AGENDA
CCESP Advisory Council Meeting

June 21, 2022, at 9:00 am – 10:30 am

Clinton County Office Annex

111 S. Nelson Avenue, Wilmington OH 45177

Entrance B, Community Room A

https://councilonaging.webex.com/councilonaging/j.php?MTID=mf91550fba6d1e7cd069d1d132964bbf1

Tuesday, Jun 21, 2022 9:00 am | 1 hour 30 minutes | (UTC-05:00) Eastern Time (US & Canada)

Meeting number: 2330 856 5677

Password: S6JaBWtRF33

Join by phone

1-844-621-3956 United States Toll Free

+1-415-655-0001 US Toll

Access code: 233 085 65677

CALL TO ORDER	Nicole Rodman
APPROVAL OF MINUTES ❖ March 15, 2022, Minutes (Action Needed)	Nicole Rodman

QUARTERLY REPORTS
❖ Program Dashboard & Financial Report
 	
❖ Provider Network Report
  - Rate Increases & Inflation
  - Maximum Reimbursement Rates
❖ Provider Quality Report
	Stephanie Seyfried & Carl McCullough
	Lisa Portune
	
	Lisa Portune

OLD BUSINESS
❖ AddnAide Home Care App Update
  - Workforce Marketing Funds
  - Consumer Directed Care Service Specification Changes (Action Needed)
❖ Senior Center Grant Application Update
	Suzanne Burke & Kate Laubenthal
	
	Lisa Portune

NEW BUSINESS ❖ Home Care Assistance Service Specification Changes (Action Needed) ❖ Laundry Delivery Service Specifications (Action Needed) ❖ Annual Report ❖ Area Plan ❖ Advisory Council Meeting Feedback Survey Results	Monica Schulze Stephanie Seyfried Paula Smith Suzanne Burke Nicole Rodman
HEARING THE PUBLIC	Nicole Rodman
ADJOURNMENT	Nicole Rodman

NEXT MEETING

September 20, 2022

ATTENDANCE

Members Present:	COA Staff:	Guests:
Bob Baker Gene Breckel Sue Caplinger Nicole Rodman	Haley Allgood Jessica Boemker Kim Clark Carl McCullough Lisa Portune Ken Wilson	Stella Cramer, CCCAP
Excused:	**Facilitator:**	**Scribe:**
Ray Camp Tim Hawk	Nicole Rodman	Heather Junker
Absent: Duane Weyand		

CALL TO ORDER / WELCOME

The March 15, 2022, meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 9:00 a.m. The meeting was hybrid with some joining in-person while others joined remotely.

APPROVAL OF MINUTES

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

Motion: Gene Breckel made a motion to the December 14, 2021, minutes as presented.
Second: Sue Caplinger seconded the motion.
Action: The minutes were unanimously approved as presented.

Nicole Rodman called for a motion to approve the January 25, 2022, CCESP Advisory Council meeting minutes.

Motion: Sue Caplinger made a motion to the January 25, 2022, minutes as presented.
Second: Gene Breckel seconded the motion.
Action: The minutes were unanimously approved as presented.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard. There were 399 clients enrolled on the program in the fourth quarter, which is a drop of 10 from the prior quarter and a drop of 41 from the prior year.   Ken advised they would talk later in the agenda about some of the outreach activity to bring better awareness throughout the county. In the fourth quarter, the Omicron variant and surge put a stop to a lot of activity. The quarter ended with 43 new enrollments and 54 disenrollments. The top reason was deceased followed by needs otherwise met.

The average cost per client per month was up a little bit at $342.41. This is partially due to rate increases that went into effect on October 1st. Consumer Directed Care had 18 clients enrolled and home health care assistance had 259 clients. There were 2,117 hours billed for Consumer Directed Care and 5,613 hours billed for home care assistance.

Fast Track Home had seven new enrollments and 10 disenrollments with a third of those enrolling into traditional ESP for ongoing services. Four of the FTH referrals came from skilled nursing facilities while the rest came from various hospitals. The top services were electronic monitoring systems, home care assistance, and home delivered meals.

The average number of days between the intake call and enrollment was 13 days which is above the target. When taking a deeper look at the data, there were outliers driving that number up. Most people were being enrolled in fewer than 10 days. In the fourth quarter, there were 110 clients that needed home care assistance and of those there were six not match with a provider. That's a little bit of an uptick as that equates to 5% and that is due to staffing shortages with the home care providers. Clinton County is faring much better than other counties in the region.

There was a decline in home delivered meal satisfaction. The overall rate was at 95% which is still good but it's a decline from where the rates used to be. The choice of meals dropped to 80% satisfaction. Ken advised he has been talking to Jane at Community Action about possibly using other choices of meals as supply chain has also been an issue. The cost of food and supplies have increased a lot. Haley added that there is also staffing shortages with drivers who are delivering the meals and many times those drivers will help individuals choose their meals for the next delivery. Due to being so short staffed, many times the drivers they do have are not able to take the time with clients to help them with their next meal order. Nicole asked if meals were prepared at Community Action or a central caterer. Ken explained they were coming from a central caterer. That is an option they are talking with Jane about is them possibly making their own meals. Home Care Assistance scores are exceptionally good at almost 99% overall satisfaction and 100% of dependability of the aide.

Carl reviewed the Financial Report. Looking at the amount of spending from the levy through the 4th quarter, the program will need about $1.3 million dollars from tax levy appropriations. Compared to the budgeted amount of $1.5 million, the program is $208,000 under budget for the year. They were able to secure additional Federal funding for meals from other funding sources leveraged by COA such as Rapid Response and the CARES Act which offset the amount needed from the levy.

The total amount of projected expenses at the end of the 4th quarter is $1.6 million. Compared to the budget, which is $1.7 million, the program is projected to be under budget by $107,000.

Looking only at purchased services, the program is projected to spend $1.3 million in the services listed. Compared to the budgeted amount of $1.3 million, the program is under budget by only $82,000.

Looking through the expenses incurred throughout the year last year, there wasn't much variance between the actual spending and the budget. There was an outlier of Adult Day Service that unfortunately closed and hasn't been able to reopen during the pandemic. They still have not reopened.

The number of clients served for the year was 404 and compared to the budgeted amount of 431, the program was under budget by 27.

Ken reminded everyone that this budget contains a 5% contingency. Considering that and the fact they were only 6% off, the program was running very close to budget the whole year.

Provider Network Report

Lisa reviewed the Provider Network Report. The Ohio Department of Health is still providing PPE for the Adult Day, Senior Centers, and Home Care providers. The link to order supplies has been sent to all of those providers.

Homemaking, personal care, and respite are still experiencing aide shortages. COA continues to work with the providers to look at processes and figure out new ways to meet client needs.

Adult Day Centers remain closed.

Guardian Medical Monitoring completed their transition from 3G equipment to 4G and 5G equipment. They also extended their contract for two years with no rate increase. That will allow COA to have additional time to really investigate the needs of the clients in this area as well as what new technology is available.

The Senior Farmers Market is getting ready to take off for the year. COA has signed the grant and are moving forward with the coupon distribution. Applications will be available in April.

The structural compliance reviews are on track to be completed.

The RFP schedule includes catering, homemaking, personal care & respite, and minor home modification & repair.

Lastly, there is a capacity problem with a few services. COA is requesting a waiver for competitive bidding requirements to allow for the recruitment of providers specific to transportation and Adult Day Services. Nicole asked what the benefits were of waiving the competitive bid process. Lisa explained it helps with the speed of the process. COA will actually be cold calling providers to see if they are willing to come on board for that service. This will help to build the network. They would still send out the RFP when it's due to go back out. Ken added, as an example with Adult Day Services, he is setting up a meeting with Cape May because he is hopeful that this might be something they are willing to take on as a retirement community. If they put out an RFP, they won't respond to that but if COA approaches them there is a better likelihood that they will pick that up. Ken knows that the Adult Day Center as it existed prior to the pandemic will not be reopening. He met with the Clinton County Community Action Board,

and they will not be taking on the adult day center at the senior center which he agrees with as it requires a different staffing structure and space requirements. Nicole asked who was providing the service prior to COVID. Ken explained it was done through the church.

Nicole Rodman called for a motion to approve waiving the competitive bid process.

Motion: Bob Baker made a motion to waive the competitive bid process.
Second: Sue Caplinger seconded the motion.
Action: The competitive bid process was unanimously approved.

Market Penetration & Five-Year Levy Projections

Ken reviewed the Market Penetration and Five-Year Levy Projections. The market penetration is measured by the number of people on the program at the end of the year divided into the census data of older adults with a disability living in the county. The number of older adults living in Clinton County is growing over time, so the same percentage of market penetration means that the program is serving more people. The reason COA monitors this is because it helps to forecast the future needs of the program, to understand the program, and community awareness. In 2020, the market penetration was 43.6% which was consistent with 2019. Back in 2017, the market penetration was at 38.7%. They intentionally implemented outreach efforts in the community at that time which improved the awareness and created growth in the program. That led to the program spending more than what was being collected. In 2020 and 2021, outreach was intentionally very conservative because of the pandemic as well trying to keep the program within the budget and avoid a waiting list.   Now that the levy has passed, there are plans in place to reach out to the community and build awareness of the program. The expectation is that market penetration will bump back up in 2022.

The Levy Projections for 2018-2021 are for the cycle that was just completed. Originally this was a five year cycle, but the levy went out a year early. The levy cycle started in 2018 with a fund balance of $846,000. That was spent down to $376,000. The program would have been in the red in 2022 if the levy had not been passed a year early and they would have been looking at a waiting list.   The current levy cycle of 2022-2026 is showing growth in the number of clients served based on bringing market penetration back to around 46%. The projections show that by 2026, almost 500 seniors will be on the program with the fund balance spent down to about $157,000. COA will take a look at this on a regular basis to see how things are changing. The plan also includes the senior center funding. Nicole asked if there will be a potential increase in five years. Ken explained that it's too early to tell. The program has been able to draw down more federal dollars than expected which has offset a lot of expenses over the last two years. Ken advised that looking at 2022, he thinks they will draw down more federal dollars than they have in the forecast. Ken also pointed out that on the cycle they just finished, they were running over budget in 2020. They were able to utilize $120,000 from the United Way of Greater Cincinnati to keep the program from going into the red.

OLD BUSINESS

Fiscal Intermediary RFP

Ken discussed the Fiscal Intermediary RFP. The Consumer Directed Care program allows for clients to hire their own aide. This program has been in place for several years now, but the demand has increased over time because of challenges with the labor force. COA contracted with Acumen which

essentially helps home care aides process payroll, taxes, and background checks. There has been a change in the language, and they are now called Financial Management Services. COA went out for an RFP for a new company because they were experiencing some customer service concerns with Acumen. Some of their processes were out of date. COA received six responses and Palco scored the highest. They are now in process of contracting with Palco and transitioning by June 1st. It's their hope that this new Financial Management Service will provide a higher level of service and allow CDC to grow in Clinton County. Nicole asked if there was additional training the aides have to go through to provide that service. Ken advised there is no required training on the part of the aides as that's done with the family. However, COA has planned a home health aide app and rolling it out as a pilot later this year, and a later phase will include training.

Senior Services Grant Application Update

Ken gave an update on the Senior Services Grant application. All changes from the last meeting have been added to the application. The plan from here is to send the application out to the community, senior centers, and Clinton County Community Action next month. Ken will also work on sending the Advisory Council members the responses with a grading sheet. He would like to be able to announce an award no later than late summer.

NEW BUSINESS

Chronic Care Management Pilot

Kim Clark presented the Chronic Care Management Pilot. This is a new opportunity through Medicare Advantage Plans. Recipients of these plans can receive an additional level of care and support through telephone contacts helping people to coordinate services, access care, and medication reconciliation. As they were exploring this program, they wanted to take the opportunity to pilot this in Clinton County as it allows them to use payor of last resort model. A lot of the elements of Chronic Case Management already fit onto what the case managers are already doing, and this will allow them to offset some of those levy funds. In addition, this program also creates a greater support that the case manager will provide. Clients enrolled on this program will get monthly contacts. So, it's not just about their services but also their health. The pilot will look at new people coming into the program who might be eligible.

Ken added that payor of last resort is a big deal because they need to make sure that the levy is not paying for anything that is available through another payor such as Medicare. Medicare has changed and is changing a lot. This is pretty complicated, and they are trying to figure out how to use these new benefits in a way that offsets levy expenses, which enables the program to serve more seniors. Nicole asked if any other counties have gone through this pilot process. Ken informed that no, it's brand new. Sue asked what would happen if someone refused to be on the Advantage Plan and if that would cause them to be rejected from the ESP program altogether. Ken explained that this benefit is for people who are already on an Advantage Plan so this would not affect eligibility for ESP.

Community Engagement

Haley Allgood reviewed the Community Engagement COA has been involved with. COVID put a damper on outreach events for the last two years. They were able to attend a couple of senior health fairs over the summer but then had to stop again once COVID ramped back up. They are currently building a plan

to start attending community events again. Staff recently met with Clinton Memorial Case management and gave them a brief overview of eligibility, and how to make a referral either on the phone or online. They also supplied them with brochures and fliers they could pass out to patients. They reached out to local Fire and EMS to help educate them and for them to encourage people to get help and what resources there are out there. Haley has also been talking with the social worker at the Wilmington VA and that has been beneficial for both sides. COA has learned what clients can get through the VA and how. Last week they were at the New Vienna Community Center and had a very informal discussion with participants on the benefits and services. They have been putting fliers out in the community. Nicole asked if Haley could send her a pdf of the flier so she could also place them around. Haley advised that she would. Duke Energy donated weather radio flashlights that will disbursed to low income senior buildings within the next week or two. The next steps for community engagement will be to visit the doctor's offices and clinics to educate their staff about the services.

Maximum Reimbursement Rates

Ken reviewed the Maximum Reimbursement Rates update for this year. These are the top rates that they will pay for services. Consumer Directed Care went up to $15/hour. Homemaking and personal care will have a request for proposal going out and Ken expects those rates to go up. This also includes a bump in the Home Delivered Meal rates that went into effect on October 1st.

Updated Sliding Fee Scale

Ken reviewed the Updated Sliding Fee Scale. Seniors who are 150% above the poverty guidelines have a copay. This is updated once a year based on the federal poverty guidelines. This new scale will go into effect on April 1st.

Conflict of Interest & Confidentiality Forms

Nicole reminded everyone to fill out the Conflict of Interest Form and Confidentiality Form in their packets. Heather asked that those in person please fill them out before they leave. She also advised that those who were virtual or not at the meeting would receive these forms via DocuSign. Sue asked if someone worked for a provider, would they be excluded from being able to serve on this council. Ken advised that it just needs to be disclosed on the Conflict of Interest form and that it wouldn't exclude anyone from serving on the council.

HEARING THE PUBLIC

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

EXECUTIVE SESSION

Nicole Rodman called for a motion to enter into Executive Session.

Motion: Bob Baker made a motion to enter into Executive Session.
Second: Gene Breckel seconded the motion.
Action: It was unanimously approved to enter into Executive Session at 9:52 a.m.

Nicole Rodman called for a motion to exit Executive Session.

Motion: Bob Baker made a motion to exit Executive Session.
Second: Gene Breckel seconded the motion.
Action: It was unanimously approved to exit Executive Session at 10:00 a.m.

ADJOURNMENT

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

Motion: Gene Breckel made a motion to adjourn the meeting.
Second: Sue Caplinger seconded the motion.
Action: It was unanimously agreed to adjourn at 10:00 a.m.

NEXT MEETING

June 21, 2022

Clinton County ESP
Program and Financial Report
Quarter 1, 2022 (Jan. - Mar. 2022)

Clinton County ESP
Quarter 1, 2022 (Jan. - Mar. 2022)
EXECUTIVE SUMMARY

Highlighted Findings

1. Census Trends

    A. Compared to last year (Quarter 1, 2021), census decreased by -18 clients (from 417 to 399) or -4.32%.
        1. No Short-term client activity this quarter.

    B. Compared to last quarter (Quarter 4, 2021), census has remained the same (from 399 to 399) or 0%.
        1. No Short-term client activity this quarter.

	Year	2021	2021	2021	2022
	Quarter	Q2	Q3	Q4	Q1
Short-term Clients Added to Census		0	1	0	0
New Short-term Client Enrollments		0	1	0	0
Disenrolled Short-term Clients		0	0	1	0

2. Fast Track Home

    A. Average length of stay has increased by 10 days to 59 days compared to Quarter 4, 2021 (from 49 to 59).

    B. New Enrollments decreased from Q4, 2021 to Q1, 2022 (from 7 to 5).

    C. Total clients who transferred to ESP from FTH stayed the same from Quarter 4, 2021 (from 4 to 4).

3. Financials

    A. <u>Total Revenue:</u> The amount needed to be drawn down from the levy is $1.5 million through the first quarter, as compared to the budgeted amount of $1.8 million. The variance is under budget by $311,561 or 17%.

    B. <u>Total Expenses:</u> The projected expenses incurred through the first quarter is $1.7 million as compared to $1.97 million in the budget. The variance is under budget by $220,747 or 11.2%.

    C. <u>Purchase Services:</u> The projected expenses were lower than budget by $252,281 or 16.3% as compared to budget.

4. Special Mention

    1. Related to the increase in transportation spending during the first quarter is because of a client who needed regular transportation to dialysis appointments. The client is being enrolled into a Medicaid benefit to pay for the transportation trips.

    2. The budget was put together prior to the levy being placed on the ballot at a time when a lot of details were not known. As a result, we may see more variances that normal this year.

Quarter-End Census by Program

Year	2021			2022
Quarter	**2**	**3**	**4**	**1**
ESP	**415**	**409**	**399**	**399**
FTH	**3**	**8**	**5**	**4**
Medicaid Programs	**144**	**139**	**136**	**132**
Passport	18	16	14	14
Assisted Living	3	0	1	1
Molina	46	49	47	45
Aetna	77	74	74	72

Quarter-End Census, New Enrollments, and Disenrollments[1]

Year	2021			2022
Quarter	**2**	**3**	**4**	**1**
Quarter-End Census	415	409	399	399
New Enrollments	44	41	43	45
Disenrollments	42	55	55	47

Disenrollment Outcomes

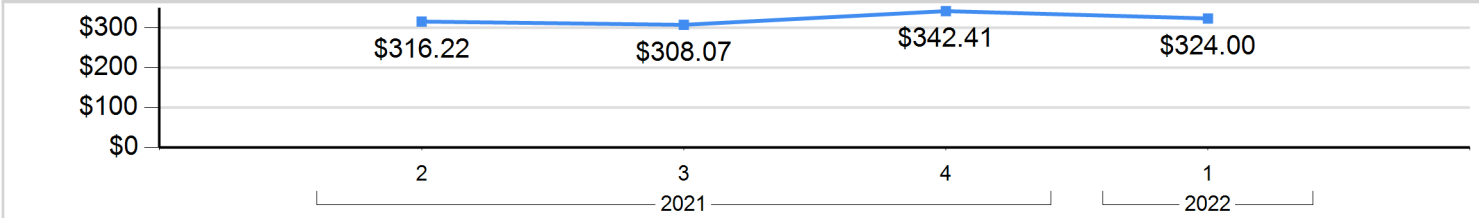| Year	2021			2022
Quarter	**2**	**3**	**4**	**1**
Deceased	14	14	18	17
Transferred to PSP/Other Program	4	5	5	2
Moved or No Longer Eligible	1	3	6	3
Need Otherwise Met	12	18	11	12
All Other Reasons Not Listed	0	1	2	0
Client Refused/Declined Services	2	2	5	5
Dissatisfied with Svc/Program	1	0	0	0
Entered Nursing Facility	8	12	8	8
Total	**42**	**55**	**55**	**47**
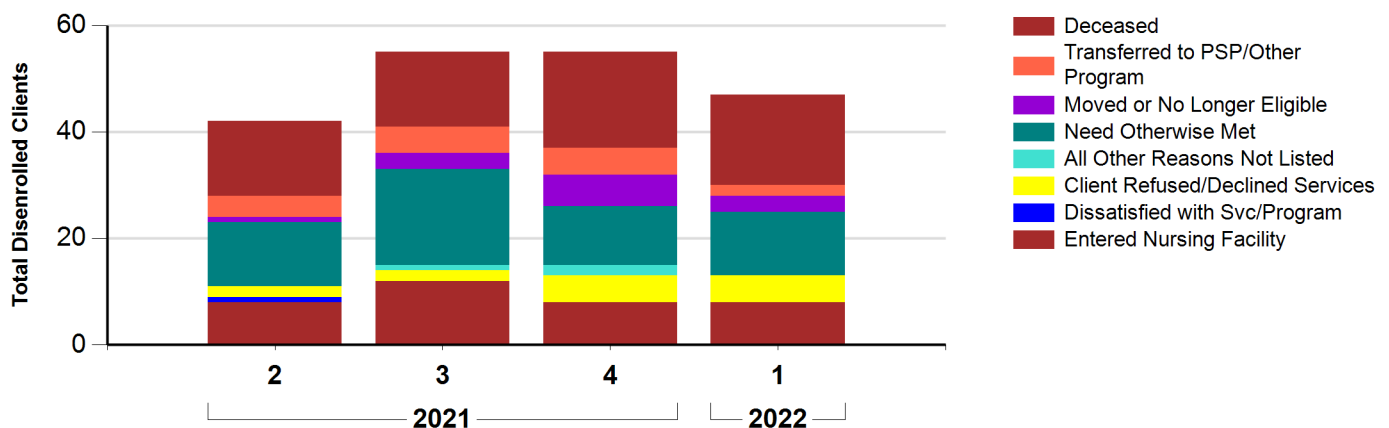
[1] Q4 '20 - Q3 '21 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.

Average Monthly Cost per Client[1]

	2	3	4	1
	$316.22	$308.07	$342.41	$324.00
	2021			2022

Distinct Clients Served by Service Group[1][2]

Year	2021			2022
Quarter	2	3	4	1
Consumer Directed Care	17	16	18	14
Electronic Monitoring	284	285	275	267
Home Care Assistance	270	266	259	245
Home Delivered Meals	110	119	108	107
Home Medical Equipment	13	16	7	15
Medical Transportation	3	3	4	10
Other Services	8	12	10	10
All Services (Unduplicated)	**420**	**434**	**413**	**404**

Units Billed by Service Group[1][2] *Please see the notes page for unit of measure descriptions by service.*

Year	2021			2022
Quarter	2	3	4	1
Consumer Directed Care	1,829	1,483	2,117	1,889
Electronic Monitoring	868	860	843	823
Home Care Assistance	6,344	5,785	5,613	4,541
Home Delivered Meals	7,618	7,703	7,319	6,290
Home Medical Equipment	15	20	8	16
Medical Transportation	12	18	46	111
Other Services	17	17	11	11

Dollars Paid by Service Group (Purchased Services)[1][2]

Year	2021			2022
Quarter	2	3	4	1
Consumer Directed Care	$26,589	$22,143	$30,335	$27,477
Electronic Monitoring	$20,460	$20,294	$20,013	$19,445
Home Care Assistance	$187,268	$171,596	$167,408	$145,136
Home Delivered Meals	$62,720	$73,702	$72,502	$61,528
Home Medical Equipment	$6,310	$4,738	$2,595	$6,128
Medical Transportation	$703	$911	$3,368	$10,120
Other Services	$12,497	$13,130	$18,895	$12,500
All Services	**$316,547**	**$306,514**	**$315,117**	**$282,334**

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

Total Clients Served, New Enrollments, Disenrollments

	2021			2022
	Quarter 2	Quarter 3	Quarter 4	Quarter 1
New Enrollments	9	11	7	5
Disenrollments	9	5	10	6
Clients Transferred to ESP	3	4	4	4
	33.33%	80.00%	40.00%	66.67%

Enrollment by Setting

	2021			2022
Enrollment Setting	Quarter 2	Quarter 3	Quarter 4	Quarter 1
Community	1	0	0	0
Clinton Memorial Hospital	3	4	1	3
TriHealth Hospital Network	0	0	0	1
University of Cincinnati Hospital Network	1	0	0	0
Other Hospital	0	2	0	0
Skilled Nursing Facilities	3	4	4	1
Not Captured	1	0	1	0
Total	**9**	**10**	**6**	**5**

Average Length of Stay
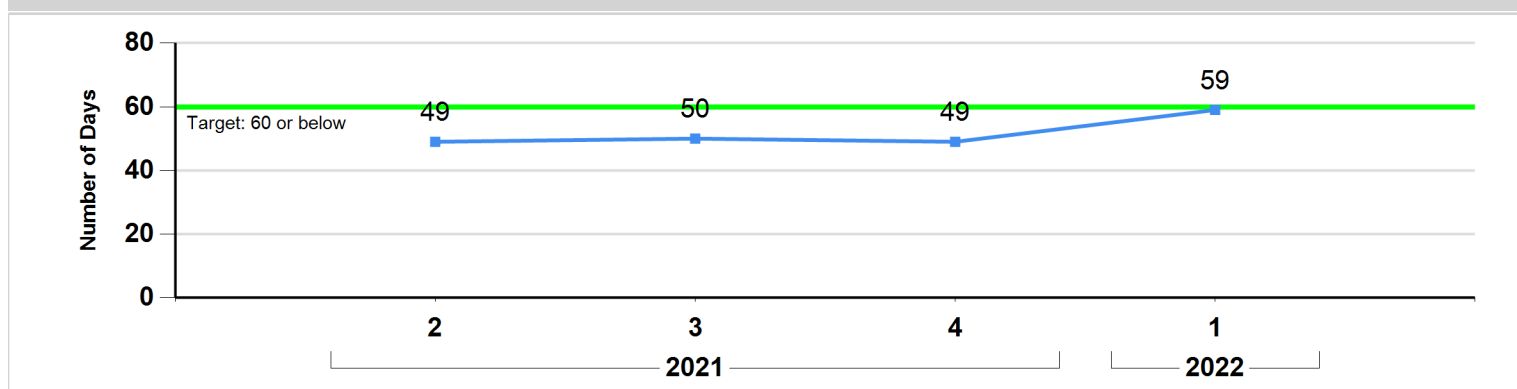
Distinct Clients Served by Service Group

Year	2021			2022
Quarter	2	3	4	1
Electronic Monitoring	2	3	6	3
Home Care Assistance	5	4	5	1
Home Delivered Meals	1	6	5	0
Home Medical Equipment	0	0	0	1
All Services (Unduplicated)	**6**	**9**	**12**	**5**

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

Year	2021			2022
Quarter	2	3	4	1
Electronic Monitoring	6	4	10	5
Home Care Assistance	65	20	69	4
Home Delivered Meals	35	133	105	0
Home Medical Equipment	0	0	0	1

Dollars Paid by Service Group (Purchased Services)

Year	2021			2022
Quarter	2	3	4	1
Electronic Monitoring	$75	$76	$168	$100
Home Care Assistance	$1,894	$581	$1,928	$104
Home Delivered Meals	$336	$1,225	$1,014	$0
Home Medical Equipment	$0	$0	$0	$80
All Services	**$2,306**	**$1,882**	**$3,110**	**$284**

Average Number of Days from Intake Call to the Enrollment Assessment[1]
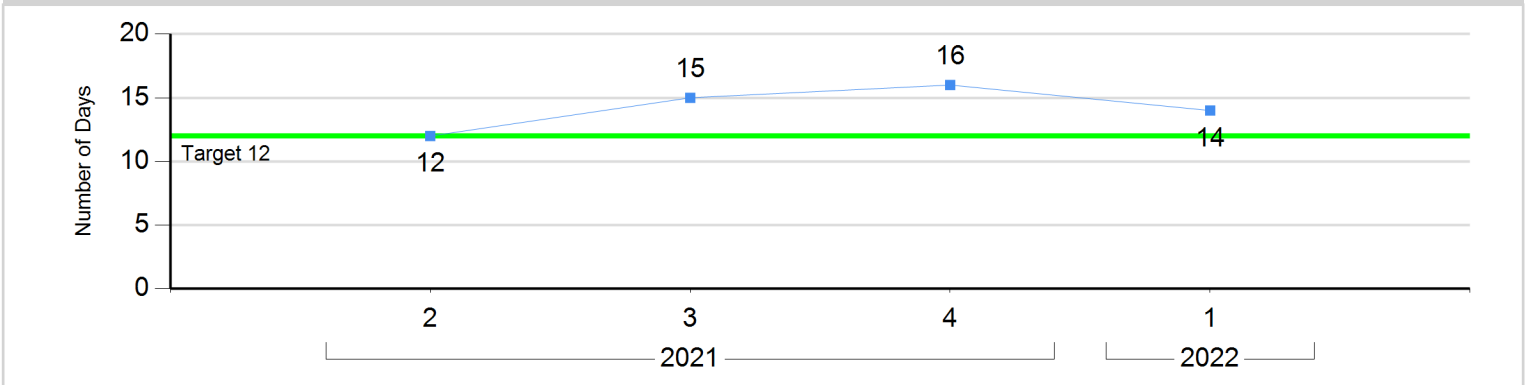
Home Care Provider Network Referrals and Capacity

Year	Quarter	# Clients in Need of HomeCareAssistance	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg. # of Referral Attempts per Client
2021	2	122	2	2%	1.28
2021	3	117	2	2%	1.25
2021	4	110	6	5%	1.31
2022	1	104	18	17%	2.28

Home Delivered Meals - Client Satisfaction Survey Results

Year	2021			2022
Quarter	2	3	4	1
Overall Satisfaction	97.73%	99.11%	95.83%	89.04%
Good Choice of Meals Available	87.88%	92.86%	83.33%	61.11%

Home Care Assistance - Client Satisfaction Survey Results

Year	2021			2022
Quarter	2	3	4	1
Overall Satisfaction	96.00%	98.61%	98.67%	95.96%
Aide is Dependable	95.24%	100.00%	100.00%	98.39%

COA Council on Aging

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	$1,523,154	$1,834,715	($311,561)	-17%
Federal & State Funding				
Title III B	$14,886	$15,000	($114)	-0.8%
Title III C2 - Home Delivered Meals	96,445	65,718	30,727	46.8%
Title III E - Caregiver Support	0	0	0	0.0%
Alzheimer's	920	805	115	14.3%
Nutrition Services Incentive Program (NSIP)	16,078	15,708	370	2.4%
Senior Community Services (SCS)	0	10,000	(10,000)	-100.0%
Rapid Response	0	0	0	0.0%
ARPA	56,398	0	56,398	0.0%
Client Contributions				
Client Donations	7	215	(208)	-96.7%
Co-Pays Received	44,416	30,891	13,525	43.8%
Total Revenue	**$1,752,305**	**$1,973,052**	**($220,747)**	**-11.2%**
Expenses				
Operating Expenses				
COA Administrative	$112,012	$124,760	$12,748	10.2%
Intake & Assessment	4,004	2,759	(1,245)	-45.1%
FTH Case Management	53,373	56,776	3,403	6.0%
Case Management	285,881	239,441	(46,440)	-19.4%
Total Operational Expenses	**$455,270**	**$423,736**	**($31,534)**	**-7.4%**
Purchased Services				
Homemaker-Hourly	$573,263	$685,876	$112,613	16.4%
Personal Care -Hourly	71,571	130,814	59,243	45.3%
Respite-Hourly	14,281	19,045	4,764	25.0%
Home Medical Equipment	20,341	22,800	2,459	10.8%
Emergency Response Systems	79,601	93,487	13,886	14.9%
Minor Home Modifications	36,102	36,401	299	0.8%
Chore	9,242	18,055	8,813	48.8%
Home Delivered Meals	317,035	345,671	28,635	8.3%
Adult Day Service	13,937	71,554	57,617	80.5%
Adult Day-Transportation	1,919	1,951	32	1.6%
Medical Transportation	30,360	3,245	(27,115)	-835.5%
Consumer Directed Care	129,381	120,416	(8,965)	-7.4%
Gross Purchased Services	**$1,297,035**	**$1,549,316**	**$252,281**	**16.3%**
Gross Program Expenses	**$1,752,305**	**$1,973,052**	**$220,747**	**11.2%**
Client Census	**416**	**456**	**40**	8.8%
Cost of Services per Client	**$265.32**	**$273.60**	**$8.28**	3.0%

[1] Budget includes a 5% contingency in the event of changes to client enrollment and program cost assumptions.
* Projected year-end census.

1. Census Trends

A. <u>Quarter-End Census by Program</u> 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. <u>New Enrollments</u> 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. <u>All Other Reasons Not Listed</u> includes: Dissatisfied with Service/Program, Refused Cost, Share/Verification, Eviction, Health/Safety, and Unable to Meet Client Need.

    2. <u>Client Non-Compliant</u> 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 discrepency due to the timing of census reporting and back dating client enrollments and disenrollments.

2. Service Trends

A. <u>Average Monthly Cost per Client</u> is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.

B. <u>Clients Served by Service Group</u> 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. <u>Home Care</u> includes homemaking, personal care, companion, and respite services.

D. <u>Other Services</u> includes Environmental Services and Independent Living Assistance (Hamilton only).

E. <u>Dollars Paid by Service Group</u> 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. <u>Clients Enrolled in ESP</u> 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. <u>Community Enrollment</u> 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. <u>Other Services</u> 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.

Homemaking/Personal Care/Respite

A Request for Proposal (RFP) will be published in June 2022. Our goal is to procure home care providers to help serve those clients in need. The tentative contract start date will begin in August 2022.

A new service specification was developed to cover personal care, homemaking, companion, and respite services. The new service is titled Home Care Assistance (HCA). HCA covers all individual services into one. Modifications were made to the new service specification.

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

Palco was selected to be our new FMS provider for CDC.

The transition process is underway.
We are actively working with Acumen to transition existing clients to Palco.
The transition of this service is large and will take several months to complete.
Our goal is to have all CDC clients transitioned to Palco by the end of June 2022.
Palco will be fully ready to accept all CDC clients by June 16, 2022.

A new CDC service specification was developed to reflect the changes in the service.

Adult Day

Clinton County Adult Day remains closed at this time.

Electronic Monitoring Systems – Cellular Equipment Upgrades

No changes from last report

Senior Farmers Market Nutrition Program

Applications became available April 1, 2022. They can be found on the COA website under the Programs & Services tab to print and mail in or complete online. Applications have also been distributed to community partners. They will be accepted until Sept 15th or when we run out of coupons. The first batch of coupon packets were sent out by the end of May.   Markets will begin to accept coupons in June. Participating markets in Clinton

County include Clinton County Farmers Market and That Guy's Family Farm. Participants are also welcome to visit any of the markets in our 5-county area that are approved to accept coupons.

Modernization of Home Delivered Meals and Congregate Meal Programs

COA is working with the Livewell Collaborative this summer to develop a roadmap for modernizing our Congregate and Home Delivered Meal programs. The objectives include evaluation of the existing HDM and Congregate meal programs, identifying new opportunities to improve the program and/or create new services, create, and refine service specifications, and to develop implementation strategies. Staff from COA, Meal Providers, and Clients receiving meal services, are some of the groups that will participate in the project. The Livewell Collaborative is made up of students and faculty from UC. Multidisciplinary teams utilize a design thinking approach in their research, translating into desired solutions that meet the complexities of living well across the lifespan.

2022 Provider Monthly Relief Payments

Due to the downstream effects of the global pandemic on the economy it is necessary to readjust the provider rates. Each of the various services within the Elderly Services provider network has experienced unprecedented increases in expenditures. Rate increases are being provided as monthly relief payments to providers based on the number of clients served. To determine the percentage of rate increases, COA performed detailed cost analysis for each service. It is unclear if these increases will be temporary or will become the new contracted rates, but at this time ese increases will be in effect until 9/30/22.

2022 CCESP SCR Schedule (a highlight indicates a change)

CLINTON COUNTY ESP STRUCTURAL COMPLIANCE REVIEW (SCR) SCHEDULE - 2022 (Please find below the list of Clinton County Providers of ESP Services and the Tentative dates for annual review for 2022.)		
Clinton County ESP Providers	Review Type	Review Tentative Date
Active Day of Cincinnati	**Annual**	**Jun-22**
Bayley Adult Day	**Annual**	**Oct-22**
Clinton County Adult Day Center, Inc.	**Annual**	**Oct-22**
Clinton County Community Action Program	**Annual**	**Sep-22**
First Community Health Care Services LLC (FCHS, LLC)	**Annual**	**Feb-22/Feb-23**
Gabriel's Angels	**Annual**	**Dec-22**
Home Care by Black Stone	**Annual**	**Apr-22**
Home First	**Annual**	**Jul-22**
Katy's Home Health Care	**Annual**	**Dec-22**

Oxford Seniors Community Adult Day Service	**Annual**	**Apr-22**
People Working Cooperatively	**Annual**	**Apr-22**
Senior Deserved Day	**Annual**	**closed**

2022 Draft Request for Proposal (RFP) Schedule

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

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

The RFP evaluations will have 4 categories:

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

Inflationary Rate Increases for Contracted Service Providers

May 2022

Inflation and workforce shortages are having a significant impact on the cost of delivering services by ESP's contracted provider network. The impacts of inflation differ by service types. For example, home delivered meals is being impacted by the trifecta of rapid cost increases in food, fuel and staffing. On the other hand, electronic monitoring systems have not seen an impact on cost or capacity. Historically, we have seen 1-2% annual inflation, and our multi-year contracts have increases built in at those levels, not double-digit increases like we are experiencing this year. It is unclear how long the high inflation will last, and if some of the increases will be temporary vs. long term. COA evaluated the different service areas, talked with provider staff and investigated the details of the cost pressures they have been experiencing. For example, we had one of our largest home delivered meal providers pull invoices from last year and compare them to this year. Here are some examples of common expenses and the inflationary impact on the home delivered meal service:

Change in supplier cost between 2021 and 2022:

- Fruit Cup Diced Pears: +44% ($20.14 - $28.94)
- Sliced Turkey: +64% ($61.54 – $100.81)
- Chicken Breast Strip: +29% ($28.41 - $36.52)
- Beef Pot Roast: +48% ($5.07 – $7.50)
- Vegetable blend Italian +19% ($37.68 - $45.02)
- Fudge Cookies +62% ($25.02 - $40.64)
- Black Plastic Tray +21% ($106.92 - $129.00)
- Fuel +39% ($2.93 - $4.07)
- Staff Wages +25% ($12.00 - $15.00)
- Lead Staff Wages +39% ($13.00 - $17.00)

We are structuring some of the rate increases with the flexibility for rollbacks if for example, the cost of fuel and food drops back to "normal" levels. We are also considering options in upcoming RFPs and contracts to allow flexibility and rate adjustments for the uncertainty in the years to come.

COA is also tapping into Federal American Rescue Plan Act (ARPA) funds to offset some of these rate increases resulting from inflation and supply chain problems. This will help offset some of the increased service costs.

These increases are included in the updated five-year levy projection models but were not considered in the 2022 budget that was reviewed and approved last fall. This will likely result in some budget variances later in the year.

1. Durable medical Equipment
    - Global supply chain issues have forced providers to look outside of their normal suppliers for equipment and parts. Providers had not received a rate increase since 2018. COA performed a cost analysis based on current provider reported costs per item, average numbers, and supplied a rate increase per item type. Providers received a 20% rate increase.

2. Independent Living Assistance (ILA)
    - ILA service was scheduled for a new RFP, and awards were effective May of 2022. Providers naturally had the opportunity to adjust their rates through their RFP bid response, with those rate increases going into effect in May. The average rate increase was approximately 5%.

3. Home Care Assistance (HCA)
    - HCA is experiencing a record employee shortage. The economy is seeing salary adjustments for front line workers, which includes those caring individuals who perform HCA services. In order to assist providers, beginning May 1, 2022, COA is providing an 8% increase to current provider rates. This increase is to allow providers to increase wages, expand their marketing outreach, and address employee retention.
    - The 8% increase was reached through a cost analysis of the current inflation rate and income adjustments to entry level positions.
        - It was communicated to providers the increase was to be used to motivate and support their workforce. COA will follow-up with providers to understand how the increased rate supported these areas.
        - COA will add this rate increase along with the providers yearly bid rate increase into their year two rate within care director beginning 10/1/22.
    - Consumer Directed Care services maximum reimbursement rate is also adjusting up 8%. Rates for this service are negotiated between the employer (client or authorized rep) and the employee/worker.

4. Home Delivered Meals:
   - HDM has experienced increases with transportation, food costs and employee shortages. In response, beginning May 1, 2022, COA is providing a 35% increase.
     - The 35% increase was reached through a cost analysis of the current inflation rate, income adjustments to entry level positions, rising gasoline, and food costs.
     - Providers will receive one payment, which will reflect their normal rate, plus their increased sum.
       - Making this payment outside of care director, allows COA to lower the rate when and if inflation, and gasoline and food costs begin to decrease.

5. Congregate Meals and Title III funded transportation:
   - These contracts do not involve levy funding. Like home delivered meals, providers are experiencing increases with food cost and employee shortages. Congregate meal providers will see a 15% increase retroactive to 10/1/21.
   - Title III Transportation providers have been experiencing increases with gasoline prices and employee shortages. In order to assist provider, they will see a 15% increase retroactive to 10/1/21.

6. Adult Day Services and transportation
   - Effective May 1,2022 adult day service rates will see a 20% increase in their rates and adult day transportation will see a 15% increase in their rates.

COA will continue to collaborate with our provider network to address the downstream effects of the global pandemic.

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

Service	Cost per Unit	Unit
Adult Day Service - Transportation	25.00	One Way Trip
Adult Day Service - (Enhanced)	30.00	Per 1/2 Day
Consumer Directed Care	4.05	Per 15 min
Electronic Monitoring System - (VTC/Camera)	41.00	Per 1/2 Month
Home Delivered Meals (Kosher - Daily)	15.19	Per Meal
Home Medical Equipment (Lift Chair X-Large)	1,362.00	Per Unit
Homemaking	8.51	Per 15 min
Personal Care	7.67	Per 15 min
Respite Care - Hourly	7.67	Per 15 min

* Consumer Directed Care will change 6/1/2022
* Homemaking, Personal Care, and Respite Rates change is effective 5/1/2022
* Home Delivered Meals change is effective 5/1/2022

Clinton County

PQR

Provider Quality Report

Quarter 1, 2022

Provider Quality Report: Table of Contents

Provider Quality Report: Introduction
Clinton County ESP

Key changes to the Provider Quality Report (PQR)

General Changes:

- This report is organized by service metrics for three categories: billable units by provider, market share, and total number of clients by provider then by satisfaction metrics derived from SASIs (Service Adequacy and Satisfaction Instrument) for Homecare Assistance, Home Delivered Meals, and Medical Transportation.

- All county reporting has been expanded from a 1 year review period to 2 years. Quarters are representative of a calendar year(e.g. Quarter 1 is Jan-March).March).

- As of Q1 2022 Appendix B has been changed from "Providers Terminated" to "Provider Activity" listing all status changes made during the periods of review in this report. All Providers who recently had a change in status to one of the following: Terminated, Newly added, or placed 'On Hold' can be found here.

Billable Unit Conversions:

The unit of service definitions changed for several services with the implementation of CareDirector. For continuity of previous reporting, the Provider Quality Report (PQR) displays billable units to reflect hours, days, months, etc. and not in the increments currently billed in CareDirector. The chart below shows the conversion rates per service.

Service Rate Conversions from CareDirector Billing to Provider Quality Report		
Service	**Current CareDirector Billing Unit Definition**	**Unit Definition in PQR Report**
Adult Day Service	1 unit equals a half day. 2 units equals a full day.	1 unit = 1 day
Consumer Directed Care	1 unit equal 15 minutes	1 unit = 1 hour (Q3, 2019 and after)
Electronic Monitoring Systems	1 unit is equal to half month. 2 units is equal to full month.	1 unit = 1 month
Homemaking	1 unit is equal to 15 minutes	1 unit = 1 hour
Personal Care	1 unit is equal to 15 minutes	1 unit = 1 hour
Respite	1 unit is equal to 15 minutes	1 unit = 1 hour

Adult Day Service Billable Units:

Beginning March 23, 2020, the Adult Day Service was not active per executive order from the Governor. Any provider with billable units during quarter 2 is the direct result of late billing. As per executive order from the Governor of Ohio, all Adult Day Care Centers were authorized for reopening in October 2020.

SASI Scoring:

SASIs were not collected during April and May 2020 and resumed in June. Therefore, Q2 2020 SASI scores consist of smaller sample sizes which may impact providers' scores.

Provider Quality Report: Service Metrics

Clinton County ESP

Adult Day Service

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Clinton County Adult Day Center, Inc.	1	0	0	0	0	0	0	0	1
Total Billable Units	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Adult Day Center, Inc.	100.00%	0	0	0	0	0	0	0
Total Market Share	**100.00%**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Clinton County Adult Day Center, Inc.	1	0	0	0	0	0	0	0	1
Total Distinct Clients Served	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**

Provider Quality Report: Service Metrics

Clinton County ESP

Consumer Directed Care

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Acumen Fiscal Agent	1,873	1,670	1,687	1,693	1,829	1,483	2,117	1,889	14,241
Total Billable Units	**1,873**	**1,670**	**1,687**	**1,693**	**1,829**	**1,483**	**2,117**	**1,889**	**14,241**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Acumen Fiscal Agent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Acumen Fiscal Agent	17	15	16	16	17	16	18	14	16
Total Distinct Clients Served	**17**	**15**	**16**	**16**	**17**	**16**	**18**	**14**	**16**

Provider Quality Report: Service Metrics

Clinton County ESP

Electronic Monitoring System

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Guardian Medical Monitoring, Inc.	995	995	958	930	868	860	843	823	7,271
Total Billable Units	**995**	**995**	**958**	**930**	**868**	**860**	**843**	**823**	**7,271**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Guardian Medical Monitoring, Inc.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Guardian Medical Monitoring, Inc.	318	318	309	302	284	285	275	267	295
Total Distinct Clients Served	**318**	**318**	**309**	**302**	**284**	**285**	**275**	**267**	**295**

Provider Quality Report: Service Metrics

Clinton County ESP

Home Delivered Meals

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Clinton County Community Action Program	11,118	10,688	9,788	8,121	7,618	7,703	7,319	6,290	68,645
Total Billable Units	**11,118**	**10,688**	**9,788**	**8,121**	**7,618**	**7,703**	**7,319**	**6,290**	**68,645**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	
Clinton County Community Action Program	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Clinton County Community Action Program	164	169	145	120	110	119	108	107	130
Total Distinct Clients Served	**164**	**169**	**145**	**120**	**110**	**119**	**108**	**107**	**130**

Provider Quality Report: Service Metrics
Clinton County ESP

Home Medical Equipment

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
American Ramp Systems	2	3	2	0	0	0	0	0	7
Bernens Medical	7	9	4	9	9	17	6	10	71
Home First	2	1	0	1	1	1	1	2	9
Mullaney's Pharmacy & Home Health Care	5	2	0	2	5	1	1	4	20
Stateline Medical Equipment	0	0	0	0	0	1	0	0	1
Total Billable Units	**16**	**15**	**6**	**12**	**15**	**20**	**8**	**16**	**108**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
American Ramp Systems	12.50%	20.00%	33.33%	0	0	0	0	0
Bernens Medical	43.75%	60.00%	66.67%	75.00%	60.00%	85.00%	75.00%	62.50%
Home First	12.50%	6.67%	0	8.33%	6.67%	5.00%	12.50%	12.50%
Mullaney's Pharmacy & Home Health Care	31.25%	13.33%	0	16.67%	33.33%	5.00%	12.50%	25.00%
Stateline Medical Equipment	0	0	0	0	0	5.00%	0	0
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
American Ramp Systems	1	1	1	0	0	0	0	0	1
Bernens Medical	7	8	3	8	9	13	5	9	8
Home First	2	1	0	1	1	1	1	2	1
Mullaney's Pharmacy & Home Health Care	2	2	0	2	3	1	1	4	2
Stateline Medical Equipment	0	0	0	0	0	1	0	0	1
Total Distinct Clients Served	**12**	**12**	**4**	**11**	**13**	**16**	**7**	**15**	**3**

Provider Quality Report: Service Metrics
Clinton County ESP

Home Modification

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Home First	8	12	8	6	5	11	8	7	65
MedAdapt Ltd.	0	0	0	1	0	0	0	0	1
Tri-State Maintenance	0	0	0	1	0	1	0	3	5
Total Billable Units	**8**	**12**	**8**	**8**	**5**	**12**	**8**	**10**	**71**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Home First	100.00%	100.00%	100.00%	75.00%	100.00%	91.67%	100.00%	70.00%
MedAdapt Ltd.	0	0	0	12.50%	0	0	0	0
Tri-State Maintenance	0	0	0	12.50%	0	8.33%	0	30.00%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Home First	7	9	7	5	4	9	8	6	7
MedAdapt Ltd.	0	0	0	1	0	0	0	0	1
Tri-State Maintenance	0	0	0	1	0	1	0	3	2
Total Distinct Clients Served	**7**	**9**	**7**	**7**	**4**	**10**	**8**	**9**	**5**

Provider Quality Report: Service Metrics
Clinton County ESP

Homemaking

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Assisted Care by Black Stone of CIN	593	554	548	472	386	382	277	250	3,459
Clinton County Community Action Program	2,184	2,325	2,293	2,304	2,482	2,385	2,317	2,075	18,364
First Community Health Services, LLC	150	138	214	123	193	80	155	96	1,149
Gabriel's Angels Homecare, LLC	723	883	915	828	961	1,008	1,025	865	7,206
Katy's Home Health Care LLC	732	1,184	1,081	933	1,136	905	974	684	7,628
Total Billable Units	**4,381**	**5,083**	**5,050**	**4,659**	**5,158**	**4,759**	**4,747**	**3,970**	**37,806**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	13.53%	10.90%	10.84%	10.12%	7.48%	8.02%	5.82%	6.29%
Clinton County Community Action Program	49.85%	45.73%	45.40%	49.46%	48.13%	50.11%	48.81%	52.27%
First Community Health Services, LLC	3.41%	2.71%	4.24%	2.64%	3.75%	1.68%	3.27%	2.42%
Gabriel's Angels Homecare, LLC	16.50%	17.37%	18.11%	17.76%	18.62%	21.17%	21.59%	21.79%
Katy's Home Health Care LLC	16.70%	23.29%	21.41%	20.02%	22.02%	19.02%	20.52%	17.23%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Assisted Care by Black Stone of CIN	21	20	19	17	12	11	10	9	15
Clinton County Community Action Program	127	142	148	145	144	142	139	133	140
First Community Health Services, LLC	8	6	8	7	6	4	4	3	6
Gabriel's Angels Homecare, LLC	29	36	34	42	46	50	49	52	42
Katy's Home Health Care LLC	49	59	63	52	54	50	48	43	52
Total Distinct Clients Served	**234**	**263**	**272**	**263**	**262**	**257**	**250**	**240**	**51**

Provider Quality Report: Service Metrics

Clinton County ESP

Major Housecleaning

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Home First	1	0	1	2	0	1	2	0	7
Total Billable Units	**1**	**0**	**1**	**2**	**0**	**1**	**2**	**0**	**7**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	
Home First	100.00%	0	100.00%	100.00%	0	100.00%	100.00%	0	
Total Market Share	**100.00%**	**0**	**100.00%**	**100.00%**	**0**	**100.00%**	**100.00%**	**0**	

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Home First	1	0	1	2	0	1	2	0	1
Total Distinct Clients Served	**1**	**0**	**1**	**2**	**0**	**1**	**2**	**0**	**1**

Provider Quality Report: Service Metrics

Clinton County ESP

Personal Care

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Assisted Care by Black Stone of CIN	114	129	114	130	122	62	2	19	691
First Community Health Services, LLC	77	54	128	85	7	0	0	0	351
Katy's Home Health Care LLC	652	1,036	1,030	916	916	809	772	501	6,630
Total Billable Units	**842**	**1,219**	**1,272**	**1,131**	**1,045**	**871**	**774**	**520**	**7,673**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	13.51%	10.60%	8.93%	11.46%	11.68%	7.15%	0.26%	3.66%
First Community Health Services, LLC	9.14%	4.43%	10.07%	7.52%	0.67%	0	0	0
Katy's Home Health Care LLC	77.35%	84.97%	81.01%	81.03%	87.65%	92.85%	99.74%	96.34%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Assisted Care by Black Stone of CIN	5	7	5	5	3	3	1	1	4
First Community Health Services, LLC	3	1	2	3	1	0	0	0	2
Katy's Home Health Care LLC	31	42	36	31	36	33	32	28	34
Total Distinct Clients Served	**39**	**50**	**43**	**39**	**40**	**36**	**33**	**29**	**15**

Provider Quality Report: Service Metrics

Clinton County ESP

Pest Control

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
All Gone Termite & Pest Control, Inc.	0	0	0	0	8	4	1	0	13
Milt's Termite & Pest Control	5	8	13	9	4	0	0	1	40
Total Billable Units	**5**	**8**	**13**	**9**	**12**	**4**	**1**	**1**	**53**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
All Gone Termite & Pest Control, Inc.	0	0	0	0	66.67%	100.00%	100.00%	0
Milt's Termite & Pest Control	100.00%	100.00%	100.00%	100.00%	33.33%	0	0	100.00%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
All Gone Termite & Pest Control, Inc.	0	0	0	0	2	2	1	0	2
Milt's Termite & Pest Control	3	3	5	5	2	0	0	1	3
Total Distinct Clients Served	**3**	**3**	**5**	**5**	**4**	**2**	**1**	**1**	**3**

Provider Quality Report: Service Metrics
Clinton County ESP

Respite

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Assisted Care by Black Stone of CIN	0	0	0	0	0	8	0	0	8
Katy's Home Health Care LLC	108	192	165	145	142	148	92	52	1,044
Total Billable Units	108	192	165	145	142	156	92	52	1,051

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	0	0	0	0	0	4.97%	0	0
Katy's Home Health Care LLC	100.00%	100.00%	100.00%	100.00%	100.00%	95.03%	100.00%	100.00%
Total Market Share	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Assisted Care by Black Stone of CIN	0	0	0	0	0	1	0	0	1
Katy's Home Health Care LLC	6	10	7	8	7	6	7	3	7
Total Distinct Clients Served	6	10	7	8	7	7	7	3	6

Provider Quality Report: Service Metrics

Clinton County ESP

Transportation

Billable Units

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total Billable Units
Clinton County Community Action Program	6	12	6	18	12	18	2	45	**119**
Valley Transport LLC	0	0	0	0	0	0	44	60	**104**
Warren County Community Service	0	0	0	0	0	0	0	6	**6**
Total Billable Units	**6**	**12**	**6**	**18**	**12**	**18**	**46**	**111**	**229**

Market Share

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	4.35%	40.54%
Valley Transport LLC	0	0	0	0	0	0	95.65%	54.05%
Warren County Community Service	0	0	0	0	0	0	0	5.41%
Total Market Share	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Distinct Clients Served

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Avg. Distinct Clients Served
Clinton County Community Action Program	2	2	2	5	3	3	1	3	**3**
Valley Transport LLC	0	0	0	0	0	0	3	8	**6**
Warren County Community Service	0	0	0	0	0	0	0	1	**1**
Total Distinct Clients Served	**2**	**2**	**2**	**5**	**3**	**3**	**4**	**12**	**3**

Provider Quality Report: Satisfaction Metrics

Clinton County ESP

Clinton County ESP SASI Counts

Home Care Assistance

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	4	15	6	9	4	1	1	7
Clinton County Community Action Program	14	50	49	53	50	39	27	29
First Community Health Services, LLC	1	2	4	2	2	1	1	0
Gabriel's Angels Homecare, LLC	5	7	9	12	9	13	10	7
Katy's Home Health Care LLC	16	27	24	19	19	8	10	19

Home Delivered Meals

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	20	37	40	30	33	14	24	21

Medical Transportation

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	0	0	0	0	0	0	0	3
Valley Transport LLC	0	0	0	0	0	0	1	1

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Overall Percentage

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	95.0%	97.2%	96.7%	93.8%	92.5%	100.0%	100.0%	92.9%
Clinton County Community Action Program	100.0%	98.3%	99.3%	98.6%	98.6%	99.4%	98.1%	98.9%
First Community Health Services, LLC	100.0%	100.0%	100.0%	90.0%	100.0%	70.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	98.0%	98.3%	100.0%	98.1%	93.2%	99.2%	98.3%	98.6%
Katy's Home Health Care LLC	100.0%	98.5%	95.3%	95.8%	90.9%	97.1%	100.0%	92.1%

Are the people at [HCA Service Provider] responsive?

Historical Average: 90.2%
½ Historical Standard Deviation: 5.4%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	85.7%
Clinton County Community Action Program	100.0%	100.0%	100.0%	96.1%	100.0%	100.0%	100.0%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	95.8%	100.0%	88.9%	100.0%	100.0%	100.0%

Do the people at [HCA Service Provider] let you know about changes to your service?

Historical Average: 88.4%
½ Historical Standard Deviation: 6.7%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%
Clinton County Community Action Program	100.0%	100.0%	100.0%	95.8%	97.9%	97.3%	100.0%	96.3%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	95.5%	100.0%	88.9%	100.0%	100.0%	78.9%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Home Care Assistance SASI Scores

Do you have the same aide each time?

Historical Average: 84.2% ½ Historical Standard Deviation: 6.9%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Assisted Care by Black Stone of CIN	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	96.0%	98.0%	100.0%	98.0%	100.0%	92.6%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	88.9%	92.3%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	88.9%	82.6%	84.2%	73.7%	71.4%	100.0%	63.2%

Do you like the way your aide treats you?

Historical Average: 97.0% ½ Historical Standard Deviation: 2.7%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Do you trust your aide?

Historical Average: 94.9% ½ Historical Standard Deviation: 3.4%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Home Care Assistance SASI Scores

Does your aide do a good job?

Historical Average: 93.7% ½ Historical Standard Deviation: 3.5%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Assisted Care by Black Stone of CIN	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	98.0%	100.0%	100.0%	98.0%	100.0%	100.0%	96.6%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	84.2%

Does your aide do the things you ask them to do?

Historical Average: 95.7% ½ Historical Standard Deviation: 3.0%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	85.7%
Katy's Home Health Care LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

If your aide is not available, are you offered another aide?

Historical Average: 90.3% ½ Historical Standard Deviation: 6.0%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Assisted Care by Black Stone of CIN	100.0%	78.6%	66.7%	50.0%	75.0%	100.0%	100.0%	57.1%
Clinton County Community Action Program	100.0%	93.5%	95.2%	93.6%	93.8%	96.9%	91.7%	95.8%
First Community Health Services, LLC	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	80.0%	83.3%	100.0%	88.9%	87.5%	100.0%	83.3%	100.0%
Katy's Home Health Care LLC	100.0%	96.3%	91.3%	89.5%	84.2%	100.0%	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Home Care Assistance SASI Scores

Is your aide dependable? Historical Average: 89.6% ½ Historical Standard Deviation: 6.4%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Assisted Care by Black Stone of CIN	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	95.8%	94.7%	84.2%	100.0%	100.0%	94.7%

Would you recommend [HCA Service Provider] to a family member or friend? Historical Average: 88.0% ½ Historical Standard Deviation: 6.6%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Assisted Care by Black Stone of CIN	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Clinton County Community Action Program	100.0%	96.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%
First Community Health Services, LLC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data
Gabriel's Angels Homecare, LLC	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%
Katy's Home Health Care LLC	100.0%	100.0%	95.8%	94.7%	89.5%	100.0%	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Home Delivered Meals SASI Scores

Overall Percentage

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.0%	99.7%	97.5%	98.7%	97.7%	99.1%	95.8%	89.5%

Are the people at [HDM Service Provider] responsive?
Historical Average: 98.5%
½ Historical Standard Deviation: 1.4%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Are your meals good?
Historical Average: 94.6%
½ Historical Standard Deviation: 2.1%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.0%	100.0%	97.5%	100.0%	97.0%	100.0%	91.7%	76.2%

Can you depend on your meals driver?
Historical Average: 99.4%
½ Historical Standard Deviation: 0.6%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%

Do the people at [HDM Service Provider] let you know about changes to your service?
Historical Average: 97.9%
½ Historical Standard Deviation: 1.6%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Home Delivered Meals SASI Scores

Do you eat your home delivered meals?

Historical Average: 98.8% ½ Historical Standard Deviation: 0.8%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%

Do you have a good choice of meals?

Historical Average: 93.6% ½ Historical Standard Deviation: 2.8%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Clinton County Community Action Program	100.0%	97.3%	82.5%	89.7%	87.9%	92.9%	83.3%	60.0%

Do your meals help you follow a healthy diet?

Historical Average: 97.1% ½ Historical Standard Deviation: 1.8%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	95.8%	95.2%

Would you recommend [HDM Service Provider] to a family member or friend?

Historical Average: 97.1% ½ Historical Standard Deviation: 1.6%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Clinton County Community Action Program	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Medical Transportation SASI Scores

Overall Percentage

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Can you depend on your transportation service?
Historical Average: 96.1%
½ Historical Standard Deviation: 2.3%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Do you feel safe and secure during your ride?
Historical Average: 98.6%
½ Historical Standard Deviation: 1.4%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Do you get as much help as you need to get in/out of the vehicle?
Historical Average: 97.6%
½ Historical Standard Deviation: 2.5%

Provider Name	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Medical Transportation SASI Scores

Do you get as much help as you need to get to the vehicle?

Historical Average: 97.6% ½ Historical Standard Deviation: 2.2%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Do you like the way the scheduling staff at [Transportation Service Provider] treat you?

Historical Average: 96.9% ½ Historical Standard Deviation: 2.2%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Do you like the way your driver treats you?

Historical Average: 98.6% ½ Historical Standard Deviation: 1.7%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Does the driver get you to your appointment at the scheduled time?

Historical Average: 98.0% ½ Historical Standard Deviation: 1.9%	2020	2020	2020	2021	2021	2021	2021	2022
Provider Name	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Provider Quality Report: Satisfaction Metrics[1]

Clinton County ESP

Medical Transportation SASI Scores

Does the service get you home from your appointment in a reasonable amount of time?

Historical Average: 93.1% ½ Historical Standard Deviation: 4.5% **Provider Name**	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Is the ride a pleasant experience?

Historical Average: 98.0% ½ Historical Standard Deviation: 1.9% **Provider Name**	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

Would you recommend [Transportation Service Provider] to a family member or friend?

Historical Average: 96.8% ½ Historical Standard Deviation: 2.4% **Provider Name**	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinton County Community Action Program	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%
Valley Transport LLC	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%

[1]Appendix: A describes the methodology used to calculate historical average, ½ histocial standard deviation, and identifies the color coding schema.

Methodology for Calculating Historical Average, ½ Historical Standard Deviation, and Establishing Color Coding Schema

1. SASI counts and Yes/No answers for each SASI question from 24,977 SASIs collected over a two year period from October 1, 2016 through December 31st 2018 were aggregated for each calendar quarter (eight calendar quarters in total) by Provider and SASI type (Home Care Assistance, Home Delivered Meals, and Transportation).

2. The equation [(Total Yes)/(Total Yes+Total No)] was used to derive the percent score for each SASI question by Provider per quarter grouped by SASI type.

3. One half standard deviation for each question was calculated by taking the standard deviation across all scores for Providers by quarter in which more than six SASIs were returned and dividing that number by 2, i.e. [(STDDEV)/2].

4. The average SASI score for each question was calculated by averaging the scores across all Providers and quarters in which more than six SASIs were returned.

5. The lower benchmark for color coding SASI scores was established by subtracting one half standard deviation from the mean for each question. SASI scores for a particular question that fall below that score are highlighted in RED.

6. The upper benchmark for color coding SASI scores was established by adding one half standard deviation to the mean for each question. SASI scores for a particular question that are greater than that score are highlighted in GREEN.

7. Color coding was first applied to the Quarter 3, 2019 Provider Quality Reports. Note that items highlighted in GRAY had less than 7 SASIs returned and therefore did not meet the color coding requirements. Items not highlighted scored less than or equal to one half standard deviation above the mean and greater than or equal to one half standard deviation below the mean for that respective question.

SASI Scores Color Coding Legend	
Top Performer	> ½ Historical Standard Deviation Above the Mean
Under Performer	< ½ Historical Standard Deviation Below the Mean
Average Performer	<= ½ Historical Standard Deviation Above and >= ½ Historical Standard Deviation Below the Mean
Insufficient Sample Size	< 7 SASIs contribute to score

Appendix B: Provider Activity

Clinton County ESP

Provider - Terminated	Service No Longer Delivered	Termination Effective
Advanced Medical	Home Medical Equipment	4/15/2020
Littleton Homecare Supply Inc	Home Medical Equipment	7/13/2020

Provider - New	Service Delivered	Effective
Warren County Community Service	Transportation	10/1/2021
Valley Transport LLC	Transportation	10/1/2021

Provider - On Hold	Service On Hold	Effective

Conditions of Participation

1. **Employer requirements prior to service initiation:**
   1.1. The employer must review the service specification and must ensure that the employee delivers services in compliance with the Service Specification and in accordance with the plan designed and authorized by the case manager and employer.
   1.2. The employer must ensure that both the employer and the employee comply with all contracted requirements, CDC code of ethics, conditions of participation, and CDC service specifications
   1.3. The employer shall ensure that the employee is not designated to make decisions for the client in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship, or authorized representative.
   1.4. The employer shall ensure that the employee is at least 18 years of age
   1.5. The employer shall ensure that the employee has a valid social security number and at least one of the following current, valid, government issued, photographic identification cards:
      1.5.1. driver's license
      1.5.2. State of Ohio identification card
      1.5.3. US permanent residence card
   1.6. The employer is responsible for ensuring that workers are in compliance with all applicable employment and other laws in connection with any employment relationship established, including, without limitation, payroll, worker's compensation insurance, and minimum wage laws, as well as validation of Worker credentials and other conditions or suitability for employment.
   1.7. The employer is not permitted to allow the employee to begin providing paid services until the employee has successfully completed the background check process as described in the CDC background check policy.
   1.8. The employer must ensure that the employee has entered into a written agreement with the employer for the agreed upon tasks
   1.9. The employer shall ensure that the employee is informed that the employee shall not use or disclose any information concerning an employer for any purpose not directly connected with the provision of services, except with the written consent of the employer or authorized representative
   1.10. Neither the employer or employee will engage in fraudulent or illegal activities while providing services.
   1.11. The employer understands that COA staff are mandated reporters which means that they are required by law to report any allegations of suspected abuse, neglect or exploitation committed by the employee, employer or other individual engaged in the care of the client to appropriate authorities.
   1.12. Neither the employer or employee will engage in behavior that constitutes a conflict of interest, takes advantage of or manipulates services resulting in an unintended advantage for personal gain of the employer
   1.13. Employers are responsible for notifying their care managers of their decision to terminate employees
   1.14. Failure to meet any of the requirements of this rule may lead to the termination of the agreement

SERVICE SPECIFICATION

1.0 OBJECTIVE

Consumer Directed Care (CDC) is another option for delivering home care services. Instead of using traditional agencies, clients become "employers" and hire their own "employees" to provide the care and services they need. This allows a client to choose their home care aide to assist and support them with their IADLs which may include personal care, homemaking, companion, and respite tasks.

2.0 DEFINITIONS

2.1 Employer**:** The ESP client or their designated Employer of Record

2.2 Employee**:** The worker/aide hired by the ESP client to provide specific home care assistance services

3.0 SERVICE HOURS

The unit rate and cost cap will be discussed in advance by the Care Manger and the employer. The employer will ultimately determine the unit rate to be paid to the employee

4.0 REQUIREMENTS

4.1 The employer should ensure that the employer and employee treat each other with dignity and respect.

4.2 The employer must ensure that the employee must deliver services as agreed upon with the employer and as authorized in the employer's care plan

4.3 Supervision of the employee is the responsibility of the employer

4.4 The employer must ensure that they and their employee effectively communicate, and that the employer keeps the client's care manager informed of any changes in the client's need for service or care. The employer must also inform the care manager of any changes in the employee's employment status.

4.5 The employer is responsible for ensuring that workers are in compliance with all applicable employment and other laws in connection with any employment relationship established, including, without limitation, payroll, worker's compensation insurance, and minimum wage laws, as well as validation of Worker credentials and other conditions or suitability for employment.

4.6 Tasks designated by the employer will be reviewed with the employee. These tasks may include but are not limited to the following:

a) Maintaining a clean and safe environment
b) Assisting with personal care
c) Homemaking
d) Independent Living Assistance
e) Companion services
f) Transportation
g) Meal preparation and/or grocery shopping

ELDERLY SERVICES PROGRAM (ESP^{SM})

CONSUMER DIRECTED CARE (CDC)

CONDITIONS OF PARTICIPATION and SERVICE SPECIFICATION

2022~~1~~

EFFECTIVE JUNE ~~JANUARY 1~~, 202~~2~~~~1~~ (CCESP) (BCESP) (HCESP) (WCESP)

**ELDERLY SERVICES PROGRAM
CONSUMER DIRECTED CARE CONDITIONS OF
PARTICIPATION and SERVICE SPECIFICATION**

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Section Title   **Page**

CONDITIONS OF PARTICIPATION

1.0 EMPLOYEER REQUIREMENTS PRIOR TO SERVICE INITIATION

1.1 The employere must review the service specification and must ensure that the employee delivers services in compliance with the Service Specification and in accordance with the plan designed and authorized by the case manager and employer. ~~must deliver services in compliance with the Service Specification and in accordance with the plan designed and authorized by the Care Manager and employer~~

1.2 The employere must ensure that both the employer and the employee comply with all contracted requirements, CDC code of ethics, conditions of participation, and CDC service specifications

~~1.2 must comply with all contract requirements, Conditions of Participation, and CDC Service Specification~~

1.3 The employer shall ensure that the employee is not designated to make decisions for the client in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship, or authorized representative ~~The legal guardian, power of attorney, spouse, or authorized representative of the employer cannot serve as the employee~~

1.4 The employere shall ensure that the employee is at least 18 years of age

~~1.3 must be at least 18 years of age~~

1.5 The employer e shall ensure that the employee has ~~must have~~ a valid social security number and at least one of the following current, valid, government issued, photographic identification cards:

    a) driver's license
    b) State of Ohio identification card
    c) US permanent residence card

~~1.4 If transporting the employer, the employee must submit to the employer proof of vehicle insurance that meets the state minimum requirements and have a valid driver's license~~

1.6 The employer is responsible for ensuring that workers are in compliance with all applicable employment and other laws in connection with any employment relationship established, including, without limitation, payroll, worker's compensation insurance, and minimum wage laws, as well as validation of Worker credentials and other conditions or suitability for employment.

1.7 The employer is not permitted to allow the employee to begin providing paid services until the employee has successfully completed the background check process as described in the CDC background check policy.

~~1.6 The employee must successfully complete a criminal background check conducted by HR Profile Employment Screening~~

1.8 The employer~~e~~ must ensure that the employee has entered into a written agreement with the employer for the agreed upon tasks

~~1.7 enter into a written agreement with the employer for the agreed upon tasks~~

1.9 The employer~~e~~ shall ensure that the employee is informed that the employee shall not use or disclose any information concerning an employer for any purpose not directly connected with the provision of services, except with the written consent of the employer or authorized representative

1.10   Neither the employer or employee will engage in fraudulent or illegal activities while providing services.

1.11

 The employer understands that COA staff are mandated reporters which means that they are required by law to report any allegations of suspected abuse, neglect or exploitation committed by the employee, employer or other individual engaged in the care of the client to appropriate authorities.

1.12   Neither the employer or employee will engage in behavior that constitutes a conflict of interest, takes advantage of or manipulates services resulting in an unintended advantage for personal gain of the employer

1.13 Employers are responsible for notifying their care managers of their decision to terminate employees

 ~~1.11~~

 ~~1.12 The employee shall not use the client's personal property without the client's consent~~

 ~~1.13 The employee will not forge a client's signature and /or falsify information~~

 ~~1.14 The employee will not engage in behavior that causes or may cause physical, verbal, mental or emotional distress or abuse to the client~~

 ~~1.15 The employee will not engage in behavior that constitutes a conflict of interest, takes advantage of or manipulates services resulting in an unintended advantage for personal gain of the employer~~

 ~~1.16 The employee will accept, on an ongoing basis from the employer, changes in the frequency and duration of service tasks to be performed for the employer~~

~~1.17 If terminating services, the employee will submit written notification to the employer and the Care Manager at least thirty (30) days prior to the last date of service~~

1.14 Failure to meet any of the requirements of this rule may lead to the termination of the agreement

SERVICE SPECIFICATION

1.0 OBJECTIVE

Consumer Directed Care (CDC) is another option for delivering home care services. Instead of using traditional agencies, clients become "employers" and hire their own "employees" to provide the care and services they need. This allows a client to choose their home care aide to assist and support them with their IADLs which may include personal care, homemaking, companion, and respite tasks.

2.0 DEFINITIONS

2.1 Employer**:** The ESP client or their designated Employer of Record

2.2 Employee**:** The worker/aide hired by the ESP client to provide specific home care assistance services

2.1 Employer- The client or Authorized Representative is also known as the employer

2.2 Employee- The person hired by the employer to deliver home care services

2.3 Authorized Representative- A representative named by the employer to assist in monitoring/signing timesheets, and other documents. The need for an authorized representative will be discussed in advance by the employer and Care Manager

3.0 SERVICE HOURS

The unit rate and cost cap will be discussed in advance by the Care Manger and the employer. The employer will ultimately determine the unit rate to be paid to the employee

4.0 REQUIREMENTS

4.1 The employer and employee should cooperatively treat each other with dignity and respect

4.2 The employer e must ensure that the employee must deliver services as agreed upon with the employer and as authorized in the employer's care plan

4.3 Supervision of the employee is the responsibility of the employer

4.4 The employer must ensure that they and their employee effectively communicate, and that the employer keeps the client's care manager informed of any changes in the client's need for service or care. The employer must also inform the care manager of any changes in the employee's employment status.
4.4 The employee must be able to effectively communicate with the employer

4.5 The employer is responsible for ensuring that workers are in compliance with all applicable employment and other laws in connection with any employment relationship established,

including, without limitation, payroll, worker's compensation insurance, and minimum wage laws, as well as validation of Worker credentials and other conditions or suitability for employment.

4.5 If the employee intends to transport the employer, the employee must show the employer a valid driver's license and valid insurance identification card prior to the first transport

4.6 Tasks designated by the employer will be reviewed with the employee. These tasks may include but are not limited to the following:

a) Maintaining a clean and safe environment
b) Assisting with personal care
c) Homemaking
d) Independent Living Assistance
e) Companion services
f) Transportation
g) Meal preparation and/or grocery shopping

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4.6.1 Maintaining a clean and safe environment
4.6.2 Assisting with personal care

Homemaking

Independent Living Assistance

Companion services

Transportation

Meal preparation and/or grocery shopping

ELDERLY SERVICES PROGRAM

(ESP^{SM}) HOME CARE ASSISTANCE

(HCA) SERVICE SPECIFICATION

EFFECTIVE JUNE 2022
(CLINTON COUNTY ESP)

HOME CARE ASSISTANCE
SERVICE SPECIFICATION
TABLE OF CONTENTS

HOME CARE ASSISTANCE (HCA) SERVICE

1.0 OBJECTIVE

The HCA (Home care Assistance) service allows a client to achieve optimal independence by supporting them with their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). This may include homemaking, personal care, respite, or companion services. A goal of HCA is to deliver exceptional service that will allow clients to remain safe in their home.

2.0 UNIT OF SERVICE

2.1 A unit of service is equal to one-quarter hour.

2.2 The unit rate must include administration, supervision, travel, and documentation costs.

2.3 The number of units is determined by the Care Manager.

3.0 PROVIDER REQUIREMENTS

3.1 General

a) The provider must be capable of delivering services to meet the needs of the client's authorized plan.

b) Telephone coverage must be provided for staff and clients during working hours including all holidays.

c) The provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.

d) If a provider identifies health and safety issues with the client, the provider will take immediate action based on circumstances with the situation. This could include action such as calling 911 or making a referral to Adult Protective Services. The provider shall contact the care management staff, within one business day, to discuss issues and work collaboratively to ensure the client's welfare.

e) Client is a no-show- If the client is a no-show, the provider will call their emergency contact and will email Care Manager immediately via secured email so that follow up can be completed to ensure client's health and safety. In the event an email is unavailable, a phone call will be made.

f) Temporary schedule changes- If the client cancels their service on a temporary basis, for example client has an appointment on a service delivery day and the service needs to be rescheduled, notification to the Care Manager is not needed. This is considered a temporary schedule change. Services must be rescheduled for another day within the same week.

g) Permanent schedule changes- Notification to the Care Manager must be given for all permanent schedule changes. The reason for the request must be given.

h) Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, without prior notice to the provider, notification to the Care Manager must be made.

i) Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family immediately. The provider must offer to reschedule the service to the client. Care management must be notified within one business day from the date the provider becomes aware if the client goes without services because of an aide no show.

j) Request for unit adjustments- In the event of an emergency (i.e. the family caregiver running late, unplanned needs, etc.) when services need to be rendered immediately, the provider may provide those services without prior authorization. It is the provider's responsibility to monitor the client delivered service units to ensure the client does not go over what is authorized in their plan. If the provider identifies the client is over or under their authorized units on a regular basis, a request to adjust the units must be made to the Care Manager.

k) The provider must maintain documented evidence of completion of eight hours of in-service education for each HCA aide annually, excluding the provider and program specific orientation, initiated after the first anniversary of employment with the provider. In-service education should increase staff knowledge and enhance the worker's performance. Examples of a yearly training may include but are not limited to how to care for an elderly client with dementia, universal precautions, identifying red flags and proper reporting procedures.

Documentation maintained in the employee's file of in-service education must include: Date, length of training, signature of trainer and signatures of those in attendance.

3.2 Employees

a) The provider must maintain in the employee files, documented evidence verifying that each of the individuals providing HCA service meet all applicable training and certification requirements prior to client contact.

b) The provider must document training and testing for staff, including training site information, the date of the training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable.

Supervisors
c) HCA Supervisor for HCA aides providing personal care service:

1. The provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

- Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities
- Effective communication and problem resolution skills
- Possess specialized skill set to train and guide home care aides to complete tasks outlined in the client's authorized plan
- Ability to maintain high standards of efficiency, client safety, and client satisfaction

2. The provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA aides are scheduled to work.

d) HCA Supervisor for HCA aides providing only homemaking, companion, or respite service:

1. The provider must ensure that the HCA Supervisor and trainer shall have:
   - experience in environmental/homemaking service or home health services
   - is responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home

2. The provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA aides are scheduled to work.

HCA Aide

e) The provider must assure the HCA aide is qualified to complete the tasks outlined in the Care Manager's authorized plan. The HCA aide will assist the client to achieve optimal function with tasks as identified in the client's authorized plan.

f) Must be at least 18 years of age and meet one of the criteria requirements listed under section 3.2 (m) of this specification.

g) Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.

h) Must be able to effectively communicate with the client, family members, and emergency service systems personnel.

i) Must be able to assist a client to maintain a clean and safe environment. The HCA aide will assist a client to reduce isolation and maintain socialization. The aide is intended for the client and specifically excludes direct services for all other household members.

j) The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 care of the client who requires constant supervision and may

never be alone. The purpose is to decrease stress and or isolation for the caregiver and ensure time to care for personal responsibilities.

k) Prior to performing specialized skills not included in the initial training, the aide must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to Hoyer lift, TED hose, and assisting with prosthetics.

l) The provider must ensure that the following tasks are **never** assigned as HCA aide client care responsibilities:
- Administration of over-the-counter medications or eye drops
- Administration of prescription medications or application of topical prescription medications or eye drops
- Perform tasks that require sterile techniques
- Administration of irrigation fluids to intravenous line, Foley catheters or ostomies
- Administration of food and fluids via feeding tube
- Administration of enemas or suppositories
- Filing or cutting a client's finger nails or toenails
- The aide shall not drive the clients in their cars or client's car. However, aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA to meet the transportation needs of the client.
- Are prohibited from purchasing alcohol and or tobacco products for the client

m) Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
- Be listed on the Ohio Department of Health's Nurse Aide Registry; or
- Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care worker without a 24-month lapse in employment as a home health aide or nurse aide; or
- Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or
- Have at least one-year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
- Successfully complete training, including, but not limited to instruction on areas outlined on attachment A. In addition, the aide must complete return demonstration in the areas marked with an ** in attachment A.

For an HCA homemaking only aide
Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
- Be listed on the Ohio Department of Health's Nurse Aide Registry; or
- Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care

worker without a 24-month lapse in employment as a home health aide or nurse aide; or

- Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or
- Have at least one-year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
- Have at least one-year employment experience as a supervised homemaker or in environmental or housekeeping services, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
- Successfully complete training, including, but not limited to instruction on areas outlined on attachment B. In addition, the aide must complete return demonstration in the areas marked with an ** in attachment B.

3.3 Service Delivery
Supervisory Visits or Call
a) A supervisory visit or telephone call must be conducted if the following issues arise:

- Client dissatisfaction with their authorized plan or service delivery
- A Major Unusual Incident
- Health and safety issue
- Any event that may lead to a disruption of service
- Aide performance issue

The goal of supervisor intervention is to avoid service disruption. The visit or call must include action steps to achieve this goal. The supervisor will work with the client, Care Manager, client representative or other parties to achieve resolution. Any recommended modifications must be discussed with the Care Manager and aide.

b) An in-home supervisory visit or telephone call must document the visit. The aide need not be present during the visit or call. The in-home visit must be documented, and the documentation must include the date of the visit, the printed name and signature of the Supervisor, printed name, and signature of the client. Electronic signatures are acceptable.

c) Telephone calls must be documented, and the documentation must include the date of the call, the printed name and signature of the Supervisor and printed name of the client.

d) The provider must provide a copy of the documentation of the supervisory visit or telephone call to the COA staff upon request.

General Service Delivery
e) If the provider identifies any significant change in the client's condition, the

provider will notify the Care Manager within 24 hours.

If identified change in the client's condition is a health and safety issue, it is the responsibility of the provider to immediately notify APS (Adult Protective Service) or to call 911. Once the provider contacts the proper reporting agency notification to the Care Manager and documentation in client's case notes must be made within 24 hours.

f) The provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
   - Date of service delivery
   - A description of the service tasks performed
   - The printed name of the HCA aide providing services
   - The HCA aide's arrival and departure time
   - The HCA aide's written signature to verify the accuracy of the record
   - The client's or client's caregiver's signature for each episode of service delivery

g) If a provider uses an electronic verification system for service delivery, each record must contain the following:
   - Date of service delivery
   - A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task
   - Name of the aide providing the service. If the provider utilizes a unique identifier assigned to each aide, the provider must supply the list of identifiers assigned to each name.
   - The aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery
   - The aide's electronic signature to verify the accuracy of the record. If a unique identifier is assigned to each aide, the provider must supply the list of identifiers assigned to each name
   - The client's or client's caregiver's electronic signature for each episode of service delivery. If the provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name
   - If a provider utilizes an electronic verification system, or if a landline is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 3.3 f
   - A provider utilizing an electronic verification system must round every episode of service delivery to the nearest quarter hour

h) The provider must deliver service only when the client is at home, with the exception, that the aide may assist in preparing the client's home prior to their return from the hospital or nursing facility. The client's representative must be

present for this service and prior authorization from the Care Manager must be obtained.

4.0 PROVIDER QUALITY MEASURES

a) Client Termination Notice
  - Each termination notice must include a reason for termination

  Prior to giving a termination notice the following steps must be taken and documented in the client's case note in CareDirector:
  - *Step 1: Provider Intervention-* Provider must attempt to resolve the issue with client including steps taken by the supervisor. Documentation must include the date and the steps taken.
  - *Step 2: COA Intervention-* Provider should reach out to the Care Management staff for intervention. This may include a care conference with the client, client's family members, Care Manager, and provider. Documentation must include the date the provider contacted COA and the agreed upon action steps.
  - *Step 3: Effective date of termination notice*
  - It is the expectation that the provider will continue to serve the client until a new provider is awarded

b) Rounding to the proper quarter hour
  To ensure consistent time entry, Aide clock in and out times should be rounded to the nearest quarter hour based on 7-minute time increments

Clock time	Quarter Hour
:00 - :07 minutes	.00
:08 - :22 minutes	.25
:23 - :37 minutes	.50
:38 - :52 minutes	.75
:53 - :60 minutes	1.00

Aide time from 1 to 7 minutes should be rounded down to the nearest quarter hour; time from 8 to 14 minutes should be rounded up to the nearest quarter hour.

c) Fast Track Home (FTH) Referrals
  It is our expectation that service delivery will begin within 24 hours of award for FTH referrals.

d) Service Adequacy Satisfaction Instrument (SASI)
  SASI results and comments will be reviewed with the provider on a regular   basis. COA staff will discuss scores that fall below the percentage threshold identified. Discussion will include best practices and quality improvement strategies to improve scores and percentages.

e) Complaints and Incidents
Complaints and Incidents will be reviewed with the provider on a routine basis to identify root cause, trends, and areas of improvement. A quality action plan (QAP) may be requested for deficiencies in quality that need improvement.

f) Provider Quality Reports (PQR)
The Provider Quality Reports will be reviewed with the provider on a routine basis to outline increases or decreases in market share, client counts, and units billed. If areas of improvement are identified, COA staff will discuss with provider.

Personal Care

Training Requirements

Attachment A

Below are the training requirements that are expected for home care aides performing personal care and/or respite. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

Understanding and Working with Differing Client Populations

- Basic Human Needs
  - o Physical Needs
  - o Psychological Needs
    - Working with the Family Unit
- Customs and Cultures

Principles of Safety

- General Home Safety Rules
  - o Bathroom Safety
  - o Kitchen Safety
  - o Bedroom Safety
  - o Living Room Safety
  - o Stair Way Safety
  - o Fire Safety
  - o Medication Safety
  - o Equipment Safety
  - o Oxygen Safety
    - Principles of Body Mechanics

Preventing Falls in the Elderly

- Risk Factors
- Risk factors for the Aide

Communication

- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

Observations, Reporting and Documentation

- Observation and Reporting
- Legality
- HHA Note
- Care Plan

Infection Control and Universal or Standard Precautions

- Infection
- Chain of Infection
- Preventing the Spread of Infection
- Standard or Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
    - Engineering and Work Practice Controls
    - Personal Protective Equipme n t **
    - Handwashing **

Homemaking Services (Incidental to Respite Services)

- Introduction
- Cleaning a Client's Home
- How To Keep a House Clean
- Basic kind s of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
    - Dusting **
    - Washing Dishes **
    - Cleaning Bathroom s **
    - Laundry **
    - Rugs and Carpeting, Floors**
    - Pests and Bugs
    - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

Laundry (Incidental to Respite Services)

- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat
- Ironing **

Nutrition

- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

Elder Abuse

- Types of Abuse
- Signs of Abuse and Neglect
- Intervention

Personal Care/ ADL Assistance

- Oral Hygiene
  - Brushing/Flossing**
    - Denture Care **
  - Mouth Care for the Unconscious Client **
- Bathing the Client
  - Complete Bed Bath **
    - Partial Bath **
    - The Tub Bath **
    - The Shower **
- Skin Care
- Skin Integrity
- Pressure Sores
- Positioning
- Nutrition
- Prevention
- Treatment
- Incontinence
- Hair Care
  - Shampoo-Shower/Tub/Sink **
- Nail Care
- Giving the Client a Back Rub
- Shaving the Male Client **
- Dressing / Undressing Client **

Procedures

- Handwashing **
- Using the Urinal / Bedpan **
- Using the Bedside Commode **

- Assisting the Client with a Sitz Bath **
- Positioning, Lifting and Exercising
  - Moving Up in Bed **
  - Moving Up in Bed with Assistance **
  - Turning the Client in Bed **
  - Transferring to Chair from Bed **
  - Transferring from Chair to Bed **
  - Transferring from Chair to Chair **
  - Positioning **
  - Using a Mechanical Lift **

Homemaking

Training Requirements-Homemaking

Attachment B

Below are the training requirements that are expected for home care aides performing homemaking only. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

 *The Trainer must meet Homemaker supervisor requirements.

Understanding and Working with Differing Client Populations
- Basic Human Needs
  - Physical Needs
  - Psychological Needs
- Working with the Family Unit
- Customs and Cultures

Principles of Safety
- General Home Safety Rules
  - Bathroom Safety
  - Kitchen Safety
  - Bedroom Safety
  - Living Room Safety
  - Stair Way Safety
  - Fire Safety
  - Medication Safety
  - Equipment Safety
  - Oxygen Safety

Communication
- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

Observations, Reporting and Documentation
- Observation and Reporting
- Legality

<u>Elder Abuse</u>

- Types of Abuse
- Signs of Abuse and Neglect

Laundry Delivery Service Advisory Board Update
June 2022

To address the home care assistance workforce shortage, COA began to pilot Happy Nest Laundry Service in April with Hamilton County FastTrack Home clients. Identified clients were those with an unmet need for laundry services due to the workforce shortage. The pilot included three Fast Track Home clients who they themselves, or their caregiver is capable to gather, bag and place their laundry outside their residence for pick up.

Laundry service is already an approved service included in the ESP program as a task under the Home Care Assistance Service. Breaking this service out to be delivered in a different way will expand capacity to serve older adults who have been waiting for a provider that has the staffing capacity.

<u>Some key highlights of the service:</u>
- Meets a gap in service
- Customizable- preference of detergent options to accommodate allergy or sensitivity- Tide, All Free and Clear, Bleach, No Bleach etc.
- Happy Nest delivers weekly or on as needed basis
- Happy Nest folds all laundry
- Laundry is delivered next day
- Serves multiple zip codes
- Cost is based on zip code and weight of the laudry
- Text and email reminders of pick-up and delivery
- Cancel or suspend the service anytime- no contract

<u>Data-</u>

Currently three clients have received Happy Nest Laundry Services. Cost to date has ranged from $40-70 a week for each client. Further financial and quality analysis will be completed with more experience and data.

<u>Next Steps-</u>

Goal is to roll this out to all counties- based on zip code availability of laundry delivery providers. We are working to identify similar businesses and competitors.

Laundry Delivery Service

ESP Service Specifications

2022

Laundry Delivery Service

SERVICE SPECIFICATIONS

TABLE OF CONTENTS

LAUNDRY DELIVERY SERVICE SPECIFICATIONS

1.0   OBJECTIVE

Laundry Delivery service allows a client to achieve independence by supporting them with the instrumental activities of daily living (IADL) with laundry. The need is 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 dropped off based off individualized need.

2.0   DEFINITIONS

Laundry Service Provider: Laundry company that picks up, cleans, folds and delivers laundry.

3.0   UNIT OF SERVICE

3.1   A unit of service is one pickup and delivery

3.2   Additional units require prior authorization from Care/Case Manager

3.3   Laundry Services must be authorized by the Care/Case Manager

4.0   PROVIDER REQUIREMENTS

Provider requirements include the following:

4.1   The Provider will pick up laundry, wash, dry and deliver laundry back to client's home

4.2   Provider will follow infection control and universal or standard precautions

5.0   Quality Standards

5.1   The Provider wears gloves while sorting, washing, and folding

5.2   Provider ensures laundry is never mixed with another individuals laundry

5.3   All high touch points such as washer and dryer door handles, tablets, and folding tables are regularly disinfected

5.4   Complaints and Incidents will be reviewed on a routine basis

Welcome

I'd like to say thank you to all who voted "yes," for the Clinton County Senior Services Levy in fall of 2021. The passage is especially notable because voters were asked for approval a year earlier than usual, and with an increase in millage. The levy funds 83 percent of the Clinton County Elderly Services Program (ESP), and the previous level of funding limited our ability to help all those seeking help from the program. ESP served 622 clients in 2021.

Now, we will be able to help more older adults remain safely in their homes, and provide caregivers the relief of knowing their loved ones are receiving care while they tend to their jobs and their own families.

The national home health aide shortage unfortunately continues to impact in-home care services such as those provided by ESP. ESP administrator Council on Aging's (COA) efforts to lessen the impact in our county have been largely successful – the recruitment of additional home health agencies has improved consistency in aide matches with clients. But, the demand for in-home help in our county is growing at such a rate that some clients are waiting longer than normal for certain services. ESP's Consumer Directed Care option is a good alternative for clients who want to hire their own caregivers. COA recently contracted with a new financial management service provider with the goal of making it easier for clients to use Consumer Directed Care. The impact of this change will be felt in 2022.

If you've ever been a family caregiver, you know that burnout is very real. The Caregiver Support Program available through COA in 2021 began to offer up to 14 days annually of overnight respite. Care recipients stay in an appropriate care facility, giving caregivers an often much-needed break to rest, take a vacation, catch up on housework, or whatever they need to do to recharge.

Pandemic-related support for county residents continued in 2021, with an emphasis on helping older adults access vaccines. In fact, COA received a Clinton County Community Champions (C4) Award for developing a program to bring vaccines to homebound older adults.

There are many great ESP stories to share from 2021, so I encourage you to read this printed report, and then scan the QR code for even more important stories and highlights.

Sincerely,
Nicole Rodman
Chair, Clinton County Elderly Services Program Advisory Council

ESP Is a Community Partnership

Clinton County Commissioners
Mike McCarty, Kerry R. Steed, Brenda K. Woods

Clinton County Elderly Services Program Advisory Council
Nicole Rodman, Chair; Deacon Bob Baker; Charles Breckel; Ray Camp; Sue Caplinger; Timothy Hawk; Duane Weyand

Council on Aging
2333 Rombach Ave., Wilmington, OH 45177
(937) 584-7200, www.help4seniors.org

What Is ESP?

The Elderly Services Program helps eligible county residents age 65 and older to remain safe and independent in their homes by providing help with certain activities of daily living (bathing, cleaning, cooking, transportation and more), filling gaps in care already provided by family caregivers.

ESP offers flexible care to meet clients' changing needs. Eligibility and care needs are determined by an in-home assessment. A professional care manager coordinates and monitors clients' care. While income is not an eligibility factor, some clients have a co-payment based on income.

ESP is a community partnership. It's managed by Council on Aging via a contract with Clinton County Commissioners, who appoint a board to advise on program needs and policies. Provider agencies deliver ESP services via competitive contracts with COA. Clients, caregivers and taxpayers round out the partnership. ESP is a compassionate and cost-effective alternative to nursing home care.

COST TO TAXPAYERS:

$322 Monthly costs for ESP services

VS

$6,000+ Monthly costs for nursing home care

What Is COA's Role?

As the program's operator, COA provides: eligibility assessments; care management; program development; provider management; data analytics; financial services; information technology; quality improvement and community engagement. As a state-designated Area Agency on Aging, COA provided these additional services to county residents in 2021:

55,966 requests for information and referral fulfilled

1,326 individuals throughout COA's service area were provided support to transition from one care setting to another

$214,451 in Title III funding allocated to local organizations for congregate meals, legal assistance, wellness education, caregiver support, transportation and other supportive services

241 Clinton County residents received home- and community-based services through Medicaid-funded programs

CLINTON COUNTY
Elderly Services Program

2021 *Annual Report*

2021
Client Stats

Clinton County ESP clients are caught in the middle: with income too high to qualify for Medicaid, but too low to pay for private in-home care. They need help with basic activities like personal care and transportation. Between raising a family and going to work, family members help as much as they can, but ESP fills in gaps in care so our older neighbors and loved ones can continue to live independently in their homes and communities. ESP is a program that benefits our entire community.

622 CLIENTS SERVED

67% FEMALE

33% MALE

57% LIVE ALONE

91% AGE 70+

812 DAYS AVG TIME ON PROGRAM

$117/MO OUT-OF-POCKET MEDICAL EXPENSES

$1,860 MEAN MONTHLY INCOME

To read these full success stories and more, scan the code with your mobile device or visit www.help4seniors.org/ccesp2021

Success Stories

ESP helps the "James Brown of Wilmington" stay in his home full of memories

Church, dogs, and James Brown – those are what touch the heart of Clinton County ESP client, Dennis, lifting him up when times are hard. In his 78 years, he has endured and overcome much: cancer, the death of his wife, and the deaths of several children, including a son who collapsed in Dennis' front yard from an asthma attack. Dennis had a memorial cross made to mark the spot.

"I have had a lot of tragedy," he said. "I can feel it too. It gets a little lonely in this house. I have my moments and shed a few tears about that."

But, he said, the house is where his wife and son died and he wants to keep his memories there. "It's important to stay here. I don't know what I would do if I had to leave." (scan QR code for more)

New financial management services provider makes it easier for ESP clients to hire their own caregiver

As ESP's administrator, COA contracts with organizations to deliver services to clients. Contracts are awarded through a competitive bidding process via requests for proposals (RFPs). The goal of the RFP process is to identify and contract with service providers who can offer the highest quality services at the lowest possible cost in order to serve as many older adults as possible with the available tax dollars.

In September, COA issued an RFP for Financial Management Services (FMS) in the Elderly Services Program. The FMS provider supports ESP clients who utilize the program's consumer-directed care option to recruit and hire their own aides. In this case the ESP client or designated family member is the "employer" and the aide they hire is their "employee." The FMS provider, on the client's behalf, manages all the financial and payroll related responsibilities in addition to criminal background checks that go along with being an "employer." (scan QR code for more)

Council on Aging helps older adults get COVID-19 vaccinations

Since February 2021, Council on Aging (COA) has played a key role in helping more than 3,000 area older adults get vaccinated against COVID-19, while helping countless others connect to information about the available vaccines.

When Ohio rolled out its statewide COVID-19 vaccination plan in February 2021, older adults were among the first eligible groups to receive a vaccination. However, older adults had difficulty getting vaccinated for two primary reasons: 1) there was not enough vaccine to meet the demand; and 2) most vaccine registration systems required use of a computer or smart phone to make an appointment – a barrier for many older adults.

There was also confusion about where older adults could go for assistance in navigating a fragmented vaccine system. (scan QR code for more)

Expenses and Revenue

How tax dollars are spent

ESP would not exist without the generous support of voters. A county tax levy in place since 1998 provides 83 percent of ESP's funding. The most recent tax levy was approved by 60 percent of voters in 2021. The 2.35-mill levy costs property owners $64.28 per $100,000 of property valuation annually. COA's goal is to ensure the highest quality services at the lowest cost in order to serve as many people as possible with the tax dollars available.

As the Area Agency on Aging for southwestern Ohio, including Clinton County, COA leverages state and federal funding to cover 15 percent of ESP expenses. Additional funding comes from voluntary client donations and client co-payments.

Revenue

Federal and State (via Council on Aging)	$242,996
Client Donations and Co-payments	$35,252
Clinton County Elderly Services Levy	$1,348,382
TOTAL REVENUE	**$1,631,630**

Expenses

SERVICE	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	611	4,590 months	$222,747
Electronic Monitoring System	374	3,522 months	$82,670
Homemaking	351	19,450 hours	$580,648
Home-Delivered Meals	182	31,097 meals	$285,785
Personal Care	60	3,157 hours	$105,631
Home Medical Equipment	44	55 items	$19,932
FastTrack Home Care Management	37	51 months	$44,924
Consumer-Directed Care	26	7,066 hours	$104,542
Minor Home Repairs	25	32 repairs	$39,918
Respite	24	1,236 hours	$14,887
Environmental Services*	12	31 jobs	$16,447
Medical Transportation	10	108 one-way trips	$5,726
Institutional Respite**	2	14 nights	$5,565
Intake and Assessment	N/A	N/A	$2,449
Administration	N/A	N/A	$99,760
TOTAL EXPENSES			**$1,631,630**

*Pest control, major housekeeping and waste removal.
**Service made possible by Federal Older Americans Act funding drawn down by Council on Aging. Levy dollars were not used for this service.

Clinton County ESP services are funded by a special tax levy. ESP does not supplant care provided by families but rather secures the necessary additional care the family is unable to provide. ESP expects families to take responsibility to care for family members to the fullest extent possible. ESP does not discriminate on the basis of age, gender, race, color, religion (creed), sexual orientation, gender expression or identity, national or ethnic origin (ancestry), marital status, or disability.

Copy of CCESP Advisory Council Meeting Feedback Survey
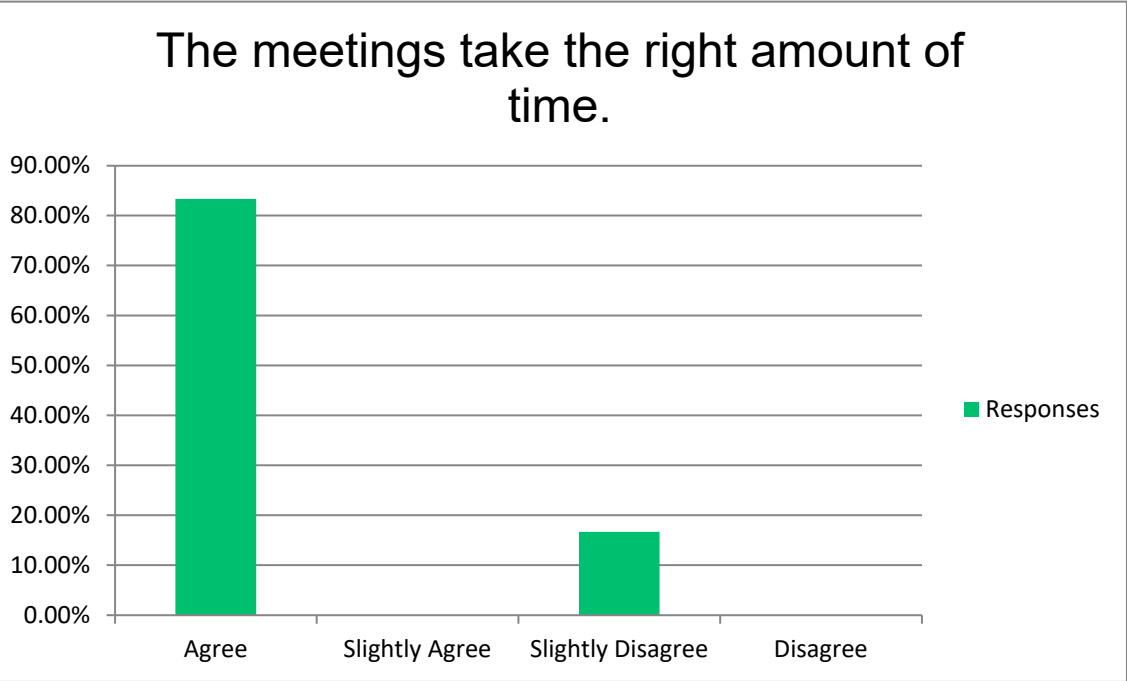
The agenda content of the meetings are appropriate.

Answer Choices	Responses	
Agree	100.00%	6
Slightly Agree	0.00%	0
Slightly Disagree	0.00%	0
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

The agenda content of the meetings are appropriate.
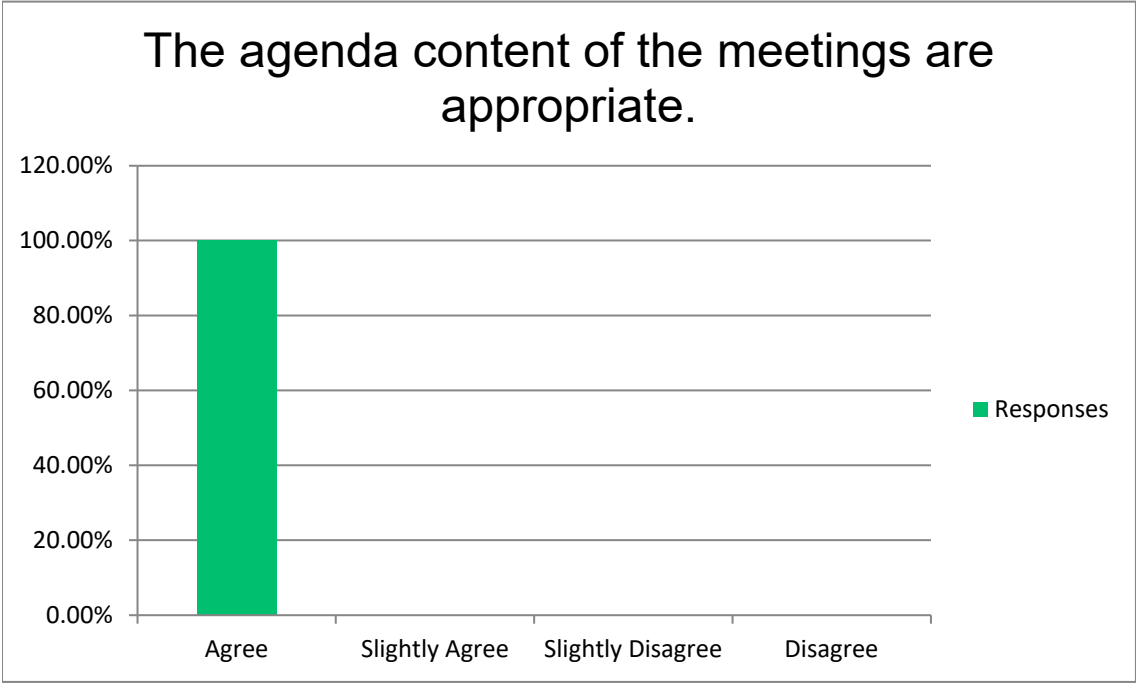
Copy of CCESP Advisory Council Meeting Feedback Survey

The meetings take the right amount of time.

Answer Choices	Responses	
Agree	83.33%	5
Slightly Agree	0.00%	0
Slightly Disagree	16.67%	1
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

Copy of CCESP Advisory Council Meeting Feedback Survey

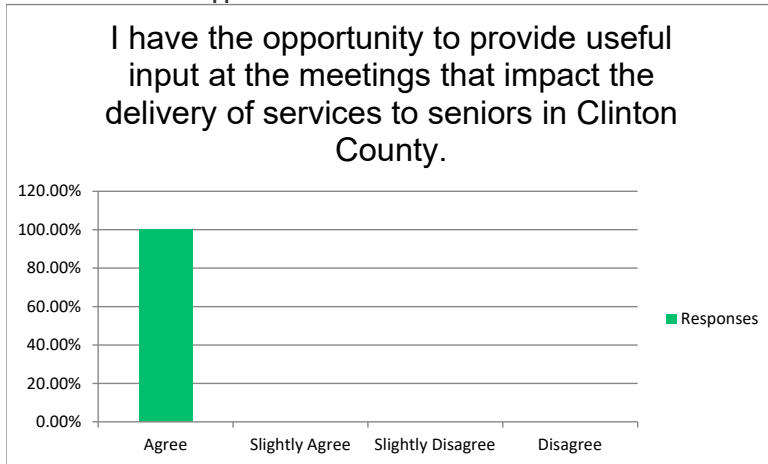**The reports and materials provided prior to and at the meeting are helpful.**

Answer Choices	Responses	
Agree	100.00%	6
Slightly Agree	0.00%	0
Slightly Disagree	0.00%	0
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

The reports and materials provided prior to and at the meeting are helpful.
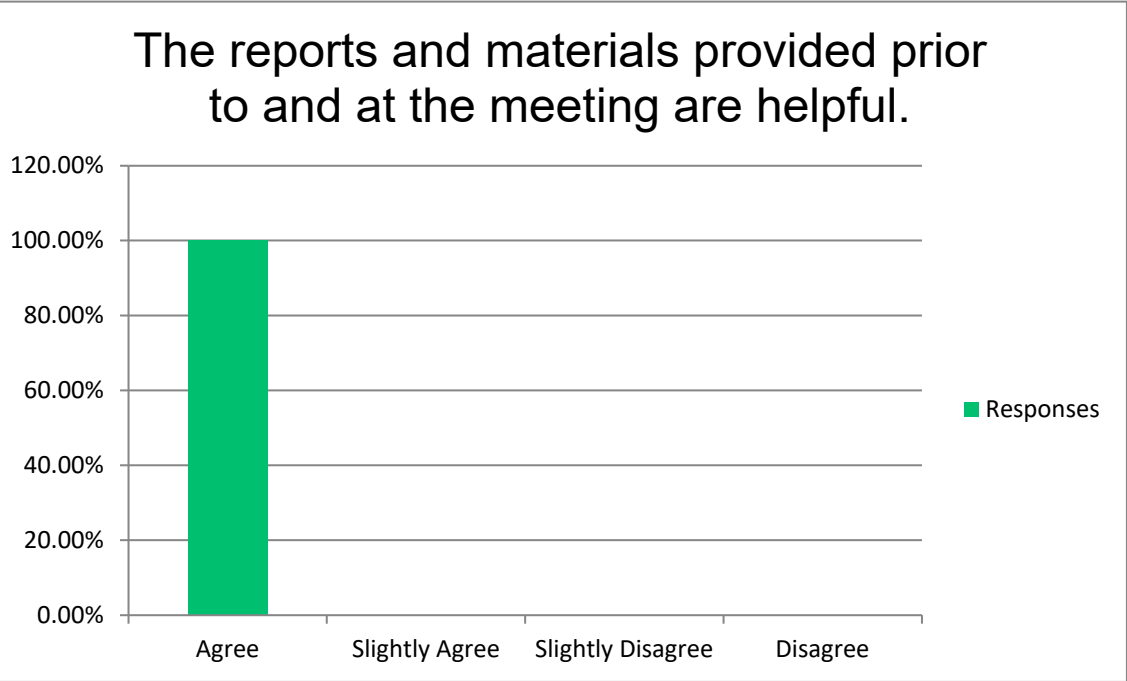
Copy of CCESP Advisory Council Meeting Feedback Survey

I have the opportunity to provide useful input at the meetings that impact the delivery of services to seniors in Clinton County.
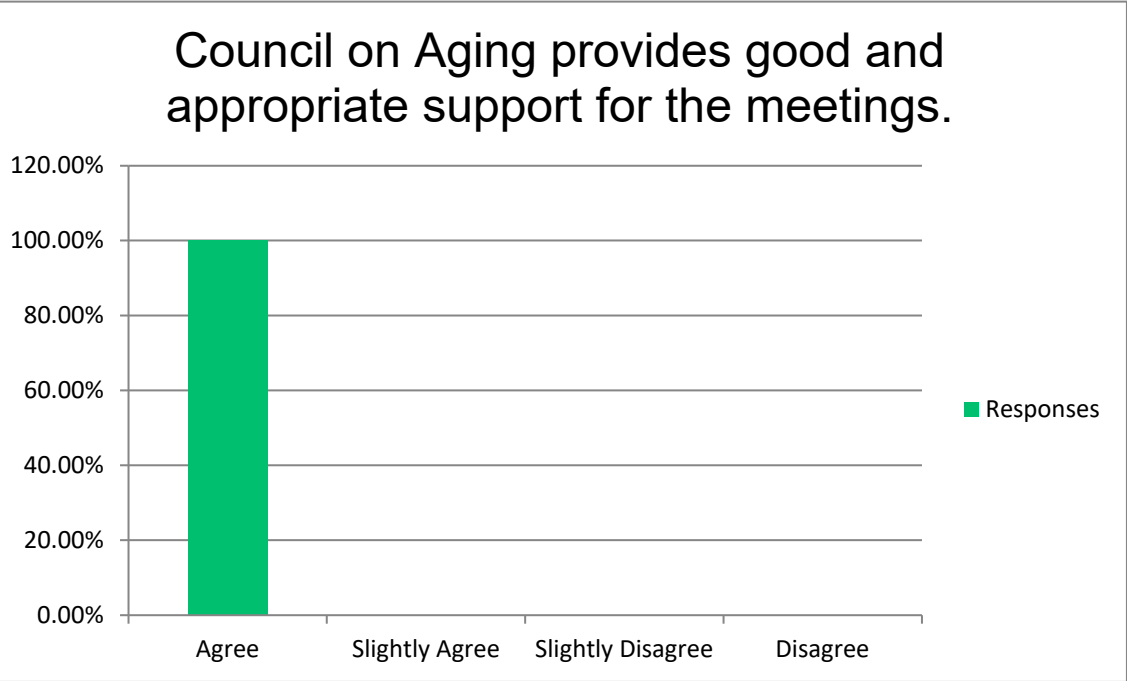
Answer Choices	Responses	
Agree	100.00%	6
Slightly Agree	0.00%	0
Slightly Disagree	0.00%	0
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

I have the opportunity to provide useful input at the meetings that impact the delivery of services to seniors in Clinton County.

Copy of CCESP Advisory Council Meeting Feedback Survey

Council on Aging provides good and appropriate support for the meetings.

| Answer Choices	Responses	
Agree	100.00%	6
Slightly Agree	0.00%	0
Slightly Disagree	0.00%	0
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

Council on Aging provides good and appropriate support for the meetings.

Copy of CCESP Advisory Council Meeting Feedback Survey

My questions are answered appropriately and follow up is provided when needed.

Answer Choices	Responses	
Agree	100.00%	6
Slightly Agree	0.00%	0
Slightly Disagree	0.00%	0
Disagree	0.00%	0
Answered		**6**
Skipped		**0**

My questions are answered appropriately and follow up is provided when needed.
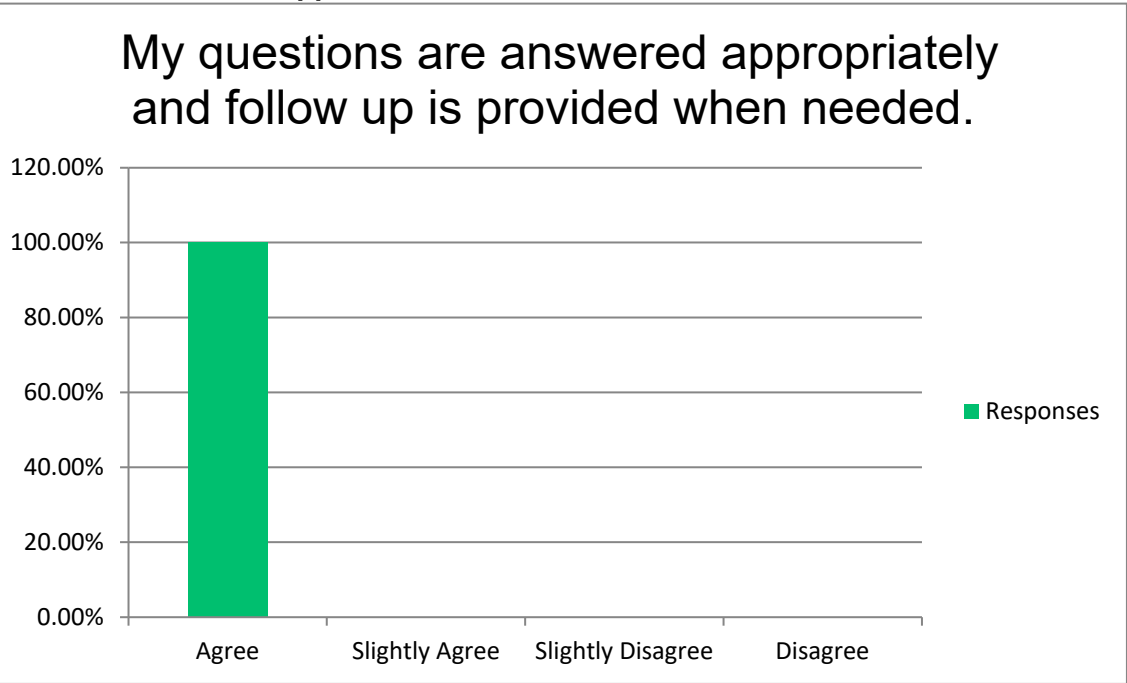
Copy of CCESP Advisory Council Meeting Feedback Survey
List what is working well.
Answered 4
Skipped 2

Responses

Meetings are well-organized and efficient. Attendees treat each other with respect.

I love the meeting packet. Really thorough.

I like the format, the information is very detailed an COA staff provide a great overview and response to board member questions.

Copy of CCESP Advisory Council Meeting Feedback Survey

List what could be improved.

Answered 3

Skipped 3

Responses

I have always thought the support provided by COA was exemplary.&

Nothing comes to mind.

Meetings could be shorter. Some things would not need to be discussed as we have them in writing. If there was a question, if not, move on with the agenda.

Copy of CCESP Advisory Council Meeting Feedback Survey

What meeting format do you prefer?

Answer Choices	Responses	
In Person Only	50.00%	3
Virtual Only	0.00%	0
Hybrid- both in person and virtual options	50.00%	3
Answered		**6**
Skipped		**0**

What meeting format do you prefer?