

# AGENDA

## HCESP Advisory Council Meeting

December 5, 2024, at 2:00 pm – 3:30 pm

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

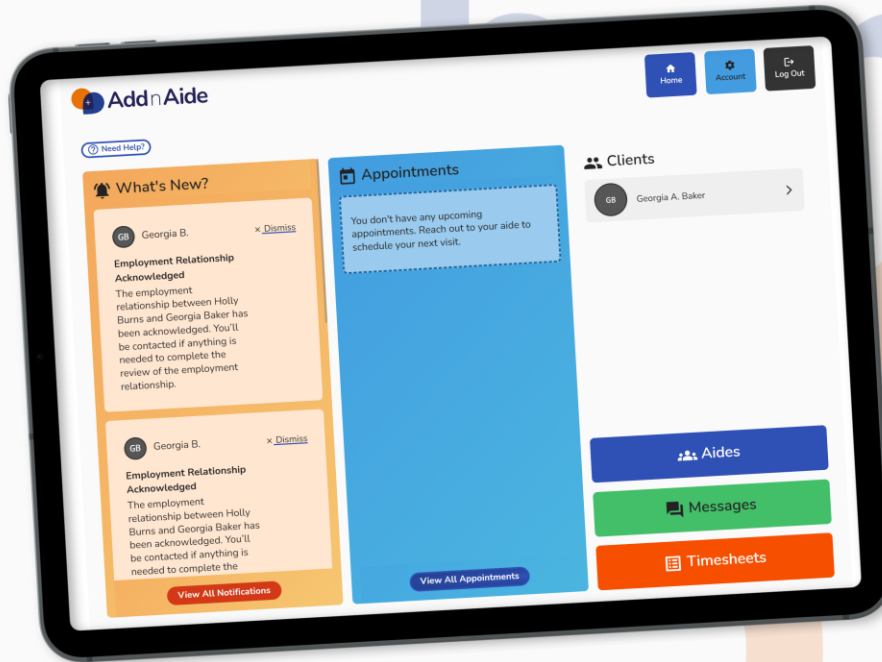
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Meeting ID: 977 9475 5104

Passcode: 063716

<b>CALL TO ORDER</b>	2:00	Janice Hunter
<b>MISSION MOMENT</b> ❖ AddnAide Demo	2:00-2:30	Jai’La Nored & Jennifer Williams
<b>APPROVAL OF MINUTES</b> ❖ September 26, 2024, Minutes (Action Needed)	2:30-2:35	Janice Hunter
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report ○ Equity Updates  ❖ Program Update Report ○ Draft 2025 RFP Plan & Bidding Criteria ○ 2025 Proposed Provider Monitoring Reviews	2:35-2:45  2:45-3:00	Ken Wilson & Ronnie Spears  Ken Wilson
<b>OLD BUSINESS</b> ❖ PACE Update  ❖ Equity Workgroup	3:00-3:05  3:05-3:15	Ken Wilson  Shelby Stout
<b>NEW BUSINESS</b> ❖ Five-Year Levy Projections  ❖ Service Specification Changes (Action Needed) ○ Medical Recovery & Extended Care Services  ❖ 2025 Meeting Date Schedule	3:15-3:20  3:20-3:25	Ronnie Spears  Ken Wilson  Ken Wilson
<b>HEARING THE PUBLIC</b>	3:25-3:30	Janice Hunter
<b>ADJOURNMENT</b>	3:30	Janice Hunter

**NEXT MEETING:** February 27, 2025



# An Innovative Approach to Self-Directed Care

By home52, LLC



# The Problem



# The Problem

Clients go without care.



For decades COA has utilized "traditional" home care aides. A traditional aide is an individual employed by a home care agency with whom COA has a network of providers.

In 2018, COA began seeing workforce issues among home care aides as traditional aides left the industry for better opportunities (Amazon, etc.).

COA began implementing pilots to see if we could slow the exodus of aides leaving the industry. These included increasing the hourly rate providers give to their home care aide workforce. The wage increases seemed to have little to no impact.



In 2019, COA joined the Livewell Collaborative to identify a solution to the home care aide workforce shortage.

The process included market research, aide focus groups, and interviews with older adults, caregivers, care managers, and others involved in the care setting.

From an existing aide perspective:

- Aides wanted more control over their schedule
- Clients and caregivers wanted more control over their care
- Care managers needed more immediate feedback when issues occurred and needed to ensure continued stewardship over funds
- And finally, we needed a solution that would attract **NEW** aides to the industry.

The collection of this work yielded the development of AddnAide...a new approach.





# AddnAide Foundation:

## Expanding opportunities for self-directed care

Self-directed care is a service option that gives older adults and individuals with disabilities more independence, flexibility, and control over their care.

The client becomes the employer and hires their caregiver (employee).

Typically, the hired caregiver is known to the client as a friend, neighbor, or family member.

A client may elect to have an authorized representative who acts on their behalf as the employer.

Program requirements vary, but at minimum, an employee must be age 18 or older and pass a criminal background check.





# The Solution



# Add n Aide®

Taps the efficiency of technology and the connectivity of social media to **help more individuals** participate in self-directed care programs.





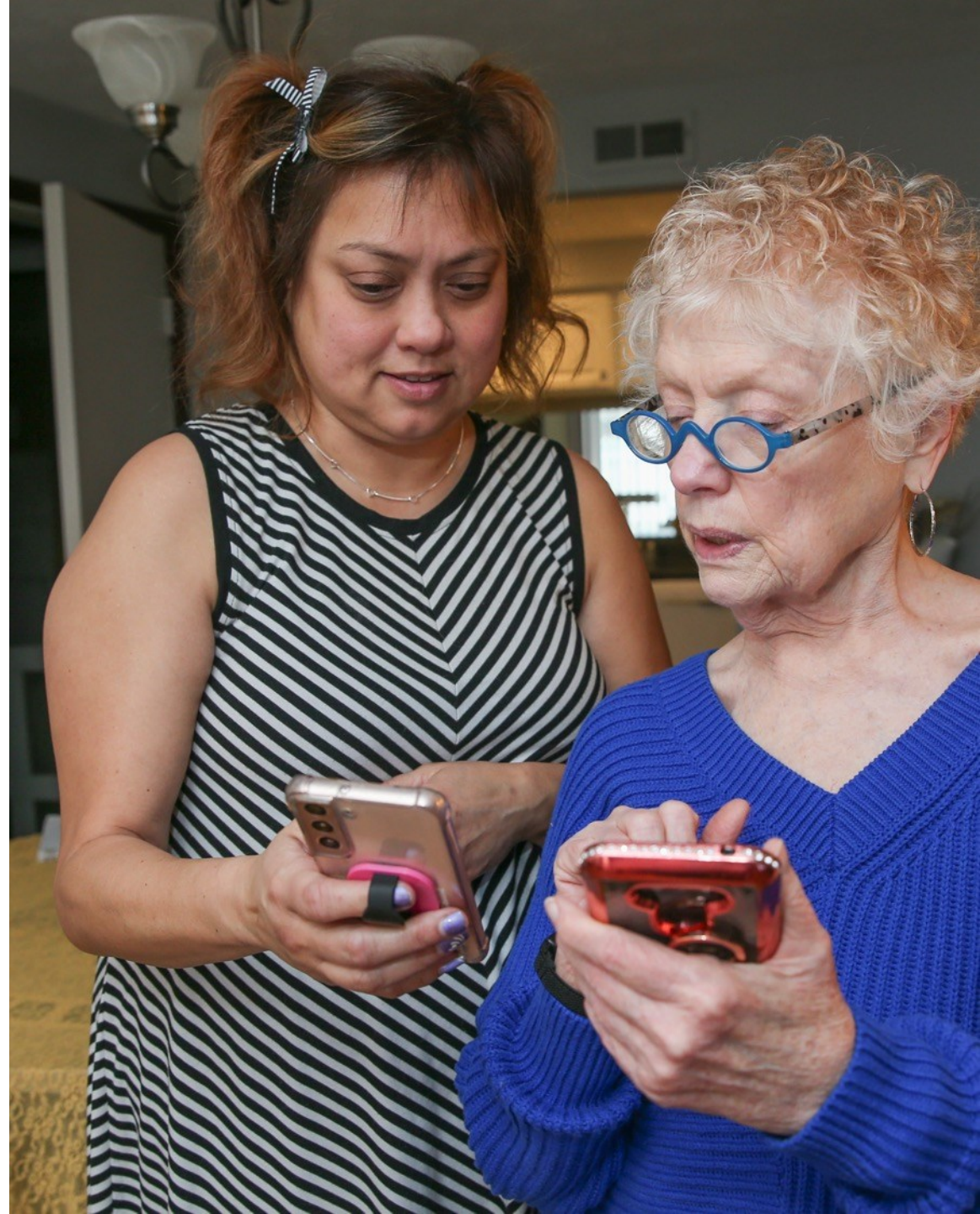
# Get to know AddnAide

In one streamlined application, AddnAide:

- Facilitates employment relationships and management of services
- Enables real-time care team communication
- Gives Care Management organizations the tools to manage and monitor authorized services



**Matches individuals** who need care with qualified caregivers in their community.





Facilitates a **quick and safe transition** to the home care environment.

# AddnAide was designed for users like...



**Georgia**

Participant (Client)



**Carter**

Observer (Loved One)



**Sara**

Care Manager

**Holly**

Caregiver (Aide)



**Financial Management  
Service**

FMS/Reviewer



# Georgia



- Wants to remain independent in her own apartment.
- Needs help cleaning her apartment and getting groceries.
- Has a lot of friends, but her social connections are not willing or able to provide her care.

STRUGGLING TO FIND SOMEONE TO  
HELP IN HER HOME



# Carter

- Georgia's son, an Observer in AddnAide.
- Is invested in helping Georgia remain independent but does not have time to provide the care she needs.
- Wants to feel secure knowing Georgia's needs are being met so he can focus on his career.



WANTS TO BE REASSURED HIS MOTHER  
IS BEING CARED FOR



# Holly



- A trained home care aide.
- Loves her job but wants to find more flexible options that allow her to be more in control of her work.

LOVES THE WORK BUT FRUSTRATED  
WITH SCHEDULING



# Sara

- Georgia's Care Manager.
- Frustrated that many of Georgia's previous care providers were unreliable, and she was often the last to know when Georgia went without care.
- Wants better insight into the care Georgia is receiving.

STRUGGLING TO BE A PROACTIVE ADVOCATE  
FOR HER CLIENTS' CARE







# Financial Management Service



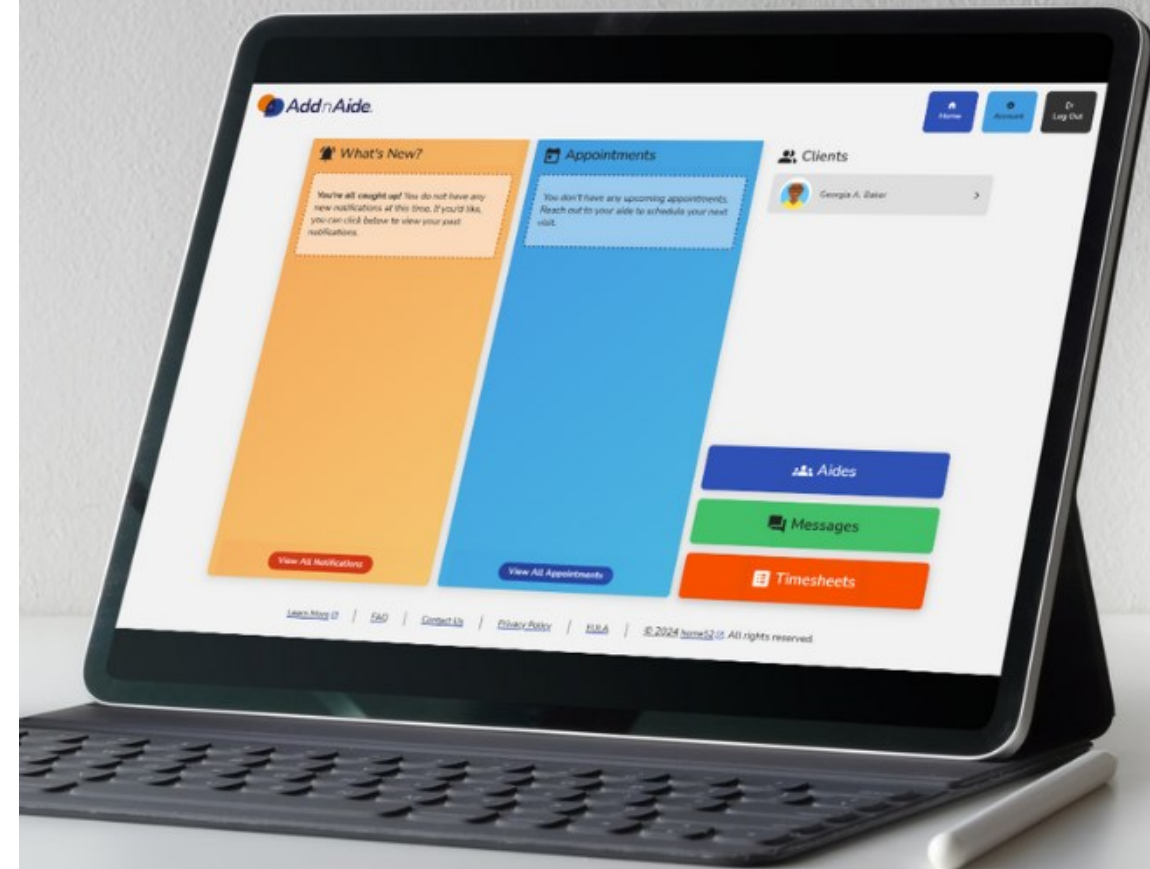
- Financial Management Service or Program Reviewer.
- Needs to ensure Aides and Clients have what they need and are approved to work with each other.

**RESPONSIBLE FOR HR AND EMPLOYMENT ENROLLMENT FOR SELF-DIRECTED CARE.**



## All-in-One Platform

Connect  
Communicate  
Schedule  
Manage  
Monitor  
Facilitate Payment





We've Proven the  
Concept



# Meet

“MY CORPORATE JOB WAS FEEDING MY WALLET, BUT THIS IS FEEDING MY SOUL.”  
—LORINDA

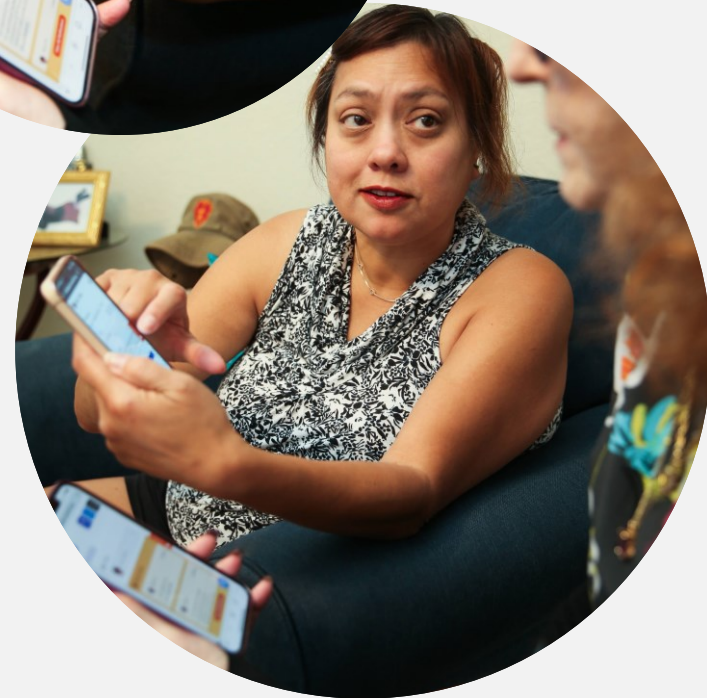
## Shari

- Frustrated by past caregivers who didn't show up on time or didn't stick around long.
- Needs light housekeeping and meal prep.
- Values communication, reliability ... and someone who can work in a home with a cat (Vito).

&

## Lorinda

- Frustrated by the corporate grind in her past career.
- Needs work that allows flexibility and feels meaningful. She currently works with 5 individuals through AddnAide.
- Values regular check-ins and consistency ... and loves 14-year-old Vito!



**MINUTES**  
**HCESP ADVISORY COUNCIL MEETING**  
THURSDAY, SEPTEMBER 26, 2024 @ 2:00 P.M.

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**ATTENDANCE**

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<b>Members Present:</b> Viola Brown Randi Burlew Janine Gage Janice Hunter	<b>COA Staff:</b> Nan Cahall Ronnie Spears Shelby Stout Ken Wilson	<b>Guests:</b>
<b>Excused:</b> Dimity Orlet Susan Van Amerongen	<b>Facilitator:</b> Janice Hunter	<b>Scribe:</b> Christina Adams
<b>Absent:</b>		

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**CALL TO ORDER**

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The September 26, 2024 meeting of the HCESP Advisory Council was called to order by Janice Hunter at 2:02 p.m.

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**APPROVAL OF MINUTES**

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Janice Hunter called for a motion to approve the June 27, 2024 Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

- Motion:** Randi Burlew made a motion to approve the minutes.  
**Second:** Janine Gage seconded the motion.  
**Action:** The June 27, 2024 minutes were unanimously approved.

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**QUARTERLY REPORTS**

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***Program Dashboard & Financial Report***

Ken gave an overview of the Program Dashboard (please see the handout for full report). This report covers April through June 2024. Due to managed enrollment, the number of ESP clients dropped by 276 clients from the first quarter and by 807 clients from the prior year. Managed enrollment began in May 2023 to stay under budget. While the number of new ESP enrollments has declined, the cost per client has risen. This is also due to the managed enrollment criteria which targets higher risk individuals who have higher care plan costs to meet their needs.

Randi asked if managed enrollment will lead to a further decrease in client enrollment or if it will plateau. Ken shared that this will plateau, and we are close to leveling off where we will not have a drop in program enrollments.

Consumer Directed Care was the only service where we saw an increase in the number of clients served in the second quarter.

The cost per client increased in the second quarter which was due to provider late billing with Consumer Directed Care service.

Fast Track Home (FTH) is a program for older adults who are leaving a hospital or nursing facility and provides services for up to sixty days following their discharge. There were 388 new enrollments into FTH and 397 disenrollments. 161 clients (40.55%) transferred to ESP to continue on with services following their 60 days in the FTH program.

The number of FTH clients using transportation service increased in the second quarter. FTH staff have reported high client satisfaction with transportation because of the home52 process. This is an important service for FTH clients as it gets them to and from their follow-up medical care appointments, reducing the risk of hospital readmission.

The number of clients waiting for a home care provider has dramatically decreased. Currently only 3% of clients have not been matched with a provider.

Consumer Directed Care had grown significantly and the process for enrollment into the program has improved. We are currently reviewing the cost of Consumer Directed Care to the ESP program.

Additionally, we are developing quality measures for the Consumer Directed Care service. Ken is working with Miami University to develop a satisfaction questionnaire in the coming year.

Ken shared that we assist individuals who have a Medicare Advantage plan to identify if they have a supplemental benefit (e.g., transportation or an emergency response device for fall detection) and if so, helping them to access the benefit. Accessing these supplemental benefits is a cost savings to the levy program. The annual cost savings to date is \$602,100.

Janice asked if all social workers, hospital and nursing facility discharge planners, etc. have information about Fast Track Home and if that information is presented to patients and/or family members. Ken shared that because of turnover at hospitals and nursing facilities, it is challenging to be sure that information about FTH is being consistently presented. There are hospital discharge managers who are engaged and make this part of the onboarding process, and it is a continual re-education process at other hospitals.

Ronnie reviewed the Financial Report (April-June 2024, please see handout for full report). This is six months of actuals and six months of projections. We are within \$1 of our projections versus budget, keeping within the approved tax levy appropriation budget. We have budgeted to bring in \$1.2M in state and federal dollars but actually brought in \$1.8M which offsets levy funds. COA expenses are over budget mainly due to intake and assessment and software costs that were not included in the original budget assumptions.

Randi asked if all ARPA dollars were spent. Ronnie noted that we did spend the ARPA dollars by the end of September deadline. We are not aware of additional ARPA funds that are available at this time. Ronnie has communicated to ODA that we are willing to take on additional ARPA or Healthy Aging dollars if available.

Ken noted that we are working on a plan to level out managed enrollment. We are currently only enrolling high acuity patients with certain conditions and are looking to add to this list. As the budget

allows us to enroll more individuals into the program, we will broaden the criteria list, slowly increasing enrollment.

Randi asked if the category list for enrollment criteria is medical diagnoses. Ken shared that enrollment criteria is based on a list of medical diagnoses. We are looking to include additional categories such as dementia and ALS.

Randi asked if there are no ARPA dollars for 2025, will we be able to increase enrollment or will the criteria be narrowed. Ronnie noted that based on projections, we should be able to increase enrollment by mid-year of 2025. Ken added that we are internally working on options to change protocols to allow some service(s) for clients versus denying enrollment. This is a challenging time period with the loss of the federal funding.

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

Lisa reviewed the Program Update (please see handout for full details). The home52 transportation service specification has been revised to include; "Trips that are unallowable are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and recreational marijuana."

Randi asked if we were getting a large number of requests for transportation to adult entertainment. Lisa shared that there has not been a large number of requests but following the passage of recreational marijuana, a provider asked for clarification on what trips were allowed. We revised the policy to clearly define unallowable trips.

Lisa shared an update on the Center for Respite Care contract. This program was previously funded separately by the Hamilton County Commissioners who have requested that COA take oversight of the contract.

Randi asked if the Center for Respite Care is only for older adults. Lisa shared that the center is for all ages, but COA only pays for individuals who are 60 years of age or older.

Janine asked if additional funding will be provided for this additional service that COA has been asked to oversee to allow for additional staffing. Ken shared that the county has moved the resources to COA as they moved this program under us. Ronnie added that this additional funding includes some funding for the administrative costs.

### **Copay Evaluation**

COA is evaluating changes to the method used to determine and collect copayments from clients who require a copay. The goal of these changes is to simplify the process, decrease complexity, and stabilize or increase copayment revenue. We have seen positive results from the current model being tested. Changes included in the current model along with next steps are outlined in the Program Update Report.

### **HDM Star Ratings**

Satisfaction data is collected from all clients who receive ESP or FTH services which include home delivered meals. Survey questions include satisfaction with the selection of meals, taste, value, etc. A provider quality report is created from the satisfaction data collected, and value/star rating sheets are created to assist the client in choosing an HDM provider. An adjustment has been made to the calculation of the value score to emphasize the focus on quality and to incentivize providers to increase the meal options available to clients. Additionally, this addresses any provider disadvantage by being of

high quality and a higher cost. Previously the value rating was based on a quality to value ratio of 50:50, the quality to value ratio is now 80:20. The new HDM star rating sheets reflects this focus on quality.

### Senior Farmers Market

1165 individuals residing in Hamilton County are participating in the Senior Farmers Market program. The Ohio Department of Aging (ODA) implemented an electronic benefits process this year versus paper coupons. \$60,500 (1210 clients) was allocated to Hamilton County for the program in 2024. The program has had challenges this year with redemption rates which is currently at 7%. Benefits must be redeemed by October 31, 2024. COA is providing program feedback and hopes to see improvements in 2025.

Randi asked if redemption of the benefits can be through home delivery. Lisa noted that this year individuals had to go to the farmers market to redeem the benefits. Delivery was previously an option, and COA is continuing to work with ODA on this area of the program.

### Social Isolation

Meals on Wheels (MOW) of SW OH & NKY implemented a Virtual Senior Center concept to address the risk of social isolation and loneliness for older adults. Health and Wellness activities are offered in person, virtually, and by telephone. Additionally, a telephone reassurance program called Friendly Calling was launched to reduce social isolation among older adults age 60 and over.

Randi asked what the uptake is for virtual participants versus in-person. Lisa shared that she does not have this data but will provide it at the next meeting.

**Action:** Lisa to provide the number of virtual versus in-person participants in Health and Wellness activities hosted by MOW of SW OH & NKY.

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## **OLD BUSINESS**

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### ***PACE Expansion & Guardianship Gap Updates***

Ken shared an update on the Guardianship Gap program and PACE Expansion (please see handout for full details).

#### Guardianship Gap Program

Hamilton County Probate Court identified a need for at risk individuals who need assistance to make decisions but do not have the support of family or an individual who can serve as a guardian. A collaborative of five agencies (COA, HC Developmental Disabilities Services, HC JFS, HC Mental Health & Recovery Services Board, and HC Probate Court) was formed to address this gap. A provider of guardianship services will be selected following the RFP process with the goal to begin services in early 2025.

Randi asked if there are safeguards in place or a review process to make sure that people do not have more rights taken away than what is necessary or taken advantage of. How does an individual get their rights back if guardianship is only necessary for a period of time. Ken noted that this program is being designed to be a resource where it is needed but will not infringe on individual rights. The question is also a good one that we will need to monitor as this project rolls out next year.



### PACE Expansion

Construction of the new PACE facility in Norwood is underway and expected to be completed by the end of December or early January. We will be going through the certification process with the state, hiring staff, and going live with the program in the fall of 2025.

Viola asked for examples of the services that will be provided at the PACE site. Ken shared that all services will be provided such as dental and vision care, primary physician care, occupational and physical therapy, home delivered meals, transportation, and home care assistance. Adult day service will also be included.

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## **NEW BUSINESS**

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### ***Draft 2025 Budget***

Ronnie reviewed the 2025 budget (please see handout for full details).

Janice requested a motion to approve the 2025 budget.

**Motion:** Janine Gage made a motion to approve the 2025 budget.

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

**Action:** The 2025 budget was unanimously approved.

### ***Equity Evaluation of Managed Enrollment***

Shelby shared the Equity Evaluation of Managed Enrollment report (please see handout for details). An analysis was conducted to review the impact of managed enrollment on enrollment demographics in the Elderly Services Program. A year of data from the year prior and the year following the start of managed enrollment, which began on May 1, 2023, was used in this analysis. During managed enrollment, the enrollment criteria is restricted to individuals aged 60 and older that are high risk. No significant impact on enrollment demographics was identified.

Janine commented on the low Hispanic/Latino population enrollment (both before and after managed enrollment). Shelby noted that we need to look into this to be sure that the population is aware of the program. More outreach to the community is needed, particularly in the FTH program where information can be shared while an individual is in a hospital or nursing facility.

Janine shared that she is fluent in Spanish and is willing to do community outreach if presentations are put together. She shared that it is important for information to be shared in their language and that we target the right areas to reach the community as well as places within those areas, i.e., churches, etc.

Nan added that she can assist with making connections with the Hispanic/Latino population. The governor has a Hispanic local chapter that represents the business community, and she is also aware of a number of Hispanic groups that Janine can connect with.

Randi suggested an additional row of data be added to the report to include the demographics of individuals age 60 and over. She also suggested an update the Equity Analysis report conclusion and next

steps to include exploring how we can better serve the Hispanic/Latino populations and how well our demographics align with the overall 60+ population in Hamilton County.

Janine asked if it would be worthwhile to form a taskforce to meet monthly to review and implement next steps.

Randi suggested that Equity be a standing agenda item at the quarterly meetings.

**Action:** Nan to provide Hispanic group information to Janine.

**Action:** Shelby to follow up with Janine on outreach opportunities to the Hispanic population. Additionally, the demographics of individuals over age 60 and over in Hamilton County will be added to the report along with next steps to increase the Hispanic/Latino population that we serve.

**Action:** Ken to add Equity as an agenda item for the next meeting.

### ***Transportation Service Specification Change***

Lisa shared an update to the transportation service specification (please see handout for details) The following line was added; "Trips that are unallowable are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and recreational marijuana.

Randi asked if this is a legal issue and was the reasoning for making this change to stay in alignment with the law. Lisa responded that this change was made to ensure that we are using levy funds in the most appropriate way that supports client health and safety. In addition, to ensure that our providers are using the limited resources that we have for trips that support health and safety as well as social interaction with the community.

Randi suggested the language be modified to read "Trips that are unallowable are trips to adult entertainment, casinos and establishments that exclusively sell alcohol, tobacco, and recreational marijuana." Following discussion, it was agreed to make this update to the language.

**Action:** Lisa to update the transportation service specification to "Trips that are unallowable are trips to adult entertainment, casinos and establishments that exclusively sell alcohol, tobacco, and recreational marijuana."

Janice asked for a motion to approve the transportation service specification change that includes the updated language.

**Motion:** Randi Burlew made a motion to approve the transportation service specification change that includes the updated language.

**Second:** Janine Gage seconded the motion.

**Action:** The transportation service specification change that includes the updated language was unanimously approved.

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## **HEARING THE PUBLIC**

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No individuals from the public were present that requested to speak.

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## ADJOURNMENT

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With no further business, Janice asked for a motion to adjourn the meeting at 3:23 p.m.

**Motion:** Randi Burlew made a motion to adjourn the meeting.

**Second:** Janine Gage seconded the motion.

**Action:** The meeting was adjourned at 3:23 p.m.

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## NEXT MEETING

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December 5, 2024



**Hamilton County ESP  
Program and Financial Report  
Quarter 3, 2024 (Jul. - Sep. 2024)**



# Hamilton County ESP

## Quarter 3, 2024 (July - September 2024)

### EXECUTIVE SUMMARY

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#### Highlighted Findings

##### 1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 3, 2023), census has decreased by -852 clients (from 5,375 to 4,523) or -15.85%.
- B. Compared to last quarter (Quarter 2, 2024), census has decreased by -204 clients (from 4,727 to 4,523) or -4.32%.

\* **Note:** Managed Enrollment was initiated for Hamilton County in May of 2023.

##### 2. Fast Track Home Census Trends

- A. Average length of stay decreased by -3 days when compared to Quarter 2, 2024 (from 61 to 58).
- B. New Enrollments increased by 14 compared to Quarter 2, 2024 (from 387 to 401).
- C. Total clients who transferred to ESP from FTH increased by 30 clients from Quarter 2, 2024 (from 172 to 202).

##### 3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$28.0 million as of the third quarter, and equivalent to the budgeted amount of \$28.0 million.
- B. Total Expenses: The expense as of the third quarter is \$30.5 million as compared to \$29.6 million in the budget. The variance is over budget by \$910,657 or 3.1%.
- C. Purchase Services: The expenses for client services are higher by \$60,053 or 0.3% as compared to budget.



# Hamilton County ESP

Quarter 3, 2024 (July - September 2024)

## TRADITIONAL ESP CENSUS TRENDS

### Quarter-End Census by Program

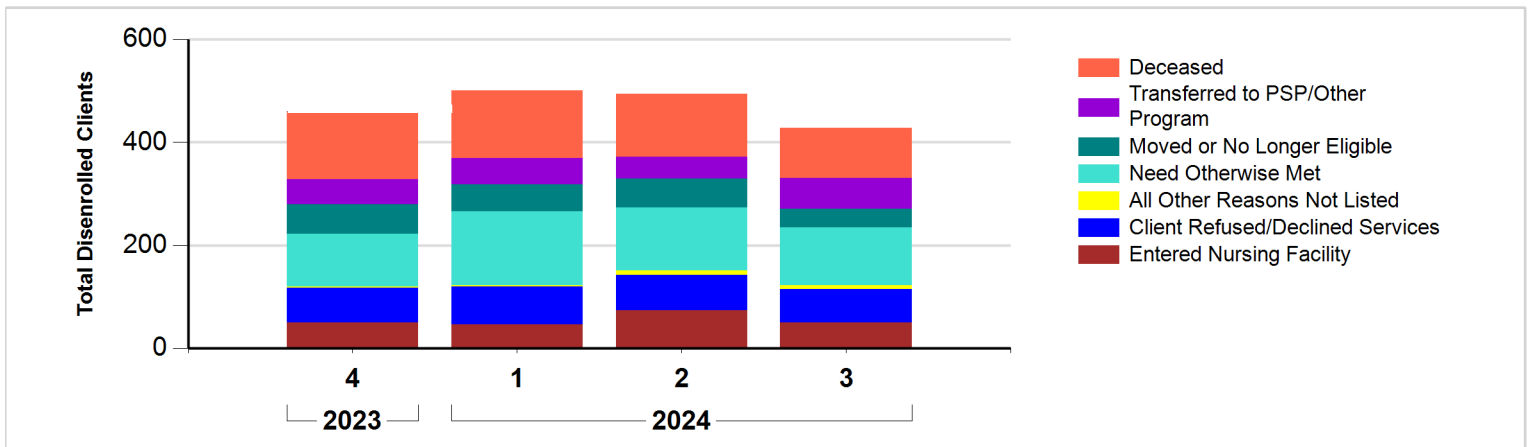
Year	2023		2024	
Quarter	4	1	2	3
ESP	5,214	5,003	4,727	4,523
FTH	254	282	255	249
Medicaid Programs	3,278	3,276	3,324	3,386
Passport	528	519	524	528
Assisted Living	120	113	114	123
Molina	1,105	1,141	1,166	1,219
Aetna	1,525	1,503	1,520	1,516

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

Year	2023		2024	
Quarter	4	1	2	3
Quarter-End Census	5,214	5,003	4,727	4,523
New Enrollments	320	278	216	226
Disenrollments	460	504	494	428

### Disenrollment Outcomes

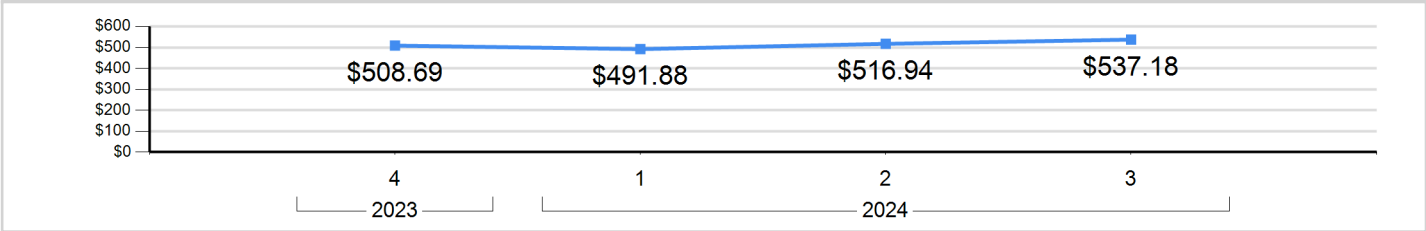
Year	2023		2024	
Quarter	4	1	2	3
Client Refused/Declined Services	68	73	69	65
Deceased	130	133	122	97
Entered Nursing Facility	50	47	74	50
Moved or No Longer Eligible	58	52	57	36
Need Otherwise Met	102	143	122	113
Transferred to PSP/Other Program	48	51	42	60
All Other Reasons Not Listed	2	3	8	7
<b>Total</b>	<b>460</b>	<b>504</b>	<b>494</b>	<b>428</b>





**Hamilton County ESP**  
**Quarter 3, 2024 (July - September 2024)**  
**TRADITIONAL ESP SERVICE TRENDS**

**Average Monthly Cost per Client**



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

Year	2023		2024		
	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 3
Consumer Directed Care	433	424	449	447	447
Electronic Monitoring	2,578	2,508	2,351	2,238	2,238
Home Care Assistance	2,185	2,122	2,042	2,063	2,063
Home Delivered Meals	2,955	2,909	2,803	2,680	2,680
Home Medical Equipment	197	157	137	122	122
Home Modification	66	18	6	48	48
Laundry Service	149	143	133	131	131
Other Services	161	160	167	159	159
Transportation	754	737	726	720	720
<b>All Services (Unduplicated)</b>	<b>5,211</b>	<b>5,051</b>	<b>4,838</b>	<b>4,588</b>	<b>4,588</b>

**Units Billed by Service Group<sup>1</sup>** *Please see the notes page for unit of measure descriptions by service.*

Year	2023		2024		
	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 3
Consumer Directed Care	40,533	32,704	45,159	38,239	38,239
Electronic Monitoring	7,717	7,317	7,053	6,723	6,723
Home Care Assistance	81,858	79,043	77,023	75,484	75,484
Home Delivered Meals	205,641	196,401	194,019	185,213	185,213
Home Medical Equipment	251	214	174	174	174
Home Modification	75	19	6	48	48
Laundry Service	1,036	1,225	897	792	792
Other Services	4,411	3,747	3,732	3,279	3,279
Transportation	12,149	11,552	11,559	10,428	10,428

**Dollars Paid by Service Group (Purchased Services)<sup>1</sup>**

Year	2023		2024		
	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 3
Consumer Directed Care	\$782,661	\$666,320	\$843,017	\$748,448	\$748,448
Electronic Monitoring	\$175,407	\$164,775	\$146,598	\$151,089	\$151,089
Home Care Assistance	\$2,127,961	\$2,039,204	\$2,005,374	\$1,959,565	\$1,959,565
Home Delivered Meals	\$1,868,174	\$1,783,754	\$1,755,111	\$1,676,365	\$1,676,365
Home Medical Equipment	\$73,406	\$55,744	\$39,982	\$45,823	\$45,823
Home Modification	\$135,252	\$32,444	\$18,212	\$103,252	\$103,252
Laundry Service	\$57,296	\$47,961	\$54,395	\$58,916	\$58,916
Other Services	\$312,809	\$252,367	\$300,489	\$165,224	\$165,224
Transportation	\$678,416	\$592,377	\$524,851	\$476,874	\$476,874
<b>All Services</b>	<b>\$6,211,382</b>	<b>\$5,634,946</b>	<b>\$5,688,028</b>	<b>\$5,385,557</b>	<b>\$5,385,557</b>

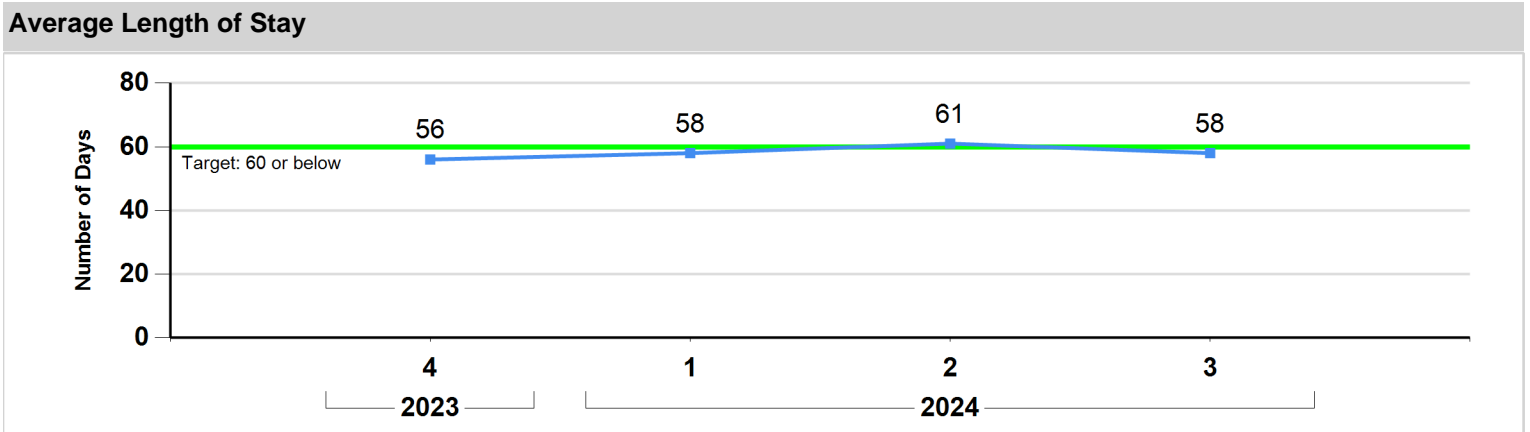
<sup>1</sup> Higher unit usage and cost for both Consumer Directed Care and Electric Monitoring seen in Q3'2024 is due to late billing for Q2'2024 services.



**Hamilton County ESP FTH**  
**Quarter 3, 2024 July - September 2024)**  
**FAST TRACK HOME CENSUS TRENDS**

Total Clients Served, New Enrollments, Disenrollments				
	2023	2024		
	Quarter 4	Quarter 1	Quarter 2	Quarter 3
New Enrollments	398	437	387	401
Disenrollments	388	389	397	393
Clients Transferred to ESP	174	186	172	202
	44.85%	47.81%	43.32%	51.40%

Enrollment by Setting				
	2023	2024		
Enrollment Setting	Quarter 4	Quarter 1	Quarter 2	Quarter 3
Spousal Meals	17	17	16	9
Drake Rehab	0	3	4	7
Mercy Anderson Rehab	0	1	2	0
Fort Hamilton	0	0	1	0
Community	7	7	28	9
Mercy Hospital Network	91	86	64	80
The Christ Hospital	44	46	37	42
TriHealth Hospital Network	64	73	53	78
University of Cincinnati Hospital Network	43	52	47	53
Veterans Admin - VA	6	7	8	7
Other Hospital	13	5	14	42
Skilled Nursing Facilities	66	94	74	46
Rehabilitation Facilities	37	25	27	21
Skilled HHC	0	1	1	1
Not Captured	10	20	11	6
<b>Total</b>	<b>398</b>	<b>437</b>	<b>387</b>	<b>401</b>







**Hamilton County ESP FTH**  
**Quarter 3, 2024 (July - September 2024)**  
**FAST TRACK HOME SERVICE TRENDS**

**Distinct Clients Served by Service Group**

Year	2023		2024	
Quarter	4	1	2	3
Electronic Monitoring	191	158	160	130
Home Care Assistance	134	131	74	147
Home Delivered Meals	317	315	327	314
Home Medical Equipment	148	155	133	108
Home Modification	53	59	52	59
Independent Living	0	0	2	2
Laundry Service	44	35	29	26
Transportation	49	50	61	50
<b>All Services (Unduplicated)</b>	<b>514</b>	<b>505</b>	<b>500</b>	<b>468</b>

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

Year	2023		2024	
Quarter	4	1	2	3
Electronic Monitoring	257	212	244	207
Home Care Assistance	1,635	1,445	851	1,479
Home Delivered Meals	8,409	8,352	9,332	7,561
Home Medical Equipment	303	286	230	197
Home Modification	55	61	52	60
Independent Living	0	0	7	6
Laundry Service	131	104	138	65
Transportation	230	264	306	273

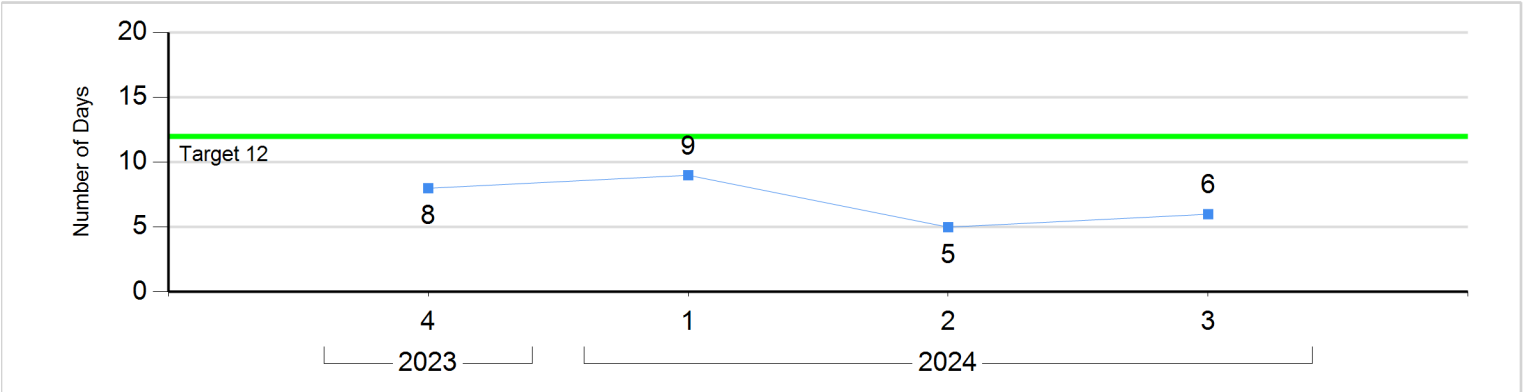
**Dollars Paid by Service Group (Purchased Services)**

Year	2023		2024	
Quarter	4	1	2	3
Electronic Monitoring	\$6,060	\$5,003	\$5,685	\$4,708
Home Care Assistance	\$42,120	\$36,584	\$21,501	\$35,311
Home Delivered Meals	\$76,753	\$75,408	\$84,065	\$68,004
Home Medical Equipment	\$28,856	\$26,187	\$20,900	\$17,230
Home Modification	\$23,115	\$26,210	\$21,385	\$27,910
Independent Living	\$0	\$0	\$656	\$608
Laundry Service	\$6,774	\$5,613	\$7,192	\$3,503
Transportation	\$15,034	\$15,207	\$17,052	\$14,719
<b>All Services</b>	<b>\$198,712</b>	<b>\$190,213</b>	<b>\$178,436</b>	<b>\$171,993</b>



**Hamilton County ESP**  
**Quarter 3, 2024 (July - September 2024)**  
**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
2023	4	2,714	137	5%	79%	16%
2024	1	2,851	130	5%	78%	18%
2024	2	3,047	92	3%	78%	19%
2024	3	2,844	32	1%	77%	22%

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

Year	2023		2024	
Quarter	4	1	2	3
Overall Satisfaction	96.88%	96.57%	98.38%	98.28%
Good Choice of Meals Available	93.06%	91.30%	95.46%	94.54%

**Medical Transportation - Client Satisfaction Survey Results**

Year	2023		2024	
Quarter	4	1	2	3
Overall Satisfaction	100.00%	100.00%	100.00%	100.00%
Service Returns Client Home Promptly	100.00%	100.00%	100.00%	100.00%

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

Year	2023		2024	
Quarter	4	1	2	3
Overall Satisfaction	91.72%	92.61%	95.90%	96.48%
Aide is Dependable	90.00%	88.39%	94.16%	94.78%



# HC Senior Utility and Home Mod Program

## Program Review\_October 2023 - September 2024

### HC Sen.Utility Program Clients Served and Cost

#### Home Modification

Year	2023	2024	2024	2024
Quarter	Q4	Q1	Q2	Q3
Number of Members Assisted	32	37	54	65
Total Cost	\$132,577	\$128,132	\$248,667	\$302,850

#### Duke Energy - Electric and Gas Utility Credits

Year	2023	2024	2024	2024
Quarter	Q4	Q1	Q2	Q3
Number of Members Assisted	176	322	540	1
Total Cost	\$63,582	\$86,900	\$138,466	\$500 *

#### Water Utility Credits

Year	2023	2024	2024	2024
Quarter	Q4	Q1	Q2	Q3
Number of Members Assisted	5	64	21	8
Total Cost	\$4,544	\$32,626	\$11,225	\$3,793

\* In quarter 3, 2024, all funds for the Duke Energy Utility Credit assistance had been exhausted.



**Hamilton County ESP**  
**Quarter 3, 2024 (July - September 2024)**  
**MEDICARE BENEFIT COST SAVINGS**

**ESP Cost Savings Analysis**

<b>Referrals</b>				
<b>Year</b>	<b>2023</b>	<b>2024</b>	<b>2024</b>	<b>2024</b>
<b>Quarter</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Number of Members Assisted	56	63	69	89
Over The Counter(OTC)	27	62	65	67

<b>Services Awarded</b>				
<b>Year</b>	<b>2023</b>	<b>2024</b>	<b>2024</b>	<b>2024</b>
<b>Quarter</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Emergency Response Service	18	42	40	35
Medical Transportation	26	43	45	43
<b>Total Distinct Clients Served</b>	37	44	63	61

<b>Annual Cost Savings</b>		
<b>Year</b>	<b>2023</b>	<b>2024</b>
Total Cost Savings	\$537,106	\$903,000



# Hamilton County ESP

Quarter 3, 2024 (July - September 2024)

**FINANCIALS: based on actual revenue & expenses as of September 30, 2024<sup>1</sup>**

	Annual Projected	Annual Budget	Budget Variance	% Budget Variance
<b>Revenue</b>				
Tax Levy Appropriations	\$28,018,931	\$28,018,931*	\$0	0.0%
<b>Federal &amp; State Funding</b>				
Title III B - Supportive Services	\$503,650	\$250,300	\$253,350	101.2%
Title III C2 - Home Delivered Meals	508,218	284,173	224,045	78.8%
Title III E - Caregiver Support	66,207	175,893	(109,686)	-62.4%
Alzheimer's	48,912	15,591	33,321	213.7%
Nutrition Services Incentive Program (NSIP)	394,640	383,208	11,432	3.0%
Senior Community Services	180,216	102,203	78,013	76.3%
Other Federal (ARPA)	329,552	0	329,552	0.0%
<b>Client Contributions</b>				
Client Donations	3,063	2,754	309	11.2%
Co-Pays Received	431,399	341,077	90,323	26.5%
<b>Total Revenue</b>	<b>\$30,484,787</b>	<b>\$29,574,130</b>	<b>\$910,657</b>	<b>3.1%</b>
<b>Expenses</b>				
<b>COA Expenses</b>				
Administrative	\$1,860,574	\$1,804,994	(\$55,580)	-3.1%
Intake & Assessment	118,391	93,700	(24,691)	-26.4%
FTH Case Management	1,433,133	1,204,775	(228,358)	-19.0%
CaseMgmt incl. Transportation Coord.	4,866,779	4,324,804	(541,975)	-12.5%
<b>Total COA Expenses</b>	<b>\$8,278,877</b>	<b>\$7,428,273</b>	<b>(\$850,604)</b>	<b>-11.5%</b>
<b>Purchased Services</b>				
Home Care Assistance	\$8,002,598	\$7,414,999	(\$587,599)	-7.9%
Consumer Directed Care	3,074,279	2,679,477	(394,802)	-14.7%
Laundry Service	\$238,556	204,044	(34,512)	-16.9%
Independent Living	293,744	160,013	(133,731)	-83.6%
Minor Home Modifications	298,394	624,749	326,355	52.2%
Pest Control	29,306	100,715	71,409	70.9%
Major House Cleaning	59,365	61,561	2,196	3.6%
Home Medical Equipment	271,698	454,223	182,525	40.2%
Emergency Response Systems	604,983	590,832	(14,151)	-2.4%
Home Delivered Meals	7,107,309	7,172,514	65,205	0.9%
Adult Day Service	452,777	556,155	103,378	18.6%
Adult Day Transportation	134,133	155,180	21,047	13.6%
Medical Transportation	1,574,393	1,889,128	314,735	16.7%
Non-Medical Transportation	475,857	453,640	(22,217)	-4.9%
Transportation Coordination	220,346	220,346	0	0.0%
Utility Assistance Program	1,000,000	1,000,000	0	0.0%
Senior Homeless Medical	250,000	250,000	0	0.0%
Healthy Aging Grant	(1,881,828)	(1,841,719)	40,109	-2.2%
<b>Gross Purchased Services</b>	<b>\$22,205,910</b>	<b>\$22,145,857</b>	<b>(\$60,053)</b>	<b>-0.3%</b>
<b>Gross Program Expenses</b>	<b>\$30,484,787</b>	<b>\$29,574,130*</b>	<b>(\$910,657)</b>	<b>-3.1%</b>
<b>Client Census</b>	<b>4,509**</b>	<b>4,517</b>	<b>8.00</b>	<b>0.2%</b>
<b>Cost of Services per Client</b>	<b>379.40</b>	<b>378.64</b>	<b>(0.76)</b>	<b>-0.2%</b>

\* Includes Healthy Aging Grant Money from State Approved by the County

\*\* projected year-end census

## 1. Census Trends

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

## 2. Service Trends

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

## Hamilton County Program Update Report

November 2024

### **Adult Day Services (ADS)**

Lincoln Heights Outreach Services recently appointed a new Executive Director, Karen Williams, who began in early September.

### **Electronic Monitoring Systems (formerly Emergency Response Services)**

Guardian Medical Monitoring's proposal to RFP 001-24: ESP Electronic Monitoring Systems (EMS) was awarded the EMS contract with an effective date of November 1, 2024. All appeals have been addressed and Guardian Medical Monitoring is now under contract with COA.

### **Environmental Service**

As of 11/1/24, Arrow Heating Cooling and Maintenance has added Environmental services to their contract for Hamilton County.

### **Center for Respite Care**

In January, COA took over the administration of the Center for Respite Care contract. This is a unique service within Hamilton County which provides quality holistic medical care to people experiencing homelessness who need a safe place to heal, while assisting them in breaking the cycle of homelessness. Previously, the Hamilton County Commissioners had funded this program separately with levy funding and recently requested COA oversee the contract. Their current contract runs through June 2025.

Attached are the draft Conditions of Participation and Service Specifications that have been developed for this service that has now been named Medical Recovery and Extended Care Services (MRECS). COA is working on an RFP for this service to be posted in 2025.

### **Home Delivered Meals**

Planning has begun for the COA 2025 Nutrition Provider Summit that will be held January 16<sup>th</sup> at the COA offices. Discussion topics will include strategies to modernize Home Delivered Meals, approaches to increase donation-based funding for the meal delivery program, and innovative ideas for program growth and cost savings.

## Senior Farmers Market Nutrition Program

The Department of Aging awarded COA \$150,000 for the 2024 program. 90% of the grant is divided amongst our five-county region based on past participation/redemption numbers, with 10% of the grant to be used for administrative costs. Hamilton County received \$60,500 (1,210 clients). Thus far, 1393 individuals who reside in Hamilton County are participating in the program, and 17 farmers/markets in Hamilton County are approved to accept the benefits. The 2024 program ends 11/30/2024.

## 2025 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 2025.)		
Hamilton County ESP Providers	Review Type	Review Tentative Date
360 Total Care	Annual	May-25
A Best Home Care	Annual	October-25
A Miracle Home Care	Annual	August-25
Active Day Cincinnati	Annual	December-25
Always There Healthcare	Annual	May-25
Amaramedical Health Care Services	Annual	January-25
American Ramp Systems	Biennial	November-25
Arrow Heating Cooling and Home Maintenance, LLC	Annual	November-25
Bayley Adult Day	Annual	August-25
Bernens Medical Pharmacy	Biennial	December-25
Bethesda Medical Transportation	Annual	August-25
Cincinnati Medical Transport	Biennial	November-25
Comfort and Care Home Health Agency	Annual	September-25



Custom Home Elevator	Biennial	August-25
Day Share, Senior Services	Annual	December-25
Deupree Community MOW	Annual	June-25
Eastern Personnel Services	Annual	October-25
Easterseals Redwood	Annual	March-25
Elite Xpress Transportation LLC	Biennial	December-25
Guardian Medical Monitoring	Biennial	November-25
Help at Home (Prime Home Care)	Annual	February-25
Hillebrand Home Health	Annual	August-25
Home Care by Blackstone - Assisted Care by Blackstone	Annual	March-25
Home First Non-Medical	Biennial	December-25
I Care Transportation LLC	Annual	August-25
Interim HomeStyles of Greater Cincinnati	Annual	September-25
Janz Medical Supply (fka Mullany's)	Annual	June-25
Jewish Family Service of the Cincinnati Area	Annual	March-25
Kemper Shuttle (Universal Work & Power)	Biennial	January-25
LCD Home Health Agency	Annual	July-25
Lincoln Heights Outreach	Annual	August-25
Mayerson Jewish Community Center	Annual	April-25
MedAdapt Ltd.	Biennial	May-25
Mitt's Termite & Pest Control	Biennial	July-25
Northwest Adult Day Service	Annual	October-25
Nova Home Care Company	Annual	October-25

Ny's Transportation	Biennial	January-25
Otterbein Lebanon Adult Day Service	Annual	June-25
Partners In Prime	Annual	June-25
Premier Transportation	Annual	April-25
PWC People Working Cooperatively, Inc.	Biennial	May-25
Quality Care	Annual	September-25
Queen City Medical Transport	Biennial	May-25
Right at Home	Annual	June-25
Senior Helpers of Southern Ohio (SH of Southern Ohio)	Annual	August-25
Shaddai Transportation	Annual	July-25
St. Joseph Construction (currently on self-hold for ESP)	Biennial	December-25
Superior Home Care	Annual	May-25
T and R Transportation	Annual	May-25
Timmons Tender Care	Annual	October-25
Up and Walk Transportation	Annual	June-25
Wesley/Meals on Wheels of Southwest OH & Northern KY	Annual	April-25
Western Hills Home Care	Annual	June-25

# PACE OF CINCINNATI

- Hamilton County
- A partnership between TriHealth and Council on Aging



# What is PACE?

“Program for the All-inclusive Care for the Elderly”

Coordinates and provides all preventive, primary, acute and long-term care services

Primary care delivered through onsite clinics

Interdisciplinary care management team meets daily

Regulated by Centers for Medicare and Medicaid Services (CMS) and Ohio Dept. of Aging (ODA)

# PACE is a *PARTNERSHIP* between the Federal Government, the State Government, and a Local Sponsor



- ❖ 76,000 Participants
- ❖ 100% Need Nursing Home Level of Care
- ❖ 95% Live in the Community
- ❖ 5% Live in a Nursing Home
- ❖ 32 State Partners
- ❖ 163 Sponsoring Organizations
- ❖ 300 PACE Centers

# IDT: Interdisciplinary Team



Each participant is assigned to a team that works closely with them.

The team meets regularly to review assessments, exchange information, and troubleshoot problems as conditions and needs of participants change.

# DEVELOPMENT OF OPTIONS COUNSELING TOOL– FALL 2024



- Design thinking innovation to solve problems
- COA project to develop option counseling tools
- Will include:
  - Infusion of project resources and diverse expertise (ie- computer engineering)
  - National research for best practices, or adoption of models from other industries.
  - Process mapping
  - Stakeholder interviews
  - Feedback sessions, innovative thinking around potential solutions



35 Minute Drivetime to the PACE Center

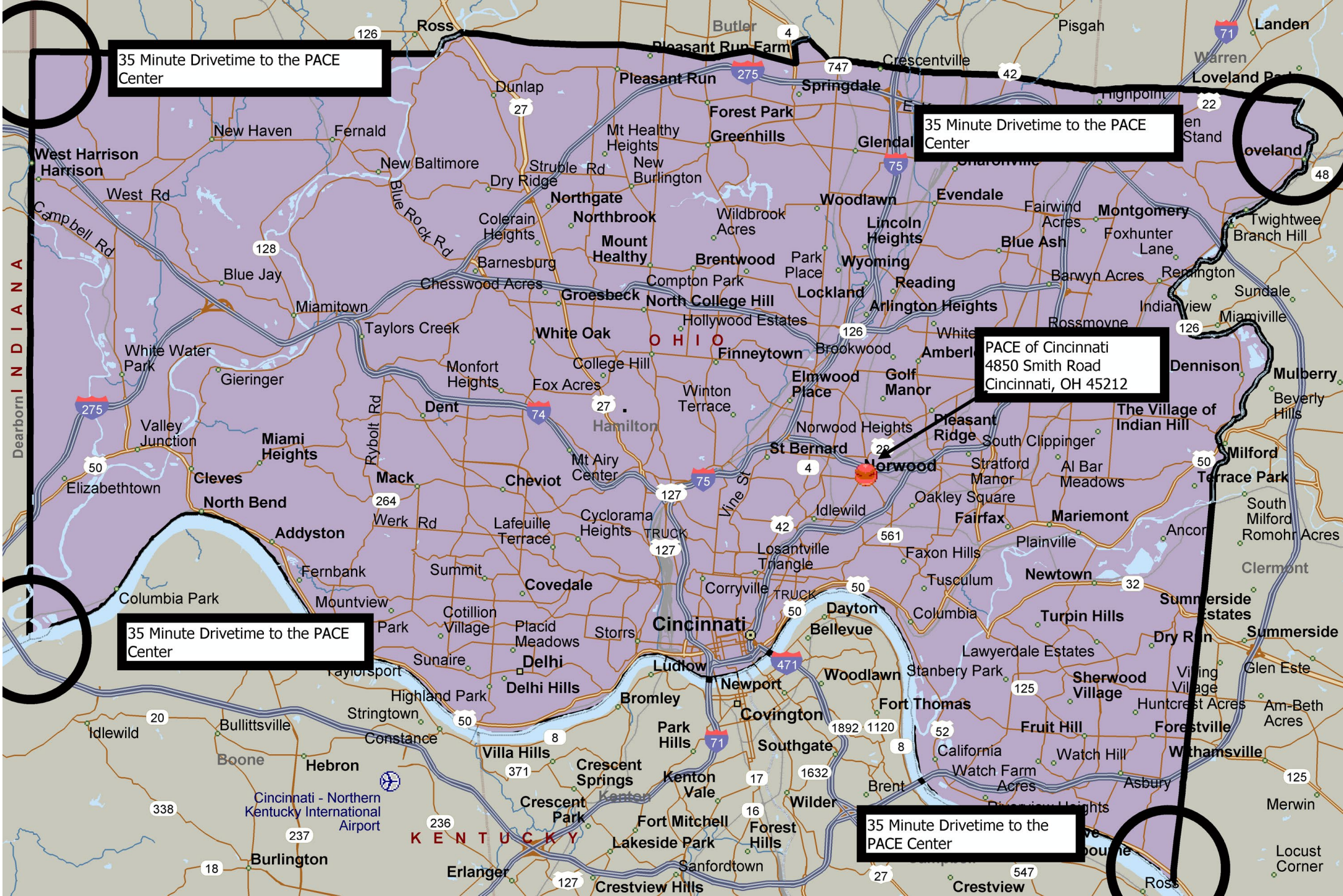
35 Minute Drivetime to the PACE Center

PACE of Cincinnati  
4850 Smith Road  
Cincinnati, OH 45212

35 Minute Drivetime to the PACE Center

35 Minute Drivetime to the PACE Center

DEARBORN INDIANA



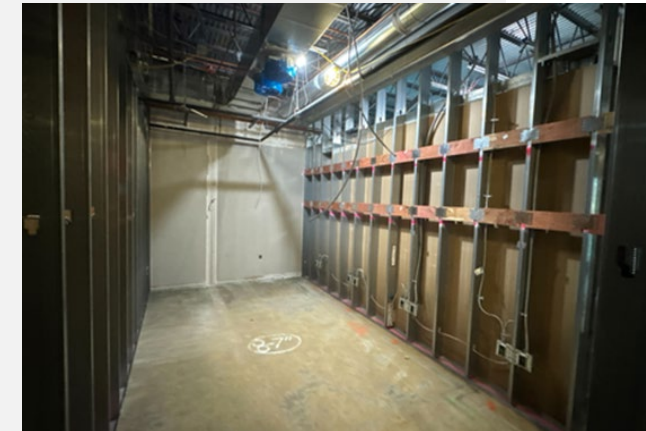


# PACE of Cincinnati Floor Plan



# PACE of Cincinnati - Construction Progress Update October 22, 2024

Construction Activity	Target Completion Date	% Complete
Contract Issued	08/21/24	100%
Permit	08/28/24	100%
Demolition	09/09/24	100%
Saw Cut Break and Remove	09/13/24	100%
Plumbing Trenching and Underground	09/24/24	100%
Concrete Pour Back of Trenches	09/30/24	100%
MEP Overhead Rough	10/10/24	95%
Framing and Inwall Electrical and Plumbing	10/23/24	95%
Drywall Walls	11/05/24	40%
Taping	11/20/24	00%
Painting 1 <sup>st</sup> Coat	11/30/24	00%
Tile in Restrooms	12/11/24	00%
Acoustical Ceiling Grid	12/07/24	00%
Lighting	12/11/24	00%
Acoustical Trim (HVAC, Sprinkler, Tile)	12/12/24	00%
Air Balance and Testing	12/20/24	00%
Cabinet Install	01/06/25	00%
Doors and Hardware	01/13/25	00%
Flooring Install	01/15/25	00%
Final Inspection	01/15/25	00%



## Hamilton County Senior Services Five Year Levy Projection

### LATEST COA PROJECTION: Nov 2024

	Year 1 2023 Actuals	Year 2 2024 Projected	Year 3 2025 Projected	Year 4 2026 Projected	Year 5 2027 Projected	5-Year Total
<b>Revenue</b>						
Beginning Fund Balance	26,634,426	21,621,419	19,431,908	16,551,563	11,913,676	26,634,426
Levy Revenue (Cash Basis)	27,129,420	27,129,420	27,129,420	27,129,420	27,129,420	135,647,100
<b>COA Levy Draw</b>	<b>30,461,910</b>	<b>28,018,931</b>	<b>28,709,765</b>	<b>30,467,307</b>	<b>31,216,090</b>	<b>148,874,002</b>
Title III and State Funding (Accrual Basis)	2,094,161	2,031,394	730,460	1,011,905	1,074,053	6,941,972
Other Revenue	62,717	-	-	-	-	62,717
Client Donations (Accrual Basis)	3,263	3,063	3,674	3,756	3,778	17,534
Client Co-Payments (Accrual Basis)	472,867	431,399	362,910	364,220	369,683	2,001,079
<b>Total Revenue to support ESP</b>	<b>33,094,917</b>	<b>30,484,787</b>	<b>29,806,808</b>	<b>31,847,188</b>	<b>32,663,604</b>	<b>157,897,303</b>
<b>Total Available Revenue (incl. previous year carryover)</b>	<b>56,396,854</b>	<b>51,216,695</b>	<b>47,658,371</b>	<b>45,060,864</b>	<b>40,490,610</b>	<b>171,304,827</b>
<b>COA Operational Expenses</b>						
Provider Services ESP (Accrual Basis)	23,617,511	21,916,522	19,653,869	20,703,269	21,556,633	107,447,803
Healthy Aging Grant	(610,914)	(1,881,828)	-	-	-	(2,492,742)
Provider Services FTH (Accrual Basis)	838,829	700,870	660,484	671,157	685,460	3,556,799
Intake & Assessment (Accrual Basis)	56,049	118,391	202,179	208,244	214,492	799,355
Care Management (Accrual Basis)	4,887,480	4,866,779	4,471,050	4,713,593	4,933,786	23,872,687
<i>FTH Care Management</i>	1,119,042	1,433,133	1,476,127	1,520,411	1,566,023	7,114,736
<i>On-Demand Transportation</i>	167,043	220,346	226,956	233,765	240,778	1,088,889
<i>Home Modification program</i>	1,000,000	1,000,000	1,000,000	1,556,076	1,175,931	5,732,007
<i>Senior Homeless Medical</i>	-	250,000	250,000	250,000	250,000	1,000,000
Program Management (Accrual Basis)	2,019,878	1,860,574	1,816,143	1,940,673	1,990,502	9,627,770
<b>Total COA Operational Expenditures</b>	<b>33,094,917</b>	<b>30,484,787</b>	<b>29,756,808</b>	<b>31,797,188</b>	<b>32,613,604</b>	<b>157,747,303</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	250,000	250,000	250,000	250,000	1,184,726
Levy Administration (Cash Basis)	531,484	400,000	400,000	400,000	500,000	2,231,484
Patient navigation	59,682	-	-	-	-	59,682
Senior Homeless Medical	250,000	-	-	-	-	250,000
Care for Caregivers	269,360	250,000	250,000	250,000	250,000	1,269,360
<b>Total Levy Expenditures</b>	<b>34,790,169</b>	<b>31,784,787</b>	<b>31,056,808</b>	<b>33,097,188</b>	<b>34,013,604</b>	<b>164,742,555</b>
<b>Adjustment</b>	<b>(14,734.63)</b>					
<b>Actual &amp; Estimated Fund Balance</b>	<b>21,621,419</b>	<b>\$19,431,908</b>	<b>\$16,601,563</b>	<b>\$11,963,676</b>	<b>\$6,477,006</b>	<b>6,477,006</b>
	-					
<b>Year Ending Client Census (Includes FTH)</b>	<b>5,468</b>	<b>4,509</b>	<b>4,482</b>	<b>4,660</b>	<b>4,563</b>	
<b>Annual Clients Served</b>	<b>8,988</b>	<b>8,216</b>	<b>7,257</b>	<b>7,248</b>	<b>7,426</b>	

**Assumptions:**

Census has been projected to level off by the end of Q1 2025, at a level of 4,482, which includes FastTrack Home.

Levy revenue for 2024-2027 is projected at the level of 2023 actuals (provided by county auditor).

Title III funds blended into the program included additional ARPA funding in 2023 and 2024. Starting in 2025 the blending will be at pre-pandemic levels annually, estimated to be \$1,074,053.

Annual non-COA expenditures have been extended through this cycle, using average values from current cycle, for a 5 year total at \$7M.

Home Modification program expenses of \$1,000,000 are reflected in each year for this cycle.

Intake & Assessment expenses are based on budgeted salaries; Care Management expenses are based on a PMPM which includes the cost of Care Director- the electronic medical record.

Provider Services are forecasted on a Cost per Client basis.

Home Delivered Meals - the increase in Cost per client reflect the weighted average yearly increase prices, as submitted in the most recent RFP bids; this calculated increase was applied in Q4, starting with 2024.

Home Care Assistance rates are calculated based on cost per client, with consideration given to utilization of service (# clients using service) and intensity (# of units per client using service); Every October the estimated cost is increase based on a weighted average of the RFP bids for this service.

Consumer Directed Care has a projected 5% increase yearly.

Adult Day Services and Transportation are projected at pre-pandemic utilization levels, with cost adjusted to reflect the new RFP bids

Transportation coordination is projected at \$220,346 in 2024; the remaining years are projected at estimated cost if no grants were available (to date, we have reduced this cost with ARPA and OKI funding).

Electronic Monitoring System RFP was successful in identifying a high quality provider that would save the levy ~\$350K, which allows us to increase the number of clients served over this cycle; New pricing will take effect Oct 2024.

In 2023 and 2024, COA received the Healthy Aging grant, in the amount of \$2,492,742, which is the amount allocated to Hamilton County, and includes the additional funding received by ODA. COA used this grant to reduce the Provider services cost to the county, and in effect have a lower Admin cost base, which also reduces the Program Management cost to the county.

**Hamilton County Elderly Services Levy**  
**Medical Recovery and Extended Care Services**  
**CONDITIONS OF PARTICIPATION**  
**&**  
**SERVICE SPECIFICATIONS**

**EFFECTIVE: July, 2025**

**Hamilton County**

**MEDICAL RECOVERY AND EXTENDED CARE SERVICES**  
**Hamilton County Elderly Services Levy**  
**CONDITIONS of PARTICIPATION and SERVICE SPECIFICATIONS**

**TABLE OF CONTENTS**

<u>SECTION</u>	<u>PAGE</u>
<b><u>Conditions of Participation:</u></b>	
Condition 1. Provider Qualifications.....	3
Condition 2. Reporting.....	3
Condition 3. Documentation .....	4
Condition 4. Billing.....	5
<b><u>Service Specifications:</u></b>	
1.0 Objective .....	6
2.0 Client Eligibility .....	6
3.0 Units of Service .....	6
4.0 Billing .....	7
5.0 Service Requirements.....	7
6.0 Facility Requirements .....	8
7.0 Nutrition Requirements .....	8
8.0 Staffing Requirements .....	9
9.0 Client Service Management.....	9
10.0 Personnel Qualifications .....	10
11.0 Direct Care Staff Training .....	11

## **MEDICAL RECOVERY AND EXTENDED CARE SERVICE (MRECS) CONDITIONS OF PARTICIPATION**

### **CONDITION 1: Provider Qualifications**

- 1.1. The Provider must comply with all Conditions of Participation, the Elderly Service levy Agreement, 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 of 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 located in Hamilton County 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.
- 1.5. 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, stepparent, legal guardian, power of attorney, or authorized representative.
- 1.6. The Provider must provide supervision to any volunteer.
- 1.7. The provider, if terminating, being purchased by or merging with another entity, must furnish written notice to COA at least ninety (90) days prior to action. The Provider must supply COA with the communication to be shared with clients and receive authorization from COA of the content, prior to informing clients.

### **CONDITION 2. REPORTING**

- 2.1. The Provider must notify the assigned care manager, and when there is not a care manager, the COA Provider Services manager within twenty-four (24) hours of becoming aware of an incident, which includes but is not limited to, any event that may result in harm to property or person.
- 2.2. A major unusual incident (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, they are to notify COA's Provider Services manager or their designee.

- 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 email within one (1) hour.
- 2.4. The Provider must report any suspicion of abuse, neglect, and/or exploitation to the Hamilton County Adult Protective Services according to section 5101.61 of the Ohio Revised Code and to COA's Provider Services manager or their designee.
- 2.5. The Provider must notify COA's Provider Service manager or their designee of any interruption in service to all or to a significant number of clients served by the Provider.
- 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.

### **CONDITION 3: DOCUMENTATION**

- 3.1 Provider shall have written documents which support their operation of business and for which they abide by and address the following areas:
  - 3.1.1 Statement defining the purpose of its business or service agency.
  - 3.1.2 Entities with a governing board must have written bylaws; and, if the provider is incorporated, the provider must have articles of incorporation.
  - 3.1.3 Written table of organization which clearly identifies lines of administrative, advisory, contractual, and supervisory authority and responsibility to the direct care level.
  - 3.1.4 Follow-up and investigation of client complaints and grievances.
  - 3.1.5 Written process for use of a Client Release of Information form to release client specific information to sources outside of their system.
  - 3.1.6 Written procedure for documenting an escalation of client incidents including reporting timelines.
  - 3.1.7 Confidentiality policy aligned to HIPAA regulations
  - 3.1.8 Written statement supporting compliance with 45 C.F.R. 80.4 (October 2024 edition) regarding the provision of goods and services. No person in the United States shall; on the grounds 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.

3.1.9 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.

3.1.10 Provider shall furnish COA's Provider Services Department annually with the following:

**3.1.10.1** Certificate of Insurance evidencing the required coverage.

**3.1.10.2** 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 from any client for authorized service(s) delivered.



**MEDICAL RECOVERY AND EXTENDED CARE SERVICE (MRECS)  
SERVICE SPECIFICATIONS**

**1.0 OBJECTIVE**

- 1.1 Medical Recovery and Extended Care Services (MRECS) is a community-based service, is designed to provide comprehensive medical recovery, extended care services and shelter-based care management for the homeless population, 60+ years old, residing in Hamilton County.
- 1.2 Care is provided in structured, comprehensive and continually supervised components that are provided in a protective setting and delivered based on individualized care plans.

**2.0 CLIENT ELIGIBILITY**

- 2.1 Clients who are eligible for MRECS must be:
  - a. Age sixty (60) or older and is a resident of Hamilton County who is:
    - i. Experiencing homelessness and,
    - ii. Experiencing an acute diagnosis or exacerbation of a chronic diagnosis.
  - b. The individual must be ambulatory, independent with activities of daily living and be continent.
  - c. The individual must not be a registered sex offender.
  - d. An individual's age and/or residency is determined using one of the following:
    - i. Drivers' license, state ID or vehicle registration
    - ii. Voter registration
    - iii. Rent receipts for rent paid within sixty (60) days of when the services are rendered
    - iv. Mortgage book
    - v. Utility bill, credit card bill or bank statement
    - vi. Confirmation of address if a home visit is made by the provider
    - vii. Copy of most recent Hamilton County Property Tax Bill
    - viii. Letter from management, mortgage company or person providing the client with shelter, including homeless shelters
    - ix. Credit report
    - x. Other documentation establishing residency reasonably acceptable to the county

**3.0 UNITS OF SERVICE**

- 3.1 A unit of service is an overnight bed stay.

- 3.2 A unit of service must include, but is not limited to, facility operating expenses, administrative costs, meals/snacks, materials, supplies and labor expenses.

#### **4.0 BILLING**

- 4.1 Provider shall bill via invoice within 30 days of provided service and email invoice to: [COA\\_invoice@help4seniors.org](mailto:COA_invoice@help4seniors.org).
- 4.2 Invoice will outline the following:
  - a. Direct Case Management Services
  - b. Direct Medical Services and Programming
  - c. Personnel Costs for Services
  - d. Non- Personnel Costs for Care
  - e. Facility Operating Expenses
  - f. Indirect costs for Program Administration
  - g. A Total number of 24-hour stays provided
  - h. A total number of 24-hour stays provided to Hamilton County Senior Residents.
  - i. Hamilton County Services Senior Percentage
- 4.3 The Provider must maintain a detailed census.

#### **5.0 SERVICE REQUIREMENTS**

- 5.1 Medical Screening/Assessment: The Provider is required to obtain client medical records from the referral source, or through records release if client is a walk-in. Additional medical screens may be determined as necessary based on the medical records review and may include:
  - a. Medical evaluations
  - b. Appropriate lab testing
  - c. Medication administration
  - d. Nursing care
  - e. Health education
  - f. Coordination of medical service
  - g. Coordination of mental health and substance abuse services.
- 5.2 Extended Care services will be provided for eligible individuals which will include:
  - a. A bed
  - b. Access to showers
  - c. Access to laundry facilities
  - d. Three meals per day
  - e. Socialization opportunities
  - f. Clothing as needed
  - g. Transportation to appointments as needed.
- 5.3 Case Management services for each individual, to include but not be limited to:

- a. Individualized client centered care planning
- b. Collaboration with client in the planning and coordination of services and appointments with appropriate medical professionals and agencies
- c. Develop a formal plan of transition with a focus on self-sufficiency and permanent housing
- d. Monitor individual stays at the facility and provide intervention as needs are identified.

## **6.0 FACILITY REQUIREMENTS**

- 6.1 The facility and the Provider's main office must be located within Hamilton County, Ohio.
- 6.2 The Provider must assure the facility is locked to outsiders and those that walk-in for service evaluation can only access the guest welcome area.
- 6.3 The Provider shall provide common areas accessible to the individual, including dining area (or areas) and an activity center (or centers). A multi-purpose common area may serve as both a dining area and an activity center.
- 6.4 The facility must have at least one (1) toilet for every ten (10) clients present that it serves and at least one (1) wheelchair-accessible toilet.
- 6.5 The Provider must store clients' medications in a locked area that maintains the temperature requirements of the medications.
- 6.6 The Provider must store toxic substances in an area that is inaccessible to the clients.
- 6.7 The facility must comply with the ADA Accessibility Guidelines for Buildings and Facilities in appendix A to 28 C.F.R. Part 36.
- 6.8 The facility must have appropriate licensure through the state of Ohio Department of Health.

## **7.0 NUTRITION REQUIREMENTS**

- 7.1 The Provider shall provide education to clients on healthy choices to support clients in making appropriate food choices when purchasing food.
- 7.2 The Provider shall ensure meals/snacks are available.
- 7.3 The Provider shall allow individuals access to the kitchenette and to communal food for personal consumption.
- 7.4 The Provider shall allow personal storage and access for client bought food items for personal consumption.

## **8.0 STAFFING REQUIREMENTS**

- 8.1 At least two staff must be present in the facility when one (1) or more clients are in attendance. At least one (1) of the two (2) staff must be paid as direct care staff and at least one (1) staff person's present must be certified in CPR.
- 8.2 The staff to client ratio must be at least one (1) staff to ten (10) clients at all times.
- 8.3 The Provider shall have an LPN, under the direction of a Physician, present or on-call when off site.
- 8.4 The Provider shall have a Physician on call 24 hours a day, seven days a week.
- 8.5 The Provider will assist clients as needed, with referrals for diagnosis and treatment of mental health and substance abuse disorders.
- 8.6 The Provider will have a trained individual to oversee medication support for the client to gain an understanding of their medication and medication regimen, aiding in client independence with their medication compliance.
- 8.7 The Provider shall contract or employ a licensed healthcare professional whose scope of practice includes health assessments. to assess and create all medical plans.

## **9.0 CLIENT SERVICE MANAGEMENT**

- 9.1 The Provider must initiate an initial intake assessment of the client within the first two (2) days of attendance and complete the assessment within thirty (30) calendar days.
- 9.2 The initial intake assessment must include the following components:
  - a. A health assessment completed for each client within two (2) calendar days of first attendance, conducted by a licensed healthcare professional whose scope of practice includes health assessments. The health assessment must identify the client's risk factors, diet, medications, and the professional's name and phone number.
  - b. A Psychosocial assessment completed for each client within five (5) calendar days of first attendance, conducted by a licensed professional whose scope of practice includes psychosocial assessments. The assessment must identify the clients' risk factors, medications and the professional's name and phone number.
  - c. A substance abuse assessment for each client within seven (7) calendar days, when identified as necessary from the health assessment. The substance abuse assessment must be completed by a licensed professional whose scope of

practice includes substance abuse. The assessment must identify the client's risk factors and the professional's name and phone number.

- 9.3 A care plan must be developed by a licensed healthcare professional whose scope of practice includes health assessments for each client within the client's first fourteen (14) calendar days of attendance. The care plan must document the following elements:
- a. Interests, preferences and social rehabilitation needs;
  - b. Health needs.
  - c. Specific goals, objectives and planned interventions to meet the identified goals; and
  - d. A description of the client and/or caregiver involvement in development of the care plan.
- 9.4 The Provider must obtain the care plan at least every ninety (90) days for each client that receives medications/treatments, nursing services.

## **10.0 PERSONNEL QUALIFICATIONS**

- 10.1 The Provider must document and retain evidence that staff possess the following qualifications:
- a. Appropriate, current and valid licensure for staff positions requiring licensure.
  - b. Each personal care aide must meet at least one of the following training or certification requirements prior to client contact:
    - i. Possess a high school diploma or high school equivalency diploma;
    - ii. Be listed on the Ohio Department of Health's Nurse Aide Registry;
    - iii. Successfully complete the Nurse Aide Competency Evaluation Program conducted by the Ohio Department of Health under Section 3721.31 of the Revised Code;
    - iv. At least two years of employment in a supervised position to furnish personal care, to furnish activities, or to assist with activities; or
    - v. The successful completion of a vocational program in a health or human services field.
- 10.2 Provider will conduct free database reviews and BCII criminal records check for all staff, applicants and existing employees, including administration positions: Executive Director, Program Administrator, Accounting officer, or any other officer responsible for major decisions and/or the financial obligations for the provider. Refer to ESP Free Database Reviews and BCII Criminal Records Check document on

COA website.

- 10.3 Every employee shall have a personnel file which includes, but is not limited to:
  - 10.3.1 A resume or application outlining work history and training.
  - 10.3.2 Written job description
  - 10.3.3 Documentation signed and dated by staff member indicating receipt of an employee handbook.
  - 10.3.4 Documentation signed and dated by staff member indicating completion of orientation prior to providing service to MRECS clients. The Provider must ensure orientation includes:
    - 10.3.4.1 Employee position description and expectations.
    - 10.3.4.2 Agency personnel policies.
    - 10.3.4.3 Reporting procedures and policies, with timelines.
    - 10.3.4.4 Agency table of organization.
    - 10.3.4.5 Lines of communication.
    - 10.3.4.6 MRECS Code of Ethics.
  - 10.3.5 Evidence of performance appraisals per agency policy, signed and dated by the staff member.
- 10.4 The Provider must have signed a current contract with any agency or individual with whom they subcontract to provide direct care services to MRECS clients. The Provider must incorporate requirements identified in the COA Provider Agreement (Agreement) with COA as part of any subcontract.
- 10.5 The Provider must, upon request of COA, furnish evidence that all subcontractors and their employees who provide services to individuals 60+ and are billing the elderly service levy meet applicable personnel requirements.
- 10.6 Outlined volunteer responsibilities provided to the volunteer.

**11.0 DIRECT-CARE STAFF TRAINING:**

- 11.1 The Provider must provide orientation to all direct care staff prior to the staff member furnishing any service. The Provider shall train the staff members on:
  - a. Expectation of employees;
  - b. The employee code of ethics;
  - c. An overview of personnel policies;

- d. Incident reporting procedures;
  - e. Agency organization and lines of communication;
  - f. Task based training; and
  - g. Universal precautions for infection control procedures.
- 11.2 Licensed staff will remain in compliance with all licensure requirements.
- 11.3 The Provider must retain records showing compliance with 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.

**HAMILTON COUNTY  
ELDERLY SERVICES PROGRAM (ESP)  
ADVISORY COUNCIL**

**2025 MEETING SCHEDULE**

4th Thursday in \*February (moved from March), June, September, and December  
Unless otherwise noted with asterisk (\*)

<b>*February 27, 2025</b>	<b>September 25, 2025</b>
<b>June 26, 2025</b>	<b>*December 4, 2025</b>

**Time & Location of meetings:**

2:00 – 3:30 p.m.

COA Office – 4601 Malsbary Road, Blue Ash, OH 45242  
COA Boardroom

\*March meeting moved to February in 2025

\*December meeting moved to 1<sup>st</sup> Thursday due to Christmas

Please contact Chris Adams via phone (513-913-0650) or email [cadams@help4seniors.org](mailto:cadams@help4seniors.org) if you are not able to attend a meeting.