

## AGENDA

### WCESP Advisory Council Meeting

June 10, 2026 | 9:30 am – 11:00 am

406 Justice Drive, Lebanon OH 45036 – Room 350

<https://zoom.us/j/97450262252?pwd=I9JVuK5c40cDUmBfIBMgZXWaVCqRo5.1>

Meeting ID: 974 5026 2252 | Passcode: 979222Co

<b>CALL TO ORDER / INTRODUCTIONS</b> <ul style="list-style-type: none"><li>❖ Kim Clark</li></ul>	Dave Gully
<b>APPROVAL OF MINUTES</b> <ul style="list-style-type: none"><li>❖ March 11, 2026 Minutes (Action Needed)</li></ul>	Dave Gully
<b>QUARTERLY REPORTS</b> <ul style="list-style-type: none"><li>❖ Adult Protective Services</li><li>❖ Program Dashboard &amp; Financial Report<ul style="list-style-type: none"><li>○ Five Year Levy Projections</li></ul></li><li>❖ Program Update Report</li></ul>	Kimberly Frick  Ken Wilson & Ronnie Spears  Antoinette Moore
<b>OLD BUSINESS</b> <ul style="list-style-type: none"><li>❖ Levy Update</li></ul>	Nan Cahall
<b>NEW BUSINESS</b> <ul style="list-style-type: none"><li>❖ Service Specifications/Conditions of Participation Changes (COP) (Action Needed)<ul style="list-style-type: none"><li>○ Advanced Provider COP</li><li>○ Data Base Reviews &amp; BCII Criminal Records Check</li><li>○ FTH Home Care Assistance</li><li>○ Home Care Assistance</li><li>○ Transportation</li></ul></li><li>❖ Warren County Annual Report</li><li>❖ CareDirector Upgrade</li><li>❖ ESP Advisory Council Hybrid Policy</li></ul>	Antoinette Moore    Paula smith  Ken Wilson  Ken Wilson
<b>HEARING THE PUBLIC</b>	Dave Gully
<b>ADJOURNMENT</b>	Dave Gully

#### NEXT MEETING

September 9, 2026

**MINUTES**  
**WCESP ADVISORY COUNCIL MEETING**  
**WEDNESDAY, MARCH 11, 2026 @ 9:30 A.M.**

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**ATTENDANCE**

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<b><i>Members Present:</i></b>	<b><i>COA Staff:</i></b>	<b><i>Guests:</i></b>
Paul Bernard Kendra Couch Dave Gully Jerry Harrod (virtual) Don Juszcyk Jeff Moore Martin Russell	Rita Barclay-Hart Judy Eschmann Jennifer Heck Antoinette Moore Ronnie Spears	Kim Frick Konnie Hansen Alena Speed Theresa Busher
<b><i>Excused:</i></b>	<b><i>Facilitator:</i></b>	<b><i>Scribe:</i></b>
Matt Nolan	Dave Gully	Christina Adams
<b><i>Absent:</i></b>		
n/a		

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**CALL TO ORDER**

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The March 11, 2026 meeting of the WCESP Advisory Council was called to order by Dave Gully at 9:31 a.m.

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**APPROVAL OF MINUTES**

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Dave Gully asked for approval of the minutes from the December 10, 2025 meeting of the WCESP Advisory Council.

**Motion:** Martin Russell made a motion to approve the minutes as presented.

**Second:** Jeff Moore seconded the motion.

**Action:** The December 10, 2025 minutes were unanimously approved as presented.

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**QUARTERLY REPORTS**

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***Adult Protective Services***

Kim Frick shared the Adult Protective Services (APS) report.

Dec: 49 new referrals, 24 of those were investigated. Information was sent to 3 referrals; 1 case was sent to an Ombudsman.

Jan : 80 new referrals, 21 of those were investigated. Information was sent to 13 referrals; 7 case was sent to an Ombudsman.

Feb: 63 new referrals, 29 of those were investigated. Information was sent to 8 referrals; 4 cases were sent to an Ombudsman.

APS has seen an increase in older adults facing eviction due to inability to pay rent and continues to see a rise in romance scams.

***Program Dashboard & Financial Report Oct-Dec 2025)***

Judy provided an update on the 4th quarter Program Dashboard (please see handout for full details). The ESP census increased by 18 in quarter 4, Fast Track Home maintained the same numbers, and

Medicaid programs increased. Molina and Aetna MyCare contracts ended December 31, 2025, with the region transitioning from 2 to 4 health plans starting January 1, 2026. Next Generation MyCare plan options include Molina, CareSource, Anthem, and Buckeye, though Buckeye cannot start new enrollment until January 2027. Extensive prep work and collaboration with the Ohio Department of Medicaid and AAA network made for a smooth transition to Next Generation MyCare with very few individuals experiencing a gap in service.

Ronnie reviewed the quarter 4 (Oct-Dec 2025) financial data. This is a full year of actual expenses. Tax levy appropriations came in at the \$9.7 million budget. Purchased Services were under the \$7.6M budget by approximately \$41K. Home care expenses were higher than budget, but this was offset by lower consumer-directed care and home delivered meals. The total gross program expenses were within \$40K of budget (0.4% variance). The 2025 levy program operated within budget across all categories.

### ***Program Update Report***

Jennifer shared the Program Update report (please see handout for full details). Antoinette Moore was introduced as the interim manager for Procurement and Provider Services along with Rita Barclay-Hart who recently joined COA as part of the Emerging Professionals Program. Jennifer reviewed the 2025 Executive Provider Monitoring summary, noting a correction for Help at Home – Prime Home Care. The findings detail section shows “Schedule of Question Cost,” which involves a billing sampling and verifying service delivery evidence. During the auditor review, it was discovered that a client was billed without proper evidence, prompting further investigation. The 2026 Provider Monitoring Schedule with tentative dates for annual review is included in the Program Update Report. In the second quarter of 2026, COA will be publishing a Request for Proposal (RFP) for Home Care Assistance and Transportation Services.

### ***Provider Quality Report (Oct-Dec 2025)***

Jennifer reviewed the Provider Quality Report (see handout for full details). This report includes data on client satisfaction as well as provider market share and billable units by provider. Provider monitoring showed strong overall performance with few findings requiring corrective action. If Provider Services identifies a provider has fallen below benchmark for two consecutive quarters, the business relations partner will work with the provider to determine the cause of the lower satisfaction scores. All providers are met with quarterly unless an increase in frequency is needed. Adult Day Service represents an underutilized resource that needs increased community awareness. Warren County has two Adult Day Service providers; Otterbein Lebanon Adult Day Service and Restoration Adult Day Services. Both providers have capacity to serve more clients. Adult Day Service is an option for older adults who’s caregiver may need respite during the day due to work, a medical appointment, etc., as well as independent older adults who would benefit from socialization. Older adults can attend one to five days a week for half of a day or a whole day. Provider Services is planning to increase awareness about Adult Day Service in each of the counties served. Jennifer noted that the Provider Quality Report is available on COA’s website.

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## **OLD BUSINESS**

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### ***Levy Update***

#### **Five-Year Levy Projections**

Ronnie reviewed the current five-year levy cycle that runs from 2022-2026 and the next levy cycle which

begins in 2027 through 2031 (see handouts for full details). At the end of the current levy cycle ending in 2026, we are projecting to have a fund balance of \$2.6 million, equivalent to 2.5 to 3 months of services. This balance will be carried to the next levy cycle (2027-2031). As we prepare for a levy renewal with limited funding, the team is considering managed enrollment and other strategies to control costs. Options that we are exploring include eligibility requirements and co-pays to balance available dollars with client needs. Judy discussed strategies for managing high utilizers of services, suggesting a review of cases to determine if they would be better served by programs like Passport which offers higher cap limits and different funding streams compared to the levy program. She highlighted the need to ensure individuals are enrolled in the appropriate programs to maintain independence at home, mentioning the Passport Program's cost cap of \$1,200 per month and the levy program's cap at \$430 per month. Judy also emphasized the importance of reviewing Medicare Advantage plans annually to ensure all available services are utilized and discussed potential cost-saving measures such as home modifications and alternative service options such as laundry services.

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## **NEW BUSINESS**

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### ***Property Tax Advocacy Report***

Nan reviewed the December 2025 Property Tax Advocacy report (see handouts for details). Nan discussed the impact of recent property tax reform bills in Ohio, highlighting the potential reduction in property tax collections over the next three years. She explained that these reforms were driven by concerns over property tax volatility and housing costs, as well as a looming state-wide ballot initiative to eliminate property taxes entirely. Nancy emphasized the importance of monitoring these changes, particularly for senior service levies, and noted that while some reforms may have minimal impact, others could pose risks if not managed carefully. Following discussion of House Bill 309 which allows county budget commissions (CBCs) to reduce voted levies beyond their first collection year if they determine the revenue would be unnecessary or excessive. Paul commented that the current criteria that the budget commission is looking at right now is carryover more than 100% of expense. If a balance is not meeting this criteria, there is not a requirement to explain the reason for the balance. ESP is not going to carry a balance that is more than 100% of expense. Nan shared information about a reform effort to the Homestead Reduction led by Representative Adam Matthews. The Homestead Reduction Act provides a \$29K reduction in property tax to individuals age 65 and over who make less than \$46K per year. The reform bill named "Don't Kick out Granny" is proposed legislation to prevent foreclosure if older adults continue to pay taxes at the previous rate despite an increase in property value.

### ***Updated Sliding Fee Scale***

Ronnie shared the Updated Sliding Fee Scale (see handout for details). This scale is adjusted to the federal poverty level guidelines and is used in determining a client's cost share.

Dave Gully requested a motion to accept the 2026 updated sliding fee scale.

**Motion:** Jeff Moore made a motion to accept the 2026 updated sliding fee scale.

**Second:** Dr. Juszczuk seconded the motion.

**Action:** It was unanimously agreed to accept the 2026 updated sliding fee scale.

### ***Conflict of Interest and Confidentiality Policies/Forms***

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

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## HEARING FROM THE PUBLIC

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No public attendees requested to be heard.

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## ADJOURNMENT

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With no further business, Dave requested a motion to adjourn the meeting at 10:57 a.m.

**Motion:** Martin Russell made a motion to adjourn.

**Second:** Jeff Moore seconded the motion.

**Action:** The meeting was adjourned at 10:57 a.m.

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## NEXT MEETING

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June 10, 2026



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



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

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**Highlighted Findings**

**1. Census Trends**

- A. Compared to last year (Quarter 1, 2025), census increased by 52 clients (from 1,926 to 1,978) or 2.70%.
- B. Compared to last Quarter (Quarter 4, 2025), census decreased by 21 clients (from 1,999 to 1,978) or 1.05%.

**2. Fast Track Home Census Trends**

- A. Average Length of Stay increased by 11 days when compared to Quarter 4, 2025 (from 45 to 56).
- B. New Enrollments increased by 6 from Quarter 4, 2025 to Quarter 1, 2026 (from 34 to 40).
- C. Total clients who transferred to ESP from FTH increased by 2 clients in Quarter 1, 2026 (from 16 to 18).

**3. Financials**

- A. Total Revenue: The amount projected to be drawn down from the levy is \$9.9 million in the first quarter of 2026, as compared to the budgeted amount of \$10.7 million. The variance as compared to budget is under by \$880,143 or 8.2%.
- B. Total Expenses: The total expenses projected in the first quarter of 2026 are \$10.4 million as compared to \$11.3 million in the budget. The variance as compared to budget is under by \$852,903 or 7.6%.
- C. Purchase Services: The expenses for in home services are lower by \$724,118 or 8.6% as compared to budget.



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

**Quarter-End Census by Program**

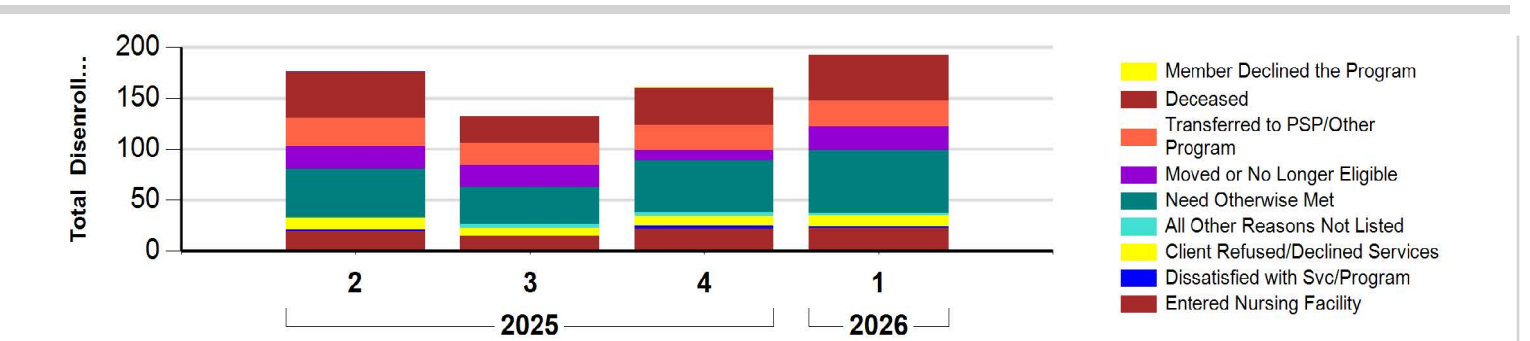
Year	2025			2026
Quarter	2	3	4	1
<b>ESP</b>	<b>1,944</b>	<b>1,981</b>	<b>1,999</b>	<b>1,978</b>
<b>FTH</b>	<b>26</b>	<b>21</b>	<b>21</b>	<b>23</b>
<b>Medicaid Programs</b>	<b>474</b>	<b>480</b>	<b>502</b>	<b>513</b>
Passport	69	80	83	71
Assisted Living	45	56	77	38
Molina	149	137	151	192
Anthem				117
Buckeye				3
CareSource				92
Aetna	211	207	191	0

**Quarter-End Census, New Enrollments, and Disenrollments**

Year	2025			2026
Quarter	2	3	4	1
Quarter-End Census	1,944	1,981	1,999	1,978
New Enrollments	194	167	181	170
Disenrollments	175	132	161	192

**Disenrollment Outcomes**

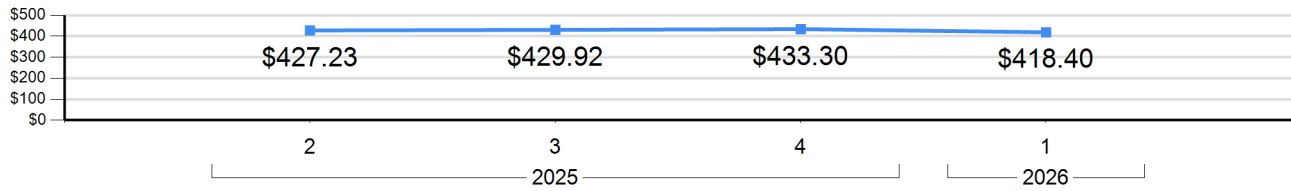
Year	2025			2026
Quarter	2	3	4	1
Member Declined the Program	0	0	1	0
Client Refused/Declined Services	11	8	9	11
Deceased	44	26	37	44
Dissatisfied with Svc/Program	2	0	3	1
Entered Nursing Facility	19	15	22	23
Moved or No Longer Eligible	23	21	10	23
Need Otherwise Met	47	37	51	62
Transferred to PSP/Other Program	28	22	24	26
All Other Reasons Not Listed	1	3	4	2
<b>Total</b>	<b>175</b>	<b>132</b>	<b>161</b>	<b>192</b>





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

**Average Monthly Cost per Client**



**Distinct Clients Served by Service Group<sup>1</sup>**

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	25	19	17	17
Consumer Directed Care	91	85	79	71
Electronic Monitoring Systems	1,023	1,041	1,047	1,086
Home Care Assistance	667	768	793	802
Home Delivered Meals	1,084	1,059	1,053	1,069
Home Medical Equipment	34	39	30	22
Home Modification	39	41	35	47
Laundry Service	100	100	103	88
Other Services	34	32	35	40
Transportation	185	188	178	189
<b>All Services (Unduplicated)</b>	<b>2,124</b>	<b>2,114</b>	<b>2,161</b>	<b>2,170</b>

**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	490	398	287	302
Consumer Directed Care	7,626	7,662	6,537	4,160
Electronic Monitoring Systems	2,985	3,018	3,006	3,074
Home Care Assistance	18,831	20,239	20,538	19,978
Home Delivered Meals	69,056	67,978	70,590	65,828
Home Medical Equipment	54	55	43	26
Home Modification	40	44	37	50
Laundry Service	974	945	873	813
Other Services	119	70	128	151
Transportation	1,702	1,808	1,583	1,604

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

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	\$42,105	\$33,895	\$24,853	\$25,399
Consumer Directed Care	\$143,549	\$148,509	\$139,347	\$110,189
Electronic Monitoring	\$59,063	\$61,198	\$61,792	\$64,135
Home Care Assistance	\$554,389	\$596,546	\$624,586	\$607,311
Home Delivered Meals	\$800,333	\$788,502	\$844,313	\$785,580
Home Medical Equipment	\$11,838	\$11,730	\$11,186	\$5,852
Home Modification	\$46,271	\$68,203	\$55,870	\$55,421
Laundry Service	\$39,394	\$39,358	\$34,288	\$32,905
Other Services	\$25,820	\$15,605	\$15,188	\$18,232
Transportation	\$144,489	\$152,076	\$131,670	\$130,292
<b>All Services</b>	<b>\$1,867,252</b>	<b>\$1,915,620</b>	<b>\$1,943,092</b>	<b>\$1,835,316</b>

Respite Services are included in Other Services. Q1 2026 had two clients received 8 nights overnight service total \$3,365. Q4 cost for service \$585. For Q3 and Q2 five clients received service at a cost of \$10,941.



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

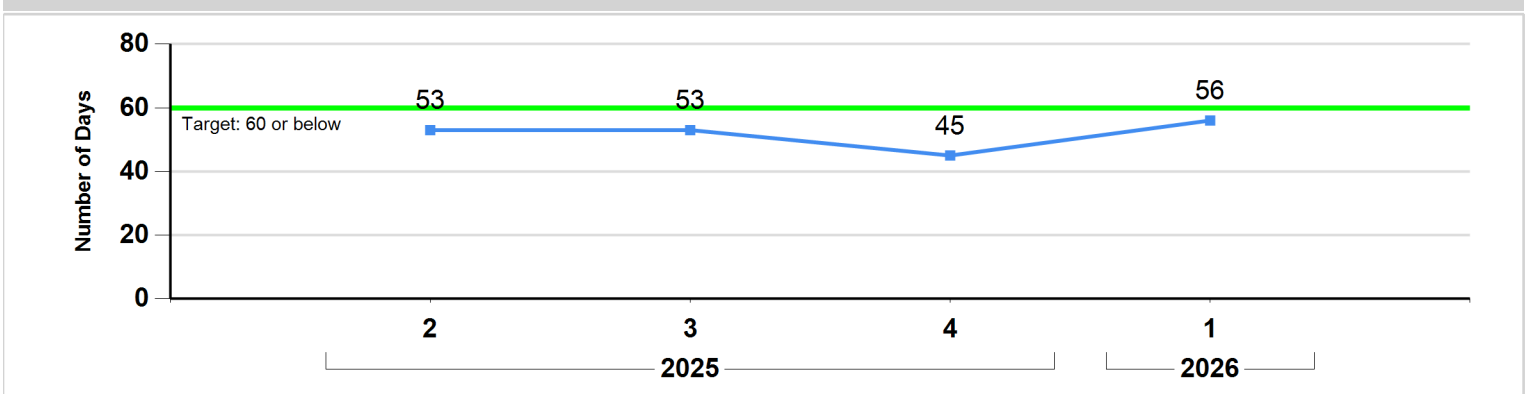
**Total Clients Served, New Enrollments, Disenrollments**

	2025			2026
	Quarter 2	Quarter 3	Quarter 4	Quarter 1
New Enrollments	53	33	34	40
Disenrollments	53	40	34	38
Clients Transferred to ESP	33	19	16	18
	62.26%	47.50%	47.06%	47.37%

**Enrollment by Setting**

	2025			2026
Enrollment Setting	Quarter 2	Quarter 3	Quarter 4	Quarter 1
Spousal Meals	4	2	0	3
Community	1	4	1	0
TriHealth Clinton Regional Hospital	0	0	0	1
Mercy Hospital Network	0	0	2	1
Premier Health Atrium	2	1	4	0
The Christ Hospital	0	0	1	2
TriHealth Hospital Network	17	11	9	13
University of Cincinnati Hospital Network	9	5	3	7
Veterans Admin - VA	0	0	1	0
Other Hospital	6	5	9	5
Skilled Nursing Facilities	9	1	0	4
Rehabilitation Facilities	5	4	0	3
Not Captured	0	0	4	1
<b>Total</b>	<b>53</b>	<b>33</b>	<b>34</b>	<b>40</b>

**Average Length of Stay**





**Warren 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	15	16	11	15
Home Care Assistance	30	22	20	22
Home Delivered Meals	38	35	21	26
Home Medical Equipment	26	7	8	7
Home Modification	7	5	2	3
Laundry Service	0	0	0	2
Transportation	5	4	4	4
<b>All Services (Unduplicated)</b>	<b>68</b>	<b>53</b>	<b>44</b>	<b>40</b>

**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	19	24	13	19
Home Care Assistance	261	195	204	184
Home Delivered Meals	1,137	956	625	777
Home Medical Equipment	37	11	11	15
Home Modification	9	5	2	3
Laundry Service	0	0	0	5
Transportation	54	85	19	11

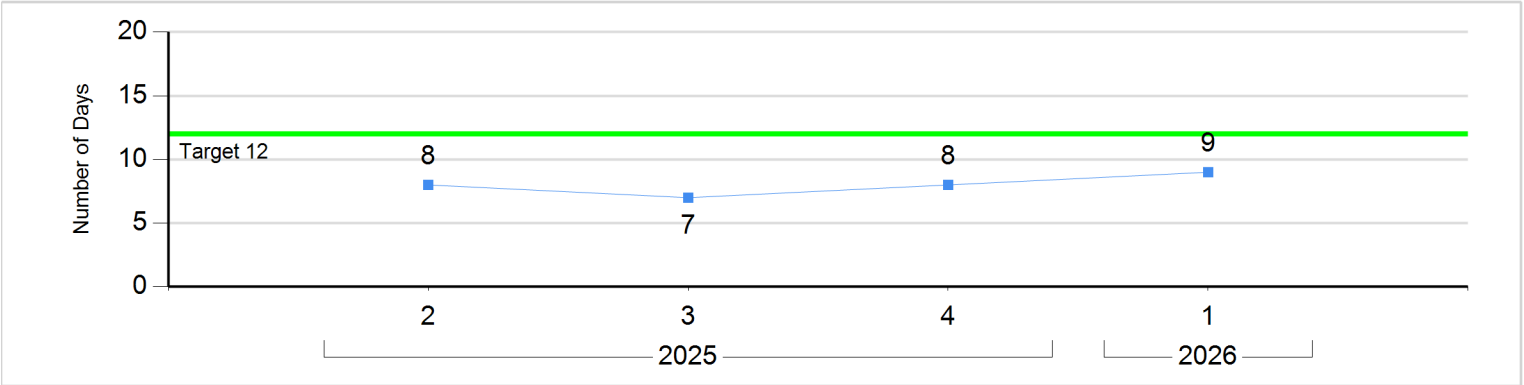
**Dollars Paid by Service Group (Purchased Services)**

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	\$334	\$528	\$259	\$369
Home Care Assistance	\$7,689	\$5,716	\$6,183	\$5,596
Home Delivered Meals	\$12,733	\$10,965	\$7,444	\$8,952
Home Medical Equipment	\$2,922	\$607	\$980	\$2,497
Home Modification	\$5,392	\$5,534	\$1,345	\$2,105
Laundry Service	\$0	\$0	\$0	\$239
Transportation	\$2,752	\$3,884	\$1,036	\$553
<b>All Services</b>	<b>\$31,822</b>	<b>\$27,234</b>	<b>\$17,619</b>	<b>\$20,311</b>



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

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



**Home Care Provider Network Referrals and Capacity**

Year	Quarter	#Clients in Need of HCA & 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	1,077	93	9%	77%	14%
2025	3	1,124	77	7%	79%	14%
2025	4	1,016	68	7%	82%	11%
2026	1	1,050	45	4%	86%	10%

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

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	99.40%	99.19%	99.52%	99.54%
Good Choice of Meals Available	98.32%	97.72%	99.31%	99.63%
Distinct Clients Surveyed	356	344	285	272

**Medical Transportation - Client Satisfaction Survey Results**

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	99.20%	97.26%	97.17%	97.97%
Service Returns Client Home Promptly	99.00%	96.43%	96.47%	97.75%
Distinct Clients Surveyed	162	144	120	128

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

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	97.52%	97.60%	96.94%	98.15%
Aide is Dependable	96.53%	97.17%	95.17%	97.28%
Distinct Clients Surveyed	258	283	295	334



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

<b>Referrals</b>				
<b>Year</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>
<b>Quarter</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>
Number of Members Assisted	10	3	0	6
Over the Counter (OTC)	9	2	0	5

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

<b>Total Cost Savings by Quarter</b>				
<b>Quarter _ Year</b>	<b>Q2_2025</b>	<b>Q3_2025</b>	<b>Q4_2025</b>	<b>Q1_2026</b>
Total Cost Savings(as of qtr. end date)	\$3,000	\$600	\$0	\$1,500

<b>Total Annual Cost Savings</b>	<b>2025</b>	<b>2026</b>
	\$5,700	\$1,500



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

	Annual Projected	Annual Budget	Budget Variance	Percent Budget Variance
<b>Revenue</b>				
Tax Levy Appropriations	\$9,864,594	\$10,744,737	(\$880,143)	-8.2%
<b>Federal Funding</b>				
Title III C2 - Home Delivered Meals	150,314	97,572	52,742	54.1%
Title III E - Caregiver Support	62,763	56,258	6,505	11.6%
Title III B - I&R	12,574	12,574	0	0.0%
Nutrition Services Incentive Program (NSIP)	79,256	85,353	(6,097)	-7.1%
Other Federal ( ARPA)	0	0	0	0.0%
<b>State Funding</b>				
Alzheimer's	13,795	13,557	238	1.8%
Senior Community Services	34,746	35,359	(614)	-1.7%
<b>Interest</b>				
Earned	12,915	15,062	(2,147)	-14.3%
<b>Client Contributions</b>				
Client Donations	20,334	26,438	(6,104)	-23.1%
Client Cost-share	191,768	209,052	(17,284)	-8.3%
<b>Total Revenue</b>	<b>\$10,443,060</b>	<b>\$11,295,963</b>	<b>(\$852,903)</b>	<b>-7.6%</b>
<b>Expenses</b>				
<b>Operational Expenses</b>				
COA Administrative	\$637,370	\$689,425	\$52,055	7.6%
Intake & Assessment	93,613	126,158	32,544	25.8%
Care Management	1,926,819	1,909,060	(17,759)	-0.9%
Fast Track Case Mgmt	124,124	186,068	61,944	33.3%
<b>Total Operational Expenses</b>	<b>\$2,781,926</b>	<b>\$2,910,711</b>	<b>\$128,785</b>	<b>4.4%</b>
<b>Purchased Services</b>				
Home Care Services	\$2,491,920	\$2,570,754	\$78,835	3.1%
Respite Services	12,365	12,000	(365)	-3.0%
Consumer Directed Care	469,866	639,984	170,119	26.6%
Laundry Service	133,154	163,754	30,600	18.7%
Independent Living	53,406	35,734	(17,672)	-49.5%
Electronic Monitoring	256,857	246,918	(9,939)	-4.0%
Minor Home Modifications	228,422	232,951	4,530	1.9%
Major Housecleaning	0	21,266	21,266	100.0%
Pest Control	5,331	19,630	14,299	72.8%
Home Medical Equipment	46,170	49,437	3,268	6.6%
Home Delivered Meals	3,296,368	3,644,084	347,716	9.5%
Adult Day Service	134,506	114,843	(19,663)	-17.1%
Adult Day Transportation	0	1,511	1,511	100.0%
Medical Transportation	532,770	632,385	99,615	15.8%
<b>Gross Purchased Services</b>	<b>\$7,661,134</b>	<b>\$8,385,252</b>	<b>\$724,118</b>	<b>8.6%</b>
<b>Gross Program Expenses</b>	<b>\$10,443,060</b>	<b>\$11,295,963</b>	<b>\$852,903</b>	<b>7.6%</b>
<b>Client Census</b>	<b>* 2,032</b>	<b>2,006</b>	<b>(26)</b>	<b>-1.3%</b>
<b>Cost of Services per Client</b>	<b>\$315.13</b>	<b>\$342.55</b>	<b>\$27.42</b>	<b>8.0%</b>

\* 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, Independent Living Assistance, Adult Day Transportation and Caregiver Support Services-Respite Care.
- 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.

# WCESP Levy Projection

## LATEST COA PROJECTION: May-2026

	Year 1 2022 Actual	Year 2 2023 Actual	Year 3 2024 Actual	Year 4 2025 Actual	Year 5 2026 Proj.	5-Year Total
<b>Revenue</b>						
Beginning Fund Balance	12,195,096	5,200,246	5,278,613	4,989,244	3,854,735	12,195,096
Levy Revenue (Cash Basis)	71,084	8,331,771	8,722,100	8,750,252	9,056,510	34,931,717
<i>COA Levy Draw</i>	6,939,681	8,088,921	8,870,540	9,748,448	9,864,594	43,512,184
Title III and State Funding (Accrual Basis)	706,942	755,153	483,189	324,224	353,449	2,622,957
Client Donations (Accrual Basis)	24,988	23,418	20,671	21,407	20,334	110,818
Client Co-Payments (Accrual Basis)	120,021	186,452	169,804	187,022	191,768	855,067
Interest and Other Income	1,510	23,365	19,778	20,839	12,915	78,407
Total Revenue to support ESP	7,793,143	9,077,308	9,563,982	10,301,939	10,443,060	47,179,432
<b>Total Available Revenue (incl. previous year carryover)</b>	<b>13,119,642</b>	<b>14,520,403</b>	<b>14,694,155</b>	<b>14,292,987</b>	<b>13,489,710</b>	<b>50,794,061</b>
<b>COA Operational Expenses</b>						
Provider Services (Accrual Basis)	5,556,303	6,610,216	7,225,770	7,581,171	7,661,134	34,634,594
Healthy Aging Grant	-	-	(288,032)	-	-	(288,032)
Information & Assistance (Accrual Basis)	92,946	95,196	108,316	106,691	93,613	496,762
Care Management (Accrual Basis)	1,573,589	1,693,370	1,824,818	1,826,446	1,926,819	8,845,043
COA Program Management (Accrual Basis)	475,638	554,014	583,717	628,757	637,370	2,879,496
FTH CareMgmt (Accrual Basis)	94,667	124,511	109,393	158,874	124,124	611,569
<b>Total COA Operational Expenditures</b>	<b>7,793,143</b>	<b>9,077,308</b>	<b>9,563,982</b>	<b>10,301,939</b>	<b>10,443,060</b>	<b>47,179,432</b>
APS, Auditor/Treasurer/State Fees	98,942	134,818	140,929	136,313	140,336	651,338
WCCS Senior Isolation Program	27,311	20,004	-	-	-	47,315
<b>Total Levy Expenditures</b>	<b>7,919,396</b>	<b>9,232,130</b>	<b>9,704,911</b>	<b>10,438,252</b>	<b>10,583,396</b>	<b>47,878,086</b>
					-	
<b>Actual &amp; Estimated Fund Balance</b>	<b>\$ 5,200,246</b>	<b>\$5,278,613</b>	<b>\$4,989,244</b>	<b>\$3,854,735</b>	<b>\$ 2,906,314</b>	<b>2,906,314</b>
<b>Year Ending Client Census</b>	<b>1,887</b>	<b>1,985</b>	<b>2,001</b>	<b>2,020</b>	<b>2,032</b>	
<b>Estimated Clients served during the year</b>	<b>2,655</b>	<b>2,816</b>	<b>2,862</b>	<b>2,851</b>	<b>2,870</b>	

### Assumptions:

- 1) Traditional ESP census is based on linear trend projections; current market penetration level is 38.5%; growth 1 client/month through the end of 2026 (January-April average); FTH Census is projected to be 22/month on average (increased from 21 in prior year), based on historical averages and increased coverage in the county hospitals
  - 2) Title III and State Funding based on Area plan funding
  - 3) 2022-2025 Levy Revenue was updated to the amount provided by county auditor; for 2025 collection amount was \$8,750,252 - 2026 collections are estimated to increase by 3.5%
  - 4) Case Management PMPM rate for 2026 rate is \$77.40; Care Director usage for 22 licenses is included in Case Management
  - 5) Intake is projected based on budgeted costs for 2026 (data supplied by county partner WCCS)
  - 6) HCA rates calculated based on cost per client (CPC); each October RFP rate increase percentages are being applied to CPC; There will be an RFP in 2026 for this service, with new rates applicable in Oct. We estimated 3% increase in rates; HCA service utilization in the county has been increasing since 2025 (2024 utilization 24.8%; 2025 31.7%; 2026 to date 34.6%); care plan cost per client is being closely monitored
  - 7) HDM rates were calculated based on CPC; each October RFP rate increase percentages are being applied to CPC.
  - 8) EMRS RFP in 2024 has successfully reduced rates by 20%, beginning with Oct 2024, which is reflected in lower cost actual and projected
  - 9) WCCS Senior Isolation program funding of \$60,000 was removed from the 2024, 2025 and 2026 projection
- In 2024, COA has received the Healthy Aging grant, in the amount of \$288,032, which is the amount allocated to Warren County. COA used this grant to reduce the Provider services cost to the county, and in effect have a lower Admin cost base, which reduced the Program Management cost to the county.

# WCESP Levy Projection

## LATEST COA PROJECTION: May-2026

	Year 1 2027 Proj.	Year 2 2028 Proj.	Year 3 2029 Proj.	Year 4 2030 Proj.	Year 5 2031 Proj.	5-Year Total
<b>Revenue</b>						
Beginning Fund Balance	2,906,314	2,370,047	2,276,361	2,310,438	2,413,692	2,906,314
Levy Revenue (Cash Basis)	9,373,488	9,701,560	10,041,115	10,392,554	10,756,293	50,265,011
COA Levy Draw	9,776,090	9,673,390	9,878,224	10,158,853	10,453,701	49,940,259
Title III and State Funding (Accrual Basis)	410,674	410,674	410,674	410,674	410,674	2,053,368
Client Donations (Accrual Basis)	18,964	17,897	17,787	17,787	17,787	90,221
Client Co-Payments (Accrual Basis)	186,368	175,877	174,792	174,792	174,792	886,621
Interest and Other Income	10,441	10,019	10,190	10,394	10,602	51,646
Total Revenue to support ESP	10,402,537	10,287,857	10,491,667	10,772,499	11,067,555	53,022,115
<b>Total Available Revenue (incl. previous year carryover)</b>	<b>12,906,249</b>	<b>12,686,074</b>	<b>12,930,918</b>	<b>13,316,638</b>	<b>13,783,839</b>	<b>56,253,181</b>
<b>COA Operational Expenses</b>						
Provider Services (Accrual Basis)	7,636,179	7,542,406	7,674,639	7,865,605	8,067,421	38,786,250
Information & Assistance (Accrual Basis)	95,546	98,412	101,365	104,405	107,538	507,266
Care Management (Accrual Basis)	1,908,141	1,865,028	1,916,786	1,981,912	2,049,316	9,721,184
COA Program Management (Accrual Basis)	634,897	627,897	640,336	657,476	675,485	3,236,092
FTH CareMgmt (Accrual Basis)	127,774	154,113	158,540	163,100	167,796	771,324
<b>Total COA Operational Expenditures</b>	<b>10,402,537</b>	<b>10,287,857</b>	<b>10,491,667</b>	<b>10,772,499</b>	<b>11,067,555</b>	<b>53,022,115</b>
APS, Auditor/Treasurer/State Fees	133,665	121,856	128,814	130,447	132,925	647,707
<b>Total Levy Expenditures</b>	<b>10,536,202</b>	<b>10,409,713</b>	<b>10,620,480</b>	<b>10,902,946</b>	<b>11,200,480</b>	<b>53,669,822</b>
<b>Actual &amp; Estimated Median Fund Balance</b>	<b>\$ 2,370,047</b>	<b>\$2,276,361</b>	<b>\$2,310,438</b>	<b>\$2,413,692</b>	<b>\$ 2,583,359</b>	<b>2,583,359</b>
<b>Year Ending Client Census</b>	<b>1,888</b>	<b>1,838</b>	<b>1,838</b>	<b>1,838</b>	<b>1,838</b>	
<b>Estimated Clients served during the year</b>	<b>2,688</b>	<b>2,638</b>	<b>2,638</b>	<b>2,638</b>	<b>2,638</b>	

### Assumptions:

- 1) In order to maintain a positive balance throughout the cycle, we estimate a need for either managed enrollment or a reduction in cost per client. This model reflects reduced census in 2027 (by 12/mo on average) and in the first half of 2028 (9/mo on average). Alternatively, a 10%-12% reduction in cost per client will eliminate the need for census reduction.
- 2) Case Management is projected based on contracted rates with a 3% yearly increases (2026 rate is \$77.40/client/month); CareDirector licenses are included in the projected cost.
- 3) Intake is projected based on actual costs with a yearly increase of 3% each January
- 4) FTH is based on a census of 22 clients monthly in 2027, and growing to 26 monthly average in 2028 through the end of the cycle
- 5) Title III and State Funding is projected to revert to pre-pandemic levels
- 6) Levy revenues are projected to be increase by 3.5% yearly, based on historical data
- 7) HCA and HDM rates are updated each October: rate increase percentages are being applied to CPC based on quoted RFP rates;

# Warren County Program Update Report June 2026

## Adult Day Services (ADS)

No changes since last report

## Emergency Monitoring Systems (EMS)

No changes since last report

## Environmental (ENVIR)

No changes since 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-

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

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

### **Home Delivered Meals (HDM)**

No changes since the last report

### **Senior Farmers Market Nutrition Program (SFMNP)**

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. Warren County received \$4,900 in funding, which allows for 98 program recipients.

Applications for the 2026 program were open from April 22 through May 22, 2026. However, all funding allocated to Warren 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.

### **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.

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

No changes since last report

### **Minor Home Modifications (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.

### Transportation (Transp)

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-

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

### 2026 Provider Monitoring Schedule

WARREN COUNTY ESP PROVIDER MONITORING SCHEDULE (Please find below the list of Warren County Providers of ESP Services and the tentative dates for annual review for 2026.)		
Warren County ESP Providers	Review Type	Tentative Review Date
Otterbein Lebanon Adult Day Service	Annual	June 2026
Senior Helpers of Southern Ohio (SH of Southern Ohio)	Annual	August 2026
Senior Helpers of Dayton	Annual	September 2026
Active Day Cincinnati	Annual	May 2026
Warren County Community Services	Annual	February 2026
Home Care by Blackstone	Annual	February 2026

Margaret's Hearts Adult Day Services	Annual	February 2026
Wesley dba Meals on Wheels of Southwest OH & Northern KY	Annual	March 2026
VEBCOM LLC – Adult Day Services	Annual	April 2026
Stateline Medical Equipment	Biennial	May 2026
Tri-State Maintenance	Biennial	June 2026
Gabriel's Angels	Annual	June 2026
AnswerCare LLC dba Help at Home	Annual	July 2026
LCD Home Health Agency	Annual	July 2026
Meda-Care Transportation	Biennial	July 2026
A Miracle Home Care	Annual	August 2026
Interim HomeStyles of Greater Cincinnati @ Cincinnati	Annual	August 2026
Bayley Adult Day	Annual	August 2026
101 Mobility	Biennial	September 2026
A Best Home Care	Annual	September 2026
Warren County Care Management	Annual	September 2026
Nova Home Care Company	Annual	October 2026
Janz Medical Supply (fka Mullaney's)	Annual	October 2026
Arrow Heating Cooling and Home Maintenance, LLC	Annual	October 2026
Restoration Adult Day Services LLC	Annual	December 2026
Amaramedical Health Care Services	Annual	January 2026
Prime Home Care dba Help at Home	Annual	January 2026

## 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?

**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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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:

<b>Provider Type</b>	<b>BCI Reason Code</b>	<b>FBI Reason Code</b>
Assisted Living Providers	3721.121	3721.121
All other agency Providers	<b>Preferred Code:</b> 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:

	<b>Personal Care</b>	<b>Homemaking, Companion, Respite</b>
Be listed on the Ohio Department of Health’s Nurse Aide Registry; <b>or</b>	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; <b>or</b>	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; <b>or</b>	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; <b>or</b>	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; <b>or</b>	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
<b>General Aide Requirements</b>		
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:

	<b>Personal Care</b>	<b>Homemaking, Companion, Respite</b>
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
<b>Can the aide complete the following tasks?</b>		
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"> <li>Working with the family unit</li> <li>Customs and Cultures</li> <li>Physical, emotional, and developmental needs of clients, including privacy and respect for personal property.</li> <li>Working with clients with dementia or other cognitive impairments.</li> </ul>	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"> <li>Risk Factors to the client.</li> <li>Risk factors for the Aide</li> </ul>	Yes	Yes
<u>Communication (** includes all within this section)</u> <ul style="list-style-type: none"> <li>Ability to read, write, and make brief and accurate reports.</li> <li>Understanding non- verbal communication and body language</li> </ul>	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><b><u>Nutrition (** includes all within this section)</u></b>  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><b><u>Elder Abuse</u></b>  Types of abuse, signs of abuse and neglect, and intervention.</p>	Yes	Yes
<p><b><u>Procedures (** includes all within this section)</u></b>  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; <b>or</b>	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; <b>or</b>	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; <b>or</b>	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; <b>or</b>	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: <b>or</b>	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
<b>General Aide Requirements</b>		
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:

	<b>Personal Care</b>	<b>Homemaking, Companion, Respite</b>
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.

	<b>Personal Care</b>	<b>Homemaking, Companion, Respite</b>
<b>Can the aide complete the following tasks?</b>		
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"> <li>Working with the family unit</li> <li>Customs and Cultures</li> <li>Physical, emotional, and developmental needs of clients, including privacy and respect for personal property.</li> <li>Working with clients with dementia or other cognitive impairments.</li> </ul>	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"> <li>Risk Factors to the client.</li> <li>Risk factors for the Aide</li> </ul>	Yes	Yes
<u>Communication (** includes all within this section)</u> <ul style="list-style-type: none"> <li>Ability to read, write, and make brief and accurate reports.</li> <li>Understanding non- verbal communication and body language</li> </ul>	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**

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**ANNUAL  
REPORT**

**Warren County**

*ESP*



# Welcome

As chair of the Warren County ESP Advisory Council, I am pleased to share with you our program's 2025 Annual Report. In 2025, ESP, which is managed by our county commissioners and funded by the county's senior services tax levy, served 2,777 county residents.

ESP is administered by Council on Aging (COA), the state-designated Area Agency on Aging for southwestern Ohio, including Warren County.

As we have shared in previous annual reports, workforce shortages in the home care industry have impacted our ability to provide home care assistance (housekeeping, personal care, respite) to older adults enrolled in our program. However, I'm pleased to report a reversal in this trend, brought about thanks to recent improvements in hiring and retaining home care workers. Our local provider network now reports greater staffing stability, allowing ESP to deliver more reliable care to clients. As a result, the number of clients not matched with a home care provider dropped by nearly half from the beginning of 2025 to the end of the year, despite a slight uptick in the number of overall clients enrolled in ESP.

Along with this increase in service delivery comes an increase in costs. 2026 marks the end of the five-year funding cycle for the county's senior services levy. During the year, this advisory council will work closely with COA to manage costs and reduce expenses with the goal of delaying or preventing the need to manage enrollment into the program before the levy cycle ends, and to ensure we are positioned to keep the program within budget over the next five-year levy cycle.

We'll also be working to educate the community about the need to renew this important levy so we can continue to help our older friends, neighbors and loved ones remain safe and independent in their homes.

The senior services levy also provides support to our county Adult Protection Unit, which includes two case workers who work hard during the year to provide protective services for adults age 60+ at risk of abuse, neglect or exploitation. In 2025, the unit received 684 new referrals and opened more than 250 cases.

I hope you will take a few minutes to read our annual report and gain a better understanding of how ESP and the senior services levy impact our entire community. For example, it may surprise you to learn that ESP serves 18 county residents age 100 and older. You can read about how our care managers approach the task of caring for centenarians in our county and hear from a Maineville caregiver who is grateful for the support she receives in helping her 106-year-old aunt stay at home.

On behalf of this advisory council and the thousands of older adults and families served by our program, thank you for your continued support of Warren County ESP.



**Dave Gully**  
Chair, Warren County ESP  
Advisory Council

## ESP is a Community Partnership

### Warren County Commissioners

Tom Grossmann, Shannon Jones, David G. Young

### Warren County ESP Advisory Council

Dave Gully, Chair; Dr. Don Juszczak, Vice Chair; Kendra Couch; Jerry Harrod; Jeff Moore; Matt Nolan; Martin Russell

### Administered by Council on Aging

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

### Intake and Care Management by Warren County Community Services, Inc.

645 Oak St., Lebanon, OH 45036  
(513) 695-2271 [www.wccsi.org](http://www.wccsi.org)





# 2025

## Client Stats

Warren 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.

### 2,777 Clients Served



65%  
FEMALE



35%  
MALE



49%  
LIVE ALONE



\$426  
MONTHLY  
OUT-OF-POCKET  
MEDICAL EXPENSES



87%  
AGE 70+ (18 100+)



\$2,122  
MEAN MONTHLY  
INCOME



784  
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/wcesp2025](http://www.help4seniors.org/wcesp2025)

## As Warren County ages, more centenarians served by ESP

Warren County is seeing a rapid rise in its oldest residents, with the population of adults 85+ expected to more than double by 2050. This includes a growing number of centenarians served by Warren County ESP. Despite assumptions that those age 100 and older require extensive support, many remain remarkably independent, with basic support from ESP. In fact, care managers say their perseverance – and unique life experiences – make this group both inspiring and deeply rewarding to serve.

## At 106, ESP client proves you're never too old to live independently

At 106, Maineville resident Marvel – affectionately called Marvelous Marvel by those who know her – has fully lived every year of her long life. She enjoyed a marriage of more than 50 years, cared for her mother, raised dairy cattle, sold hay until she was 101, and was a real-life Rosie the Riveter during World War II. Today, she gets help to live independently from her niece, hospice and Warren County ESP.



## Warren County ESP adopts new cost sharing model

Warren 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.

## Bill Thornton recognized as 2025 Senior Who Rocks

In 2025, Council on Aging nominated long-time Warren County resident and advocate, Bill Thornton, for Pro Seniors' annual Seniors Who Rock awards. Thornton was one of three award winners honored at a ceremony in August, and he had the crowd in tears with his acceptance speech. "For nearly 20 years, Bill has been a tireless advocate for Council on Aging and those we serve," said Council on Aging CEO Suzanne Burke. "In fact, I would say he's our Number One advocate! Bill understands our business needs as an organization, as well as the needs of older adults in our region. His knowledge and passion have contributed to countless advocacy victories for our region and our state. Bill truly is a Senior Who Rocks!" Thornton also received the President's Award at COA's 2025 Annual Meeting and Awards program.



## Use the QR code at the top of this page to read more, including these additional stories:

- New directory connects county residents to resources during times of need
- County resident honored as a Home Health Aide Hero

# Expenses + Revenue

## How tax dollars are spent

ESP exists thanks to the generosity of county voters. A tax levy in place since 2002 provides 94% of ESP's funding. The current 1.21-mill levy was approved by 78% of voters in 2021. It costs property owners \$29.93 per \$100,000 of property valuation annually.

As Warren County's Area Agency on Aging, COA leverages state and federal funding and seeks alternative funding sources to help offset costs to the levy. Additional funding comes from client cost sharing and voluntary client donations. COA's goal: ensure the highest quality services at the lowest cost to serve as many people as possible with the tax dollars available.

## Revenue

Federal and State (via Council on Aging)	\$324,224
Client Donation, Cost Sharing and Interest Earned	\$229,267
Warren County Senior Services Levy	\$9,748,448
<b>TOTAL REVENUE</b>	<b>\$10,301,939</b>

## Expenses

SERVICE	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	2,662	23,043 months	\$1,826,446
Home-Delivered Meals <sup>1</sup>	1,484	278,669 meals	\$3,256,757
Electronic Monitoring Systems	1,287	11,843 months of rentals	\$237,812
Home Care Assistance	1,015	77,704 hours	\$2,309,549
Transportation	320	6,955 one-way trips	\$575,127
FastTrack Home Care Transitions <sup>1</sup>	187	447 months	\$158,874
Minor Home Repairs	162	173 repairs	\$229,775
Home Medical Equipment	142	234 items	\$47,341
Laundry Service	122	3,598 jobs	\$148,720
Consumer-Directed Care	104	29,019 hours	\$581,635
Independent Living Assistance <sup>2</sup>	50	396 hours	\$34,210
Adult Day Services <sup>1</sup>	34	1,513 days	\$122,666
Environmental Services <sup>3</sup>	12	39 jobs	\$25,090
Overnight Respite <sup>1</sup>	6	34 nights	\$11,527
Kinship Meals <sup>4</sup>	5	1,447 meals	\$21,050
Adult Day Transportation	2	6 one-way trips	\$964
Administration	N/A	N/A	\$628,757
Intake and Assessment	N/A	N/A	\$106,691
<b>TOTAL EXPENSES</b>			<b>\$10,301,939</b>

<sup>1</sup> Services funded in whole or in part by Federal Older Americans Act, drawn down by Council on Aging.

<sup>2</sup> Help with benefit applications and organizing personal and household records.

<sup>3</sup> Pest control, major housekeeping and waste removal.

<sup>4</sup> Service made possible by grants and/or Federal funding secured or drawn down by Council on Aging. Levy dollars were not used for this service.

## Additional Expenses

Warren County Commissioners distributed \$45,000 from the senior services levy to Warren County Department of Human Services' Adult Protective Services Unit.

# What is ESP?

ESP helps eligible county residents age 60 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 Warren County Commissioners, who appoint a 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

**\$426**

Monthly costs for ESP services

VS

**\$8,000+**

Monthly costs for nursing home care

## What is COA's Role in ESP?

COA's responsibilities for ESP in Warren County include: program development; provider management; data analysis and reporting; financial services and oversight; 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

**225**

individuals in Warren County received support to transition from one care setting to another

**759**

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

**342**

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

**2**

Warren County veterans received care management support to help them receive self-directed in-home care through the Veteran Directed Care Program

**\$407,727**

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.