

# AGENDA

## HCESP Advisory Council Meeting

September 26, 2024, at 2:00 pm – 3:30 pm

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

<https://zoom.us/j/98591495341?pwd=6eRaVMPXJ09Miml1MEuN6D53QZo9YV.1>

Meeting ID: 985 9149 5341

Passcode: 703032

Join by phone: 1-929 205 6099

<b>CALL TO ORDER</b>		Janice Hunter
<b>APPROVAL OF MINUTES</b> ❖ June 27, 2024, Minutes (Action Needed)	2:00	Janice Hunter
<b>MISSION MOMENT</b> ❖ AddnAide Demo	2:00-2:30	Jai’La Nored & Jen Williams
<b>QUARTERLY REPORTS</b> ❖ Program Dashboard & Financial Report	2:30-2:40	Ken Wilson & Ronnie Spears
❖ Program Update Report ○ Senior Farmers Market Update ○ Copay Evaluation Update ○ HDM Star Ratings	2:40-2:50	Lisa Portune
<b>OLD BUSINESS</b> ❖ PACE Expansion & Guardianship Gap Updates	2:50-3:00	Ken Wilson
❖ <b>NEW BUSINESS</b> Draft 2025 Budget (Action Needed)	3:00-3:10	Ronnie Spears
❖ Equity Evaluation of Managed Enrollment	3:10-3:20	Shelby Stout
❖ Service Specification Changes (Action Needed) ○ Transportation	3:20-3:25	Lisa Portune
<b>HEARING THE PUBLIC</b>	3:25-3:30	Janice Hunter
<b>ADJOURNMENT</b>	3:30	Janice Hunter

**NEXT MEETING:** December 5, 2024

**MINUTES**  
**HCESP ADVISORY COUNCIL MEETING**  
THURSDAY, JUNE 27, 2024 @ 2:00 P.M.

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**ATTENDANCE**

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<b>Members Present:</b> Randi Burlew, <i>in person</i> Janine Gage, <i>in person</i> Janice Hunter, <i>in person</i> Dimity Orlet, <i>virtual</i> Susan Van Amerongen Matthew Worth, <i>in person</i>	<b>COA Staff:</b> Nan Cahall Paula Smith Ronnie Spears Ken Wilson	<b>Guests:</b>
<b>Excused:</b> Viola Brown	<b>Facilitator:</b> Matthew Worth	<b>Scribe:</b> Christina Adams
<b>Absent:</b>		

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**CALL TO ORDER**

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The June 27, 2024 meeting of the HCESP Advisory Council was called to order by Matthew Worth at 2:02 p.m.

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**INTRODUCTIONS**

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Matt introduced Janine Gage who was appointed to the council on November 30, 2023.

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**APPROVAL OF MINUTES**

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Matthew Worth called for a motion to approve the December 7, 2023 Hamilton County Elderly Services Program (HCESP) Advisory Council minutes as presented.

- Motion:** Randi Burlew made a motion to approve the minutes.  
**Second:** Janice Hunter seconded the motion.  
**Action:** The December 7, 2023 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 the first quarter (Jan-Mar 2024). The program year for the levy aligns with the calendar year. There were 5,003 clients enrolled in the Elderly Services Program (ESP) program as of the end of March 2024. This is a 12% drop from the prior year which is due to managed enrollment. Managed enrollment began in May 2023 in order to keep the program within budget. Ken noted that as ESP enrollment has dropped, FTH enrollment has increased. In addition, those

enrolling in ESP are higher acuity as we are targeting enrollment to individuals who have higher level needs. As a result, our cost per client is rising. The rising cost per client is also due to the cost of services, particularly the home care service, home delivered meals and transportation, due in part to high inflation coming out of the pandemic. These costs have now stabilized but remain at a high level compared to pre-pandemic cost. Additionally, the home care provider shortage has improved, so while we are managing enrollment, more individuals are now receiving home care service which raises the cost per client.

Matt asked why there was a decrease in Consumer Directed Care. Ken stated this was due to timing as there was late billing which will catch up in the next quarter.

There were 438 new enrollments in FTH in the first quarter, which is a record enrollment number. Janine asked why this enrollment has increased. Ken shared that our FTH referral sources have picked up which has likely increased FTH enrollment. Matt commented that the number of hospitals that refer patients to FTH has increased. Ken added that FTH benefits individuals when they need it most, which is when they return home from a nursing facility or hospital stay. FTH allows us to serve more individuals at a lower cost because it is short term. Typically, clients only need 60 days of services. Janice noted that in many cases, FTH allows individuals to return home from a hospital stay versus going to a rehab facility.

Ken shared that client satisfaction with medical transportation is at 100%. Dimity added that transportation has been a challenging area, so a perfect client satisfaction score is even more impressive. Ken noted that MedaCare used to be the dominant provider and they are now one of the smallest providers of transportation. We implemented Home52 Transportation, which has significantly improved client satisfaction but has also increased the cost. Suzanne Burke is exploring having SORTA cover client transportation cost versus the senior services levy as this is public transportation. This would also eliminate managed enrollment and increase our capacity to serve the needs.

Matt asked if the transportation app (TripSpark) is in use. Ken shared that the app is in use and has attributed to the positive client satisfaction scores. Individuals are pleased with getting timely service. Ken mentioned that we can provide a demo of TripSpark at a future meeting.

**Action:** Ken to schedule TripSpark demo and update at a future meeting.

In review of the Medicare benefit cost savings, Ken noted that we assist older adults who are in a Medicare Advantage plan to get connected with services that they are entitled to through their plan but do not know how to access. We are reviewing the cost savings reported because we believe it may be understated based on the number of people assisted in getting emergency response and medical transportation through their Medicare Advantage benefit.

Ronnie reviewed the Financial Report (please see handout for full report). The annual budget (tax levy appropriations) is \$28,018,931 which cannot be exceeded. Finance, Accounting, and Programs meets monthly to track and closely monitor these numbers to ensure that we are staying within the budget. We are projecting to be under budget by \$229,448. The revenue is projected to be 0.5% higher than budgeted due to additional federal and state dollars that have helped to offset levy dollars.

Janine asked why the ARPA funds (COVID money) ended. Ronnie shared that these were one-time dollars that must be spent by the end of this fiscal year which is September 30. We are projected to have

all ARPA dollars spent before September 30, 2024 which will allow us to accept additional dollars from the state if available to offset levy dollars.

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

Ronnie shared the five-year levy projections (please see handout for full details). The Healthy Aging dollars are one-time dollars being used to offset levy expenditures. These dollars must be spent by September 30, 2024 and we are projecting to have them spent by the end of June. There is potential to receive additional Healthy Aging dollars from the state. Ken added that this is our best opportunity to pick up additional funds later in the year from other AAAs that don't spend the dollars. At the end of this five-year levy cycle (2027), we are projecting to have a levy fund balance of \$9,788,185. This is approximately 4.5 months of levy services.

Janice asked what the period of time is before we can begin collecting dollars once a new levy is passed. Ken shared that the Senior Services levy will go on the ballot in 2027. If we pass an increase, we would see higher collections in 2028 if the ballot language is written correctly.

Ken noted that the Senior Services levy does not benefit from property values increasing. As property values go up, the effective millage drops (i.e., if a homeowner's property value increases, their contribution to the Senior Services levy stays the same). Nan commented that the county controls the disbursement of Senior Services levy funds.

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

Ken provided an overview of the Program Update (please see handout for full details). Effective March 1, 2024, the home52 transportation rate structure now includes a minimum and maximum rate. Ken noted that there is a built-in fuel surcharge. If the price of fuel goes up by a certain amount, we will make an adjustment. This allows for a better pricing structure so that providers are not building fuel surcharge into their bid rate.

A request for proposal (RFP) to provide Electronic Monitoring Systems (EMS) in all four counties went out with the goal being to receive a cost savings by contracting with one provider for all counties. As a result of the RFP, we are seeing a nearly 20% savings in levy expenses. Guardian Medical Monitoring, our current vendor, was the successful bidder. In addition to a significant cost savings, we are also benefiting from Guardian Medical Monitoring being our current vendor by not having to change client equipment. Pricing is fixed for five years.

The Senior Farmers Market Nutrition Program is being piloted as an electronic model by the Ohio Department of Aging. There has been a backlog at the state level with client applications, so use of the benefits for the clients has been delayed. There is an option to receive a physical card if a client does not have a smartphone. COA will assist individuals with applications, printing QR codes, and/or receiving a physical card if needed. ODA rolled the program out one month later than it has typically been implemented.

Dimity asked if there is concern that clients will not be able to use the full benefit toward the food/produce. Ken said that is a concern. Clients will have until then end of November to use this year's benefit. Paula shared that the state may have underestimated the number of individuals who would apply for the benefit. She said that we are going to verify this number but have heard it may have been

underestimated by 10,000-12,000 people. We have heard that the state budgeted for approximately 8,000 older adults to receive the benefit and over 22,000 people applied.

**Action:** Paula to verify the number of individuals that ODA expected to apply for the benefit and the actual number of individuals that applied.

### Services with a Capacity Problem

Home care assistance, environmental services, and minor home modifications & repairs were identified (in 2023) as services with a capacity problem. Per section 4 (a) of our contract, COA is permitted to recruit providers outside of the competitive bidding process for services with a capacity problem.

Matt made a motion to approve recruiting providers outside of the competitive bidding process for these services with a capacity problem.

**Motion:** Randi Burlew made a motion to approve recruiting providers outside of the competitive bidding process for these services with a capacity problem.

**Second:** Janice Hunter seconded the motion.

**Action:** Recruiting providers outside of the competitive bidding process for these services with a capacity problem was unanimously approved.

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

Ken reviewed the Provider Quality report (see report for full details). This quarterly report is a dashboard of the quality of our provider network. Several home care assistance providers have been added over the last several years. Ken noted concern regarding A Miracle Home Care having 48% of the market share while the remaining market share is spread out over several very small providers. Helping Hands Home Care previously had approximately 20-25% of the market share, but they are no longer in business.

Janine asked how stable A Miracle Home Care is. Ken shared that they have a high quality score. He is concerned with having too many small providers versus larger providers who can pick up the client volume. Having several small providers also increases our cost of oversight to ensure they are meeting the contractual requirements. In addition, it is difficult to meet the sample size needed for collecting satisfaction surveys.

Randi asked if many of the providers are specific to certain parts of the county and if there are particular parts of the county that are most at risk, where the loss of one of these providers would mean a vacuum in services. Ken stated that many providers are specific to certain parts of the county. We have more difficulty connecting clients with providers in more rural areas such as western Hamilton County. Ken is going to look into this question further.

**Action:** Ken to review if there are areas of the county that are more at risk if there are no providers available.

Home delivered meals is an area of concern because since 2022, the number of providers has dropped from five to three. North College Hill Senior Center closed coming out of the pandemic, and Maple Knoll Outreach terminated their agreement at the end of 2023 due to an acquisition. Meals on Wheels currently has 78% of the market share. Ken is looking into our referral process. Because we have a

selection guide based on a provider's quality rating and their cost, if a client does not have a preference, they are typically referred to Meals on Wheels because they are the lowest cost and they have good quality. We do not want Deupree and Mayerson JCC to struggle due to having a low share of the market.

Matt asked why the other two providers struggle with market share. Ken stated that it is due to their cost. Both have good quality.

Randi asked how much of the market share the other providers can take. Ken said they have capacity to do more.

Ken noted that if a provider has 2-3 consecutive quarters where they receive a quality SASI score that is below the benchmark, they are put on a quality action plan where they must provide a plan on how they will increase their score.

Matt asked what the percentage threshold is for quality scores. Ken shared that it varies by question. A factor analysis was done to set the benchmarks.

Ken added that as part of the client survey, case managers are collecting and entering client comments to get details about a client's yes/no answers. We are experimenting with using artificial intelligence to summarize the comments to allow us to provide this feedback and additional detail to the providers.

Matt asked if based on the SASI scores, we think our satisfaction rating overall is generally where it should be. Ken responded that it is where it should be, but we do have a few providers that we are working with to improve their scores. There are no major issues.

Randi asked a question regarding managed enrollment and if we have looked at if the demographics of who is being served is changing as the enrollment criteria has narrowed. Are we still reaching equitably across communities in terms of gender, where clients are located geographically across the county, etc. Ken responded that we do not have this data, but it is something that needs to be reviewed.

Randi added that we need to make sure that we are not underserving some communities by focusing on acute need.

**Action:** Ken is going to review data to try to determine if the demographics of clients being served has changed since managed enrollment began.

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## **OLD BUSINESS**

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### ***PACE Expansion Update***

Ken will provide this update at the September 26, 2024 meeting since there was not sufficient time at the meeting.

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## **NEW BUSINESS**

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### ***Electronic Monitoring Service Specification Changes***

Ken shared the electronic monitoring service specification updates that were made. The language in the service specification was updated to align with the requirements and standards in the industry.

No changes were made related to the service itself. The addition of other programs and services was added to the service specification. These are programs and services that we may want to implement at a later date and include wellness programs, boundary door and window contacts, mobile smart watches, carbon and smoke detectors, devices for hearing impaired, and special activation devices.

Janine asked how we ensure that providers are performing the required tests on electronic monitoring devices. Ken shared that COA has a Provider Services employee assigned to the contract who looks for evidence that the requirements are being implemented and met. Additionally, the provider can do reverse testing from the call center to confirm a device is working. The person assigned to the contract has access to the reverse testing data.

Matt made a motion to approve the Electronic Monitoring Service Specification Changes.

**Motion:** Susan van Amerongen made a motion to approve the Electronic Monitoring Service Specification Changes.

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

**Action:** The Electronic Monitoring Service Specification Changes were unanimously approved.

### ***Maximum Reimbursement Rates***

Ken reviewed the Maximum Reimbursement Rates (please see handout for full details). These are the maximum reimbursement rates based on the most recent RFPs. This includes transportation adjustments that were made for ambulatory and non-ambulatory services.

Randi asked for clarification on the reimbursement for laundry service. Ken shared that this is paid for by the pound. The reimbursement rate of \$125 per day is the maximum that we would pay for one unit of service (weekly). Typically the cost is highest when the service begins with a new enrollment, and then drops.

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

Ronnie shared the Updated Sliding Fee Scale (please see handout for full details). This sliding fee scale is used to determine client copays and is updated annually to adjust for the federal poverty guidelines at 100% federal poverty level.

Matt asked if there is discretion that we employ in determining the copayments. Ken noted that there are hardship criteria and a process in place to review and make adjustments if a client has an unusual situation. The amounts on the sliding fee scale are prescribed.

Matt asked for a motion to approve the Updated Sliding Fee Scale.

**Motion:** Janice Hunter made a motion to approve the Consumer Directed Care Service Specification Change.

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

**Action:** The Updated Sliding Fee Scale was unanimously approved.

### ***Annual Report***

Paula reviewed the 2023 Hamilton County ESP Annual Report (please see handout for full details). This report details the ESP program and the impact of the program on older residents and caregivers in

Hamilton County. It also provides transparent financial information about how the levy dollars are spent as well as stories about the program. Copies of the Hamilton County ESP Annual Report were provided to be distributed in the community. Paula also provided copies of the COA Annual Report, the Hamilton County ESP brochure, and the COA brochure.

Paula shared that the newsletter has been updated and there is now a newsletter specific to each county that we serve.

### **Council Chair**

Matt Worth's term as chair has ended. The committee discussed selecting a chair and proposed Janice Hunter, Vice Chair, now serve as Chair. Janice accepted moving into this position.

**Motion:** Susan van Amerongen made a motion to approve Janice Hunter as the Hamilton County ESP Advisory Council Chair.

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

**Action:** It was unanimously agreed to approve Janice Hunter as the Hamilton County ESP Advisory Council Chair.

Matt asked if there is a committee member willing to serve as vice chair. Dimity Orlet stated that she is willing to fill this role.

**Motion:** Randi Burlew made a motion to approve Dimity Orlet as the Hamilton County ESP Advisory Council Vice Chair.

**Second:** Janice Hunter seconded the motion.

**Action:** It was unanimously agreed to approve Dimity Orlet as the Hamilton County ESP Advisory Council Vice Chair.

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

Matt reviewed the Conflict of Interest and the Confidentiality forms that must be completed annually. Christina Adams collected the forms. For members not in attendance, Christina Adams will email the forms to be signed and returned.

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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, Matt asked for a motion to adjourn the meeting was adjourned at 3:32 p.m.

**Motion:** Susan van Amerongen made a motion to adjourn the meeting.

**Second:** Janice Hunter seconded the motion.

**Action:** The meeting was adjourned at 3:32 p.m.

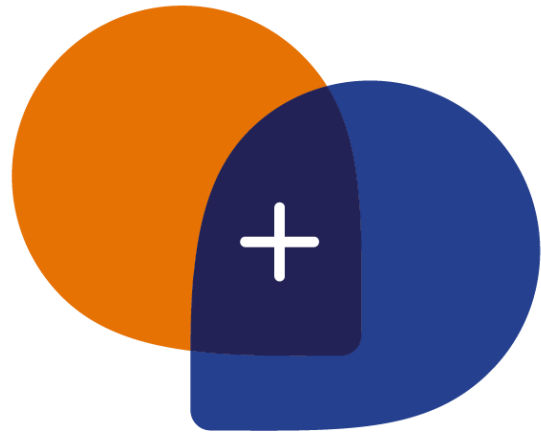
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## **NEXT MEETING**

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September 26, 2024





# Addn Aide<sup>®</sup>

An Innovative Approach to Self-Directed Care

By home52

# Get to know AddnAide

AddnAide leverages the power of technology to attract new caregivers to self direction, expanding access to care beyond one's social network.

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





# AddnAide was designed for users like...



**Georgia**

Participant  
(Client)



**Holly**

Caregiver (Aide)



**Sara**

Care Manager



**Carter**

Observer  
(Loved One)



**Roger**

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



# 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





# Carter

- Georgia's brother.
- 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 SISTER IS  
BEING CARED FOR





# Roger

- Fiscal Management Service or Reviewer person.
- Needs to ensure Aides and Clients have what they need to work with each other.



RESPONSIBLE FOR HR AND EMPLOYMENT  
ENROLLMENT FOR CONSUMER DIRECTED  
CARE (CDC).

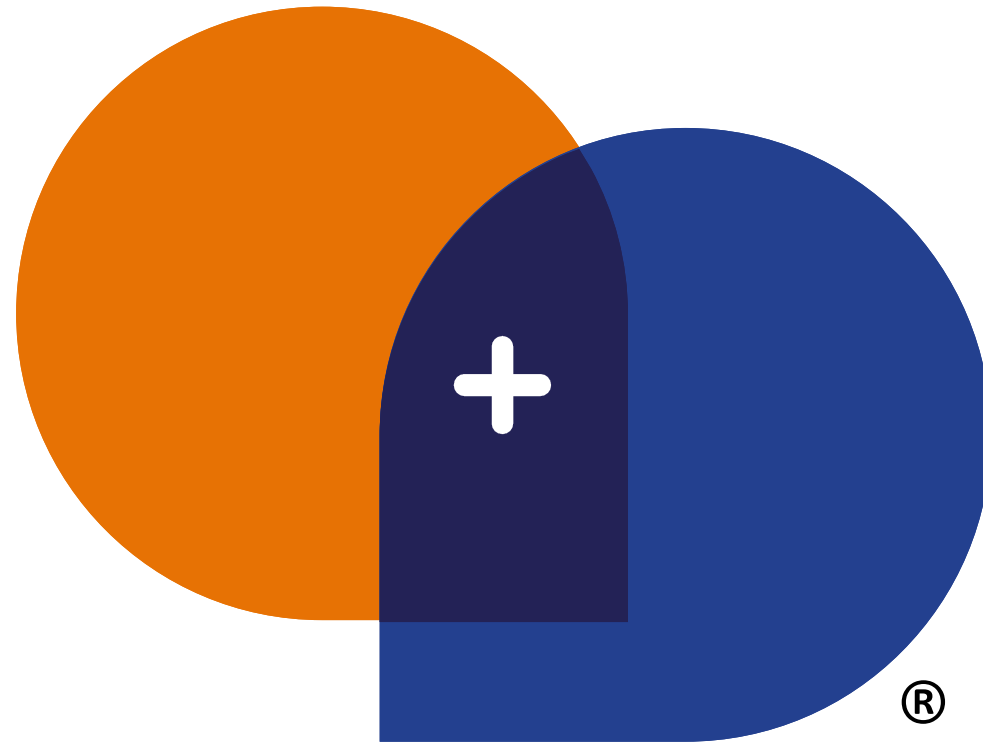




“There is such a need. Not everyone has family – or family who want to help.”

DONNA, ADDNAIDE CLIENT

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AddnAide bridges the gap.

# AddnAide

LIVE DEMO OF ADDNAIDE



# AddnAide in Action



Number of Relationships

**221 Relationships** established in AddnAide.



Fastest Relationship

**3.5 days** from the Client's 1st login to hiring a worker



Fastest Interaction with an Aide

**7 minutes** from the Client's 1st login to messaging an Aide



Interactions with a Clients

**1,150+ waves** have been sent by Aides to Clients this year



Communication in AddnAide

**Over 3,100 messages** sent in AddnAide

# Meet

## 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!

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

—LORINDA





# Thank You!



**Hamilton County ESP  
Program and Financial Report  
Quarter 2, 2024 (April - June 2024)**

## Highlighted Findings

### 1. Traditional ESP Census Trends

- A. Compared to last year (Quarter 2, 2023), census has decreased by -807 clients (from 5,534 to 4,727) or -14.58%.
- B. Compared to last quarter (Quarter 1, 2024), census has decreased by -276 clients (from 5,003 to 4,727) or -5.52%.

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

### 2. Fast Track Home Census Trends

- A. Average length of stay increased by 3 days when compared to Quarter 1, 2024 (from 58 to 61).
- B. New Enrollments decreased by -49 compared to Quarter 1, 2024 (from 437 to 388).
- C. Total clients who transferred to ESP from FTH increased by -21 clients from Quarter 1, 2024 (from 182 to 161).

### 3. Financials

- A. Total Revenue: The amount needed to be drawn down from the levy is \$28.0 million as of the second quarter, as compared to the budgeted amount of \$28.0 million. The variance is under budget by \$1 or 0.0%.
- B. Total Expenses: The expense as of the second quarter is \$30.2 million as compared to \$29.6 million in the budget. The variance is over budget by \$591,094 or 2.0%.
- C. Purchase Services: The expenses for client services are higher by \$41,066 or 0.2% as compared to budget.





**Hamilton County ESP**  
**Quarter 2, 2024 (April - June 2024)**  
**TRADITIONAL ESP CENSUS TRENDS**

**Quarter-End Census by Program**

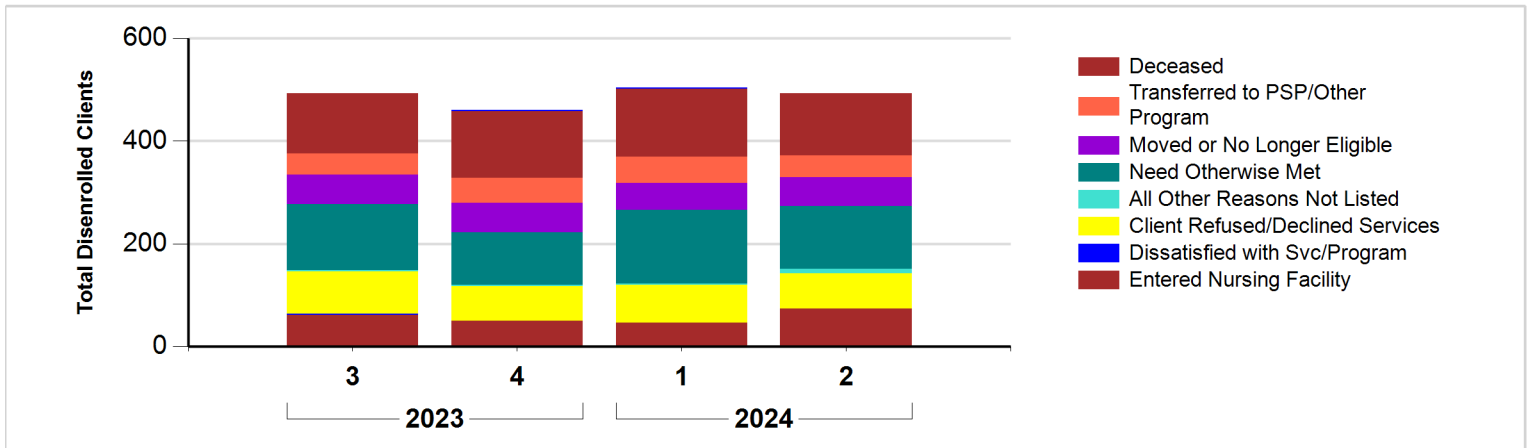
Year	2023		2024	
Quarter	3	4	1	2
ESP	5,375	5,214	5,003	4,727
FTH	252	254	282	255
Medicaid Programs	3,336	3,278	3,276	3,324
Passport	517	528	519	524
Assisted Living	117	120	113	114
Molina	1,152	1,105	1,141	1,166
Aetna	1,550	1,525	1,503	1,520

**Quarter-End Census, New Enrollments, and Disenrollments<sup>1</sup>**

Year	2023		2024	
Quarter	3	4	1	2
Quarter-End Census	5,375	5,214	5,003	4,727
New Enrollments	336	318	277	215
Disenrollments	493	458	502	493

**Disenrollment Outcomes**

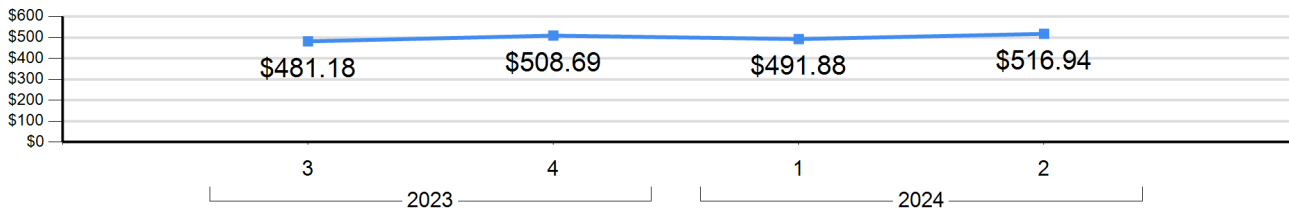
Year	2023		2024	
Quarter	3	4	1	2
Client Refused/Declined Services	82	68	73	69
Deceased	117	130	133	121
Dissatisfied with Svc/Program	3	0	0	0
Entered Nursing Facility	61	50	47	74
Moved or No Longer Eligible	58	58	52	57
Need Otherwise Met	128	102	143	122
Transferred to PSP/Other Program	41	48	51	42
All Other Reasons Not Listed	3	2	3	8
<b>Total</b>	<b>493</b>	<b>458</b>	<b>502</b>	<b>493</b>





**Hamilton County ESP**  
**Quarter 2, 2024 (April - June 2024)**  
**TRADITIONAL ESP SERVICE TRENDS**

**Average Monthly Cost per Client<sup>1</sup>**



**Distinct Clients Served by Service Group<sup>12</sup>**

Year	2023		2024	
	3	4	1	2
Consumer Directed Care	456	433	424	449
Electronic Monitoring	2,567	2,578	2,508	2,351
Home Care Assistance	2,210	2,185	2,122	2,042
Home Delivered Meals	2,942	2,955	2,909	2,803
Home Medical Equipment	228	197	157	137
Home Modification	83	66	18	6
Laundry Service	112	149	143	133
Other Services	153	161	160	167
Transportation	779	754	737	726
<b>All Services (Unduplicated)</b>	<b>5,281</b>	<b>5,211</b>	<b>5,051</b>	<b>4,838</b>

**Units Billed by Service Group<sup>12</sup>** *Please see the notes page for unit of measure descriptions by service.*

Year	2023		2024	
	3	4	1	2
Consumer Directed Care	39,370	40,533	32,704	45,159
Electronic Monitoring	7,157	7,717	7,317	7,053
Home Care Assistance	80,424	81,858	79,043	77,023
Home Delivered Meals	197,021	205,641	196,401	194,019
Home Medical Equipment	309	251	214	174
Home Modification	84	75	19	6
Laundry Service	566	1,036	1,225	897
Other Services	4,366	4,411	3,747	3,732
Transportation	13,016	12,149	11,552	11,559

**Dollars Paid by Service Group (Purchased Services)<sup>12</sup>**

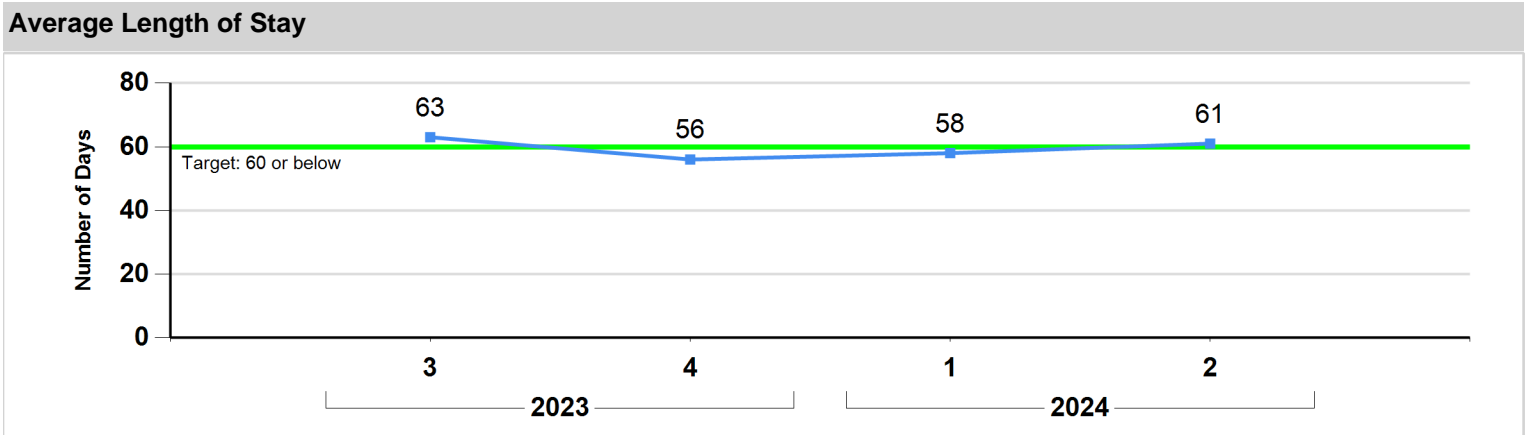
Year	2023		2024	
	3	4	1	2
Consumer Directed Care	\$776,017	\$782,661	\$666,320	\$843,017
Electronic Monitoring	\$159,150	\$175,407	\$164,775	\$146,598
Home Care Assistance	\$2,008,186	\$2,127,961	\$2,039,204	\$2,005,374
Home Delivered Meals	\$1,857,516	\$1,868,174	\$1,783,754	\$1,755,111
Home Medical Equipment	\$91,024	\$73,406	\$55,744	\$39,982
Home Modification	\$140,278	\$135,252	\$32,444	\$18,212
Laundry Service	\$44,987	\$57,296	\$47,961	\$54,395
Other Services	\$290,939	\$312,809	\$252,367	\$300,489
Transportation	\$661,278	\$678,416	\$592,377	\$524,851
<b>All Services</b>	<b>\$6,029,375</b>	<b>\$6,211,382</b>	<b>\$5,634,946</b>	<b>\$5,688,028</b>



**Hamilton County ESP FTH**  
**Quarter 2, 2024 (April - June 2024)**  
**FAST TRACK HOME CENSUS TRENDS**

Total Clients Served, New Enrollments, Disenrollments				
	2023		2024	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
New Enrollments	391	397	437	388
Disenrollments	420	388	389	397
Clients Transferred to ESP	200	169	182	161
	47.62%	43.56%	46.79%	40.55%

Enrollment by Setting				
Enrollment Setting	2023		2024	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Spousal Meals	27	17	17	16
Drake Rehab	10	0	3	4
Mercy Anderson Rehab	0	0	1	2
Fort Hamilton	0	0	0	1
Community	16	7	7	28
Mercy Hospital Network	97	91	86	64
The Christ Hospital	44	44	46	37
TriHealth Hospital Network	64	64	73	53
University of Cincinnati Hospital Network	36	43	52	47
Veterans Admin - VA	5	6	7	8
Other Hospital	10	13	5	14
Skilled Nursing Facilities	43	66	94	74
Rehabilitation Facilities	33	37	25	28
Skilled HHC	1	0	1	1
Not Captured	5	10	20	11
<b>Total</b>	<b>391</b>	<b>398</b>	<b>437</b>	<b>388</b>





**Hamilton County ESP FTH**  
**Quarter 2, 2024 (April - June 2024)**  
**FAST TRACK HOME SERVICE TRENDS**

**Distinct Clients Served by Service Group**

Year	2023		2024	
Quarter	3	4	1	2
Electronic Monitoring	105	191	158	160
Home Care Assistance	140	134	131	74
Home Delivered Meals	347	317	315	327
Home Medical Equipment	186	148	155	133
Home Modification	68	53	59	52
Independent Living	0	0	0	2
Laundry Service	43	44	35	29
Transportation	54	49	50	61
<b>All Services (Unduplicated)</b>	<b>514</b>	<b>514</b>	<b>505</b>	<b>500</b>

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

Year	2023		2024	
Quarter	3	4	1	2
Electronic Monitoring	159	259	215	246
Home Care Assistance	1,612	1,635	1,445	851
Home Delivered Meals	10,780	8,409	8,352	9,332
Home Medical Equipment	382	303	286	230
Home Modification	70	55	61	52
Independent Living	0	0	0	7
Laundry Service	163	131	104	138
Transportation	387	230	264	306

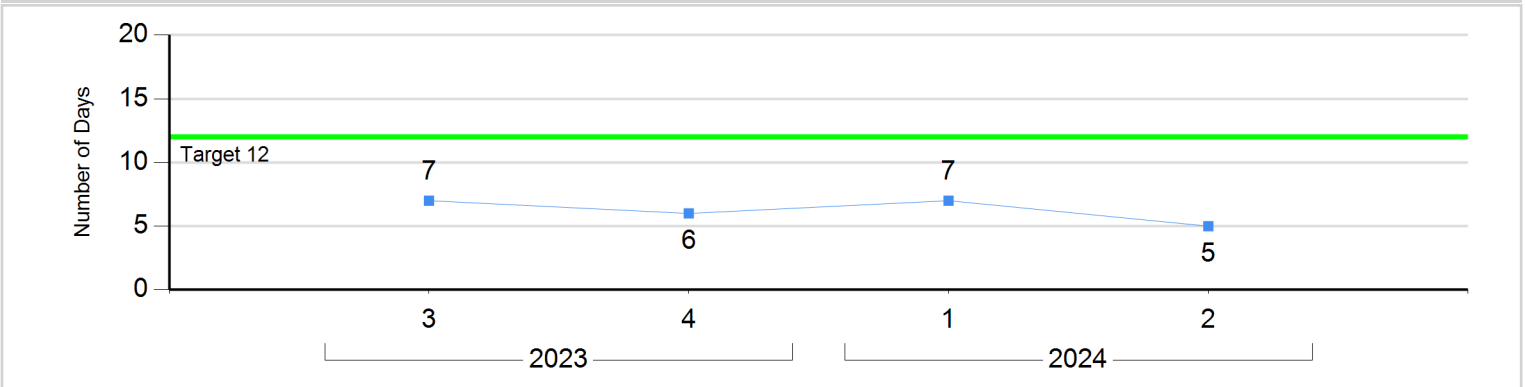
**Dollars Paid by Service Group (Purchased Services)**

Year	2023		2024	
Quarter	3	4	1	2
Electronic Monitoring	\$3,742	\$6,060	\$5,003	\$5,685
Home Care Assistance	\$37,795	\$42,120	\$36,584	\$21,501
Home Delivered Meals	\$100,696	\$76,753	\$75,408	\$84,065
Home Medical Equipment	\$32,750	\$28,856	\$26,187	\$20,900
Home Modification	\$30,325	\$23,115	\$26,210	\$21,385
Independent Living	\$0	\$0	\$0	\$656
Laundry Service	\$8,728	\$6,774	\$5,613	\$7,192
Transportation	\$30,432	\$15,034	\$15,207	\$17,052
<b>All Services</b>	<b>\$244,467</b>	<b>\$198,712</b>	<b>\$190,213</b>	<b>\$178,436</b>



**Hamilton County ESP**  
**Quarter 2, 2024 (April - June 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	3	2,790	154	6%	75%	20%
2023	4	2,714	137	5%	79%	16%
2024	1	2,851	130	5%	78%	18%
2024	2	3,047	92	3%	78%	19%

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

Year	Quarter	2023		2024	
		3	4	1	2
Overall Satisfaction		97.26%	96.88%	96.57%	98.40%
Good Choice of Meals Available		93.76%	93.04%	91.30%	95.44%

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

Year	Quarter	2023		2024	
		3	4	1	2
Overall Satisfaction		92.38%	91.73%	92.61%	95.92%
Aide is Dependable		89.30%	89.97%	88.39%	94.12%

**Medical Transportation - Client Satisfaction Survey Results**

Year	Quarter	2023		2024	
		3	4	1	2
Overall Satisfaction		98.82%	100.00%	100.00%	100.00%
Service Returns Client Home Promptly		94.12%	100.00%	100.00%	100.00%



**Hamilton County ESP**  
**Quarter 2, 2024 (April - June 2024)**  
**MEDICARE BENEFIT COST SAVINGS**

**ESP Cost Savings Analysis**

**Referrals**

Year	2023	2023	2024	2024
Quarter	Q3	Q4	Q1	Q2
Number of Members Assisted	49	56	63	69
Over The Counter(OTC)	0	27	62	65

**Services Awarded**

Year	2023	2023	2024	2024
Quarter	Q3	Q4	Q1	Q2
Emergency Response Service	17	18	42	40
Medical Transportation	20	26	43	45
<b>Total Distinct Clients Served</b>	37	44	63	69

**Annual Cost Savings**

Year	2023	2024
Total Cost Savings	\$537,106	\$602,100



# Hamilton County ESP

## Quarter 2, 2024 (April - June 2024)

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

	Annual Projected	Annual Budget	Budget Variance	% Budget Variance
<b>Revenue</b>				
Tax Levy Appropriations	\$28,018,930	\$28,018,931	(\$1)	0.0%
<b>Federal &amp; State Funding</b>				
Title III B - Supportive Services	\$533,733	\$250,300	\$283,433	113.2%
Title III C2 - Home Delivered Meals	470,635	284,173	186,462	65.6%
Title III E - Caregiver Support	37,203	175,893	(138,691)	-78.8%
Alzheimer's	17,323	15,591	1,732	11.1%
Nutrition Services Incentive Program (NSIP)	263,458	383,208	(119,750)	-31.2%
Senior Community Services	122,907	102,203	20,704	20.3%
Other Federal (ARPA)	310,464	0	310,464	0.0%
<b>Client Contributions</b>				
Client Donations	3,906	2,754	1,152	41.8%
Co-Pays Received	386,665	341,077	45,588	13.4%
<b>Total Revenue</b>	<b>\$30,165,224</b>	<b>\$29,574,130</b>	<b>\$591,094</b>	<b>2.0%</b>
<b>Expenses</b>				
<b>COA Expenses</b>				
Administrative	\$1,841,070	\$1,804,994	(\$36,076)	-2.0%
Intake & Assessment	202,874	93,700	(109,174)	-116.5%
FTH Case Management	1,404,065	1,204,775	(199,290)	-16.5%
CaseMgmt incl. Transportation Coord.	4,750,639	4,545,150	(205,489)	-4.5%
<b>Total COA Expenses</b>	<b>\$8,198,648</b>	<b>\$7,648,619</b>	<b>(\$550,029)</b>	<b>-7.2%</b>
<b>Purchased Services</b>				
Home Care Assistance	\$7,837,680	\$7,414,999	(\$422,681)	-5.7%
Consumer Directed Care	2,866,772	2,679,477	(187,295)	-7.0%
Laundry Service	\$231,918	204,044	(27,874)	-13.7%
Independent Living	297,731	160,013	(137,718)	-86.1%
Minor Home Modifications	451,687	624,749	173,062	27.7%
Pest Control	40,766	100,715	59,949	59.5%
Major House Cleaning	74,109	61,561	(12,548)	-20.4%
Home Medical Equipment	288,471	454,223	165,752	36.5%
Emergency Response Systems	588,145	590,832	2,687	0.5%
Home Delivered Meals	7,150,970	7,172,514	21,544	0.3%
Adult Day Service	530,945	556,155	25,210	4.5%
Adult Day Transportation	134,735	155,180	20,445	13.2%
Medical Transportation	1,598,931	1,889,128	290,197	15.4%
Non-Medical Transportation	505,544	453,640	(51,904)	-11.4%
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>\$21,966,577</b>	<b>\$21,925,511</b>	<b>(\$41,066)</b>	<b>-0.2%</b>
<b>Gross Program Expenses</b>	<b>\$30,165,224</b>	<b>\$29,574,130 *</b>	<b>(\$591,094)</b>	<b>-2.0%</b>
<b>Client Census</b>	<b>4,556 **</b>	<b>4,517</b>	<b>(39.00)</b>	<b>-0.9%</b>
<b>Cost of Services per Client</b>	<b>384.01</b>	<b>378.64</b>	<b>(5.36)</b>	<b>-1.4%</b>

\*\* projected year-end census

## 1. Census Trends

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

## 2. Service Trends

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

September 2024

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

Lincoln Heights Outreach Services is currently seeking a manager for their Adult Day Service Program. This position became vacant mid-August. There has been no disruption of services.

### **Home Medical Equipment (HME)**

Janz Medical Supply is contracted for HME in Hamilton County and are actively picking up new referrals.

### **Transportation**

Transportation Service Specifications for home52 transportation are modified to include the following:

“Trips that are unallowable are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and recreational marijuana.”

### **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 October 1, 2024.

An administrative appeal was received from Connect America on 8/9/24 regarding the denial of their proposal to RFP 001-24. Their appeal request and decision for denial was reviewed and an explanation of the decision was delivered to them on 8/16/24. They have requested a second level appeal, a COA Local Hearing. This will occur in September.

### **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, at which time COA will issue an RFP for this service. We are taking the necessary steps to develop the service

specifications and seeking ways for this program to collaborate in serving consumers within the Elderly Service and Fast Track Home Programs.

## **Copay Evaluation**

Council on Aging has been evaluating significant changes to the copayment process including how income is verified, calculated and collected. The goals included simplifying the process, decreasing the complexity, and stabilizing or increasing copayment revenue coming into the program. We worked with the LiveWell collaborative to study innovative designs and approaches. This led to testing multiple models. The current model being tested is yielding positive results and includes the following changes:

1. Flat, predictable co-payment invoices for enrolled clients.
2. Simplified verification based on available tax returns and skip logic to only focus income assessments on necessary questions, skipping anything that isn't required.
3. Asset adjustment for individuals with retirement accounts, investments, or savings.
4. Simplified hardship review for individuals who have high housing or medical expenses.

The next steps include:

- a) Further pilot testing in Hamilton County with a larger sample size to estimate the impact of copayment revenue in the program.
- b) Modernization of copay collection options to make it easier for clients to pay their bill.
- c) The development of process and training materials for care management and accounting.
- d) Proposed new model for approval at the December or March meeting with an implementation timeline.

## **Home Delivered Meals**

Value Rating sheets for the Home Delivered Meals (HDM) providers are developed to provide a tool for care management staff to use with HDM clients. The information on the tool provides staff and clients with provider details and a rating from 1-5. The intent is to give the client the information to make an informed decision when choosing a provider for their home delivered meal deliveries.

Historically the value rating was calculated using survey results (SASI) and pricing in a 50/50 ratio. In our commitment to maintaining a strong provider network with high-quality home-delivered meals, we adjusted how we calculate the value score. Beginning 9/1/2024 the value score is determined using an 80/20 ratio, with 80% of the score based on survey results (SASI) and 20% based on cost considerations. This change has been communicated with providers and staff.

## **Senior Farmers Market Nutrition Program**

The Department of Aging allocated \$60,500 (1,210 clients) to Hamilton County for the 2024 program year. Thus far, 1165 individuals who reside in Hamilton County are participating in the program, and 17 markets in Hamilton County are approved to accept the benefits. The Ohio Department of Aging (ODA) is managing and operating the program this year with assistance from a third-party, Home-Grown Benefits. The program is experiencing some obstacles this year that has affected the redemption rates, which is currently at 7% to date of issued benefits. COA's role has been assisting with promotion, recruitment, and education about the program. COA has provided feedback to ODA and hopes to see improvements for the program in 2025. The program ends 10/31/2024.

### **Swipe N Dine Congregate Program in Hamilton County**

Two providers are administering this program: Meals on Wheels (MOW) of SW OH & N KY and Deupree Meals on Wheels.

- MOW of SW OH & N KY has 310 participants. Each participant receives 4 meal credits to use per month at participating restaurants. They have contracts with Sugar N Spice, Twin Dragon Buffet, and Frisch's (3 locations).
- Deupree Meals on Wheels has 946 participants. Each participant receives 4 meal credits per month to use at participating restaurants. They have contracts with Kinneret Grill, Ali Baba Grill, and Frisch's (4 locations). They also provide a restaurant meal at the Deer Park library.

### **Social Isolation – Healthy Ideas**

Meals on Wheels (MOW) of SW OH & N KY has implemented a Virtual Senior Center concept to address the growing need of older adults, specifically focused on the risk of social isolation and loneliness. This includes Health and Wellness in-person, virtual, and by telephone. Some activities include:

Online meditation, yoga, tai chi, better balance, caregiver writing experiences, local historical talks, online journaling, digital literacy trainings, evidence-based health and wellness programs such as Bigocize, and day trips to cultural events, tours, holiday congregate meals, and dementia-friendly programming.

Since 10/1/23 they have hosted 178 activities in total with 49 of them being in-person. They have had 111 individuals (unduplicated) attending, with these individuals attending 1,033 times (duplicated - same individuals possibly attending multiple activities).

They have also launched a telephone reassurance program called Friendly Calling. This program aims to reduce social isolation among our older adults aged 60 and over via weekly phone calls made by MOW staff and volunteers. Calls are typically held for 15-30 minutes, once a week for eight weeks.



Please choose a provider for your Home-Delivered Meals.  
 If no provider is chosen, direct award to provider with  
 highest Value Score

Hamilton County Providers	Preparation	Geographic Zones Reached						Value Score
		West	Downtown	Central	North	Northwest	Southeast	
<b>Deupree Community Meals on Wheels</b> (513) 561-8150 www.episcopalretirementhomes.com Number of clients surveyed: 76	<ul style="list-style-type: none"> <li>Chilled</li> <li>Frozen</li> <li>Hot</li> <li>Driver can heat meals</li> </ul>		✓	✓		✓	✓	<b>4.5</b>
<b>Meals on Wheels of SWOH/NKY</b> (513) 661-2777 meals@muchmorethanameal.org Number of clients surveyed: 670	<ul style="list-style-type: none"> <li>Chilled</li> <li>Frozen</li> <li>Driver can heat meals</li> </ul>	✓	✓ St. Frances	✓ Booth, Clifton Pl, Courtyard Apt, Hillcrest	✓ Ridgewood II Apt, The Meadows	✓ Valley Active Senior Living	✓	<b>4</b>
<b>Mayerson Jewish Community Center</b> (513) 761-7500 www.mayersonjcc.org Number of clients surveyed: 92 KOSHER MEALS AVAILABLE	<ul style="list-style-type: none"> <li>Chilled</li> <li>Frozen</li> <li>Driver can heat meals</li> </ul>	✓	✓	✓	✓	✓	✓	<b>3.5</b>



# Hamilton County Elderly Services Program:

## Zip Codes in Each Geographic Zone

Hamilton County West	Hamilton County Downtown	Hamilton County Central	Hamilton County North	Hamilton County Northeast	Hamilton County Southeast
45001	45201	45207	45013	45039	45111
45002	45202	45212	45014	45140	45150
45030	45203	45213	45215	45236	45174
45033	45204	45216	45218	45241	45208
45038	45205	45217	45231	45242	45209
45041	45206	45220	45240	45249	45226
45051	45210	45221	45246		45227
45052	45214	45223	45251		45228
45211	45219	45224	45252		45230
45233		45225			45243
45238		45229			45244
45247		45232			45255
45248		45237			
		45239			
		45262			



# Hamilton County

## County Administrator

### BOARD OF COMMISSIONERS

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Denise Driehaus

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### ADMINISTRATOR

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Phone (513) 946-4436

## M E M O R A N D U M

Date: September 6, 2024

To: Board of County Commissioners

From: Lisa Webb, Assistant County Administrator

Copies: Guardianship Collaborative Team

Subject: Follow-up on Guardianship Collaborative Presentation

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The purpose of this communication is to respond to the request from Commissioner Summerow Dumas during the Board meeting on August 27, 2024 for additional details on the Guardianship Collaborative.

### **Background**

Hamilton County Probate Court identified a need in the local community where Hamilton County residents were “falling through the cracks.” Most of these residents are considered “at risk” with some type of special need and/or no supportive family members to help. The residents in need of guardianship come from hospitals, the Courts, medical referrals, and other interventive services.

Probate Court leadership requested conversations with members of Hamilton County Administration, leaders with Council on Aging, Hamilton County Mental Health and Recovery Services, Hamilton County Job and Family Services, and Hamilton County Developmental Disabilities Services. Probate Court leaders researched how neighboring Ohio counties are handling this issue. Some counties have large programs and even fully staffed departments to answer this issue. The consensus for our community was to start with a pilot program, the size of approximately 50 residents.

### **Recommendations**

The Guardianship Collaborative Team is proposing the creation of a pilot program for a small group on Hamilton County residents new need guardianship services. The attached Guardianship Policy Paper provides additional information on the need for these services, who would qualify for these services and the process surrounding how these services would be provided during the pilot program period.

If successful in its initial pilot, the Hamilton County Guardianship Collaborative will expand and grow capacity over time. The collaborative would like to emphasize the agreement is to start the pilot program small and determine the need in our community.

**Next Steps**

The Guardianship Collaborative is currently working with the Prosecutor’s Office to finalize a Memorandum of Understanding for this project and all partners. The MOU will need to be approved by the Commissioners and funding will need to be appropriated for the pilot to begin. The Administration hopes to be able to release a Request for Proposals later this year and have a contract finalized and services beginning in early 2025.

The Guardianship Collaborative Team would like to thank the Board of County Commissioners for the opportunity to share this concept. Members of the Guardianship Collaborative Team are available to answer any additional questions.

## **GUARDIANSHIP: Policy Paper**

### **What is Guardianship?**

A Guardianship is a relationship where one person has the legal authority and duty to care for another's person or property, due to the other person's minority, incapacity, or disability. The person who is incapacitated, disabled, or a minor, is called the "Ward." The person who is appointed, by the court, to be responsible for the ward's person or property, is called the "Guardian."

### **Overview**

The Guardianship Gap is when a Hamilton County resident is in need of assistance to make decisions. These decisions could pertain to housing, personal care, food, or any types of decisions that involve day-to-day choices, in order to sustain oneself. The one requirement is that the Ward must be a designated resident of Hamilton County in Ohio.

This Guardianship Gap process was developed by a group of Hamilton County employees who have, as part of their employment responsibilities, the best method of identifying resources that ensure all residents of Hamilton County are served.

### **Types of Guardianship**

A guardian may be appointed for either an incompetent or minor if the court finds either of the following conditions are met.

- **Incompetent** is any person who is so mentally impaired as a result of a mental or physical illness or disability, or as a result of chronic substance abuse, that he or she is incapable of taking proper care of himself or herself, his other property, or his or her family. Any person confined to a correctional institution within this State is under a legal disability and may also be considered incompetent. A guardianship can be created for an incompetent's person and/or estate.
- **Minor** is any person under 18 years of age who has neither a designated father, to provide care, nor a mother or whose parents are unsuitable to have custody of such minor, or whose interests will be promoted by a guardianship. The Court will initiate the process to create the guardianship.

### **Process**

An application for guardianship will be filed in the Probate Court of the county where the proposed Ward is a resident. The application must include a statement of the guardian's willingness to perform as Guardian. A bond may also be required.

In the case of a prospective incompetent Ward, the application must also include a statement of the Ward's mental and physical condition from a treating physician, psychiatrist, or a licensed psychologist. The prospective Ward and family members are notified of the impending guardianship and date and time of the hearing.



In the case of a resident deemed "incompetent," the proceeding is the court's investigator will serve notice of the hearing on the prospective Ward. The investigator assists the court to determine whether a guardianship is necessary. The hearing, held by the court, is needed to help the court determine if a guardianship is necessary, to find if the Guardian is suitable, and to ensure that the Guardian understands his or her duties.

The prospective Ward has the right to be present at the hearing, to contest any application for guardianship, to have a record of the hearing taken, to have a friend or family member present at the hearing, and to be represented by an attorney. A prospective incompetent Ward has the additional right to present evidence of a less restrictive alternative to guardianship, and, if indigent and requested, to have an attorney and independent expert appointed at the expense of the court.

### **Problem Defined**

There is a lack of a pool of qualified guardians, in Hamilton County, to be appointed for individuals in the community. These individuals include but are not limited to:

- Referrals from Hamilton County Department of Developmental Disabilities for individuals who become intellectually disabled prior to age 23.
- Referrals from the community for individuals who suffer traumatic brain injuries and/or become intellectually disabled after age 22.
- Referrals from the Veterans Service Commission for "John Doe" individuals who are hospitalized and cannot make their own medical decisions and who have no close friends or family willing to be appointed.
- Referrals from Hamilton County Adult Protective Services for individuals over age 60 who are identified as being at risk due to physical or mental impairment or financial exploitation.
- Referrals from area hospitals for patients who do not appear capable of caring for themselves at home without assistance and/or who need someone to apply as guardian in order for the patient to be accepted by a care facility. Care facilities often require a guardian so that there is someone to file for Medicaid on the patient's behalf to ensure a form of payment.
- Referrals from Hamilton County Probate Court when guardians are needed to replace existing guardians, who are family members, who pass away or want to resign, or who need to be removed for cause.

### **Supervision**

The Probate Court is always the superior guardian, and all guardians must obey all orders of the Probate Court. The court exerts its supervisory authority through the following legal procedures. There are fees associate with many of the following items.

- Accountings is when a guardian of the estate must file a written account with the court annually pertaining to the income and expenses of the Ward's estate.

- Reports is when a Guardian of an incompetent Ward must file a written report biennially. The report concerns the status of, and continued need for, the guardianship.
- Investigations is when a court-appointed investigator may periodically conduct a follow-up investigation. If there are any problems or concerns, those problems may be identified and corrected.
- Removal is if the interests of the Ward warrant it, the court may remove a Guardian at any time. The Guardian must always report a change in address of the Ward or Guardian.

### **Costs**

Each contributing agency will give \$50,000.00 to the Collaborative.

### **Current State**

There are currently 4,050 open and active guardianship cases with 2,635 of these cases designated as indigent (2022 statistics).

### **What Is Hamilton County Doing Now to Address the Issue?**

Hamilton County held two meetings to discuss resources on how to respond to this community need. The meetings were comprised of representatives within multiple departments in Hamilton County who came together to form a think-tank. This group discussed how other counties in Ohio have formulated a response to Guardianship.

### **Recommendation**

The consensus within the Hamilton County think-tank is to start small. The group agreed to build a process that will serve XX number of cases. Engage members in the community, such as, Meals On Wheels; Life Span; Cincinnati Area Senior Services (CASS), and others. Obtain agreements with various community partners with defined roles and responsibilities and noted expectations.



# HAMILTON COUNTY GUARDIANSHIP COLLABORATIVE

AUGUST 27, 2024

# WHAT IS A GUARDIANSHIP?

- A Guardianship is a relationship where one person has the legal authority and duty to care for another's person or property, due to the other person's minority, incapacity, or disability. The person who is incapacitated, disabled, or a minor, is called the "Ward." The person who is appointed, by the court, to be responsible for the ward's person or property, is called the "Guardian."
- These cases are civil matters
- Lack of family and individual support is central to the Guardianship Gap issue



# THE PROCESS

## Step 1

- An application for guardianship must be filed in the probate court of the county where the proposed ward is a resident. The application must include a statement of the guardian's willingness to perform as guardian. A bond may also be required.

## Step 2

- In the case of a prospective incompetent ward, the application must also include a statement of the ward's mental and physical condition from a treating physician, psychiatrist, or a licensed psychologist. The prospective ward and family members are notified of the impending guardianship and date and time of the hearing.

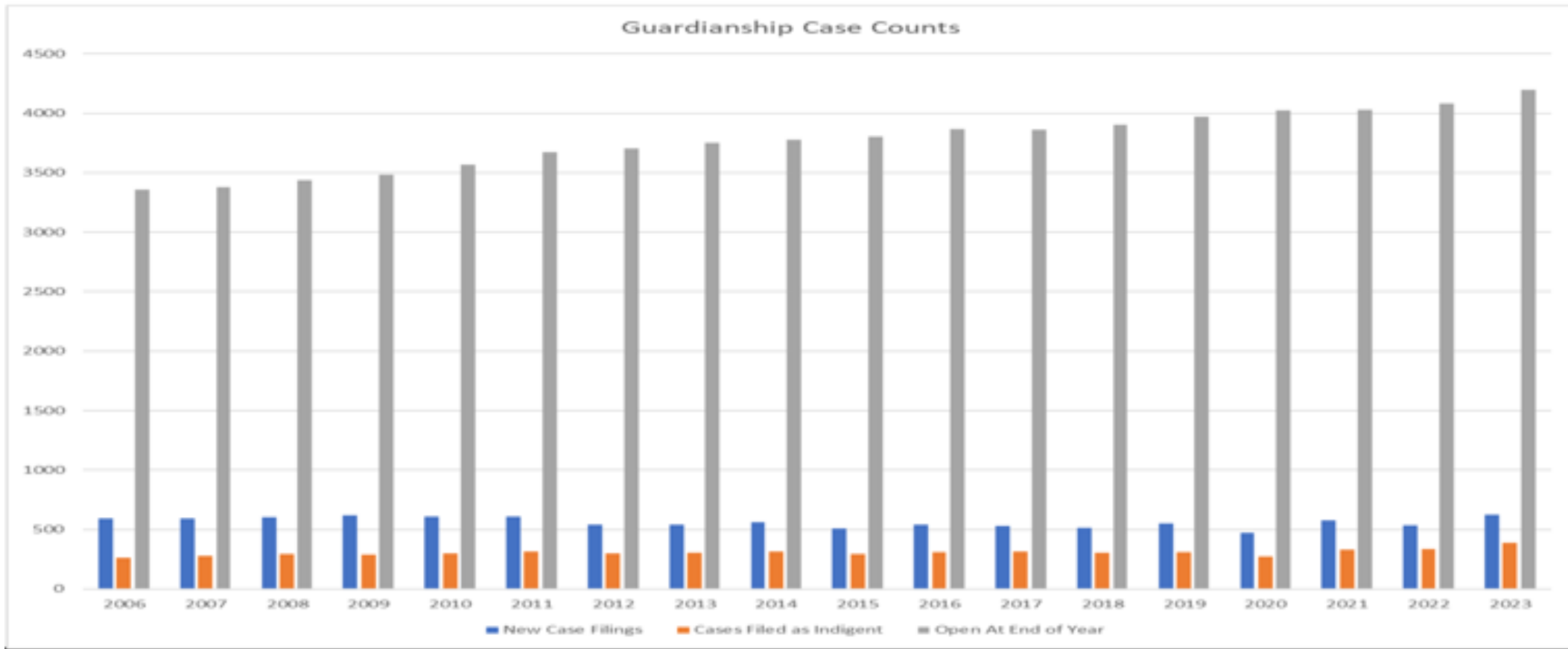
## Step 3

- In the case of an allegedly "incompetent" ward, the court's investigator will serve notice of the hearing on the prospective ward. The investigator assists the court in determining whether a guardianship is necessary. At the hearing, the court determines if a guardianship is necessary, whether the guardian is suitable, and ensures the guardian understands his or her duties.



# GUARDIANSHIP CASE COUNTS CONTINUE TO RISE YEARLY

There are currently over 4,000 open and active guardianship cases with over 2,500 of these cases designated as indigent (2022 statistics)



# PROBLEM DEFINED

Hamilton County does not have a program to address the growing need for qualified guardians to serve vulnerable adults in the community who lack family support and financial resources. These at-risk individuals in our community who need guardians include but are not limited to:

- Referrals from Hamilton County Department of Developmental Disabilities for people with intellectual and developmental disabilities that manifest before the age of 22
- Referrals from community for individuals who suffer traumatic brain injuries
- Referrals from Veterans Service Commission for “John Doe” individuals
- Referrals from Hamilton Adult Protective Services for those over age 60
- Referrals from area hospitals
- Referrals from Hamilton County Probate Court
- Referrals from MHR SB provider agencies with severe mental illness; multi-system needs; and/or Long Term Care



# NARRATIVES

- 56-year old with primary diagnosis of schizoaffective disorder, bipolar type, and substance use disorder. Judgement and insight impaired, memory impaired, unable to manage finances and take care of basic needs.
  - History of incarcerations and multiple state hospital admissions
  - A guardian would assist with medical follow-up, monitoring basic needs and possible nursing home placement for memory care
- 88-year old bed bound individual, who lived with son. Due to son's mental health issues, he could no longer provide appropriate care.
  - Protective orders were put in place until the guardianship hearing takes place later this month





# NARRATIVES

- 83-year old who lived in her home her entire life
  - Husband and son passed away five years ago. No other living family members
  - Now has advance dementia
  - Hospitalized from a fall that fractured her back
  - Has a friend who works full-time is her Power of Attorney but is now completely overwhelmed with the responsibility and unable to be guardian
- Individual with mild intellectual disabilities who is relatively high functioning
  - Individual is able to reside alone with limited assistance from mother
  - Mother becomes ill or passes away and there are no other family members to assist



# NARRATIVES

- 38-year old male who previously lived at home with family.
  - Has severe intellectual disability and limited verbal communication.
  - Has no safety awareness and requires continuous supervision
  - Discovered to be experiencing physical abuse from family caregivers
  - Removed from home into alternative living arrangements for safety
  - No family members were suitable guardians due to abuse
- Area hospitals request the Court appoint a guardian for an individual who is ready for discharge but who, they believe, is not fully capable at that time, of caring for himself in the community or to make decisions for himself.
  - The individual has no friends or family available or willing to be their guardian
  - Nursing homes often will not take patients from the hospital without a guardian or a guardianship pending



# HOW WE GOT TO THIS POINT

Probate Court identified this community need

Collaboration was formed between multiple agencies to address the need

Guardianship Team has been meeting since 2023 to discuss policies, processes, and funding needs

The goal is to capture Hamilton County residents who meet these needs and provide alternatives



# COUNTY AGENCIES PARTNERING



HAMILTON COUNTY PROBATE COURT  
*Judge Ralph Winkler*



# NEXT STEPS

- The Guardianship Collaborative Memorandum of Understanding will need to be approved by all organizations and presented to the Commissioners for approval – early fall
- Each participating agency will contribute \$50,000 for initial seed money
- Administration will work with organizations to develop an RFP for guardianship services
- Partner with community provider to begin services in early 2025
- Report back to Commissioners on outcomes and program continuation/expansion



THANK YOU!

QUESTIONS?





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

**Draft Budget Highlights  
For the Hamilton County Elderly Services Program  
For the Program Year January 1, 2025 – December 31, 2025**

**Client Census:**

- Program year 2024 – we have been managing the enrolment, only enrolling older adults at highest risk in order to lower program expenses. It is projected to end the program year with a census of 4,556 clients being served monthly (Fast Track 263 Clients and Traditional ESP 4,293). This represents a net decrease in growth of 912 clients (or 20%) for the year. We estimate that clients served to be 8,216.
- Program year 2025 – we will need to continue lowering the client census to 4,479. The reduction is needed to reduce spending in the program. Total clients served during the year is estimated to be 7,304.

**Tax Levy Revenue:**

- The amount of Tax levy money needed in 2025 is \$28.7 million, which is an increase of \$692,753 or 2.5% when compared to the 2024 projected spending.

**Client Co-payment:**

- Client co-payments are projected to be \$360,462, which is a decrease from the current amount of \$386,665 for 2024 projected spending.

**Client Donations:**

- Donations are collected for home delivered meals. Donations are budgeted to be \$3,649 in 2025. This is a decrease of \$257 from 2024 projections.

**Title III and State Funding:**

- Traditional Title III and Alzheimer's funding are expected to remain at last year's amounts. The one-time Federal ARPA revenue is ending September 2024 which is why there is a reduction of \$989K from 2024.

**Provider Services:**

- The budget for provider services assumes no change to the current service package. We are projecting a decrease of 8.6% in this category when compared to current spending projections. Services funded through Healthy Aging grant in 2024 (\$1.9M) will be funded by the levy in 2025.

**Intake & Assessment:**

- Spending is projected to grow to \$208,960 in 2025, which is an increase of \$6,086 (3%) from 2024 projected spending.

**Transportation Coordination:**

- Spending is projected to grow to \$274,459 in 2025, which is an increase of \$54,351 (24.7%) from 2024 projected spending. Other funding used to support the program has decreased.

**Case Management:**

- Budget amount reflects the staffing needs based on the number of clients in the program.

**Guardianship Gap Program:**

- This is funding for older adults in Hamilton County who do not have the capacity to make their own decisions, and do not have a family member to be their power of attorney. This program will work with other Agencies in the county to help find and provide guardianship to older adults in need.

**COA Administration:**

- Budget amount is based on a 6.5% rate in our contract with Hamilton County. It is based on 6.5% of the combined services of intake, transportation coordination, case management, and provider services.

**Hamilton County Elderly Services Program**  
**Revised Budget**  
**January 1, 2025 - December 31, 2025**

			<u>% Change</u>		
	<b>2025 Proposed Budget</b>	<b>2024 Budget</b>	<b>2024 Projected</b>	<b>2025 Budget to 2024 Projected</b>	<b>2025 Budget to 2024 Budget</b>
<b>Revenue</b>					
<b>Hamilton County Levy</b>					
Levy Appropriations	\$ 28,711,683	\$ 28,018,931	\$ 28,018,930	2.5%	2.5%
<b>Total County Levy Funding</b>	<u>28,711,683</u>	<u>28,018,931</u>	<u>28,018,930</u>	<u>2.5%</u>	<u>2.5%</u>
Client Co-Payment	360,462	341,077	386,665	-6.8%	5.7%
Client Donations	3,649	2,754	3,906	-6.6%	32.5%
Title III and State Funding	766,289	1,211,368	1,755,722	-56.4%	-36.7%
<b>Total Title III and State Funding</b>	<u>766,289</u>	<u>1,211,368</u>	<u>1,755,722</u>	<u>-56.4%</u>	<u>31.0%</u>
<b>Total Revenue</b>	<b>\$ 29,842,083</b>	<b>\$ 29,574,130</b>	<b>\$ 30,165,224</b>	-1.1%	0.9%
<b>Expenses</b>					
<b>Client Services</b>					
Intake & Assessment	\$ 208,960	\$ 93,700	\$ 202,874	3.0%	123.0%
Transportation Coordination	\$ 274,459	\$ 220,346	\$ 220,108	24.7%	24.6%
FTH Case Management	\$ 1,446,187	\$ 1,204,775	\$ 1,404,065	3.0%	20.0%
Care Management	\$ 4,140,234	\$ 4,324,804	\$ 4,530,531	-8.6%	-4.3%
Provider Services	\$ 20,653,946	\$ 22,517,230	\$ 22,598,405	-8.6%	-8.3%
Home Modification Program	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	0.0%	0.0%
Senior Homeless Medical	\$ 250,000	\$ 250,000	\$ 250,000		
Healthy Aging Grant	\$ -	\$ (1,841,719)	\$ (1,881,828)		
Guardianship Gap Program	\$ 50,000	-	-		
<b>Total Client Services</b>	<u>28,023,786</u>	<u>27,769,136</u>	<u>28,324,154</u>	<u>-1.1%</u>	<u>0.9%</u>
<b>COA Administration</b>	<u>1,818,296</u>	<u>1,804,994</u>	<u>1,841,070</u>	<u>-1.2%</u>	<u>0.7%</u>
<b>Total Expenses</b>	<b>\$ 29,842,083</b>	<b>\$ 29,574,130</b>	<b>\$ 30,165,224</b>	-1.1%	0.9%

<b>Average Daily Census for 2025 is projected to decrease by 1.7% from 2024 year end Projections</b>
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# Equity Analysis Report – Elderly Services Program, Council on Aging

## ANALYSIS

The current analysis assesses the impact on enrollment demographics into the Elderly Services Program before and after implementing the Managed Enrollment process. The intent is to continue to provide equitable access to services with changing program needs.

The Elderly Services Program began Managed Enrollment on May 1, 2023. The purpose of Managed Enrollment was to reduce the number of clients served by the program to meet budgetary restrictions. The analysis included data from 5/1/2022 to 4/30/2023 and 5/1/2023 to 5/1/2024.

## ENROLLMENT CRITERIA

Enrollment into the Elderly Services Program is based on assessment of ADLs/IADLs defined as:

Activities of Daily Living (ADL) – daily self-care activities

Independent Activities of Daily Living (IADL) – activities that support daily life and require interacting with the environment – including managing finances, communication, cooking and cleaning

Prior to Managed Enrollment criteria included individuals aged 60 and older who met one of the following

- Assistance or Supervision with 4 IADLs
- Assistance or Supervision with 2 ADLs
- Assistance or Supervision with 1 ADL and 2 IADLs
- 24-hour supervision needed due to cognitive impairment

Managed Enrollment criteria restricted enrollment to only include individuals aged 60 and older who meet the criteria above in addition to the at least one of the following criteria

- Cancer patients actively receiving treatment (chemotherapy, radiation or other)
- Dialysis patients
- Individuals enrolled in hospice
- Individuals active with Adult Protective Services
- Emergency need for home delivered meals
- Individuals who received in-home care through Medicaid but are no longer eligible for financial reasons (over income/assets)
- Individuals discharging from a hospital or nursing home within the last 7 days (FastTrack Home)

## **KEY FINDINGS**

We compared data related to age, gender, race, ethnicity, income, household size, copayment % and zip code.

## **ENROLLMENTS**

- 2,480 vs 1,248
- Number of enrollments dropped by 50% after May 1, 2023

## **AGE**

- Before - Mean age 75 years old
- After - Mean age 75 years old

## **GENDER**

- Before - 37% male, 63% female
- After - 43% male, 57% female

## **MONTHLY INCOME**

- Before - \$1,571.50
- After - \$1,662.00

## **HOUSEHOLD SIZE**

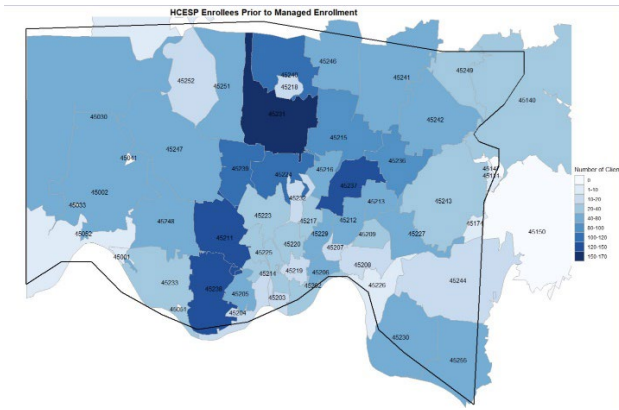
- Before – 1 person 73%, 2 people 17%
- After - 1 person 70%, 2 people 19%
- Less than 1% of clients have a household size greater than 2
- Approximately 10% of enrollments did not indicate household size

## **COPAYMENT**

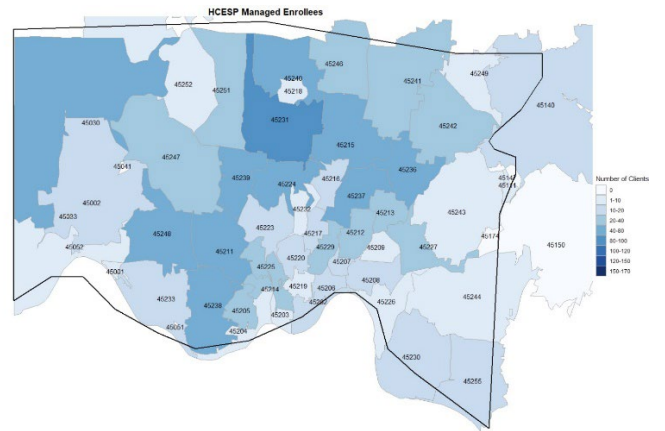
- Before – 61% have a 0% copay
- After – 59% have a 0% copay

# ZIP CODE

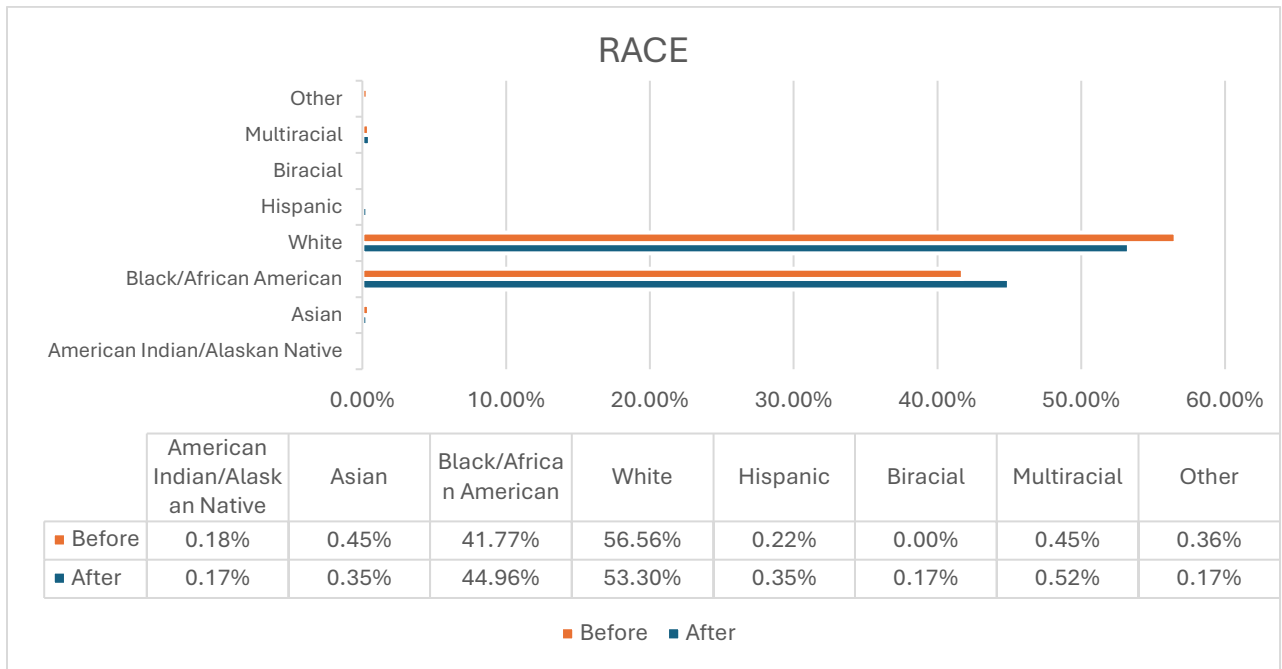
Before



After



# RACE



# ETHNICITY

	After	Before
Not Hispanic/Latino	98.88%	99.46%
Hispanic/Latino	1.12%	0.54%

## **CONCLUSION AND NEXT STEPS**

The analysis indicated no significant impact on enrollment demographics for the Elderly Service Program since implementation of Managed Enrollment. Continued monitoring will be required to ensure future changes do not negatively impact equitable access to services.

The program is currently working on a plan to expand open enrollment. We have created a small work group to establish additional eligibility criteria to slowly increase enrollment when our projections indicate this is viable.

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**home52 TRANSPORTATION**

**SERVICE SPECIFICATIONS**

**September 1, 2024**

home52 TRANSPORTATION  
SERVICE SPECIFICATIONS  
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## home52 TRANSPORTATION SERVICE SPECIFICATIONS

### 1.0 OBJECTIVE

home52 Transportation is a transportation brokerage service designed to enable a client to receive high quality, person-centered, transportation for both non-emergent medical transportation and non- medical transportation. home52 will contract with organizations and/or funders that are interested in this type of service. Some funders may require the service be authorized by the client's plan of care, when transportation is not otherwise available or funded by state plan Medicaid or any other source. Some funders may require whenever possible, clients must use family, neighbors, friends or other resources to provide this service.

### 2.0 DEFINITIONS

**Provider:** A transportation company contracted with the transportation coordination entity to provide transportation services, vehicles, and drivers.

**Driver:** Individual contracted or employed by the transportation provider for the purposes of piloting a vehicle in a safe and professional manner.

**Transportation Coordination Entity:** Acts as central coordination and dispatch of providers for transportation and on demand (expedited) trips.

**High Quality, Person-Centered Transportation:** Transportation that meets the level of service and assistance the client requires and is customer focused.

**Transportation Management System (TMS):** A software package with the capability to optimize routing, scheduling, dispatching, and communication between all parties including client and/or customers.

### 3.0 UNIT OF SERVICE

3.1 A unit of service is a "one-way" trip.

3.2 The unit rate is the price quoted for the "one-way" trip.

3.3 The unit rate must include all transportation coordination associated with the trip including administrative costs, training and documentation time.

3.4 Additional units require prior authorization from Care/Case Manager.

3.5 Transportation Services must be authorized by the Care/Case Manager.

(a) Trips that are unallowable are trips to adult entertainment, casinos, and establishments to purchase alcohol, tobacco, and recreational marijuana.

## **4.0 PROVIDER REQUIREMENTS**

Provider requirements include the following:

- 4.1 The Provider must furnish evidence of a service back-up plan to provide service when a vehicle becomes disabled.
- 4.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.101 of the Ohio Revised Code.
- 4.3 The Provider must bill using rates established in the Provider's contract.
- 4.4 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 4.5 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.
- 4.6 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the highway patrol safety inspection unit, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in Appendix A of this rule, as applicable to the vehicle inspected. A legible copy of the inspection is to be kept in the vehicle.
- 4.7 The Provider must assure that the vehicle has identifying information for the client that identifies the vehicle as a Transportation Provider. This may be done through a decal or dashboard sign.
- 4.8 The Provider must assure that all vehicle drivers have photo identification badges or uniforms identifying them as employees of the Provider.
- 4.9 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.
- 4.10 The Provider must have an approved device in the vehicle that can operate the Transportation Management System (TMS). The TMS requirements and features include:



- (a) Drivers must be signed on to the system at the time of transport.
- (b) Tracks available vehicles and dispatches the closest available vehicle.
- (c) Provides a driver profile photo that identifies the driver for the trip.
- (d) Allows driver to communicate with the transportation coordinators, caregivers, medical providers and clients.
- (e) Allows transportation coordinators or clients to schedule trips and dispatch drivers.
- (f) Maintains the trip logs, including pick-up and drop-off locations, date and time of pick-up and drop off, name of the driver, and name of the client, vehicle number.
- (g) Failure to keep and use the approved device for use with transportation management system will result in rejecting the claim for payment.
- (h) Provides billing information to the transportation coordination entity.
- (i) Allows the transportation coordination entity to access, schedule rides, dispatch and communicate with the driver.
- (j) Is mounted in such a way that does not obscure the drivers view of the road, mirrors, or peripheral views.

4.11 In the event of systems failure, the Provider must document and maintain a record of each trip per the requirements outlined in 4.10(e).

4.12 The provider must have a policy in place prohibiting any alcohol and drug use and have testing protocols in place for all drivers pursuant to USDOT Rule 49 CFR Part 40.

## 5.0 TRAINING

- 5.1 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 Aging.
  - (b) Evidence of return demonstration on:
    - (i) Client transfers;
    - (ii) Wheelchair lift operation; and
    - (iii) Restraint application
  - (c) Training on Universal Precautions
  - (d) Training on the DriversMate app and the processes associated with transporting home52 clients.
- 5.2 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.
- 5.3 All trainings requiring renewal must be kept up to date.

## 6.0 Quality Standards

- 6.1 All providers engaged in business with Transportation are expected to attain and maintain quality standards set by the transportation coordinator and/or its funders.
- (a) Provider no show (includes failure to wait) rates will be less than 5%
  - (b) Provider on time rates will be greater than 95%
  - (c) Providers will wait 15 minutes for a client to arrive and will contact dispatch center before leaving the area.
  - (d) Providers will offer hands on assistance through the door

- and with equipment for all passengers.
  - (e) Client satisfaction rates for the transportation will average 95% or higher.
- 6.2 Timeliness - Arriving to points dispatched within an acceptable window of time. All transportation coordination appointments are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
- 6.3 Pick Up - All transportation providers/drivers are expected to arrive at the pickup location at the predetermined time with the correct vehicle type. Drivers are expected to assist the client, from inside of the building, office, or home into the vehicle, unless otherwise directed. Drivers are expected to wait a minimum of 15 minutes for the client to notify the driver that they are ready.
- 6.4 Drop Off - All transportation providers/drivers are expected to arrive at the drop-off location at the predetermined time with enough time to allow for client unloading to meet the scheduled appointment time. Drivers are expected to assist the client, into and out of the vehicle and office building, unless otherwise directed.
- 6.5 Safety - Safety is of the utmost importance. Transportation providers and their drivers are consistently expected to operate and deliver all services in a safe and professional manner.
- 6.6 Securing the Passenger - All passengers in any vehicle operated under dispatch of are to be properly secured in the vehicle with the proper seatbelts and restraints. All cargo (mobility aids, oxygen tanks, medical equipment) must be properly secured to prevent any movement during transport.
- 6.7 Proper Escorting Technique –
  - (a) All hands-on escorting of all passengers including entry and exit of the vehicle must done in compliance with training received.
  - (b) Assist in transfer or escort of all clients safely unless the client specifically refuses the assistance.
  - (c) Assistance means providing hands on assistance from inside the client's home to the destination point, which may be inside a medical facility.
  - (d) The Provider must perform the same transfer assist service when transporting the client back to the client's residence.
- 6.8 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).
- 6.8 Vehicle Environment - Vehicle must be kept clean and free from debris. The passenger areas (seats and door handles) will be

cleaned and disinfected after every passenger to minimize the spread of disease.

- 6.9 There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
- 6.10 Driving-all transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action, sanction or contract termination.
- 6.11 It is the expectation that all clients & riders will be transported in a timely, safe, clean, friendly, and appropriate manner while receiving the hands-on assistance required by this service. All complaints to the contrary will be investigated. Substantiated complaints may result in corrective action, sanction or contract termination.
- 6.12 Any instance of a driver leaving a passenger pick up location without the approval of the transportation coordinator will result in a violation of these service specifications and will trigger a full investigation and may result in corrective action, sanction or contract termination.
- 6.13 Ridesharing- Ridesharing is only to be done with the consent of the home52 Transportation coordination center.

## **7.0 Communication**

- 7.1 Updating Transportation Coordination dispatch-all drivers and providers are expected to notify the coordination dispatch if/when any event occurs that will delay arrival or cause a client/customer to be late for a scheduled appointment.
  - (a) If the client does not answer the door when the transportation arrives, and the driver has knocked, rang the doorbell and called the client (3 attempts at contact within 10 minutes), the driver will notify Transportation Coordination who will also attempt to call the client to notify them their ride is waiting.
  - (b) Transportation Coordination will notify the driver when they can leave because the trip is unsuccessful and transportation coordination will notify the medical provider that the client was not transported.
- 7.2 Incident Reporting -. All incidents are to be reported to Transportation@home52.org..
- 7.3 Providers will be subject to audits performed by COA Provider Services Department.
- 7.4 All audit findings will be kept and used for data reporting as required

by various program funders.

## **8.0 DRIVER REQUIREMENTS**

The Provider must maintain documentation that all transportation drivers:

- 8.1 Have at least two years of verified licensed driving experience in the United States; and, the driver has the ability to understand English, written and oral instructions and document services delivered.
- 8.2 Have a current and valid driver's license with fewer than six points against the driver, issued under Chapters 4506 (CDL) or 4507(non CDL) of the Ohio Revised Code or their equivalent if the operator is a resident of another state;
- 8.3 Have followed DOT regulations related to required drug testing before and during employment (USDOT Rule 49 CFR Part 40).
- 8.4 Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.
- 8.5 Prior to hiring, 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.

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

## **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 charged to the proper pressure rating and securely mounted near the vehicle operator for easy access.
  3. The vehicle must be equipped with a first aid kit that is full and up to date (no expired items).
  
- 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.  
The steering gear assembly, power steering unit, brackets and mounting bolts must be securely fastened.
2. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
3. Tie rod ends must function properly.
4. 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

Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.

1. Retread tires should not be located on the steering axle.
2. Must be free of irregular wear, cuts, bruises, and breaks.
3. Must be balanced and in proper alignment.
4. All lugs must be present and fitted tightly on tires.
5. 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*