

AGENDA
CCESP Advisory Council Meeting
September 21, 2021, at 9:00 am – 10:30 am

<https://councilonaging.webex.com/councilonaging/j.php?MTID=m2a1709feec42dac3e9e0bcc03dff5a4b>

Meeting number: 2345 386 9344

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CALL TO ORDER / WELCOME <ul style="list-style-type: none"> • Welcome Ray Camp 	Nicole Rodman
APPROVAL OF MINUTES <ul style="list-style-type: none"> ❖ June 15, 2021, Minutes (Action Needed) 	Nicole Rodman
QUARTERLY REPORTS <ul style="list-style-type: none"> ❖ Program Dashboard & Financial Report ❖ Provider Network Report <ul style="list-style-type: none"> - Fiscal Intermediary RFP 	Ken Wilson & Carl McCullough Jennifer Lake
OLD BUSINESS <ul style="list-style-type: none"> ❖ Levy Update 	Ken Wilson
NEW BUSINESS <ul style="list-style-type: none"> ❖ Transportation RFP Update <ul style="list-style-type: none"> ○ Service Specification Change (Action Needed) ❖ 2020 Impact (Annual) Report ❖ FY 2022 Budget Review (Action Needed) 	LaTricia Long Paula Smith Carl McCullough
HEARING THE PUBLIC	Nicole Rodman
ADJOURNMENT	Nicole Rodman

NEXT MEETING

December 14, 2021

MINUTES
CCESP ADVISORY COUNCIL MEETING
TUESDAY, JUNE 15, 2021 @ 9:00 A.M.

ATTENDANCE

Members Present: Bob Baker Gene Breckel Sue Caplinger Tim Hawk Larry Roddy Nicole Rodman Trevor Shoemaker Duane Weyand	COA Staff: Suzanne Burke Carl McCullough Randy Quisenberry Jaimie Robinson Paula Smith Ken Wilson	Guests: Stella Cramer, CCCAP
Excused:	Facilitator: Nicole Rodman	Scribe: Heather Junker
Absent:		

CALL TO ORDER / WELCOME

The June 15, 2021, meeting of the CCESP Advisory Council was called to order by Nicole Rodman, Chair, at 9:00 a.m.

MISSION MOMENT

Home Health Aide Recognition

Ken presented the Home Health Aide Recognition Mission Moment. COA has been recognizing home health aides who have been identified for providing great service by sending them a certificate. Heather shared a video highlighting this recognition.

APPROVAL OF MINUTES

Nicole Rodman called for a motion to approve the March 16, 2021, CCESP Advisory Council meeting minutes.

Motion: Gene Breckel made a motion to approve both sets of minutes as presented.

Second: Duane Weyand seconded the motion.

Action: The minutes were unanimously approved as presented.

QUARTERLY REPORTS

Program Dashboard & Financial Report

Ken reviewed the Program Dashboard for January through March 2021. There were 417 clients enrolled in the first quarter which was 22 less than the prior quarter and 46 less than the prior year. This decline is due to the disenrollment of short term clients who were receiving meals due to the pandemic. All outreach efforts were stopped due to the limited budget and the pandemic. There were 31 new enrollments and 59 disenrollments this quarter with the number one reason for disenrollment being deceased, followed by needs otherwise met, and then being admitted to a skilled nursing facility. The numbers for those individuals who moved or were no longer eligible has dropped down to normal.

The cost per client is down at \$319.40. This is due largely to the drop off in the home delivered meal cost as there isn't an abundance of 14-day shelf stable meal boxes being sent out. Other services have not come back, for example adult day it is still not operational, and those costs are baked into other services, so pandemic is still being felt in some areas.

In Fast Track Home, there were five new enrollments and eight disenrollments. Half of those went on to ESP for ongoing services. Most of those individuals were coming out of the skilled nursing facility and one came out of the hospital. Outreach was decreased in these areas due to concern about the budget and living within the budget. The average length of stay on fast track home was 48 days and the top services include home delivered meals, home care assistance, and emergency monitoring systems.

Every client that needed home care assistance was matched with a provider which is not true in any of the other counties in the region. There are significant shortages and a significant number of people that are not being matched with a provider due to the home care workforce shortage in other counties and areas of the state. Fortunately this is not the case in Clinton County ESP.

The overall SASI scores are very high for both home delivered meals and Home Care Assistance.

Carl reviewed the Financial Report. Looking at the amount of spending from the levy through the first quarter, the program will need about \$1.5 million from tax levy appropriations. Compared to the budgeted amount of \$1.6 million, the program is \$64,731 under budget for the year. The program also received about \$216,000 from other funding sources such as Title III funding, State Funding, and client copays this program year.

The Total amount of projected expenses at the end of the first quarter is \$1.7 million. Compared to the budget of \$1.7 million, the program is projected to be under budget by \$24,000.

Looking only at purchase services, the program is projected to spend \$1.3 million in the services listed. Compared to the budgeted amount of \$1.3 million, the program is under budget by \$21,000.

So far into the first quarter of the program year, expenses are tracking close to the projections. Currently the adult day facility in Clinton County is closed. The spending in this report is in the third and fourth quarter of this year. As of today, COA doesn't have any information on when they are planning on reopening.

Ken pointed out that after a review of the first quarter expenses, it does not look like a budget revision will be needed as we were anticipating. The original budget had assumed a waiting list which has not been instituted since we are seeking an increase this November. We will continue to monitor the spending throughout this year.

Provider Network Report

Randy provided an overview of the Provider Network Report. COA received tremendous support from local Emergency Management Agencies- Clinton County EMA included. The mission was to keep the seniors safe by keeping those who care for them safe.

In the last three years, COA has been able to recruit new providers for Homemaking, Personal Care and Respite because there was a capacity issue. The lion's share of the market is going to Clinton County Community Action, Gabriel's Angels, and Katy's Home Care. Clinton County Community Action has close to 50% of the market for homemaking, Gabriel's Angels has 17.76%, and Katy's Home Care has 20% of the market. For personal care, Katy's Home Care has 81% of the market and 100% of the market for respite. The market shares are spread out and that demonstrates there's a balance there and the program has the capacity to meet the need.

Clinton County Adult Day does remain closed. COA has been made aware of some staffing issues. The Advisory Council will be updated as soon as COA hear news of them reopening.

An RFP for transportation was published yesterday. The proposals submitted will be reviewed in July with a contract effective date of October 4, 2021.

Last year was COA's first year participating in the statewide Senior Farmers Market Program. COA received \$160,000 in funding for this program year. Eligible seniors receive \$50 in coupons in \$5 increments which can be redeemed at participating farmers markets for fruit, vegetables, honey and cut herbs. Clinton County Farmers Market in Wilmington is participating this year as well as That Guy's Family Farm in Clarksville.

Restaurant Meals are still going really well. Marty Beaugard with Beaugard's Southern Bar "B" Que has been wonderful to work with. COA has received national recognition for the Comfort Meal Program and was awarded the Alliance of Information and Referral System (AIRS) Award in the category of disaster preparedness.

An RFP for Title III-D Evidence Based Health and Wellness programs for all counties was issued in April 2021. The Title-III program is new for 2021 and COA is looking for a provider who can provide the following education programs to all five counties: Diabetes Self-Management, Chronic Disease Self-Management, Chronic Pain Self-Management, A Matter of Balance, and Power Tools for Caregivers. COA received one bid from Catholic Charities, and it is still being evaluated.

COA has three RFPs planned for the year: Title III-D (as previously mentioned was posted in Quarter 2), Transportation (to be posted in Quarter 2) and Minor Home Modifications (to be posted in Quarter 3). The RFP evaluations will have four categories: Financial Analysis and Stability, Organization and Capabilities overview, Personnel, Staffing and Training and their Pricing. COA puts in the criteria what they expect bidders to provide when submitting their proposal.

Randy shared some service excellence awards.

Provider Quality Report

Randy gave a brief overview of the Provider Quality Report. This report captures three sets of data: billable units, the market share by provider, and the number of clients served by provider. The end of the report lists the SASI (service adequacy satisfaction instrument) scores. Care managers survey their clients and ask them a series of questions to determine if the provider is doing a good job. These are used to identify if there's an opportunity for improvement. If there is, COA will meet with the providers to share this information with them and put a plan together to see if the provider improves.

This report now has eight quarters of data when it only used to have four. The overall scores for homemaking, personal care and respite are very strong. The three providers with the highest volume Clinton County Community Action program, Gabriel's Angels, Katy's Home Health Care.

Blackstone scored 50% when clients were asked if they are offered another aide when theirs isn't available. This shows a lot of clients aren't getting a replacement, so COA is meeting with Blackstone every other week to help them improve this.

The overall scores for home delivered meals are extremely high with Clinton County Community Action. Unfortunately, there isn't any data in regard to transportation.

Five-Year Levy Projections

Ken reviewed the Five-Year Levy Projections. These are reviewed twice a year. One thing that's unique about this report is the plan for the levy to go on the ballot this year. So, instead of five years being in the current cycle, there will be four years. The funding cycle started in 2018 with \$846,174 in the fund balance and it's projected that by the end of this year, the fund balance will have been spent down to down to \$236,362. This is why the levy increase is needed as the program has been spending more than it's generating and has had to tap into the fund balance the last couple of years.

In the next five year cycle, this is an update with what is currently being contemplated with the county commissioners to go on the ballot for an increase that would take an effect in 2022. The projected census will continue to grow slowly at the current market penetration and the five year levy cycle will end with about \$376,074 in the bank.

Market Penetration

Ken reviewed the Market Penetration. COA monitors this because it is an important factor in anticipating how many seniors in Clinton County are going to need the program services in future years. As reported previously, the market penetration is really consistent at around 43% to 44%. COA is using this market penetration to forecast how many seniors will be needing the service in the next five year levy cycle.

OLD BUSINESS

Levy Update

Ken provided an update on the Levy. The levy was on the agenda for the commissioners to vote on, but no action was taken because of vacation schedules. Once Ken hears back on when formal action will be taken by the commissioners, he will inform the Advisory Council. There is still plenty of time to get that to the Board of Elections to be able to go on the ballot for November.

Ken is starting to work on a campaign strategy and would like to schedule the first campaign meeting. He asked for volunteers to participate on the campaign committee and will send out an email later this week or early next week to everyone to see who is interested in participating. This is one of those things where many hands make for light work. Most of the work that needs to be done is some conversation about strategy of the campaign itself, assistance in getting yard signs out when they are available later this fall and making some decisions about mailers to explain what the issue is so that people are informed about what they're voting on.

Nicole asked if \$2.4 million is that amount needed as she would like to write a letter to the commissioners on behalf of the board requesting that this be placed on the ballot to help move the process forward. Ken advised that the amount is \$2.35 mills. There was discussion about the amount needed. There was consensus among all Advisory Board members to support the millage request and to send a letter of support to the commissioners on behalf of the Advisory Council.

Duane asked when the commissioners were going to vote on the issue. Ken advised that he was not sure but would let him know when it is on the agenda.

NEW BUSINESS

Caregiver Respite (Federally Funded)

Jaimie reviewed the Caregiver Respite. The caregiver support program has been running at COA for a number of years and supports all the counties that COA works with including Clinton County. The caregiver support RN helps caregivers who are dealing with any stress related or questions related to providing care. With Adult Day centers closed due to the pandemic and being slow to re-open or not even reopening at all, COA has been looking at ways to support caregiver respite stays and also use some of the funding through Title III that would normally be used for Adult Day Services.

Starting this summer, respite stays will be offered for caregivers to give them a short term break. The caregiver RN would work with the caregiver on if that's an appropriate way to provide respite and then the caregiver themselves would identify a facility for the care recipient to stay. COA would be directly invoiced for this stay after an agreement is set up for that short term stay.

Jaimie also quickly discussed Medicare Advantage Plans. These plans are growing in number, and they offer services similar to the elderly services program. A new benefit specialist position has been added at COA. This person is an expert in Medicare Advantage plans. The levy program is the payer of last resort and if clients can receive services from any other funding stream, that's what COA wants to direct them to. Medicare Advantage plans offer services similar to ESP such as transportation, personal care, and emergency response systems. In order to ensure that clients are receiving and maximizing the use

of those benefits, this new benefits specialist guides the client. They call the Medicare Advantage plans via a three way call with the client, talks to them about what the client has on their plan, and helps them move from ESP services to those services the plan covers.

Home Delivered Meals Service Specification Changes

Randy gave a brief overview of the Home Delivered Meals Service Specification changes. The dates were changed to reflect the 2020-2025 Dietary Guidelines for Americans. Also added was the option for providers to use a code for the production date instead of an actual date. Clients were confusing the production date with the use by date and throwing out good food. Providers can still use the production date if they choose to do so but now, they have another option. Communication around the drivers and care managers was streamlined if the client is not home. To align with the state, the driver can now attest to the delivery so pen and paper doesn't have to be exchanged with the client.

Motion: Gene Breckel made the motion to approve the Home Delivered Meals Service Specification Changes.

Second: Duane Weyand seconded the motion.

Action: The Home Delivered Meals Service Specification Changes were unanimously approved.

Minor Home Modification Service Specification Changes

Randy gave a brief overview of the Minor Home Modification Service Specification changes. The old specifications had a \$3,500 lifetime limit which was removed. Requirements for certain jobs were changed. For example, instead of "must" be painted, it was changed to "should" be painted as most of the time ramps are made with pressure treated wood that can't be painted for six to nine months. Language was added to make sure that pictures are absent of any HIPAA information.

Motion: Larry Roddy made the motion to approve the Minor Home Modification Service Specification Changes.

Second: Sue Caplinger seconded the motion.

Action: The Minor Home Modification Service Specification Changes were unanimously approved.

ESP Name Change

Paula discussed an ESP name change. Some members of the Butler County ESP Advisory Council suggested changing the name of the program because they feel the word "elderly" reflects an ageist view of aging. Looking at the research and trends right now, they are correct. Words like elderly, old, and senior have fallen out of favor in recent years. COA has been making a real effort to not use those words but instead use "older adult". Changing the name of a program is a serious step especially when the program has been in some counties 20 plus years. ESP is not only a name that older adults might recognize, but it's also a name that's recognized from other community members.

Some of the factors to consider: the program has been in some communities for over 20 plus years, and the phrase "help our elderly" is used when trying to pass tax levies in the counties. While some older adults don't like the use of these words, they do tug at the heartstrings of people when they're thinking about voting for an issue. By using the same name for the program across all four counties, this saves costs for printed materials and things like that. To continue these cost savings, a program name change

should apply to all counties. There are several levies coming up on the ballot this year and next. There is a two-year break in the levy cycle after 2022 and the recommendation is to wait until that time to look at this issue. Possibly do some focus groups to see what names really resonate with people. The group discussed this and agreed it's better to revisit once there is a break in the levy cycles.

HEARING THE PUBLIC

No individuals from the public wanted to speak.

ADJOURNMENT

Nicole advised that both Larry and Gene have terms expiring this August and asked if they would like to continue on the Advisory Council. Both Larry and Gene advised they would like to continue on the Advisory Council.

Nicole also made mention that on June 23rd, Clinton County Community Action will be hosting their Senior Awareness Fair and encouraged everyone to stop by if they are able.

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

Motion: Gene Breckel made a motion to adjourn the meeting.

Second: Larry Roddy seconded the motion.

Action: It was unanimously agreed to adjourn at 10:08 a.m.

NEXT MEETING

September 21, 2021



**Clinton County ESP
Program and Financial Report
Quarter 2, 2021 (Apr. - Jun. 2021)**



Clinton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
EXECUTIVE SUMMARY

Highlighted Findings

1. Census Trends

- A. Compared to last year (Quarter 2, 2020), census decreased by 55 clients (from 470 to 415) or -11.7%.
 - 1. Short-term clients excluded, census decreased by 32 clients (from 447 to 415) or -7.16%.
- B. Compared to last quarter (Quarter 1, 2021), census decreased by 2 clients (from 417 to 415) or -.48%.
 - 1. Short-term clients excluded, census decreased by 2 clients (from 417 to 415) or -.48%.
- C. Quarter-end census, new enrollments, and disenrollements include clients aged 60 and over who are receiving short-term services as a result of the pandemic.

Year	2020	2020	2021	2021
Quarter	Q3	Q4	Q1	Q2
Short-term Clients Added to Census	22	1	0	0
New Short-term Client Enrollments	2	1	0	0
Disenrolled Short-term Clients	3	22	1	0

2. Fast Track Home

- A. Average length of stay has increased by 1 day to 49 days compared to Quarter 1, 2021 (from 48 to 49).
- B. New Enrollments increased from Q1, 2021 to Q2, 2021 (from 5 to 9).
- C. Total clients who transferred to ESP from FTH decreased from Quarter 1, 2021 (from 5 to 3).

3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$1.3 million through the second quarter, as compared to the budgeted amount of \$1.56 million. The variance is under budget by \$215,269 or 14%.
- B. Total Expenses: The projected expenses incurred through the second quarter is \$1.7 million as compared to \$1.7 million in the budget. The variance is under budget by \$49,909 or 3%.
- C. Purchase Services: The projected expenses were lower than budget by \$38,803 or 3% as compared to budget.

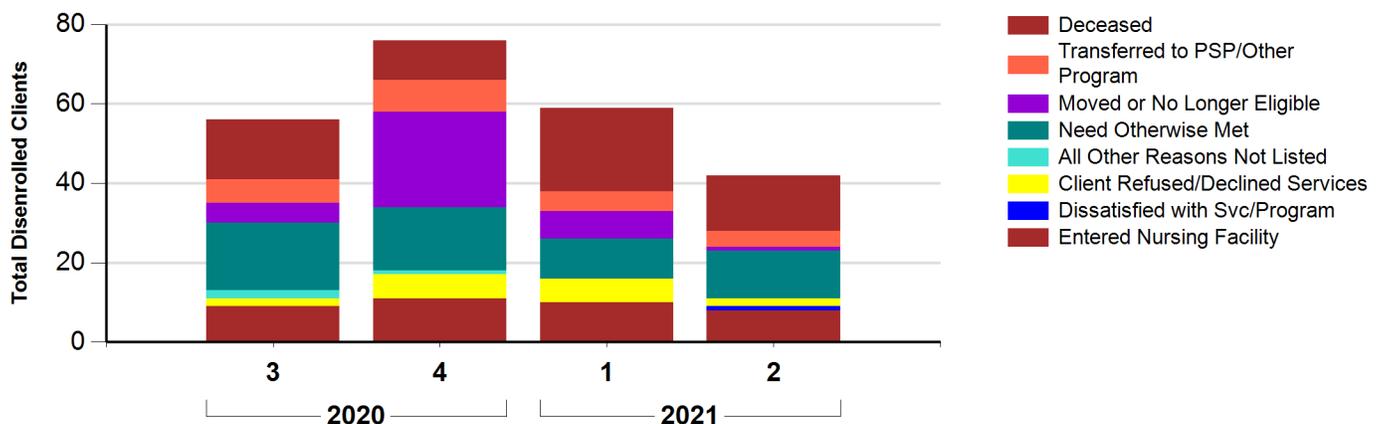


Clinton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
TRADITIONAL ESP CENSUS TRENDS

Quarter-End Census by Program				
Year	2020		2021	
Quarter	3	4	1	2
ESP	454	440	417	415
FTH	3	4	2	3
Medicaid Programs	135	135	139	144
Passport	19	20	21	18
Assisted Living	2	2	3	3
Molina	42	40	41	46
Aetna	72	73	74	77

Quarter-End Census, New Enrollments, and Disenrollments ¹				
Year	2020		2021	
Quarter	3	4	1	2
Quarter-End Census	454	440	417	415
New Enrollments	52	38	31	44
Disenrollments	56	76	59	42

Disenrollment Outcomes				
Year	2020		2021	
Quarter	3	4	1	2
Deceased	15	10	21	14
Transferred to PSP/Other Program	6	8	5	4
Moved or No Longer Eligible	5	24	7	1
Need Otherwise Met	17	16	10	12
All Other Reasons Not Listed	2	1	0	0
Client Refused/Declined Services	2	6	6	2
Dissatisfied with Svc/Program	0	0	0	1
Entered Nursing Facility	9	11	10	8
Total	56	76	59	42

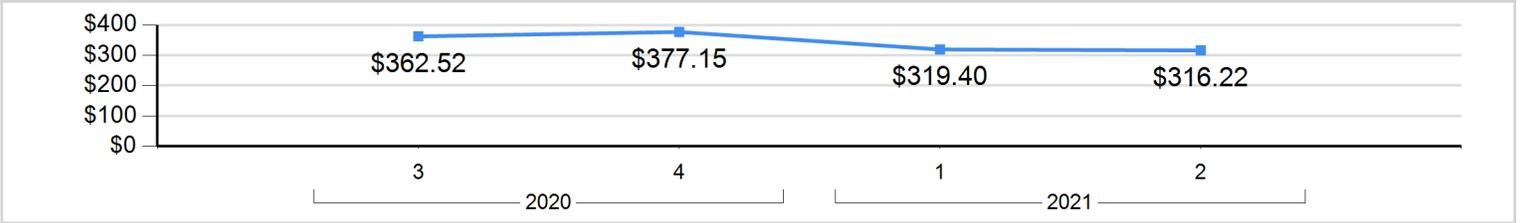


¹ Q3 '20 - Q2 '21 quarter-end census, new enrollments, and disenrollments include the number of short-term clients served as a result of the pandemic.



Clinton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
TRADITIONAL ESP SERVICE TRENDS

Average Monthly Cost per Client¹



Distinct Clients Served by Service Group¹²

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	15	16	16	17
Electronic Monitoring	318	309	302	284
Home Care Assistance	282	279	270	270
Home Delivered Meals	169	145	120	110
Home Medical Equipment	11	4	11	13
Medical Transportation	2	2	5	3
Other Services	12	11	14	8
All Services (Unduplicated)	471	460	442	420

Units Billed by Service Group¹² *Please see the notes page for unit of measure descriptions by service.*

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	1,670	1,687	1,693	1,829
Electronic Monitoring	995	958	930	868
Home Care Assistance	6,495	6,486	5,935	6,344
Home Delivered Meals	10,688	9,788	8,121	7,618
Home Medical Equipment	15	6	12	15
Medical Transportation	12	6	18	12
Other Services	20	22	19	17

Dollars Paid by Service Group (Purchased Services)¹²

Year	2020		2021	
Quarter	3	4	1	2
Consumer Directed Care	\$26,747	\$23,741	\$25,475	\$26,589
Electronic Monitoring	\$23,655	\$22,533	\$21,903	\$20,460
Home Care Assistance	\$198,210	\$190,339	\$174,894	\$187,268
Home Delivered Meals	\$122,499	\$157,704	\$76,861	\$62,720
Home Medical Equipment	\$4,861	\$1,253	\$6,289	\$6,310
Medical Transportation	\$680	\$306	\$744	\$703
Other Services	\$10,905	\$12,695	\$11,843	\$12,497
All Services	\$387,558	\$408,572	\$318,008	\$316,547

¹ The 14-day meal box service is not included in distinct clients and units billed until November of Quarter 4, 2020.

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



Clinton County ESP FTH
Quarter 2, 2021 (Apr. - Jun. 2021)
FAST TRACK HOME CENSUS TRENDS

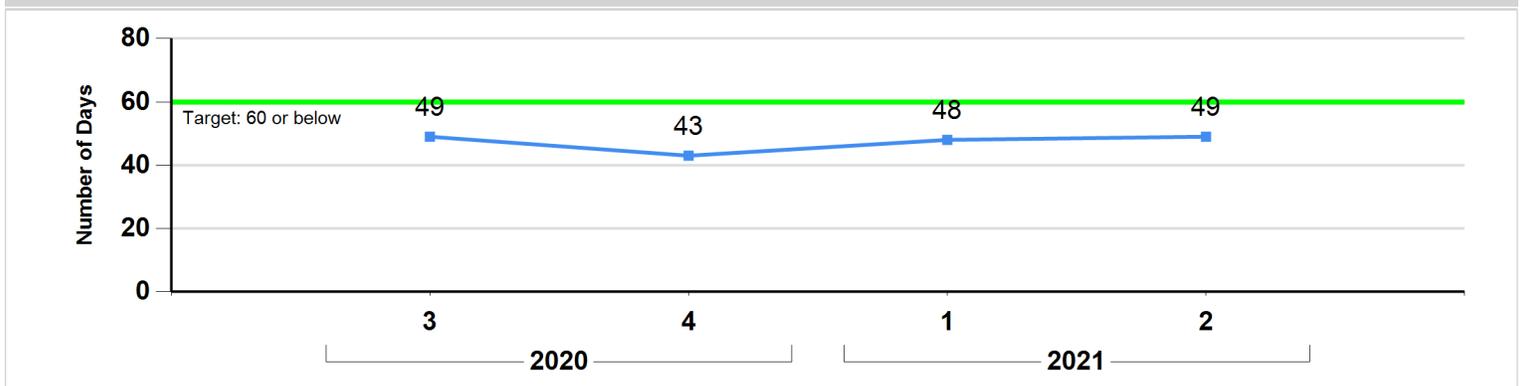
Total Clients Served, New Enrollments, Disenrollments

	2020		2021	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
New Enrollments	12	12	5	9
Disenrollments	13	11	8	9
Clients Transferred to ESP	8	2	5	3
	61.54%	18.18%	62.50%	33.33%

Enrollment by Setting

Enrollment Setting	2020		2021	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Community	0	0	0	1
Clinton Memorial Hospital	6	6	1	3
Mercy Hospital Network	0	1	0	0
The Christ Hospital	1	0	0	0
TriHealth Hospital Network	0	2	0	0
University of Cincinnati Hospital Network	0	0	0	1
Other Hospital	1	2	0	0
Skilled Nursing Facilities	1	1	4	3
Not Captured	1	0	0	1
Total	10	12	5	9

Average Length of Stay





Clinton County ESP FTH
Quarter 2, 2021 (Apr. - Jun. 2021)
FAST TRACK HOME SERVICE TRENDS

Distinct Clients Served by Service Group

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	7	5	5	2
Home Care Assistance	7	5	3	5
Home Delivered Meals	9	8	3	1
Home Medical Equipment	1	0	2	0
Home Modification	0	1	0	0
All Services (Unduplicated)	12	13	6	6

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

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	17	14	11	6
Home Care Assistance	76	49	39	65
Home Delivered Meals	149	234	63	35
Home Medical Equipment	1	0	2	0
Home Modification	0	1	0	0

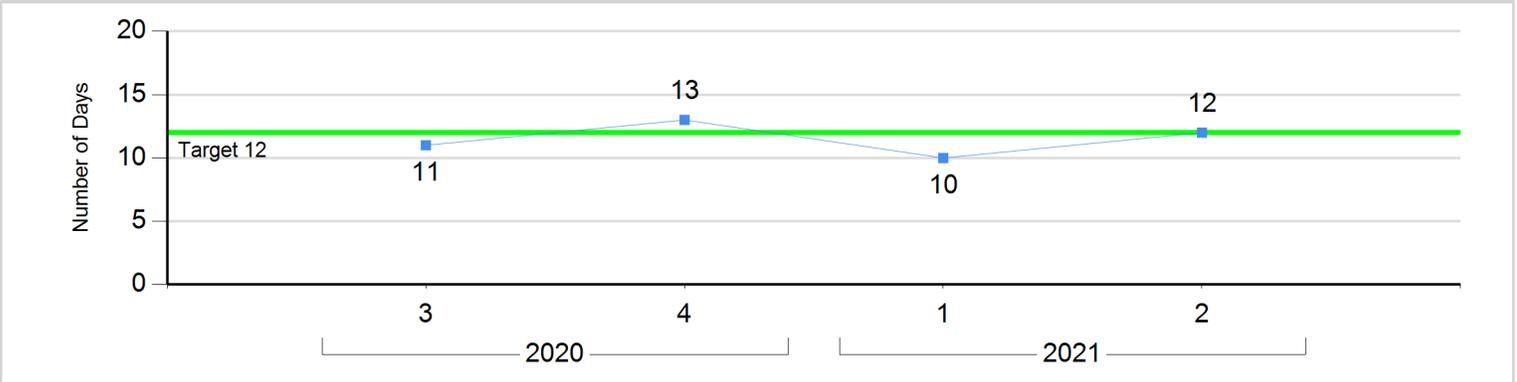
Dollars Paid by Service Group (Purchased Services)

Year	2020		2021	
Quarter	3	4	1	2
Electronic Monitoring	\$279	\$260	\$175	\$75
Home Care Assistance	\$2,168	\$1,450	\$1,114	\$1,894
Home Delivered Meals	\$1,360	\$2,209	\$592	\$336
Home Medical Equipment	\$75	\$0	\$136	\$0
Home Modification	\$0	\$350	\$0	\$0
All Services	\$3,882	\$4,269	\$2,016	\$2,306



Clinton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)
Traditional ESP PERFORMANCE TRENDS

Average Number of Days from Intake Call to the Enrollment Assessment¹



Home Care Provider Network Referrals and Capacity

Year	Quarter	# Clients in Need of HCA	# Clients Not Matched with a Provider	% of Clients Not Matched with a Provider	Avg. # of Referral Attempts per Client
2020	3	123	1	1%	1.36
2020	4	101	6	6%	1.29
2021	1	106	0	0%	1.09
2021	2	122	2	2%	1.28

Home Delivered Meals - Client Satisfaction Survey Results

Year	Quarter	2020		2021	
		3	4	1	2
Overall Satisfaction		99.66%	97.50%	98.71%	97.73%
Good Choice of Meals Available		97.30%	82.50%	89.66%	87.88%

Home Care Assistance - Client Satisfaction Survey Results

Year	Quarter	2020		2021	
		3	4	1	2
Overall Satisfaction		98.26%	98.14%	97.38%	95.58%
Aide is Dependable		100.00%	98.91%	97.89%	94.74%

¹ Due to the enrollment process changing as a result of the pandemic, the variables associated with this metric have been adjusted as of Q3, 2020.



Clinton County ESP
Quarter 2, 2021 (Apr. - Jun. 2021)

FINANCIALS: based on actual revenue & expenses as of June 30, 2021¹

	Annual Actual	Annual Budget	Budget Variance	% Budget Variance
Revenue				
Tax Levy Appropriations	\$1,341,827.52	\$1,557,096.42	-\$215,268.90	-13.8%
Federal & State Funding				
Title III B	\$10,799.65	\$15,000.00	-\$4,200.35	-28.0%
Title III C2 - Home Delivered Meals	\$266,192.61	\$97,774.00	\$168,418.61	172.3%
Alzheimer's	\$402.48	\$805.00	-\$402.52	-50.0%
Nutrition Services Incentive Program (NSIP)	\$12,363.00	\$15,708.00	-\$3,345.00	-21.3%
Senior Community Services (SCS)	\$4,999.98	\$10,000.00	-\$5,000.02	-50.0%
Client Contributions				
Client Donations	\$176.00	\$207.00	-\$31.00	-15.0%
Co-Pays Received	\$28,235.00	\$36,496.00	-\$8,261.00	-22.6%
Total Revenue	\$1,683,177.24	\$1,733,086.42	-\$49,909.18	-2.9%
Expenses				
Operating Expenses				
COA Administrative	\$106,429.52	\$109,586.00	\$3,156.48	2.9%
Intake & Assessment	\$2,551.32	\$8,795.00	\$6,243.68	71.0%
FTH Case Management	\$52,497.21	\$47,439.00	-\$5,058.21	-10.7%
Case Management	\$221,397.57	\$228,162.00	\$6,764.43	3.0%
Total Operational Expenses	\$382,875.62	\$393,982.00	\$11,106.38	2.8%
Purchased Services				
Homemaker-Hourly	\$594,428.20	\$572,049.32	-\$22,378.88	-3.9%
Personal Care -Hourly	\$121,064.10	\$77,104.00	-\$43,960.10	-57.0%
Respite-Hourly	\$16,301.97	\$18,599.00	\$2,297.03	12.4%
Home Medical Equipment	\$21,901.58	\$9,970.00	-\$11,931.58	-119.7%
Emergency Response Systems	\$85,518.95	\$90,872.00	\$5,353.05	5.9%
Minor Home Modifications	\$33,004.25	\$37,528.00	\$4,523.75	12.1%
Chore	\$16,597.45	\$1,818.00	-\$14,779.45	-813.0%
Home Delivered Meals	\$297,107.43	\$355,286.10	\$58,178.67	16.4%
Adult Day Service	\$0.00	\$44,554.00	\$44,554.00	100.0%
Adult Day-Transportation	\$1,243.00	\$0.00	-\$1,243.00	0.0%
Medical Transportation	\$4,920.91	\$7,311.00	\$2,390.09	32.7%
Consumer Directed Care	\$108,213.79	\$124,013.00	\$15,799.21	12.7%
Gross Purchased Services	\$1,300,301.62	\$1,339,104.42	\$38,802.80	2.9%
Gross Program Expenses	\$1,683,177.24	\$1,733,086.42	\$49,909.18	2.9%
Client Census	443*	431	-12	-2.8%
Cost of Services per Client	\$251.49	\$253.10	\$1.61	0.6%

¹ Budget includes a 5% contingency in the event of changes to client enrollment and program cost assumptions.

* Projected year-end census.

1. Census Trends

- A. 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, Refused or Declined Service, Eviction, Health/Safety, and Unable to Meet Client Need.
 2. Client Non-Compliant includes: Declined Call/Visit, Delinquent Balance, Refused, Transfer to Passport/Other Program and Unable to Contact.
 3. Adding the difference between *New Enrollments* and *Disenrollments* in a given quarter to the previous *Quarter-end Census* may result in a discrepancy due to the timing of census reporting and back dating client enrollments and disenrollments.

2. Service Trends

- A. Average Monthly Cost per Client is based on the average monthly cost of Intake and Assessment, Administration, Care Management and Provider Services divided by the quarter-end census.
- B. Clients Served by Service Group is based on billing data. These numbers represent the unduplicated client counts within each service group and overall. The All Services client count will not equal the sum of the service group subtotals because many clients receive more than one service.
- C. Home Care includes homemaking, personal care, companion, and respite services.
- D. Other Services includes Environmental Services and Independent Living Assistance (Hamilton only).
- 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 Months
- 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.

Clinton County Provider Network Report September 2021

Personal Protective Equipment (PPE)

Providers had an opportunity to complete a survey to report their PPE needs/requests. Supplies will be delivered from ODA and are expected to begin late September or early October. Items available include gloves, masks, gowns, and face shields. This is a supplemental supply source for providers.

Homemaking/Personal Care/Respite

Assisted Care by BlackStone	
Homemaking	17 clients, 10.12 % of the market
Personal Care	5 clients, 11.46% of the market
Respite	0 clients
First Community Health Services	
Homemaking	7 clients, 2.64 % of the market
Personal Care	3 clients, 7.52 % of the market
Respite	0 clients
Clinton County Community Action	
Homemaking	145 clients, 49.46 % of the market
Personal Care	0 clients
Respite	0 clients
Gabriel's Angels	
Homemaking	42 clients, 17.76 % of the market
Personal Care	0 clients
Respite	0 clients
Katy's Home Care	
Homemaking	52 clients, 20.02 % of the market
Personal Care	31 clients, 81.03 % of the market
Respite	8 clients, 100% of the market

Adult Day

Clinton County ADS is beginning to work on re-opening plans but remains closed at this time. COA has been made aware that the ADS is seeking to fill the director position to ensure five-day a week coverage. As evidenced in other client-based services, staffing is difficult at this time.

Transportation

Please see the handout for the update of the ESP Medical and Non-Medical Transportation Request for Proposal.

Senior Farmers Market Nutrition Program

22 farm markets or farmers are participating in the 2021 program year. Clinton County Farmer's Market in Wilmington and That Guy's Family Farm in Clarksville are accepting coupons. There are 77 seniors from Clinton County participating in the coupon program. Total participant count = 1950, up from 1105 last year. Community outreach: Provider Network, Social Media, The Lebanon Channel - Feelin' Good Lebanon with Shelly Abrams, WMKV 89.3 Maple Knoll Radio Network - Healthscope with George Zahn, and Medicare Moment with Lisa Dalga and 55KRC radio - Simply Medicine with Angenette Levy. Program year ends 10/31/2021.

Restaurant Meals

The COA Restaurant Meal program continues to deliver comfort meals to Hamilton, Butler, Warren, and Clinton counties for seniors who may be experiencing continued isolation or food insecurities during the Pandemic. We have the following participating restaurant in Clinton County: Beaugard's Southern Bar "B" Que.

Since the creation of the Comfort Meal program in April of 2020, 1,705 restaurant meals have been delivered to Clinton County seniors through August 2021.

2021 Request for Proposal (RFP)

Home Care Assistance – posted in Quarter One

Transportation - posted Quarter Two

Minor Home Modifications – proposed to be posted Quarter Three

Fiscal Intermediary- planned for the third quarter

ESP Medical and Non-Medical Transportation Request for Proposal:

The Butler, Clinton, and Warren County ESP Medical and Non-Medical Transportation Request for Proposals (RFP) was published on June 14th with a proposal due date of July 14th. Please keep in mind that Medical Transportation is the only transportation service offered in Clinton County. The ESP Medical Transportation contract is scheduled to have an effective date of October 1, 2021.

Service Specification and Rate Structure Changes:

Service specification changes were discussed and approved during the March 2021 meetings.

The RFP proposed to change the rate structure from a bid service to a fixed rate service for ambulatory, non-ambulatory, and stretcher service. Bidders had the ability to submit fixed rates for the type of service they could provide as well as designate their ability to furnish transportation in-county (within Clinton County), out-of-county (example - a Clinton County resident needing transportation to Hamilton County), and out-of-territory which would be a location outside of COA's five (5) county area.

Contracted Network Changes:

1. Ten (10) proposals were received for the three (3) counties. There were no bidders for stretcher service.
2. Across the three (3) county region, 100% of the existing providers submitted bids and are being offered contracts. Returning as transportation provider for Clinton County is:
 - a. Clinton County Community Action Program, Inc.
3. The following three (3) providers will be added in Clinton County:
 - a. Meda-Care Transportation
 - b. Valley Transport
 - c. Warren County Community Services

Financial Impact:

Projections from the fixed rates submitted from bidders resulted in an additional annual expense of \$17,000 in year one (1). Years two (2) through five (5) similarly resulted in higher expenses. COA anticipated rates would come in higher as bidders are seeking to cover inherent risks due to fuel costs, balancing the returns of shorter versus longer distance trips, and the nature of a locked in, fixed rate. However, the increases demonstrated that the structure as proposed was not the most cost-effective model.

After careful consideration of the costs to implement a fixed rate service structure to ESP transportation services, COA has made the decision to continue to award Medical Transportation provider contracts as a bid service. We streamlined the bid process considerably with a goal of having the new provider contract in effect by October 1, 2021.

ELDERLY SERVICES PROGRAM (ESPSM)

MEDICAL TRANSPORTATION SERVICE SPECIFICATION

2021

EFFECTIVE October 2021 (CCESP) (WCESP)

ELDERLY SERVICES PROGRAM

MEDICAL TRANSPORTATION

SERVICE SPECIFICATION

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MEDICAL TRANSPORTATION SERVICE SPECIFICATION

1.0 OBJECTIVE

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

2.0 UNIT OF SERVICE

- 2.1 A unit of service is a "one-way" trip.
- 2.2 ~~The unit rate is the price established from the RFP process and stated in the current provider contract for the "one-way" trip.~~
The unit rate is the price quoted for the "one-way" trip.
- 2.3 The unit rate must include, but not be limited to, all administrative costs, training and other costs associated with maintaining a fleet of vehicles.
- 2.4 Additional units require prior authorization from Care/Case Management.
- 2.5 Transportation of a companion/assistant with advance notice to the provider is to be accommodated with no cost for the companion/assistant.

3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

- 3.1 The Provider must furnish evidence of a service back-up plan to provide service when a driver is unavailable or when a vehicle becomes disabled.
- 3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.10.1 of the Ohio Revised Code.

- 3.3 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 3.4 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.
- 3.5 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in Appendix A of this rule, as applicable to the vehicle inspected.
- 3.6 The Provider must assure that all vehicles are easily identifiable with the Provider's name.
- 3.7 The Provider must assure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.
- 3.8 Service Delivery
 - (a) Assist in escorting the client, as necessary, safely from the client's door to the vehicle and from the vehicle to the street level entrance of the destination point. The driver must perform the same transfer assist service when transporting the client back to the client's residence. All hands-on escorting of passengers including entry and exit of the vehicle must be done in compliance with training received.
 - (b) 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 Appendix B on a daily basis.
 - (c) Transfers of a passenger who remains in a wheelchair must be conducted in a safe manner.
 - (d) All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
 - (e) There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
 - (f) Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged.

Substantiated reports may result in corrective action.

- 3.9 The Provider must maintain documentation for each episode of service delivery that includes
- (a) A description of the service provided
 - (b) The date
 - (c) The location of the pick-up
 - (d) The time of the pick-up
 - (e) The location of the delivery
 - (f) The time of the delivery
 - (g) The name and signature of the driver
 - (h) Name and signature of the client to whom transportation services were provided.

An exception to the requirement for client signature is allowed for Adult Day Service (ADS) transportation Providers who may use the client's signature for attendance in ADS services that includes transportation to and from ADS.

4.0 TRAINING

- 4.1 The Provider must assure and document in driver's file, prior to transporting clients, that each driver meets all of the following requirements:
- (a) 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 Agingsm.
 - (b) Evidence of return demonstration on:
 - (i) Client escort/transfers;
 - (ii) Wheelchair lift operation; and
 - (iii) Restraint application
 - (c) Training on Universal Precautions

- 4.2 Within six months of hire, all drivers must have one of the following passenger assistance training courses:
 - (a) A certificate of completion of the Passenger Assistance Safety and Sensitivity (PASS) Training <https://ctaa.org/pass/>. A refresher course is required every three years thereafter.
 - (b) A certificate of completion of the DRIVE Training <http://www.coaaa.org/cms/education/drive-training>. A refresher course is required every three years thereafter.

5.0 DRIVER REQUIREMENTS

The Provider must maintain documentation that all medical transportation drivers have the following:

- 5.1 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.
- 5.2 A current and valid driver's license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state;
- 5.3 Assurance that drivers:
 - (a) Maintain a safety checklist that includes items listed in Appendix C of this rule that must be completed by the driver prior to transporting client(s).
 - (b) Maintain service logs or trip sheets daily as defined in Section 3.10.
 - (c) Hands-on assistance as outlined in Section 3.8 (a).
- 5.4 Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
- 5.5 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.
- 5.6 Provide the results of a chemical test or tests of the driver's blood, breath, or urine conducted at a hospital or other laboratory licensed by the Ohio Department of Health for the purpose of determining the alcohol and drug content of the

applicant's blood, breath and/or urine.

Note: An applicant/employee with a valid ambulance license or EMT/First responder certification is deemed to meet the requirements in Sections 4.0, 5.0 and the ESP Free Database Reviews and Criminal Records Check rules. The Ohio Medical Transportation Board verifies the above requirements every three years.

TRANSPORTATION

Appendix A

Required Annual Inspection Elements for Vehicles. Apply to all vehicles.

- A. Seating
 1. All seats must be securely fastened to the floor.
 2. No broken tubing or protruding pieces of metal should be around seats.

- B. Defrosters and heaters
 1. Must operate as designed.
 2. Heater cores must be clean and free of leaks and obstructions to the flow of air.
 3. Hoses must not have cracks or leaks and must otherwise be in good condition.
 4. Fan guards must be metal or plastic.

- C. Windshield wipers/washers
 1. Must operate as designed.
 2. Wiper blades in the vehicle operator's field of vision must be clean.
 3. Wiper blades must not be brittle or badly worn.

- D. The floor must be metal and intact without holes.

- E. Mirrors
 1. Must have at least one rear view interior mirror that is properly secured and in proper placement.
 2. Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.
 3. Prismatic lens must be properly installed.
 4. All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).

- F. Emergency Equipment
 1. Three red reflectors must be stored in the vehicle.
 2. The vehicle must have a five-pound dry chemical fire extinguisher with the minimum rating outlined in section 20.b.c. of the Ohio fire code and based on section 10 of the National Fire Protection Association. The fire extinguishers must be securely mounted near the vehicle operator for easy access.
 3. The vehicle must be equipped with a first aid kit.

- G. Brakes
 1. Must be properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.
 2. Tail exhaust pipes must be properly secured to prevent dropping on brake lines.

3. Vehicles using vacuum-assisted brakes: wheel cylinders, master cylinders, hydrovac and hose connections must be free of fluid leaks.
4. Vehicles using air brakes: reservoirs, chambers, valves, connections and lines must be free of air leaks.
5. During inspections, brake pads must be checked against the vehicle manufacturer's specifications.
6. All moisture ejection valves must be free of leaks and in proper working order.

H. Emergency Brake

1. The vehicle must have a functional emergency brake that is capable of stopping or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade and under all conditions of loading on a surface free of snow, ice, or loose material.
2. If the emergency brake is located on the drive shaft, the brakes shall:
 - a. Hold the vehicle in parked position;
 - b. Be properly mounted; and,
 - c. Have cables that are properly lubricated and not hazardously worn.

I. Steering Gear

1. The steering shaft must have no more than one half-inch upward motion when the steering wheel is pulled upwards.
2. The steering gear assembly, power steering unit, brackets and mounting bolts must be securely fastened.
3. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
4. Tie rod ends must function properly.
5. Tires must not rub any chassis or body component in any position.

J. The horn must operate as designed

K. Windshield/windows

1. Window glass must be free of chips or cracks and be securely mounted without exposed edges.
2. Plexiglas may not be used to replace safety glass.

L. Emergency Door (Applicable to Bus-Type Vehicles)

1. The door must be able to open to its maximum width without catching or binding.
2. All handles must be permanently installed.
3. Operating instructions for the emergency door must be lettered or decaled inside the emergency door.
4. The safety buzzer must operate as designed and be placed in the vehicle operator's area to warn passengers that the emergency door is opened.
5. The door must be free of temporary or permanent obstructions.
6. No padlocks or other added security devices are to be used to secure the door while the vehicle is in motion.

M. Springs/Shocks Must Be Intact and Properly Mounted

N. Tires

1. Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.
2. Retread tires should not be located on the steering axle.
3. Must be free of irregular wear, cuts, bruises, and breaks.
4. Must be balanced and in proper alignment.
5. All lugs must be present and fitted tightly on tires.
6. All tread types must match mated tires.

O. Exhaust System

1. Must be intact and operating as designed.
2. All pipe and muffler joints must be properly welded or clamped.
3. Exhaust manifolds must be free of cracks and missing bolts.

P. Lights must operate as designed and meet ORC and OAC requirements for vehicle lighting.

Q. The vehicle body condition must be intact and free of broken parts that can cause injury.

R. Gas Tank:

1. Must be free of rust/damage and /or leaks.
2. Must be securely mounted.

S. The seating area and aisle must be free of debris

TRANSPORTATION

Appendix B

Required Daily Wheelchair Lift Inspection Elements

For each day services are provided, Providers must complete and document an inspection of the wheelchair lift prior to any client serviced that day according to these specifications:

1. Run the lift through one complete cycle to be sure that it is operable.
2. Check for any signs of seal leaking or binding.
3. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
4. Check for physical damage and jerky operation.
5. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
6. Check all fasteners and assure that all bolts are snug.
7. Make sure the lift is properly secured to the vehicle when stored.
8. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
9. Lubricate the lift in compliance with the manufacturer's requirements.
10. Providers shall not use the lift any time repairs are necessary.

TRANSPORTATION

Appendix C

Required Vehicle Safety Checklist Elements

Vehicle ID:

Odometer:

Date:

Interior:

Clean Appearance

Seats (tears, loose armrests, etc.)

Seat Belts

Wheelchair Restraints

Wheelchair Lift Ramp (good condition & secure)

Cargo Barriers (secure & in place)

Floor Coverings (safe & clean)

Electrical/Mechanical:

Brakes

Heater/Air Conditioning/Defroster

Horn

Gauges (oil, fuel, temperature, etc.)

Two-way communication device

Windshield wipers & washers

Jack & tire tools

Emergency Brake

Lights:

Headlights: high & low beams

Taillights, Marker Lights Brake

Lights

Turn Signals (front and rear)

Backup Lights

4-Way Hazard (front and rear)

License Plate Light

Interior Lights

Exterior:

Identification of Provider name

No Body Damage

Clean Appearance

Mirrors (Adjusted and Clean)

Windows (Clean)

Doors (Operable from In/Outside)

Door Locks (Operable)

Winter:

Shovel
Non-Corrosive Traction Material (sand or clay litter)
Blankets

Fluids:

Engine Oil
Brake Fluid
Engine Coolant
Power Steering*
Automatic Transmission*
Fuel
Windshield Washer
Battery

Belts & Hoses:

Fan
Alternator
Heater Hose
Radiator
No Leaks under Vehicle

Tires:

Inflation
Wear
Sidewall or Tread
Damage
Spare

Emergency Equipment Available:

Biohazard Kit
First Aid Kit
Flares or Reflector Triangles
Fire Extinguisher

**Must Be Checked At Operating Temperature*

Welcome

During 2020, the COVID-19 pandemic brought into sharp focus for me the important role the Elderly Services Program (ESP) plays in our community. ESP and its partner organizations quickly became a lifeline for older adults, providing food, masks, supplies and other support. For example, Clinton County older adults received 685 emergency food boxes (each containing a 14-day supply of food) during the pandemic.



Others stepped up as well. Kudos to Clinton County resident Donna Slone-Gumbert, who received a Clinton County Community Champions (C4) Award for her grassroots work to help meet the needs of older adults during the pandemic. Donna was nominated for the award by ESP administrator, Council on Aging (COA). COA also received a C4 award for its Comfort Meal Program, which provided 1,744 restaurant meals to county older adults in 2020. The meals, some of which were prepared by Wilmington's own Beaugard's Southern Bar B Que, helped alleviate feelings of isolation caused by the pandemic.

After sustained program growth during the previous three years – sometimes in the double-digits – ESP grew again in 2020, by 11 percent. It's heartening to know we are helping so many of our older neighbors stay independent and safe in their homes, where they want to be.

With this success comes natural growing pains, and we've reached the tipping point, where the senior services levy that pays for the majority of the program will not allow it to continue to grow. We are now in danger of having to ask those who desperately need help to sit on a waiting list. That is why we have decided to ask voters – a year earlier than originally planned – to vote this November to continue to support the levy. Clinton County residents have always overwhelmingly supported the levy. They recognize that programs such as ESP make our county a great place to live – no matter your age or abilities.

We have a lot to share with you – more than will fit within this paper report. I hope you will also scan the QR code or visit the website to read more about our successes during such a challenging year.

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

ESP Is a Community Partnership



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



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



Council on Aging
2333 Rombach Ave., Wilmington, OH 45177
(937) 449-0642, www.help4seniors.org

What Is ESP?

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

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

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

COST TO TAXPAYERS: **\$255** Monthly costs for ESP services **VS** **\$6,000+** Monthly costs for nursing home care

What Is COA's Role?

As the program's operator, COA provides: eligibility assessments; care management; program development; provider management; data analytics; financial services; information technology; quality improvement and community engagement. As a state-designated Area Agency on Aging, COA provided these additional services to county residents in 2020:



49,574

requests for information and referral fulfilled



1,230

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



\$161,995

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



275

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

ANNUAL REPORT 2020

CLINTON COUNTY

Elderly Services Program



Client Stats 2020

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

736

CLIENTS SERVED



67%
FEMALE

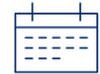


33%
MALE



58%
LIVE ALONE

86%
AGE 70+



824 DAYS
AVG TIME ON PROGRAM



\$365/mo
OUT-OF-POCKET MEDICAL EXPENSES

\$1,974
MEAN MONTHLY INCOME

Success Stories

FastTrack Home supports older adults and caregivers during pandemic

During the COVID-19 pandemic, when nursing facilities were hot spots for outbreaks and even deaths, an innovative Council on Aging (COA) program helped area hospitals divert more than 1,800 older adults away from care facilities, to instead receive support at home. The program, FastTrack Home, has been available in Clinton and Hamilton counties since 2017 and expanded to Warren County in 2020.



FastTrack Home provides temporary in-home care services (transportation, meals, personal care and homemaking services) before an older adult goes home from the hospital.

In Clinton County, COA programs and services, including FastTrack Home, helped to divert more than 160 older adults from area nursing facilities during the pandemic (through May 2021). In 2020, 66 Clinton County older adults received temporary supportive care in their homes via FastTrack Home.

Beaugard's provides comfort meals for Clinton County seniors during pandemic

During the pandemic, Council on Aging (COA) has partnered with many area restaurants, including minority- and family-owned businesses, to provide special meals to area low-income older adults.

Beaugard's Southern Bar B Que, in Wilmington, is a partner in COA's award-winning Comfort Meal Program.

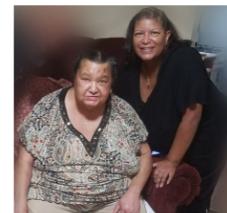


When Ohio Governor DeWine issued stay-at-home orders in March 2020, COA began hearing from older adults who were afraid to go out for groceries and other necessities. Others found themselves without their regular support network. Many who contacted COA had never before needed help.

"We learned from past emergency situations that food quickly becomes an urgent need for older adults," said Council on Aging CEO, Suzanne Burke. "We didn't want supply chain or staffing issues to interfere with our ability to provide meals to older adults, and we knew they might be asked to shelter-in-place for quite a while."

Pandemic upends life for Wilmington daughter, caregiver

The COVID-19 pandemic has impacted many lives, including the lives of Suzie and Priscilla. Suzie, 53, is the primary caregiver for her 69-year-old mother, Priscilla. Priscilla's recent stroke meant she needed continuous care and help moving around – sometimes using a wheelchair.



Beginning in 2019, when she enrolled in the Clinton County Elderly Services Program (ESP), Priscilla went to adult day care while her daughter was working at her job in customer service. When the pandemic began in March 2020, adult day centers closed and Priscilla had nowhere to go. That meant Suzie couldn't work. She became her mother's full-time caretaker, in the home they shared in Wilmington.

From March to July, Suzie and Priscilla existed with no income. But, five months after their struggles began, Suzie was scheduled to return to work. With adult day services still closed, she desperately needed somewhere for her mom to stay during the day.

Expenses and Revenue

How tax dollars are spent

ESP would not exist without the generous support of voters. A county tax levy in place since 1998 provides 82 percent of ESP's funding. The most recent tax levy was approved by 76 percent of voters in 2016. The 1.5-mill levy costs property owners \$37.67 per \$100,000 of property valuation annually. COA's goal is to ensure the highest quality services at the lowest cost in order to serve as many people as possible with the tax dollars available.

As the Area Agency on Aging for southwestern Ohio, including Clinton County, COA leverages state and federal funding to cover 10 percent of ESP expenses. Additional funding comes from voluntary client donations and client co-payments (31 percent of clients make a co-payment based on their income*).

Revenue

Federal and State (via Council on Aging)	\$205,515
United Way of Greater Cincinnati**	\$120,000
Client Donations and Co-payments	\$38,391
Clinton County Elderly Services Levy	\$1,612,757
TOTAL REVENUE	\$1,976,663

Expenses

SERVICE***	CLIENTS SERVED	SERVICE UNITS	COST
Care Management	625	4,992 months	\$281,682
Electronic Monitoring System	407	3,812 months	\$93,495
Homemaking	365	19,433 hours	\$599,275
Home-Delivered Meals	331	58,029 meals	\$485,054
Personal Care	85	4,319 hours	\$124,229
FastTrack Home Care Management	66	80 months	\$64,042
Home Medical Equipment	33	52 items	\$12,775
Minor Home Repairs	25	33 repairs	\$27,630
Consumer-Directed Care	21	6,943 hours	\$105,281
Respite	15	592 hours	\$15,801
Adult Day Services	12	374 days	\$29,790
Environmental Services****	5	5 jobs	\$14,850
Medical Transportation	3	41 one-way trips	\$2,133
Intake and Assessment	N/A	N/A	\$2,802
Administration	N/A	N/A	\$117,824
TOTAL EXPENSES			\$1,976,663

Additional Expenses

Clinton County Commissioners distributed \$12,700 from the senior services levy to the Blanchester Senior Center for a new HVAC unit.

*When calculating the percent of clients who have a copayment, individuals who receive only home-delivered meals are excluded because Federal requirements prohibit charging a copayment for this service. The percent of clients with a copayment is higher in 2020 because more individuals received home-delivered meals as their only service due to the pandemic.

**To help meet pandemic-related needs in Clinton County, COA requested and received funding from United Way of Greater Cincinnati.

***Services listed in order of clients served.

****Pest control, major housekeeping and waste removal.

To read these full success stories and more, scan the code with your mobile device or visit www.help4seniors.org/CCESP2020



Clinton County Elderly Services Program
Draft - Budget
January 1, 2022 - December 31, 2022

			<u>% Change</u>		
	<u>Total 2022 Proposed Budget</u>	<u>2021 Budget</u>	<u>2021 Projected</u>	<u>2022 Budget to 2021 Projected</u>	<u>2022 Budget to 2021 Budget</u>
Revenue					
Clinton County Levy					
Levy Appropriations	\$ 1,834,715	\$ 1,557,096	\$ 1,341,828	36.7%	17.8%
Total County Levy Funding	<u>1,834,715</u>	<u>1,557,096</u>	<u>1,341,828</u>	<u>36.7%</u>	<u>17.8%</u>
Client Co-Payment	30,891	36,496	28,235	9.4%	-15.4%
Client Donations	215	207	176	22.2%	3.9%
Rapid Response			18,181		
Title III and State Funding	107,231	139,287	294,758	-63.6%	-23.0%
Total Revenue	\$ 1,973,052	\$ 1,733,086	\$ 1,683,178	17.2%	13.8%
Expenses					
Client Services					
Intake & Assessment	2,759	8,795	2,551	8.2%	-68.6%
Fast Track Case Management	56,776	47,439	52,497	8.2%	19.7%
Case Management	239,441	228,162	221,398	8.1%	4.9%
Provider Services	1,549,316	1,339,104	1,300,302	19.2%	15.7%
Total Client Services	<u>1,848,292</u>	<u>1,623,500</u>	<u>1,576,748</u>	<u>17.2%</u>	<u>13.8%</u>
COA Administration	<u>124,760</u>	<u>109,586</u>	<u>106,430</u>	<u>17.2%</u>	<u>13.8%</u>
Total Expenses	\$ 1,973,052	\$ 1,733,086	\$ 1,683,178	17.2%	13.8%

Average Daily Census for 2022 is projected to increase of 3% from 2021 year end Projections

As a member of our call center, COA is able to leverage the cost of intake service from other funding sources.

In the 2021 Budget, we are including a 5% contingency

**Draft Budget Highlights
For the Clinton County Elderly Services Program
For the Program Year January 1, 2021 – December 31, 2021**

Client Census:

- Program year 2021 – is projected to end the year with approximately 443 in combined clients being served monthly (Fast Track 4 Clients and Traditional ESP 439 Clients). This represents no change in growth for the year.
- Program year 2022 – is projected to increase to 456 clients. This is an Increase of 13 clients (3%). This projection is based on population growth at a 41.9% market penetration rate.

Tax Levy Revenue:

- The amount of Tax levy money needed in 2022 is \$1.8 million, which is an increase of \$492,887 or 37% when compared to the 2021 projected spending.

Client Co-payment: are projected to be \$30,891 in 2022 which is an increase from our current projected amount of \$28,235 for 2021.

Client Donations: are projected to grow to \$215 in 2021. This is a slight increase of \$39 from 2021.

Title III and State Funding:

- Traditional Title III and Alzheimer's funding as compared to budget is expected to go back to original award amounts. We did not include any additional funding. We have not received any information from the State about when or how much COVID money might be coming.

Provider Services:

- The budget for provider services assumes no change to the current service package. We are projecting a growth of 19% in this category when compared to current spending projections. This includes rate increases in some services resulting from recent requests for proposals.

Intake & Assessment:

- Budget amount derived from Council on Aging's 2021 budget. Clinton County intake is able to benefit from COA's ability to leverage the cost of intake service to reduce cost to the levy. In addition, State and Federal funding sources are charged prior to the use of levy funds for intake functions. Levy funding is payer of last resort. The budget includes 5% contingency.

Care Management:

- Budget amount derived from Council on Aging's 2021 budget. The budget includes 5% contingency.

COA Administration:

- Budget amount is based on a 6.75% rate of the combined services of intake, case management, and provider services.