Franklin County Office on Aging (FCOA)
2017 1.3 Mill Renewal Levy with .45 Mill Increase Proposal

HSLRC Meeting Minutes
September 15, 2016

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Jesse Hemphill on September 15, 2016 @ 3:10 pm.

ROLL CALL

HSLRC members present: Jesse Hemphill, Denise Bronson, Jerry Friedman, Jean Carter Ryan, and Zak Talarek

HSLRC members absent: Jim Bowman and Nathan Wymer

Office of Management and Budget (OMB): Heidi Hallas and Garrett Crane

REVIEW AND APPROVAL OF MEETING MINUTES

Mr. Hemphill stated the next agenda item is the review and approval of the August 25th minutes. Ms. Carter Ryan made a motion to approve the minutes. Dr. Bronson seconded the motion. All members voted "Aye" and Mr. Hemphill said motion carried.

DISCUSSION OF THE LEVY REQUEST

Mr. Hemphill opened the meeting: This session as I understand is to review the results of this book (Senior Services Levy), entertain any questions we would like Heidi to ask of the Senior Services and then conclude with what our next steps will be. So with that and an introduction, I'll turn it over to Heidi and let you go through the remainder of the agenda.

Ms. Hallas: Just briefly, I want to go through the packet of information in front of you. Toni Carroll, Director, Franklin County Office on Aging stopped by my office last week and said there were a couple of pages that she wanted to make corrections on that she felt were important to update. As I had mentioned briefly before the start of the meeting, they're doing a review internally on the IT System and she identified a couple of reports that were run incorrectly. Page 26 has a slight change on the co-payment percentage, just one (1) or two (2) percent, but she wanted to make sure that you had the most recent data. On page 29, which is a really important number, is the average length of stay. It's significantly higher than what was pulled before. It's actually 935 days, and they are very confident in that number after going through the data. If you could replace those pages in your book, it will be great. The other items in your packet are the responses and an updated contact list.. We had a couple of folks change some information.

The agency responded to the questions that were asked during the last session. I'm not sure if you want to talk about them or if you had a chance to look at them. I believe these were the questions that were left opened at the end of our meeting. Did you want to go through them or have you had a chance to already look at? What do you think? Go through them or are you good? It was the outstanding questions and then the sliding fee scales was requested and also who has co-pays and who doesn't. You can tell they're serving a lot of folks that are in poverty. That really is the focus of their program. Are there any questions? If not, as Jesse mentioned, this really is the opportunity for you guys to have a conversation about what you've heard, what you've seen in the levy book, and decide if there's additional information that you need to make a decision. This process is unique. Because at the next meeting we will be hearing the results of that

management study which I think we be helpful to you guys for recommendations. So based on the information that we do have at this time, if you guys want to discuss or anything that you've noticed?

QUESTIONS & ANSWERS

Dr. Bronson: I have a couple of things that I wanted to see what everyone thought about it and maybe get some information. I went back and I was looking at the numbers served, the enrollment in your program, and then looking at increases in staffing. I know one of our concerns last time had to do with caseloads and how many people were being served by caseworkers, and they've added some. Since our last review in 2012, they've added almost 2,000 new enrollees and now get the data about how long people are staying in the program. Their projections going out are to add another several thousand people. I'm really wondering, what kind of analysis they've done to ensure that their staffing is going to be able to manage the projected numbers of enrollees in the programs. I went through and I did not see that kind of an analysis. They talk about adding more people, getting another supervisor, but I would really like to see a little more depth in terms of what that's going to mean for caseload sizes. Is that going to change the way that they deliver services? Just a little bit more explanation on that would be helpful for me to understand.

Ms. Hallas: Sure.

Mr. Friedman: I share those concerns and I also had a question about this overview of the office the way that it's organized, which is the number of case managers who appear to report through two supervisors directly to Toni. It really doesn't show up on here. Each one of these, one is managing eight (8), the other one is managing ten (10) individuals and I noticed that the Office on Aging, the maximum number being managed is six (6). So I think even at the supervisory level do we have the kind of direction, so it really kind of builds on what your concern is.

Dr. Bronson: And maybe some of it is going to be addressed by this report next time they meet. So it could be that's already being looked at. In which case then get that.

Ms. Hallas: I do know that's part of the review and I also believe case load is. But I can definitely ask Toni to at least breakdown what that looks like. During this current cycle they had ask for the new class. They actually just started and because the ramp up didn't occur as quickly as in the past. So they just added those folks, I'm wondering now what that means as far as their caseload and then like you said, if they let more people in mid-levy they're saying they'll need another group, but what does that look like?

Dr. Bronson: It also had implication for their space.

Ms. Hallas: Absolutely.

Dr. Bronson: I think they said they hadn't brought in a team because they didn't have any place to put them, and I thought, that's a pretty critical factor in all of this. If you need more staffing, but you don't have the ability to house them, what's the plan for addressing that down the road?

Ms. Hallas: I don't know that Toni can answer that, I think it's a county question.

Mr. Talarek: Some of that I think is with the Public Facility Management, and the master plan, and the footprint of that building and other facilities. Previously the Board of Elections was in that facility and they've moved to Morse Road, the Veterans Service Commission occupied that space, but when that did happen, that did at least open some rooms that they could have case managers in the same area and the Fiscal Operations moved to a separate floor.

Dr. Bronson: So they are addressing it?

Mr. Talarek: That's how they did it, but I think at this point that is a question that I think longer term would need to be addressed. But still luckily even in the forecast it is down the road. There's enough time to plan for that. I think they are aware of that as well as the Public Facilities Management. That's something longer term, not only for them, but I think for other agencies now in that facility.

Dr. Bronson: Do they need to build this into their projected budget? How much of this, even some of the technology things that we were talking about earlier? Who's paying for all of this? Because it's not in their budget that comes with their request and so are they asking for enough? I'm not suggesting at this moment that it be any higher, but you think there are some pretty expensive things that could be coming down the pike and some kind of plan as to who's going to pay for the new IT system and new spaces?

Ms. Hallas: Well as far as the space is concern the County manages that, they did pay (Mr. Talarek: the build out cost) for the new space so when they went to the separate floor to put cubicles in, it was for that type of stuff. They don't pay rent right now, so basically the general fund is contributing that as far as the space. Going forward that's probably why there is no cost for that, but if they give them bigger space in general fund supported building it may not be very costly for them. It may be moving types of expenses. Public Health is growing as well and they're running out of space. It's kind of a wait and see. The technology piece, you're correct, they have not specifically built in a cost. But if you look at their full ask which is the 1.3 mill plus the .45, there is money beyond the ninety days cash balance which could be part of that consideration. That's why they left the flexibility in there, knowing that this study was coming, so they wanted to have a little wiggle room on that full ask.

Dr. Bronson: Will this study project cost for some of these things, like IT improvements or they're just saying you need better IT?

Ms. Hallas: I don't believe so. I believe it's going to be there are other options out there and possibly a range.

Dr. Bronson: I wasn't sure what the parameters of the management study are.

Ms. Hallas: The folks that are doing the assessments, they are subcontracting with an IT specialist, so they may just have generic information on cost estimates. There is a little bit of that wiggle room, the cash at the end that they intentionally put in. In theory they may be some cost saving realized from the study as well that may offset that, so that's why it is kind of squishy until we get the results.

Ms. Carter Ryan: I'm probably jumping ahead a little bit, but we always get to the point where we express some concerns about what voters are willing to support. Any time there's an increase, since I've been on here, we've kind of pulled back even if we thought it might have been some justification. This is another increase; clearly it looks like there's a need. Does anybody have a sense what the voters are looking at this point, what they have an appetite for? I guess there's the renewal so that's one vote and then there's the increase that's separate, I think that's how it looks on the ballot.

Ms. Hallas: No.

Mr. Talarek: It depends. Generally when these ballots can be combined versus, you can do a renewal and an increase as one issue rather than having two separate issues.

Dr. Bronson: Is that the plan?

Ms. Hallas: I don't think they have entertained two separate issues. I think the initial intent is going in spring, so that if it's not palatable, they have another chance to come back and regroup. The overall message though is a renewal will result in dramatic cuts. That's why you don't even see a renewal scenario in this book, because it would fundamentally change how they provide service, and there would have to be a lot

of planning to decide what that looks like. I can put together what a renewal would look like; I've done it with County Administration.

Dr. Bronson: Is this because of such the increase of numbers.

Ms. Hallas: Yes.

Dr. Bronson: They are so many new people.

Ms. Hallas: It's the silver tsunami. I mean realistically when you look at their system, the number of folks who could be coming through the doors is significant. They are only serving 7-8 percent of the over 60 population right now. That's really small over the potential demand. So when we talk about the other levies, in mind I think two things. First of all, they had significant cash balance with over a year's worth of cash. That becomes hard to sell when you say you need more money when you're sitting on cash that you're actually adding to. They were even adding to it when they were coming to ask for more. To me that's difficult. The second one is both of their systems were seeing a decline in enrollment. With Children Services, because they were being so much more effective at the front door, they flat lined for a long time which is why they had the cash balance. With ADAMH, Medicaid expansion happened. They're still trying to figure that out and now it's going to be Managed Care which is going to shift them again. Because they didn't manage Medicaid anymore, they had a whole group just fall off their system. So when you're adding to your cash balance and your numbers are dropping, the data just doesn't support the request for more money. It just didn't connect for me. When I look at the Office on Aging, there is no cash balance, there is a need and there's growth. So what are you left with is do you want to fundamentally change how they operate if people don't want to support that and that's a possibility. Or do you look at what can you do and how much would be palatable and that's really where this levy plan was kind of designed. What are folks comfortable with? The 1.75 mill is huge. That's why we went back and said can you look at a 1.6 mill? What would that look like? They were direct from County Administration, we don't want you to close you doors and we don't want a scenario where you're out of money and you're just not letting folks in.

Dr. Bronson: It's so much cheaper to keep people in their homes, then to think about residential services, so it's really a no brainer at that level that you want to continue that kind of services that these guys are providing so that more people can stay in the services that cost a fraction.

Ms. Hallas: Correct.

Mr. Friedman: But who is it costing? It's not costing the county.

Dr. Bronson: Well if they're poor, it does. Somebody is still paying.

Mr. Friedman: Medicaid, I mean its tax dollars.

Ms. Hallas: They're not paying for the Medicaid supported services. Medicaid is paying for their hospitalization, so if they keep getting hospitalized or whenever they go into the nursing home. So it's a question of what this community wants to pay for. We offer something that most in the state don't offer. It's has something that has been really well supported from the voters over the years and so what does this community really want.

Ms. Carter Ryan: Why do you say that most of the state does not offer, when 73 out of the 88 counties do offer it?

Ms. Hallas: Not to this level. Franklin County is very unique in what they do. A lot of those levies are for Senior Centers, or very limit transportation. We provide a pretty exceptional menu of services; some counties are now embracing that. They talked about Cuyahoga County coming on board because they are

seeing it's effective. But traditionally we have never been able to call a sister county and say how much does this cost because it looks nothing like what we do. As far as the services and how we operate, we are kind of seen as the model.

Ms. Carter Ryan: In terms of even, let's take the Ohio off the table, nationally are we following like a model that is in their national association or state Senior/Aging offices. What are they saying is sort of the model that we can balance this? We could be spending a gazillion dollars running federal services that are needed, but we can't afford. What are the services that have the most impact, who's done it and how they've done it effectively? I don't know if there's any national information about what's out there for models that really achieve their most appropriate balance.

Ms. Hallas: I will ask them to put that together. In your levy book, there is not this specific model, but what services are necessary to maintain senior citizens in their homes. I think it may have been the Robert Wood Johnson Foundation. There's somebody else, I would have to go back through the book, but they cited two (2) different sources and said this pretty much is what is required to help folks stay at home.

Dr. Bronson: Even the needs assessment they conducted supports that. That is what the people in the community was asking for. They went out and interviewed people in several different ways. They did a phone survey. They did onsite groups.

Ms. Hallas: With the COAAA?

Dr. Bronson: Yes. When you look at that, that is what people were asking for.

Mr. Friedman: Is that the same people that says that government is doing too much for them?

Dr. Bronson: They are still asking for these services. It is kind of interesting because the older people who are retired may be less willing to up their taxes because $15 might be significant and meaningful.

Mr. Friedman: It is a 30% increase.

Dr. Bronson: Right, but I mean in actual dollar amount. On one hand, they may be the least likely to vote for that kind of increase. On the other hand, they will benefit from the services.

Ms. Hallas: They tend to vote for it.

Dr. Bronson: It comes to which of those things carry the greater weight with them.

Ms. Hallas: That population tends to vote for senior services. Probably because they know someone in it or they know that it is helpful. When they have looked at the voting and who have voted for it historically, the older population has been the one who have overwhelmingly supported it. Although they might vote schools down.

Dr. Bronson: The other thing that came out of this needs assessment is there is a greater willingness to be part of services often. Where in the past, people were more independent and didn't want to be engaged in these kinds of services. This new generation of older people coming forward are more open to being assisted with in the home care, personal services, transportation and those kinds of things. It may be a different generation of older adults. In the needs assessment they indicated they were more likely to take advantage of these services.

Mr. Hemphill: As far as the committee is concerned, I agree with Ms. Hallas' point about the .45 mill increase, but I think we need to go through the process and at the end to determine whether or not we agree

with the increase. I think we have been very conservative as a committee in recent years and have not recommended an increase in the past three or four levy requests.

Ms. Hallas: The past two, you have not. The last Aging one you did and gave them the directive to do some things, which they will be bringing to you in two weeks. Those are the two I spoke about. They had over a year's worth of cash and had declining enrollment. To me, that was a tough sell. This one, to me, feels like the data is there as far as need. Does that mean that they need to continue providing and working as they are doing it? Not necessarily. You may want to look at the study that there are some ways they can try and tweak that. And the money is not there. They will have their 90 days, but that is it. So if it got shot down completely, Aging will be closing their doors in 90 days. I think that is kind of why there was the contemplation of going in the spring. Worst case scenario, the renewal is only palatable, but it has to be a complete change in how they do business if that is what the community would vote for.

Ms. Carter Ryan: I thought we got some really good information in this fact book. I feel like a lot of the questions have been answered by the information supplied. There is so much to process.

Ms. Hallas: Honestly, when they sent me that number, I called them up what are you doing? We had a sit down and had to talk through it. You see they answered all the questions you put together because they were really involved with me one-on-one. They came back and said here it is. They talked me through it. We met with County Administration and talked through it. It is not unreasonable based on how many folks will be coming through their doors.

Dr. Bronson: If you just look at the projections and what has actually happened over the last five years and what they are projecting in the next five years…

Ms. Hallas: The projection is actually low.

Dr. Bronson: Yes, they underestimated in their last levy how many people they would have. They actually have more people enrolled than they projected to have.

Ms. Hallas: The request for 1.75 mill is actually much lower than they ever had in growth. What is it? 3%? They have had between 6-8% growth in this last levy cycle. Aging is saying they are willing to let folks come in more naturally as folks dis-enroll. But you see that it is over a 900 day enrollment.

Dr. Bronson: While I was looking at this, I do not think we could ask for more. The numbers to me are striking. When you start thinking about the number of staff you need to provide reasonable services to people, that is why I would really like them to lay this out. It could be that they will need more staff than they are anticipating to manage the number of cases that are going to be coming.

Ms. Hallas: From their perspective, their ask of the 1.75 mill is conservative.

Dr. Bronson: I think they are probably right.

Ms. Hallas: But again, they could come and ask for 50% more. We asked them to go back and do the .3 mill increase and they said their stomachs were churning as they were discussing it because they would have to change significantly. Folks in the future would not have the level of services they have now. It was really uncomfortable, but they did it to show a range of possibilities to show what that would look like, but their mandate was for them to not close their doors.

Ms. Carter Ryan: We know the "silver tsunami" comes and goes. We know when it will peak and begin to come down. Do we have a sense of what those years are and what the projections are?

Dr. Bronson: That is only part of the issue. As the numbers might go down, the amount of services might be going up because people are staying in services longer. That increasing amount of time people are enrolled in the program, could easily offset any decline in the future.

Ms. Hallas: They think 20 to 30 years is an estimate. If we really just went by growth in the County, we would be a $200 million program in 10 years and I do not believe anyone could stomach that. There are a lot of hard choices to be made between now and then to determine what folks are willing to pay for and how much they will continue to provide. There is a cliff, where they would say they need less money, but it is far enough out that people are not thinking about it. This is not a forever scenario. They also talk about the number of disabled folks coming in who require the most costly services continue to grow. As we prolong life, there is an older population with more disabilities that require those greater services.

Dr. Bronson: They are living longer and staying in services longer.

Ms. Hallas: Correct. We talked about the age gap between 60-65 years old. Individuals are working now to 65-70 years old. It was a pretty small percentage of their clients, around 5%. And these are the folks who are very disabled and impoverished. We did look at that and cut off at 65 years old. It pretty much wasn't going to make a dent and those are the folks who really need to service. They were probably forced into early retirement or have a disability. I think we are going to have those conversations, but at what point in time. It is hard.

Mr. Hemphill: When we look at the cash balances, it appears that our cash balances in our last report and the projections in our fact book, in 2015 in the fact book the actual was $15 million. But the corresponding projected cash balance in the last report was $11 million.

Ms. Carter Ryan: I think the reason for that is because of the staffing increase that they did not anticipate happening. It was a couple of years behind schedule.

Mr. Friedman: That $1.8 million in staffing cost in 2013.

Ms. Hallas: That is the major driver. The other aspect is conservative revenue estimates. That was at a point in time where the revenue in the annual property appraisal was down. The revenues now have come in a little bit higher than the levy plan. I would not expect any major growth in the next five years. We will have the new appraisal in…

Mr. Talarek: In 2017 and collection in 2018. The next reappraisal, in looking at levies, we have seen a lot of the new growth, where levies would pick up in the past, are in districts that are exempt. In the long-term it is a great solution, but the size of the tax duplicate, the tax base is based on, is not going to grow for these tax levies. Twenty years ago, we used to see these large growth in property tax duplicates. Those days are gone. I think six years ago, no one thought the value of property would go down. In some communities around the state that were really hit, homeowners had their values go down, but taxes went up because your value did not go down as much as your neighbor down the street.

Ms. Hallas: Essentially, when we are talking about just a straight renewal, they are only going to collect what they have been collecting four years ago for the next five years.

Mr. Talarek: The new growth has been under 1% in terms of the value that is being collected upon. I think there is an improvement in more on time payments and less delinquencies in the last few years. This is good long-term, but it is not where you will see lots of growth with new construction.

Ms. Carter Ryan: I know that Insight 2050 Study that MORPC had convened, originally projected that the Central Ohio region are going to get 500,000 new residents. But based on growth, that may be 1,000,000. I am wondering if there is any data that we can get from that study that reflects how much of those new

residents could be seniors. I do not know how much of that is taken into account in this book. I know that is really far out, but the region is growing so quickly. When we look at the strategies that are in place, it is not going to slow down. I think the problems with Senior Options are going to get worse with the growth. I would assume, from what I see personally, that more and more people do not want services. They are active, healthier, living longer and when they need services, they really need services. That is why I was a little bit surprised at the percent of 60-69 year olds that are in this program. I thought it would be a smaller number.

Dr. Bronson: Look at the needs assessment. That kind of tell you about your concerns.

Ms. Hallas: Are you talking about the full one they sent out?

Dr. Bronson: Yes.

Ms. Hallas: What is in your packet is the summary, but there in one that when you met with them last year they had given us.

I think it is a function of that it tends to be the more impoverished communities that do not have access to regular healthcare that comes in when you may need 24 hour care. When over 55% of are impoverished citizens, they do not have the support or the healthy lifestyle. Those are the folks they tend to be supporting.

Ms. Carter Ryan: That is a good point.

Dr. Bronson: The copay percentages certainly support that.

Ms. Carter Ryan: I thought that was really good information.

Ms. Hallas: We talk about why are the local residents paying for this? The hospitals are not willing to come to the table at this time. They see it as a County function. The safety net services are a County function.

Mr. Friedman: How do we know that?

Ms. Hallas: I can give you the ADAMH situation, where they are going to managed care. So all the folks need to be certified by the managed care providers individually. In Franklin County, we have Netcare which was focused on Medicaid and uninsured individuals. About a couple months ago, they were told that they are not going to be Medicaid certified by the managed care providers because it was too costly. ADAMH said wait a minute. Why would the local community pay for something that should be? They are Medicaid clients? What you are telling me is if a Medicaid client goes to Netcare, the levy dollars are going to have to pay for it? The hospitals said yes. He said there is no way we are doing that, so we are going to make a plan that if people are brought to our door and have Medicaid, they are going to be diverted to the hospitals. They have a payer source, but managed care is not willing to certify Netcare, so why would the community stand for this? The three CEOs of the hospitals wrote a letter saying that they were not a team player, this is your responsibility, we all need to come together, we are appalled that you would do this. After doing that, the State got involved and they are now working on certifying Netcare. As much as I agree that we should be working together, it is not there. Every time we looked at other payer sources, they are not interested in that. It is going to be interesting as we progress. The penalties are a drop in the bucket to them. The hospitals would rather pay the fine at this point in time.

Mr. Friedman: They are going to grow.

Ms. Hallas: From my position, I would like to see further higher up conversations from a County perspective saying Franklin County does a whole lot more than most counties as far as this is concerned. We need to be more collaborative with these hospitals, but that is just not happening. Medicaid only covers 3 of the 24

hours for inpatient Netcare clients because it is only face to face time. So your local tax dollars pay for 21 hours of their inpatient care. The hospitals will have to underwrite. Aging is the best service for the hospitals to partner with. COAAA got the grant from the Centers on Medicaid Services in Fairfield County. I cannot remember the name of the hospital.

Mr. Talarek: Fairfield Medical.

Ms. Hallas: Thank you. They got a grant for a pilot, bringing the social workers in from COAAA to link them to services. They have a proven success rate. They went to the hospital to ask for them to help pay for it going forward, and they said no. I do not think getting the hospitals on board will happen in the next five years. It is a bigger issue than us going to the hospital systems.

Ms. Carter Ryan: Maybe that could be part of our recommendations at the end. To keep pushing the recommendation to collaborate with the hospitals or put together a team to take a look at this issue.

Ms. Hallas: We always talk about what about the other money? They can find short term funding that could last a few years, but as for operational dollars, we have not seen it. We are hiring a grant writer to help those agencies who do not have a grant writer to help find funding sources. Those tend to be more of your short term, project focused funding. I would love for the hospitals to come to the table and do some sort of matching.

Mr. Friedman: Could we make that some sort of recommendation to the Commissioners? As I mentioned last week, this group does not have a board. Who is actually in a position to have a peer to peer level conversation with the hospitals?

Ms. Hallas: It would be the Commissioners to have that peer to peer relationship.

Mr. Friedman: Isn't there a hospital finance board at the county level? I know a couple of years ago Ohio Health dipped into those funds. They have $3 or $4 billion in the bank, and they are coming to the County.

Mr. Talarek: As a member of the County Hospital Commission, it still exists. It is the vehicle that the not for profit hospitals can issue tax exempt debt for their facilities.

Ms. Carter Ryan: So it is not County money, it is a conduit?

Mr. Talarek: It is a conduit.

Mr. Friedman: So it is an advantage to them?

Ms. Carter Ryan: It is a national advantage for not for profit hospitals.

Mr. Friedman: Again, that is a piece of leverage the County has.

Ms. Hallas: Can you tell them no? Is it in the Revised Code that this is how you do it?

Mr. Talarek: If we did say no, you can go to other counties or out of state. You can have it as a gatekeeper, but it is not a confined gate.

Mr. Friedman: I guess it is how you set the table for the conversation. They want the County to be partners when they are going to have to dip into their profits for a not for profit system. Ohio State retained earnings of $300 million last year and $200 million the year before. They are a not for profit. They are complaining because they have to provide service.

Dr. Bronson: This is sort of a bigger issue than Senior Options.

Mr. Friedman: It is and it is not. It goes to the issue of collaboration. Ms. Carroll mentioned that everyone is interested in and acknowledging that the most effective way to deliver these services is in concert with the healthcare system. I do not see a lot in this fact book that is proposing to do this. The CCTP, the Fairfield County grant. It sounds good, but what is the plan to do it? What is the cost?

Ms. Hallas: COAAA does not have the money to do it. The hospitals are not interested in paying for it. The Centers for Medicaid money is up.

Mr. Friedman: Then how do we know that the hospitals are not paying for it.

Ms. Hallas: Ms. Carroll and the head of COAAA already had the conversation regarding the hospital.

Dr. Bronson: To me, this seems like a bigger issue. I do not think it is fair to put this on Senior Options to solve because it is impacting ADAMH and other things in the County. At what point in this issue does it get taken up to the bigger players in the County because it is across the board.

Mr. Friedman: I can use that as a segue. I have some confusion about a lot of their contract agencies and what services they are actually getting because a lot of it sounds like case management. I am not clear. If you look at Appendix C, where they have all the descriptions of where their grant dollars go to. It seems to me like a whole lot of overlapping. I am not sure how you evaluate whether or not the people who are getting Senior Options are counted in the evaluation.

Ms. Hallas: I do not believe you have to be a Senior Options participant to get the grant services. You have to be a Senior Options client to get the fee for service model, which is the biggest chunk. You see the social services line item is the fee for service Senior Options model. The programs in the grant system, which is a small portion of the budget is for folks 60 years old and over in general. They tend to focus on communities that have more impoverished folks. Their collaborative efforts are not just Senior Options. Some of these funds help keep them out of the Senior Options program. It is like your preventative front door type of thing. More of the social aspects and community organizations like in German Village. It is helping the neighborhoods to empower them to help each other out. They may be Senior Options, but it is not limited to the grant line.

Mr. Friedman: Is there any efforts to coordinate any information? It brings to mind the Syntero contract. They talk about going in and doing an assessment and creating a plan of care.

Ms. Hallas: That is the mental health piece.

Mr. Friedman: Does that get incorporated in any way in terms of the assessment of COAAA or FCOA does? I think the idea is, if you are having someone enroll into a program for 900 or so days, what does your file look like or your care plan look like for them? Are these acute care needs?

Ms. Hallas: Those are all tracked, but I wall have to ask how that then gets linked. I know that if you are in Senior Options, they are tracking you go to Syntero, but not everyone going to Syntero are going in to Senior Options.

Dr. Bronson: FCOA are giving grants to these agencies to serve a population like LifeCare Alliance. That program is under their Health Promotion and Wellness. So they are trying to reach 1,200 different clients. That to me spells out what they are going to get at that service. How it is going to be evaluated? Down at the bottom of the page, it has expected outcomes. They are asking these agencies to provide information to see if they have met the outcomes.

Ms. Hallas: They have a quality improvement unit. They put the data out for the providers. Not only for the grant services, but also the fee for service.

Dr. Bronson: These are particularly the grant programs, which you were specifically asking about.

Mr. Friedman: Correct.

Ms. Hallas: It is not one-to-one. If you are on Senior Options…

Dr. Bronson: You may not be counted in their enrollment numbers for Senior Options, but still receiving services from grantees.

Ms. Hallas: Correct. You may not be at that level of need for service to meet the case management assignment. Again, these are the preventative programs and socialization programs. That is the difference between the two.

Mr. Friedman: It raises the question about collaboration, coordination and volume purchasing. I look at the various service providers and you are spending an average of $1,400 a year for the people who are using the transportation program. So $7 million a year. Is there a more efficient way to do that than taxi cabs?

Dr. Bronson: I did wonder about the transportation grant we are getting.

Ms. Hallas: There are agencies at the table because Veteran Services were having the same issue. The VA does not provide transportation anymore. I do not know if taxi cabs are the most efficient way either. A lot of these folks are going for chemo two or three times a week. They were once provided a van through the VA.

Ms. Carter Ryan: Main stream is like a van. It is a COTA service. This transportation issue goes across different agencies. Is there a way to bring the cost down across all the agencies that uses transportation?

Ms. Hallas: I have tried to elevate this issue. I'd like to get all the agencies at the table for the transportation grant.

Ms. Carter Ryan: I think the Smart City grant is more than transportation. If there is coordination between agencies, I believe would be great.

Mr. Talarek: This would not limit the type of vehicle you could use. I think that is part of it. I think Aging and JFS are at the table. Not everyone is on the COTA bus line. So looking at how to get people there are all options.

Dr. Bronson: There are many, who are on a bus line that cannot access buses. Or have the wherewithal to access the vans. We have individuals who cannot navigate those systems because they are cognitively or physically unable to.

Ms. Carter Ryan: You think that is what their case manager would help them to do.

Dr. Bronson: It is much more than having someone drive up to your door. Or even make the call to say they need transportation. The kind of case work we are talking about is not on that level. You do not have someone sitting there arranging doctor appointments and transportation. This is where some of these local community groups come into play. They have more resources to provide that type of level of support.

Mr. Friedman: That is what I am looking at. You spend less than $300,000 to serve 1,600 clients. Where we served 4,000 clients for $7 million.

Dr. Bronson: What is served? There are a lot of different type of services in there.

Mr. Friedman: That is unclear. Can we get a summary of contract by vendor? We have the summary of what the unit rate is. Can we see what the annual expenditure per vendor is?

Ms. Hallas: Sure. You probably want per vendor per service. That is going to vary per vendor because some vendors provide multiple services. So you may need per vendor per service.

Mr. Friedman: You have the beginnings of that in terms of the breakout sheet. Another question is, when they put out a bid they come up with the lowest cost provider. They only go to a higher bidder when there is a capacity issue. Does the County offer other providers the ability to participate at that lower rate? Let's say Cab Company A comes in at $3.25 and B, C and D comes in at $3.50, $3.75 and $4.00. Will we take anyone who will do it for $3.25?

Dr. Bronson: Isn't there a table that lays that out?

Mr. Friedman: There is, but it does not give you any detail.

Dr. Bronson: I thought it was cost per service.

Mr. Friedman: It is cost per service, but it doesn't…Appendix B.

Dr. Bronson: Is that what you are asking for Mr. Friedman?

Mr. Friedman: I am, but I do not know what these abbreviations mean. If you look at Best Choice Transportation is $5.00 versus American Red Cross for a lift is $4.85 or $3.25. Who decides? It is clearly not the lowest bidder.

Ms. Hallas: The lowest and best is the County's policy.

Mr. Friedman: It is the lowest and best, but you have a range from $2.75 to $5.00. Who is the actual vendor in terms of best?

Mr. Talarek: We would have to talk to Purchasing, but I do know when they go through the Revised Code request for proposal, you review the proposal to make sure it meets the criteria and then select lowest and best. I think, just looking at the resolution here, they had twenty-five different transportation contracts and vendors to choose from. I know they have to renew it based on pricing, what the initial RFP was, what the maximum increase could be. Again, I think trying to stay in the lower tier. From my knowledge, I know you start at the lowest, and when you reach your capacity you go to the next person. I will have to discuss with Purchasing Department in terms of the actual mechanics.

Dr. Bronson: Sometimes there is a difference in specialized equipment for transportation.

Ms. Hallas: Some do not exercise their right to an increase rate. They do multiyear contracts, and every year you must come back ask for an increase, say you can have 2%. Not everyone took it this year. Ms. Carroll was surprised by how many did this time. It is how the contracts are written as well.

Mr. Friedman: Similarly, on the Emergency Response System, you have a variety of those. Are there not one that could handle everybody? These are national groups. Wouldn't you on a volume purchasing basis be able to negotiate that down? Given the fact that you have 4,000 people signed up.

Ms. Hallas: I am not sure of the differences, but I know there are different levels of service. Some have home phones and some do not.

Mr. Friedman: There is one, Guardian Medical have V, P, M, and IM. Does anyone know what that means?

Ms. Hallas: Let me ask.

Ms. Carter Ryan: I was just thinking about the national discourse about the role of government, charity and the like. Do we know if there have been any discussion about reaching out to local churches to assist? Do we ever hear from people about how they are working with charitable organizations? Not to pay them, but to get the churches or volunteers involved. We never talk about these things in these levies and I think it can be a very important part on how these peoples' needs are being managed.

Ms. Hallas: I will ask Ms. Carroll if she can provide a summary. I know there are some that they work with, but are not necessarily in the fact book. Some of them provide a little bit of money. That may account for the only 7% of the County served. That is low for the amount of seniors. Only 7-8% of seniors are actually using Senior Options.

Ms. Carter Ryan: That does not have any purpose on our meeting today, but wanted to bring it up.

Ms. Hallas: You know per the Revised Code, this is the one levy service that is optional. The other three levies are mandatory services. This is one we exercised if Franklin County and very robustly. That is why they tend to vary also. Are there any other questions we want to send to the FCOA? We will have limited time next time to have a discourse with them directly. I am going to talk with the consultant to see what kind of time they will need and whatever is left will give us an opportunity to speak with FCOA. I have mentioned to them that any questions that come out of this meeting today, I am going to send to them tonight. They will give me the answers by next Friday, so you can have time to review. I think the consulting results would be the most pertinent.

Dr. Bronson: Will we get a copy of their report beforehand? It would be great if we could.

Ms. Hallas: Good question. I will ask.

Dr. Bronson: If you could send it out like you did before, that would be helpful.

Mr. Friedman: Did you scan this in?

Dr. Bronson: I moved it from Dropbox. I just moved the file.

Mr. Friedman: That is the current levy book?

Dr. Bronson: Yes.

Ms. Hallas: I sent the link out last meeting to Dropbox because it was too large to send directly.

Mr. Friedman: You sent us the last recommendations as well, correct?

Ms. Hallas: That was the recent one. It is actually in the aging file folder.

Dr. Bronson: Are you going to keep loading into that file folder? It would be helpful to have everything in one place.

Ms. Hallas: Sure. We can do that.

Mr. Talarek: We can have different folders for each session date to organize them.

Mr. Friedman: Could we get a copy of the assessment they used? The comprehensive assessment they used at intake. Also, their template for their care plan development.

Ms. Hallas: Sure.

Dr. Bronson: Do you know if the technology piece will be addressed in the report?

Ms. Hallas: Yes. That is definitely a big part of it. The last go around, my frustration with it was that a majority of the fields were text boxes. You could not use a business intelligence model to pull data. It was antiquated. I believe there is a gold mine of data. The social services category in Senior Options is all billed in that system. It is all linked by client, how much and where they were referred. It is like a paper file typed into a document and that is not helpful for projections and trends.

Mr. Friedman: What about the care plan development? Is that also a paper document?

Ms. Hallas: I am going to check. The COAAA is the agency that actually does that for them. I am not sure what they use.

Dr. Bronson: There are so many technological advancements that will be beneficial to older people. Like autonomous cars and the ability to communicate via Skype and FaceTime. The older population is not as technological savvy. This next generation of older people do have some computer skills and ability to FaceTime and Skype with a case manager or the like. Maybe not in this levy, but the levy five years from now, they can begin thinking about ways technological advances might improve services to seniors and make services more accessible than they have been.

Ms. Hallas: I know the needs assessment talks about how they are still using the old standard desktop. Are they going the have to start training people more? I know with the new case management system, they are looking for more online interaction for those who can.

Dr. Bronson: The younger seniors now are different than your 90 year olds who did not grow up with that technology.

Ms. Hallas: I will ask them if they have any information on that or to see if they are thinking about it. You will think that it would be more cost effective, once they start using those technologies. Other questions you may have?

Mr. Hemphill: I take it that if there are not additional questions from the committee members that has been submitted for Senior Options at this point?

Ms. Hallas: No, the ones I gave you today are from the meeting. I did not receive any emails. I have just been writing down what you have been requesting today. I can let the folks that are not here today know via email if there is anything needed. Traditionally the next meeting would be an open dialogue for two hours, but I know we want to focus on the study and it would be the most beneficial. So I will try and get these responses out to you. I will ask if we can get the study in advance, but I am not sure. I know there was a tight deadline for them. I know there is a draft going around. If you have any questions, I know they are pretty quick at responding because this is their priority.

Mr. Friedman: They had stated that some of their medical expenditures are for not fully funded Medicaid and Medicare services. Do they mean not covered services as opposed to not fully funded? Medicaid, and

I know that for some Medicare, that it does not do balance billing. They accept the payment from the government and the wrap around insurer. If they are covering something that is not covered, that is different.

Ms. Hallas: I will ask. Was that in the report specifically?

Mr. Friedman: It was in the minutes she mentioned that.

Mr. Hemphill: Can you refresh my memory about Direct Effect Solutions? Who are they and what was their mission objective?

Ms. Hallas: Sure. They were hired by County Administration in response to committee's request to have the study conducted. They are someone who County Administration has seen working in the community. They worked with SWACO. They are working at Public Health currently. The County is actually paying for this assessment, it is not coming out of the levy.

Dr. Bronson: Mr. Hemphill, this is what we asked for in our recommendations from last time.

Mr. Hemphill: Were these in the minutes?

Dr. Bronson: No, I pulled this out from our last report.

Ms. Hallas: Before you came in today, Dr. Bronson asked if we included those recommendations and we did. They were charged with exactly what was in your recommendations. It was all the major issues that were outstanding last time.

Dr. Bronson: That would answer a lot of questions.

Ms. Hallas: That is what I believe. I am anxious to see what they come up with.

Dr. Bronson: So you haven't seen it?

Ms. Hallas: No. I met with them briefly. They asked about the levers that could be pulled to control costs. We know that Ms. Carroll does not like to talk about that, but they have identified it is critical as we move forward. Their administrative costs is only 15% of their budget. So 85% of it is social services and grants. Something in the long run needs to occur to rein in costs. They are not going to continue to provide the level of service for the next 20 years. I do not think it is possible. Like I said, that is a $200 million budget. This is going to open the door to see what else needs to be done. While we can tweak some things internally, like change the way they are using their phone systems, that is not going to be a huge cost driver. This is a really hard decision. I see the need. The numbers are there and we do not have the cash. I do believe they came in as very conservative.

Mr. Friedman: Will we get a copy of the instrument they used for this survey? Also, for the phone part of it, the script they used?

Ms. Hallas: Sure. I might have it already. There was a much larger packet we had at the meeting at LifeCare Alliance. Let me see if I can scan it and get that to you.

Mr. Friedman: How do they handle multiple case managers? Most of these individuals are going to be Medicaid eligible. They may be in MyCareOhio. They may have a case manager for that. They may have a case manager in local services activity. When I was involved with Medicaid, a number of years ago, a study said on average people had six case managers. Do they talk to each other? Do they contradict each other? Who coordinates that, if anyone does?

Ms. Hallas: I will ask. I know we call them case managers, but the FCOA is just making phone calls. They are not going into their homes. They are making appointments. They are really a referral source and some folks only get a phone call once or twice a week. Their level is very basic.

Mr. Friedman: How do they find out that someone has died?

Ms. Hallas: They did not show up for a service. They did not pick up the phone. They are very involved with their families, so some will call and let them know. Another thing is that they did not show up for an appointment.

Mr. Friedman: If someone is minimally involved, like only having an Emergency Response System.

Ms. Hallas: They have to redo the home interview every year. They also do an annual money certification.

Ms. Friedman: Does this indicate the net number of individuals who dis-enroll on an annual basis or how many die?

Ms. Hallas: I'm not sure if the net number means they died. You know there are some who might have surgery, receive some delivered meals and when they get well, they dis-enroll. Once they are on, it does not mean they will stay on. I will get that information for you because I have had them to start tracking that information.

Mr. Friedman: If they are saying the average is 900 days…

Dr. Bronson: That was surprising to me.

Mr. Friedman: It was very surprising. I do not know what this is talking about.

Dr. Bronson: It could be various levels. It is still a lot of time to get service.

Mr. Friedman: Is that using one transportation service a year? That opens up the question on what an enrollee is. In terms of the intensity of the services being provided.

Dr. Bronson: That is going to change over time. It could start as getting a ride to the doctor's office once a month. Then three years later you are getting multiple services. I think it may be hard to get a hard number.

Ms. Hallas: It is kind of all over the board. The average is $187 per month. Most are on the lower end.

Mr. Friedman: They can do the mean and the median to show the range.

Ms. Hallas: Let me get that for you.

Mr. Friedman: They talk about 24 hour care. Are they paying for 24 hour care for anybody?

Ms. Hallas: They may get PASSPORT.

Dr. Bronson: We had that discussion last time.

Ms. Hallas: As they progress, they will go to PASSPORT.

Mr. Friedman: That is changing too, right?

Ms. Hallas: It is all changing.

Dr. Bronson: Which is always tricky in these levy review requests because we are not sure what it will look five years from now.

Ms. Hallas: At least it is five and not ten. I will ask for that distribution because I was just asking about this the other day.

Mr. Friedman: In the healthcare system, you have 5% of the people using 70% of the resources. Then the question is, is this the right program for those folks? Are we keeping them out of the nursing home at an expense that isn't reasonable?

Ms. Hallas: We were talking about that with the .3 mill option and we will only be enrolling people as people are getting off. Let's say the total maximum is 10,000. It turned into an uncomfortable conversation. Like thank goodness grandma fell on this month because they tend to have more openings.

Mr. Friedman: It raises the question that 92% of seniors are not participating in the program. Some might be receiving services through these contract agencies. How are we sure that Senior Options are getting to the people that it will be most effective with? That is what struck me about FCOA's conclusion. They are talking about correlation and not causation. They were saying we haven't seen the kind of growth in the disabled population or the frail elderly. Is that directly because of what we are doing? We are taking credit for it because the numbers go that way. If the numbers do not go that way next year, we will find another metric.

Ms. Hallas: I know what you are saying. That was the conversation I had with the consultant. I would love if we can look at this data more in depth, so we can really see what the numbers mean. That will then arm you with the right data to go to the hospital systems and say it is really working.

Dr. Bronson: With looking at data analytics. All of this stuff is on the horizon. It is expensive.

Ms. Hallas: They do have a quality improvement unit that looks at all of these contracts to make sure they are meeting the goals. They will cut a vendor if they are not meeting the outcomes. There is no governing body over home healthcare. They are having the same problem in Developmental Disabilities. There are no one certifying these providers. Medicaid is paying for them, but they do not get audited with the frequency as the other providers. FCOA is going out spot checking these people and dropping them.

Mr. Friedman: It is not as much quality improvement than compliance. They are not meeting the minimal requirement, that's compliance.

Dr. Bronson: Those that are left will be providing better quality of care than the ones you got rid of.

Ms. Hallas: Are there any additional questions? I know we are anxious to see the study.

Mr. Hemphill: If you could get us a draft copy, that would be good. The other thing is that if there are any questions that any committee member may have, give them to Ms. Hallas and she will get them out to FCOA.

Ms. Hallas: I am going to try and have them in a week, so you have them beforehand to review. I do not think we will have time to go one by one, since we want to focus on the study. I will send an email to the entire group to see if there are any outstanding questions.

Mr. Friedman: I know Mr. Bowman had questions about transportation. He thought that was an outsized expense.

Ms. Hallas: It really is. I would love for these agencies to start talking. Literally the VA vans are sitting. The problem is that their volunteer drivers are aging and are not passing the test.

Dr. Bronson: The logistics of transporting people is a nightmare.

Ms. Hallas: They are frail and the ones from the VA are going for things like kidney dialysis. They are not wanting to get on a bus.

Dr. Bronson: They are not wanting to get on a van and sit an hour at the doctor's office until the van can come back and get them. So they just won't go to the doctor's appointment.

Ms. Hallas: It is not the best way to do it. Cabs are not good either. It is becoming a big expense.

Dr. Bronson: We are a Midwestern city. People do not jump in a cab like one would in New York City. A cab here is a big deal for most people. To call and have a cab come to your home. We are not used to it.

Ms. Hallas: Ok, I believe that is it. I will send these questions and get them back to you.

Mr. Hemphill: The meeting on the 29th is two weeks from today.

Ms. Hallas: Yes, we will meet with FCOA and Direct Effect Solutions team.

CLOSING REMARKS

The next HSLRC meeting will be held Thursday, September 29th from 3:00-5:00pm at 373 S. High Street, 26th Floor in the Briefing Room.

Franklin County Office on Aging will meet again with the HSLRC on Thursday, September 29th for further discussion related to the levy request and have a presentation by Direct Effect Solutions, Inc.

Denise Bronson made a motion to close the HSLRC meeting and Jerry Friedman seconded.

The meeting was adjourned at 4:42 pm.