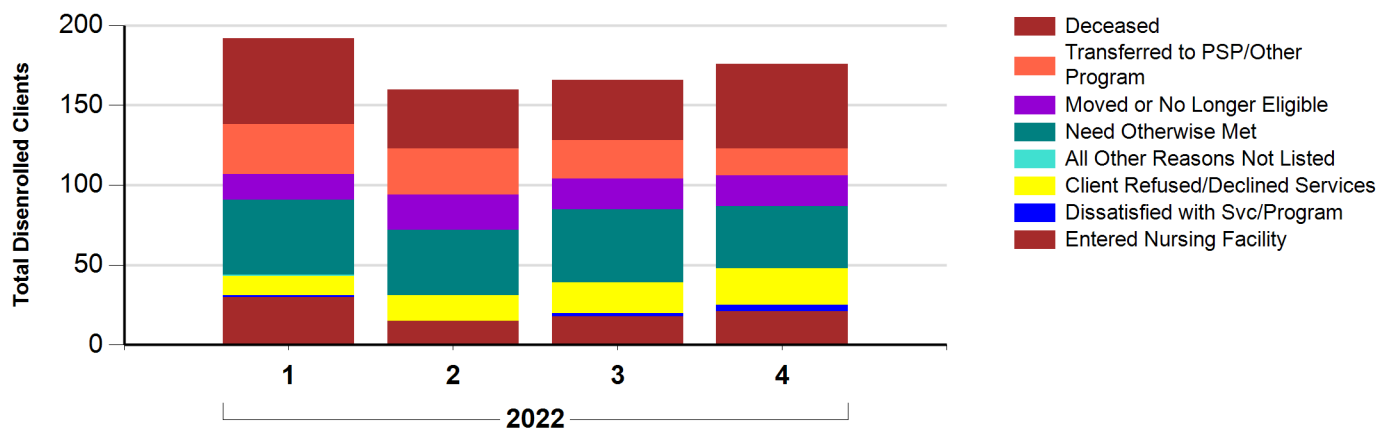
Year	2022			
Quarter	1	2	3	4
ESP	1,816	1,838	1,865	1,862
FTH	17	23	18	25
Medicaid Programs	426	434	418	446
Passport	54	47	50	54
Assisted Living	44	53	42	45
Molina	114	116	118	150
Aetna	214	218	208	197

Quarter-End Census, New Enrollments, and Disenrollments¹

Year	2022			
Quarter	1	2	3	4
Quarter-End Census	1,816	1,838	1,865	1,862
New Enrollments	180	180	191	175
Disenrollments	192	160	166	176

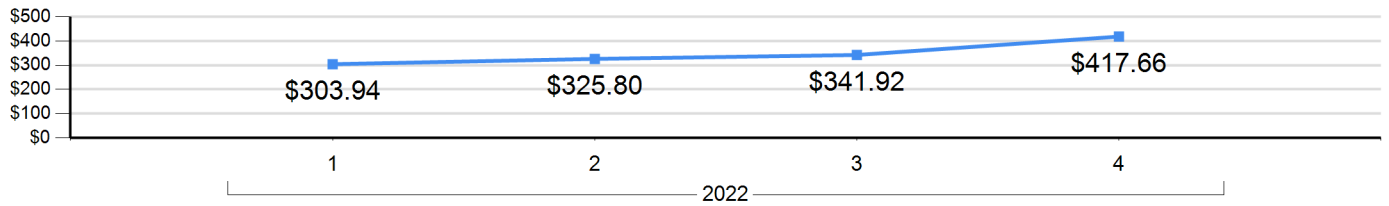
Disenrollment Outcomes

Year	2022			
Quarter	1	2	3	4
Deceased	54	37	38	53
Transferred to PSP/Other Program	31	29	24	17
Moved or No Longer Eligible	16	22	19	19
Need Otherwise Met	47	41	46	39
All Other Reasons Not Listed	1	0	0	0
Client Refused/Declined Services	12	16	19	23
Dissatisfied with Svc/Program	1	0	2	4
Entered Nursing Facility	30	15	18	21
Total	192	160	166	176



Warren 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	65	58	95	120
Electronic Monitoring	1,081	1,040	1,032	1,031
Home Care Assistance	614	607	562	499
Home Delivered Meals	936	964	1,015	1,009
Home Medical Equipment	19	17	105	36
Laundry Service	0	0	2	10
Other Services	77	92	84	111
Transportation	129	140	141	136
All Services (Unduplicated)	2,001	2,001	2,035	2,045

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	5,126	4,523	6,469	7,097
Electronic Monitoring	3,327	3,191	3,262	3,228
Home Care Assistance	15,037	16,169	13,222	13,194
Home Delivered Meals	58,681	61,043	62,421	64,377
Home Medical Equipment	23	23	116	47
Laundry Service	0	0	2	33
Other Services	136	222	178	537
Transportation	1,294	1,266	1,375	1,183

Dollars Paid by Service Group (Purchased Services)¹²

Year	2022			
Quarter	1	2	3	4
Consumer Directed Care	\$69,094	\$70,658	\$133,688	\$386,453
Electronic Monitoring	\$41,878	\$80,253	\$61,629	\$61,320
Home Care Assistance	\$394,660	\$437,020	\$353,128	\$377,332
Home Delivered Meals	\$458,892	\$535,778	\$663,341	\$756,350
Laundry Service	\$0	\$0	\$0	\$1,984
Other Services	\$78,446	\$91,851	\$66,776	\$114,731
Transportation	\$75,303	\$76,019	\$88,131	\$81,590
All Services	\$1,118,273	\$1,291,579	\$1,366,694	\$1,779,757

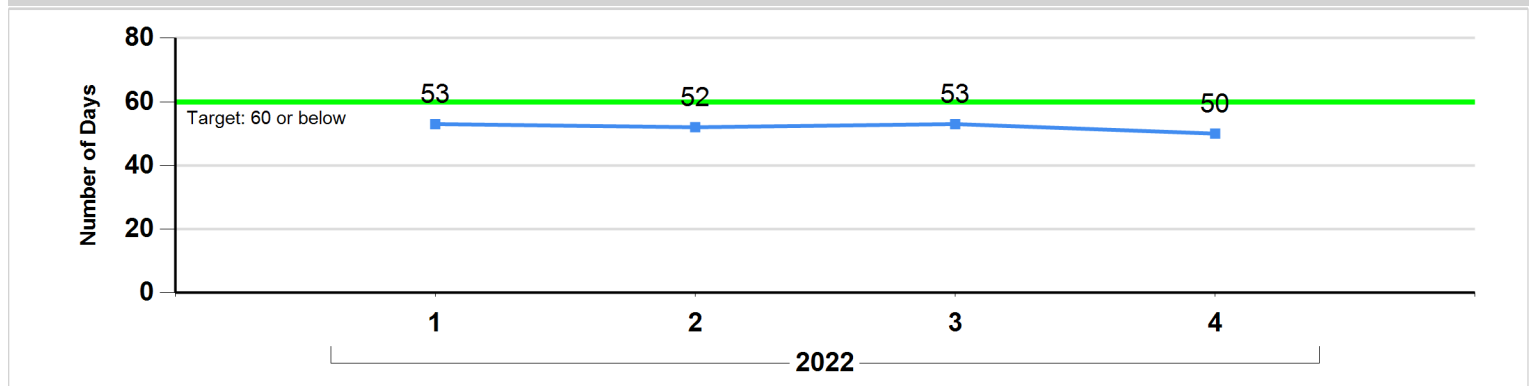
Total Clients Served, New Enrollments, Disenrollments

	2022			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New Enrollments	28	47	28	41
Disenrollments	30	40	34	33
Clients Transferred to ESP	13	20	16	12
	43.33%	50.00%	47.06%	36.36%

Enrollment by Setting

	2022			
Enrollment Setting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Miami Valley Hospital	0	1	2	1
Drake Rehab	0	0	1	0
Community	1	0	1	1
Clinton Memorial Hospital	0	1	0	0
Premier Health Atrium	1	1	4	1
The Christ Hospital	0	0	0	1
TriHealth Hospital Network	3	14	2	2
University of Cincinnati Hospital Network	2	2	3	2
Other Hospital	1	0	1	1
Skilled Nursing Facilities	8	11	5	17
Rehabilitation Facilities	4	7	5	6
Not Captured	8	10	4	9
Total	28	47	28	41

Average Length of Stay



Warren 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	9	21	15	10
Home Care Assistance	2	7	2	8
Home Delivered Meals	25	38	29	33
Home Medical Equipment	11	15	7	9
Home Modification	11	5	2	4
Transportation	4	3	0	2
All Services (Unduplicated)	34	56	38	43

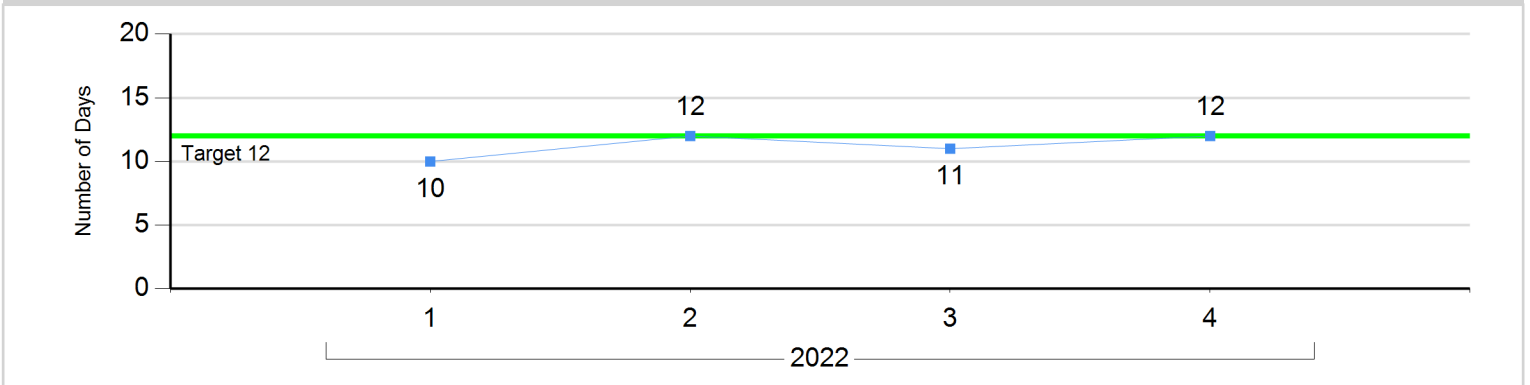
Units Billed by Service Group *Reference: Please see page 9 for unit of measure descriptions by service.*

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	16	40	21	13
Home Care Assistance	14	91	4	66
Home Delivered Meals	672	1,297	810	927
Home Medical Equipment	20	27	10	14
Home Modification	11	5	2	5
Transportation	10	12	0	6

Dollars Paid by Service Group (Purchased Services)

Year	2022			
Quarter	1	2	3	4
Electronic Monitoring	\$336	\$1,142	\$452	\$307
Home Care Assistance	\$326	\$2,219	\$98	\$1,830
Home Delivered Meals	\$5,201	\$10,077	\$6,330	\$9,974
Home Medical Equipment	\$3,511	\$1,929	\$747	\$1,202
Home Modification	\$4,625	\$2,100	\$800	\$3,170
Transportation	\$580	\$712	\$0	\$484
All Services	\$14,579	\$18,178	\$8,427	\$16,966

Average Number of Days from Intake Call to the Enrollment Assessment



Home Care Provider Network Referrals and Capacity

Year	Quarter	#Clients in Need of HCA & CDC	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	% of Clts Receiving Traditional HCA	% of Clts Receiving CDC
2022	1	937	258	28%	66%	7%
2022	2	942	277	29%	64%	6%
2022	3	954	305	32%	59%	9%
2022	4	939	320	34%	53%	13%

Home Delivered Meals - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	98.77%	98.79%	98.68%	98.13%
Good Choice of Meals Available	97.47%	97.07%	96.54%	95.03%

Medical Transportation - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	96.12%	95.59%	98.37%	97.95%
Service Returns Client Home Promptly	95.00%	93.22%	96.51%	97.35%

Home Care Assistance - Client Satisfaction Survey Results

Year	2022			
Quarter	1	2	3	4
Overall Satisfaction	92.38%	90.78%	90.68%	88.59%
Aide is Dependable	89.36%	90.37%	90.05%	89.27%

Warren County ESP

Quarter 4, 2022 (October - December 2022)

FINANCIALS: Based on Actual Revenue & Expenses as of December 31, 2022¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$6,939,681	\$7,140,101	(\$200,421)	-2.8%
Federal Funding				
Title III C2 - Home Delivered Meals	294,508	46,150	248,358	538.2%
Title III E - Caregiver Support	64,583	109,941	(45,358)	-41.3%
Nutrition Services Incentive Program (NSIP)	194,943	196,967	(2,024)	-1.0%
Other Federal (Title C2 Supplemental, D and ARPA)	128,813	0	128,813	0.0%
State Funding				
Alzheimer's	0	2,927	(2,927)	-100.0%
Senior Community Services	24,095	36,166	(12,071)	-33.4%
Interest				
Earned	1,510	250	1,260	504.2%
Client Contributions				
Client Donations	24,988	23,018	1,970	8.6%
Co-Pays Received	120,021	101,792	18,229	17.9%
Total Revenue	\$7,793,143	\$7,657,312	\$135,831	1.8%
Expenses				
Operating Expenses				
COA Administrative	\$475,638	\$467,348	(\$8,290)	-1.8%
Intake & Assessment	92,946	96,021	3,075	3.2%
Case Management	1,573,589	1,441,169	(132,420)	-9.2%
FastTrack Home Pilot Program	94,667	436,374	341,707	78.3%
Total Operational Expenses	\$2,236,840	\$2,440,912	\$204,072	8.4%
Purchased Services				
Home Care Services	\$1,564,123	\$2,149,947	\$585,824	27.2%
Independent Living	32,641	49,480	16,839	34.0%
Electronic Monitoring	245,080	257,929	12,850	5.0%
Minor Home Modifications	240,820	139,124	(101,696)	-73.1%
Major Housecleaning	11,337	4,419	(6,918)	-156.6%
Pest Control	10,465	4,079	(6,386)	-156.6%
Home Medical Equipment	39,732	70,722	30,990	43.8%
Home Delivered Meals	2,414,361	2,003,373	(410,987)	-20.5%
Adult Day Service	11,726	4,481	(7,245)	-161.7%
Adult Day Transportation	5,083	13,466	8,383	62.3%
Medical Transportation	321,043	293,096	(27,947)	-9.5%
Consumer Directed Care	659,893	226,284	(433,609)	-191.6%
Gross Purchased Services	\$5,556,303	\$5,216,400	(\$339,902)	-6.5%
Gross Program Expenses	\$7,793,143	\$7,657,312	(\$135,831)	-1.8%
Client Census	1,862*	1,715	(147)	8.6%
Cost of Services per Client	236.18	233.76	(2.42)	-1.0%

*Actual year-end census.

1. Census Trends

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

2. Service Trends

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

3. FTH Census Trends

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

4. FTH Service Trends

- A. Other Services includes Pest Control.

5. Unit of Measure Descriptions by Service

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

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

Warren County Program Update Report May 2023

Home Care Assistance (HCA)

Homecare providers continue to pursue hiring staff for Home Care Assistance. Currently, we have 11 active providers.

American Maid is now contracted to serve in both zones for HCA.

We will be hosting an HCA provider meeting on May 5th. We have reached out to the providers to gather feedback on what is working well and what is not providing value add for HCA service. We will utilize this information as a basis for discussion during the meeting and possible improvements to the HCA service.

Adult Day and Senior Center Operations

741 Senior Center and 4 Congregate meal sites are open and providing meals M-F. Staffing challenges continue but have decreased. Alternate meal options are offered when a site is unable to service in-person meals.

A Request for Applications (RFA) was published in February. The RFA gave current Adult Day Service (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 Adult Day Service RFP. Applications were due March 10, 2023, with preliminarily award notification during the week of 4/17. All awards over \$5000 need to also be approved through ODA and COA's Advisory board. We are not expecting any concern over the awards as they support the modernization of the ADS program.

Independent Living Assistance (ILA)

Warming Hearts Home Care - We had previously placed Warming Hearts on hold for new referrals. Their ILA contract was terminated as of 4/12/23.

Home Medical Equipment (HME)

We have contracted with Homecare Mobility Homecare Mattress and Tri-State Maintenance to provide ramps for HME in Warren County to help meet the need for these services.

Home Modifications and Repair

We have contracted with Homecare Mobility Homecare Mattress to provide stair lifts for Home Modifications in Warren County.

Transportation

No changes from previous report.

Laundry Service Application 001-23

April 3, 2023 - COA has issued an application for laundry services. The application is located on the COA website.

The Laundry Delivery service allows a client to achieve independence by supporting them with the instrumental activities of daily living (IADL) with laundry as identified by care manager and authorized as a service in the client's care plan. Laundry is picked up at client's home, laundered, and delivered to the client's residence. Service delivery is individualized based on individualized need.

We will continue to accept applications until a sufficient number of responses has been received and approved.

Senior Farmers Market Nutrition Program for 2023

We are working to restructure how Senior Farmers Market applications are received and processed; including how coupons are distributed, for efficiency to improve the experience for the participants. 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 (HDM) and Congregate Meal Programs

COA worked with the Livewell Collaborative in 2022 to develop a roadmap for modernizing our congregate and home delivered meal programs. Since wrapping up the project with the Livewell Collaborative, COA has hosted the following meetings:

- September 30th and October 13th – Held meetings for meals providers to discuss the future of the HDM and congregate meal programs.
- November 2nd – Held a Meals and More Summit with our current HDM and congregate meal providers along with potential external partners from the community to gain a unique perspective and create networking opportunities.

- December 21st - First focus group to discuss topics of interest identified at the Summit. The focus groups' intention is to discuss each topic to identify barriers, pain points, and innovative techniques to help modernize the program. The topic discussed at this meeting was meal options.

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 are due March 10, 2023, and estimated award date is by April 30, 2023.

Updates to Home Delivered Meal Service Specification includes a change in responsibility in obtaining a prescription for a therapeutic diet from provider to 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 MOW of SW OH & N KY have been working with our government relations staff to discuss current therapeutic prescription requirements and the 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.

Grocery Delivery Service

Central Connections and Warren County Community Services are currently contracted for grocery delivery service in Warren County using ARPA funds. 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.
- Warren County Community Services has begun providing this service to older adults. They identified an increasing need for, and interest in, this service and anticipate it growing very quickly. Currently most seniors are not requesting help with putting groceries away. They have mentioned a barrier of clients not wanting to participate in the service since they are unable to use their SNAP/EBT benefits.

Electronic Monitoring Systems

No changes from previous report.

Warren County Elderly Services Program 2022 Structural Compliance Review Results

Warren 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?
Prime Home Care LLC	Annual	3/15/2022	Home Care Assistance	N/A	N/A	N/A	Yes
Ken Bryan	Biennial	4/22/2022	Minor Home	N/A	N/A	N/A	N/A
Guardian Medical	Annual	3/4/2022	Personal Emergency Response	N/A	N/A	N/A	N/A
Meda-Care Transportation	Bi-Ennial	08/18/2022	Transportation (MT)	N/A	N/A	N/A	N/A
Always There Healthcare	Annual	08/22/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Otterbein Lebanon Adult Day Service re-opened 9-22	Annual	09/01/2022	Adult Day Services & ADS Transportation	N/A	N/A	N/A	N/A
A Miracle Home Care	Annual	09/08/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Active Day Cincinnati	Annual	12/28/2022	Adult Day Services, ADS Transportation	Incorrect BCII Code	Corrective Action Plan completed and closed.	N/A	Yes
Central Connections	Annual	12/13/2022	Home Delivered Meals, Independent Living Assistance, Medical Transportation, Non-Medical Transportation	N/A	N/A	N/A	N/A
Interim HomeStyles of Greater Cincinnati @ Cincinnati	Annual	10/18/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Mayerson Jewish Community Center	Annual	12/28/2022	Home Delivered Meals	N/A	N/A	N/A	N/A
Nova Home Care Company (2023)	Annual	12/06/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Oxford Senior Community Adult Day Service	Annual	12/20/2022	Adult Day Services, ADS Transportation	N/A	N/A	N/A	N/A
Senior Helpers of Southern Ohio (SH of Southern Ohio)	Annual	11/21/2022	Home Care Assistance	N/A	N/A	N/A	N/A
Stateline Medical Equipment	Bi-Ennial	12/06/2022	Minor Home Modification	N/A	N/A	N/A	N/A
Warren County Community Services	Annual	12/16/2022	Home Delivered Meals, Medical Transport, Care Management	N/A	N/A	N/A	N/A

2023 Structural Compliance Review Schedule

WARREN COUNTY ESP STRUCTURAL COMPLIANCE REVIEW SCHEDULE - 2023

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

Warren County ESP Providers	Review Type	Review Tentative Date
A Miracle Home Care	Annual	Sept. 2023
Active Day of Cincinnati	Annual	Dec. 2023
All Gone Termite & Pest Control	Bi-Ennial	May. 2023
Always There Homecare	Annual	Aug. 2023
Bayley Adult Day Program	Annual	Sept. 2023
Central Connections	Annual	Jan. 2023
Custom Home Elevator & Lift Co.	Bi-Ennial	Aug. 2023
Home Care by Blackstone	Annual	April. 2023
Home First	Bi-Ennial	Dec. 2023
Interim HomeStyles Greater Cincinnati	Annual	Oct. 2023
LCD Agency Services	Annual	Aug. 2023
Mayerson JCC	Annual	March. 2023
MedAdapt Ltd.	Bi-Ennial	June. 2023
Nova Home Care	Annual	Dec. 2023
Otterbein Lebanon Adult Day Service	Annual	Aug. 2023
People Working Cooperatively	Bi-Ennial	May. 2023
Prime Home Care	Annual	Feb. 2023
Senior Helpers of Greater Cincinnati	Annual	Nov. 2023
Universal Transportation Systems (UTS)	Biennial	March. 2023
Warren County Community Services Care Management	Annual	March. 2023
Warren County Community Services	Annual	March. 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 was published 4/17/23.
- Home Medical Equipment – tentatively proposed to be published in Quarter Three.
- In alignment with the goal of program modernization of our meal programs, COA has made the decision to forego a catering contract as of 10/1/2023.

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

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

The RFP evaluations will have 3 categories:

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

ADDNAIDE PROJECT UPDATES

WEEK OF 04.14.23

HIGH LEVEL UPDATES

ADDNAIDE ENGAGEMENT: Four visits took place this week. The team has been backlogged on client calls due to limited capacity, help desk tickets and staff illness. Our new field support team member is being trained and will begin calls soon. We launched the aide welcome call process this week. 26 calls were attempted, and 11 aides were reached. The intent is to welcome new aides to AddnAide, explain the background check process, and encourage them to move forward with the process.

ADDNAIDE REFERRALS: There have been 5 (5 from Hamilton County and 0 from Warren County). There are 41 clients actively receiving service through AddnAide – 25 in Hamilton County and 16 in Warren County. There are 10 clients working through the Palco paperwork process- 1 in Warren County and 9 in Hamilton County.

ADDNAIDE MARKETING: No significant changes this week.

ADDNAIDE DEVELOPMENT: The development team is continuing to work on the Employer UI functionality. Due to illness and onboarding a new developer to the project the estimated time for this feature work has been delayed. Functionality for scheduling appointments, messaging, and onboarding for multiple clients remain.

USER DATA OVERVIEW

EMPLOYER/CLIENT ACTIVITY

Update on ESP Client Referrals this week

[Client Data in SharePoint \(Click Here\)](#)

- 5 Hamilton County Referrals were received.
- 0 Warren County Referrals were received.
- 1 account was created.
- 2 accounts were deactivated.

EMPLOYEE/AIDE ACTIVITY

Hotjar Data

The information in the table below is self-reported feedback from Aide users on how they discovered AddnAide.

Method	Count	% of respondents
Marketing	144	42%
Website	89	26%
A Family Member or Friend	51	29%
Another Aide	13	8%
Community Event	6	4%
Local Nonprofit	18	10%
Other	34	20%

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

EMPLOYER/CLIENT ACTIVITY

Data by activity

Of the 455 ↑ client accounts in AddnAide:

- 48 ↑ are deactivated.
- 124 need to accept terms (*note: some of these individuals have active service under HCA*).
- 27 ↓ are in the onboarding process.
- 84 ↓ are ready to start matching.
- 174 ↑ are engaged in matching.
- There was 0 ↓ new relationships. The total number of clients actively managing services is 41. [Link [to Active Services over Time Graph](#)] – 25 Hamilton and 16 Warren County.
- 10 are working on Palco enrollment – 9 Hamilton and 1 Warren County.

Hamilton County currently has 366 ↑ accounts in AddnAide, and Warren County has 89 accounts in AddnAide.

Activity: 54 ↓ clients logged in this week to use their account.

EMPLOYEE/AIDE ACTIVITY

Data by activity

There are currently 396 ↑ Aide accounts in AddnAide.

- 10 new aide users joined AddnAide this week.
- 220 ↑ aides have requested a background check.
 - 137 ↓ who requested a background check passed the database checks and were sent BCI instructions.
- 53 ↑ aides have completed the background check and are in the matching pool.
- 0 ↓ aide deactivated their account this week.

Additional information to the [Aide User Information is in the SharePoint \(Click Here\)](#) dashboard.

Activity: 45 ↓ Employee/Aide users logged in this week.



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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



To learn more about AddnAide visit home52.org/addnaide



ELDERLY SERVICES PROGRAM (ESPSM)/TITLE III

HOME DELIVERED MEALS

SERVICE SPECIFICATION

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

ELDERLY SERVICES PROGRAM

HOME DELIVERED MEALS SERVICE SPECIFICATION

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

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

Kosher meals:

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

~~5.0 — BULK MEALS~~

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

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

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

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

5.0 PROVIDER QUALIFICATIONS

5.1 Provider will comply with the following rules:

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

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

6.0 FOOD SANITATION AND SAFETY

- ~~6.1 The provider shall maintain current food service licensure and demonstrate food safety compliance as determined by the local health department that has jurisdiction in the location where the provider prepares meals for delivery.~~
- ~~6.2 Ohio-based meal producers must maintain registration with the Ohio Department of Agriculture, Meat Division and/or Food Safety Division.~~
- ~~6.3 Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to appropriate authority.~~
- ~~6.4 The Provider must deliver meals that:~~
 - ~~(a) Meet the following criteria:~~

- ~~(i) processing must adhere to the Hazardous Analysis Critical Control Point (HACCP) principles~~
- ~~(ii) only freshly prepared or commercially processed foods can be used (no leftovers)~~
- ~~(iii) preparation techniques must be modified, when necessary, to ensure quality~~
- ~~(iv) chilled meals that are to be delivered hot (re-thermalized) to the client must be heated to a minimum of 165° F prior to packing the HDM route, and maintain temperature above 135° F until delivered to the client~~
- ~~(v) meals delivered chilled must remain at or below 41° F from the time of packing through delivery to the client~~
- ~~(b) Include written preparation directions for both commercially prepared and self-produced meals.~~
- ~~(c) Are labeled with a production date or code and a "use before" date.~~
- ~~6.5 Food items, including donations, must be from a commercial vendor unless approved by COA.~~
- ~~6.6 Upon request, meal production must be accessible to COA for periodic monitoring.~~

6.0 FOOD SANITATION AND SAFETY

6.1 Provider will comply with rules:

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

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

~~7.0~~ MEAL DELIVERY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

the provider must comply with rule:

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

8.0 EMERGENCY PROCEDURES

- ~~8.1—The Provider must develop and document implementation of written contingency procedures for situations such as short-term weather-related emergencies, loss of power, on-site/central kitchen malfunctions, or meal delivery delays. Procedures must include notifying clients of closure and also their COA Business Relations Partner. It is not an acceptable practice to cancel meal delivery based solely on local school closures.~~
- ~~8.2—The Provider must prepare clients for emergencies when meals may not be delivered as scheduled by supplying each client with an 2 emergency shelf-stable meals that meets at least one-third (1/3) the DRI.~~
 - ~~(a)—Providers are expected to replace shelf-stable meals once utilized for an emergency.~~
- ~~8.3—Providers shall develop and implement procedures for assuring the delivery of safe meals. Providers must immediately notify their COA Business Relations Partner if:~~
 - ~~(a)—A person complains of a food-borne illness. The Provider must contact COA in the event that a client reports illness after eating a Provider's food, even if there is only one client.~~
 - ~~(b)—An unsafe meal is delivered to one or more clients. Providers must have a written policy in place should the unfortunate circumstance occur that an unsafe meal is delivered to one or more clients. Procedure must include the retrieval of all meals, name of every client who received an unsafe meal, indicate whether meal was picked up prior to being consumed (or partially consumed), and which portion of the meal was consumed.~~
- ~~8.4—The Provider must ensure that delivery persons understand how to respond to common client in-home emergencies (e.g., client is non-responsive) or meal-related concerns (e.g., client has not eaten previous meals). The provider must document any client-related concerns in the client record and notify the Care Manager.~~
- ~~8.5—The Provider must ensure that delivery persons have and carry a current valid driver's license.~~

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

8.1 The provider must comply with rule:

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

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

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

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

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

~~9.0~~ PROVIDER REQUIREMENTS

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

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

~~10.0~~ 9.0 PROVIDER STAFF TRAINING

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

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

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

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

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

9.1 Provider must comply with the following rules:

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

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

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

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

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

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

ELDERLY SERVICES PROGRAM (ESPSM)

ADULT DAY SERVICES

SERVICE SPECIFICATIONS 2023

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

ADULT DAY SERVICES
SERVICE SPECIFICATIONS

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.

~~4.6~~4.7 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)~~ (iv) 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*

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>

Warren County Elderly Services Program

2023

CONFLICT OF INTEREST POLICY

INTRODUCTION

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

Warren County Elderly Services Advisory Council Members shall:

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

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

EXCEPTIONS

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

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

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