

AGENDA

BCESP Advisory Council Meeting

June 18, 2026 | 3:00 pm – 5:00 pm

LifeSpan, Inc. – 1900 Fairgrove Avenue, Hamilton, OH 45011 – Bever Room

<https://zoom.us/j/95760870987?pwd=78m9aIDVn22VvczsSbVaNfBavAhWVR.1>

Meeting ID: 957 6087 0987 | Passcode: 115112

CALL TO ORDER / INTRODUCTIONS ❖ Kim Clark	3:00-3:05	Michael Berding
APPROVAL OF MINUTES ❖ March 12, 2026 Minutes (Action Needed)	3:05-3:10	Michael Berding
ANNUAL REPORT ❖ 2025 Butler County ESP Annual Report	3:10-3:20	Paula Smith
QUARTERLY REPORTS ❖ Program Dashboard & Financial Report ○ Needs Assessment & Demographic Report ○ Five-Year Levy Projections ❖ Program Update Report	3:20-3:35 3:35-3:45	Ken Wilson & Ronnie Spears Antoinette Moore
COMMITTEE REPORTS ❖ Governance Committee ○ Commissioner-Appointed Member Recommendation – Kendra Young ○ Elder Abuse Awareness Month	3:45-3:55	Kevin Kurpieski
OLD BUSINESS Legal Status Eligibility Update	3:55-4:05	Ken Wilson
NEW BUSINESS ❖ Service Specification Changes (Action Needed) ○ Advanced Provider COP ○ Data Base Reviews & BCII Criminal Records Check ○ FTH Home Care Assistance Service Spec ○ Home Care Assistance Service Spec ○ Transportation Service Spec ❖ UPLIFT Update ❖ CareDirector Upgrade ❖ ESP Advisory Council Hybrid Policy	4:05-4:25 4:25-4:35 4:35-4:45 4:45-4:55	Antoinette Moore Shelby Stout, Cara Brown, & Emily Bolen Ken Wilson Ken Wilson
HEARING THE PUBLIC	4:55-5:00	Michael Berding
ADJOURNMENT (Action Needed)	5:00	Michael Berding

NEXT MEETING: September 24, 2026

MINUTES
BCESP ADVISORY COUNCIL MEETING
 THURSDAY, MARCH 12, 2026 @ 3:00 P.M.

ATTENDANCE

<i>Members Present:</i>	<i>COA Staff:</i>	<i>Guests:</i>
Michael Berding Cara Brown Shawn Cowan Teresa Hall Jennifer Heston-Mullins Kevin Kurpieski Sherry Lind John McCarthy Amy Simpson	Nan Cahall Judy Eschmann Katie Furniss Jennifer Heck Antoinette Moore Ronnie Spears	Joyce Kachelries Karen Dages Julie Korbel Theresa Busher Kelly Draggoo
<i>Excused:</i> Brandi Ballantyne Emily Liechty Nancy Williams Sherrill Swann	<i>Facilitator:</i> Jennifer Heston-Mullins	<i>Scribe:</i> Christina Adams
<i>Absent:</i>		

CALL TO ORDER / INTRODUCTIONS

The March 12, 2026 Butler County Elderly Services Program (ESP) Advisory Council was called to order by Jennifer Heston-Mullins at 3:02 p.m. and introductions were made.

APPROVAL OF MINUTES

Jennifer Heston-Mullins called for a motion to approve the December 11, 2025 Butler County ESP Advisory Council minutes.

Motion: Kevin Kurpieski made a motion to approve the December 11, 2025 minutes as presented.

Second: Cara Brown seconded the motion.

Action: The December 11, 2025 minutes were unanimously approved as presented.

QUARTERLY REPORTS

Program Dashboard & Financial Report (October-December 2025)

Judy provided a review of the 4th quarter Program Dashboard (see handout for full details). Managed enrollment ended on November 10, 2025. In the 4th quarter, the ESP census increased by 34 people and there were 239 new enrollments along with 209 disenrollments. The Fast Track Home 4th quarter census was 31. The transition from two to four health plans with Next Gen MyCare went smoothly with no significant service disruptions. The four Next Gen MyCare health plans are Anthem, Buckeye, CareSource, and Molina. Aetna’s contract ended on December 31, 2025. Service utilization patterns remained consistent with home care assistance and home-delivered meals being the most requested services. The average monthly cost per client increased in the fourth quarter, which occurs annually due to contractual rate increases that take effect in October. These increases typically range from 2-3% and are built into

provider contracts. The number of units and amounts billed increased proportionally with the 34 additional members showing no anomalies in spending patterns.

Fast Track Home is a 60-day program designed to help older adults transition from hospitals or nursing facilities back to their homes. The program provides both care coordination and direct services at no cost to participants for the 60-day period. In the fourth quarter, the program had 41 new enrollments and disenrolled 18, with 10 of those assessed as needing additional ongoing services and subsequently enrolled in the ESP program. The average length of stay in Fast Track Home was 55 days out of the available 60 days. Around day 45 of the program, transitional care specialists conduct reassessments with participants to determine whether they will return to their pre-hospitalization functional level or require continued support through ESP enrollment. This assessment process ensures appropriate care planning and prevents gaps in service delivery. Home care assistance and home-delivered meals are consistently the two most needed services for individuals transitioning from hospitals or nursing facilities. These services address immediate needs for personal care support and nutrition during the recovery period. The program's high utilization rate (55 out of 60 days) indicates that most participants require support for nearly the entire available period before achieving stability or transitioning to longer-term programs.

Amy asked if the FTH enrollment numbers by setting are referrals sent or clients that accepted the service. Judy shared that it is the number of referrals sent. Amy is going to keep an eye on the Fort Hamilton hospital referral numbers as they have been sending a significant number of referrals but there were only two showing in the table in the 4th quarter. The average days from intake to enrollment was 10 days in Q4, up from 7-8 days earlier in the year, possibly due to staffing or data collection changes. 5% of clients were not matched with a home care provider in the 4th quarter. This is consistent with previous quarters and includes new intakes awaiting provider referral acceptance. This report includes the addition of distinct clients surveyed data with client satisfaction survey results in the Dashboard report as requested by the group.

Medicare cost savings numbers were low in the 4th quarter because a strategic decision was made to have the two benefit navigation specialists prioritize helping Aetna members transition to new health plans during open enrollment rather than conducting cost savings work.

John asked if increased laundry service numbers (312 to 396) were due to provider changes. Ronnie noted that this can be attributed to increased awareness about the service. Judy added that when looking at care plan costs, we compare the cost between laundry services provided by home health aides to the cost of utilizing a laundry service. This may also account for the increase in laundry service utilization.

Kevin asked why there was a significant increase in Adult Day Services in the second quarter followed by a decrease in quarter three. Jennifer noted that with Adult Day Service, one unit is a half day, a full day is two units, so there could have been more utilization during spring and summer months versus winter when we tend to see a dip due to weather and transportation issues with ice and snow.

Ronnie reviewed the Financial Report (see handout for details). The 2025 fiscal year concluded with actual expenditures slightly exceeding budget projections. With a total budget of \$13 million, the program ended \$225,000 over budget, representing a 1.7% variance. The county approved an additional draw of \$225,000 to cover this overage. Total revenue exceeded original projections by approximately \$700,000, with the additional \$500,000 coming from state and federal dollars that were strategically utilized to close the fiscal year successfully. Operating expenses totaled 2.8% over budget, with Fast Track Home Case Management being the primary category exceeding projections. This overage was addressed by allocating additional Title III-B dollars to cover the difference. The budget variance occurred because this was the first year budgeting FastTrack Home with 100% levy funding, resulting in initial projection inaccuracies that were corrected through alternative funding sources. Purchased services exceeded budget by approximately \$600,000, driven primarily by increased demand for home care assistance services (\$760,000 over budget) and home-delivered meals (\$318,000 over budget). Minor home modification services came in under budget, partially offsetting these overages. The program served 178 more clients than originally budgeted, demonstrating

growing community need. Despite the tight fiscal year with the levy on the ballot, the program successfully managed resources while meeting increased demand, positioning well for expansion in 2026 with new levy dollars.

Cara asked if the COA administrative operating expenses include salaries and other expenses being paid out, and if an additional form/report can be provided that shows the breakdown of these expenses. Ronnie noted that the COA administrative line is a fixed percentage of program revenue and we typically end up at a deficit in that item when we put actual expenses due to it being a fixed percentage. Ronnie will provide the requested information.

Action: Ronnie to provide a more detailed breakdown of administrative operating expenses.

Program Update Report

Jennifer reviewed the Program Update Report (see handout for details). All ESP contracted providers undergo annual audits that include comprehensive reviews of policies and procedures, client files, employee files, and unit verification through random sampling. This is outlined in the 2025 Executive Provider Monitoring Summary. The monitoring process ensures providers have evidence of actual service delivery for all billed services. The provider network for Butler County demonstrates strong performance with minimal compliance issues identified during 2025 audits. Jennifer noted a correction for Help at Home – Prime Home Care in the 2025 Executive Provider Monitoring Summary; 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. Evidence of compliance was provided. Jan's Medical Supply was placed on hold for new referrals during an ownership change, which is standard protocol to ensure new ownership meets all program requirements. The hold was necessary because new staff were unfamiliar with CareDirector, the care management platform used for billing and service coordination. After a training period and monthly meetings with business relations partners, the hold was lifted in the fourth quarter. The provider continues to receive monthly monitoring to ensure continued compliance. When audit findings identify questionable service delivery, providers receive opportunities to provide additional documentation. If evidence cannot be produced, funds are recouped from subsequent payments through the accounting department. This due diligence process ensures levy dollars are spent only on services that can be documented as delivered. The monitoring summary shows that out of all providers audited in 2025, only two had compliance issues, demonstrating the overall strength and commitment of the provider network.

Provider Quality Report

Jennifer reviewed the Provider Quality Report (see handout for full details). This report is public information distributed to all contracted providers and is available on the Council on Aging website. Adult day services are currently underutilized despite being a cost-effective alternative to home care assistance. The service also provides valuable socialization opportunities that cannot be replicated through in-home services. Current enrollment numbers are low, with Oxford serving 6 clients, Otterbein serving 5, Northwest serving 2, and Active Day serving 1 client in the fourth quarter. The program aims to increase awareness and address misconceptions about adult day services. A common stereotype suggests adult day services are only appropriate for individuals with advanced dementia, but these programs offer opportunities for a broader population. Many providers offer shower services, which provides significant relief for family caregivers who may not have appropriate facilities at home. Participants also benefit from meals, field trips, and social interaction that exceeds what can be provided through in-home services alone. Transportation is included as a required component of adult day services, so lack of transportation should not be a barrier to participation. Most participants utilize provider transportation, though some families choose to transport their loved ones independently. The service is still recovering from COVID-19 shutdowns, which caused extended closures and resulted in many older adults declining to a level requiring facility-based care rather than adult day services. The program is developing strategies to increase

awareness and promote adult day services as a valuable care option. Client satisfaction surveys are administered by care managers during interventions, either at the client's home or by phone, for each service type including home care, home-delivered meals, and medical transportation. Surveys are only conducted if clients have received services for three months or more, ensuring sufficient experience to provide meaningful feedback. The surveys use yes/no response categories with space for additional comments that care managers can document. Survey results are color-coded in quarterly reports: green highlights indicate providers meeting satisfaction benchmarks, red highlights show providers below benchmark, and gray indicates insufficient survey responses (fewer than 7) for statistical validity. When providers fall below benchmark for two consecutive quarters, business relations partners increase contact frequency beyond the standard quarterly check-ins to identify and address issues such as staff turnover, process changes, or ownership transitions. Quarterly meetings with providers include review of satisfaction scores and development of corrective action plans when necessary. For home-delivered meals, 638 distinct clients were surveyed with an overall satisfaction rate of 99.25% and good choice rating of nearly 98%. The strong provider network performance reflects ongoing monitoring, technical assistance, and commitment to quality service delivery. Following discussion around the SASI surveys and how it is designed, Katie shared that there is a separate survey for each service. A survey is only administered if a client has had a service for at least three consecutive months. The care manager completes the survey with the client by reading the questions and the client shares their response, which can be yes or no (survey responses were previously a scale but was updated to yes/no). There is a space for the care manager to provide comments if the client would like to provide additional information or feedback. Antoinette noted that the back page of the provider quality report has survey methodology information.

COMMITTEE REPORTS

Governance Committee Report

Kevin provided an update from the Governance Committee. There are currently two vacancies; the Commissioner appointed slot previously held by Jennifer Roth, and the long-term care representative position previously held by Laura Lacy. Laura stepped down due to meeting conflicts. There was discussion around potential agencies/facilities that may have an individual interested in serving as the long-term care representative. The Governance Committee will discuss further and will continue working to fill the two vacancies with focus on financial expertise and Medicaid knowledge.

Kevin Kurpieski requested a motion to appoint Michael Berding as advisory council chair and Jennifer Heston-Mullins as vice chair for the remainder of 2026.

Motion: Sherry Lind made a motion to approve the appointment of Michael Berding as president and Jennifer Heston Mullins as vice president for the remainder of 2026.

Second: Shawn Cowan seconded the motion.

Action: It was unanimously agreed to approve the appointment of Michael Berding as president and Jennifer Heston Mullins as vice president for the remainder of 2026.

OLD BUSINESS

Legal Status Pilot

Judy provided information on the legal status pilot. COA was asked to create a process to verify legal status of applicants as an eligibility requirement. The goal is to satisfy the request without delaying services or enrollment. We are waiting on our legal counsel to review and recommend if the proposed process is viable. An update will be provided at the next meeting.

Jennifer asked if the request for a process was a state or federal request. Judy noted that this request came from the county.

NEW BUSINESS

Updated Sliding Fee Scale

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

Jennifer Heston-Mullins requested a motion to accept the 2026 updated sliding fee scale.

Motion: Michael Berding made a motion to accept the updated sliding fee scale.

Second: Kevin Kurpieski seconded the motion.

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

Property Tax Advocacy Report

Nan reviewed the December 2025 Property Tax Advocacy report (see handouts for details). Governor Mike DeWine signed a package of five property tax reform bills into law in December, prompted by significant property tax increases following the six-year detailed reappraisal in Butler County. Property values and taxes skyrocketed due to the real estate market spike during and after COVID-19. Unlike some states, Ohio conducts county reappraisals on different schedules, with Butler County experiencing its detailed reappraisal while other counties like Hamilton County face theirs in subsequent years. A constitutional amendment group has organized to place a measure on the November ballot to eliminate property taxes altogether in Ohio. This would significantly impact funding for senior service levies, fire departments, police departments, zoos, and other locally funded services. The legislature, feeling pressure from constituents, passed five reform bills but has indicated no interest in additional significant property tax legislation this year. Many legislators are focused on opposing the constitutional amendment due to its potential devastating impact on local services. Most property tax reforms do not directly alter senior service fixed-rate levies. House Bill 335 primarily impacts schools through inside millage changes. House Bill 309 allows county budget commissions to reduce levy rates after the first year if revenues exceed needs, which could potentially impact senior services if quarterly balances appear high, though the strong relationship with county administration mitigates this concern. Indirect impacts include property valuation changes affecting revenue generation and potential strain on county budgets reducing their ability to supplement programs or provide shared services.

Nan also shared information about the Ohio Homestead exemption which provides property tax relief for seniors aged 65 and older with an adjusted gross income at or below \$41,000, offering a \$29,000 property valuation exemption. This income threshold increased from \$35,000 effective January , 2026. Multiple pieces of legislation have been introduced to improve the Homestead exemption. Adam Matthews introduced legislation which would protect seniors aged 65 and older on fixed incomes from foreclosure if their property tax bills increase. As long as they continue paying their previous tax amount, they cannot be foreclosed upon, even if they cannot afford the increased amount. This legislation aims to prevent displacement of older adults from their homes due to property tax increases beyond their control. The value of keeping older adults in their homes extends beyond their ability to pay full property taxes.

Conflict of Interest and Confidentiality Policies

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

HEARING THE PUBLIC

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

EXECUTIVE SESSION

N/A

ADJOURNMENT

Jennifer Heston-Mullins requested a motion to adjourn the meeting at 4:23 p.m.

Motion: Kevin Kurpieski made a motion to adjourn.

Second: Michael seconded the motion.

Action: It was unanimously agreed to adjourn the meeting at 4:23 p.m.

NEXT MEETING

Tentatively June 11, 2026. We will consider meeting on another Thursday in June as the new chair has a conflict.



2025

**ANNUAL
REPORT**

Butler County
ESP



Welcome

As president of the Butler County ESP Advisory Council, I am pleased to share our program's 2025 Annual Report. This was an especially important year for ESP and for the Butler County senior services tax levy, our primary funding source.

In a challenging environment – marked by rising property taxes, a large school levy request and statewide debate over tax policy – Butler County voters approved the first increase to the senior services levy in 20 years. Our county's older adult population grew 79% over the same 20-year period, and demand for care has risen accordingly. The levy increase ensures that ESP can continue meeting these needs and remain a vital resource for older adults, caregivers and families.

We are grateful to the voters who recognized the importance of protecting these services. I also want to thank the many volunteers and families who helped educate our community about the levy's impact and the essential role ESP plays in supporting family caregivers and helping older adults remain safe and independent at home.

With the levy's passage, we were immediately able to lift enrollment restrictions that had been in place since 2024. During that time, hundreds of older adults who would have otherwise qualified had to be turned away. With the new funding in place, ESP is again able to welcome all eligible applicants, and by 2030 we expect to serve nearly 20% more people than we did in 2025.

I'm also pleased to report that ESP has strengthened its ability to provide home care assistance (housekeeping, personal care, respite) thanks to recent improvements in hiring and retaining home care workers. After several years of inconsistent service caused by the national home care workforce shortage, our local provider network now reports greater staffing stability, allowing ESP to deliver more reliable care to clients.

Even with levy passage, we will continue to look for ways to use our funding as effectively and efficiently as possible. Our partnership with Council on Aging (COA), ESP's administrator, helps us do that. As the region's Area Agency on Aging, COA leverages federal funding and grants to support county residents. For example, in 2025, COA secured \$60,000 in grant funding to deliver supportive services to our county's older adults. You can read more about these grants in our report.

There's much more news to share with you, so I hope you'll take a few minutes to read our report and learn how ESP and the senior services levy strengthen Butler County and enhance the well-being of not only older adults, but also residents of all ages. On behalf of this advisory council and the 3,755 older adults served by ESP in 2025, thank you once again for your continued support.



Jennifer Heston-Mullins
President, Butler County
ESP Advisory Council

ESP is a Community Partnership

Butler County Commissioners

T.C. Rogers, President; Cindy Carpenter, Vice President; Donald L. Dixon, Member

Butler County ESP Advisory Council

Jennifer Heston-Mullins, President; Brandi Ballantyne; Michael Berding; Cara Brown; Shawn Cowan; Tresea Hall; Kevin Kurpieski; Laura Lacy; Emily Liechty; Sherry Lind; John McCarthy; Amy Simpson; Sherrill Swann; Nancy Williams

Administered by Council on Aging

4601 Malsbary Road, Blue Ash, OH 45242
(513) 721-1025 www.help4seniors.org

Intake and Care Management by LifeSpan Community First Solutions

1900 Fairgrove Ave., Hamilton, OH 45011
(513) 868-9281 www.community-first.org





2025 Client Stats

Butler 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.

3,755 Clients Served


68%
FEMALE


32%
MALE


53%
LIVE ALONE


\$451
MONTHLY
OUT-OF-POCKET
MEDICAL EXPENSES


83%
AGE 70+ (15 100+)


\$2,055
MEAN MONTHLY
INCOME


924
AVERAGE DAYS
ON THE PROGRAM

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

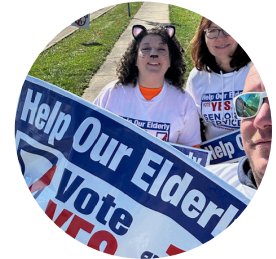


Success Stories

To read these full success stories and more, scan the code with your mobile device or visit www.help4seniors.org/bcesp2025

Butler County voters approve first senior services tax increase in 20 years

Butler County's senior services tax levy – Issue 1 – was approved by 55% of voters on Nov. 4, 2025. The levy was a renewal of the existing 1.3-mill levy and an increase of .7 mill. It was the first time in 20 years Butler County voters were asked to approve an increase in the senior services levy, despite 79% growth in the county's 60 and older population during the same time period.



Butler County ESP adopts new cost sharing model

Butler 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.

Trenton widow regains independence with help from ESP

On Oct. 31, 2022, Susan's life changed forever. That was the day she had major spinal surgery and woke up not able to feel her lower body. She was told she was paraplegic. A widow after 48 years of marriage, Susan lived alone in her single story, four-bedroom home. "I was scared to go home (from the hospital)," she said. "I was absolutely, flat-out terrified." But through her tireless work and determination, and with support from Butler County ESP, Susan is more independent than she ever thought she could be again.



Grant funding helps save local dollars

As ESP's administrator and the county's Area Agency on Aging, Council on Aging works to secure grant funding to preserve local tax dollars and serve more county residents. In 2025, grants from the McCullough Hyde Foundation and the Luther Charitable Foundation provided transitional care services and home modifications to eligible older adults in the county. The grants, totaling \$60,000, will be spent between 2024 and 2026.

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

- Client and provider stories amplify ESP impact
- Robust community education campaign contributes to levy victory
- Report shows 100% of ESP clients meet eligibility criteria
- Oxford Seniors receives Business of the Year award

Expenses + Revenue

How tax dollars are spent

ESP would not exist without the generous support of voters. A county tax levy in place since 1996 provides 90% of ESP's funding. The most recent tax levy was approved by 55% of voters in 2025. The 2-mill levy will generate \$20.2 million per year and cost homeowners \$50 per \$100,000 of property value annually. COA's goal is to ensure the highest quality services at the lowest cost in order to serve as many people as possible with the tax dollars available.

As the Area Agency on Aging for southwestern Ohio, including Butler County, COA leverages state and federal funding and seeks alternative funding sources that can help offset costs to the levy. Additional funding comes from voluntary client donations and client cost sharing.

Revenue

Federal, State and Other Grants (via Council on Aging)	\$887,964
Client Donation, Cost Sharing and Interest Earned	\$283,502
Title XX	\$259,240
Butler County Senior Services Levy	\$13,287,409
TOTAL REVENUE	\$14,718,115

Expenses

SERVICE	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	3,544	30,975 months	\$2,464,376
Home-Delivered Meals ¹	2,054	387,220 meals	\$4,397,793
Electronic Monitoring Systems	1,847	16,846 months	\$353,641
Home Care Assistance	1,207	98,005 hours	\$2,814,089
Transportation	356	9,107 one-way trips	\$552,937
Home Medical Equipment	337	795 items	\$132,492
Independent Living Assistance ³	283	4,211 hours	\$256,228
FastTrack Home Care Transitions ¹	277	599 months	\$189,411
Consumer-Directed Care	269	76,522 hours	\$1,487,936
Minor Home Repairs	167	192 repairs	\$267,266
Laundry Service	55	1,485 jobs	\$45,795
Behavioral Health Services (Uplift) ⁵	52	N/A	N/A
Title XX Home Care ²	48	32,619 hours	\$259,240
Environmental Services ⁴	42	130 jobs	\$56,455
Adult Day Services ¹	17	1,046 days	\$101,801
Overnight Respite ¹	11	72 nights	\$23,998
Kinship Meals ²	6	1,110 meals	\$1,821
Adult Day Transportation	5	587 one-way trips	\$22,755
Administration	N/A	N/A	\$945,908
Intake and Assessment	N/A	N/A	\$345,995
TOTAL EXPENSES			\$14,718,115

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

²Service made possible by grants and/or Federal funding secured by Council on Aging. Levy dollars were not used for this service.

³Help with benefit applications and organizing personal and household records.

⁴Pest control, major housekeeping and waste removal.

⁵Services delivered in 2025 were paid in January 2026 and will be reported in the 2026 annual report.

Additional Expenses

Butler County Commissioners distributed funds from the senior services levy to the following organizations: Butler County Job and Family Services Adult Protective Services Unit, \$166,324; Butler County Prosecutor's Office for fraud prevention, \$210,212

What is ESP?

ESP helps eligible county residents age 60 and older remain safe and independent in their homes by providing help with certain activities of daily living (bathing, cleaning, cooking, transportation and more), filling gaps in care 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 amount based on their income and assets.

The program is operated by Council on Aging (COA) via a contract with Butler County Commissioners, who appoint an advisory board to advise on program needs and policies. Provider agencies deliver ESP services under a contract with COA. ESP is a compassionate and cost-effective alternative to nursing home care.

Cost to Taxpayers

\$451

Monthly costs for
ESP services

VS

\$8,000+

Monthly costs for
nursing home care

What is COA's Role?

COA's responsibilities for ESP in Butler 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 in 2025:

85,364

requests for information and referral fulfilled

313

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

2,311

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

782

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

7

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

\$406,447

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





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



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

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 1, 2025), census increased by 34 clients (from 2,658 to 2,692) or 1.28%.
- B. Compared to last quarter (Quarter 4, 2025), census increased by 58 clients (from 2,634 to 2,692) or 2.20%.

Note: Managed Enrollment ended in Butler County on November 10, 2025.

2. Fast Track Home

- A. Average length of stay has decreased by 3 days compared to Quarter 4, 2025 (from 55 to 52).
- B. New Enrollments increased from Q4,2025 to Q1,2026 (from 39 to 59).
- C. Total clients who transferred to ESP from FTH increased by 7 clients from Quarter 4, 2025 (from 10 to 17).

3. Financials

- A. Total Levy Revenue: The amount projected to be drawn down from the levy is \$15.3 million through the first quarter, as compared to the budgeted amount of \$15.3 million. The variance is over budget by \$37,887 or 0.2%.
- B. Total Expenses: The expenses as of the first quarter are \$15.8 million as compared to \$15.9 million in the budget. The variance is under budget by \$67,635 or 0.4%.
- C. Purchase Services: The purchased services expenses are under by \$22,049 or 0.2% as compared to budget.

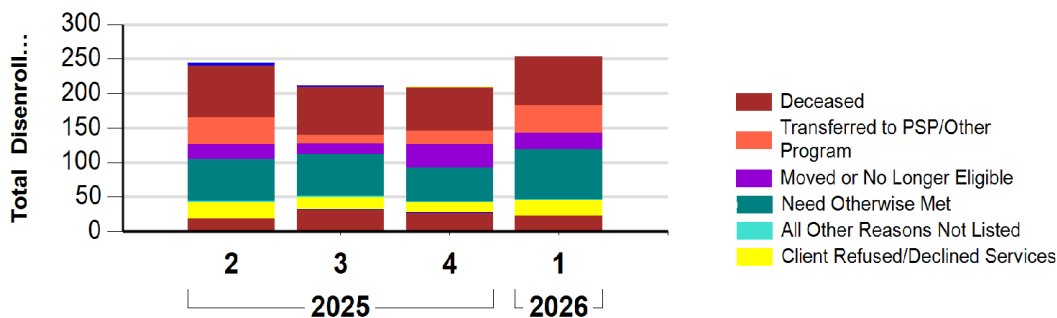


Butler County ESP
Quarter 1, 2026 (January - March 2026)
TRADITIONAL ESP CENSUS TRENDS

Quarter-End Census by Program				
Year	2025			2026
Quarter	2	3	4	1
ESP	2,586	2,600	2,634	2,692
FTH	11	8	31	38
Medicaid Programs	1,621	1,640	1,702	1,198
Passport	423	454	489	449
Assisted Living	111	133	148	112
Molina	435	398	441	455
Anthem				HF€
Buckeye				2
CareSource				198
Aetna	652	655	624	0

Quarter-End Census, New Enrollments, and Disenrollments				
Year	2025			2026
Quarter	2	3	4	1
Quarter-End Census	2,586	2,600	2,634	2,692
New Enrollments	175	225	239	309
Disenrollments	240	209	209	253

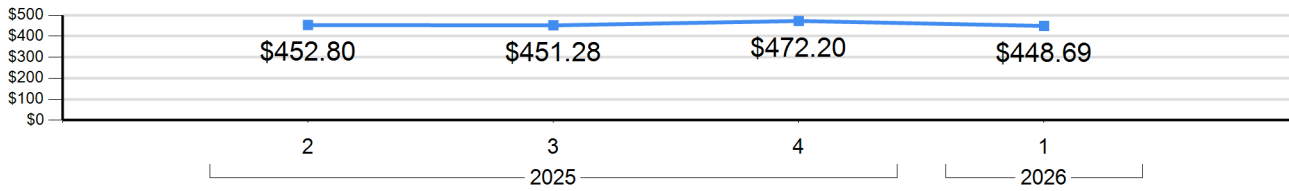
Disenrollment Outcomes				
Year	2025			2026
Quarter	2	3	4	1
Client Refused/Declined Services	23	17	15	22
Deceased	75	69	62	70
Dissatisfied with Svc/Program	0	1	1	0
Entered Nursing Facility	19	31	27	23
Moved or No Longer Eligible	21	15	34	24
Need Otherwise Met	61	61	49	73
Transferred to PSP/Other Program	39	13	20	40
All Other Reasons Not Listed	2	2	1	1
Total	240	209	209	253





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

Average Monthly Cost per Client



Distinct Clients Served by Service Group¹

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	14	12	14	14
Consumer Directed Care	238	233	214	211
Electronic Monitoring Systems	1,494	1,479	1,472	1,523
Home Care Assistance	914	940	952	982
Home Delivered Meals	1,480	1,523	1,579	1,642
Home Medical Equipment	100	102	82	94
Home Modification	55	34	40	49
Laundry Service	36	36	41	45
Other Services	251	236	241	253
Transportation	212	191	198	198
All Services (Unduplicated)	2,826	2,809	2,846	2,942

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	323	250	256	173
Consumer Directed Care	20,240	20,080	18,425	17,639
Electronic Monitoring Systems	4,275	4,253	4,192	4,340
Home Care Assistance	24,900	25,332	25,445	25,565
Home Delivered Meals	95,048	97,056	102,260	99,157
Home Medical Equipment	182	182	162	154
Home Modification	59	35	44	52
Laundry Service	363	392	396	472
Other Services	1,187	1,145	1,260	1,280
Transportation	2,388	2,042	2,069	2,178

Dollars Paid by Service Group (Purchased Services)

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	\$22,562	\$31,916	\$25,994	\$17,989
Consumer Directed Care	\$380,538	\$366,038	\$385,611	\$297,494
Electronic Monitoring	\$88,497	\$89,574	\$89,014	\$93,726
Home Care Assistance	\$714,044	\$711,850	\$736,160	\$729,421
Home Delivered Meals	\$1,057,010	\$1,087,162	\$1,167,079	\$1,138,989
Home Medical Equipment	\$27,079	\$36,115	\$34,708	\$30,318
Home Modification	\$74,054	\$44,182	\$71,710	\$72,527
Laundry Service	\$10,968	\$12,281	\$12,920	\$14,336
Other Services	\$102,282	\$101,932	\$136,777	\$169,126
Transportation	\$124,466	\$112,855	\$108,248	\$111,151
All Services	\$2,601,502	\$2,593,904	\$2,768,221	\$2,675,076

Respite Services are included in Other Services. Q1 2026 Two clients received twelve nights of overnight care totaling \$4,900.

For Q4 eleven clients received service totaling \$5,828. Q3 and Q2 eight clients received service at a cost of \$18,170.



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

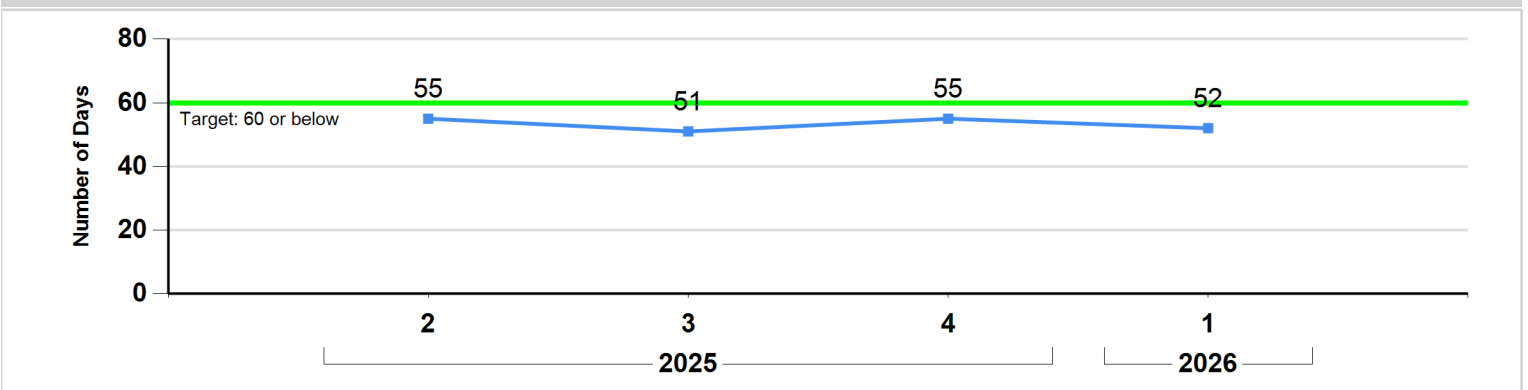
Total Clients Served, New Enrollments, Disenrollments

	2025			2026
	Quarter 2	Quarter 3	Quarter 4	Quarter 1
New Enrollments	35	21	39	59
Disenrollments	88	22	18	51
Clients Transferred to ESP	26	12	10	17
	29.55%	54.55%	55.56%	33.33%

Enrollment by Setting

	2025			2026
Enrollment Setting	Quarter 2	Quarter 3	Quarter 4	Quarter 1
Fort Hamilton	2	6	2	3
Spousal Meals	3	1	4	4
Community	1	0	0	3
Mercy Hospital Network	10	3	3	2
Premier Health Atrium	1	0	2	2
The Christ Hospital	2	2	4	4
TriHealth Hospital Network	6	4	9	8
University of Cincinnati Hospital Network	5	2	5	10
Other Hospital	3	1	6	11
Skilled Nursing Facilities	1	0	1	2
Rehabilitation Facilities	1	1	2	7
Not Captured	0	1	1	4
Total	35	21	39	59

Average Length of Stay





Butler 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	23	5	6	15
Home Care Assistance	29	9	18	34
Home Delivered Meals	41	16	26	51
Home Medical Equipment	16	6	9	12
Home Modification	9	1	5	8
Laundry Service	0	0	0	1
Transportation	7	7	6	4
All Services (Unduplicated)	75	32	39	69

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	32	9	7	20
Home Care Assistance	314	77	140	281
Home Delivered Meals	1,186	280	665	1,417
Home Medical Equipment	25	11	21	24
Home Modification	9	1	5	9
Laundry Service	0	0	0	4
Transportation	67	34	27	11

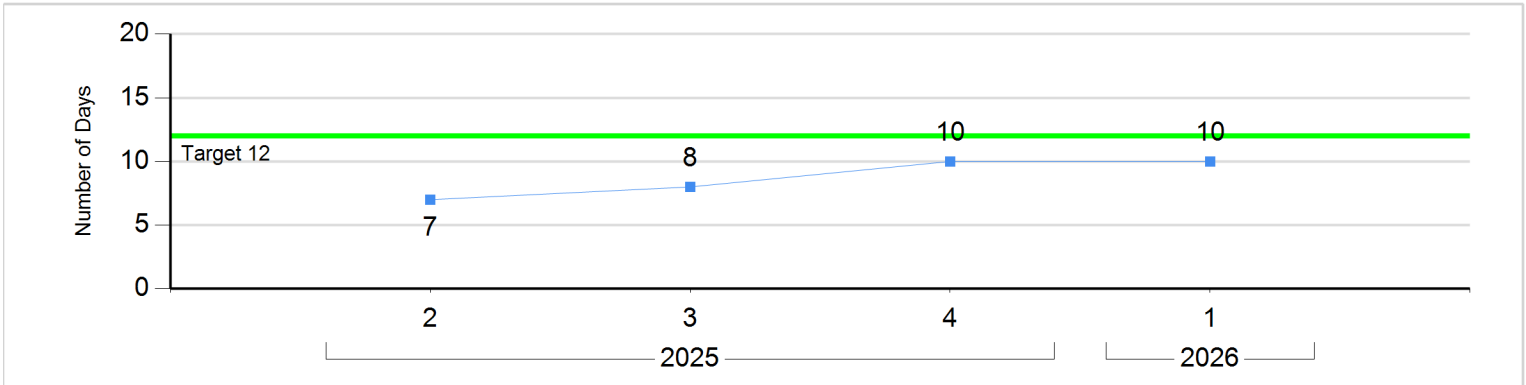
Dollars Paid by Service Group (Purchased Services)

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	\$696	\$178	\$147	\$383
Home Care Assistance	\$8,611	\$2,147	\$4,037	\$8,040
Home Delivered Meals	\$11,915	\$2,762	\$6,831	\$14,628
Home Medical Equipment	\$1,792	\$638	\$1,399	\$1,689
Home Modification	\$5,005	\$3,250	\$2,625	\$5,405
Laundry Service	\$0	\$0	\$0	\$182
Transportation	\$3,632	\$1,794	\$1,319	\$674
All Services	\$31,651	\$10,768	\$16,358	\$31,001



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

Average Number of Days from Intake Call to the Enrollment Assessment¹



Home Care Provider Network Referrals and Capacity

Year	Quarter	#Clients in Need of HCA & CDC 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	1,442	40	3%	77%	20%
2025	3	1,418	26	2%	78%	20%
2025	4	1,342	61	5%	75%	20%
2026	1	1,414	61	4%	79%	17%

Home Delivered Meals - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	99.13%	98.57%	99.25%	98.91%
Good Choice of Meals Available	96.11%	95.20%	98.00%	96.51%
Distinct Clients Surveyed	649	651	638	632

Medical Transportation - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	99.10%	99.08%	98.53%	98.51%
Service Returns Client Home Promptly	99.18%	97.50%	98.46%	98.02%
Distinct Clients Surveyed	128	121	134	182

Home Care Assistance - Client Satisfaction Survey Results

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	97.16%	97.89%	96.58%	96.52%
Aide is Dependable	95.92%	97.40%	95.34%	94.49%
Distinct Clients Surveyed	410	455	450	455



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

Referrals				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Number of Members Assisted	26	17	3	14
Over the Counter (OTC)	23	15	1	12

Number of Qualified Customers to Receive Service through Insurance				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Emergency Response Service	18	6	1	5
Medical Transportation (Estimated Average)	9	11	3	14

Total Cost Savings by Quarter				
Quarter _ Year	Q2_2025	Q3_2025	Q4_2025	Q1_2026
Total Cost Savings(as of qtr. end date)	\$8,100	\$5,100	\$1,200	\$5,700

Total Annual Cost Savings	2025	2026
	\$27,000	\$5,700



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

	<u>Annual Projected</u>	<u>Annual Budget</u>	<u>Budget Variance</u>	<u>Percent Budget Variance</u>
Revenue				
Tax Levy Appropriations	\$15,287,724	\$15,253,837	\$33,887	0.2%
Federal and State Funding				
Title III B Supportive	5,262	6,252	(990)	-15.8%
Title III C2 Home Delivered Meals	68,674	68,674	0	0.0%
Nutrition Services Incentive Program (NSIP)	53,626	87,427	(33,800)	-38.7%
Title III E Caregiver Support	87,883	100,541	(12,657)	-12.6%
State Funding (Senior Community Services, HDM, Alzheimer's)	34,261	71,960	(37,699)	-52.4%
Private Grant (H.B. E.W. & F.R. Luther Charitable Foundation)	7,462	0	7,462	100.0%
Other Revenue Sources (Interest)	34,384	46,801	(12,417)	-26.5%
Client Contributions				
Client Donations	4,137	6,118	(1,980)	-32.4%
Client Cost-share	235,430	244,870	(9,441)	-3.9%
Total Revenue	\$15,818,843	\$15,886,479	(\$67,635)	-0.4%
Expenses				
Operating Expenses				
COA Administrative	\$1,034,878	\$1,039,302	\$4,425	0.4%
Intake & Assessment	375,022	388,265	13,243	3.4%
Fast Track Home Case Management	190,492	244,307	53,816	22.0%
Case Management	2,620,100	2,594,203	(25,897)	-1.0%
Total Operating Expenses	\$4,220,491	\$4,266,078	\$45,587	1.1%
Purchased Services				
Home Care Assistance	\$3,115,640	\$3,085,894	(\$29,747)	-1.0%
Consumer Directed Care	1,258,434	1,593,361	334,927	21.0%
Respite Services	23,998	20,000	(3,998)	-20.0%
Laundry Service	72,075	47,593	(24,481)	-51.4%
Independent Living	306,507	314,157	7,649	2.4%
Home Medical Equipment	125,325	136,780	11,455	8.4%
Electronic Monitoring	390,431	374,665	(15,766)	-4.2%
Minor Home Modifications	354,896	288,899	(65,997)	-22.8%
Major Housecleaning	25,647	22,818	(2,829)	-12.4%
Pest Control	46,520	6,436	(40,084)	-622.8%
Home Delivered Meals	4,908,174	4,730,411	(177,763)	-3.8%
Adult Day Service	122,312	202,486	80,174	39.6%
Adult Day Transportation	24,577	17,979	(6,598)	-36.7%
Medical Transportation	512,330	494,604	(17,726)	-3.6%
Non Medical Transportation	96,484	69,318	(27,166)	-39.2%
Behavioral Health	215,000	215,000	0	0.0%
Gross Purchased Services	\$11,598,352	\$11,620,401	\$22,049	0.2%
Gross Program Expenses	\$15,818,844	\$15,886,479	\$67,635	0.4%
Client Census	** 2,822	2,822	0	0.0%
Cost of Services per Client	\$353.51	\$353.12	(\$0.39)	-0.1%

* Behavioral Health projected costs reflect the 2025 and 2026 program years

** 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, Behavioral Health Services, Non-Medical Transportation, Adult Day Transportation and Caregiver-Respite.
- E. Dollars Paid by Service Group represents the total from the financial system. Clients Served and Units Billed represent when service was provided, dollars paid represents when services were paid.
1. Laundry Services: We are currently reviewing the client data that we have received from the vendor for the new laundry service we are implementing in the county.

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.

BCESP Levy Projection							
CURRENT COA PROJECTION: May 2026							
	Year 1 2026 Projected	Year 2 2027 Projected	Year 3 2028 Projected	Year 4 2029 Projected	Year 5 2030 Projected	5-Year Total	
Revenue	<i>(remaining fund balance carries over year to year)</i>						
Beginning Fund Balance/Carryover	1,519,227	4,659,658	7,469,377	8,568,835	9,602,630	1,519,227	
Levy Revenue (Cash Basis)	18,909,690	20,209,690	20,209,690	20,209,690	20,209,690	99,748,450	
COA Levy Draw	15,287,724	16,918,435	18,628,696	18,694,360	18,151,408	87,680,623	
Title III and State Funding (Accrual Basis)	257,169	655,245	655,245	655,245	655,245	2,878,150	
Client Donations (Accrual Basis)	4,137	4,335	4,588	4,658	4,732	22,451	
Client Co-Payments (Accrual Basis)	235,430	259,155	275,519	279,719	284,123	1,333,945	
Interest and Other Income	34,384	34,384	34,384	34,384	34,384	171,921	
Total Revenue to support ESP	15,818,844	17,871,554	19,598,433	19,668,367	19,129,893	92,087,090	
Total Revenue (including balance carryover)	\$ 20,960,037	\$ 25,822,467	\$ 28,648,804	\$ 29,752,532	\$ 30,790,804	\$ 105,674,144	
COA Operational Expenses	0						
Provider Services (Accrual Basis)	11,383,352	13,095,740	14,419,297	14,322,206	13,647,363	66,867,959	
Behavioral Health	215,000	125,000	125,000	125,000	125,000	715,000	
Information & Assistance (Accrual Basis)	375,022	399,685	412,076	424,850	438,020	2,049,653	
Care Management (Accrual Basis)	2,620,100	2,869,547	3,141,132	3,284,244	3,435,910	15,350,932	
FTH Case Management	190,492	212,415	218,787	225,351	232,112	1,079,157	
Program Management (Accrual Basis)	1,034,878	1,169,167	1,282,140	1,286,716	1,251,488	6,024,389	
Total COA Operational Expenditures	15,818,844	17,871,554	19,598,433	19,668,367	19,129,893	92,087,090	
Settlement Fees	105,000	105,000	105,000	105,000	105,000	525,000	
Adult Protective Services	166,324	166,324	166,324	166,324	166,324	831,621	
Prosecutor	210,212	210,212	210,212	210,212	210,212	1,051,058	
Total Levy Expenditures	\$ 16,300,379	\$ 18,353,090	\$ 20,079,969	\$ 20,149,902	\$ 19,611,428	\$ 94,494,768	
				\$ -			
Actual & Estimated Median Fund Balance	\$ 4,659,658	\$ 7,469,377	\$ 8,568,835	\$ 9,602,630	\$ 11,179,376		
				\$ -			
Year Ending Client Census	2,822	3,182	3,227	3,278	3,330		
Estimated Total Clients served during the year	3,824	4,138	4,513	4,577	4,646		

Census: Managed enrollment was lifted in Nov 2025. We estimate the market penetration will reach the level of 2023 by the end of 2027 (based on the new eligible population levels from Scripps)
 To note: the population growth in the new Scripps report is less steep (lower change from year to year, even though base levels are much higher than previously); consequently the increase will be lower than previously calculated
Levy collections estimated for 2026 are reduced by \$1,300,000 to account for the county homestead exemption.
Title III Revenue blended in 2026 is lower than usual due to utilization of the 2026 funds in 2025. Beginning with 2027, we revert to the traditional blending of TIII funds.
 No additional funding is expected during this levy cycle.

Provider Services Costs are estimated using Cost per Client method, with cost increases every Oct (on average 2%-3% for all services) based on historical RFP data.
 Intake and Referral costs are based on budgeted data provided by LifeSpan through 2027, and include a 3.1% increase, applied each January, in subsequent years.
 Case Management costs are based on contracted PMPM rates with LifeSpan through 2027, and include a 3.0% increase, applied each January, in subsequent years.
 Care Management and FTH costs include license costs for CareDirector

**Butler County Program Update Report
June 2026**

Adult Day Services (ADS)

No changes since last report

Emergency Monitoring Systems (EMS)

No changes since the last report.

Environmental Services (ENVIR)

No changes since the last report.

Home Care Assistance (HCA)

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

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

The following timeline displays important dates-

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

Key changes to the existing service include-

- Fast Track Home as a separate program with a separate rate
- Adding single provider senior buildings
- Provide an average rate for HCA in the RFP

- Language in the RFP to include a provider must have 2 years of providing home health services and a minimum of 5 clients for at least 90 days in the go-no go section.
- Adding a new rounding principle

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. Butler County received \$14,050 in funding, which allows for 281 program recipients.

Applications for the 2026 program were open from April 22 through May 22, 2026. However, all funding allocated to Butler County was exhausted within the second 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 the last report.

Minor Home Modification (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-

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

2026 Provider Monitoring Schedule

BUTLER COUNTY ESP PROVIDER MONITORING SCHEDULE - 2026 (Please find below the list of Butler County Providers of ESP Services and the tentative dates for annual review for 2026.)		
Butler County ESP Providers	Review Type	Review Tentative Date
101 Mobility	Bi-Ennial	9/9/2026
A Best Home Care	Annual	9/15/2026
A Miracle Home Care	Annual	8/20/2026
Active Day Cincinnati	Annual	1/22/2026

Always There Healthcare	Annual	5/13/2026
Amaramedical Health Care Services	Annual	1/12/2026
Answer Care dba Help at Home	Annual	7/8/2026
Arrow Heating, Cooling, and Home Maintenance	Annual	10/26/2026
Bayley Adult Day	Annual	8/21/2026
Comfort and Care Home Health Agency	Annual	9/4/2026
Prime Home Care dba Help at Home	Annual	1/13/2026
Home Care by Blackstone	Annual	2/17/2026
Interim HomeStyles of Greater Cincinnati	Annual	8/20/2026
Janz Medical Supply	Annual	10/7/2026
Jewish Family Services	Annual	3/11/2026
LCD Home Health Agency	Annual	7/13/2026
LifeSpan	Annual	11/12/2026
Meda-Care Transportation	Bi-Ennial	7/16/2026
Northwest Adult Day Service	Annual	10/20/2026
Nova Home Care Company	Annual	10/2/2026
Otterbein Lebanon ADS	Annual	6/17/2026
Oxford Senior Citizens	Annual	4/9/2026
Oxford Senior Community ADS	Annual	4/9/2026
Partners in Prime dba MOW of Butler County	Annual	6/10/2026
Senior Helpers of Southern Ohio	Annual	8/20/2026
Stateline Medical Equipment	Bi-Ennial	5/27/2026
Transport-U	Bi-Ennial	9/3/2026
Tri-State Maintenance	Bi-Ennial	6/4/2026
Warren County Community Services	Annual	2/10/2026
Wesley Community Services dba MOW of SW OH & N KY	Annual	3/12/2026

Proposed 2025 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).

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

Condition 3. Documentation

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

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

Condition 4. Billing

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

Condition 5. Monitoring

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

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

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

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

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

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

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

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

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

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

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

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

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

2.5 Removal of conditionally hired volunteers and applicants:

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

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

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

1.0 OBJECTIVE

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

2.0 UNIT OF SERVICE

- 2.1 A unit of service is equal to fifteen (15) minutes.
- 2.2 The unit rate must include administration, supervision, travel, and documentation costs.
- 2.3 The number of units is determined by the Care Manager.

3.0 PROVIDER REQUIREMENTS

- 3.1 The Provider must initiate services based on authorizations for service on the date specified or on a negotiated start date. Care Managers must be notified of any change in service start date.
- 3.2 Fast Track Home (FTH) Referrals- include an expectation that service delivery will begin within 3 business days of award for FTH referrals.
- 3.3 Telephone coverage must be provided for staff and clients during working hours including all holidays.
- 3.4 The provider must have the capacity to respond to general inquiries or requests pertaining to client care within 72 hours unless otherwise specified.
- 3.5 In the event of a staff member's absence, the Provider must have and utilize a written backup plan that prioritizes client service needs and service high priority clients first.
- 3.6 The provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA aides are scheduled to work.
- 3.7 If identified change in the client's condition is a health and safety issue, it is the responsibility of the provider to immediately notify APS (Adult Protective Service) or to call 911. Then send notification to the Care Manager within 24 hours.
- 3.8 The provider must have capacity to deliver services for a duration of 1-60 days or 1-90 days,

according to the approved care plan.

4.0 SERVICE DELIVERY

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

- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
 - a. Date of service delivery
 - b. A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
 - c. Name of the aide providing the service. If the provider utilizes a unique identifier assigned to each aide, the provider must supply the list of identifiers assigned to each name.
 - d. The aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
 - e. The aide's electronic signature
 - f. The client's or client's caregiver's electronic signature.

- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.1.

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

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

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

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

5.0 SUPERVISORY OVERSIGHT

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

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

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

- 5.4 The supervisor will work with the client, Care Manager, client representative or other parties to achieve resolution. Any recommended modifications must be discussed with the Care Manager and aide and documentation shall be provided upon request.

6.0 PERSONNEL REQUIREMENTS

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

- i. Evidence of annual in-service trainings/continuing education
 - j. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to ESP clients. Orientation must include:
 - i. Receipt of an employee handbook
 - ii. Overview of agency personnel policies
 - iii. Incident reporting procedures and policies
 - iv. COA ESP Code of Ethics
- 6.2 The provider must document training and testing for staff, including training site information, the date of the training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable.
- a. Documentation maintained in the employee’s file of in-service education must include: Date, length of training, signature of trainer and signatures of those in attendance.
- 6.3 The provider must maintain documented evidence of completion of six hours of in-service education for each HCA aide annually, excluding the provider and program specific orientation, initiated after the first anniversary of employment with the provider. In-service education should increase staff knowledge and enhance the worker’s performance. Examples of a yearly training may include but are not limited to how to care for an elderly client with dementia, universal precautions, identifying red flags and proper reporting procedures.
- 6.4 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
- a. the instructor’s name, title, qualifications, and signature;
 - b. the date and time of instruction;
 - c. the content of the instruction; and
 - d. the name and signature of the direct care staff member completing the training.
- 6.5 Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

	Personal Care	Homemaking, Companion, Respite
Be listed on the Ohio Department of Health’s Nurse Aide Registry; or	Yes	Yes
Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care worker without a 24-month lapse in employment as a home health aide or nurse aide; or	Yes	Yes
Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or	Yes	Yes

Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or	Yes	Yes
Successfully complete training, including, but not limited to instruction on areas outlined on Attachment A. In addition, the aide must complete return demonstration in the areas marked with an ** in Attachment A; or	Yes	Yes
Have at least one-year employment experience as a supervised homemaker or in environmental or housekeeping services and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision.	No	Yes
General Aide Requirements		
The provider must ensure the HCA aide is qualified to complete the tasks outlined in the Care Manager’s authorized plan. The HCA aide will assist the client to achieve optimal function with tasks as identified in the client’s authorized plan.	Yes	Yes
Must be at least 18 years of age.	Yes	Yes
Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.	Yes	Yes
Must be able to effectively communicate with the client, family members, and emergency service systems personnel.	Yes	Yes
Must be able to assist a client to maintain a clean and safe environment. The HCA aide will assist a client to reduce isolation and maintain socialization. The aide is intended for the client and specifically excludes direct services for all other household members.	Yes	Yes
The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 hour care of the client who requires constant supervision and may never be alone. The purpose is to decrease stress and or isolation for the caregiver and ensure time to care for personal responsibilities	Yes	Yes
Prior to performing specialized skills not included in the initial training, the aide must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to Hoyer lift, TED hose, and assisting with prosthetics.	Yes	Yes

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

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

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

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

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

7.0 PROVIDER QUALITY MEASURES

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

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

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

7.3 Service Adequacy Satisfaction Instrument (SASI) -SASI results and comments will be reviewed with the provider on a regular basis. COA staff will discuss scores that fall below

the percentage threshold identified. Discussion will include best practices and quality improvement strategies to improve scores and percentages.

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

Attachment A

Home Care Assistance Training Program.

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

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

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

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

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

1.0 OBJECTIVE

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

2.0 UNIT OF SERVICE

- 2.1 A unit of service is equal to fifteen (15) minutes.
- 2.2 The unit rate must include administration, supervision, travel, and documentation costs.
- 2.3 The number of units is determined by the Care Manager.

3.0 PROVIDER REQUIREMENTS

- 3.1 The Provider must initiate services based on authorizations for service on the date specified or on a negotiated start date. Care Managers must be notified of any change in service start date.
- 3.2 Telephone coverage must be provided for staff and clients during working hours including all holidays.
- 3.3 The provider must have the capacity to respond to general inquiries or requests pertaining to client care within 72 hours unless otherwise specified.
- 3.4 In the event of a staff member's absence, the Provider must have and utilize a written backup plan that prioritizes client service needs and service high priority clients first.
- 3.5 The provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA aides are scheduled to work.
- 3.6 If identified change in the client's condition is a health and safety issue, it is the responsibility of the provider to immediately notify APS (Adult Protective Service) or to call 911. Then send notification to the Care Manager within 24 hours.

4.0 SERVICE DELIVERY

- 4.1 The Provider must maintain dated documentation to support services delivered and billed. The provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
 - a. Date of service delivery
 - b. A description of the service tasks performed
 - c. The printed name of the HCA aide providing services
 - d. The HCA aide's arrival and departure time
 - e. The HCA aide's written signature to verify the accuracy of the record

- f. The client's or client's caregiver's signature for each episode of service delivery
- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
- a. Date of service delivery
 - b. A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
 - c. Name of the aide providing the service. If the provider utilizes a unique identifier assigned to each aide, the provider must supply the list of identifiers assigned to each name.
 - d. The aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
 - e. The aide's electronic signature
 - f. The client's or client's caregiver's electronic signature.
- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.1.
- 4.4 The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record with prior approval of Care Manager.
- 4.5 The provider must deliver service only when the client is at home, with the exception that the aide may assist in preparing the client's home prior to their return from the hospital or nursing facility. The client's representative must be present for this service and prior authorization from the Care Manager must be obtained.
- 4.6 Documentation:
- a. Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, with or without prior notice to the provider, the provider shall notify the Care Manager by entering a case note in the provider portal.
 - b. Temporary schedule changes- If the client cancels their service on a temporary basis, for example client has an appointment on a service delivery day and the service needs to be rescheduled, the provider will notify Care Manager by entering a case note in the provider portal. Services must be rescheduled for another day within the frequency of the Service Authorization.
 - c. Permanent schedule changes- Educate client on notifications to the Care Manager for all permanent schedule changes. Client or representative must notify Care Manager of requests to make a permanent schedule change.
 - d. Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family. If a missed visit occurs and the visit is not rescheduled a notification via case note should be sent to the Care Manager.
 - e. Client Termination Notice: Each termination notice must include a reason for termination. Prior to giving a termination notice the following steps must be taken and documented in the client's case note in CareDirector:
 - Step 1: Provider Intervention- Provider must attempt to resolve the issue with client

including steps taken by the supervisor. Documentation must include the date and the steps taken.

- Step 2: COA Intervention- Provider should reach out to the Care Management staff for intervention. This may include a care conference with the client, client's family members, Care Manager, and provider. Documentation must include the date the provider contacted COA and the agreed upon action steps.
- Step 3: Effective date of termination notice-It is the expectation that the provider will continue to serve the client until a new provider is awarded.

5.0 SUPERVISORY OVERSIGHT

- 5.1 A supervisory visit must be conducted if the following issues arise:
- a. A Major Unusual Incident
 - b. Health and safety issue
- 5.2 A supervisory telephone call must be conducted if the following issues arise:
- a. Client dissatisfaction with their authorized plan or service delivery
 - b. Any event that may lead to a disruption of service
 - c. Aide performance issue
- 5.3 An in-home supervisory visit or supervisory telephone call must be documented. The aide need not be present during the visit or call. Documentation shall include:
- a. The in-home visit documentation must include the date of the visit, action steps to avoid service disruption, the printed name and signature of the Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
 - b. The telephone call documentation must include the date of the call, action steps to avoid service disruption, the name of the Supervisor and name of the client.
- 5.4 The supervisor will work with the client, Care Manager, client representative or other parties to achieve resolution. Any recommended modifications must be discussed with the Care Manager and aide and documentation shall be provided upon request.

6.0 PERSONNEL REQUIREMENTS

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

iv. COA ESP Code of Ethics

- 6.2 The provider must document training and testing for staff, including training site information, the date of the training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable.
- a. Documentation maintained in the employee’s file of in-service education must include: Date, length of training, signature of trainer and signatures of those in attendance.
- 6.3 The provider must maintain documented evidence of completion of six hours of in-service education for each HCA aide annually, excluding the provider and program specific orientation, initiated after the first anniversary of employment with the provider. In-service education should increase staff knowledge and enhance the worker’s performance. Examples of a yearly training may include but are not limited to how to care for an elderly client with dementia, universal precautions, identifying red flags and proper reporting procedures.
- 6.4 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
- a. the instructor’s name, title, qualifications, and signature;
 - b. the date and time of instruction;
 - c. the content of the instruction; and
 - d. the name and signature of the direct care staff member completing the training.
- 6.5 Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

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

Have at least one-year employment experience as a supervised homemaker or in environmental or housekeeping services, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision.	No	Yes
General Aide Requirements		
The provider must ensure the HCA aide is qualified to complete the tasks outlined in the Care Manager's authorized plan. The HCA aide will assist the client to achieve optimal function with tasks as identified in the client's authorized plan.	Yes	Yes
Must be at least 18 years of age.	Yes	Yes
Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.	Yes	Yes
Must be able to effectively communicate with the client, family members, and emergency service systems personnel.	Yes	Yes
Must be able to assist a client to maintain a clean and safe environment. The HCA aide will assist a client to reduce isolation and maintain socialization. The aide is intended for the client and specifically excludes direct services for all other household members.	Yes	Yes
The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 hour care of the client who requires constant supervision and may never be alone. The purpose is to decrease stress and or isolation for the caregiver and ensure time to care for personal responsibilities	Yes	Yes
Prior to performing specialized skills not included in the initial training, the aide must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to Hoyer lift, TED hose, and assisting with prosthetics.	Yes	Yes

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

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

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

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

7.0 PROVIDER QUALITY MEASURES

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

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

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

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

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

Attachment A

Home Care Assistance Training Program.

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

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

**ELDERLY SERVICES PROGRAM
TRANSPORTATION SERVICE SPECIFICATION
Butler 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.
- 1.2 Non-Medical Transportation transports clients to local community resources or services which are integral to living independently in the community through the use of a provider's vehicle and driver. Service may be provided into contiguous counties.
 - a. Unallowable services are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and marijuana.

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.

- I. 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.

UPLIFT Memory Support - Pilot Program



Butler County
Mental Health & Addiction
Recovery Services Board



BEST POINT
EDUCATION & BEHAVIORAL HEALTH®



UPLIFT



UPLIFT is an in home, community based program for older adults experiencing symptoms of anxiety, depression, or both.

UPLIFT is an evidence-based program designed for older adults (55+) experiencing symptoms of depression and anxiety. UPLIFT focuses on activity planning and development of problem solving skills to help improve overall mental health.



Eight one-on-one sessions take place in the comfort of your own home over the course of 5-6 months.



This service is free for all seniors living in Butler County.



Scan to learn more about Best Point



CONTACT

For more information, call 513-896-7887 or email bbh.uplift.butler@bestpoint.org

A scenic landscape featuring snow-capped mountains and a body of water under a purple and pink sky. The text is overlaid on the image.

While no one can change the
outcome of dementia or
Alzheimer's, with the right support
you can change the journey.

Tara Reed

GUIDE Dementia Program - Guiding an Improved Dementia Experience

01

Prevalence

Approximately 6.9 million Americans aged 65+ live with dementia, about 1 in 9 of the U.S. population

02

Looking Forward

NIH 2025 study estimates 42% of Americans over age 55 will develop dementia, more than double earlier estimates. Women's lifetime risk is higher (48%) than men's (35%) due to longer life expectancy

03

Medicare Pilot

Started in 2024 to serve individuals with Medicare, not Medicare Advantage Plans.

04

Services

Free, coordinated dementia care and caregiver support including care navigation 24/7 help, and respite services to help people with dementia stay at home longer and reduce hospitalizations.

Why a Pilot Memory Support Program?



Approximately 60% of Ohioans are ineligible for the GUIDE Program due to having an Advantage Medicare Plan



Program Timeline

6 Month Program

Day 0 - Month 1

- Referral received
- Initial Outreach
- Comprehensive Intake Assessment
- Clinical & Caregiver Assessment
- Risk Stratification
- Navigation Initiation

Month 1 - Caregiver Education Series

- Understanding dementia
- Communication techniques
- Managing behaviors
- Safety/wandering
- Medication routines
- Caregiver stress
- Planning for progression
- When to seek urgent help

Month 2 - Therapeutic Support

- Weekly or biweekly counseling
- Focus on coping, grief, role changes, depression/anxiety, behavior response planning, and crisis prevention

Month 3 - Monitoring & 1st Re -Assessment

- Navigator Contact frequency based on risk
- Navigator + Therapist Review:
 - Caregiver stress
 - Service connections
 - Safety risks
 - Hospital/ED use
 - Client stability
 - Need for increased or decreased support

Months 4 -5 - Stabilization Phase

- **Lead:** Navigator
 - Ongoing resource coordination
 - Caregiver check-ins
 - Provider communication
 - Problem-solving
- **Therapist remains active** if:
 - Caregiver distress persists
 - Behavioral symptoms escalate
 - Family conflict continues

Month 6 - Re-Assessment and Care Plan Update

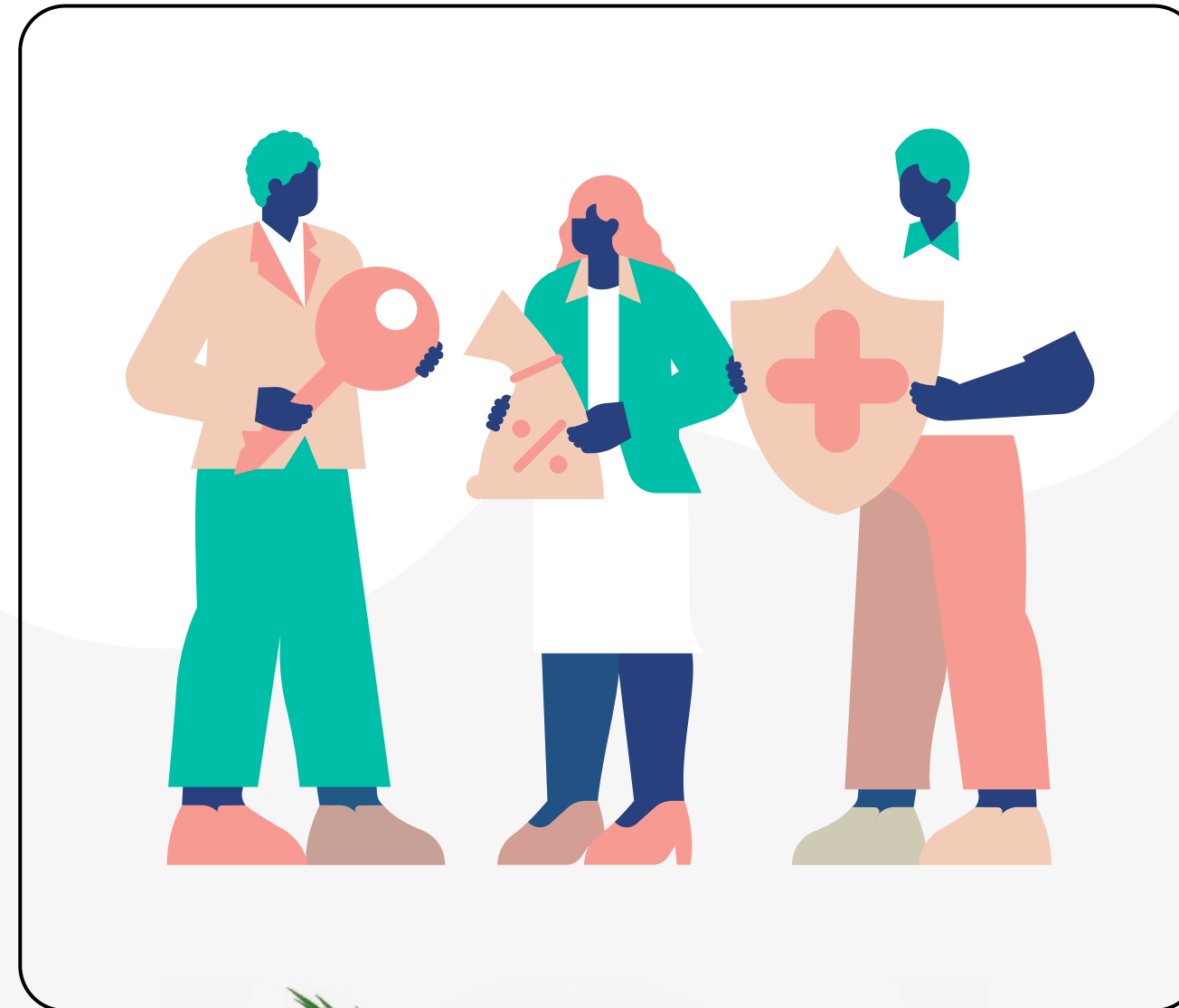
- Repeat core assessment
- Update dementia stage, risks, caregiver needs, services, emergency plan, and goals
- Determine next phase:
 - Continue active program
 - Move to maintenance
 - Refer to higher-level care

****Pilot program referrals will be received through the COA Care Transitions Team**

Optional Services

Post 6 -Month Maintenance Phase

- Scheduled monitoring based on risk
- Reopen therapy as needed
- Escalate if caregiver burnout, unsafe behaviors, hospitalization, or major decline occurs



Annual or Major Change Re-Assessment

- Navigator + Therapist can Re - Engage if:
 - Hospitalization
 - Facility discharge
 - Major cognitive/functional decline
 - Caregiver loss
 - Safety incident
 - Or annually at minimum



Evaluation

Key Survey Areas

- **Personal Wellbeing**
 - Understanding dementia progression
 - Supports and education needed
- **Caregiver Burden & Wellbeing**
 - Stress, emotional exhaustion, isolation
 - Confidence in caregiving abilities
- **Knowledge & Confidence**
 - Understanding dementia progression
 - Managing behaviors and medications
 - Knowing when to seek urgent help
- **Support & Resources**
 - Current caregiving supports
 - Awareness of community resources
 - Adequacy of support system
- **Service Needs & Program Goals**
 - Education, emotional support, safety needs
 - Individual caregiver goals



Post-Program Evaluation

Participants will also complete post-survey questions to evaluate:

- Increased caregiver confidence
- Program satisfaction
- Most valuable topics and supports
- Recommendations for improvement

Goal

To improve caregiver wellbeing, increase dementia care knowledge, reduce caregiver burden, and connect families to appropriate supports and resources.



Meet The Team



Madison Williams
COA

Dementia Specialist Care
Navigator



Elise Elliot MSW, LSW
Best Point

Dementia Specialist Skill Builder

Thank You!

Best Point Education and Behavioral Health

Emily Bolen, LSW

Program Manager of Community Based Services

✉ ebolen@bestpoint.org

Butler County Mental Health & Addiction Recovery Services Board

Cara Brown LISW-S, LICDGCS

Director of Addiction Services

✉ cara.brown@bcoho.gov

Council on Aging of Southwestern Ohio

Shelby Stout M.Ed., RN, CCM

Director of Business Operations

✉ [sstout@help4seniors.org](mailto:ss Stout@help4seniors.org)



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.