

AGENDA

CCESP Advisory Council Meeting

June 16, 2026 | 9:00 am – 10:30 am

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

Entrance B, Community Room A

<https://zoom.us/j/95493824940?pwd=WHWQnRDX1CMgW72Vt1kaxi4bOZs2HP.1>

Meeting ID: 954 9382 4940 | Passcode: 495978

CALL TO ORDER / INTRODUCTIONS <ul style="list-style-type: none">❖ Kim Clark	Nicole Myers
APPROVAL OF MINUTES <ul style="list-style-type: none">❖ March 17, 2026 Minutes (Action Needed)	Nicole Myers
QUARTERLY REPORTS <ul style="list-style-type: none">❖ Program Dashboard & Financial Report<ul style="list-style-type: none">○ Five-Year Levy Projections❖ Program Update Report	Ken Wilson & Ronnie Spears Antoinette Moore
OLD BUSINESS <ul style="list-style-type: none">❖ Senior Center Grant Application Review (Action Needed)❖ Levy Update❖ Clinton County Phone Queue Update (magnets)	Antoinette Moore Nan Cahall Kim Clark
NEW BUSINESS <ul style="list-style-type: none">❖ Service Specification/Conditions of Participation (COP) Changes (Action Needed)<ul style="list-style-type: none">○ Advanced Provider COP○ Data Base Reviews & BCII Criminal Records Check○ FTH Home Care Assistance Service Spec○ Home Care Assistance Service Spec○ Transportation Service Spec❖ Clinton County ESP Annual Report❖ CareDirector Upgrade❖ Home Modification Sustainability❖ ESP Advisory Council Hybrid Policy	Antoinette Moore Paula Smith Ken Wilson Ken Wilson Ken Wilson
HEARING THE PUBLIC	Nicole Myers
ADJOURNMENT (Action Needed)	Nicole Myers

NEXT MEETING: September 15, 2026

MINUTES
CCESP ADVISORY COUNCIL MEETING
WEDNESDAY, MARCH 17, 2026 @ 9:00 A.M.

ATTENDANCE

Members Present: Tim Blackburn Stella Cramer Donald Gephart David Moore Nicole Myers	COA Staff: Judy Eschmann Ronnie Spears Ken Wilson	Guests:
Excused:	Facilitator: Nicole Myers	Scribe: Christina Adams
Absent: Sue Caplinger Timothy Hawk Jeffrey Orth		

CALL TO ORDER

The March 17, 2026 meeting of the CCESP Advisory Council was called to order by Nicole Myers, Chair, at 9:02 a.m.

APPROVAL OF MINUTES

The minutes from the December 2, 2025 CCESP Advisory Council meeting were presented for approval. Nicole Myers asked for any questions, additions, or corrections. With there being none, Nicole called for a motion to approve the minutes.

Motion: Stella Cramer made a motion to approve the December 2, 2025

Second: David Moore seconded the motion.

Action: The December 2, 2025 minutes were unanimously approved.

QUARTERLY REPORTS

Program Dashboard & Financial Report (October-December 2025)

Judy reviewed the Program Dashboard (see handout for full details). At the end of the 4th quarter, the ESP census was 435, an increase of three from the previous quarter. The Fast Track Home (FTH) census was down in the 4th quarter due to staffing, and the Medicaid programs had an increase across the counties served. In December 2025, the Aetna and Molina MyCare contracts ended and in January 2026, we transitioned to Next Generation MyCare with four health plans: Anthem, Buckeye, CareSource, and Molina. Due to the collaboration between Council on Aging, Ohio Department of Medicaid, and Ohio's Area Agencies on Aging Association, the transition went smoothly with very few service disruptions. At the December 2025 Advisory Council meeting, there was discussion regarding how we can assist older adults and caregivers in understanding their health plan choices by providing additional communication and outreach. We had a press release in the Wilmington Journal on February 19, and we are providing

COA newsletter updates to all senior centers, adult day centers, and community providers. The average monthly cost per client increased in Q4 due to provider contract rate increases in October 2025. This is a consistent annual increase. New FTH enrollments were down from 15 to 6 in the 4th quarter. We have begun doing outreach to nursing facilities and hospital networks to improve program awareness. We are staffed up and able to take on new referrals. The average length of stay in FTH was 54 days (max is 60) and five clients transitioned from FTH to ESP for longer-term needs. The average number of days from intake call to the ESP enrollment assessment increased. This increase may be due to a change in the process to pull the data which was previously being pulled from a case note. We are keeping an eye on this to look for a trend. The distinct number of clients surveyed has been added to the client satisfaction survey results for home delivered meals, medical transportation, and home care assistance. One member was assisted with accessing their Medicare Advantage plan benefits. Medicare benefit navigation was intentionally reduced in Q4 to allow our navigation specialists to focus on supporting 72 Aetna MyCare members transitioning to new plans.

Don suggested that COA attend the village and city council meetings to share information about the services available for older adults. Most meetings are broadcast and put on Facebook, so this can reach a lot of people.

Ronnie shared the Q4 Financial Report (see handout for full details). The organization came in under budget across all major categories. The tax levy appropriations were under the \$2.2M budget by \$200K, while operating expenses were \$7,000 under budget (1.3% variance), with only case management slightly over budget by 1.6%. Total revenue was under budget by \$180K, and the purchased services category came in \$173K under budget, though there were some variations between specific programs like home care assistance and home delivered meals.

Program Update Report

Jennifer reviewed the Program Update Report (see handout for full details). Jennifer introduced team members; Antoinette who is transitioning into the interim manager position as Jennifer moves into a new role, and Rita Barclay-Hart, an emerging professional participating in COA's entry program.

Senior Center Grant Program Update

One outstanding 2025 invoice remains for the New Vienna Community Center's HVAC work. For 2026 there are two new grant application requirements; a financial stability section with either an independent audit report or prior year's tax return, and inclusion of application opening and due dates. The application will be opening soon, and the Advisory Council will review applications at the June 16th meeting. Ronnie added that in 2027, we will move the application date up so that the Advisory Council can review applications at the March 2027 meeting. This will allow more time for work to be completed during the spring and summer months.

Senior Farmers Market Program

The Ohio Department of Aging has not released details for the 2026 program. In 2025, only 15% of Clinton County participants spent their \$50 benefits. Due to low redemptions rates, Jennifer requested a report from the Ohio Department of Aging to try to understand why benefits were not redeemed. From this report, it was identified that many participants who reside in apartment buildings did not spend their benefits. Jennifer has outlined plans to address these issues by reaching out to apartment buildings, expanding market options, and potentially exploring farmer delivery to these locations.

Provider Quality Report

Jennifer shared the Provider Quality Report (see handout for details). Janz Medical Supply has been

taken off hold after re-education on billing and referral processes. Our business relations partner continues to meet with them monthly. The new adult day service provider, Extended Family Home Health Services, currently has two clients and is working to increase awareness of the program's benefits including socialization and meals. Adult day service is underutilized, so we are exploring ways to increase awareness. Dave suggested outreach to rehabilitation centers for potential referrals. Home care assistance providers are evaluated based on metrics including market share, service quality, and client satisfaction. Jennifer noted that while most providers met benchmarks, some were identified as needing follow-up due to falling below standards, with specific attention given to providers struggling in areas such as meal quality and response times. Guardian Medical's parent company has resolved financial issues, maintaining stable service without disruption. Satisfaction metrics were reviewed, explaining how survey data is analyzed and color-coded to identify providers meeting or falling below benchmarks. Jennifer outlined the follow-up process for providers performing below benchmark, including increased frequency of meetings and corrective action plans for persistent issues.

OLD BUSINESS

Levy Options

Five-Year Levy Projections

Ronnie presented projections for the 2023-2027 levy cycle (see handout). We are projecting a fund balance of approximately \$1.5 million, which equates to about 7-8 months of services. We recommended seeking a renewal rather than an increase in the levy for the upcoming November ballot, as the current projections indicate a healthy fund balance at the end of the five-year cycle. The board agreed with the recommendation to pursue a renewal without increasing taxes.

Nicole requested a motion to approve the recommendation to place a renewal levy on the November 2026 ballot.

Motion: Don Gephart made a motion to approve the recommendation to place a renewal levy on the November 2026 ballot.

Second: Tim Blackburn seconded the motion.

Action: The recommendation to place a renewal levy on the November 2026 ballot was unanimously approved.

NEW BUSINESS

Property Tax Advocacy Report

Judy reviewed the December 2025 Property Tax Advocacy Report (see handout for details). Governor DeWine signed a package of 5 property tax reform bills into law projected to reduce property tax collections by over \$2 billion in the next 3 years. House Bill 335 will have major impact on schools but limited potential impact to senior service levies with fixed rates. House Bill 309 has limited potential to impact senior service levy fixed rates, particularly because none of the organization's levies carry a balance or reserve greater than 6 months. House Bill 129 and House Bill 186 impact school funding only. House Bill 124 has limited impact to senior service fixed rate levies, though property value changes influenced by this bill do affect how much tax revenue the levies produce. The senior service levy represents a relatively small percentage of overall property tax burden in Clinton County, with schools comprising the largest portion. These legislative changes occur during a time of citizen-led push for a constitutional amendment to eliminate property taxes entirely, creating tension in the aging services

sector. The organization must balance the need for property tax levy funding to serve older adults with recognition that older adults on fixed incomes struggle with rising property tax costs. The aging network advocates both for levy support and for homestead exemptions for older adults to help them remain in their homes. The organization's strong financial management and healthy fund balance position it well to weather potential volatility in property tax collections. The decision to pursue a levy renewal rather than increase reflects confidence in current revenue adequacy and demonstrates fiscal responsibility to taxpayers.

Updated Sliding Fee Scale

Ronnie shared the Updated Sliding Fee Scale (see handout for details) that will be effective on April 1, 2026. This scale is adjusted to the federal poverty level guidelines and is used in determining a client's cost share.

Nicole requested a motion to approve the Updated Sliding Fee Scale.

Motion: Don Gephart made a motion to approve the Updated Sliding Fee Scale.

Second: Stella Cramer seconded the motion.

Action: The Updated Sliding Fee Scale were unanimously approved.

Conflict of Interest & Confidentiality Policies

The conflict of interest and confidentiality forms that are required to be completed by council members annually were provided in member packets.

HEARING THE PUBLIC

No one from the public was present.

ADJOURNMENT

With no further business to discuss, Nicole requested a motion to adjourn the meeting at 10:13 a.m.

Motion: Stella Cramer made a motion to adjourn.

Second: David Moore seconded the motion.

Action: The meeting was adjourned at 10:13 a.m.

NEXT MEETING

June 16, 2026



**Clinton County ESP
Program and Financial Report
Quarter 1, 2026 (January - March 2026)**



Clinton County ESP
Quarter 1, 2026 (January - March 2026)
EXECUTIVE SUMMARY

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 1, 2025), census decreased by 15 clients (from 443 to 428) or -3.39%.
- B. Compared to last quarter (Quarter 4, 2025), census decreased by 7 clients (from 435 to 428) or -1.61%.

2. Fast Track Home

- A. Average length of stay has decreased by 1 day compared to Quarter 4, 2025 (from 54 to 53).
- B. New Enrollments increased by 4 when compared to Q4, 2025 (from 6 to 10).
- C. Total clients who transferred to ESP from FTH decreased by 1 from Quarter 4, 2025 (from 5 to 4).

3. Financials

- A. Total Levy Revenue: The amount projected to drawn down from the levy is \$2.2 million in 2026, as compared to the budgeted amount of \$2.4 million. The variance as compared to budget is under by \$172,512 or 7.3%.
- B. Total Expenses: The projected expenses are \$2.3 million as compared to \$2.4 million in the budget. The variance as compared to budget is under by \$185,278 or 7.6%.
- C. Purchase Services: The projected expense for in home services is lower by \$144,509 or 7.8% as compared to budget.

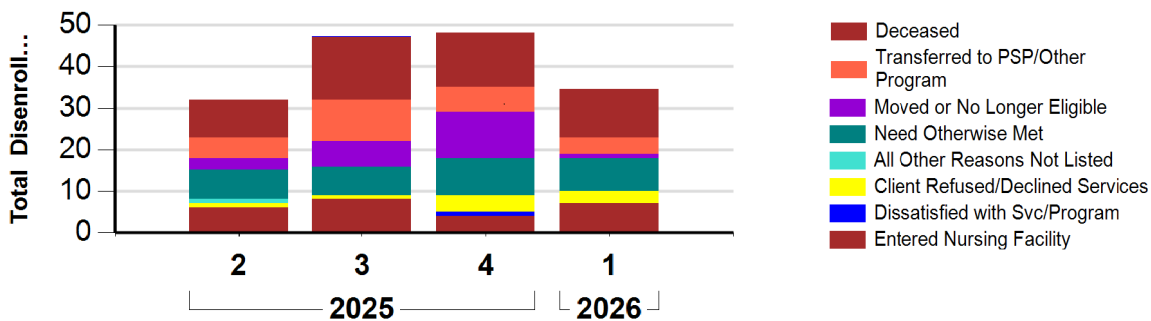


Clinton County ESP
Quarter 1, 2026 (January - March 2026)
TRADITIONAL ESP CENSUS TRENDS

Quarter-End Census by Program				
Year	2025			2026
Quarter	2	3	4	1
ESP	450	432	435	428
FTH	6	9	4	6
Medicaid Programs	153	149	160	148
Passport	22	31	42	22
Assisted Living	1	1	1	1
Molina	53	43	45	42
Anthem				58
Buckeye				0
CareSource				25
Aetna	77	74	72	0

Quarter-End Census, New Enrollments, and Disenrollments				
Year	2025			2026
Quarter	2	3	4	1
Quarter-End Census	450	432	435	428
New Enrollments	44	31	48	31
Disenrollments	32	48	48	36

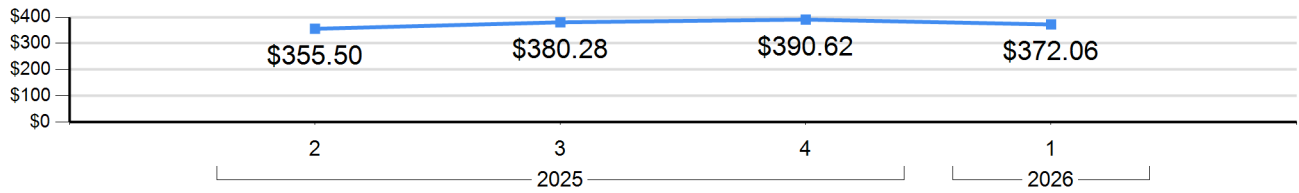
Disenrollment Outcomes				
Year	2025			2026
Quarter	2	3	4	1
Client Refused/Declined Services	1	2	4	4
Deceased	9	15	13	12
Dissatisfied with Svc/Program	0	0	1	0
Entered Nursing Facility	6	8	4	7
Moved or No Longer Eligible	3	6	11	1
Need Otherwise Met	7	7	9	8
Transferred to PSP/Other Program	5	10	6	4
All Other Reasons Not Listed	1	0	0	0
Total	32	48	48	36





Clinton County ESP
Quarter 1, 2026 (January - March 2026)
TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client



Distinct Clients Served by Service Group¹

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	1	1	3	4
Consumer Directed Care	33	40	40	44
Electronic Monitoring Systems	255	240	236	247
Home Care Assistance	214	209	220	206
Home Delivered Meals	201	201	219	183
Home Medical Equipment	5	7	19	18
Home Modification	6	8	5	3
Laundry Service	0	0	4	5
Other Services	1	0	0	0
Transportation	10	12	12	13
All Services (Unduplicated)	449	436	451	437

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

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	9	11	12	11
Consumer Directed Care	1,693	2,444	2,175	2,514
Electronic Monitoring Systems	737	692	668	675
Home Care Assistance	4,109	3,844	4,134	4,073
Home Delivered Meals	13,106	12,713	13,916	12,486
Home Medical Equipment	5	10	25	21
Home Modification	9	10	5	4
Laundry Service	0	0	14	46
Other Services	1	0	0	0
Transportation	49	62	60	92

Dollars Paid by Service Group (Purchased Services)

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	\$744	\$963	\$1,123	\$1,234
Consumer Directed Care	\$35,979	\$47,037	\$51,517	\$45,739
Electronic Monitoring	\$16,086	\$15,259	\$14,948	\$15,281
Home Care Assistance	\$150,197	\$138,007	\$146,254	\$143,534
Home Delivered Meals	\$147,489	\$142,899	\$160,882	\$144,692
Home Medical Equipment	\$1,255	\$7,764	\$5,816	\$6,290
Home Modification	\$3,285	\$18,801	\$5,905	\$1,550
Laundry Service	\$0	\$0	\$654	\$2,060
Other Services	\$1,650	\$5,244	\$1,235	\$2,248
Transportation	\$5,377	\$6,042	\$6,147	\$9,103
All Services	\$362,062	\$382,016	\$393,826	\$371,731

Respite Services are included in Other Services. Q1 2026 Two clients received eight nights of respite care, totaling \$2,248. In Q4, one client received services totaling \$1,235.



Clinton County ESP FTH
Quarter 1, 2026 (January - March 2026)
FAST TRACK HOME CENSUS TRENDS

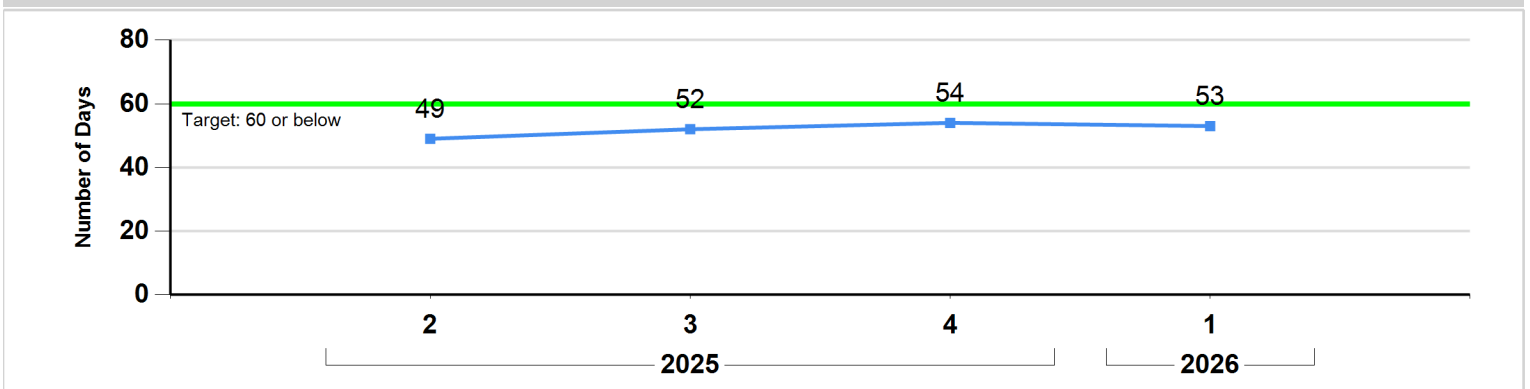
Total Clients Served, New Enrollments, Disenrollments

	2025			2026
	Quarter 2	Quarter 3	Quarter 4	Quarter 1
New Enrollments	17	15	6	10
Disenrollments	22	12	11	8
Clients Transferred to ESP	12	6	5	4
	54.55%	50.00%	45.45%	50.00%

Enrollment by Setting

	2025			2026
Enrollment Setting	Quarter 2	Quarter 3	Quarter 4	Quarter 1
Miami Valley Hospital	1	3	0	0
TriHealth Clinton Regional Hospital	10	10	3	4
Mercy Hospital Network	1	0	0	1
The Christ Hospital	2	0	1	0
TriHealth Hospital Network	1	0	1	4
Other Hospital	1	1	1	0
Skilled Nursing Facilities	1	1	0	1
Not Captured	0	1	0	0
Total	17	16	6	10

Average Length of Stay





Clinton County ESP FTH
Quarter 1, 2026 (January - March 2026)
FAST TRACK HOME SERVICE TRENDS

Distinct Clients Served by Service Group

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	2	3	4	4
Home Care Assistance	0	1	4	8
Home Delivered Meals	11	9	4	9
Home Medical Equipment	3	1	1	2
Home Modification	1	1	0	0
Transportation	1	0	0	0
All Services (Unduplicated)	14	12	11	11

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

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	3	5	4	7
Home Care Assistance	0	24	37	65
Home Delivered Meals	296	272	119	318
Home Medical Equipment	5	1	2	4
Home Modification	1	1	0	0
Transportation	2	0	0	0

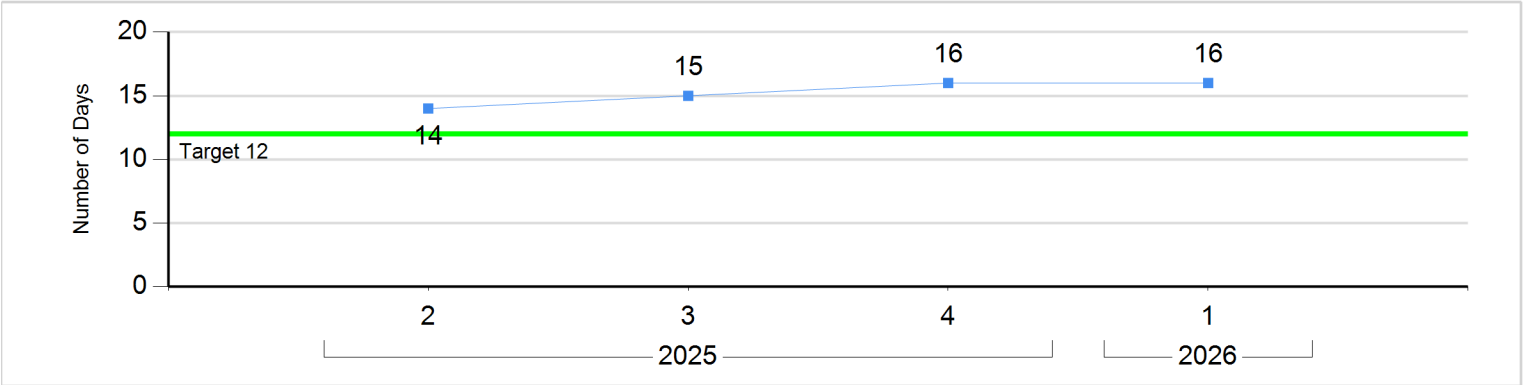
Dollars Paid by Service Group (Purchased Services)

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	\$57	\$122	\$84	\$133
Home Care Assistance	\$0	\$835	\$1,336	\$2,276
Home Delivered Meals	\$3,378	\$3,104	\$1,413	\$3,787
Home Medical Equipment	\$324	\$90	\$170	\$403
Home Modification	\$545	\$940	\$0	\$0
Transportation	\$260	\$0	\$0	\$0
All Services	\$4,563	\$5,091	\$3,003	\$6,599



Clinton County ESP
Quarter 1, 2026 (January - March 2026)
Traditional ESP PERFORMANCE TRENDS

Average Number of Days from Intake Call to the Enrollment Assessment



Home Care Provider Network Referrals and Capacity

Year	Quarter	#Clients in Need of HCA & CDC or AddnAide	#Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	% of Clts Receiving Traditional HCA	% of Clts Receiving CDC or AddnAide
2025	2	376	44	12%	76%	12%
2025	3	329	3	1%	84%	15%
2025	4	285	5	2%	81%	17%
2026	1	299	4	1%	77%	22%

Home Delivered Meals - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	98.56%	98.28%	99.13%	97.93%
Good Choice of Meals Available	95.08%	92.16%	97.67%	95.08%
Distinct Clients Surveyed	59	52	40	61

Medical Transportation - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	95.00%	0%	100.00%	100.00%
Service Returns Client Home Promptly	75.00%	0%	100.00%	100.00%
Distinct Clients Surveyed	4	0	1	4

Home Care Assistance - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	91.69%	94.02%	94.51%	94.89%
Aide is Dependable	91.55%	98.31%	94.23%	94.12%
Distinct Clients Surveyed	71	59	52	69



Clinton County ESP
Quarter 1, 2026 (January - March 2026)
MEDICARE BENEFIT COST SAVINGS

Referrals				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Number of Members Assisted	6	10	1	2
Over the Counter (OTC)	6	10	1	2

Number of Qualified Customers to Receive Service through Insurance				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Emergency Response Service	4	8	0	1
Medical Transportation (Estimated Average)	5	4	0	2

Total Cost Savings by Quarter				
Quarter _ Year	Q2_2025	Q3_2025	Q4_2025	Q1_2026
Total Cost Savings(as of qtr. end date)	\$2,700	\$3,600	\$0	\$900

Total Annual Cost Savings	2025	2026
	\$8,400	\$900



Clinton County ESP
Quarter 1, 2026 (January - March 2026)
FINANCIALS: Based on Actual and Projected Revenue & Expenses as of March 31, 2026

	<u>Annual Projected</u>	<u>Annual Budget</u>	<u>Budget Variance</u>	<u>Percent Budget Variance</u>	
Revenue					
Tax Levy Appropriations	\$2,183,064	\$2,355,577	(\$172,512)	-7.3%	
Federal and State Funding					
Title III B	\$3,720	\$14,866	(\$11,146)	-75.0%	
Title III C2 - Home Delivered Meals	34,115	17,799	16,315	91.7%	
Title III E - Caregiver Support	2,197	0	2,197	100.0%	
Alzheimer's	1,004	0	1,004	100.0%	
Nutrition Services Incentive Program (NSIP)	9,107	15,001	(5,893)	-39.3%	
Senior Community Services (SCS)	0	0	0	0.0%	
Other Federal	0	0	0	0.0%	
Client Contributions					
Client Donations	0	0	0	0.0%	
Client Cost-share	25,552	40,796	(15,244)	-37.4%	
Total Revenue	\$2,258,761	\$2,444,038	(\$185,278)	-7.6%	
Expenses					
Operational Expenses					
COA Administration	\$142,826	\$154,541	\$11,715	7.6%	
Intake & Assessment	1,581	5,014	3,433	68.5%	
FTH Case Management	64,713	72,617	7,904	10.9%	
Case Management	335,966	353,682	17,716	5.0%	
Total Operational Expenses	\$545,085	\$585,854	\$40,768	7.0%	
Purchased Services					
Home Care Assistance	\$569,818	\$727,600	\$157,782	21.7%	
Laundry	8,241	9,000	759	8.4%	
Consumer Directed Care	190,751	177,714	(13,037)	-7.3%	
Respite Services	8,992	9,000	8	0.1%	
Home Medical Equipment	23,940	23,054	(886)	-3.8%	
Emergency Response Systems	61,272	67,535	6,263	9.3%	
Minor Home Modifications	65,851	73,464	7,613	10.4%	
Chore	639	3,865	3,226	83.5%	
Home Delivered Meals	603,739	645,436	41,696	6.5%	
Adult Day Service	4,944	0	(4,944)	-100.0%	
Medical Transportation	37,239	21,518	(15,721)	-73.1%	
Senior Center Funding	*	138,249	100,000	(38,249)	-38.2%
Gross Purchased Services	\$1,713,676	\$1,858,185	\$144,509	7.8%	
Gross Program Expenses	\$2,258,761	\$2,444,038	\$185,278	7.6%	
Client Census	**	463	469	6	1.3%
Cost of Services per Client	\$292.42	\$304.02	\$11.60	3.8%	

* Senior Center Funding is higher due to the timing of 2025 invoice

** Projected year end census

1. Census Trends

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

2. Service Trends

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

3. FTH Census Trends

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

4. FTH Service Trends

- A. Other Services includes Pest Control.

5. Unit of Measure Descriptions by Service

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

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

7. Benefit Cost Savings:

OTC Medicare cards help cover the cost of over-the-counter drugs for seniors enrolled in certain Medicare Advantage plans. Not every Medicare Advantage plan offers this benefit, and limitations vary between the plans that do.

Clinton County Elderly Services Program

Levy Projection

CURRENT COA PROJECTION: May 2026

	Year 1 2023 Actual	Year 2 2024 Actual	Year 3 2025 Actual	Year 4 2026 Est.	Year 5 2027 Est.	Levy Cycle Total
Revenue						
Beginning Fund Balance	252,802	751,021	1,277,807	1,569,278	1,679,188	252,802
Levy Revenue (Cash Basis)	2,267,001	2,281,312	2,330,611	2,292,975	2,292,975	11,464,874
COA Levy Draw	1,721,243	1,777,458	1,999,330	2,183,064	2,416,214	12,597,259
Title III and State Funding (Accrual Basis)	376,525	39,495	51,171	50,144	47,666	565,000
Client Donations & Co-Pays (Accrual Basis)	26,637	36,563	33,718	25,552	27,605	150,074
Total Revenue to support ESP	2,124,405	1,853,516	2,084,219	2,258,761	2,491,485	12,980,800
Total Available Revenue (incl. previous year carryover)	2,922,965	3,108,390	3,693,308	3,937,949	4,047,433	13,519,012
COA Operational Expenses						
Provider Services (Accrual Basis)	1,602,422	1,434,351	1,501,676	1,543,545	1,715,439	7,797,432
Heathy Aging Grant	-	(155,709)	-	-	-	(155,709)
FTH Provider Services	34,031	25,490	17,906	31,882	37,681	146,990
Information & Assistance (Accrual Basis)	4,794	1,796	4,685	1,581	1,628	14,483
Care Management (Accrual Basis)	270,089	306,893	334,538	335,966	405,779	1,653,265
FTH Care Management	51,783	42,005	70,126	64,713	73,417	302,044
Senior Center Funding	26,956	81,488	23,500	138,249	100,000	370,193
Program Management (Accrual Basis)	134,330	117,201	131,789	142,826	157,541	683,687
Total COA Operational Expenditures	2,124,405	1,853,516	2,084,219	2,258,761	2,491,485	10,812,385
Timing and Settlement fee adjustment adjustment	47,540	22,932				
Actual & Estimated Median Fund Balance	751,021	1,254,875	1,609,089	1,679,188	1,555,949	1,555,949
Year Ending Client Census	468	452	439	463	487	
Estimated Clients Served Annually	670	637	643	604	628	
	202	185	204			

Assumptions:

Census: Census is estimated based on the market penetration and outreach efforts

Revenues:

Levy Tax Collections: 2025 annual collection is based on updates from the auditor's office. COA reconciled to the auditors report with no adjustment needed; an average of 2023, 2024 and 2025 collection amounts is used for the remainder of the cycle (2026-2027)

Title III revenue The 2024-2027 revenues are based on actual and projected available Federal funding (in 2023 COA utilized additional ARPA funds).

In 2024, COA received \$216,885 in Healthy Aging grant. COA used 70% of this grant to offset the Provider services at no administrative cost.

Costs:

Provider services costs are estimated on a Cost per Client basis; **Home Modification** costs were reduced by 50% due to using the HUD grant dollars to execute certain job requests through June of 2026; **Home Delivered Meals** are estimated based on 39% of clients enrolled using the service and receive on average 25 meals/month. The cost per meal dropped in Oct of 2023 following an RFP; cost will increase 3% in subsequent years. **Home Care Assistance** is estimated for 42% of clients enrolled, with an average of 28 units per client per month, and cost increases in line with HCA RFP rate increases; Reduced the cost of EMRS due to new RFP (starting with Oct 2024), where Guardian's (contracted vendor) cost was 80% of the previous rate.

A yearly amount of \$50,000, increased to \$100,000 for Senior Centers is administered by COA in conjunction with the Advisory Council. Most of the 2025 project costs were incurred in early 2026.

UPDATES from last report

Market penetration at the end of 2026 is 46% based on the updated eligible population

Projected amounts to spend on Senior Center in both 2026 and 2027 is \$100,000; The 2026 amount includes \$38,249 that was paid in 2026 for 2025 costs

Clinton County Elderly Services Program Levy Projection

CURRENT COA PROJECTION: May 2026

	Year 1 2028 Est.	Year 2 2029 Est.	Year 3 2030 Est.	Year 4 2031 Est.	Year 5 2032 Est.	Levy Cycle Total
Revenue						
Beginning Fund Balance	1,555,949	1,505,414	1,380,150	1,179,063	899,390	1,555,949
Levy Revenue (Cash Basis)	2,315,904	2,315,904	2,315,904	2,315,904	2,315,904	11,579,522
COA Levy Draw	2,366,439	2,441,169	2,516,991	2,595,578	2,677,082	12,597,259
Title III and State Funding (Accrual Basis)	47,666	47,666	47,666	47,666	47,666	238,330
Client Donations & Cost Share (Accrual Basis)	28,453	28,745	29,040	29,338	29,635	145,211
Total Revenue to support ESP	2,442,558	2,517,580	2,593,698	2,672,582	2,754,383	12,980,800
Total Available Revenue (incl. previous year carryover)	3,947,972	3,897,730	3,772,761	3,571,971	3,292,595	18,483,029
COA Operational Expenses						
Provider Services (Accrual Basis)	1,710,025	1,768,612	1,827,953	1,889,607	1,953,708	9,149,906
FTH Provider Services	32,369	33,373	34,413	35,489	36,602	172,245
Information & Assistance (Accrual Basis)	1,677	1,727	1,779	1,833	1,888	8,904
Care Management (Accrual Basis)	418,419	426,788	435,324	444,030	452,911	2,177,472
FTH Care Management	75,619	77,888	80,224	82,631	85,110	401,473
Senior Center Funding	50,000	50,000	50,000	50,000	50,000	250,000
Program Management (Accrual Basis)	154,447	159,191	164,004	168,992	174,165	820,800
Total COA Operational Expenditures	2,442,558	2,517,580	2,593,698	2,672,582	2,754,383	12,980,800
<i>Timing and Settlement fee adjustment</i>						
Actual & Estimated Median Fund Balance	1,505,414	1,380,150	1,179,063	899,390	538,212	538,212
Year Ending Client Census	490	495	500	505	510	
Estimated Clients Served Annually	655	660	665	670	675	

Assumptions:

Census: Census is estimated based on the market penetration

Revenues:

Levy Tax Collections: collection amounts based on average county auditor amounts from 2023-2025, with a one time 1% increase in 2028.

Title III revenue The 2028-2032 revenues are based on current values for Federal funding awards

Cost Share amounts are increasing, in line with increasing census

Costs:

Provider services costs are estimated on a Cost per Client basis; We manage cost per client through the RFP process, and we monitor utilization of services to ensure funds will support the growing needs of the county.

Home Modification costs were reduced in the prior cycle due to COA secured grant from HUD of \$1.25 million. Current cycle spending in this category reflects 100% of Home modifications costs being covered by levy funding.

Home Care Assistance is estimated for 42% of clients enrolled, with an average of 24 units per client per month, and cost increases of 2% each year.

Home Delivered Meals is estimated for 39% of clients enrolled, with an average of 25 meals per client per month, and cost increases of 3% each year.

All **other** services cost are estimated to increase between 1% to 3% yearly, in line with historical values.

FTH services are projected to serve 10 new enrollees each month

Senior Centers funding, administered by COA in conjunction with the Advisory Council is budgeted at \$50,000 yearly. Due to the success of the grant in the 2023-2027 cycle, funding was brought back to historical levels.

Clinton County Program Update Report

June 2026

Adult Day Services (ADS)

No changes since the last report.

Electronic Monitoring Systems (EMS)

No changes since the last report.

Environmental Services (ENVIR)

No changes since the last report.

Home Care Assistance (HCA)

Home Care Assistance is currently in the Request for Proposal (RFP) process. The goal of the RFP is to attract the highest quality providers for the lowest cost while meeting the requirements and demand for services for growing needs of older adults.

The contract period is October 1, 2026, to September 30, 2029, with two (2) additional one (1) year renewable options.

The following timeline displays important dates-

RFP 002-26 Publish Date: Wednesday, April 15, 2026	Elderly Services Program and Fast Track Home Home Care Assistance Service
Important Dates	
Bidders Conference	Wednesday, April 22, 2026, 1:00-2:00 EST
Last Day to Submit Questions in Euna Procurement (Bonfire)	Friday, April 24, 2026, by 2:59 p.m. EST
Last Day for COA to Answer Questions Submitted	Wednesday, April 29, 2026
Proposal Due Date	Wednesday, May 27, 2026, by 11:59 a.m. EST
Estimated Award Date	Week of July 6, 2026
Client Transition Period	September 2026
Tentative Contract Start Date	Thursday, October 1, 2026

Key changes to the existing service include-

- Fast Track Home as a separate program with a separate rate
- Adding single provider senior buildings
- Provide an average rate for HCA in the RFP
- Language in the RFP to include a provider must have 2 years of providing

home health services and a minimum of 5 clients for at least 90 days in the go-no go section.

- Adding a new rounding principle

Laundry Service

Anytime Laundry, based in Clinton County, has received referrals for the laundry service. They have capacity to serve additional clients, allowing them the potential to grow this service.

Home Delivered Meals (HDM)

No updates since last report.

Home Medical Equipment (HME)

HomeCare Mattress is under new ownership and now operates as Momentum Mobility Solutions dba Next Day Access. The provider was placed on hold for new referrals pending completion of a precertification review. That review has been completed, and the Business Relations Partner met with the existing staff and new owner. The provider continues to serve the same area and offers the same services as before. The hold has been lifted, and the provider is now eligible to receive referrals.

Minor Home Modification and Repair (MHM)

HomeCare Mattress is under new ownership and now operates as Momentum Mobility Solutions dba Next Day Access. The provider was placed on hold for new referrals pending completion of a precertification review. That review has been completed, and the Business Relations Partner met with the existing staff and new owner. The provider continues to serve the same area and offers the same services as before. The hold has been lifted, and the provider is now eligible to receive referrals.

Senior Farmers Market Nutrition Program

Due to a change in funding for the Senior Farmers Market Nutrition Program in 2026, the overall program budget has returned to its original funding levels following the expiration of federal American Rescue Plan Act (ARPA) funds on September 30, 2025. As a result, fewer older adults will be able to participate during the 2026 program season.

The Council on Aging (COA) received funding allocations for each county in our region based on 2025 redemption rates, reduced by 50 percent. Clinton County received \$1,900 in funding, which allows for 38 program recipients.

Applications for the 2026 program were open from April 22 through May 22, 2026. However, all funding allocated to Clinton County was exhausted within the first week of the online application period.

Program transactions for the 2026 season began on May 15, 2026, and will continue through November 30, 2026.

Redemption rates will be monitored closely throughout the season, and strategies will be developed to help ensure benefits are fully redeemed by the end of the program year. The goal is to demonstrate to AGE the need for additional funding for our region in 2027.

Transportation Services

ESP Transportation is currently in the Request for Proposal (RFP) process. The goal of the RFP is to attract the highest quality providers for the lowest cost while meeting the requirements and demand for services for growing needs of older adults.

The contract period is October 1, 2026, to September 30, 2029, with two (2) additional one (1) year renewable options.

The following timeline displays important dates-

RFP 001-26 Publish Date: Wednesday, April 15, 2026	ESP Transportation: Butler, Clinton and Warren
Important Dates	
Bidders Conference	Wednesday, April 22, 2026, 2:30-3:30 EST
Last Day to Submit Questions in Euna Procurement (Bonfire)	Friday, April 24, 2026, by 2:59 p.m. EST
Last Day for COA to Answer Questions Submitted	Wednesday, April 29, 2026
Proposal Due Date	Wednesday, May 27, 2026, by 11:59 a.m. EST
Estimated Award Date	Week of July 6, 2026
Client Transition Period	September 2026
Tentative Contract Start Date	Thursday, October 1, 2026

Senior Center Grant Update

Up to \$100,000 (county wide) is available to fund request for delivering services to older adults over the age of 60 in Clinton County. Uses of the funding could include capital projects, or startup expenses for Senior Centers, within Clinton County. Applications were due 5/4/26.

Four grant applications were received from:

- New Vienna Community Center
- Blanchester Senior Citizens Center
- Clinton County Community Action Program
- Meals on Wheels of SW OH & N KY

2026 Provider Monitoring Schedule

CLINTON COUNTY ESP PROVIDER MONITORING SCHEDULE

(Please find below the list of Clinton County Providers of ESP Services and the tentative dates for annual review for 2026.)

Clinton County ESP Providers	Review Type	Review Tentative Date
101 Mobility	Bi-Ennial	9/9/2026
First Community Health Care Services	Annual	12/7/2026
A Miracle Home Care	Annual	8/20/2026
Active Day	Annual	1/22/2026
Clinton County Community Action Program	Annual	9/3/2026
AnswerCare – Help at Home	Annual	7/8/2026
Arrow Heating Cooling and Home Maintenance	Annual	10/26/2026
Bayley Adult Day Services	Annual	8/21/2026
Senior Helpers of Dayton	Annual	9/12/2026
Gabriel's Angels	Annual	6/25/2026
Janz Medical Supply	Annual	10/7/2026
Nova Home Care Company	Annual	10/2/2026
Extended Family Home Health Services	Annual	1/15/2026
Senior Helpers of Southern Ohio	Annual	8/20/2026
Stateline Medical Equipment	Bi-Ennial	5/27/2026
Tri-State Maintenance	Bi-Ennial	6/4/2026
Restoration Adult Day Services	Annual	12/28/2026
Margaret's Hearts Adult Day Services	Annual	2/25/2026
Meals on Wheels of Southern Ohio & NKY	Annual	3/12/2026

Proposed 2026 Request for Proposal (RFP) Schedule

COA is publishing the following RFPs during 2026:

- RFP 001-26: ESP Transportation Services was posted 4/15/26, with proposals to be submitted by Noon on 5/27/26. After 5/27/26 proposals will go through the RFP evaluation process.
- RFP 002-26: ESP/FTH Home Care Assistance Services was posted 4/15/26, with proposals to be submitted by Noon on 5/27/26. After 5/27/26 proposals will go through the RFP evaluation process.

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

The RFP evaluations will have 3 categories:

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



2333 Rombach Avenue
Wilmington, OH 45177
(937) 584-7200
(800) 252-0155
www.help4seniors.org

Dear Clinton County ESP Client:

We are contacting you to share an important update regarding how you contact staff in Clinton County ESP, including your care manager.

Please be assured that **your case manager is not changing**. You will continue working with the same local person who knows you and understands your needs.

The only change is our **contact phone number**. If you need assistance or have questions, would like to make changes to your services (home care, life alert or home-delivered meals, etc.), or would like to speak with your case manager for any reason, you can now reach us at **(937) 584-7200**. You can reach your case manager via this number. Please do not use your case manager's direct phone number.

We're making this change to ensure we are available to answer your questions and meet your needs. When you call this number **during business hours** (Monday – Friday, 8 a.m. – 4:30 p.m.), if your case manager is unavailable, another Clinton County ESP team member will be available to assist you or get a message to your care manager.

We understand how important consistency and clear communication are, and we are committed to continuing to provide you with the same high level of care and support you expect from Clinton County ESP. **To make this change as easy as possible for you, we've enclosed a magnet with the new phone number.**

If you have any questions, please do not hesitate to reach out using the new number listed above. Thank you for allowing us to serve you.

Sincerely,

The Clinton County ESP Team
(937) 584-7200

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly funded programs. **Our mission: Enhance lives by assisting people to remain independent through a range of quality services.**

ELDERLY SERVICES PROGRAM LEVY FUNDED & home52 Transportation
Provider Conditions of Participation - Advanced Provider
Effective October 1, 2026

An Advanced Provider is defined as a Provider that has direct and ongoing client contact for service delivery. The frequency of client contact can vary. The requirements listed in the Conditions of Participation reflect the minimum standards the Provider must meet to participate in any program which receives some or all funding from the Elderly Service levy. These programs may include but not be limited to the Elderly Services Program and home52 Transportation.

Condition 1. Provider Qualifications

- 1.1 The Provider must comply with all Conditions of Participation, for all funder Agreements, relevant Service Specification(s), monitoring and reporting requirements, billing requirements, and show evidence of whether the Provider furnishes services directly or by sub-contracting the services. (Providers having multiple services, one of which is considered to be in the highest, advanced, level will be held to the highest COP requirements.)
- 1.2 The Provider must be a formally organized business or service agency, registered in good standing with the Ohio Secretary of State.
- 1.3 The Provider must have a physical facility from which to conduct business. COA must be notified of any change in location prior to the relocation.
- 1.4 The Provider must designate and utilize a locked storage space for the maintenance of client and employee records and have a process to backup computer files including electronic verification, if applicable.
- 1.5 The Provider must participate in problem resolution as defined in the service specification notice.
- 1.6 The Provider shall not allow a staff person or volunteer to furnish a service to a client if the person is the client's spouse, parent, step-parent, legal guardian, power of attorney, or authorized representative.
- 1.7 The Provider must provide supervision to any volunteer.
- 1.8 The Provider, if terminating, being purchased by or merge with another entity, must furnish written notice to COA at least ninety (90) days prior to action. Provider must supply COA with the communication to be shared with clients and receive authorization of the content, prior to informing clients.

Condition 2. Reporting

- 2.1 The Provider must notify the designated staff member assigned to the service (i.e. Care/Case Manager) within twenty-four (24) hours of becoming aware of an incident. Home52 providers must notify home52 Transportation Coordination Center immediately upon becoming aware of

an incident. Incident includes but is not limited to any event that may result in harm to property or person. If there is not a designated staff member assigned, the COA Provider Services Manager will serve as the point of contact (Provider_Services@help4seniors.org).

- 2.2 Major Unusual Incident (MUI) - An MUI is any alleged, or actual occurrence of an incident/event that could adversely affect the health or safety of a client, the credibility of Provider's staff or organization, or any incident in which COA or Provider may have liability. MUIs include but are not limited to: abuse; neglect; suspicious accident; death from abuse, neglect, serious injury, or any reason other than natural causes; criminal or suspected criminal acts; a police, court/legal, or public complaint which has the potential to be reported to the media or elected officials or any in which COA or Provider may have liability; lawsuit or potential lawsuit. In case of an MUI, and at any time the Provider must report an incident to a licensure board, the Provider is to notify COA's Provider Services manager or their designee within one (1) hour after the Provider becomes aware (Provider_Services@help4seniors.org).
- 2.3 If contacted by the news media regarding a major unusual incident, the Provider is not to respond to the media inquiry but must contact COA's Communication Director by phone or by email within one (1) hour (communicationsteam@help4seniors.org).
- 2.4 The Provider must report any suspicion of abuse, neglect, and/or exploitation to Adult Protective Services at the Ohio Department of Job and Family Services (ODJFS), according to section 5101.61 of the Ohio Revised Code, and if there is a care manager involved in the case, to the care manager.
- 2.5 The Provider must notify COA's Provider Service Manager, home52, or their designee of any interruption in service to all or to a significant number of clients served by the Provider. (Provider_Services@help4seniors.org).
- 2.6 The Provider must furnish the names of all entities with 5% or more ownership of the agency.
- 2.7 The Provider must coordinate any community outreach activities including those involving the news media with COA's Communication director prior to planning such activities. Outreach is defined as activities or services that specify or highlight COA and/or home52 (communicationsteam@help4seniors.org).
- 2.8 The Provider must notify the assigned Care Manager, and when there is not a care manager, the COA Provider Services Manager (Provider_Services@help4seniors.org), no later than twenty-four (24) hours after the Provider is aware of (home52 must report within the same business day) any significant change that may affect the client's service needs or safety, including one or more the following:
 - a. The individual moves to another address.
 - b. The individual's repeated refusal of services.
 - c. Any other significant change in the client's physical, mental emotional status or environment.

Condition 3. Documentation

- 3.1 Provider shall have written documents which support the operation of their business and for which they abide by and address the following areas:

- a. Statement defining the purpose of its business or service agency.
- b. Entities with a governing board must have written bylaws; and, if the Provider is incorporated, the Provider must have articles of incorporation.
- c. Written table of organization which clearly identifies lines of administrative, advisory, contractual, and supervisory authority and responsibility to the direct care level, with positions and current employees.
- d. Follow-up and investigation of client complaints and grievances.
- e. Written process for use of a client release of information form to release client specific information to sources outside of their system. (excludes home52)
- f. Written procedure for documenting an escalation of client incidents including reporting timeliness.
- g. Written instructions a client would follow to file a claim due to theft or property damage.
- h. Confidentiality policy aligned to HIPAA regulations.
- i. Written statement supporting compliance with 45 C.F.R. 80.4 (October 2, 2024 edition) regarding the provision of goods and services. No person in the United States shall; on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Health and Human Services.
- j. Written statement supporting compliance with the "Equal Employment Opportunity Act of 1972" federal wage-and-hour laws, and workers' compensation laws regarding the recruitment and employment of people.
- k. Provider shall maintain annually:
 - i. Certificate of Insurance evidencing the required coverage.
 - ii. Statement Provider has paid all applicable federal, state, and local income and employment taxes.

Condition 4. Billing

- 4.1 The Provider must bill using a format established and approved by COA for the units of service authorized and delivered.
- 4.2 The Provider must agree to accept reimbursement for service(s) authorized at the rate agreed upon with COA.
- 4.3 The Provider must maintain dated documentation to support services delivered and billed.
- 4.4 The Provider may not bill or solicit a donation of any client for authorized service(s) delivered. There is an exception for request of donation for the Title III/ESP home delivered meal service.

Condition 5. Monitoring

- 5.1 The Provider shall retain all service records and significant business transactions in accordance with the time period identified in the Agreement.
- 5.2 The Provider must allow representatives of COA and the County or their designee immediate access to the Provider facility and full access to policies, procedures, records, and other documents related to the provision of service to clients. The Provider must cooperate with said representatives in periodic review.

**ELDERLY SERVICES PROGRAM
FREE DATABASE REVIEWS AND BCII CRIMINAL RECORDS CHECK**

The Provider shall conduct free database reviews and BCII criminal records check of all volunteers, applicants and existing employees providing direct care to ESP clients. Direct care is defined as any in-person contact with one or more clients who receive an ESP service or any access to an ESP client's personal property or personal records.

- 1.0 FREE DATABASE REVIEWS:** The Provider shall review the free databases and follow all guidelines in [Rule 173-9-03 - Ohio Administrative Code | Ohio Laws](#) before conducting the criminal records checks required under 2.0.
- a. Free database reviews are required for volunteers and applicants according to the schedule outlined under paragraph 2.0 of this condition.
 - b. A Medical Recovery and Extended Care Service exception: A Provider is exempt from databases 1-6 of this rule if they are certified as an Assisted Living Facility.

2.0 BCII CRIMINAL RECORDS CHECK: Criminal records check is required per chart:

DATABASE AND CRIMINAL RECORDS CHECKS REQUIRED:			
DIRECT CARE POSITION WITH ESP CLIENTS	APPLICANTS FOR EMPLOYMENT & VOLUNTEERS	CURRENT EMPLOYEES <i>5 YEAR RECHECK</i>	CURRENT VOLUNTEERS <i>5 YEAR RECHECK</i>
Only delivers home-delivered meals	Yes	No	No
Only has access to client personal records	Yes	No	No
Rural and County Transportation positions	Yes	No	No
Medical Recovery and Extended Stay	Yes	No	No
All other direct care	Yes	Yes	No

Note: If the Provider conducts criminal records checks on an employee more frequently than every five years, the Provider is not responsible for conducting criminal records checks according to the five-year anniversaries of the employee's date of hire. If a responsible party complies with the requirements for rapback, the responsible party is conducting criminal records checks on a daily basis, which is a less-than-five year schedule.

2.1 The BCII reason codes must ensure sealed records are included in the criminal records check:

Provider Type	BCI Reason Code	FBI Reason Code
Assisted Living Providers	3721.121	3721.121
All other agency Providers	Preferred Code: 173.38 Other acceptable codes: 173.27, 5123.081, 5123.169, 3701.881	173.41

2.2 Reverification: If any person has requested a criminal records check of a volunteer, applicant, or employee in the past year, a provider may request a reverification of the criminal record from BCII. The reverification of a criminal records check has the same validity as a criminal records check.

2.3 FBI: If a volunteer, applicant, or employee does not furnish the Provider with evidence that he or she has been a resident of Ohio for the five-year period immediately preceding the date the Provider requests the criminal records check, or if the applicant does not provide the Provider with evidence that BCII has requested his or her criminal records from the FBI within that five-year period, the Provider shall request that BCII obtain information from the FBI as part of the criminal records check. Even if an applicant does furnish the Provider with evidence that he or she has been a resident of Ohio for the five-year period, the provider may request that BCII obtain information from the FBI as part of the criminal records check.

2.4 Conditional employment: The Provider shall only utilize a volunteer or hire an applicant before obtaining a criminal records check report if:

- a. The Provider reviewed the free databases, and the free database reviews do not disqualify the volunteer or applicant;
- b. The Provider utilizes the volunteer or hires the applicant on a conditional basis;
- c. The Provider initiates the process of obtaining a criminal records check no later than five business days after the volunteer or applicant begins conditional employment

2.5 Removal of conditionally hired volunteers and applicants:

- a. The Provider shall remove the volunteer or applicant from providing direct care to any ESP client if the provider does not receive a criminal records check report from BCII within the period ending sixty days after the provider requested it from BCII.

- 2.6** Disqualifying Offenses and exclusionary periods: [Rule 173-9-07 - Ohio Administrative Code | Ohio Laws](#) contains lists of disqualifying offenses and required exclusionary periods. The Provider must refer this link to determine if the Provider may utilize a volunteer, employ or continue to employ an employee in a position involving providing direct care if that volunteer, applicant, or employee was convicted of or plead guilty to an offense listed.
- 3.0 Confidentiality and retention of records:** as requires in [Rule 173-9-08 - Ohio Administrative Code | Ohio Laws](#). The Provider shall not make a report available to any person other than:
- a. Appropriate staff within the Provider's agency;
 - b. The volunteer, applicant, or employee who is the subject of the criminal check;
 - c. The staff of the Council on Aging and/or their designee.
- 4.0 Records:** The Provider, upon request, must make available to COA staff and or designee any records relating to free database reviews and BCII criminal records checks, including but not limited to personnel files and the roster.

ELDERLY SERVICES PROGRAM
FAST TRACK HOME (FTH) Home Care Assistance (HCA) SERVICE SPECIFICATION
Butler, Clinton, Hamilton, and Warren Counties
Effective October 1, 2026

1.0 OBJECTIVE

Fast Track Home HCA provides Home Care Assistance (HCA) through the Elderly Services Program (ESP) and a carve out service Fast Track Home (FTH) HCA program. FTH HCA are services designed to allow the client to remain safe and independent in their home. Examples of services include, but are not limited to personal care services, such as assistance with bathing or dressing. Homemaking services such as assistance with laundry, meal preparation, changing bed linens, mopping, dusting, or sweeping the floor. Companion services such as communicating with the client to prevent isolation. Respite service such as staying with the client to allow the care giver to take care of personal needs and tasks that cannot be accomplished while staying with the client. This service will remain in place for up to 60 to 90 days to help in recovery for those clients leaving the hospital or nursing facility. One goal of the service is to prevent unnecessary hospital or nursing home readmissions.

2.0 UNIT OF SERVICE

- 2.1 A unit of service is equal to fifteen (15) minutes.
- 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 The Provider must initiate services based on authorizations for service on the date specified or on a negotiated start date. Care Managers must be notified of any change in service start date.
- 3.2 Fast Track Home (FTH) Referrals- include an expectation that service delivery will begin within 3 business days of award for FTH referrals.
- 3.3 Telephone coverage must be provided for staff and clients during working hours including all holidays.
- 3.4 The provider must have the capacity to respond to general inquiries or requests pertaining to client care within 72 hours unless otherwise specified.
- 3.5 In the event of a staff member's absence, the Provider must have and utilize a written backup plan that prioritizes client service needs and service high priority clients first.
- 3.6 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.
- 3.7 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. Then send notification to the Care Manager within 24 hours.
- 3.8 The provider must have capacity to deliver services for a duration of 1-60 days or 1-90 days,

according to the approved care plan.

4.0 SERVICE DELIVERY

- 4.1 The Provider must maintain dated documentation to support services delivered and billed. 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:
 - a. Date of service delivery
 - b. A description of the service tasks performed
 - c. The printed name of the HCA aide providing services
 - d. The HCA aide's arrival and departure time
 - e. The HCA aide's written signature to verify the accuracy of the record
 - f. The client's or client's caregiver's signature for each episode of service delivery

- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
 - a. Date of service delivery
 - b. 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.
 - c. 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.
 - d. 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.
 - e. The aide's electronic signature
 - f. The client's or client's caregiver's electronic signature.

- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone 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 4.1.

- 4.4 The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record with prior approval of Care Manager.

- 4.5 Documentation:
 - a. Client missed visits: If a client misses consecutive visits in accordance with their authorized plan service, with or without prior notice to the provider, the provider shall notify the Care Manager by entering a case note in the provider portal.
 - b. 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, the provider will notify Care Manager by entering a case note in the provider portal. Services must be rescheduled for another day within the frequency of the Service Authorization.
 - c. Permanent schedule changes: Educate client on notifications to the Care Manager for all permanent schedule changes. Client or representative must notify Care Manager of requests to make a permanent schedule change.
 - d. Aide no-show: In the event of an aide no-show, communication must be made to the client

and/or family. If a missed visit occurs and the visit is not rescheduled a notification via case note should be sent to the Care Manager.

- e. 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: ESP 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 ESP 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.

5.0 SUPERVISORY OVERSIGHT

- 5.1 A supervisory visit must be conducted if the following issues arise:
 - a. A Major Unusual Incident
 - b. Health and safety issue

- 5.2 A supervisory telephone call must be conducted if the following issues arise:
 - a. Client dissatisfaction with their authorized plan or service delivery
 - b. Any event that may lead to a disruption of service
 - c. Aide performance issue

- 5.3 An in-home supervisory visit or supervisory telephone call must be documented. The aide need not be present during the visit or call. Documentation shall include:
 - a. The in-home visit documentation must include the date of the visit, action steps to avoid service disruption, the printed name and signature of the Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
 - b. The telephone call documentation must include the date of the call, action steps to avoid service disruption, the name of the Supervisor and name of the client.

- 5.4 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 and documentation shall be provided upon request.

6.0 PERSONNEL REQUIREMENTS

- 6.1. The provider must maintain records on every staff member and volunteer who provides service to ESP clients which includes:
 - a. A resume or application outlining work history and training
 - b. A signed and dated job description
 - c. Evidence of qualifications/certifications including verification of previous experience
 - d. Results of free database and BCII/FBI checks
 - e. Skills Testing and return demonstration
 - f. Emergency procedures
 - g. Universal precautions for infection control
 - h. Evidence of performance appraisals, signed and dated by the staff member

- i. Evidence of annual in-service trainings/continuing education
 - j. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to ESP clients. Orientation must include:
 - i. Receipt of an employee handbook
 - ii. Overview of agency personnel policies
 - iii. Incident reporting procedures and policies
 - iv. COA ESP Code of Ethics
- 6.2 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.
- a. 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.
- 6.3 The provider must maintain documented evidence of completion of six 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.
- 6.4 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
- a. the instructor’s name, title, qualifications, and signature;
 - b. the date and time of instruction;
 - c. the content of the instruction; and
 - d. the name and signature of the direct care staff member completing the training.
- 6.5 Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

	Personal Care	Homemaking, Companion, Respite
Be listed on the Ohio Department of Health’s Nurse Aide Registry; or	Yes	Yes
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	Yes	Yes
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	Yes	Yes

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	Yes	Yes
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; or	Yes	Yes
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.	No	Yes
General Aide Requirements		
The provider must ensure 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.	Yes	Yes
Must be at least 18 years of age.	Yes	Yes
Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.	Yes	Yes
Must be able to effectively communicate with the client, family members, and emergency service systems personnel.	Yes	Yes
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.	Yes	Yes
The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 hour 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	Yes	Yes
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.	Yes	Yes

6.6 The Provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

	Personal Care	Homemaking, Companion, Respite
Experience in environmental/homemaking service or home health services	No	Yes
Capable of being responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home	No	Yes

Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities	Yes	No
Effective communication and problem resolution skills	Yes	Yes
Possess specialized skills set to train and guide home care aides to complete tasks outlined in the client's authorized plan	Yes	No
Ability to maintain high standards of efficiency, client safety, and client satisfaction	Yes	Yes

6.7 The provider must ensure that the following tasks are excluded from HCA aide assignments.

	Personal Care	Homemaking, Companion, Respite
Can the aide complete the following tasks?		
Administration of over-the-counter medications or eye drops	No	No
Administration of prescription medications or application of topical prescription medications or eye drops	No	No
Tasks that require sterile techniques	No	No
Administration of irrigation fluids to intravenous line, Foley catheters or ostomies	No	No
Administration of food and fluids via feeding tube	No	No
Administration of enemas or suppositories	No	No
Filing or cutting a client's fingernails or toenails	No	No
Driving the clients in their cars or client's car. Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA.	No	No
Purchase alcohol, tobacco, and marijuana products for the client	No	No

7.0 PROVIDER QUALITY MEASURES

7.1 Rounding to the proper quarter hour to ensure consistent entry, Aide clock in and out times should be rounded to the nearest quarter hour based on the chart below.

Clock time	Quarter Hour	Billable Units
00:01 - 15:59 minutes	.25	1
16:00 - 34:59 minutes	.50	2
35:00 - 45:59 minutes	.75	3
46:00 - 60:59 minutes	1.00	4

7.2 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.

7.3 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.

- 7.4 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.

Attachment A

Home Care Assistance Training Program.

Below are the training requirements that are expected for home care aids performing personal care, homemaking, companion, or respite.

Areas marked with ** require skills testing through return demonstration.

Course	Personal Care	Homemaking, Companion, and Respite
<u>Understanding and Working with Differing Client Populations</u> <ul style="list-style-type: none"> Working with the family unit Customs and Cultures Physical, emotional, and developmental needs of clients, including privacy and respect for personal property. Working with clients with dementia or other cognitive impairments. 	Yes	Yes
<u>Appropriate and Safe Techniques for Personal Care (** includes all within this section)</u> Personal hygiene and grooming include bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; oral hygiene; toileting and elimination; safe transfer and ambulation; and positioning.	Yes	No
<u>Principles of Safety</u> General Home Safety Rules Bathroom safety, kitchen safety, bedroom safety, living room safety, stairway safety, fire safety, medication safety, equipment safety, oxygen safety,	Yes	Yes
<u>Preventing Falls in the Elderly</u> <ul style="list-style-type: none"> Risk Factors to the client. Risk factors for the Aide 	Yes	Yes
<u>Communication (** includes all within this section)</u> <ul style="list-style-type: none"> Ability to read, write, and make brief and accurate reports. Understanding non- verbal communication and body language 	Yes	Yes
<u>Observations, Reporting and Documentation (** includes all within this section)</u> Observation, reporting, and retaining records of a client 's status and activities provided to the client including completion of time sheets.	Yes	Yes
<u>Emergency Procedures</u> Recognition of emergencies, knowledge of emergency procedures, and basic home safety.	Yes	Yes
<u>Infection Control and Universal or Standard Precautions</u> Basic infection control, standard universal precautions, preventing the spread of infection	Yes	Yes
<u>Appropriate and Safe Techniques for Homemaking Services. (** includes all within this section)</u> Maintaining a clean, safe, and healthy environment, including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, removing trash, and folding, ironing, and putting away laundry.	Yes	Yes
<u>Laundry (** includes all within this section)</u> Sorting clothes and linens, preparing the clothes for washing loading the washer, drying, folding, putting away clothes, the laundromat, and ironing.	Yes	Yes

<p><u>Nutrition (** includes all within this section)</u> Special diets, including special diet preparation, , grocery purchase, planning, and shopping; and errands such as picking up prescriptions and groceries;., instructions for preparing food and serving a meal.</p>	Yes	Yes
<p><u>ElderAbuse</u> Types of abuse, signs of abuse and neglect, and intervention.</p>	Yes	Yes
<p><u>Procedures (** includes all within this section)</u> Handwashing, using the urinal or bedpan, using a bedside commode, assisting clients with a sitz bath, transferring clients, positioning, using a mechanical lift.</p>	Yes	No

ELDERLY SERVICES PROGRAM
HOME CARE ASSISTANCE (HCA) SERVICE SPECIFICATION
Butler, Clinton, Hamilton, and Warren Counties
Effective October 1, 2026

1.0 OBJECTIVE

The Home Care Assistance (HCA) 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. The 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 fifteen (15) minutes.
- 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 The Provider must initiate services based on authorizations for service on the date specified or on a negotiated start date. Care Managers must be notified of any change in service start date.
- 3.2 Telephone coverage must be provided for staff and clients during working hours including all holidays.
- 3.3 The provider must have the capacity to respond to general inquiries or requests pertaining to client care within 72 hours unless otherwise specified.
- 3.4 In the event of a staff member's absence, the Provider must have and utilize a written backup plan that prioritizes client service needs and service high priority clients first.
- 3.5 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.
- 3.6 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. Then send notification to the Care Manager within 24 hours.

4.0 SERVICE DELIVERY

- 4.1 The Provider must maintain dated documentation to support services delivered and billed. 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:
 - a. Date of service delivery
 - b. A description of the service tasks performed
 - c. The printed name of the HCA aide providing services
 - d. The HCA aide's arrival and departure time
 - e. The HCA aide's written signature to verify the accuracy of the record

- f. The client's or client's caregiver's signature for each episode of service delivery
- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
- a. Date of service delivery
 - b. 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.
 - c. 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.
 - d. 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.
 - e. The aide's electronic signature
 - f. The client's or client's caregiver's electronic signature.
- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone 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 4.1.
- 4.4 The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record with prior approval of Care Manager.
- 4.5 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.
- 4.6 Documentation:
- a. Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, with or without prior notice to the provider, the provider shall notify the Care Manager by entering a case note in the provider portal.
 - b. 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, the provider will notify Care Manager by entering a case note in the provider portal. Services must be rescheduled for another day within the frequency of the Service Authorization.
 - c. Permanent schedule changes- Educate client on notifications to the Care Manager for all permanent schedule changes. Client or representative must notify Care Manager of requests to make a permanent schedule change.
 - d. Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family. If a missed visit occurs and the visit is not rescheduled a notification via case note should be sent to the Care Manager.
 - e. 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.

5.0 SUPERVISORY OVERSIGHT

- 5.1 A supervisory visit must be conducted if the following issues arise:
 - a. A Major Unusual Incident
 - b. Health and safety issue

- 5.2 A supervisory telephone call must be conducted if the following issues arise:
 - a. Client dissatisfaction with their authorized plan or service delivery
 - b. Any event that may lead to a disruption of service
 - c. Aide performance issue

- 5.3 An in-home supervisory visit or supervisory telephone call must be documented. The aide need not be present during the visit or call. Documentation shall include:
 - a. The in-home visit documentation must include the date of the visit, action steps to avoid service disruption, the printed name and signature of the Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
 - b. The telephone call documentation must include the date of the call, action steps to avoid service disruption, the name of the Supervisor and name of the client.

- 5.4 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 and documentation shall be provided upon request.

6.0 PERSONNEL REQUIREMENTS

- 6.1. The provider must maintain records on every staff member and volunteer who provides service to ESP clients which includes:
 - a. A resume or application outlining work history and training
 - b. A signed and dated job description
 - c. Evidence of qualifications/certifications including verification of previous experience
 - d. Results of free database and BCII/FBI checks
 - e. Skills Testing and return demonstration
 - f. Emergency procedures
 - g. Universal precautions for infection control
 - h. Evidence of performance appraisals, signed and dated by the staff member
 - i. Evidence of annual in-service trainings/continuing education
 - j. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to ESP clients. Orientation must include:
 - i. Receipt of an employee handbook
 - ii. Overview of agency personnel policies
 - iii. Incident reporting procedures and policies

iv. COA ESP Code of Ethics

- 6.2 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.
- a. 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.
- 6.3 The provider must maintain documented evidence of completion of six 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.
- 6.4 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
- a. the instructor’s name, title, qualifications, and signature;
 - b. the date and time of instruction;
 - c. the content of the instruction; and
 - d. the name and signature of the direct care staff member completing the training.
- 6.5 Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

	Personal Care	Homemaking, Companion, Respite
Be listed on the Ohio Department of Health’s Nurse Aide Registry; or	Yes	Yes
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	Yes	Yes
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	Yes	Yes
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	Yes	Yes
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: or	Yes	Yes

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.	No	Yes
General Aide Requirements		
The provider must ensure 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.	Yes	Yes
Must be at least 18 years of age.	Yes	Yes
Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.	Yes	Yes
Must be able to effectively communicate with the client, family members, and emergency service systems personnel.	Yes	Yes
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.	Yes	Yes
The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 hour 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	Yes	Yes
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.	Yes	Yes

6.6 The Provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

	Personal Care	Homemaking, Companion, Respite
Experience in environmental/homemaking service or home health services	No	Yes
Capable of being responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home	No	Yes
Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities	Yes	No
Effective communication and problem resolution skills	Yes	Yes
Possess specialized skills set to train and guide home care aides to complete tasks outlined in the client's authorized plan	Yes	No
Ability to maintain high standards of efficiency, client safety, and client satisfaction	Yes	Yes

6.7 The provider must ensure that the following tasks are excluded from HCA aide assignments.

	Personal Care	Homemaking, Companion, Respite
Can the aide complete the following tasks?		
Administration of over-the-counter medications or eye drops	No	No
Administration of prescription medications or application of topical prescription medications or eye drops	No	No
Tasks that require sterile techniques	No	No
Administration of irrigation fluids to intravenous line, Foley catheters or ostomies	No	No
Administration of food and fluids via feeding tube	No	No
Administration of enemas or suppositories	No	No
Filing or cutting a client's finger nails or toenails	No	No
Driving clients in their cars or client's car. Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA.	No	No
Purchase alcohol, tobacco, and marijuana products for the client	No	No

7.0 PROVIDER QUALITY MEASURES

7.1 Rounding to the proper quarter hour to ensure consistent entry, Aide clock in and out times should be rounded to the nearest quarter hour based on the chart below.

Clock time	Quarter	Billable
00:01 - 15:59 minutes	.25	1
16:00 - 34:59 minutes	.50	2
35:00 - 45:59 minutes	.75	3
46:00 - 60:59 minutes	1.00	4

7.2 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.

7.3 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.

7.4 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.

Attachment A

Home Care Assistance Training Program.

Below are the training requirements that are expected for home care aids performing personal care, homemaking, companion, or respite. Areas marked with ** require skills testing through return demonstration.

Course	Personal Care	Homemaking, Companion, and Respite
<u>Understanding and Working with Differing Client Populations</u> <ul style="list-style-type: none"> Working with the family unit Customs and Cultures Physical, emotional, and developmental needs of clients, including privacy and respect for personal property. Working with clients with dementia or other cognitive impairments. 	Yes	Yes
<u>Appropriate and Safe Techniques for Personal Care (** includes all within this section)</u> Personal hygiene and grooming include bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; oral hygiene; toileting and elimination; safe transfer and ambulation; and positioning.	Yes	No
<u>Principles of Safety</u> General Home Safety Rules Bathroom safety, kitchen safety, bedroom safety, living room safety, stairway safety, fire safety, medication safety, equipment safety, oxygen safety,	Yes	Yes
<u>Preventing Falls in the Elderly</u> <ul style="list-style-type: none"> Risk Factors for the client. Risk factors for the Aide 	Yes	Yes
<u>Communication (** includes all within this section)</u> <ul style="list-style-type: none"> Ability to read, write, and make brief and accurate reports. Understanding non- verbal communication and body language 	Yes	Yes
<u>Observations, Reporting and Documentation (** includes all within this section)</u> Observation, reporting, and retaining records of a client 's status and activities provided to the client including completion of time sheets.	Yes	Yes
<u>Emergency Procedures</u> Recognition of emergencies, knowledge of emergency procedures, and basic home safety.	Yes	Yes
<u>Infection Control and Universal or Standard Precautions</u> Basic infection control, standard universal precautions, preventing the spread of infection	Yes	Yes
<u>Appropriate and Safe Techniques for Homemaking Services. (** includes all within this section)</u> Maintaining a clean, safe, and healthy environment, including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, removing trash, and folding, ironing, and putting away laundry.	Yes	Yes
<u>Laundry (** includes all within this section)</u> Sorting clothes and linens, preparing the clothes for washing loading the washer, drying, folding, putting away clothes, the laundromat, and ironing.	Yes	Yes
<u>Nutrition (** includes all within this section)</u> Special diets, including special diet preparation, , grocery purchase, planning, shopping; and errands such as picking up prescriptions and groceries;., instructions for preparing food and serving a meal.	Yes	Yes
<u>Elder Abuse</u> Types of abuse, signs of abuse and neglect, and intervention.	Yes	Yes
<u>Procedures (** includes all within this section)</u> Handwashing, using the urinal or bedpan, using a bedside commode, assisting clients with a sitz bath, transferring clients, positioning, using a mechanical lift.	Yes	No

ELDERLY SERVICES PROGRAM
TRANSPORTATION SERVICE SPECIFICATION
Clinton and Warren County
Effective October 1, 2026

1.0 OBJECTIVE

- 1.1 Medical Transportation is a service designed to enable a client to gain access to medical appointments specified by the client's plan of care when medical transportation is not otherwise available or funded by state plan Medicaid or any other source. Whenever possible, clients must use family, neighbors, friends or community agencies to provide this service.
 - a. Transportation may be provided to the pharmacy after the completion of a medical appointment.
 - b. Transportation services are not provided when a client has been under anesthesia or when a client is being admitted to or discharged from a hospital or rehabilitation facility.

2.0 UNIT OF SERVICE

- 2.1 A unit of service is a "one-way" trip.
- 2.2 The unit rate is the price quoted for the "one-way" trip.
- 2.3 The unit rate must include but not be limited to all administrative costs, training and other costs associated with maintaining a fleet of vehicles.
- 2.4 The Provider will consult with the client's Care Manager regarding any temporary increase or decrease in service delivery units authorized. No permanent change in service delivery can be made without consultation with the Care Manager.
- 2.5 Transportation of a companion/assistant with advance notice to the provider is to be accommodated with no cost for the companion/assistant

3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

- 3.1 The Provider must furnish evidence of a service back-up plan to provide service when a driver is unavailable or when a vehicle becomes disabled.
- 3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.101 of the Ohio Revised Code [4509.101-9-30-2025.pdf](#).
- 3.3 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 3.4 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.

- 3.5 The Provider must ensure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in [Form ODA0004](#) (Rev. 02/01/2025) Annual Vehicle Inspection of this rule, as applicable to the vehicle inspected.
- 3.6 The Provider must ensure that all vehicles are easily identifiable with the Provider's name.
- 3.7 The Provider must ensure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.
- 3.8 Service Delivery
- a. Assist in transfer of the client, as necessary, safely from client's door to the vehicle and from the vehicle to the street level entrance of the destination point. The driver must perform the same transfer assist service when transporting the client back to the client's residence. All hands-on escorting of all passengers including entry and exit of the vehicle must be done in compliance with training received.
 - b. Transfers of a passenger who remains in a wheelchair must be conducted in a safe manner.
 - c. Vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position used. Providers must inspect their vehicles for compliance with the items listed in [Form ODA0008](#) (Rev. 07/01/2023) Daily Vehicle Inspection on a daily basis.
 - d. All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/- 10 minutes.
 - e. There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
 - f. Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action.
 - g. The Provider must participate in Care Manager and Provider problem resolution to promote continuing service delivery prior to discharging a client (i.e., client-initiated service changes).
 - h. The Provider must maintain accurate and dated documentation regarding contact with clients and service delivery, and contacts with Care Managers regarding client.
 - i. The Provider must maintain dated documentation to support services delivered and billed that includes:
 - i. A description of the service provided
 - ii. The date
 - iii. The location of the pick-up
 - iv. The time of the pick-up
 - v. The location of the delivery
 - vi. The time of the delivery
 - vii. The name and signature of the driver
 - viii. Name and signature of the client to whom transportation services were provided

- j. The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record. *An exception to the requirement for client signature is allowed for Adult Day Service (ADS) transportation Providers who may use the client's signature for attendance in ADS services that includes transportation to and from ADS.*

4.0 DRIVER REQUIREMENTS AND TRAINING

- 4.1 The provider must maintain records on every staff member and volunteer who provides services to ESP clients which includes:
 - a. A resume or application outlining work history and training
 - b. A signed and dated job description
 - c. Evidence of qualifications/certifications including verification of previous experience
 - d. Results of free database and BCII/FBI checks (An applicant/employee with a valid ambulette license or EMT/First responder certification is deemed to meet the requirements in Sections 4.0 and the ESP Free Database Reviews and Criminal Records Check rules. The Ohio Medical Transportation Board verifies the above requirements every three years.)
 - e. Skills Testing and return demonstration
 - i. Client transfers
 - ii. Wheelchair lift operation; and
 - iii. Restraint application
 - f. Current certificates of completion of training courses in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the National Safety Council, or an equivalent course approved by Council on Aging
 - g. Evidence of performance appraisals, signed and dated by the staff member
 - h. Evidence of annual in-trainings/continuing education

- i. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to ESP clients. Orientation must include:
 - i. Receipt of an employee handbook
 - ii. Overview of agency personnel policies
 - iii. Incident reporting procedures and policies
 - iv. Training on Emergency procedures
 - v. Training on Universal precautions for infection control
 - vi. COA ESP Code of Ethics(signed and dated)
- j. At least two years of verified licensed driving experience; and the driver has the ability to understand written and oral instructions and document services delivered.
- k. A current and valid driver's license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state.
- l. Assurance that drivers:

- i. Maintain a safety checklist that includes items listed in [Form ODA0008](#) (Rev. 07/01/2023) Daily Vehicle Inspection of this rule that must be completed by the driver prior to transporting client(s).
 - ii. Maintain service logs or trip sheets daily as defined in Section 3.7.i.
 - iii. Hands-on assistance as outlined in Section 3.7 (a-b).
- m. Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
 - n. Provide a valid copy of a signed statement from a licensed physician acting within the scope of the physician's practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.
 - o. Provide the results of a chemical test or tests of the driver's blood, breath, or urine conducted at a hospital or other laboratory licensed by the Ohio Department of Health for the purpose of determining the alcohol and drug content of the applicant's blood, breath and/or urine.

4.2 Within six months of hire, all drivers must have one of the following passenger assistance training courses:

- a. A certificate of completion of the Passenger Assistance Safety and Sensitivity (PASS) Training <https://ctaa.org/pass/>. A refresher course is required every three years thereafter.
- b. A certificate of completion of the DRIVE Training [DRIVE Training](#). A refresher course is required every three years thereafter.



2025
ANNUAL REPORT

Clinton County
ESP



Welcome

As chair of the Clinton County ESP Advisory Council, I'm pleased to share how ESP supported our older friends, neighbors and loved ones in 2025. This year, the program helped 643 Clinton County residents remain safe and independent in their homes – where most prefer to be.

ESP is funded by the county's senior services tax levy and administered by Council on Aging (COA), our Area Agency on Aging. This partnership ensures local tax dollars are used efficiently and effectively. COA leverages federal funds, manages contracts and continually innovates to expand services while containing costs. One example is the \$1.3 million federal grant COA secured to fund the Clinton County Older Adults Home Modification Program. Since the start of the grant, 110 home repairs and safety modifications have been completed for older homeowners in Clinton County, preserving local tax dollars.

COA's strong provider management also continues to benefit our county. While surrounding counties have faced home care workforce shortages, Clinton County experienced minimal disruptions thanks to COA's proactive approach. In 2025, six new providers were added to the network – strengthening service availability and expanding options for care.

Innovation also played a central role this year. One of the county's new providers is

offering a service that fills a critical need for our clients and their caregivers. Anytime Laundry offers a pickup-and-delivery laundry service for eligible clients – freeing up home care aides for personal care and housekeeping. You can read more about this service later in the report.

Our senior centers remain vital community hubs, and levy funds helped improve these facilities. In 2025, nearly \$62,000 was allocated for maintenance and safety repairs at three centers to ensure safe, accessible and welcoming spaces for older adults and center staff.

Looking ahead, 2026 will be an important year as voters may be asked to renew the senior services levy. This renewal will not raise taxes, but it will allow ESP to continue providing essential services that help older adults remain safely at home. We are grateful for voters' longstanding support and hope the community will once again recognize the value of this investment.

On behalf of the advisory council, thank you for your continued support of Clinton County ESP.



Nicole Myers
Chair, Clinton County ESP
Advisory Council

ESP is a Community Partnership

Clinton County Commissioners

Brenda K. Woods, Kerry R. Steed, Mike McCarty

Clinton County ESP Advisory Council

Nicole Myers, Chair; Timothy Blackburn; Sue Caplinger; Stella Cramer; Donald Gephart; Timothy Hawk; David Moore; Jeffrey Orth; Meda Pittser

Council on Aging

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





2025 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.

643 Clients Served


67%
FEMALE



33%
MALE


56%
LIVE ALONE


\$373
MONTHLY
OUT-OF-POCKET
MEDICAL EXPENSES


90%
AGE 70+ (1100+)


\$1,972
MEAN MONTHLY
INCOME


778
AVERAGE DAYS
ON THE PROGRAM

Demographic data includes individuals enrolled in ESP and FastTrack Home only.



Success Stories

To read these full success stories and more, scan the code with your mobile device or visit www.help4seniors.org/ccesp2025

Through ESP, neighbors help neighbors get the support they need

In a small Wilmington senior community, one neighbor's kindness is helping many others stay safe, independent and connected. Ruth Ann, 87, is using the support and flexibility she found through Clinton County ESP's Consumer-Directed Care option to help her friends and neighbors get the care and support they need to remain independent – proving how lifechanging the right help can be as we age.



Clinton County widow grateful for home safety improvement received through COA program

Barbara, 70, has experienced some life-altering changes in recent years. After losing her husband and then suffering a stroke, she moved to Wilmington to be near her daughter. She bought a house but wanted to make a few safety improvements. Her daughter shared a social media post about the Clinton County Older Adults Home Modification Program. Barbara applied and was able to get the help she needed. "They saved me a lot of money," she said. "And I didn't have to do anything."



Levy funds improvements at county senior centers

The county's senior services tax levy provided grants totaling nearly \$62,000 to three county senior and community centers to help cover the cost of maintenance and repair work needed to create a safe and accessible environment for visitors and staff.

Laundry delivery service now available for ESP clients

There's a new option available for Clinton County ESP clients who need help with a common need – laundry. Laundry delivery service has received high satisfaction ratings from clients in other COA programs, while also saving local tax dollars. COA began searching for a Clinton County laundry provider in 2024 and found a willing partner in Robin Britain, owner of Anytime Laundry and Carwash.



Clinton County ESP adopts new cost sharing model

Clinton County ESP has implemented a new cost sharing model designed to simplify billing, improve consistency and better align costs with the financial realities faced by older adults. The previous percentage-based model often produced unpredictable monthly bills due to fluctuating service use, provider billing cycles and complex calculations. By shifting to a flat monthly cost share and introducing a streamlined tool for real-time calculation, the new model reduces administrative burden while offering clients greater clarity and stability. Initial results indicate notable increases in participation and revenue, as well as better alignment with individuals' financial ability to contribute.

Expenses + 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 96% of ESP's funding. The most recent 2.35-mill property tax levy was approved by 60% of voters in 2021 and costs about \$64 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 and seeks alternative funding sources that can help offset costs to the levy. Additional funding comes from voluntary client donations and client cost sharing.

Revenue

Federal and State (via Council on Aging)	\$51,171
Client Donations and Cost Sharing	\$33,718
HUD Grant	\$253,997
Clinton County Senior Services Levy	\$1,999,330
TOTAL REVENUE	\$2,338,216

Expenses

SERVICE	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	605	4,378 months	\$334,538
Home-Delivered Meals ¹	324	53,104 meals	\$601,717
Home Care Assistance	321	16,416 hours	\$592,484
Electronic Monitoring Systems	321	2,828 months of rentals	\$62,405
FastTrack Home Care Transitions ¹	66	263 months	\$70,126
Consumer-Directed Care	51	7,826 hours	\$164,328
Home Medical Equipment	48	71 items	\$24,068
HUD Home Repairs and Modifications ²	41	41 jobs	\$253,997
Minor Home Repairs	37	46 repairs	\$40,971
Transportation	24	215 one-way trips	\$21,996
Laundry Service	4	18 jobs	\$654
Adult Day Service ¹	3	31 days	\$2,830
Overnight Respite ¹	2	13 nights	\$6,479
Environmental Services ³	1	1 job	\$1,650
Senior Center Funding ⁴	N/A	N/A	\$23,500
Administration	N/A	N/A	\$131,789
Intake and Assessment	N/A	N/A	\$4,685
TOTAL EXPENSES			\$2,338,216

¹Service funded in whole or in part by Federal Older Americans Act, drawn down by Council on Aging.

²Funded by federal grant drawn down by Council on Aging. Levy dollars were not used for this service.

³Pest control, major housekeeping and waste removal.

⁴Funding distributed to senior centers for capital improvement projects. \$61,740 was allocated for approved projects in 2025. Dollar amount shown reflects total paid for completed projects YTD in 2025.

What is ESP?

ESP helps eligible county residents age 65 and older remain safe and independent in their homes, providing help with activities of daily living (bathing, cleaning, cooking, transportation and more), and filling gaps in care that may already be provided by family caregivers.

ESP offers flexible care to meet clients' changing needs. Eligibility and care needs are determined during an in-home assessment by a professional care manager who coordinates and monitors clients' care. Income is not an eligibility factor for ESP, but some clients have a cost share based on their income.

The program is operated by Council on Aging (COA) via a contract with Clinton County Commissioners, who appoint an advisory board to advise on program needs and policies. Provider agencies deliver ESP services via competitive contracts with COA. In some cases, clients may hire their own service providers. Clients, caregivers and taxpayers round out the partnership. ESP is a compassionate and cost-effective alternative to nursing home care.

Cost to Taxpayers

\$373

Monthly costs for
ESP services

VS

\$8,000+

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 2025:

85,364

requests for information and referral fulfilled

73

Clinton County residents received support to transition from one care setting to another

254

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

129

eligible Clinton County older adults enrolled in the Senior Farmers' Market Nutrition Program

\$249,768

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



Platform Upgrade

Executive Summary

CareDirector is the system COA has been using since 2018 to manage and document services for the Elderly Services Program (ESP) and other core programs, representing a substantial portion of day-to-day operations. The system is built on Microsoft Dynamics Customer Engagement On-premises, which will no longer be supported after January 2029. COA must move to a new platform; remaining on the current system is not an option due to loss of security support and the inability to safely manage protected health information (PHI).

The priority is to maintain uninterrupted ESP operations while transitioning to a more secure and stable system.

Why This Matters for ESP

CareDirector supports essential ESP functions, including intake, assessment, case management, service authorizations, claims payment, and reporting.

Action Underway

COA has taken initial steps to prepare for the transition:

- COA has hired Amend Consulting to support the selection of a new solution.
- New development on the current platform has been paused and internal resources have been redirected toward identifying and preparing for a replacement solution.
- Options under consideration include commercial platforms and hybrid approaches that combine purchased and custom components.
- Engaging end users in the research to provide invaluable insight into the requirements.

Maintenance and support will continue uninterrupted while we work to upgrade to a new solution.

Expected Benefits

While the transition is required, it also presents an opportunity to strengthen how ESP is supported. Anticipated improvements include:

- Stronger inherent security controls to protect client information.
- A more modern and efficient user experience for staff.
- Improved integration with providers and partner systems.
- Faster response to changes in program and operational needs.
- Reduced risk of future large-scale system disruptions or replacements

Approach and Decision Factors

The path forward is being evaluated using clear criteria to ensure the selected solution meets COA's needs:

- Total cost and long-term sustainability.
- Implementation timeline and ability to maintain uninterrupted operations.
- Functional fit with program requirements.
- Strategic alignment with COA priorities.
- Overall platform capability and flexibility.

Front line users are key to any successful system selection and transition. COA is committed to continuing to involve them as this project progresses.

Summary

COA is taking deliberate steps to transition to a secure, stable, and adaptable system that supports ESP operations today and reduces future risk.

No action is required from ESP Advisory Boards today. Future updates will focus on the selected approach and its impact on program operations and service delivery.