

# AGENDA

## HCESP Advisory Council Meeting

June 25, 2026 | 2:00 – 3:30 p.m.

COA Board Room - 4601 Malsbary Road, Blue Ash, OH 45242

<https://zoom.us/j/98892885359?pwd=xGT70CEoaNtJpV0Po7Wr3YACUPlwtR.1>

Meeting ID: 988 9288 5359 | Passcode: 300357

<b>CALL TO ORDER / INTRODUCTIONS</b> ❖ Kim Clark	2:00-2:05	Janice Hunter
<b>APPROVAL OF MINUTES</b> ❖ December 4, 2025 & March 26, 2026 Minutes (Action Needed)	2:05-2:10	Janice Hunter
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report ○ Five-Year Levy Projections  ❖ Program Update Report	2:10-2:25  2:25-2:35	Judy Eschmann & Ronnie Spears  Antoinette Moore
<b>OLD BUSINESS</b> ❖ Action from March 2026 Meeting ○ Proposed Changes to STEPS to Stability (Action Needed) ○ Updated Sliding Fee Scale (Action Needed)	2:35-2:45	Judy Eschmann  Ronnie Spears
<b>NEW BUSINESS</b> ❖ Conditions of Participation (COP)/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  ❖ ESP Annual Report  ❖ CareDirector Upgrade  ❖ ESP Advisory Council Hybrid Policy	2:45-2:55  2:55-3:05  3:05-3:15  3:15-3:25	Antoinette Moore  Judy Eschmann  Kim Clark  Judy Eschmann
<b>HEARING THE PUBLIC</b>	3:25-3:30	Janice Hunter
<b>ADJOURNMENT</b> (Action Needed)	3:30	Janice Hunter

**NEXT MEETING:** September 24, 2026

**MINUTES**  
**HCESP ADVISORY COUNCIL MEETING**  
MONDAY, DECEMBER 4, 2025 @ 2:00 P.M.

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**ATTENDANCE**

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<b>Members Present:</b> Randi Burlew Janine Gage Janice Hunter Holly Mundon Dimity Orlet	<b>COA Staff:</b> Judy Eschmann Ronnie Spears Ken Wilson	<b>Guests:</b>
<b>Excused:</b> Angele Blackshear Viola Brown	<b>Facilitator:</b> Janice Hunter	<b>Scribe:</b> Christina Adams
<b>Absent:</b>		

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**PACE TOUR**

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Members were given a tour of the PACE of Cincinnati facility.

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**CALL TO ORDER**

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The December 4, 2025 meeting of the HCESP Advisory Council was called to order by Janice Hunter at 2:31 p.m.

**COA Leadership Changes**

Ken shared that Judy Eschmann has assumed day-to-day responsibility for the Elderly Services Program and will regularly attend the Advisory Council meetings to provide updates and information. Ken will still be a resource and will attend meetings occasionally.

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**APPROVAL OF MINUTES**

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Janice Hunter called for a motion to approve the September 25, 2025 Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

**Motion:** Dimity Orlet made a motion to approve the September 25, 2025 minutes.

**Second:** Randi Burlew seconded the motion.

**Action:** The September 25, 2025 minutes were unanimously approved.

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**QUARTERLY REPORTS**

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**Program Dashboard & Financial Report (July-Sept 2025)**

Judy provided an overview of the July-September 2025 Program Dashboard (please see the handout for full report). Managed enrollment ended on July 7, 2025 and as anticipated, new ESP enrollments increased in the third quarter. The average monthly cost per client dropped slightly in this time period. Cost per client includes intake and assessment, administration, care management, and provider services.

As the census increases, the cost per client decreases. During the third quarter, 3,954 clients received services. There was an increase of 15 in the units billed for home modification. Judy pointed out that while the units billed increased, the dollars paid for home modification decreased from the second quarter by nearly 50 percent. This was due to a credit from the second quarter that was applied in the third quarter, therefore reducing the dollars paid.

Randi asked if we are expecting a change in the distribution of services or the cost per client since managed enrollment has ended. Judy noted the eligibility criteria during managed enrollment required the need for a higher level of care which raised the cost per client. Administration, intake and assessment, and care management costs are spread across the total census, so the cost tends to go down when serving a larger population. With managed enrollment lifted, we will see the cost per client decrease.

New enrollments in Fast Track Home (FTH) dropped in the third quarter due to staffing issues. We are addressing these issues by increasing staffing. The Home Care Assistance (HCA) client satisfaction results showed a decrease of two percent from the second to third quarter. Janine asked if there is still a workforce shortage in HCA and are there issues with attracting, hiring, and retaining home care aides. Ken noted that less than one percent of clients have not been matched with a home care provider. The decrease in client satisfaction with aide dependability reflects aide turnover.

Janine asked how the retention issue is being addressed and is the issue that aides aren't being paid a high enough salary. Ken added there was a significant rate increase following the COVID pandemic and the workforce has improved. Ronnie noted that HCA is up for RFP in 2026. Some of these issues can be addressed as providers submit their bids. There was discussion around the need for home care agencies to retain dependable aides and what may incentive aides to stay with one company. Randi suggested exploring partnering with a community college or certification program to attract applicants to home care agencies and provide a path to career growth and development. Ken noted these suggestions will be relayed to the COA Team.

The STEPS to Stability program assisted 32 clients with a home modification in the third quarter. There were no remaining utility funds for this quarter. Randi asked if the funding for utility assistance could be spread out to ensure there is assistance available during the critical months with extreme heat or cold. Ken noted that the STEPS to Stability program is on the agenda as old business and there will be discussion on utility assistance. Janine asked about the Title III C2 Home Delivered Meals budget variance. Ronnie shared that some of these dollars were deferred to 2026 because we did not need to use all of the funding in 2025. We are not expecting any cuts to this funding. An increase of \$447K was added to the STEPS to Stability Program budget and \$50K was added to the Center for Respite Care (Senior Homeless Medical) because the funds were available.

**Action:** Judy/Ken to share suggestions from the discussion around home care agencies hiring and retaining quality aides with Provider Services.

Ronnie reviewed the July-September 2025 Financial Report (see handout for full details). This is nine months of actuals and three months of projections. We are at budget with tax levy appropriations and total revenue. Intake and assessment expenses were over budget due to the need to increase staff following managed enrollment being lifted. Overall, on a \$30M budget, we are less than 1% within budget.

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

Ronnie shared the Program Update report (please see handout for full details). The parent company of Guardian Medical Monitoring, Modivcare, filed for voluntary, court-supervised restructuring in order to reduce debt, improve stability, and continue delivering consistent, uninterrupted care. There have been

no issues with ESP clients. The hold on referrals for Janz's Medical Supply was lifted on October 8, 2025 and they are now accepting referrals for Home Medical Equipment. Staff have been retrained on CareDirector to ensure accuracy and efficiency in processes. Hamilton County issued more than \$93K in Senior Farmers Market Nutrition Program benefits for 2025 but only \$38,280 was utilized. There has been discussion with the Ohio Department of Aging to improve utilization next year. Janine asked what happens to the dollars that were not utilized. Ken noted that a certain amount is budgeted as underutilization. Ronnie is going to look into how the underutilized funds across the state are handled. During 2026, COA may issue a Home Care Assistance RFP and/or a home52 Transportation RFP.

**Action:** Ronnie to find out how the underutilized funds across the state are handled.

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## **OLD BUSINESS**

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### ***HCESP Bylaws Update***

Ken reviewed the changes to the bylaws. The member terms were updated to reflect a three-year term. The original language around member terms was intended to stagger terms when the Advisory Council began to avoid multiple terms expiring at the same time. This language no longer applies. Additionally, the term elderly in the bylaws has been updated to older adults.

Janice requested a motion to approve the changes to the bylaws.

**Motion:** Randi Burlew made a motion to approve changes to the bylaws.

**Second:** Dimity Orlet seconded the motion.

**Action:** The changes to the bylaws were unanimously approved.

### ***Fixed Cost Sharing Implementation Update***

Ken provided an update on the new fixed cost sharing process that was implemented on October 1<sup>st</sup> for new clients. Overall implementation has gone well with only a few issues related to individual circumstances. A full report and evaluation will be provided in 2026 when the new process has been in place for one year.

### ***Proposed Changes to STEPS to Stability***

Judy reviewed updates to the STEPS to Stability program guidelines. There are no changes to eligibility. In order to allow more older adults to benefit from the program, the guideline was changed so that if an older adult received a home modification or utility credits within the last year, they will not be eligible for home modifications or utility credits the following year. Following discussion on this change, it was suggested that utility credits and home modifications be managed separately with separate guidelines. Ken noted that this proposed change was mainly driven by the concern over utility credits. Some individuals get to utilize this benefit year after year while others have qualified but the funding was depleted by the time they applied.

Dimity suggested listing what home repairs/modifications the program covers before what is not covered for clarity. Additionally, if there is not a cap on a repair/modification, note that in the guidelines. Judy shared that we have been brainstorming ways to improve the application process when utility credits become available so that our front door is not inundated with calls. Managing the application process through the 513Relief Bus has been proposed. Later this month, we will be meeting with the county administrators who schedule these buses to talk about how the application process will be managed. Additionally, we have a contract with SO-ACT who also has the ability to take utility credit applications. Randi commented that the utility credits have been first come, first served and this will

change when applications will be handled through the 513Relief Bus and SO-ACT. Judy noted that information about the STEPS to Stability Program will be available on COA's website, and will clearly state if funding is available for home modification/repairs and utility credits or if either is closed. It was suggested to have a lottery for utility credits to make the opportunity to receive the credits more equitable. Ken and Judy will take this suggestion along with others that have been discussed back to COA and prepare a proposal for the next meeting.

**Action:** Judy/Ken to share suggestions discussed with COA team and prepare a proposal for the March meeting.

Additional service recommendations are being considered for the STEPS to Stability Program in 2026. These include transportation, attendant services for medical and outpatient procedures, and grocery shopping and delivery service.

Due to a time constraint, reviewing and requesting approval of the STEPS to Stability changes has been moved the next meeting. The program will operate under the current guidelines until the changes can be approved.

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## **NEW BUSINESS**

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

Ronnie reviewed the five-year levy projections (see handout for full details).

### ***2026 Meeting Schedule***

COA proposed changing the day the Advisory Council meets quarterly from Thursday to a Monday or Wednesday. Chris will send out meeting day options. If this does not work for the members, we will keep with Thursday.

**Action:** Chris to send email to survey member availability to meet on a different day.

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## **HEARING THE PUBLIC**

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No requests from the public were made.

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## **ADJOURNMENT**

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With no further business, Janice asked for a motion to adjourn the meeting at

**Motion:** Janine Gage made a motion to adjourn the meeting.

**Second:** Holly Mundon seconded the motion.

**Action:** The meeting was adjourned at 4:01 p.m.

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## **NEXT MEETING**

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March 26, 2026

**MINUTES**  
**HCESP ADVISORY COUNCIL MEETING**  
**MONDAY, MARCH 26, 2026 @ 2:00 P.M.**

**ATTENDANCE**

<b>Members Present:</b> Angele Blackshear (virtual) Viola Brown (virtual) Randi Burlew Janine Gage April Harper Janice Hunter Dimity Orlet (virtual)	<b>COA Staff:</b> Nan Cahall Judy Eschmann Alyssia Kelley Maria Tirado Rodriguez Ronnie Spears Ken Wilson	<b>Guests:</b> Yolanda Johnson
<b>Excused:</b> Holly Mundon	<b>Facilitator:</b> Janice Hunter	<b>Scribe:</b> Christina Adams
<b>Absent:</b>		

**CALL TO ORDER / INTRODUCTIONS**

The March 26, 2026 meeting of the HCESP Advisory Council was called to order by Janice Hunter at 2:00 p.m. and introductions were made.

**APPROVAL OF MINUTES**

Due to not having a meeting quorum, the December 4, 2026 Hamilton County Elderly Services Program (HCESP) Advisory Council meeting minutes will be approved at the next meeting on June 25, 2026.

**QUARTERLY REPORTS**

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

Judy provided an overview of the October-December 2025 Program Dashboard (please see the handout for full report). The Elderly Services Program (ESP) census reached 3,992 members in Q4, with 376 new enrollments and 339 disenrollments, while Fast Track Home (FTH) had 324 new enrollments and 332 disenrollments. FTH is a 60-day program for individuals transitioning home from the hospital or a nursing facility. 136 FTH clients (41%) with longer care needs transferred to ESP at the end of the 60-day program. The average monthly cost per client increased in October due to annual provider contract increases of 2-3%. There were 39 home modifications completed in Q4 at a cost of nearly \$54,000 which was significantly higher per-unit costs than the previous quarter due to more complex modifications including chair lifts. Client satisfaction remained high across services: home-delivered meals achieved 99.21% overall satisfaction from 572 surveyed clients, medical transportation reached 96.35% satisfaction from 64 respondents, and home care assistance scored 96.52% satisfaction from 608 surveyed clients.

Randi suggested adding the percentage of people receiving the service (for the quarter) in addition to the distinct number of clients surveyed for home delivered meals, medical transportations, and home

care assistance in order to show the representation of the survey.

**Action:** Judy/Ronnie will look into having the percentage added to the data. Additionally, the Overall Satisfaction line for each service will be updated to “Overall Satisfaction of People Surveyed” to clarify that the distinct number of clients surveyed represents the number that completed the survey each quarter.

Ronnie reviewed the October through December 2025 Financial Report (see handout for details). Tax levy appropriations came in under the \$28.7 million budget by \$11,751. Total revenue was within 0.1% of budget, slightly over by \$40,000 which was offset by federal and state dollars. Operating expenses were 6% over budget, primarily in intake and assessment due to additional staffing needed post-managed enrollment (county was notified). Purchased services totaled \$21.7 million, under budget by \$493,000 (2.2% under); home care assistance was over budget while medical transportation was under budget by \$272,000. Overall gross expenses were within 0.1% of budget for the \$30 million program.

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

Ronnie shared the Program Update report (see handout for details). Preparation is underway for the 2026 Senior Farmers Nutrition Program with a focus on getting the word out to older adults about the program and improving redemption rates.

Janine asked if there has been any follow up from the discussion at the December 2025 regarding the possibility of a pop-up market in the PACE of Cincinnati parking lot. Ronnie shared that he will follow up with Jennifer Heck to see if there is an update.

**Action:** Ronnie to follow up with Jennifer Heck regarding the possibility of a pop-up farmers market in the PACE site parking lot.

The 2025 Executive Provider Monitoring Summary provides an overview of any findings, corrective action, and follow-up strategies from each provider review. In quarter 2 of 2026, COA will be releasing a request for proposal (RFP) for home care assistance and transportation services. Feedback received from the Advisory Council at the December 2025 meeting was taken into consideration and beneficial during the RFP development process. From discussion around home health aide development, we have incorporated questions regarding recruitment and training of home health aides as well as quality management monitoring and process improvement into the home care assistance RFP. The goal is to strengthen the network and improve workforce development for home health aides.

### ***Provider Quality Report***

The Provider Quality Report (PQR) for Q4 2025 demonstrated the program's systematic approach to monitoring service quality across all provider categories. The report tracks market share, number of clients served, billable units, and quality scores using a color-coded system where green indicates satisfactory performance, pink or red signals areas requiring follow-up, and gray indicates limited data availability. Home care assistance showed the most diverse provider network, with quality scores varying across providers. The provider services team conducts quarterly reviews with each provider, addressing any red-flagged areas through a tiered intervention process. When providers fall below standards, they receive more intensive monitoring and support to return to acceptable performance levels.

Yolanda asked if there is a limit to the number of times a provider can fall below the average, and if so, is there are probationary period? Ronnie noted that we have a tier process where we put them on more

strenuous reviews with our provider services team to get them up to par. Our goal is to get them back to standard. Ultimately, if they can't get to standard, we would have to look at placing them on hold or doing further actions.

Janice asked if Twin Towers is an adult day service provider. Ronnie shared that he will check if this provider is an option.

**Action:** Ronnie to check if Twin Towers can be considered as a provider of Adult Day Service.

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## OLD BUSINESS

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### ***Community Access Workgroup Update***

Maria and Alyssia Kelley reviewed the Community Access Workgroup (see handout for details). The Community Access Workgroup, formerly the Equity Workgroup, continued tracking demographic data to ensure equitable access to services across Hamilton County. The most significant progress occurred in Hispanic and Latino enrollment, which increased by 10 clients (0.22%) in Q4 2025, bringing the total to 0.92% compared to 1.4% in the general Hamilton County population. This improvement resulted from targeted outreach events in Hispanic communities during the third and fourth quarters.

The workgroup identified several strategies for continued improvement: conducting staff training on the importance and appropriate methods for asking about race and ethnicity, participating in more community events as weather improves, and developing partnerships with organizations serving Hispanic and Latino populations. Suggestions included connecting with the Hispanic Chamber of Commerce, Santa Maria Community Services, and Su Casa Hispanic Center, though immigration concerns have made some organizations less available for partnership discussions. The workgroup also examined intake processes to identify questions that might make potential clients hesitant to engage, particularly those concerning household composition or family members that may not be pertinent to enrollment but could feel threatening in the current immigration enforcement climate.

Janine asked if the group has looked at the type of information that is collected at intake to see if there's information that might make people more hesitant, like questions about others in their house or their family that may not be pertinent to their enrollment? Alyssia shared that the group has someone from our front door in the group, so we can look at what things they're asking at initial contact to make sure there's nothing going on like that.

**Action:** Community Access Workgroup to review intake questions to identify potentially concerning items for vulnerable populations.

Sister Keli suggested reaching out to Monica Perdomo at the Hispanic Chamber to share information.

**Action:** Maria will reach out to the Hispanic Chamber again to get on their list for events and their distribution list.

### ***Proposed Changes to STEPS to Stability***

Judy reviewed updates to the STEPS to Stability program guidelines. The Steps to Stability program underwent significant revisions based on advisory council feedback from the December meeting. The program focuses on short-term, one-time, or incidental support to help individuals maintain independence without requiring long-term program enrollment. The application process for utility assistance was redesigned to ensure fair and equitable access. Applications will be accepted through

three channels during a time-limited period: the Hamilton County 513 Relief Bus, SOACT (Serving Older Adults Through Changing Times) for grassroots outreach, and an online application. The 513 Relief Bus moved its annual healthy aging event from September to May 27th to kick off the program, followed by 6-8 additional site visits in June to locations identified through heat mapping of past applicant data and areas with low or no participation. The program implemented a lottery system, described on the website as an "Excel-based randomized selection process," to award credits fairly. Eligibility was modified so that individuals who received assistance in the previous year are not eligible in the current year, allowing more people to benefit from limited funds. Home modifications maintained a \$7,000 cap for most projects, increased from the previous year's \$5,800 to account for inflation and rising material and labor costs. Secondary authorizations up to \$12,000 are available for stair lifts, which represent significant outliers in cost. The program established separate budgets for home modifications and utility assistance to ensure adequate funding for both services. Three new services were proposed for addition to STEPS to Stability: attendant services for medical or outpatient procedures (up to 24 hours of support for procedures like cataract surgery), transportation for short-term needs like physical therapy (a bundle of trips over 3 months), and grocery shopping and delivery service education (teaching clients how to use services like Kroger ClickList with \$100 toward groceries for three sessions). The attendant services represent the highest priority due to frequent requests and potential to help people maintain health and independence.

Approval of the proposed new services will be requested at the June 2026 meeting.

Randi asked if the Advisory Council bylaws need to be updated to reflect current state law on virtual participation.

**Action:** Judy to Investigate current state law requirements for virtual meeting participation and voting to determine if bylaws need updating.

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## NEW BUSINESS

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### *Property Tax Advocacy Report*

Nan reviewed the (see handout for details). Governor DeWine signed five property tax reform bills into law in late 2025, representing the most significant property tax changes in Ohio in decades. The reforms are projected to reduce property tax collections by more than \$2 billion over three years, with the goal of making property taxes lower, more predictable, and transparent while balancing local government service needs. House Bill 335 limits inside millage revenue growth by tying property values to 3-year cumulative inflation rather than annual increases, primarily impacting school districts and local governments. House Bill 309 authorizes County Budget Commissions to reduce voted levies after the first year if revenues are deemed unnecessary or excessive, targeting organizations that bank levy funds rather than spending them for current services. House Bill 129 impacts school funding through changes to the 20-mil floor calculation, with particularly detrimental effects on school districts due to retroactive calculations. House Bill 186 caps revenue growth for districts based on inflation. House Bill 124 gives county auditors more control over property valuations in their counties, addressing situations where state tax commissioners rejected local requests to adjust unrealistic property values. The ESP program faces minimal direct impact from these reforms due to its fixed rate levy structure. When a 2-mil levy is approved, it collects at 2 mils the first year, and that dollar amount remains constant for the next 5 years regardless of property value increases. By the end of the 5-year cycle, the program may actually be collecting only 0.7 mils because the fixed dollar amount represents a smaller percentage of increased property values. The most significant concern is the citizen-led initiative pursuing a constitutional amendment to eliminate property taxes in Ohio entirely. This would have tremendous impact on all

levy-funded services, with ESP being among the smallest levies in most counties but still facing severe consequences. Local governments, fire and police services, and schools would suffer significantly if the initiative succeeds. Positive developments include bipartisan legislative support for protecting older adult homeownership. Representative Donnie Isaacson (minority leader) and Representative Adam Matthews (conservative member) have co-sponsored multiple pieces of legislation addressing homestead exemptions and property tax relief for seniors. The homestead exemption income limit was increased, with additional increases expected, recognizing that the previous threshold was unrealistically low for homeowners.

***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. This will be brought back to the June meeting for approval.

***Conflict of Interest & Confidentiality Policies***

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

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**HEARING THE PUBLIC**

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No requests from the public were made.

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**ADJOURNMENT**

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Janice adjourned the meeting at 3:33 p.m.

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**NEXT MEETING**

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June 25, 2026



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

## Highlighted Findings

### 1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 1, 2025), census has decreased by 42 clients (from 4,025 to 3,983) or -1.04%.
- B. Compared to last quarter (Quarter 4, 2025), census has decreased by 9 clients (from 3,992 to 3,983) or -0.23%.

\***Note:** Managed enrollment was administered in Hamilton County from May 1st, 2023 through July 7th, 2025.

### 2. Fast Track Home Census Trends

- A. Average length of stay decreased by 1 day when compared to Quarter 4, 2025 (from 56 to 55).
- B. New Enrollments increased by 8 compared to Quarter 4, 2024 (from 320 to 328).
- C. Total clients who transferred to ESP from FTH decreased when compared to Quarter 4, 2025 (from 146 to 135).

### 3. Financials

- A. Total Revenue: The amount projected to be drawn down from the levy through the first quarter of 2026 is \$28.7 million, as compared to \$30.5 million in the budget. The variance is under budget by \$1,797,548 or 5.9%.
- B. Total Expenses: The expenses in 2026 are projected to be \$30.0 million as compared to \$31.8 million in the budget. The variance is under budget by \$1,780,080 or 5.6%.
- C. Purchase Services: The purchased services expenses are under by \$2,179,780 or 9.3% as compared to budget.

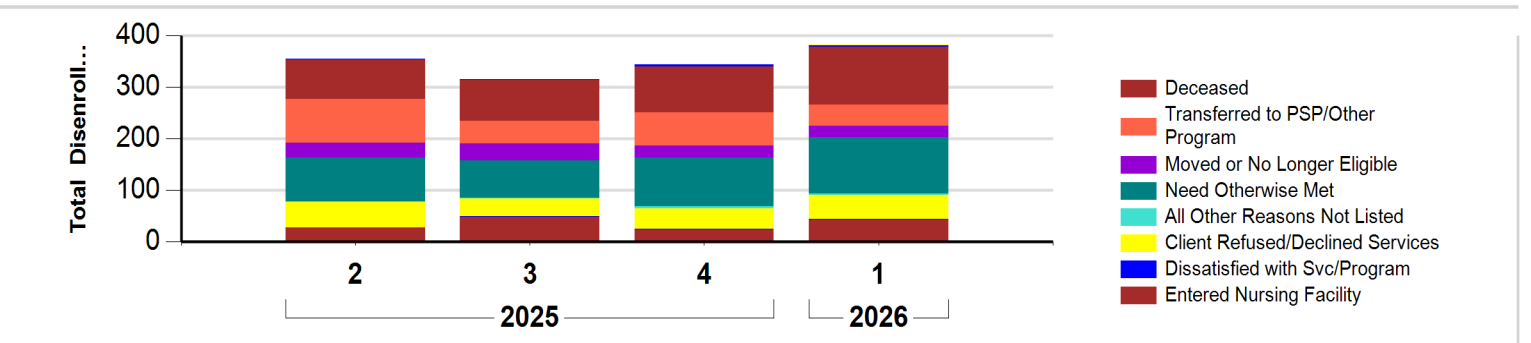


**Hamilton County ESP**  
**Quarter 1, 2026 (January - March 2026)**  
**TRADITIONAL ESP CENSUS TRENDS**

Quarter-End Census by Program				
Year	2025			2026
Quarter	2	3	4	1
ESP	3,892	3,923	3,992	3,983
FTH	219	190	182	202
<b>Medicaid Programs</b>	<b>3,627</b>	<b>3,635</b>	<b>3,772</b>	<b>3,543</b>
Passport	570	631	690	571
Assisted Living	150	192	221	157
Molina	1,257	1,204	1,299	1,505
Anthem				796
Buckeye				8
CareSource				506
Aetna	1,650	1,608	1,562	0

Quarter-End Census, New Enrollments, and Disenrollments				
Year	2025			2026
Quarter	2	3	4	1
Quarter-End Census	3,892	3,923	3,992	3,983
New Enrollments	224	387	376	352
Disenrollments	353	313	339	378

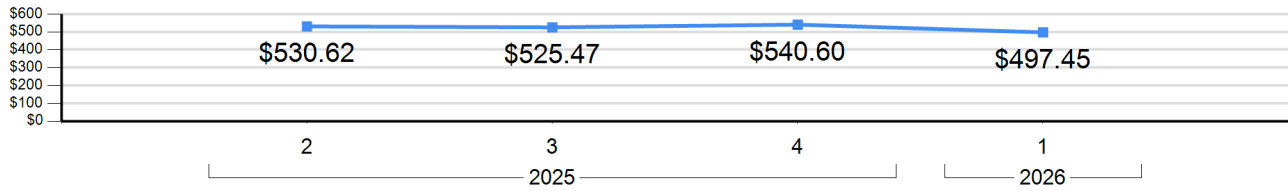
Disenrollment Outcomes				
Year	2025			2026
Quarter	2	3	4	1
Client Refused/Declined Services	49	35	40	47
Deceased	77	79	89	112
Dissatisfied with Svc/Program	0	1	2	1
Entered Nursing Facility	28	48	23	43
Moved or No Longer Eligible	29	33	23	23
Need Otherwise Met	85	72	95	109
Transferred to PSP/Other Program	84	44	64	41
All Other Reasons Not Listed	1	1	3	2
<b>Total</b>	<b>353</b>	<b>313</b>	<b>339</b>	<b>378</b>





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

**Average Monthly Cost per Client**



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

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	53	50	52	61
Consumer Directed Care	391	355	344	408
Electronic Monitoring Systems	1,975	1,956	1,906	1,920
Home Care Assistance	1,840	1,849	1,897	1,948
Home Delivered Meals	2,346	2,325	2,297	2,260
Home Medical Equipment	104	113	96	101
Home Modification	25	40	39	28
Laundry Service	119	130	127	125
Other Services	98	106	105	118
Transportation	625	612	588	578
<b>All Services (Unduplicated)</b>	<b>3,974</b>	<b>3,954</b>	<b>3,996</b>	<b>3,994</b>

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

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	1,085	1,055	1,075	978
Consumer Directed Care	29,871	27,350	24,540	22,698
Electronic Monitoring Systems	5,704	5,524	5,382	5,337
Home Care Assistance	68,335	67,426	66,822	65,304
Home Delivered Meals	166,107	159,611	164,313	152,933
Home Medical Equipment	138	144	125	136
Home Modification	30	45	43	32
Laundry Service	951	962	1,001	978
Other Services	1,290	1,289	1,125	1,133
Transportation	7,858	7,558	7,036	6,450

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

Year	2025			2026
Quarter	2	3	4	1
Adult Day Service	\$91,027	\$112,926	\$110,764	\$93,953
Consumer Directed Care	\$588,320	\$531,099	\$540,100	\$423,765
Electronic Monitoring	\$108,849	\$106,185	\$104,255	\$104,850
Home Care Assistance	\$1,824,980	\$1,789,363	\$1,843,162	\$1,784,868
Home Delivered Meals	\$1,515,363	\$1,457,668	\$1,541,327	\$1,430,759
Home Medical Equipment	\$37,250	\$34,118	\$19,931	\$29,735
Home Modification	\$51,505	\$25,653	\$53,825	\$24,915
Laundry Service	\$42,899	\$54,185	\$55,132	\$54,552
Other Services	\$78,149	\$118,113	\$105,735	\$110,810
Transportation	\$342,868	\$330,983	\$304,195	\$274,307
<b>All Services</b>	<b>\$4,681,211</b>	<b>\$4,560,293</b>	<b>\$4,678,425</b>	<b>\$4,332,515</b>

**Respite Services are included in Other Services.** Q1.2026: Thirteen clients received eighty-seven nights of respite care, totaling \$27,501.

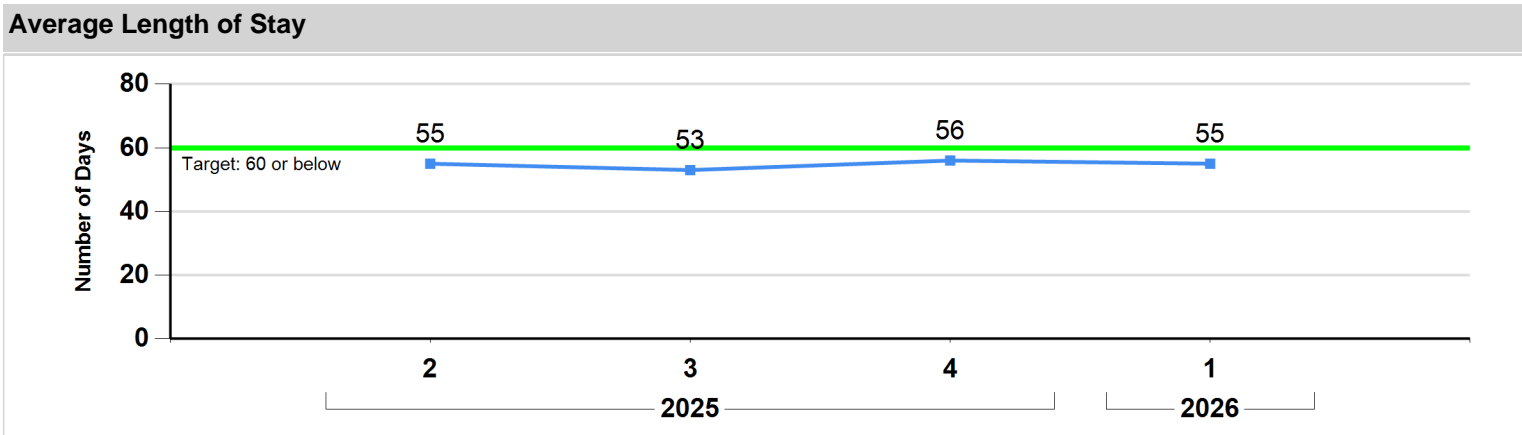
Q4: Ten clients were served, totaling \$19,100. Q3: Nine clients were served at a cost of \$38,584. Q2: Fourteen clients were served at a cost of \$7,238.



**Hamilton 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	406	333	320	328
Disenrollments	453	357	332	302
Clients Transferred to ESP	157	146	146	135
	34.66%	40.90%	43.98%	44.70%

Enrollment by Setting				
	2025			2026
Enrollment Setting	Quarter 2	Quarter 3	Quarter 4	Quarter 1
Spousal Meals	9	10	12	9
Drake Rehab	3	0	0	0
Miami Valley Hospital	0	0	1	0
Community	4	2	7	7
Mercy Hospital Network	96	80	81	86
The Christ Hospital	40	28	41	44
TriHealth Hospital Network	69	70	76	55
University of Cincinnati Hospital Network	41	36	46	45
Veterans Admin - VA	5	4	1	4
Other Hospital	58	52	24	25
Skilled Nursing Facilities	43	20	10	29
Rehabilitation Facilities	33	23	15	17
Skilled HHC	0	1	0	0
Not Captured	5	7	8	10
<b>Total</b>	<b>406</b>	<b>333</b>	<b>320</b>	<b>328</b>



**Enrollment Settings:** Upcoming changes will take effect next quarter. While our enrollment census remains accurate, grouping descriptions have been updated; as a result, client allocation across settings may change.



**Hamilton 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	168	158	131	127
Home Care Assistance	230	202	206	196
Home Delivered Meals	326	253	246	245
Home Medical Equipment	168	124	131	121
Home Modification	69	67	63	58
Independent Living	2	0	1	0
Laundry Service	14	11	6	6
Transportation	66	54	53	43
<b>All Services (Unduplicated)</b>	<b>515</b>	<b>423</b>	<b>411</b>	<b>399</b>

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

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	217	239	181	179
Home Care Assistance	2,329	2,283	2,184	1,668
Home Delivered Meals	8,225	7,209	7,492	5,947
Home Medical Equipment	294	241	234	223
Home Modification	75	69	67	63
Independent Living	3	0	4	0
Laundry Service	58	24	31	32
Transportation	375	223	258	171

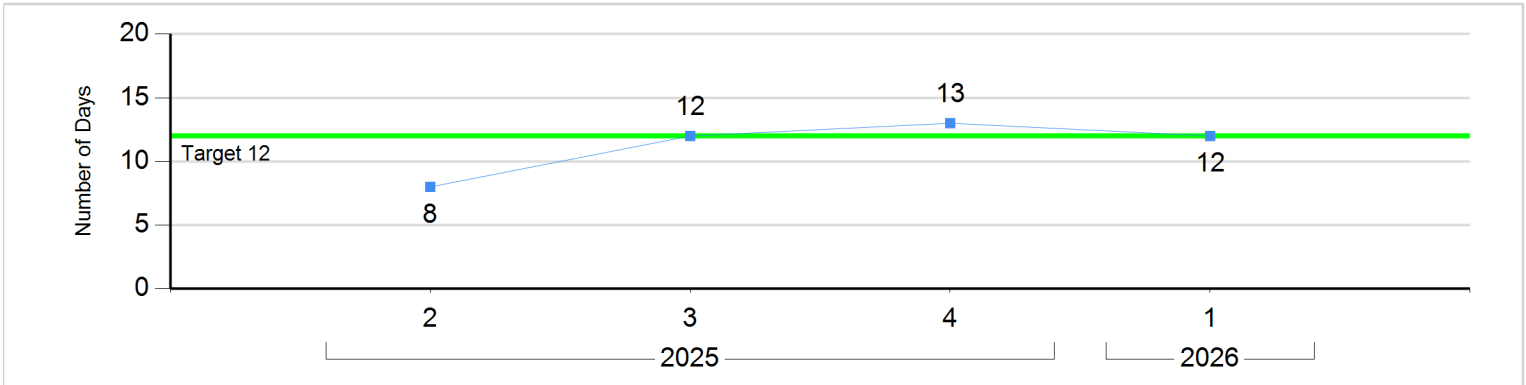
**Dollars Paid by Service Group (Purchased Services)**

Year	2025			2026
Quarter	2	3	4	1
Electronic Monitoring Systems	\$4,448	\$4,991	\$3,727	\$3,612
Home Care Assistance	\$62,373	\$59,660	\$60,939	\$46,473
Home Delivered Meals	\$75,195	\$65,811	\$69,958	\$55,620
Home Medical Equipment	\$25,646	\$20,527	\$19,362	\$20,644
Home Modification	\$35,819	\$31,576	\$32,134	\$30,621
Independent Living	\$309	\$0	\$406	\$0
Laundry Service	\$2,996	\$1,255	\$1,415	\$1,988
Transportation	\$20,258	\$12,599	\$15,809	\$10,899
<b>All Services</b>	<b>\$227,044</b>	<b>\$196,419</b>	<b>\$203,749</b>	<b>\$169,857</b>



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

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



**Home Care Provider Network Referrals and Capacity**

Year	Quarter	#Clients in Need of HCA & CDC or AddnAide	#Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	% of Clts Receiving Traditional HCA	% of Clts Receiving CDC or AddnAide
2025	2	3,065	23	1%	81%	18%
2025	3	3,039	47	1%	80%	19%
2025	4	2,830	70	3%	76%	21%
2026	1	2,871	41	1%	77%	22%

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

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	98.71%	98.79%	99.23%	98.88%
Good Choice of Meals Available	96.51%	97.11%	98.64%	97.07%
Distinct Clients Surveyed	743	650	586	609

**Medical Transportation - Client Satisfaction Survey Results**

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	97.01%	100.00%	96.35%	96.62%
Service Returns Client Home Promptly	95.63%	100.00%	89.33%	99.03%
Distinct Clients Surveyed	111	30	64	53

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

Year	2025			2026
Quarter	2	3	4	1
Overall Satisfaction	95.94%	95.40%	96.47%	96.14%
Aide is Dependable	95.12%	93.09%	94.88%	92.80%
Distinct Clients Surveyed	686	661	608	677

<sup>1</sup> Beginning in 04 2025, the measure for days taken to complete the initial assessment has been reconfigured. All previously reported data has been recalculated using the new scoring method to ensure consistency across reporting periods.



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

<b>Referrals</b>				
<b>Year</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>
<b>Quarter</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>
Number of Members Assisted	36	34	14	23
Over the Counter (OTC)	35	32	14	21

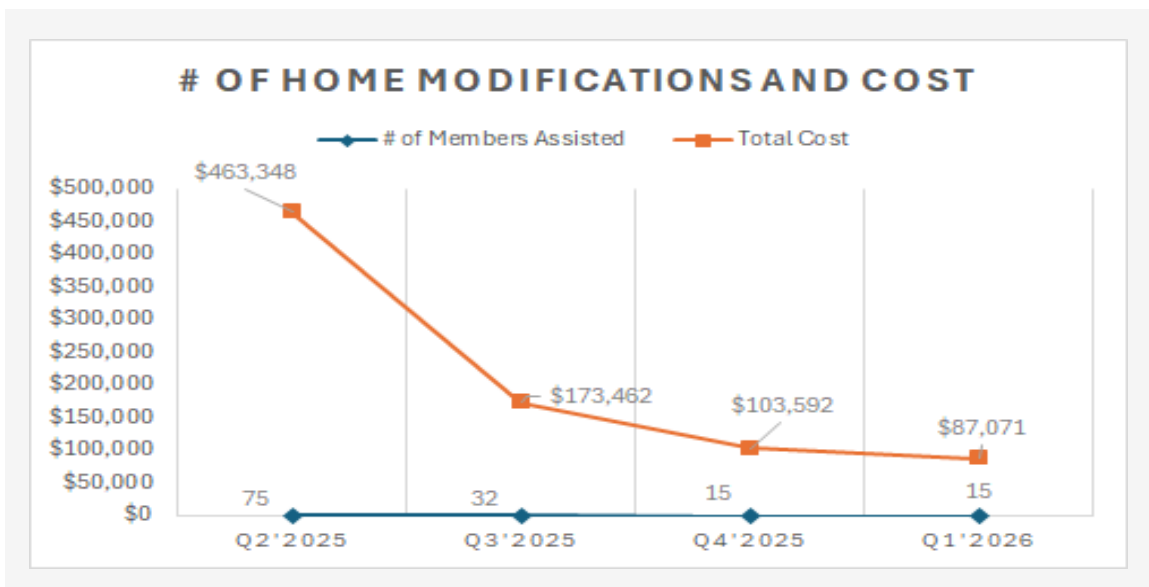
<b>Number of Qualified Customers to Receive Service through Insurance</b>				
<b>Year</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>
<b>Quarter</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>
Emergency Response Service	14	14	1	0
Medical Transportation (Estimated Average)	22	21	4	23

<b>Total Cost Savings by Quarter</b>				
<b>Quarter _ Year</b>	<b>Q2_2025</b>	<b>Q3_2025</b>	<b>Q4_2025</b>	<b>Q1_2026</b>
Total Cost Savings(as of qtr. end date)	\$11,085	\$10,772	\$1,552	\$7,198

<b>Total Annual Cost Savings</b>	<b>2025</b>	<b>2026</b>
	<b>\$40,127</b>	<b>\$7,198</b>

**Steps to Stability Clients Served and Cost**

Home Modification				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Number of Members Assisted	75	32	15	15
Total Cost	\$463,348	\$173,462	\$103,592	\$87,071



Duke Energy - Electric and Gas Utility Credits *				
Year	2025	2025	2025	2026
Quarter	Q2	Q3	Q4	Q1
Number of Members Assisted	947	0	0	0
Total Cost	\$469,000	\$0	\$0	\$0

\* The Duke Energy Utility Credit Assistance Program ended in Q3 2025 after all available funds were exhausted. The program reopened on May 27, 2026 (Q2 2026).



**Hamilton 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>	
<b>Revenue</b>					
Tax Levy Appropriations	\$28,670,715	\$30,468,263	(\$1,797,548)	-5.9%	
<b>Federal and State Funding</b>					
Title III B - Supportive Services	\$3,184	\$81,872	(\$78,689)	-96.1%	
Title III C2 - Home Delivered Meals	110,465	382,740	(272,275)	-71.1%	
Title III E - Caregiver Support	57,183	111,608	(54,425)	-48.8%	
Alzheimer's	483	2,261	(1,777)	-78.6%	
Nutrition Services Incentive Program (NSIP)	56,819	250,897	(194,078)	-77.4%	
Senior Community Services	106,454	109,905	(3,451)	-3.1%	
Other Federal (ARPA HC Utilities)	673,985	-	673,985	100.0%	
<b>Client Contributions</b>					
Client Donations	1,145	2,909	(1,764)	-60.6%	
Client Cost-share	367,134	417,191	(50,058)	-12.0%	
<b>Total Revenue</b>	<b>\$30,047,566</b>	<b>\$31,827,646</b>	<b>(\$1,780,079)</b>	<b>-5.6%</b>	
<b>Expenses</b>					
<b>Operating Expenses</b>					
Administrative	\$1,789,702	\$1,939,481	\$149,779	7.7%	
Intake & Assessment	444,446	405,843	(38,603)	-9.5%	
Fast Track Home Case Management	1,957,185	1,474,500	(482,684)	-32.7%	
Case Management	4,691,400	4,663,209	(28,191)	-0.6%	
<b>Total Operating Expenses</b>	<b>\$8,882,733</b>	<b>\$8,483,033</b>	<b>(\$399,700)</b>	<b>-4.7%</b>	
<b>Purchased Services</b>					
Home Care Assistance	\$7,605,605	\$8,262,503	\$656,897	8.0%	
Respite Services	60,851	60,000	(851)	-1.4%	
Consumer Directed Care	1,808,593	2,518,286	709,693	28.2%	
Laundry Service	278,404	275,630	(2,774)	-1.0%	
Independent Living	229,725	234,440	4,715	2.0%	
Minor Home Modification	286,060	254,163	(31,897)	-12.5%	
Pest Control	24,650	13,396	(11,255)	-84.0%	
Major House Cleaning	14,250	7,000	(7,250)	-103.6%	
Home Medical Equipment	208,371	245,404	37,033	15.1%	
Emergency Response Systems	442,518	473,985	31,467	6.6%	
Home Delivered Meals	6,205,993	7,031,630	825,637	11.7%	
Adult Day Service	452,814	589,960	137,145	23.2%	
Adult Day Transportation	68,423	92,938	24,515	26.4%	
Medical Transportation	936,102	1,195,565	259,463	21.7%	
Non-Medical Transportation	302,310	355,353	53,043	14.9%	
Transportation Coordination	266,178	282,693	16,514	5.8%	
Steps to Stability	1,673,985	1,151,670	(522,316)	-45.4%	
Senior Homeless Medical	250,000	250,000	0	0.0%	
Guardian Gap Program	50,000	50,000	0	0.0%	
<b>Gross Purchased Services</b>	<b>\$21,164,833</b>	<b>\$23,344,613</b>	<b>\$2,179,780</b>	<b>9.3%</b>	
<b>Gross Program Expenses</b>	<b>\$30,047,566</b>	<b>\$31,827,646</b>	<b>\$1,780,080</b>	<b>5.6%</b>	
<b>Client Census</b>	<b>*</b>	<b>4,306</b>	<b>4,598</b>	<b>292</b>	<b>6.4%</b>
<b>Cost of Services per Client</b>	<b>\$388.83</b>	<b>\$403.70</b>	<b>\$14.88</b>	<b>3.7%</b>	

\*Projected year end census

## 1. Census Trends

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

## 2. Service Trends

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

## 3. FTH Census Trends

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

## 4. FTH Service Trends

- A. Other Services includes Pest Control.

## 5. Unit of Measure Descriptions by Service

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

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

## 7. Benefit Cost Savings:

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

<b>LATEST COA PROJECTION: May 2026</b>							
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>5-Year Total</b>	
	<b>2023 Actual</b>	<b>2024 Actual</b>	<b>2025 Actual</b>	<b>2026 Projected</b>	<b>2027 Projected</b>		
<b>Revenue</b>							
Beginning Fund Balance	26,634,426	21,731,120	20,349,955	18,248,602	15,385,142	26,634,426	
Levy Revenue (Cash Basis)	27,129,420	27,773,502	27,658,335	27,658,335	27,658,335	137,877,927	
<b>COA Levy Draw</b>	<b>30,461,910</b>	<b>28,018,931</b>	<b>28,711,682</b>	<b>28,670,715</b>	<b>28,972,715</b>	<b>144,835,953</b>	
Title III and State Funding (Accrual Basis)	2,094,161	2,335,372	340,289	334,587	1,359,477	6,463,886	
Other Revenue	62,717	-	-	673,985	-	736,702	
Client Donations (Accrual Basis)	3,263	3,512	1,039	1,145	1,393	10,353	
Client Co-Payments (Accrual Basis)	472,867	441,982	364,279	367,134	379,419	2,025,680	
Total Revenue to support ESP	33,094,917	30,799,797	29,417,289	30,047,566	30,713,004	154,072,573	
<b>Total Available Revenue (incl. previous year carryover)</b>	<b>56,396,854</b>	<b>52,285,488</b>	<b>48,713,897</b>	<b>47,283,788</b>	<b>44,783,766</b>	<b>173,748,974</b>	
<b>COA Operational Expenses</b>							
Provider Services ESP (Accrual Basis)	23,617,511	22,330,080	18,542,472	18,095,070	18,982,234	101,567,368	
Healthy Aging Grant	(610,914)	(1,881,828)	-	-	-	(2,492,742)	
Provider Services FTH (Accrual Basis)	838,829	728,559	811,925	829,599	899,793	4,108,705	
Intake & Assessment (Accrual Basis)	56,049	121,258	284,190	444,446	453,869	1,359,812	
Care Management (Accrual Basis)	4,887,480	4,876,509	4,471,374	4,691,400	4,908,928	23,835,692	
<i>FTH Care Management</i>	1,119,042	1,412,674	1,493,621	1,957,185	2,005,555	7,988,076	
<i>On-Demand Transportation</i>	167,043	220,316	290,973	266,179	291,174	1,235,685	
<i>Steps to Stability*</i>	1,000,000	862,429	1,395,584	1,673,985	1,000,000	5,931,998	
<i>Senior Homeless Medical</i>	-	250,000	300,000	250,000	250,000	1,050,000	
<i>Guardianship Gap Program</i>	-	-	-	50,000	50,000	100,000	
Program Management (Accrual Basis)	2,019,878	1,879,800	1,827,150	1,789,702	1,871,451	9,387,981	
<b>Total COA Operational Expenditures</b>	<b>33,094,917</b>	<b>30,799,797</b>	<b>29,417,289</b>	<b>30,047,566</b>	<b>30,713,004</b>	<b>154,072,573</b>	
Job and Family Services (Cash Basis)	400,000	400,000	400,000	400,000	400,000	2,000,000	
Veteran's Services (Cash Basis)	184,726	163,451	99,901	250,000	250,000	948,078	
Levy Administration (Cash Basis)	531,484	401,838	408,363	951,080	500,000	2,792,765	
Patient navigation	59,682	-	-	-	-	59,682	
Senior Homeless Medical	250,000	-	-	-	-	250,000	
Care for Caregivers	269,360	170,447	139,742	250,000	250,000	1,079,549	
<b>Total Levy Expenditures</b>	<b>34,790,169</b>	<b>31,935,533</b>	<b>30,465,295</b>	<b>31,898,646</b>	<b>32,113,004</b>	<b>161,202,647</b>	
<b>Adjustment</b>	<b>(14,734.63)</b>						
<b>Actual &amp; Estimated Fund Balance</b>	<b>21,621,419</b>	<b>\$20,349,955</b>	<b>\$18,248,602</b>	<b>\$15,385,142</b>	<b>\$12,670,762</b>	<b>12,670,762</b>	
<b>Year Ending Client Census (Includes FTH)</b>	<b>5,468</b>	<b>4,541</b>	<b>4,174</b>	<b>4,306</b>	<b>4,306</b>		
<b>Annual Clients Served</b>	<b>8,988</b>	<b>8,321</b>	<b>7,494</b>	<b>8,484</b>	<b>8,306</b>		

**Assumptions:**

Since managed enrollment has been lifted, census has increased and it is projected to grow on average 12 clients each month through the end of 2026 and then remain flat. FTH census is projected at an average of 240 clients/month.

Levy revenue for 2026-2027 is projected at the level of 2025 actuals (provided by county auditor).

Title III funds blended into the program included additional ARPA funding in 2023 and 2024. Starting in 2025 title III funding reverted to pre-pandemic levels annually, (estimated at \$1,071,018) and will be blended based on the county needs. This flexibility is due to annual awards spanning over two program years. In 2026, we are administering an additional ARPA amount of \$673K for utilities assistance.

Annual non-COA expenditures are based on the county auditor projections.

Steps to Stability program replaced the Utilities and Home Modifications program. The estimated additional clients served through the expansion of the program are reflected in the projections for the remainder of the cycle. The spending in excess of the \$1,000,000 approved through the county is due to additional ARPA funding awarded.

Intake & Assessment expenses are based on budgeted salaries and increased assessment needs due to removal of enrollment restrictions; Care Management expenses are projected based on a PMPM cost + EMR cost.

Provider Services are forecasted on a Cost per Client basis, with increases every October according to RFP rates.

We are projecting \$50,000/year starting in 2026 for the Guardianship program.

<b>LATEST COA PROJECTION: May 2026</b>						
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>5-Year Total</b>
	<b>2028 Projected</b>	<b>2029 Projected</b>	<b>2030 Projected</b>	<b>2031 Projected</b>	<b>2032 Projected</b>	
<b>Revenue</b>						
Beginning Fund Balance	12,670,762	11,291,412	10,170,520	9,107,237	7,372,509	12,670,762
Levy Revenue (Cash Basis)	28,488,085	28,488,085	28,488,085	28,488,085	28,488,085	142,440,425
<b>COA Levy Draw</b>	<b>30,442,491</b>	<b>29,626,054</b>	<b>29,558,145</b>	<b>30,229,590</b>	<b>30,983,744</b>	<b>150,840,025</b>
Title III and State Funding (Accrual Basis)	1,606,527	1,071,018	1,071,018	1,071,018	1,071,018	5,890,601
Client Donations (Accrual Basis)	1,349	1,267	1,229	1,229	1,229	6,302
Client Co-Payments (Accrual Basis)	367,181	344,792	334,530	334,530	334,530	1,715,562
Total Revenue to support ESP	30,442,491	29,626,054	29,558,145	30,229,590	30,983,744	150,840,025
<b>Total Available Revenue (incl. previous year carryover)</b>	<b>43,133,904</b>	<b>41,196,574</b>	<b>40,065,382</b>	<b>39,002,099</b>	<b>37,267,371</b>	<b>162,723,652</b>
<b>COA Operational Expenses</b>						
Provider Services ESP (Accrual Basis)	18,709,900	18,001,849	17,829,776	18,197,770	18,634,398	91,373,694
Provider Services FTH (Accrual Basis)	903,834	907,724	911,649	915,601	919,579	4,558,388
Intake & Assessment (Accrual Basis)	382,730	374,659	375,889	385,695	395,844	1,914,817
Care Management (Accrual Basis)	4,917,081	4,782,768	4,803,232	4,966,407	5,135,294	24,604,781
<i>FTH Care Management</i>	<i>2,074,096</i>	<i>2,145,036</i>	<i>2,218,459</i>	<i>2,294,452</i>	<i>2,373,105</i>	<i>11,105,149</i>
<i>On-Demand Transportation</i>	<i>299,909</i>	<i>308,906</i>	<i>318,173</i>	<i>327,718</i>	<i>337,550</i>	<i>1,592,257</i>
<i>Steps to Stability*</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>1,000,000</i>	<i>5,000,000</i>
<i>Senior Homeless Medical</i>	<i>250,000</i>	<i>250,000</i>	<i>250,000</i>	<i>250,000</i>	<i>250,000</i>	<i>1,250,000</i>
<i>Guardianship Gap Program</i>	<i>50,000</i>	<i>50,000</i>	<i>50,000</i>	<i>50,000</i>	<i>50,000</i>	<i>250,000</i>
Program Management (Accrual Basis)	1,854,941	1,805,111	1,800,967	1,841,947	1,887,975	9,190,941
<b>Total COA Operational Expenditures</b>	<b>30,442,491</b>	<b>29,626,054</b>	<b>29,558,145</b>	<b>30,229,590</b>	<b>30,983,744</b>	<b>150,840,025</b>
Job and Family Services (Cash Basis)	400,000	400,000	400,000	400,000	400,000	2,000,000
Veteran's Services (Cash Basis)	250,000	250,000	250,000	250,000	250,000	1,250,000
Levy Administration (Cash Basis)	500,000	500,000	500,000	500,000	500,000	2,500,000
Care for Caregivers	250,000	250,000	250,000	250,000	250,000	1,250,000
<b>Total Levy Expenditures</b>	<b>31,842,491</b>	<b>31,026,054</b>	<b>30,958,145</b>	<b>31,629,590</b>	<b>32,383,744</b>	<b>157,840,025</b>
<b>Adjustment</b>						
<b>Actual &amp; Estimated Fund Balance</b>	<b>11,291,412</b>	<b>\$10,170,520</b>	<b>\$9,107,237</b>	<b>\$7,372,509</b>	<b>\$4,883,627</b>	<b>4,883,627</b>
<b>Year Ending Client Census (Includes FTH)</b>	<b>4,066</b>	<b>3,826</b>	<b>3,826</b>	<b>3,826</b>	<b>3,826</b>	
<b>Annual Clients Served</b>	<b>7,826</b>	<b>7,586</b>	<b>7,586</b>	<b>7,586</b>	<b>7,586</b>	

**Assumptions:**

We have projected a 3% increase in levy collections in 2028, and then kept flat for the remainder of the cycle.

We had to reduce census by an average of 20 clients per month for the first two years of the cycle (2028-2029) and then kept it flat through the end of 2032, in order to maintain a positive balance at the end of the cycle.

Provider services are projected to increase between 2-3% yearly, based on historical rate increases.

FTH services census remains flat at an average of 240 clients served monthly.

# Hamilton County Program Update Report

June 2026

## Adult Day Services (ADS)

No change since the last report

## Emergency Monitoring Systems (EMS)

No change since the last report.

## Environmental (ENVIR)

No change 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: <b>Wednesday, April 15, 2026</b>	Elderly Services Program and Fast Track Home Home Care Assistance Service
<b>Important Dates</b>	
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	<b>Wednesday, May 27, 2026, by 11:59 a.m. EST</b>
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 change since the last report.

### **Senior Farmers Market Nutrition Program**

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

The Council on Aging (COA) received funding allocations for each county in our region based on 2025 redemption rates, reduced by 50 percent. Hamilton County received \$26, 050 in funding, which allows for 521 program recipients.

Applications for the 2026 program were open from April 22 through May 22, 2026. However, all funding allocated to Hamilton 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 change since last report

### **Medical Recovery and Extended Care Services (MRECS)**

No change since last report

### **Minor Home Modifications and Repairs (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.

### home52 Transportation Coordination

home52 is currently in the Request for Proposal (RFP) process. home52 Transportation is a transportation coordination model that combines oversight of ride scheduling and dispatching with quality contracted transportation providers. All transportation contracts approved as a result of a competitive bidding process will be between the Provider and home52.

The goal of the RFP is to attract the highest quality providers for the lowest cost while meeting the requirements and demand for services for growing needs of older adults.

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

The following timeline displays important dates-

<b>RFP 003-26 Publish Date:</b> <b>Wednesday, April 15, 2026</b>	<b>home52 Transportation Coordination: Hamilton County</b>
<b>Important Dates</b>	
<b>Bidders Conference</b>	<b>Wednesday, April 22, 2026, 2:30-3:30 EST</b>
<b>Last Day to Submit Questions in Euna Procurement (Bonfire)</b>	<b>Friday, April 24, 2026, by 2:59 p.m. EST</b>
<b>Last Day for COA to Answer Questions Submitted</b>	<b>Wednesday, April 29, 2026</b>
<b>Proposal Due Date</b>	<b>Wednesday, May 27, 2026, by 11:59 a.m. EST</b>
<b>Estimated Award Date</b>	<b>Week of July 6, 2026</b>
<b>Client Transition Period</b>	<b>September 2026</b>
<b>Tentative Contract Start Date</b>	<b>Thursday, October 1, 2026</b>

Key changes to the existing service include-

- Home52 fleet threshold increased to 6-8 vehicles before requiring umbrella coverage
- Transportation of a companion with no cost for the companion
- Replaced vehicle daily check-off form ODA 0004 to ODA 0008.

### 2026 Provider Monitoring Schedule

**HAMILTON COUNTY ESP PROVIDER MONITORING SCHEDULE**

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

Hamilton 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
Premier Transportation	Annual	4/21/2026
Active Day Cincinnati	Annual	1/22/2026
Always There Healthcare	Annual	5/13/2026
Lincoln Heights Outreach	Annual	8/20/2026
Amaramedical Health Care Services	Annual	1/12/2027
AnswerCare – Help at Home	Annual	7/8/2026
Elite Xpress Transportation LLC	Annual	11/2/2026
Arrow Heating, Cooling, and Home Maintenance	Annual	10/26/2026
Bayley Adult Day	Annual	8/21/2026
Bernens Medical Pharmacy	Bi-Ennial	11/29/2027
Comfort and Care Home Health Agency	Annual	9/4/2026
Custom Home Elevator	Bi-Ennial	7/29/2027
Guardian Medical Monitoring	Bi-Ennial	11/22/2027
Help at Home – Prime Home Care	Annual	1/13/2027
Home Care by Blackstone	Annual	2/16/2027
Bethesda Medical Transportation	Annual	9/23/2026
Home First Non-Medical	Bi-Ennial	11/29/2027
Interim HomeStyles of Greater Cincinnati	Annual	8/20/2026
Janz Medical Supplies	Annual	10/7/2026
Jewish Family Services	Annual	3/11/2026

LCD Home Health Agency	Annual	7/13/2026
Superior Home Care	Annual	4/23/2026
Meda-Care Transportation	Bi-Ennial	7/16/2026
MedAdapt Ltd.	Bi-Ennial	5/19/2027
Milt's Termite and Pest Control	Bi-Ennial	7/12/2027
Northwest Adult Day	Annual	10/20/2026
Mayerson Jewish Community Center	Annual	3/19/2026
I Care Transportation LLC	Annual	8/29/2026
Nova Home Care	Annual	10/2/2026
Day Share Senior Services	Annual	12/2/2026
Partners in Prime	Annual	6/10/2026
PWC – People Working Cooperatively	Annual	5/3/2027
Deupree Community Meals on Wheels	Annual	5/6/2026
Western Hills Home Care	Annual	6/18/2026
Senior Helpers of Southern Ohio	Annual	8/20/2026
The Center for Respite Care	Annual	7/9/2026
Shaddai Transportation	Annual	7/22/2026
Hillebrand Home Health	Annual	7/21/2026
Stateline Medical Equipment	Bi-Ennial	5/27/2026
T and R Transportation	Annual	4/29/2026
Traveling Seniors Transportation	Bi-Ennial	10/13/2026
Quality Care	Annual	9/4/2026
Valley Transport	Bi-Ennial	7/22/2026
Tri-State Maintenance	Bi-Ennial	6/4/2026
Eastern Personnel Services	Annual	10/21/2026

Up and Walk Transportation	Annual	5/27/2026
Restoration Adult Day Services	Annual	10/26/2026
A-List Cleaning and Transportation	Bi-Ennial	8/20/2026
Cincinnati Medical Transport	Bi-Ennial	5/10/2026
Timmons Tender Care	Annual	Self Term
Margaret's Hearts Adult Day	Annual	12/24/2026
Vebcom Adult Day	Annual	7/10/2026
Wesley Community Services	Annual	3/12/2026
Kemper Shuttle	Bi-Ennial	12/28/2026
Ny's Transportation	Bi-Ennial	1/13/2027

### Proposed 2026 Request for Proposals (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?





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## **Hamilton County Steps to Stability Program Guidelines Effective 1/1/2026**

The Steps to Stability Program helps at-risk older adults in Hamilton County remain in their homes by providing temporary, short-term &/or one-time assistance with utility credits and home repairs/modifications. The program eligibility and guidelines are listed below.

### **1. Application Process**

The application for home repair/modifications will be available on the COA website as long as funding is available.

The application process for utility assistance will be accepted through three primary channels for a limited period of time.

- a. COA is partnering with the Hamilton County 513Relief Bus to assist eligible individuals in applying for utility assistance.
- b. SOACT (Serving Older Adults through Changing Times) will conduct grassroots outreach to vulnerable populations and provide application assistance to individuals who are unable to attend the 513Relief Bus events.
- c. COA will provide an online application process.

### **2. Eligibility**

- a. Hamilton County resident
- b. Age 60+
- c. Household income below 300% of the federal poverty level

### **3. Utility Credit**

- a. The applicant must live at the address they are applying for the credit. The applicant's address must be aligned with the address Duke Energy has on file with the account number.
- b. Utility credit is not available annually. If the older adult &/or married couple were eligible and received a utility credit within the last year, they will not be eligible for a utility credit the following year. For example, if a utility credit was received in 2025, the individual is not eligible for a utility credit in 2026.
- c. The amount of the utility credit is as follows:
  - i. If the applicant is eligible for Ohio Home Energy and Assistance Program (HEAP), the utility credit amount is \$200.
  - ii. If the applicant is not eligible for Ohio Home Energy and Assistance Program (HEAP), the utility credit amount is \$500.

#### **4. Home Repair/Modifications**

Applicants should prioritize the most critical repairs/modifications that will keep them safe and independent in their own homes.

- a. Requests must be made by the homeowner and homeowner must reside in the home where the work will occur.
- b. Each home modification/repair request will be approved or denied based on the following reasons:
  - i. available funding
  - ii. type of work requested to be completed
  - iii. The quoted cost to complete the work exceeds the program cost cap and is not approved by a secondary reviewer.
- c. Requests will not be approved when the home modification/repair is for an item that is in working order and does not need repaired. All requests will first be evaluated by a contracted service provider. As an example, HVAC units will not be replaced based only on the age of the unit.
- d. Common requests for home modifications include; but are not limited to the following:
  - i. Grab Bars
  - ii. HVAC Repair/Replacement
  - iii. Hot Water Heater Replacement
  - iv. Ramp Installation
  - v. Stairlifts
  - vi. Patch repairs to driveway/walkways
- e. Home repair/modification cap is \$7000 without a secondary authorization.

#### **5. All services are subject to funding availability.**

**2026 Sliding Fee Scale Effective 4/1/2026**

	1 Person		2 People		3 People		4 People		5 People		6 People	
<i>FPL (100%) &gt;&gt;&gt;</i>	\$ 15,960		\$ 21,640		\$ 27,320		\$ 33,000		\$ 38,680		\$ 44,360	
<b>Copay</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>	<b>Min</b>	<b>Max</b>
<b>0%</b>	\$ -	\$ 2,083	\$ -	\$ 2,824	\$ -	\$ 3,565	\$ -	\$ 4,307	\$ -	\$ 5,048	\$ -	\$ 5,789
<b>10%</b>	\$ 2,084	\$ 2,433	\$ 2,825	\$ 3,298	\$ 3,566	\$ 4,163	\$ 4,308	\$ 5,030	\$ 5,049	\$ 5,895	\$ 5,790	\$ 6,760
<b>20%</b>	\$ 2,434	\$ 2,784	\$ 3,299	\$ 3,774	\$ 4,164	\$ 4,764	\$ 5,031	\$ 5,756	\$ 5,896	\$ 6,746	\$ 6,761	\$ 7,736
<b>30%</b>	\$ 2,785	\$ 3,135	\$ 3,775	\$ 4,250	\$ 4,765	\$ 5,365	\$ 5,757	\$ 6,482	\$ 6,747	\$ 7,597	\$ 7,737	\$ 8,712
<b>40%</b>	\$ 3,136	\$ 3,486	\$ 4,251	\$ 4,726	\$ 5,366	\$ 5,966	\$ 6,483	\$ 7,208	\$ 7,598	\$ 8,448	\$ 8,713	\$ 9,688
<b>50%</b>	\$ 3,487	\$ 3,837	\$ 4,727	\$ 5,202	\$ 5,967	\$ 6,567	\$ 7,209	\$ 7,934	\$ 8,449	\$ 9,299	\$ 9,689	\$ 10,664
<b>60%</b>	\$ 3,838	\$ 4,188	\$ 5,203	\$ 5,678	\$ 6,568	\$ 7,169	\$ 7,935	\$ 8,660	\$ 9,300	\$ 10,150	\$ 10,665	\$ 11,640
<b>70%</b>	\$ 4,189	\$ 4,539	\$ 5,679	\$ 6,154	\$ 7,170	\$ 7,770	\$ 8,661	\$ 9,386	\$ 10,151	\$ 11,001	\$ 11,641	\$ 12,616
<b>80%</b>	\$ 4,540	\$ 4,890	\$ 6,155	\$ 6,630	\$ 7,771	\$ 8,371	\$ 9,387	\$ 10,112	\$ 11,002	\$ 11,852	\$ 12,617	\$ 13,592
<b>90%</b>	\$ 4,891	\$ 5,241	\$ 6,631	\$ 7,107	\$ 8,372	\$ 8,972	\$ 10,113	\$ 10,838	\$ 11,853	\$ 12,703	\$ 13,593	\$ 14,568
<b>100%</b>	\$ 5,242	\$ 5,593	\$ 7,108	\$ 7,583	\$ 8,973	\$ 9,573	\$ 10,839	\$ 11,564	\$ 12,704	\$ 13,554	\$ 14,569	\$ 15,544

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

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

**Condition 1. Provider Qualifications**

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

**Condition 2. Reporting**

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

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

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

### **Condition 3. Documentation**

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

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

**Condition 4. Billing**

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

**Condition 5. Monitoring**

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

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

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

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

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

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

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

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

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

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

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

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

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

**2.5** Removal of conditionally hired volunteers and applicants:

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

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

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

**1.0 OBJECTIVE**

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

**2.0 UNIT OF SERVICE**

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

**3.0 PROVIDER REQUIREMENTS**

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

according to the approved care plan.

#### **4.0 SERVICE DELIVERY**

- 4.1 The Provider must maintain dated documentation to support services delivered and billed. The provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
  - a. Date of service delivery
  - b. A description of the service tasks performed
  - c. The printed name of the HCA aide providing services
  - d. The HCA aide's arrival and departure time
  - e. The HCA aide's written signature to verify the accuracy of the record
  - f. The client's or client's caregiver's signature for each episode of service delivery
  
- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
  - a. Date of service delivery
  - b. A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
  - c. Name of the aide providing the service. If the provider utilizes a unique identifier assigned to each aide, the provider must supply the list of identifiers assigned to each name.
  - d. The aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
  - e. The aide's electronic signature
  - f. The client's or client's caregiver's electronic signature.
  
- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.1.
  
- 4.4 The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record with prior approval of Care Manager.
  
- 4.5 Documentation:
  - a. Client missed visits: If a client misses consecutive visits in accordance with their authorized plan service, with or without prior notice to the provider, the provider shall notify the Care Manager by entering a case note in the provider portal.
  - b. Temporary schedule changes: If the client cancels their service on a temporary basis, for example client has an appointment on a service delivery day and the service needs to be rescheduled, the provider will notify Care Manager by entering a case note in the provider portal. Services must be rescheduled for another day within the frequency of the Service Authorization.
  - c. Permanent schedule changes: Educate client on notifications to the Care Manager for all permanent schedule changes. Client or representative must notify Care Manager of requests to make a permanent schedule change.
  - d. Aide no-show: In the event of an aide no-show, communication must be made to the client

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

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

## **5.0 SUPERVISORY OVERSIGHT**

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

## **6.0 PERSONNEL REQUIREMENTS**

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

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

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

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

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

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

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

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

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

## 7.0 PROVIDER QUALITY MEASURES

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

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

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

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

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

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

## Attachment A

Home Care Assistance Training Program.

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

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

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

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

**1.0 OBJECTIVE**

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

**2.0 UNIT OF SERVICE**

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

**3.0 PROVIDER REQUIREMENTS**

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

**4.0 SERVICE DELIVERY**

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

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

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

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

## **5.0 SUPERVISORY OVERSIGHT**

5.1 A supervisory visit must be conducted if the following issues arise:

- a. A Major Unusual Incident
- b. Health and safety issue

5.2 A supervisory telephone call must be conducted if the following issues arise:

- a. Client dissatisfaction with their authorized plan or service delivery
- b. Any event that may lead to a disruption of service
- c. Aide performance issue

5.3 An in-home supervisory visit or supervisory telephone call must be documented. The aide need not be present during the visit or call. Documentation shall include:

- a. The in-home visit documentation must include the date of the visit, action steps to avoid service disruption, the printed name and signature of the Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
- b. The telephone call documentation must include the date of the call, action steps to avoid service disruption, the name of the Supervisor and name of the client.

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

## **6.0 PERSONNEL REQUIREMENTS**

6.1. The provider must maintain records on every staff member and volunteer who provides service to ESP clients which includes:

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

iv. COA ESP Code of Ethics

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

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

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

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

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

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

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

## 7.0 PROVIDER QUALITY MEASURES

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

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

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

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

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

## Attachment A

Home Care Assistance Training Program.

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

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

## home52 TRANSPORTATION SERVICE SPECIFICATIONS

Effective October 1, 2026

### 1.0 OVERVIEW

home52, LLC, is a wholly owned non-profit subsidiary of the Council on Aging (COA). As a subsidiary of COA, all the programs and services provided through home52, LLC, utilize services provided by COA, including but not limited to Provider Services, Communications and Fiscal/Accounting Services. home52 Transportation is a transportation coordination model that is person-centered, focusing on mobility limitations and matching mobility needs with the appropriate type of transportation. This transportation coordination service includes on-demand and pre-scheduled trips (right type of vehicle, closest to the member, at the right time for the cheapest cost) along with added support through rider notification, real-time ride tracking and quality door-through-door transportation service. Transportation access is a social determinant of health for many vulnerable populations including older adults and adults with disabilities.

The home52 Transportation Coordination Center model allows older adults and disabled adults with mobility limitations an opportunity to exercise their independence by providing person-centered transportation for both non-emergency medical and non-medical services in the community. This transportation coordination model has been proven to have a positive impact on health outcomes as reported by members served. Through utilization of a single transportation management system (TMS), home52 can coordinate transportation so that members of the contracted county can receive transportation services directly from contracted providers, who are considered third party transportation providers, for the lowest cost that meets the member's needs. The home52 transportation coordination center provides transportation coordination services for multiple funders who desire to provide person-centered transportation coordination to address the mobility limitations of their members. Each funder determines the requirements for trip authorizations (ESP members are authorized for limited transportation trips by Care Coordinators monthly).

home52 will provide transportation coordination services and contract directly with Providers to provide transportation for members to assist with medical transportation and other transportation as authorized. Transportation coordination aims to reduce no-show rates for medical providers and reduce Urgent Care visits, 9-1-1 calls and emergency room trips. The Coordination Center will assist customers with scheduling same day rides to support continuity of care and provide additional ride support like door-to-door or through-the-door assistance if needed. Coordination aims to reduce deadhead miles for Provider, allowing Provider to transport customers in proximity and potentially increase opportunities for additional business. home52's transportation coordination service has measurable benchmarks and reporting requirements to determine if we are making an impact on access to transportation and improved health outcomes.

home52 will schedule and dispatch trips to Providers through the TMS. The TMS currently being used by home52 is a Momentm Technologies system called NovusMED, and the corresponding applications used by Providers are DriverMate, NovusMED Driver and Trip Broker. Providers are responsible for a licensing support fee of Ten Dollars (\$10.00) per vehicle weekly. Providers will receive initial training on how to download the software from the app store and use the applications. Providers are responsible for IT support for their smart devices and map updates. home52 and Providers will collaborate on driver schedules to ensure adequate coverage of both ambulatory and non-ambulatory vehicles to serve our members daily. The coordination center communicates regularly with drivers to ensure trips are

successful. COA randomly completes member feedback surveys to ensure service of both the coordination center and Provider meet the performance benchmarks. In a person-centered model, members have the right to refuse to be transported by a Provider. The TMS distributes trips based on the mobility needs of the rider (ambulatory vs. non-ambulatory), location of appropriate vehicle and timing of appointment as well as the cost of the trip. Ridership fluctuates from day-to-day and there is no guarantee that Providers will be assigned trips. Provider acknowledges and agrees that home52 only coordinates such services and that home52 coordinates such services with other transportation providers. Accordingly, nothing within this service structure, nor within the Provider Agreement, requires home52 to contact Provider in home52's transportation coordination efforts.

## **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 all transportation costs associated with the trip including administrative costs, training, and documentation time.
- 2.4 Additional units require prior authorization from home52.
- 2.5 Transportation Services must be authorized by home52.
  - a. Trips that are unallowable are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and marijuana.
- 2.6 Transportation of a companion/assistant with advance notice to the Provider is to be accommodated with no cost for the companion/assistant.
- 2.7 Provider shall provide only the services for which it is certified and as delineated on the Rate Schedule and Service Zones.
- 2.8 Provider shall not, without prior written approval from home52, discontinue providing services or discontinue zone(s).

## **3.0 REIMBURSEMENT FOR SERVICES**

- 3.1 Provider will be paid at the rate specified in Rate Schedule upon providing the authorized units of service in accordance with the agreement. Provider must use the home52 TMS software, and approved process, as documentation of home52 services provided for payment. Provider is responsible for regular review of home52 TMS records used for payment purposes.
- 3.2 Provider will be reimbursed weekly via Electronic Funds Transfer (EFT), contingent upon the conditions of this agreement being met. home52 will issue reimbursement payment directly to the Provider, minus any TMS licensing support fees.
- 3.3 Providers are expected to review the services provided weekly through Trip Broker and bring any disputes to the attention of the home52 Billing Specialist or Manager within 5 days of payment for services. home52 will make every attempt to pay Providers weekly (one week after services are provided) whenever possible, but no later than monthly.

- 3.4 Provider shall assume toward home52 all obligations and responsibilities that COA assumes under Resolution #51, Agreement between the Board of County Commissioners, Ohio and The Council on Aging of Southwestern Ohio "Underlying Contract". home52 shall have the benefit of all rights, remedies, and redress against Provider that the County, under the Underlying Contract, has against COA, to the extent applicable to this Agreement.

#### 4.0 PROVIDER REQUIREMENTS

- 4.1 The Provider must furnish evidence of a service back-up plan to provide service when a vehicle becomes disabled.
- a. Providers are expected to transport in inclement weather unless otherwise notified by home52 that transportation services are cancelled.
  - b. home52 reserves the right to cancel transportation services due to anticipated safety concerns related to inclement weather.
- 4.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.101 of the Ohio Revised Code.
- 4.3 The Provider must bill using rates established in the Provider's contract.
- 4.4 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle. [home52 Transportation Insurance Requirements](#).
- 4.5 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.
- 4.6 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the highway patrol safety inspection unit, 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
- 4.7 Annual Vehicle Inspection, as applicable to the vehicle inspected. A legible copy of the inspection is to be kept in the vehicle.
- 4.8 The Provider must assure that the vehicle has identifying information for the client that identifies the vehicle as a Transportation Provider, as well as home52 signage on each vehicle. This may be done through a decal or dashboard sign.
- 4.9 The Provider must assure that all vehicle drivers have photo identification badges or uniforms identifying them as employees of the Provider.
- 4.10 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.
- 4.11 The Provider must have an approved device in the vehicle that can operate the Transportation Management System (TMS). The TMS requirements and features include:
- a. Drivers must be signed into the system when dispatched to pick up rider and at the time of transport.

- b. Tracks available vehicles and dispatches the closest available vehicle.
  - c. Allows driver to communicate with the transportation coordinators, caregivers, medical providers and clients.
  - d. Allows transportation coordinators to schedule trips and dispatch drivers.
  - e. Maintains the trip logs, including pick-up and drop-off locations, date and time of pick-up and drop off, name of the driver, and name of the client, vehicle number.
  - f. Failure to keep and use the approved device for use with transportation management system will result in rejecting the claim for payment. Drivers must contact the coordination center immediately when experiencing software issues. home52 reserves the right to reassign remaining trips and remove driver from the schedule until device is functioning properly.
  - g. Provides billing information to the transportation coordination entity.
  - h. Allows the transportation coordination entity to access, schedule rides, dispatch and communicate with the driver.
  - i. Is mounted in such a way that does not obscure the drivers view of the road, mirrors, or peripheral views.
- 4.12 In the event of systems failure, the Provider must document and maintain a record of each trip per the requirements outlined in 4.11(e) and notify home52 immediately for further instructions.
- 4.13 The Provider must have a policy in place prohibiting any alcohol and drug use and have testing protocols in place for all drivers pursuant to USDOT Rule 49 CFR Part 40. (<https://www.transportation.gov/odapc/part40>)
- 4.14 The Provider must have a primary business telephone listed under the name of the business, locally, and/or a toll-free number available through directory assistance that allows for reliable, dependable and accessible communication.
- 4.15 The Provider must not operate the business in violation of any applicable federal, state, or local laws and regulations or established guidelines of home52 as identified in the Agreement.
- 4.16 Provider shall notify COA's Provider Services Department or their designee immediately in the event it becomes aware of any such actual or proposed debarment, suspension, ineligibility, or voluntary exclusion.
- 4.17 The Provider shall conduct the free database reviews and BCII criminal records check of all volunteers, applicants and existing employees providing direct care to home52 clients. Direct care is defined as any in-person contact with one or more clients who receive home52 service or any access to a client's personal property or personal records. (See [ESP Free Database Reviews and BCII Criminal Records Check](#) Rule for details).
- 4.18 The Provider must utilize the home52 TMS system, which is used to maintain dated documentation to support services delivered and billed. Documentation must include client or caregiver signatures, or electronic verification as outlined in the Service Specifications. The Provider must utilize home52 TMS for service provision, invoicing, and other related home52 activities.
- 4.19 If rider is unable to sign for service delivery, provision should be made for acceptance of the

rider's initials or signature of choice.

- 4.20 The Provider is responsible for regular review of TMS records used for payment purposes. The Provider is responsible for bringing any potential discrepancies to the attention of the home52 Transportation Manager, or their designee. Provider must report billing &/or payment issues within five days of receiving payment.
- 4.21 The Provider must obtain written approval from COA's Privacy Officer to release client-specific information to sources outside of home52.
- 4.22 The Provider must have a signed current contract with any agency or persons with whom they subcontract to provide direct care services to home52 clients. Provider must incorporate requirements identified in the Agreement with home52 as part of any subcontract.
- 4.23 The Provider must, upon request of home52, furnish evidence that all subcontractors and their employees who provide services to home52 clients meet applicable personnel requirements.
- 4.24 Providers are required to have a designated person on staff who is responsible for IT support of Provider devices and home52 software access through devices.

## **5.0 DRIVER REQUIREMENTS**

- 5.1 The Provider must maintain records on every staff member and volunteer who provides services to any home52 rider which includes:
  - a. A resume or application outlining work history and training
  - b. A signed and dated job description
  - c. Results of free database and BCII/FBI checks
  - d. Skills Testing and Return Demonstration
    - i. Client transfers
    - ii. Wheelchair lift operation; and
    - iii. Restraint application
  - e. 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
  - f. Universal precautions for infection control.
  - g. Evidence of performance appraisals, signed and dated by the staff member
  - h. Prior to service delivery, all drivers will be required to attend training for the TMS system used by the transportation coordination center for scheduling, dispatch and communication with clients and transportation coordination staff.
  - i. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to riders through home52. 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 (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 ([Chapter 4506 - Ohio Revised Code | Ohio Laws](#)) or 4507 ([Chapter 4507 - Ohio Revised Code | Ohio Laws](#)) of the Ohio Revised Code or their equivalent if the operator is a resident of another state.
  - l. Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
  - m. Provide a valid copy of a signed statement from a licensed physician acting within the scope of the physician's practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.
- 5.2 Have followed DOT regulations related to required drug testing before and during employment (USDOT Rule 49 CFR Part 40 (<https://www.transportation.gov/odapc/part40>)).
- 5.3 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.
  - c. All trainings requiring renewal must be kept up to date.

Note: As home52 contracts with new funders to provide transportation services, we reserve the right to change, add or remove driver training to meet contractual requirements.

Note: As applicable, must meet ambulette licensure requirements by the Ohio Medical Transportation Board.

## 6.0 CONDITION SERVICE DELIVERY

- 6.1 The Provider must supply evidence of the ability to meet all requirements of home52 Transportation.
- 6.2 The Provider must initiate services on the date specified or on a negotiated start date. All direct transportation services must take place on the date dispatched through the home52 TMS or as scheduled with the Provider.
- 6.3 The Provider must deliver services in compliance with the Service Specification(s), and in accordance with any directives provided by home52 Transportation.
- 6.4 The Provider will consult with home52 Transportation regarding any potential service disruptions that impact pre-scheduled trips and/or dedicated vehicle commitments within 24 hours of the event that will cause the disruption. The Provider will consult with home52 for long-term, temporary or permanent disruptions. Notification may be by telephone (855-546-6352 opt 1) or email ([transportation@home52.org](mailto:transportation@home52.org)).
- 6.5 The Provider must notify home52 Transportation as soon as safely possible, via the TMS system

or by phone (855-546-6352 opt 1), of a known change in client status, needs, or location.

- 6.6 Providers are expected to have backup plans for expected and unexpected driver absences and should contact home52 immediately when the backup plans aren't an option to allow home52 to make alternative arrangements.
- 6.7 The Provider must participate in home52 Transportation and Provider problem resolution to promote continuing service delivery prior to any disruption in service delivery. This may include case conferencing in person or telephone.
- 6.8 The Provider if terminating, being purchased by, or merged with another entity must furnish written notice to COA's Provider Services Department at least ninety (90) days prior to the termination, effective merger or purchase date. home52 will determine if and how clients will be informed of any service Provider changes.

## **7.0 QUALITY STANDARDS**

- 7.1 All Providers engaged in business with home52 are expected to attain and maintain quality standards set by the transportation coordinator and/or its funders.
  - a. Provider no show (includes failure to wait) rates will be less than 5%
  - b. Provider on time rates will be greater than 95%
  - c. Providers will wait 15 minutes for a client to arrive and will contact the dispatch center before leaving the area.
  - d. Providers will offer hands-on assistance through the door and with equipment for all passengers.
  - e. Client satisfaction rates for transportation will average 95% or higher.
- 7.2 Timeliness - Arriving to points dispatched within an acceptable window of time. All transportation coordination appointments are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
- 7.3 Pick Up - All transportation Providers/drivers are expected to arrive at the pick-up location at the predetermined time with the correct vehicle type. Drivers are expected to assist the client, from inside of the building, office, or home into the vehicle, unless otherwise directed. Drivers are expected to wait a minimum of 15 minutes for the client to notify the driver that they are ready.
- 7.4 Drop Off - All transportation Providers/drivers are expected to arrive at the drop-off location at the predetermined time with enough time to allow for client unloading to meet the scheduled appointment time. Drivers are expected to assist the client, into and out of the vehicle and office building, unless otherwise directed.
- 7.5 Securing the Passenger - All passengers in any vehicle operated under dispatch are to be properly secured in the vehicle with the proper seatbelts and restraints. All cargo (mobility aids, oxygen tanks, medical equipment) must be properly secured to prevent any movement during transport.
- 7.6 Proper Escorting Technique:

- a. All hands-on escorting of all passengers including entry and exit of the vehicle must be done in compliance with training received.
  - b. Assist in transfer or escort of all clients safely unless the client specifically refuses the assistance. The TMS will indicate when a passenger MUST receive hands-on escorting regardless of client choice to ensure passenger safety. This may occur when the passenger has a memory impairment or health condition that requires hands-on support for heightened safety.
  - c. Assistance means providing hands-on assistance from inside the client's home to the destination point, which may be inside a medical facility.
  - d. The Provider must perform the same transfer assist service when transporting the client back to the client's residence.
- 7.7 Maintain a safety checklist that includes items listed in [Form ODA0008](#) (Rev. 07/01/2023) Daily Vehicle Inspection that must be completed by the driver prior to transporting client(s).
- 7.8 Vehicle Environment - Vehicle must be kept clean and free from debris. The passenger areas (seats and door handles) will be cleaned and disinfected after every passenger to minimize the spread of disease.
- 7.9 There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
- 7.10 Driving - All 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, sanction or contract termination.
- 7.11 It is the expectation that all clients & riders will be transported in a professional, timely, safe, clean, friendly, and appropriate manner while receiving the hands-on assistance required by this service. All complaints to the contrary will be investigated. Substantiated complaints may result in corrective action, sanction or contract termination.
- 7.12 Any instance of a driver leaving a passenger pick up location without the approval of the transportation coordinator will result in a violation of these service specifications and will trigger a full investigation and may result in corrective action, sanction or contract termination.
- 7.13 Ridesharing - Ridesharing is only to be done with the consent of the home52 Transportation coordination center.

## **8.0 COMMUNICATION**

- 8.1 Updating Transportation Coordination dispatch-all drivers and Providers are expected to notify the coordination dispatch if/when any event occurs that will delay arrival or cause a client/customer to be late for a scheduled appointment.
- a. If the client does not answer the door when the transportation arrives, and the driver has knocked, rang the doorbell and called the client (3 attempts at contact within 10 minutes), the driver will notify Transportation Coordination who will also attempt to call the client to notify them their ride is waiting
  - b. Transportation Coordination will notify the driver when they can leave because the trip is unsuccessful and transportation coordination will notify the medical Provider that the client

was not transported when required by funder.

- 8.2 Incident Reporting – Home52 providers must notify home52 Transportation Coordination Center immediately upon becoming aware of an incident. All incidents are to be reported to [transportation@home52.org](mailto:transportation@home52.org) or 855-546-6352 opt 1.
  - a. 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. Incident includes but is not limited to any event that may result in harm to property or person. If there is not a designated staff member assigned, the COA Provider Services Manager will serve as the point of contact ([Provider\\_Services@help4seniors.org](mailto:Provider_Services@help4seniors.org)).
- 8.3 Providers will be subject to audits performed by COA Provider Services Department.
- 8.4 All audit findings will be kept and used for data reporting as required by various program funders.

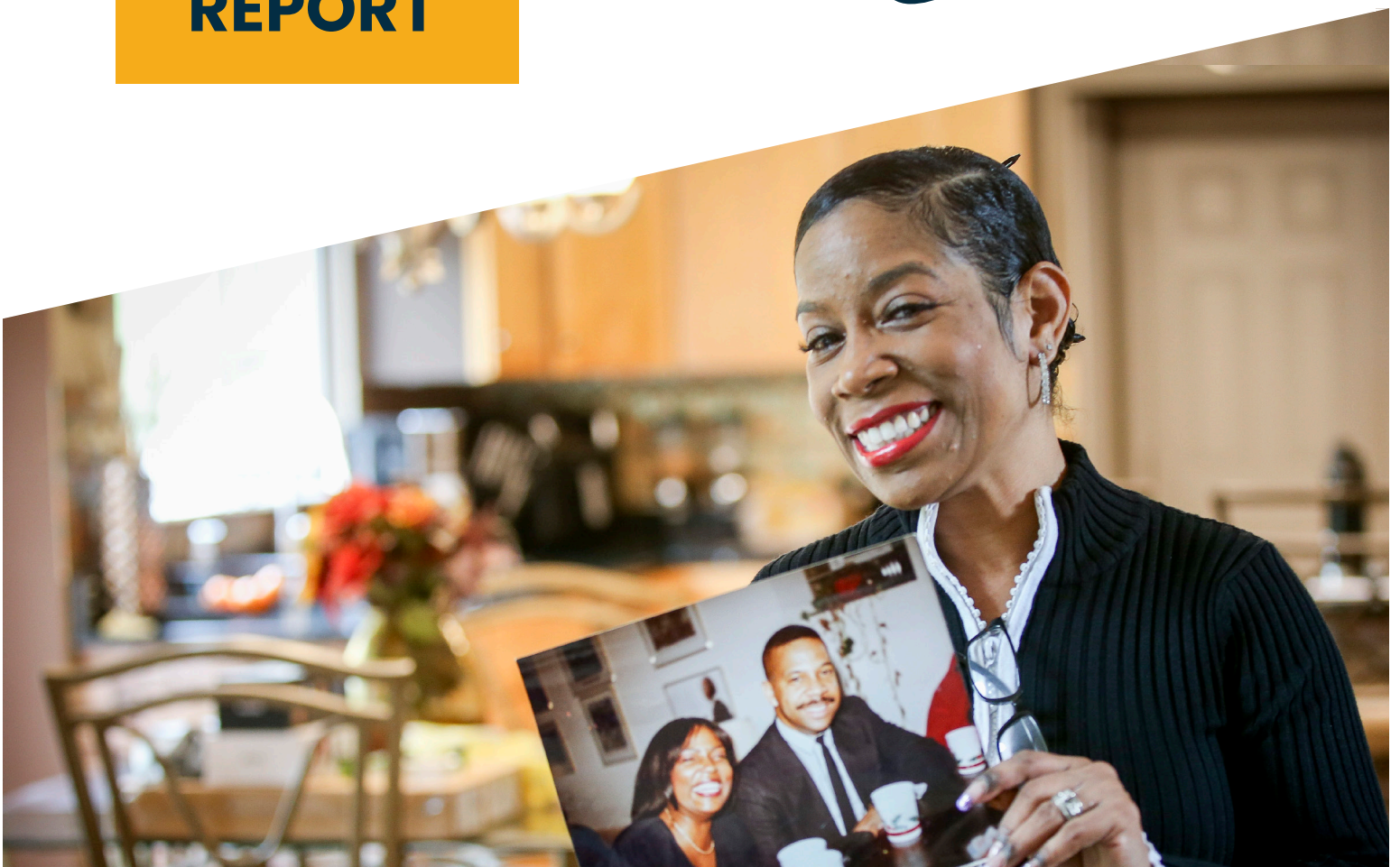


**2025**

**ANNUAL  
REPORT**

**Hamilton County**

*ESP*



# Welcome

As chair of the Hamilton County ESP Advisory Council, I am pleased to share our program's 2025 Annual Report. In 2025, ESP and the senior services tax levy that funds it served 8,484 of our friends, neighbors and loved ones.

I have good news to report: In May 2025, we were able to lift enrollment restrictions that had been in place since 2023. Though the program was not closed to new enrollments during this time, enrollment was limited to serving those most at risk for nursing home placement. Rising demand and increased costs for service delivery necessitated the enrollment restrictions. By doing so, this advisory council and ESP's administrator, Council on Aging (COA), were able to keep the program within budget while ensuring ESP served those most in need of care.

Over the last few years, care management staff have worked hard to reduce program costs without sacrificing client care so enrollment restrictions could be lifted. They achieved this by helping clients enroll in other benefit programs, such as through their Medicare Advantage plans or the VA, as well as transferring clients to other home- and community-based programs when their needs or eligibility status changed.

Because ESP is funded by the county's senior services tax levy, the advisory council works with COA to use tax dollars efficiently and serve as many eligible residents as possible. In 2025, we updated ESP's cost sharing process and piloted a new model that more

accurately reflects clients' service use, income, assets and expenses. As a result, cost share participation increased from 26% to 46%, and the new flat monthly payment makes budgeting easier for clients on fixed incomes. Cost sharing payments are reinvested in the program to help ESP serve more people.

STEPS to Stability, created by COA in 2024 in partnership with Hamilton County, helps older adults who can't get support through other programs. Designed to meet emergent or short-term needs, in 2025, it provided nearly \$1 million in utility relief and \$929,000 for urgent home repairs and modifications that helped older adults remain safely at home.

There's much more to share with you in this report, including awards, community partnerships, client stories and new care options for our county's older adults. Please take a moment to review our report. I think you'll come away with a better understanding of how ESP serves our entire community. As always, thank you for your continued support of Hamilton County ESP.



**Janice Hunter**  
Chair, Hamilton County  
ESP Advisory Council

## ESP is a Community Partnership

### Hamilton County Commissioners

Stephanie Summerow Dumas, President  
Alicia Reece, Vice President  
Denise Driehaus, Commissioner



### Hamilton County ESP Advisory Council

Janice Hunter, Chair; Dimity Orlet, Vice Chair; Angele Blackshear; Viola Brown; Randi Burlew; Janine Gage; April Harper; Holly Mundon



### Administered by Council on Aging

4601 Malsbary Road, Blue Ash, OH 45242  
(513) 721-1025, (800) 252-0155 [www.help4seniors.org](http://www.help4seniors.org)





# 2025 Client Stats

Hamilton 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.

## 8,484 Clients Served



68%  
FEMALE



32%  
MALE

48%  
MINORITIES



59%  
LIVE ALONE



\$525  
MONTHLY  
OUT-OF-POCKET  
MEDICAL EXPENSES



78%  
AGE 70+ (39 100+)



\$1,845  
MEAN MONTHLY  
INCOME



590  
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/hcesp2025](http://www.help4seniors.org/hcesp2025)

## home52 Transportation and ESP keep Cincinnati grandmother moving

Juanita doesn't like to sit still. She worked on her feet for 21 years before retiring about 10 years ago. "I like the action. I don't like to sit down all day," she said. Health challenges in recent years have slowed her down a bit and kept her from driving, but they haven't kept her stuck at home. An ESP client, Juanita qualified for rides offered through home52 Transportation — a service of Council on Aging subsidiary home52.



## Program provides home modifications and utility bill relief to county older adults

STEPS to Stability, a program created by Council on Aging in 2024, helps address common, one-time needs that can impact older adults' ability to remain independent. It meets needs that cannot be addressed by other programs and funding sources. In 2025, via the senior services levy, grants and ARPA funding provided by Hamilton County, the program provided nearly \$2 million in assistance to more than 2,000 individuals for home repairs and modifications and utility assistance. Pat, from Roselawn, received a new furnace through the program. "I was so grateful to be warm this winter," she said.

## COA partners with 513Relief Bus to connect county older adults to resources

Since 2023, staff from Council on Aging's Aging and Disability Resource Center have been traveling the county on the 513Relief Bus, connecting older adults to programs, services and supports that can help them remain independent in their homes and communities. The bus — a mobile medical and social services bus — is an outgrowth of 513Relief.org, created by Hamilton County Commissioner Alicia Reece during the pandemic. In 2025, COA staff were on the bus 44 times — including at a special September event focused exclusively on older adults and caregivers — with hundreds of older adults receiving referrals or connections to community resources.



## Hamilton County ESP adopts new cost sharing model

Hamilton 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.

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

- TriHealth, COA partner to bring new options to Hamilton County older adults
- For a Hamilton County daughter and caregiver, support provides quality bonus time at end of life
- AddnAide receives McKnight's Excellence in Technology Award

# Expenses + Revenue

## How tax dollars are spent

ESP exists thanks to the generosity of county voters. A tax levy in place since 1992 provides 96% of ESP's funding. The current 1.6-mill levy was approved by 78% of voters in 2022. It costs property owners less than \$34 per \$100,000 of property valuation annually.

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

## Revenue

Federal and State (via Council on Aging)	\$927,814
Client Donations and Cost Sharing	\$365,318
Hamilton County Senior Services Levy	\$28,711,682
<b>TOTAL REVENUE</b>	<b>\$30,004,814</b>

## Expenses

SERVICE	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	5,453	47,163 months	\$4,471,374
Home-Delivered Meals <sup>1</sup>	3,029	648,198 meals	\$6,244,275
Home Care Assistance	2,485	270,787 hours	\$7,522,393
Electronic Monitoring Systems	2,484	22,216 months of rentals	\$442,607
STEPS to Stability <sup>2</sup>	2,080	2,499 repairs and utility credits	\$1,983,109
FastTrack Home Care Transitions <sup>1</sup>	1,650	4,661 months	\$1,493,621
Transportation	1,019	31,236 one-way trips	\$1,678,713
Home Medical Equipment	904	1,586 items	\$213,331
Consumer-Directed Care	488	109,546 hours	\$2,240,801
Behavioral Health <sup>5</sup>	209	N/A	\$77,577
Laundry Service	185	3,999 jobs	\$214,587
Minor Home Repairs	131	152 repairs	\$278,398
Independent Living Assistance <sup>3</sup>	111	1,817 hours	\$203,530
Adult Day Services <sup>1</sup>	71	4,210 days	\$410,179
Medical Recovery and Extended Care Services	48	1,431 bed nights	\$300,000
Adult Day Transportation	37	3,302 one-way trips	\$85,115
Overnight Respite <sup>1</sup>	33	199 nights	\$73,367
Environmental Services <sup>4</sup>	27	56 jobs	\$38,075
Kinship Meals <sup>5</sup>	6	730 meals	\$10,558
Administration	N/A	N/A	\$1,827,150
Intake and Assessment	N/A	N/A	\$284,190
<b>TOTAL EXPENSES</b>			<b>\$30,004,814</b>

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

<sup>2</sup>Funded in part by senior services tax levy. For 2025, program included home repairs and utility assistance.

<sup>3</sup>Help with benefit applications and organizing personal and household records.

<sup>4</sup>Pest control, major housekeeping and waste removal.

<sup>5</sup>Funded by Federal Older Americans Act, drawn down by Council on Aging. Levy dollars were not used for this service.

## Additional Expenses

Hamilton County Commissioners distributed funds from the senior services levy to the following services and organizations: Care for Caregivers, \$139,742; Hamilton County Job and Family Services Adult Protective Unit, \$400,000; Hamilton County Veterans Service Commission, \$99,901.

# What is ESP?

ESP helps eligible county residents age 60 and older remain safe and independent in their homes, providing help with activities of daily living (bathing, cleaning, cooking, transportation and more), and filling gaps in care that may already be provided by family caregivers.

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

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

## Cost to Taxpayers

<b>\$525</b>	VS	<b>\$8,000+</b>
Monthly costs for ESP services		Monthly costs for nursing home care

## What is COA's Role in ESP?

As the program's operator, COA provides: eligibility assessments; care management; program development; provider management; data analytics; financial services; information technology; quality improvement; and community engagement. As a state-designated Area Agency on Aging, COA provided these additional services to county residents in 2025:

**85,364**  
requests for information and referral fulfilled

**2,096**  
individuals in Hamilton County received support to transition from one care setting to another

**5,302**  
Hamilton County residents received home- and community-based services through Medicaid funded programs

**1,866**  
eligible Hamilton County older adults enrolled in the Senior Farmers' Market Nutrition Program

**10**  
Hamilton County veterans received care management support to help them receive self-directed in-home care through the Veteran Directed Care Program

**\$2.4 million**  
in Title III funding allocated to local organizations for congregate meals, legal assistance, wellness education, caregiver support, transportation and other supportive services

Hamilton County ESP services are funded by a special tax levy. ESP does not supplant care provided by families but rather secures the necessary additional care the family is unable to provide. ESP expects families to take responsibility to care for family members to the fullest extent possible.

# 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.