HMA

HEALTH MANAGEMENT ASSOCIATES

Hamilton County, Ohio, Senior Services Levy Report of the Operations and Tax Levy Review

PREPARED FOR

HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE

DATE

JUNE 5, 2017

Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

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I. Introduction

A. Project Scope and Activity

Pursuant to sections 5705.19 through 5705.25 of the Ohio Revised Code, the Hamilton County Board of County Commissioners (the Commissioners), with the support of the county electorate, has levied a Senior Services Levy to provide additional services to eligible county residents. The levy was most recently renewed in 2012, providing revenue for senior services over a five-year period. Hamilton County Senior Services Levy dollars are used in support of programs provided through three agencies: the Council on Aging of Southwestern Ohio (COA), Adult Protective Services in the Hamilton County Department of Job and Family Services (APS), and the Veteran's Services Commission (VS).

In December 2016 Health Management Associates (HMA) was engaged by the Commissioners through a competitive procurement process to a provide a review of health care services provided to Hamilton County residents and funded by Hamilton County, through the Indigent Care, Mental Health, and Senior Services levies. This report includes a performance review of the usage of Senior Services levy funding. The objectives of this review include:

- Evaluation of current operating efficiency of the COA Elderly Services Program (ESP), the APS and the VS relative to reasonable expectations
- Compliance with, and maximization of, current and planned funding contracts
- Recommendations for tax levy contract provisions between the Commissioners, and COA, APS and the VS assuming successful passage of the proposed tax levy
- Recommendations for costs savings and/or revenue enhancements

HMA is a consulting firm specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Albany, New York; Atlanta, Georgia; Austin, Texas; San Antonio, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Phoenix, Arizona; Portland, Oregon; Olympia, Washington; Sacramento, the Bay area, and Southern California; Seattle, Washington; Tallahassee, Florida; and Washington, DC.

HMA has clients across the country, including the major safety net health systems, private sector providers, health plans, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long- term care, and behavioral health care.

II. Council on Aging Southwestern Ohio

A. Overview of the Elderly Services Program

The large majority of the Hamilton County Senior Services Levy funds are used to support the Elderly Services Program (ESP) administered on behalf of the county by the COA. ESP offer services designed to assist elderly Hamilton County residents to remain in their own homes, supplementing care and support being provided by family, neighbors and friends. The COA staff provides care management, including development of an individual plan of care for each ESP client. In 2016, the Hamilton County ESP served 5,797 county residents, with a year-end census of 4,444 (and a year-end census of 4,612 predicted for 2017). The total census age breakdown is reported to be approximately 222 under the age of 60, 1,299 between ages 60-69, 1,858 between the ages of 70-79, 1,959 between the ages of 80-89 and 459 over the age of 90 years. This age breakdown indicates that 74% of clients served by ESP are age 70 and older.

Services identified in the plan of care are delivered by provider organizations which have been selected through a competitive bidding process and are under contract with the COA. The following services are available under ESP:

- Care Management
- Home Care Assistance
- Electronic Monitoring System
- Home Delivered Meals
- Consumer Directed Care
- Minor Home Repairs
- Independent Living Assistance
- Non-medical Transportation
- Adult Day Service
- Adult Day Transportation
- Environmental Services
- Home Medical Equipment

Individuals enrolled after September 30, 2011, are required to be 60 years of age or older and need supervision or hands-on assistance in two Activities of Daily Living (ADLs); one ADL and two Instrumental Activities of Daily Living (IADLs); or four IADLs. If the individual has Alzheimer's disease or related dementia, he or she can be any age and qualify for Adult Day and Adult Day Transportation services.

To qualify under ESP, an individual must be a resident of Hamilton County at the time the service is rendered. There is no income eligibility standard to be eligible for services under ESP; however, individuals are required to apply or diligently seek to obtain services through other sources of reimbursement before receiving ESP services and, based on a sliding fee scale, may be required to contribute to the cost of care. COA reports that approximately 30 percent of individuals served were required to pay a fee for services rendered. Individuals whose incomes equal or exceed 150 percent of the Federal Poverty Level (FPL) are required to pay a five percent co-payment; individuals whose incomes equal or exceed 400 percent of FPL must pay the full cost of services.

Eligibility for ESP is determined by COA care managers through a face to face assessment process that uses standardized tools to determine and document residency, whether the individual meets the service need requirement, whether the individual is eligible for other programs (including Medicaid) which could provide needed services, and whether the individual will be required to contribute to the cost of services under the sliding fee scale.

B. Recent History and Overview of COA Operations

The Council on Aging of Southwestern Ohio is a 501(c)(3) private nonprofit corporation that has served the needs of older adults in Hamilton County for over forty years. It is one of twelve Area Agencies on Aging in the State of Ohio, responsible for working with both the public and private sectors to help shape how communities serve their older citizens. As such, it is responsible for administering all federal and state aging funds within the southwestern region, consisting of Hamilton, Butler, Clermont, Clinton and Warren counties, where there are over 252,000 persons over the age of 60. Through agreements with the various counties in the southern region, COA administers the Senior Services levies for all but Clermont County. Hamilton County and the other counties served by COA benefit from the Council's regional orientation, as efficiency-driven cost savings accrue from sharing the costs of administrative activities (e.g., competitive bidding for service contracts, investments in technology to support effective care management and program administration, etc.).

The COA had over 300 staff providing services to nearly 20,000 individuals in 2016 under an array of federal, state and locally-funded programs in counties throughout Southwestern and Western Ohio. In addition to serving as the regional AAA, COA functions as an Aging and Disability Resource Connection, performs pre-admission reviews and other administrative functions for Ohio Medicaid, offers care management and care coordination under multiple programs, and has participated in a nationally recognized care transitions pilot program with area hospitals. Table 1 presents the major functions of the various programs managed by COA for residents of Hamilton County. Of these programs, only the Elderly Service Program is funded by the Hamilton County Senior Services Levy.

Table 1: Scope of Services Provided by the Council on Aging of Southwestern Ohio

Program Function	Hamilton County ESP	PASSPORT	Assisted Living Waiver	Home Care Waiver	MyCare	Long-term Care Consultation	Transitional Care/ HOME Choice	Aging and Disability Resource	Specialized Recovery Services
Financial Eligibility	X								
Functional Assessment Eligibility (e.g. level of care	X	X	X	X	X		X	X	X
Enrollment	X	X	X	X			X	X	X
Service Plan Development	X	X	X	X	X			X	X
Service Plan /Care Management	X	X	X	X	X				X
Ongoing management of LTC Services	X	X			X	X	X		
Provider Procurement	X								
Provider Enrollment	X	X	X						
Provider Network Management	X	X	X						
Grievances and Appeals	X	X	X	X		X		X	X
Provider Billing/Claims	X	X	X						
Quality Metrics & Reporting	X								
Client CoPayment Collections	X	X							

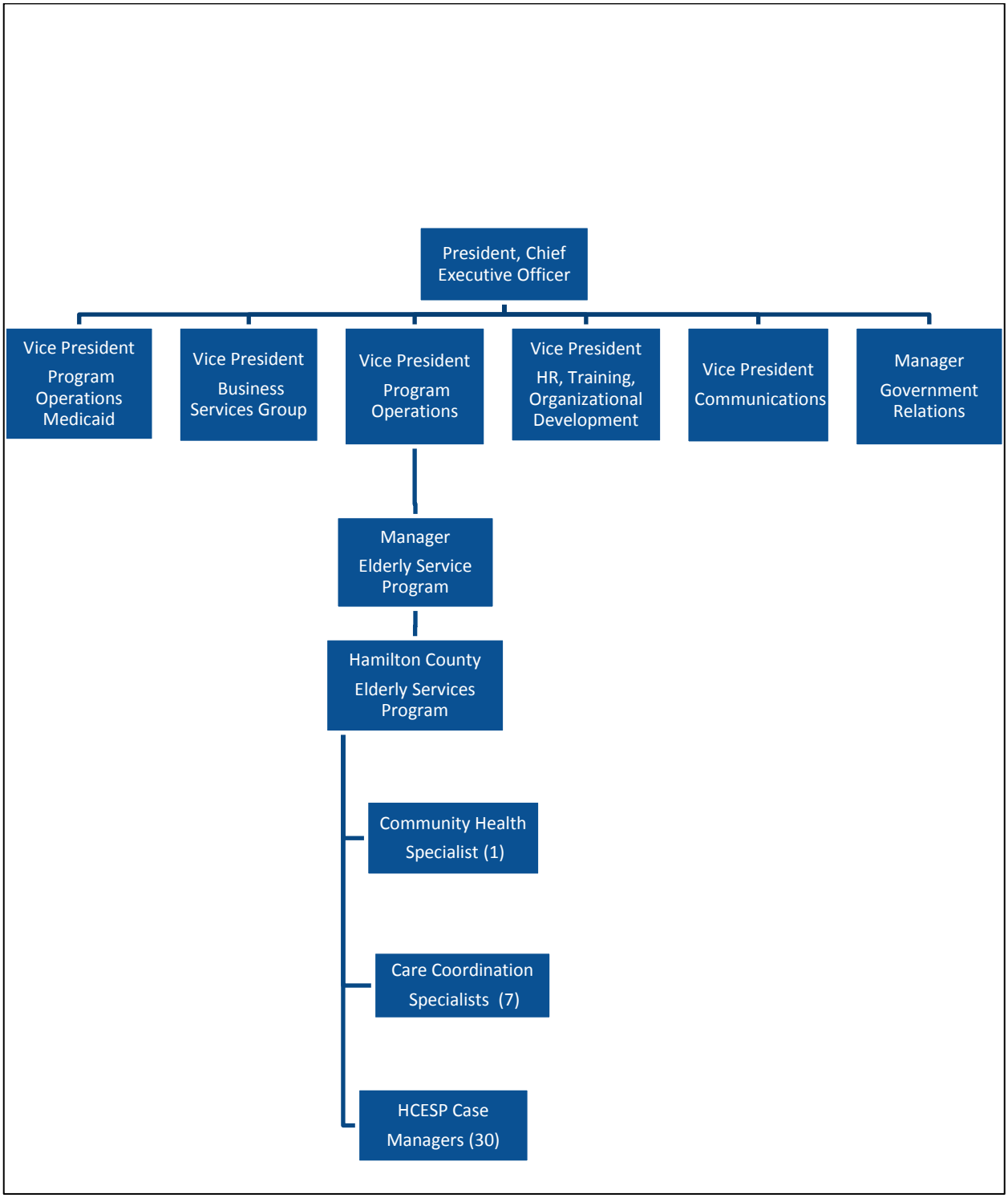
Analysis of Corporate Structure

The COA is governed by a Board of Trustees made up of representatives from each of the five counties in its service area, including five representatives from Hamilton County. The Board of Trustees sets policy and provides leadership for the organization. COA also has various advisory bodies which oversee the management of several lines of business serving people over the age of 60 in the counties served.

Included in this structure is the COA Advisory Council, established under provisions of the Older Americans Act (Title III), which provides federal funding for a range of services for the elderly. In addition, there are advisory councils for each of the four counties in which COA administers levy-funded services for the elderly. The Hamilton County Elderly Services Program Advisory Council is appointed by the Commissioners to provide input to and oversight of COA's administration of ESP.

COA is organized by program and function into six major divisions: Program Operations, Medicaid, Business Services, HR Training and Organizational Development, Communications, and Government Relations. Each division has unique primary responsibilities and is interdependent on the other divisions at varying degrees. The administration of the Hamilton County ESP falls within the Program Operations Area, which also administers the Aging and Disability Resource Center (ADRC); Procurement and Provider Services, Transitional Care; and the Ohio Home Care, PASSPORT, and Assisted Living Waivers (Medicaid). The Hamilton County ESP employs a Manager and 1 Community Health Specialist, 7 Care Coordination Specialists and 30 care managers.

Figure 1: Organization for the Council on Aging for Southwestern Ohio



C. Financial Analysis

The Office of Budget and Strategic Initiatives approved a five-year levy plan for Senior Services that anticipated a $90,000 deficit, with the understanding that COA would manage over the course of the levy to a positive ending fund balance. The expected revenue under the renewal levy reflected the negative impact that a significant national recession was having on the value of property within the county. The contract with the Commissioners required the COA to develop a Levy Services Plan that described a strategy for bringing the ESP into balance with its funding by the close of the levy period. See Section D. Services Delivery and Efficiency, below, for more discussion of the Levy Services Plan that was implemented by COA.

For the levy period of CY 2013 through CY 2017, the organizations receiving funds directly from the levy have performed to within the budget for the entire period. In 2013 there was approximately a $9.3 million reserve from the previous levy and $96.6 million in levy proceeds anticipated for the years 2013 through 2017. Collectively, from 2013 to 2017, the organization was funded with approximately $98.7 in levy funds and $9.1 million in other sources of revenue, for total revenues of $107.8 million. The organization is anticipating total expenditures of $111.6 million, including encumbrance, with the $3.9 million in expenditures exceeding revenues coming from the $9.3 million beginning levy reserve. The levy reserve at the end of 2017 is estimated to be approximately $5.4 million. (See Table 2).

Table 2.

Hamilton County Senior Services Levy						
All agencies (COA, JFS, VS)						
Five Year Forecast for Calendar Years 2013-2017						
	Actual					Total
Line item Description	CY 2013	CY2014	CY 2015	CY 2016	Est 2017	CY 2013-2017
Beginning Operating Cash Balance	$ 9,308,209	$ 6,012,905	$ 6,260,755	$ 9,169,207	$ 6,087,138	$ 9,308,209
Plus: Total Levy Revenue	$ 19,731,378	$ 19,992,370	$ 20,003,597	$ 19,741,268	$ 19,279,322	$ 98,747,935
Plus: Additional Revenue	2,010,025	2,014,452	1,772,568	1,594,501	1,664,095	9,055,641
Current Period Resources	$ 21,741,403	$ 22,006,822	$ 21,776,165	$ 21,335,769	$ 20,943,417	$ 107,803,576
Total Resources	$ 31,049,612	$ 28,019,727	$ 28,036,920	$ 30,504,976	$ 27,030,555	$ 117,111,785
Operating expenditures						
Reserve Balance Funding						
Less: Total Operating Expenditures	$ 25,036,707	$ 21,758,972	$ 18,867,713	$ 19,692,378	$ 21,598,985	$ 106,954,754
Ending Operating Cash Balance	$ 6,012,905	$ 6,260,755	$ 9,169,207	$ 10,812,598	$ 5,431,570	$ 10,157,030
Less: Estimated Outstanding Encumbrances	-	-		4,725,460	-	4,725,460
Ending Operating Fund Balance	$ 6,012,905	$ 6,260,755	$ 9,169,207	$ 6,087,138	$ 5,431,570	$ 5,431,570
Change in Operating Fund Balance w/o Encumbrances	$ (3,295,304)	$ 247,850	$ 2,908,452	$ 1,643,391	$ (655,568)	$ 848,821
Year Ending Client Census - COA	4,908	3,906	4,194	4,444	4,612	

Levy funds flowing to organizations were consistent throughout the current period, starting at approximately $19.7 million in 2013 to $19.3 million projected in 2017. However, operating expenses

have decreased significantly, as COA quickly realized that the approved levy would require them to re-evaluate their service model. In 2013 operating expenses were $25.2 million, and by 2017 expenditures are estimated to be $20.7 million. To accomplish this decrease in expenditures, the organization instituted cost control measures that included reducing the number of clients served, instituting a waiting list for clients, renegotiating service provider contracts and directing services to lower cost providers. Overall, the reduction in expenditures has been accomplished through approximately a 7% reduction in clients and a 10% reduction in costs for services provided. The collective impact of these measures allowed the organization to perform within the levy budget.

However, the current cost structure will be difficult to maintain given the demographic and economic pressures COA is facing. In general, there is an-going aging of the population in the U.S., and Hamilton County is experiencing this same demographic trend. In Hamilton County, the percentage of individuals age 60 and older is projected to grow from 18.6% in 2010 to almost 24% by 2020.[1] Further growth in the over-60 population will result in increased demand for services. Additionally, COA reports increased complaints from clients regarding rates of "no show" among current in-home service providers, and providers report, as the economy has improved, real struggles in maintaining sufficient workforce at the wages typically paid. Collectively, these issues are creating budget issues for the COA to continue to provide the level of services they have been providing.

The original levy was projected to result in approximately a $27,000 fund balance at the end of the levy period and current projections have the ending levy balance at approximately $5.4 million. While this is a significant variance, the ending balance represents approximately three months of funding and would be a reasonable reserve level to allow for the programs to either transition to other funding sources or wind down if the levy were to not renew.

The following analysis represents the levy requests from all three agencies receiving funds from the Senior Services Levy. Approximately 96% of all funds from the levy flow to the COA, with the remaining 4% are distributed to JFS, VS and levy administration. (See Table 3).

Table 3.

			Forecast						
Levy Revenues By Organization			CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2018-2022	% ot Total
	COA	Council on Aging	$ 23,848,054	$ 24,033,460	$ 24,118,867	$ 24,204,273	$ 24,189,679	$ 120,394,333	96.1%
	JFS	Job and Family Services	$ 370,000	$ 370,000	$ 370,000	$ 370,000	$ 370,000	$ 1,850,000	1.5%
	VS	Veteran's Services	$ 205,000	$ 205,000	$ 205,000	$ 205,000	$ 205,000	$ 1,025,000	0.8%
	ADM	Adminitration	$ 450,000	$ 350,000	$ 350,000	$ 350,000	$ 450,000	$ 1,950,000	1.6%
	Total		$ 24,873,054	$ 24,958,460	$ 25,043,867	$ 25,129,273	$ 25,214,679	$ 125,219,333	100.0%

The levy request from COA included a 3.8% annual increase in clients, approximately 2% annual increase in cost of services and a request that would increase the reserves of the levy to approximately six month cash at the end of the levy period. Collectively these items represent $27.1 million of the $27.3 million increase in levy requests. The other agencies and administration account for the remaining $221,000 change in levy request. This forecast would require an increase in the levy rate from current 1.29 mil approved in the previous Levy cycle to approximately 1.59 mils in this levy cycle. (See Table 4).

Table 4.

Hamilton County Senior Services Levy							
All agencies (COA, JFS, VS)							
Five Year Forecast for Calendar Years 2018-2022							
			Forecast - Policy Level Increase				Total
		Line item Description	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2018-2022
Beginning Operating Cash Balance			$ 5,431,570	$ 1,131,639	$ (4,155,412)	$ (10,594,144)	$ (18,252,898)	$ 5,431,570
Plus:	Total Levy Revenue		$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
Plus:	Additional Revenue		1,557,256	1,564,303	1,571,466	1,578,788	1,586,270	7,858,083
	Current Period Resources		$ 20,969,542	$ 21,061,995	$ 21,154,565	$ 21,247,293	$ 21,340,181	$ 105,773,576
	Total Resources		$ 26,401,112	$ 22,193,634	$ 16,999,153	$ 10,653,149	$ 3,087,283	$ 111,205,146
		Operating expenditures	22,506,644	23,586,217	24,830,468	26,143,218	27,628,294	124,694,840
		Reserve Balance Funding	2,762,829	2,762,829	2,762,829	2,762,829	2,762,829	13,814,147
Less:	Total Operating Expenditures		$ 25,269,473	$ 26,349,046	$ 27,593,297	$ 28,906,047	$ 30,391,123	$ 138,508,987
Ending Operating Cash Balance			$ 1,131,639	$ (4,155,412)	$ (10,594,144)	$ (18,252,898)	$ (27,303,840)	$ (27,303,840)
Less:	Estimated Outstanding Encumbrances		-	-	-	-	-	-
Ending Operating Fund Balance			$ 1,131,639	$ (4,155,412)	$ (10,594,144)	$ (18,252,898)	$ (27,303,840)	$ (27,303,840)
	Change in Operating Fund Balance w/o Encumbrances		$ (4,299,931)	$ (5,287,051)	$ (6,438,732)	$ (7,658,754)	$ (9,050,942)	$ (32,735,411)
		Year Ending Client Census - COA						
Additional Revenue Needed						Additional Levy Requested		$ 27,303,840
Average Additional Revenue Needed			$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 27,303,840
	Total Levy Needed		$ 24,873,054	$ 24,958,460	$ 25,043,867	$ 25,129,273	$ 25,214,679	$ 125,219,333
	Continuing Operations		$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
	Additional Needs		$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 5,460,768	$ 27,303,840
		Ending Operating Fund Balance w/Change	$ 9,355,237	$ 12,291,783	$ 14,076,648	$ 14,641,492	$ 13,814,147	$ 13,814,147
		Year Ending Client Census - COA	4,787	4,968	5,156	5,352	5,554	

The following financial analysis is predicated on there being no increase in the levy rate from the current 1.29 mils approved in the previous levy cycle. (See Table 5).

Table 5.

Hamilton County Senior Services Levy							
All agencies (COA, JFS, VS)							
Five Year Forecast for Calendar Years 2018-2022							
			Forecast - No Increase in Levy				Total
		Line item Description	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2018-2022
Beginning Operating Cash Balance			$ 5,431,570	$ 4,123,039	$ 3,327,261	$ 2,286,576	$ 995,690	$ 5,431,570
Plus:	Total Levy Revenue		$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
Plus:	Additional Revenue		1,412,106	1,378,407	1,363,741	1,349,602	1,335,934	6,839,790
	Current Period Resources		$ 20,824,392	$ 20,876,099	$ 20,946,840	$ 21,018,107	$ 21,089,845	$ 104,755,283
	Total Resources		$ 26,255,962	$ 24,999,138	$ 24,274,101	$ 23,304,683	$ 22,085,535	$ 110,186,853
		Operating expenditures	20,066,009	19,604,964	19,920,611	20,242,079	20,669,140	100,502,802
		Reserve Balance Funding	2,066,914	2,066,914	2,066,914	2,066,914	2,066,914	10,334,570
Less:	Total Operating Expenditures		$ 22,132,923	$ 21,671,878	$ 21,987,525	$ 22,308,993	$ 22,736,054	$ 110,837,372
Ending Operating Cash Balance			$ 4,123,039	$ 3,327,261	$ 2,286,576	$ 995,690	$ (650,519)	$ (650,519)
Less:	Estimated Outstanding Encumbrances		-	-	-	-	-	-
Ending Operating Fund Balance			$ 4,123,039	$ 3,327,261	$ 2,286,576	$ 995,690	$ (650,519)	$ (650,519)
	Change in Operating Fund Balance w/o Encumbrances		$ (1,308,531)	$ (795,779)	$ (1,040,685)	$ (1,290,886)	$ (1,646,208)	$ (6,082,089)
		Year Ending Client Census - COA						
Additional Revenue Needed						Additional Levy Requested		$ -
Average Additional Revenue Needed			$ -	$ -	$ -	$ -	$ -	$ -
	Total Levy Needed		$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
	Continuing Operations		$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
	Additional Needs		$ -	$ -	$ -	$ -	$ -	$ -
		Ending Operating Fund Balance w/Change	$ 6,189,953	$ 7,461,088	$ 8,487,318	$ 9,263,345	$ 9,684,051	$ 9,684,051
		Year Ending Client Census - COA	4,050	4,050	4,050	4,050	4,050	

COA is capable of managing with no increase, as demonstrated in prior levy cycle periods, through various cost control measures. However, if no increase were to occur, COA would likely not reduce service levels for clients on the program or eliminate services all together, because COA sees services provided under the levy program as necessary to serve the purpose and goal of the program. Also, COA has already implemented significant cost reduction opportunities throughout the current cycle with different purchasing and management strategies. Rather, COA would have to utilize a method limiting the number of enrollments in the program through the implementation of a waiting list for access to the program. This will likely result in underserving the growing elderly population in Hamilton County. Additionally, utilization of a waiting list has other negative downstream impacts, like services being unavailable for consumers coming out of hospital stays, or having referral sources in the community shut off when they know that the program is not able to accommodate needs.

If no funding increase were to occur, COA would need to reduce the number of consumers, starting immediately, by slowing down new enrollments and implementing a waiting list. Then COA would manage the waiting list to limit the average size of the program to approximately 4,050 consumers active on the program during any given month in order to maintain a six month fund balance reserve. During the 2013-2017 cycle, when implementing a temporary waiting list, the waiting list grew to more than 1,400 consumers at one point in time. This could be magnified if implemented on an on-going basis during the new levy cycle. The following financial analysis is predicated on an increase in the levy rate from the current 1.29 mils approved in the previous levy cycle to 1.35 mils in this levy cycle. (See Table 6).

Table 6.

Hamilton County Senior Services Levy						
All agencies (COA, JFS, VS)						
Five Year Forecast for Calendar Years 2018-2022						
	Forecast - Policy Level Increase					Total
Line item Description	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2018-2022
Beginning Operating Cash Balance	$ 5,431,570	$ 3,578,544	$ 1,755,401	$ (334,592)	$ (2,697,075)	$ 5,431,570
Plus: Total Levy Revenue	$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
Plus: Additional Revenue	1,432,318	1,410,526	1,394,864	1,379,764	1,365,169	6,982,640
Current Period Resources	$ 20,844,604	$ 20,908,218	$ 20,977,963	$ 21,048,269	$ 21,119,080	$ 104,898,133
Total Resources	$ 26,276,174	$ 24,486,762	$ 22,733,363	$ 20,713,677	$ 18,422,005	$ 110,329,703
Operating expenditures	20,823,442	20,857,174	21,193,768	21,536,564	21,985,318	106,396,267
Reserve Balance Funding	1,874,187	1,874,187	1,874,187	1,874,187	1,874,187	9,370,936
Less: Total Operating Expenditures	$ 22,697,630	$ 22,731,361	$ 23,067,956	$ 23,410,752	$ 23,859,505	$ 115,767,203
Ending Operating Cash Balance	$ 3,578,544	$ 1,755,401	$ (334,592)	$ (2,697,075)	$ (5,437,500)	$ (5,437,500)
Less: Estimated Outstanding Encumbrances	-	-	-	-	-	-
Ending Operating Fund Balance	$ 3,578,544	$ 1,755,401	$ (334,592)	$ (2,697,075)	$ (5,437,500)	$ (5,437,500)
Change in Operating Fund Balance w/o Encumbrances	$ (1,853,026)	$ (1,823,144)	$ (2,089,993)	$ (2,362,483)	$ (2,740,425)	$ (10,869,070)
Year Ending Client Census - COA						
Additional Revenue Needed				Additional Levy Requested		$ 5,437,500
Average Additional Revenue Needed	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 5,437,500
Total Levy Needed	$ 20,499,786	$ 20,585,192	$ 20,670,599	$ 20,756,005	$ 20,841,411	$ 103,352,993
Continuing Operations	$ 19,412,286	$ 19,497,692	$ 19,583,099	$ 19,668,505	$ 19,753,911	$ 97,915,493
Additional Needs	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 1,087,500	$ 5,437,500
Ending Operating Fund Balance w/Change	$ 6,540,231	$ 7,678,775	$ 8,550,470	$ 9,149,674	$ 9,370,936	$ 9,370,936
Year Ending Client Census - COA	4,325	4,325	4,325	4,325	4,325	

If there was an increase voted on and successfully passed in the program to 1.35 mils, which is anticipated to generate $103.3 million in collections over five years, COA would still need to reduce the size of the program and limit the number of consumers served through management of a waiting list. The program would be able to support approximately 4,325 consumers in any given month with this funding availability, while maintaining approximately a six month reserve in levy funds.

Administrative and External Review

COA's internal policy and procedures are strong. Both the cost allocation methodology and application seem reasonable. Additionally, COA's financial audits do not indicate any problems with internal controls.

COA conducts regular oversight of contracting providers to assure that providers offer services consistent with the service contract standards. Desk audit and on-site reviews are conducted to certify providers pursuant to program guidelines and to assess on an on-going basis that providers operate pursuant to service delivery expectations. Internal reviews also assess and provide feedback on the accuracy of eligibility determination by COA staff. Accurate eligibility determination is the foundation of COA's process for assuring that ESP services are offered only to individuals who do not qualify under other funding sources like Medicaid.

With regard to the larger funding environment for senior services, the state is pursuing changes in Medicaid LTSS delivery that may present challenges as well as opportunities for COA outside of ESP. The state has proposed to move almost all Medicaid LTSS service users into managed care, effective July 2018. COA may be able to leverage its experience, for example its sophisticated care management systems or its successful experience in managing care transitions and preventing unnecessary re-hospitalizations, to develop new types of relationships with MCOs or area hospitals. Shared savings arrangements might allow COA to benefit financially from improved outcomes or reduced costs for health plans or hospitals. Increased revenue could perhaps be used to reinvest in serving ESP clients or further improving infrastructure to support efficient program administration.

It is unknown whether there will be significant federal financing reforms for the Medicaid program over the next levy period; Congress has begun to consider proposals that would result in a per capita cap on the growth in federal Medicaid financing. The proposed caps, if enacted, would likely result in reduced overall funding for LTSS over time and could increase pressure at the local level to increase local program supports.

Proposed Benchmark Approach

Through this engagement, HMA was asked to compare the cost of health care services provided in Hamilton County to those reported by similar counties. Hamilton County is a populous county (the third most populous in the state) with a high percentage of their population residing in a large urban center (Cincinnati). The comparison counties (Butler, Clermont, Cuyahoga, Franklin, Lucas, Montgomery, and Summit) either fit a similar profile or are neighboring Hamilton County.

Table 7: Summary Information Benchmark Counties		
County	2016	Largest City
	Population	
Franklin	1,264,518	Columbus
Cuyahoga	1,249,352	Cleveland
Hamilton	809,909	Cincinnati
Summit	540,300	Akron
Montgomery	531,239	Dayton
Lucas	432,488	Toledo
Butler	377,537	Hamilton
Clermont	203,022	Milford

Source: U.S. Census Bureau

Attempts to compare public spending across localities are complicated by a number of factors related to how public programs are organized, administered and funded. Absent an approach where budget and program staff responsible for each health care program in each comparison county is interviewed, benchmark efforts should focus upon metrics that are easy to access and interpret. This approach overcomes these challenges in comparing health care spending across differing jurisdictions by reviewing high level spending data, adjusting this information to account for differences in county population and supporting these comparisons with high level information on services funded in each county.

For this analysis, county-published fiscal year 2016 budget information was reviewed (2015 data was used if 2016 was not available), along with documents describing the structure of each county's health care programs. This review generated the following variables:

- Total Funding: A measure of total public financial resources (Federal, State and Local) allocated to a relevant health program for a county's 2016 expenses.
- County Funding: A measure of total county funding allocated to a relevant health program for a county's 2016 expenses.
- Total Funding per Capita: A measure of total funding allocated to a relevant health program per resident in 2016 as estimated by the U.S. Census. This is meant to provide additional context to comparisons between counties with differing populations.
- Mean Spending: A measure of the average spending across all the available comparison counties.
- Deviation from Mean Dollars: A measure of the difference between reported spending in Hamilton County in 2016 and the calculated mean across all comparison counties (including Hamilton County).
- Deviation from Mean Percentage: A measure of the percentage difference between reported spending in Hamilton County in 2016 and the calculated mean across all comparison counties (including Hamilton County).

Data Limitations

While the approach outlined above is the most appropriate for completing a benchmark analysis, there are limitations associated with this method, including:

- Limits in Available Data: In some instances county budget documents did not make relevant information available for comparison. This is likely because the targeted health services were rolled into a larger budget document.
- Differences in How County Budgets are Structured: Some public documents provided information on gross funding (Federal, State, Local and Private) and some only provided detailed spending information for county dollars.
- Differences in How County Agencies are Structured: Services that may be funded through an agency or program may be differently funded in another county. While efforts were made to address these differences, there were circumstances where a comparison between two budgeted amounts is complicated by differences in how programs are organized across county agencies and programs.
- Differences in How Taxes are Levied: Five counties have a discreet Senior Services Levy. However, two counties (Cuyahoga and Montgomery) have a comprehensive Health and Human Services Levy that funds a wide array of social services. Summit County has no local tax levy for senior services.

Benchmark Analysis

Provided below are the results of our review across each of the types of funded health services in Hamilton County addressed in our review. As you can see there are instances where the data across counties appears to be consistent and comparisons appear to be appropriate and instances where there is considerable variance across county budget documents, where a benchmarking exercise dependent upon county budget documents may not be as appropriate.

Table 8: Benchmark Analysis Aging Services

County	Levy Rate (Mils)	2016 Budget Information		2016 Spending per Capita	
		Total Funds	County Funds	Total Funds	County Funds
Hamilton County	1.29	$19,476,349	$19,408,654	$24.05	$23.96
Butler County	1.3	$9,975,984	$8,568,914	$26.42	$22.70
Clermont County	1.3	Not Available	$5,423,125	Not Available	$26.71
Cuyahoga County	8.7[1]	Not Available	$25,007,319	Not Available	$20.02
Franklin County	1.3[2]	$35,744,171	$33,684,252	$28.27	$26.64
Lucas County	0.6	Not Available	$4,202,925	Not Available	$9.72
Montgomery County	14.24[3]	Not Available	$12,166,571	Not Available	$22.90
Summit County	0.0	No Levy	No Levy	No Levy	No Levy
Mean		*$21,732,168*	*$15,494,537*	*$26.25*	*$21.81*
Deviation for Mean $		*($2,255,819)*	*$3,914,117*	*($2.20)*	*$2.16*
Deviation for Mean %		*-10.38%*	*25.26%*	*-8.38%*	*9.89%*

[1] Cuyahoga County does not have a discreet Senior Services Levy. There are two Health and Human Services Levies.
[2] On May 2, 2017, Franklin County voters approved an increase to the Levy Rate to 1.75 mils.
[3] Montgomery County does not have a discreet Senior Services Levy. There are three Health and Human Services Levies.

The analysis of the millage rates and per capita county financing for Senior Services programs compared Hamilton County to Butler, Clermont, Cuyahoga, Franklin, Lucas, Montgomery, and Summit Counties. For Cuyahoga and Montgomery Counties, which have combined Human Services Levies, totals shown in the table above are the combined Elder/Frail budgets and Veterans Services budgets. The analysis includes data on a total funds basis for three counties and county funds data for all eight counties. Observations from the comparative data are as follows (See Table 8):

- Except for Lucas County and Summit County (which has no levy), there was only modest variance across the counties in their millage rates and spending per capita for Senior Services in 2016.
- At $23.96, Hamilton County's senior services levy revenue is $2.16 above the mean for the seven counties that had a levy in 2016.
- The lowest millage rate in counties with a levy was in Lucas County, which at 0.6 mils produced $9.72 per capita. The highest levels of county support were in Franklin County ($26.64 per capita, based on 1.3 mils) and Clermont County ($26.11 per capita, based on 1.3 mils). It is of note that Franklin County increased its levy rate to 1.75 mils on May 2, 2017.

Market Penetration

Another factor to consider in comparing Hamilton County's Senior Services Levy to other counties is what level of potential need is addressed within the county when compared to other counties' aging programs. COA has produced a report that compares market penetration as of December 2016 in Hamilton County, when compared to the other counties for which COA operates an ESP. Market penetration is calculated based on the number of active consumers enrolled in the program as of December 2016, divided by the total number of the population in each respective county that is over 60 years of age and has either a moderate or severe disability. As shown in the table, below, Hamilton County has a market penetration rate of only 27.3% for ESP, which is significantly lower than in other counties in the region. Even when Medicaid home and community based services are considered (ESP does not duplicate Medicaid Section 1915(c) waiver services), less than 50% of the potential need in Hamilton County is being met. (See Table 9.)

Table 9: Market Penetration by Program, December 2016

Program	Butler	Clinton	Hamilton	Warren	Overall
ESP	42.2%	41.3%	27.3%	48.8%	34.3%
Medicaid 1915 (c) Waiver LTSS	12.3%	12.4%	16.6%	6.4%	13.9%
Total	54.5%	53.7%	43.9%	54.2%	48.2%

Source: COA

D. Services Delivery and Efficiency

As described in the Financial Analysis section, above, COA entered the levy period in a deficit spending position and was required by the Commissioners to design and implement a Levy Services Plan to bring program expenditures into balance by the end of the levy period. The stated goal was to accomplish the

funding balance without having to remove any individuals from the program. COA accomplished this through a multi-pronged strategy that involved:

- Targeting ESP services to a narrower, higher need population of Hamilton County elders most at risk of having to leave their own homes to receive care in a nursing facility;
- Using an enrollment freeze and a waiting list for services to assure the program could maintain services to everyone already on the program without exceeding the program funding;
- Implementing new provider contracting strategies designed to leverage market purchasing power to obtain lower prices for quality services; and
- Enhancing oversight of care management service planning to improve consistency and reduce use of unnecessary services.

Prior to the start of the levy period, COA had, with the recommendation of the Hamilton County ESP Advisory Council and approval of the Commissioners, adopted new eligibility standards for participation in the ESP. These standards had been developed with the assistance of the Scripps Gerontology Center. With these changes, COA anticipated that overall spending and the number of individuals served would decrease over the levy period, and that the cost per person would increase, reflecting a higher average level of service need. When COA began in 2013 to review detailed projections for ESP under the new levy period, they determined that, without additional program changes, the deficit at December 2017 would be nearly $5.5 million.

In March 2014, COA closed enrollment into ESP for a two-month period to slow program growth, avoid having to remove any individuals from services under the program in the out years of the levy period (the average time an individual receives services is more than two years), and allow implementation of a strategy to use a managed approach to a waiting list. The waiting list grew to a high of 1,406 in the third quarter of 2014. Enrollment into ESP was reopened in May 2014, with the COA adding individuals from the waiting list through a Managed Enrollment List (MEL) process that is designed to assure that a) individuals with the highest need receive priority in coming off the waiting list and that b) participation in the program is financially sustainable throughout the five-year contract period. COA monitored increases and decreases in the MEL through dashboards and reported monthly, quarterly and annually to its governing boards. COA also tracked the average length of time an individual stayed on the wait list, reporting an average wait time during the last MEL of approximately 45 days. The waiting list was reduced to zero by May of 2016.

In addition to use of the MEL, COA implemented a series of purchasing reforms with the intention of reducing the anticipated cost of ESP services delivered, while preserving or even increasing the quality of those services. As required under the agreement with the Commissioners, COA uses a competitive bidding process to select service contractors under ESP. Rates are also established through the bidding process. By combining the bidding process across all four ESP programs, COA increases its volume and therefore

maximizes its ability to negotiate favorable rates. During this levy cycle, COA negotiated a new contract for the purchase of Emergency Medical Response Services. The cost containment strategy involved selecting only one contractor, down from the six vendors previously offered. COA offered a higher quality service technology at a program savings of $1.3 million over five years under of this strategy.

Similarly, COA rebid for Home Care Assistance services, again contracting with a smaller number of home care companies. The goal was to increase the efficiency of services provided by these companies, while maintaining adequate service capacity to meet client needs. COA estimates $381,000 annual savings from this procurement.

In addition, COA employs an internal review process that examines the performance of care managers and care coordination specialists to ensure continuous quality improvement of the administrative and care management functions. This review ensures that COA staff are performing their jobs in the most efficient and effective methods. The agency can identify questionable or inconsistent practices among staff and address problems early or prevent issues from re-occurring. These reviews are focused on both program integrity (e.g., whether clients are being appropriately screened and referred for services under other funding sources or whether staff need additional training to assure proper documentation to support accurate eligibility determinations) and the quality of client supports (e.g., assuring appropriate, timely follow up by care managers to improve service and reduce client complaints). Performance dashboards that track key indicators allow timely oversight and course corrections to better assure both program quality and financial accountability within ESP.

Clients Services and Cost of Services, 2012-2016

Hamilton County ESP served a total of 5,797 clients in 2016, down from 7,263 in 2012. (See Table 10). This reflects the impact of the MEL process, as well as the raising of the service eligibility standards in 2011. The number of clients served under Independent Living Assistance and through Non-Medical Transportation increased, even as the overall census was reduced.

Reflecting the reduction in the number of clients, the units of service purchased under ESP also trended downward over the levy period, except for Independent Living Assistance and Non-Medical Transportation. Utilization in several service categories increased through 2014 before showing decline in 2015 and 2016. The most commonly used services in 2016 were Care Management, Home Care Assistance, Electronic Monitoring System, and Home Delivered Meals. (See Table 11).

Total spending under ESP (levy funds as well as other sources used by COA) was $18,914,077 in 2016, down from $23,495,048 in 2012. The largest services by expenditure continue to be Home Care Assistance ($6.5 m in 2016); Home Delivered Meals ($3.6 m in 2016); Care Management ($3.1 m in 2016); Medical Transportation ($1.3 m in 2016); and Consumer Directed Care ($1.1 m in 2016). (See Table 12).

Table 10 : Hamilton County ESP Clients Served					
Clients by service	**2016**	**2015**	**2014**	**2013**	**2012**
Total	5,797	5,449	5,399	6,831	7,263
Care management	5,797	5,449	5,399	6,831	7,263
Home Care Assistance	3,563	3,354	3,249	4,052	4,250
Electronic Monitoring System	3,228	2,947	2,879	3,464	3,655
Home Delivered Meals	2,756	2,538	2,518	3,197	3,353
Consumer Directed Care	321	339	335	375	375
Minor Home Repairs	287	266	207	309	348
Independent Living Assistance	231	215	239	265	212
Non-medical transportation	212	175	190	208	141
Adult Day Service	174	164	183	258	285
Adult Day Transportation	90	84	92	124	132
Environmental Services	55	46	47	50	55
Home Medical Equipment	1,230	1,041	863	1,272	1,417
Medical Transportation	1,231	1,142	1,160	1,423	1,394

Table 11: Hamilton County ESP Service Units					
Service Units	**2016**	**2015**	**2014**	**2013**	**2012**
Care management	N/A	N/A	N/A	N/A	N/A
Home Care Assistance	328,708 hours	319,504 hours	360,115 hours	439,943 hours	430,777 hours
Electronic Monitoring System	29,860 months of rentals	27,638 months of rentals	26,253 months of rentals	33,200 months of rentals	33,818 months of rentals
Home Delivered Meals	555,430 meals	531,430 meals	564,468 meals	681,601 meals	664,522 meals
Consumer Directed Care	3,185 months of service	3,298 months of service	3,264 months of service	(update from COA) months of service	(update from COA) months of service
Minor Home Repairs	316 repairs	322 repairs	238 repairs	338 repairs	388 repairs
Independent Living Assistance	2,585 hours	2,173 hours	2,850 hours	2,642 hours	1,759 hours
Non-medical transportation	2,865 one-way trips	2,676 one-way trips	2,928 one-way trips	3,217 one-way trips	2.101 one-way trips
Adult Day Service	10,325 hours	10,473 hours	12,299 hours	17,289 hours	17,940 hours
Adult Day Transportation	41,778 miles	43,849 miles	48,787 miles	64,816 miles	58,540 miles
Environmental Services	142 jobs	152 jobs	171 jobs	208 jobs	223 jobs
Home Medical Equipment	1,834 equipment rentals	1,467 equipment rentals	1,231 equipment rentals	1,962 equipment rentals	2,069 equipment rentals
Medical Transportation	43,598 one-way trips	41,346 one-way trips	44,621 one-way trips	51,117 one-way trips	46,222 one-way trips

Table 12: Hamilton County ESP Cost by Service					
Cost by service	**2016**	**2015**	**2014**	**2013**	**2012**
Total	$18,914,077	$18,134,225	$19,881,640	$24,174,609	$23,495,048
Care management	$3,057,635	$2,966,206	$3,113,809	$3,515,142	$3,354,787
Home Care Assistance	$6,538,230	$6,345,359	$7,347,870	$9,025,367	$8,883,027
Electronic Monitoring System	$472,906	$397,167	$440,509	$691,165	$771,019
Home Delivered Meals	$3,622,819	$3,445,530	$3,684,150	$4,406,416	$4,312,053
Consumer Directed Care	$1,148,694	$1,167,995	$1,261,936	$1,492,324	$1,371,949
Minor Home Repairs	$235,086	$225,848	$195,463	$319,894	$290,213
Independent Living Assistance	$59,460	$48,511	$63,246	$58,552	$38,673
Non-medical transportation	$86,007	$80,235	$83,568	$88,873	$54,296
Adult Day Service	$586,222	$583,859	$693,393	$968,634	$966,212
Adult Day Transportation	$85,792	$89,587	$94,575	$130,808	$118,924
Environmental Services	$60,935	$50,345	$45,852	$54,376	$61,924
Intake and Assessment	$210,648	$185,140	$207,874	$197,604	$227,603
Administration	$1,070,609	$1,026,464	$1,125,377	$1,373,205	$1,336,637
Home Medical Equipment	$387,630	$305,584	$215,248	$343,194	$357,857
Medical Transportation	$1,291,404	$1,216,395	$1,308,770	$1,509,055	$1,409,874

ESP Cost per Client and Cost per User

Table 13: ESP Cost Per Client 2012 - 2016					
	2016	2015	2014	2013	2012
Total Clients	5,797	5,449	5,399	6,831	7,263
Total Program Cost	$18,914,077	$18,134,225	$19,881,640	$24,174,609	$23,495,048
Cost Per Client	$3,262.74	$3,327.99	$3,682.47	$3,538.96	$3,234.90

Overall, cost per client has been relatively flat, growing to only $3,262.74 in 2016, compared to $3,234.90 in 2012. (See Table 13). Per client costs peaked in 2014, at $3,682.47, corresponding to the months in which new program admissions were at first frozen and then restarted with an emphasis on admitting individuals from the waiting list who were most at risk of a move to institutional care. The reduction in cost per client since 2014 reflects the success COA had in reducing the cost of high volume services like home care assistance and home delivered meals. It also likely reflects the impact that COA's close monitoring of care planning has had, as well as the return, by 2016, to a no waiting list approach to program admissions (and possibly a slightly lower average acuity level for new clients).

Among the services with the largest growth in cost per user was care management ($527.45 in 2016 compared to $461.90 in 2012). (See Table 14). COA expends over $3 million a year on care management under ESP and reported a growth in per client spending of over 14% over the levy period. This change is the result of a deliberate program change adopted by COA when it raised the eligibility standards for participation in the program. Based on recommendations from Scripps Gerontology Center, COA moved from a caseload target of 125:1 for care managers to a caseload target of 120:1. This change was enacted to respond to the anticipated increase in average acuity level for clients and the corresponding increase in the need for home visits and other interventions by care managers. To reduce the cost per unit of care management services, COA has begun to include unlicensed staff as part of the care management team. These staff, which count towards the caseload target of 120:1, handle more of the non-clinical care management tasks, freeing up the more expensive, licensed staff to focus on clinical care management. The annual cost per user has declined from a high of $576.74 in 2014 to $527.45 in 2016. (See Table 14).

Other services which experienced increased cost per user included Independent living assistance ($257.40 in 2016 compared to $182.42 in 2012); non-medical transportation ($405.69 in 2016 compared to $385.08 in 2012); adult day transportation ($953.24 in 2016 compared to $900.94 in 2012); and home medical equipment ($315.15 in 2016 compared to $252.55 in 2012). For all but home medical equipment, cost per user was highest in 2014 and has been declining since. Total spending on independent living assistance, non-medical transportation, adult day transportation and even home medical equipment is relatively small in total dollars. (See Table 14).

ESP Cost per Unit of Service

Cost per unit of service declined for four services over the levy period, including in the largest service by expenditure (home care assistance) and one of the largest by number of clients served (electronic monitoring system). Cost per unit of service was flat over the levy period for home delivered meals and for adult day transportation. As noted above, both home care assistance and home delivered meals were rebid during the levy period, and consolidation in purchasing helped to reduce the price that would otherwise have been paid per unit of service.

Three services showed an increase in per unit cost over the levy period, including non-medical transportation ($30.02 per one-way trip in 2016 compared to $25.84 in 2012) and Environmental Services ($429.12 per job in 2016 compared to $277.69 in 2012). While showing an overall increase between 2012 and 2016, consumer directed care experienced a reduction in cost per unit between 2014 and 2016. (See Table 14).

Observations: Opportunities for Cost Savings

COA has identified transportation services as the next service area where the organization plans to redesign its contracting strategy to reduce costs while maintaining or improving service quality. COA has already begun discussions with current providers to seek input and collaboration on the development of strategies that can increase the efficiency of service utilization. This may include use of new technology to maximize the number of clients who can be served in a single round trip for a transportation provider.

COA is expected to maintain its commitment to using its purchasing power and willingness to restructure service delivery (including reducing the number of contracted providers to drive better per unit prices). If COA continues to reduce the number of contractors for any given service, it will need to balance this change with increased attention to the quality of services delivered, since client choice will be even more limited. In addition, it may not be possible for COA to continue to find the level of price reduction in the next levy period that it achieved over the last levy period, since the basic purchasing redesign has already occurred in the largest contracted service areas (emergency medical response services and home care assistance services). Also, COA is concerned that the apparent staffing challenges being experienced in direct care workforce (home care assistance) may result in increased costs in this important service over the coming levy period. One strategy that COA might consider is the introduction of value-based reimbursement, to better assure that any increases in costs are tied to improved service reliability and outcomes for clients.

The increased costs for care management services over the last levy period resulted in a closer examination in this analysis. Spending in this area reflects a deliberate program change that targeted reduced caseloads for care managers to respond to the higher acuity of clients which resulted from raising the level of need to qualify for services under ESP. The new COA caseload ratio of 120:1 is consistent with requirements in the Medicaid waiver programs. It is important to note when making this comparison that Medicaid waivers require a level of care need that is generally higher than for ESP. In

addition, unlike under the Medicaid waiver programs, the COA care management staff also support eligibility assessment. This is one of the reasons that COA modified its staffing practices to include some unlicensed staff to handle non-clinical functions. This staffing change has helped to reduce the overall cost of care management staffing over the last levy period.

While increasing its investment in care management, COA has focused attention on assuring high quality from the care management staff. Beginning in 2014, COA routinely reports and reviews data on service utilization across caseloads, encouraging staff to review outliers and improve consistency in the way that individuals are assessed and services ordered. This has allowed COA to reduce overall per user costs, inclusive of the spending on care management, over the current levy period (since 2014), despite higher levels of client need. In considering changes here that might reduce the per client cost of care management (e.g., a higher caseload ratios), COA will need to consider whether increased spending on care management contributes to lower expenditures overall (e.g., through more effective use of other services) or in terms of better expected outcomes for clients. It is likely that the investment in care management has been critical to COA's success at maintaining quality while reducing overall cost per user.

If the number of clients continues to decline over the upcoming levy period, COA will need to assure that staffing ratios stay in balance. However, any attempted reduction in the ratio of care managers to clients should be evaluated closely to assure it does not lead to higher service costs or reduced quality of outcomes.

Table 14: Cost per Unit of Service and Cost per User 2012-2016

		2016		2015		2014		2013		2012	
Service	Unit of Service	Cost per service unit	Cost per user	Cost per service unit	Cost per user	Cost per service unit	Cost per user	Cost per service unit	Cost per user	Cost per service unit	Cost per user
Care management	Client	N/A	$527.45	N/A	$544.36	N/A	$576.74	N/A	$514.59	N/A	$461.90
Home Care Assistance	Hour	$19.89	$1,835.04	$19.86	$1,891.88	$20.40	$2,261.58	$20.51	$2,227.39	$20.62	$2,090.12
Electronic Monitoring System	Month of rentals	$15.84	$146.50	$14.37	$134.77	$16.78	$153.01	$20.82	$199.53	$22.80	$210.95
Home Delivered Meals	Meal	$6.52	$1,314.52	$6.48	$1,357.58	$ 6.53	$1,463.13	$6.46	$1,378.30	$6.49	$1,286.03
Consumer Directed Care	Month of service	$360.66	$3,578.49	$ 354.15	$3,445.41	$ 386.62	$3,766.97	$369.50	$3,658.53	$339.34	$3979.53
Minor Home Repairs	Repair	$743.94	$819.11	$701.39	$849.05	$821.27	$944.27	$946.43	$1,035.26	$ 747.97	$833.95
Independent Living Assistance	Hour	$23.00	$257.40	$22.32	$225.63	$22.19	$264.63	$22.16	$220.95	$21.99	$182.42
Non-medical transportation	One-way trip	$30.02	$405.69	$29.98	$458.49	$28.54	$439.83	$27.63	$427.27	$25.84	$385.08
Adult Day Service	Hour	$56.78	$3,369.09	$55.75	$3,560.12	$56.38	$3,789.03	$56.03	$3,754.40	$53.86	$3,390.22
Adult Day Transportation	Miles	$2.05	$953.24	$2.04	$1,066.51	$1.94	$1,027.99	$2.02	$1,054.90	$2.03	$900.94
Environmental Services	Jobs	$429.12	$1,107.91	$331.22	$1,094.46	$268.14	$975.57	$261.42	$1,087.52	$277.69	$1,125.89
Home Medical Equipment	Equipment rental	$211.36	$315.15	$208.31	$293.55	$174.86	$249.42	$174.92	$269.81	$172.96	$252.55
Medical Transportation	One-way trip	$29.62	$1,049.07	$29.42	$1,065.14	$29.33	$ 1,128.25	$ 29.52	$1,060.47	$30.50	$1,011.39

* Does not include Intake and Assessment or Administration cost

E. Qualitative Considerations

COA routinely records and monitors complaints from consumers to assess the quality and effectiveness of services provided and to identify areas for improvement. Complaints are tracked regarding care management services and staff. COA recorded 29 complaints in 2015 and 16 complaints in 2016. Consumer complaints about service delivery are recorded and follow-up by COA is tracked. The occurrence of Major Unusual Incidents (MUIs), including theft, harm to clients, other provider misbehavior, etc., is tracked by provider and type of incident. The number of MUIs reported over the levy period has ranged from 2-5 per year. Finally, client complaints about providers or services are also recorded, and COA staff follow-up is documented. Management review of these reports has helped to identify an increasing number of "no shows" or providers who report "no available staff" to deliver client services. This information has been used to follow up on problems with specific staff and/or contractors. It has also triggered COA management to identify new strategies to explore options to increase in-home staff availability for ESP clients.

COA also tracks why individual clients stop receiving services under the ESP. The following table shows the results for 2012-2016. Overall the percentage of individuals who leave the program due to entering a hospital or a nursing home is between 23-25% annually, with the percentage who leave because they have transferred to a Medicaid LTSS home or community based waiver program (PASSPORT or Assisted Living Waiver) has ranged from a low of 7% in 2013 and 2016 to a high of 16% in 2015. Between 24-30% o f ESP clients were able to remain on the program until their death, which is considered an important goal for the program. Overall, the relative percentages are constant, which indicates that COA has maintained a consistent outcome for program participants throughout the levy period. (See Table 15).

Table 15: Hamilton County ESP Outcomes

Year	Entered Hospital or Long Term Care	Deceased	Transferred to PASSPORT or Assisted Living Waiver	Moved Out of Service Area	Needs Otherwise Met*	Client Non-Compliant**	Dissatisfied with Services/Program	Other***
2012	25%	27%	8%	7%	18%	14%	1%	1%
2013	23%	25%	7%	9%	22%	11%	1%	2%
2014	25%	30%	12%	10%	15%	6%	1%	2%
2015	23%	27%	16%	9%	9%	13%	1%	2%
2016	23%	24%	7%	13%	11%	19%	1%	3%

* Needs Otherwise Met includes Assistance from family/friends, condition improved, entered hospice, transferred to PACE
** Client Non-Compliant only collected 2013-2015 (includes client behavior unresolved, delinquent co-payment balance, refused/declined services, unable to contact)
*** 2012-2015 Other includes disenrollment reason unique to individual

It is not possible to assess, from available information, what impact, if any, the use of a waiting list has had on outcomes for Hamilton County elders who are potentially eligible for ESP. However, because COA

has a process to triage individuals on the waiting list, when one is in use, COA attempts to prioritize serving individuals most in need.

Focus Group re: Review of Hamilton County Senior Services levy

COA pre-identified and distributed 35 invitations to individual ESP participants who reside at the St. Paul's Retirement Center in Cincinnati to request their participation in a focus group facilitated by HMA on Friday, April 7, 2017. The one hour face-to- face group discussion drew approximately 23 participants, with minimal participation by family and friends. The following questions were used to generate discussion among the facilitator and participants:

1. What types of help do you receive from the Elderly Services Program at COA to make it easier for you to live independently?

2. What additional help do you need to make it easier for you to live on your own? Who helps you with this now?

3. For the services you now receive from the Elderly Services Program, what are you happy about and what are you not so happy about?

4. Who would you call if you had problems with the help you are receiving? Have you ever called with a complaint or question? Did you get the help you needed?

5. What kinds of things would you like to change about the help you currently receive?

6. What would you like to tell others (family and friends) about the help you receive?

Most participants were both satisfied and happy with the help they currently receive. Although some people seemed confused about who performs what service, and some were not fully able to articulate how the program works, most participants seemed to know who comes into their homes, takes them to the doctor, and brings them meals. More importantly, it seemed as if most people knew who to contact if they had a problem or complaint. Over half of the group spoke up and gave extremely valuable insight, and the others used non-verbal nods or other responses that indicated agreement or non-agreement with what was being said.

Several general themes and similar comments emerged as people voiced their opinions, including:

- The main services participants reported receiving included home delivered meals, help with household tasks, adaptive equipment, and transportation to medical appointments. Many of the participants in this focus group seemed from their own articulation able to perform or direct their own personal care, though some described the need for supervision for safety.

- Several participants voiced concern over the lack of work ethic and also about a lack of appropriate training of direct workers that the provider agencies send to their homes. Complaints included having too many different people coming into their homes, not having a steady, well-trained worker, and not having good communication with provider agencies over problems with scheduling services. There were complaints about transportation services, including drivers who were not English speaking, late pick-ups and other restrictions.
- Most of the focus group participants seemed to have a good understanding of ESP, the Council on Aging, as well as the name and contact of their individual care manager.
- Participants shared experiences of times when they were dissatisfied and their COA care manager helped them resolve the issue. This included assistance with selecting a different service provider, when needed to improve service quality.

The responses to the focus group discussion clearly indicated a positive appreciation for ESP and the COA. All Participants seemed to have a sufficient understanding that they were participants in a program that provided them help in their homes as well as providing transportation, home delivered meals, and several more services if required. All participants spoke highly of COA and especially their care manager. There was not one negative comment about the customer service they receive from COA. Additionally, everyone seemed to understand how the program is funded under the Senior Services Levy.

F. Observations and Recommendations

1. Compliance with terms of the agreement: The COA is compliant with the provisions of its agreement with the Commissioners, and documenting compliance through an extensive series of routine reports, through its policies and procedures, and through its contracts with provider organizations. COA conducts regular oversight of contracting providers to assure that providers offer services consistent with the service contract standards. Desk audit and on-site reviews are conducted to certify providers pursuant to program guidelines and to assess on an on-going basis that providers operate pursuant to service delivery expectations. Report cards are shared with providers to encourage improved performance, and quality improvement is imbedded in the procurement process. Internal reviews also assess and provide feedback on the accuracy of eligibility determination by COA staff, consistency of care planning against COA standards, and staff performance against measurable expectations. Internal reviews are conducted to assure that clients receive services as ordered under the individualized care plan (COA's minimum acceptable standard is 85% of services are realized).

COA assures that all publications and public communications, including service agreements, contain the required explanation that ESP is supported by levy funds and clearly state that the intention of ESP is to support, not supplant, family support for elders. In addition, COA policies are designed to clearly inform clients regarding their obligations under the sliding fee scale. For clients who have financial resources that trigger a fee obligation, COA tracks client compliance with payment. If payment is not made within required timeframes, services are suspended, which helps assure that levy funds are not being used to support clients who fail to pay their share of costs.

2. Conclusions re: COA's management of ESP: The COA provides effective administration of the Hamilton County ESP, demonstrating strong oversight, excellent IT supports and a sophisticated analytical approach to program integrity, quality assurance, financial management and effective case management. Effective contracting strategies have been employed to reduce overall costs and improve quality and efficiency. COA has proven its capacity to manage financial uncertainty and to approach program challenges with creativity and public sensitivity.

3. Include comparative analysis observations: Hamilton County's senior services levy revenue allocated to the ESP, at $23.96 per capita (based on 1.29 mils), is $2.16 above the mean for the seven counties in 2016 ($21.81per capita). The lowest level of financing is Lucas County, at $9.72 per capita (based on 0.6 mils), with the highest levels of financing in Franklin County ($26.64 per capita, based on 1.3 mils) and Clermont County ($26.11 per capita, based on 1.3 mils) in county support. Franklin County has recently increased its levy rate to 1.75 mils.

When compared with other counties in the southwestern region of the state, Hamilton County has a market penetration rate of only 27.3% for ESP. Even when Medicaid home and community based services are considered (ESP does not duplicate Medicaid Section 1915(c) waiver services), only about 44% of the potential need in by the aging population in Hamilton County is being met, while more than 50% of potential need is being met in the other counties in the region.

4. Possible threats or other issues for next levy period: It is reasonable to expect increasing costs in major service areas. There are indicators within the market that workforce shortages and market inflation will make it difficult for COA to continue to reduce per client costs or even hold per client costs flat across the next levy period. These pressures suggest that ESP must either receive enhanced levy funding or expect to return to the use of waiting lists early in the next levy period.

COA is tracking developing patterns in service delivery which indicate a growing problem within home care assistance. Growing rates of "no shows" by in-home assistants are generally believed to represent a lack of workforce availability (i.e., due to a strengthening economy, the pool of potential in-home service staff is shrinking). COA expects that these workforce challenges will lead to increased costs when the organization needs to rebid these services. Increased per unit costs will challenge the ability of COA to maintain current service levels.

Further, the county will continue to experience strong growth in the number of individuals over the age of 60. In Hamilton County, the percentage of individuals age 60 and older is projected to grow from 18.6% in 2010 to almost 24% by 2020.[1] Because Hamilton County has narrowed the eligible population for ESP through increasing the level of frailty needed to qualify, ESP in Hamilton County is already serving a smaller percentage of need for in-home assistance by elders than in neighboring counties. Growth in the over-60 population will result in increased demand for services under ESP, even within the more narrowly defined eligibility standards adopted prior to the last levy period. Without increased funding, and even with additional contracting actions to obtain improved pricing, it is highly likely that COA will be faced with reimplementing use of a waiting list and targeting a further reduction in the number of individuals served.

COA projects natural program growth (3.8% annually) would take the ESP census from 4,612 clients in 2017 to 5,554 clients in 2022. If ESP is flat funded, COA would have to reduce the census to no more than 4050 clients each year of the levy period. Even if the levy is increased from 1.29 mils to 1.35 mils, which would produce $103.3 million over the next levy period, COA would have to maintain a census of no more than an estimated 4,325 clients per year. ESP in the current levy period is estimated by COA to reach only 27. 8% of the potentially eligible population within the county. A growing elderly population combined with a reduced program census suggests the market penetration will decline further over the next five years.

The current federal proposals to restrict future growth in federal Medicaid support could result in a reduced footprint for Medicaid in LTSS over time. This could require significant reevaluation of how Ohio will serve an aging population into the future. More immediately, the state is pursuing changes in Medicaid LTSS delivery that may present challenges as well as opportunities for COA outside of ESP. The state has proposed to move almost all Medicaid LTSS service users into managed care, effective July 2018. COA may be able to leverage its experience – its sophisticated care management systems or its successful experience in managing care transitions and preventing unnecessary re-hospitalizations - to develop new types of relationships with MCOs or area hospitals. Shared savings arrangements, for example, might allow COA to benefit financially from improved outcomes or reduced costs for health plans or hospitals. Increased revenue could perhaps be used to reinvest in serving ESP clients or further improving infrastructure to support efficient program administration.

5. Opportunities for cost savings: COA should continue its practice of systematically reexamining how contract services are organized to support more efficient, lower cost service delivery. Any reduced choice in providers that may result from reformed contracting strategies should be balanced with careful oversight of quality of care delivered. COA has indicated that transportation is the next service area that is planned for a revised procurement strategy. The agency has initiated discussions with contractors to explore alternative approaches to contracting and scheduling of trips that might allow increased efficiency and therefore reduced overall costs. The increase in the home medical equipment cost per user is an additional area that might benefit from cost management attention by COA, though it is an area of relatively low expenditures overall.

COA should be encouraged to consider ways in which performance incentives or other value based purchasing arrangements might be able to continue to build more efficient partnerships with providers. Other options, including an even more aggressive approach to pricing for services (e.g., through a rate-setting approach that moves away from a market-established rate) risk reducing provider availability and quality, but may be necessary.

While the increased costs for care management services over the last levy period may raise some questions, it's important to note that the higher per client expenditures resulted because COA deliberately reduced target caseloads for care managers to respond to the higher acuity of clients who qualified under the new eligibility standards. The new COA caseload ratio of 120:1 is not inconsistent with the average caseload ratios practiced or required in the Medicaid HCBS waiver programs. COA has managed to reduce overall per user costs over the current levy period, especially since 2014, despite

higher levels of client need, and it is likely that an investment in care management has been critical to that success.

Whether the number of clients increases or continues to decline over the upcoming levy period, COA will need to assure that staffing ratios stay in balance. However, any attempted increase in the ratio of clients to care managers that might be considered as part of a cost containment strategy should be evaluated closely to assure it does not lead to higher overall service costs or reduced quality of outcomes.

One of the cost drivers in COA's request for the upcoming levy period is the organization's desire to grow the cash reserves to equal 6 months of anticipated operating expenditures. The Commissioners generally assume that 60 days of cash reserves are necessary to assure that a levy funded program can meet costs between the end of one levy cycle and the beginning of the next. The additional months of cash reserve recommended by COA relate to being able to assure the orderly and safe phase-down of the program if there is no – or a significantly reduced - subsequent levy funding stream. It is certainly prudent, given the frailty and vulnerability of the clients served under ESP, that COA plan to phase down the program over at least a six-month period. If COA could know sooner (e.g., nine to twelve months ahead of time) that ESP needed to be shut down or dramatically reduced at the end of a current levy period, the organization could conduct an orderly shutdown within the last year's available funding. This would greatly reduce the need for maintaining cash reserves.

Another consideration for potential cost containment is whether a modification/reduction in the array of services provided under ESP would be prudent. In exploring this option with COA, program leaders defended the current array of services as providing flexibility to most effectively meet the needs of the client to achieve the purpose of the program. That is, even the less frequently used services (e.g., independent living assistance, adult day services or environmental services) prove, for some high-risk clients, the most cost-effective strategy for preserving the current community living arrangement. Without the option of using these services, COA might have to substitute a higher cost or less efficient alternative service, or be unable to meet the client's needs. The ESP service design is consistent with the approach that states use in the delivery of Medicaid home and community based LTSS; that is, offering a generally broad array of service options that are then tailored to address the individual's situation through a care plan. COA's approach to efficient and effective use of services has been to measure and standardize the use of services, to reduce over- or ineffective-utilization of services.

The largest driver of expenditures in the next levy cycle for ESP is the projected increase in demand, which in turn is driven by growth in the 60 and older population. Assuming COA must operate ESP in the next levy cycle within a flat funded or limited funding growth scenario, COA should reinstate a Managed Enrollment List process early in the next levy cycle. This is the most reliable way of assuring program operation will remain within available resources, while continuing to meet the program's purpose of delaying or preventing a move to a nursing home for frail seniors served by the program. Unfortunately, unlike under the last levy cycle, where use of a waiting list was temporary, the waiting list strategy would likely become permanent over the next levy cycle.

The leading edge of the baby boom population turns 70 this year and will begin to turn 80 in 2027 (during the levy cycle immediately beyond the one under consideration today). Demand for the types of services offered by ESP will grow exponentially over the next 10 years and beyond. Current levy support will not allow the program to keep up with the growth in demand, further reducing market penetration by the program. Over the course of the next levy cycle, the Commissioners should have the Hamilton County Elderly Services Advisory Council review the program design to determine whether a change in design, service level or service offerings will enhance the impact of the program into the future.

[1] Scripps Gerontology Center, Maps of Populations Projections for 60 plus population in Ohio, by County. Found at: http://www.ohio-population.org/wp-content/uploads/2015/08/New-Poster.pdf

II. Adult Protective Services, JFS

A. Overview of Program Services

The Hamilton County Department of Job & Family Services (JFS) receives financial support from the Senior Services Levy relating to the operation of the Adult Protective Services Program (APS). JFS is the county government agency responsible to provide state-mandated adult protective services regulated by the Ohio Revised Code (ORC). Since 1981, Ohio law mandates the reporting, investigation, and provision of protective services to those sixty years or older who are victims of abuse, neglect, self-neglect or exploitation.

APS is designed to assist:

- Any adult over the age of 60, regardless of his or her abilities, who appears to be at risk of abuse, neglect, self-neglect or exploitation, as mandated by ORC; and,

- Any adult under 60 years of age who, because of a physical or mental disability, needs protective services.

The responsibility of APS is to receive and to investigate complaints relating to the abuse of elderly persons. This can include abuse, neglect, or financial exploitation. Complaints come to APS through the JFS call center as well as from hospital emergency rooms and law enforcement. The APS staff determine the priority status of the complaint. If it is high priority, then the staff investigate within 24 hours of receipt of the call; otherwise, staff respond within three days. An elderly person can refuse services, unless there is an APS determination of mental incapacity.

APS has 30-45 days to conduct a full case assessment and to determine intervention needs. Options available to APS are to facilitate resolution, refer to the Council on Aging for service provision, or pursue guardianship.

B. History and Background

The Ohio Department of Job and Family Services (ODJFS), the state agency for children and family services, supervises the state's Adult Protective Services program. ODJFS plans and develops programs and writes rules and regulations pertaining to adult protective services. The county departments of job and family services receive and investigate reports of abuse, neglect and exploitation of vulnerable adults over the age of 60 and evaluate the need for protective services. There are federal and state laws regarding elder abuse and administrative rules and procedures for how to conduct investigations of allegations of abuse and neglect of persons over age 60. Some counties are not able to meet the demand for adult protective services because of limited funding. Other counties rely on other funding sources. In Hamilton County, the Senior Services Levy provides the large majority of funds for the county's APS program. Many years ago, the APS unit at JFS employed 15-20 staff to investigate

allegations of abuse and neglect of individuals 60 years of age and older and assist the elderly with guardianship and safe refuge. Now the unit is only funded to employ 5 case managers, plus a supervisor.

C. Financial Analysis

APS staffing costs, including case managers, 75% of the cost of the unit supervisor, and the cost of required psychological evaluations, is paid from one of the program's 3 funding sources: State APS, County Senior Services Levy, or the federal Social Services Block Grant. The APS controller quoted a 2017 budget for the total APS program of $483,437.82. Approximately $30,000 per year is received from the state for APS, with an additional $84,165.82 expected from social services operating funds. The Senior Services Levy money is used once all other funds are expended. Staff and contractors funded under the levy funds perform case investigations, pursue guardianship for clients, perform psychological assessments as needed, and support other APS activities.

JFS reports that they have been flat funded for the total APS program at less than $500,000 per year for the past several levy cycles. JFS is requesting $370,000 a year in levy funding for the next period.

D. Services Delivery and Efficiency

The county-wide toll-free hotline, 421-Life, can be used to report suspected abuse of individuals over 60. During the calendar year 2016, this line received 9,763 calls regarding elder abuse. In addition to hotline calls, 1,295 intake referrals from other sources were generated to the APS Unit in 2016, including from hospital emergency rooms and law enforcement interventions to crisis situations. Limited resources require APS to limit the cases opened to those which are most urgent; in situations that are not assessed to require a formal APS response, hotline staff provide information on where concerned individuals might find alternative resources to assist elders.

A total of 496 cases were opened and accepted for investigation in 2016, because they met the guidelines in the APS statute. Of these, 110 cases required a psychological evaluation, and 91 cases required guardianship efforts. Psychological evaluations are needed to determine competency for guardianship. APS staff first try to get a current psychological evaluation from the primary care physician. If that is not possible, then APS uses two different contract entities for evaluations and is invoiced for the services rendered. The APS case manager coordinates the visit for the psychological assessment in the individual's home, and the APS staff are in attendance while the assessment is completed. The APS case manager receives a statement of expert evaluation or a written report of findings and uses this documentation to take appropriate action regarding guardianship.

If guardianship is needed and there are appropriate family members, the APS case manager provides the family with information and verbal assistance, and the family pursues guardianship. However, many times there are not appropriate family members available, and APS case manager must work with various attorneys who arrange guardianship free of charge to JFS (attorneys can draw Indigent Care Levy funds through the probate court). The APS case manager also accompanies the individual to court and follows up to ensure all guardianship actions are completed and the individual is appropriately served.

In many cases, clients are identified as having needs beyond guardianship. Most individuals are referred to social services as well as to the COA ESP. APS staff report good relationships with their contacts at various social services organizations, including COA; however, APS clients are not specifically prioritized or tracked through the COA ESP.

E. Observations and Recommendations

1. APS in Hamilton County is highly dependent on the funding received under the Senior Services Levy. The program has organized its priorities and staffing approach to meet minimum statutory obligations within available funding.
2. APS provides an experienced, efficient team of case managers. The cases opened are often referred from hospital emergency rooms, involve law enforcement, and/or result in the need for a guardianship action. Program staff seems well informed and able to cooperate with law enforcement, health care providers and community based organizations to leverage available resources. However, the program appears to represent a floor and is not able to actively engage in prevention of elder abuse or neglect. Caseworkers report that, if APS could be involved sooner, interventions, including linkages to social services, appointment of appropriate guardians, or referral to COA's ESP, could work to reduce vulnerability and better prevent elder abuse and neglect.
3. With the flat funding requested by JFS, APS can continue to maintain current efforts and provide a valuable service to Hamilton County elders that is not, currently, otherwise funded.
4. One possible improvement might be to track whether and where individuals who have cases opened at APS receive other services from various levy programs. This might provide the opportunity to assess whether a reallocation of these funds could produce better outcomes for the individuals served.
5. If the COA ESP program begins to have a significant waiting list for services, it is recommended that individuals who are referred from APS, especially those who are involved in an active case, are prioritized for service within the ESP wait list.

III. Veterans Service Commission

A. Overview of Program Services

Under the Senior Veteran's Relief Program, the Hamilton County Veterans Service Commission (VS) offers emergency and limited-time cash assistance to older veterans (over age 65 years) and their families (dependents) for the purchase of goods and services such as food, rent, and utilities. The financial assistance is also available to older active duty members of the Armed Forces of the United States, or the needy dependents of a veteran or active duty member of the Armed Forces of United States, who are bona fide residents of the county.

Consistent with the Hamilton County VS mission and charge, accredited Veteran Service Officers (VSOs) also advise and assist older present and former members of the Armed Forces of the United States, veterans, and their spouses, surviving spouses, children, parents, and dependents in presenting claims or obtaining rights or benefits under any law of the United States or of this State. VSOs are accredited through the Ohio Department of Veterans' Services and various Congressionally chartered veteran service organizations.

B. History and Background

ORC 5901 provides for the establishment of a Veterans Service Commission in each county throughout the state. The VS is the authorized Commission for Hamilton County. The Court of Common Pleas appoints the five members of the VS Board. The VS Board develops policies, rules and regulations to implement the law. Each person on the VS Board is an honorably discharged or honorably separated veteran. Composition of the VS Board is developed with feedback from veterans' service organizations: one person is recommended by the American Legion; one person is recommended by the Veterans of Foreign Wars; one person is recommended by the Disabled American Veterans; one person is recommended by the AMVETS; and one person is recommended by the Military Order of the Purple Heart of the U.S.A., the Vietnam Veterans of America, or Korean War Veterans.

The VS provides financial assistance to veterans, active duty members of the Armed Forces of the United States, or the needy spouse, surviving spouse, dependent parent, minor child, or ward of a veteran or active duty member of the Armed Forces of United States, who is a bona fide resident of the county. VS staff also advise and assist present and former members of the Armed Forces of the United States, veterans, and spouses, surviving spouses, children, parents, and dependents in presenting claims or obtaining rights and benefits under any law of the United States or of this State.

The VS administers assistance to eligible veterans and dependents by securing financial assistance and/or by securing rights or benefits under any law of the United States or the State of Ohio. Also provided is funding for burial of eligible indigent veterans, the parent(s), or spouse of any such veteran up to $1,000. Additionally, the VS provides funding for Memorial Day observances to local communities and veteran groups.

C. Financial Analysis

The ORC mandates the VS and associated funding. The Commissioners, under the ORC, must fund a lawful budget request from the VS up to the five-tenths mill limitation set forth in the statue. A lawful budget is defined as a budget approved by the VS and is within the five-tenths mill limit. A portion of the funding to VS comes from the Senior Services Levy to fund the senior veterans' relief program.

The past levy funding requests for VS under the Senior Services Levy have been for approximately $205,000 per year and the VS has not requested an increase. A review of budgets shows consistent expenditures over time. The VS has served between 500-700 households with this funding each year for the past five years. For the past two calendar years, the VS has used levy funds to aid 594 and 653, respectively, unduplicated households.

Table 1: Report of Expenditures and Servicers, Calendar Years 2015 and 2016						
Veteran Service Commission						
Services Provided	Amount	Duplicated Households	Unduplicated Households	Amount	Duplicated Households	Unduplicated Households
Food	$70,307	288		$76,670	304	
Rent/Mortgage	$69,826	146		$76,023	168	
Utilities	$26,563	108		$28,857	121	
Clothing	$650	7		$950	10	
Medical	$6,895	42		$7,495	47	
Transportation	$0	0		$0	0	
Other	$488	3		$605	7	
Benefit Counseling	$22,917	1750	594	$25,000	1904	653
Total	$197,646	2344	594	$215,600	2561	653

D. Services Delivery and Efficiency

VS provides a range of social services supports to veterans who are age 65 and older. The most commonly provided services include benefits counseling, as well as access to time-limited emergency services, including food and rent and utilities supports.

E. Observations and Recommendations

The VS uses funding from the Senior Services Levy to provide relief services for older veterans. The VS has requested a continuation funding level from the levy, which allows VS to provide social supports to between 500-700 older veterans each year. These resources allow the VS to provide targeted time-limited interventions to provide emergency relief for older veterans in Hamilton County.