HEALTH AND HUMAN SERVICES COMMITTEE MEETING  
June 18, 2019

Present: Legislators Greg Kulzer, Randy LaChausse, Andrea Moroughan, John Lehman, Legislator Chartrand, and Chairman Larry Dolhof.

Others Present: County Manager Ryan Piche, County Attorney Joan McNichol, Human Resources Director Chris Boulio, Treasurer Patty O’Brien, Community Services Director Pat Fralick, OFA Director Kelly Hecker, Social Services Commissioner Jenny Jones & several staff, and reporters Nick Altmire and Julie Abbass.

Committee Chairman Greg Kulzer called the meeting at 3:04 p.m.

Legislator Moroughan made a motion to accept the minutes from the May 21, 2019 committee meeting as recorded, seconded by Legislator Lehman. Motion carried.

**Adult Protective Services – Penny Everson, Adult Protective Supervisor (report attached)**

Adult Protective Services (APS) is a mandated service provided by Social Services and involves intake, investigation and assessment of referrals of abuse, neglect, and financial exploitation of impaired vulnerable adults who live in the community. APS is available to anyone over 18 with a physical or mental impairment that needs help/protection and has no one available who is willing and able to assist. Once a referral is made APS does a home visit within 3 days or 24 hours for life threatening situations; determine capacity; complete assessment of need; determine individuals’ willingness to accept help; determine if others are available to assist; put services in place or make appropriate referrals.

Individuals have the right to refuse these services and it is sometime difficult for the public to understand that. APS must respect the rights of the individual but also has a responsibility to protect an individual who appears to lack the capacity to protect themselves. APS has no legal authority on its own but can request action from the court to take involuntary action through law enforcement or mental health authority. If nothing else works to protect that individual APS must apply for Guardianship of that individual, the Guardian being the Social Services Commissioner.

In APS there are 4 caseworkers (who are required to have a 4 year degree) work in multiple programs and multiple software programs, one homemaker who works with the individuals on a temporary basis until long term solutions can be found, and one supervisor. There are currently 110 cases open in all programs (Adult Protective, Representative Payee/Preventative Program, and Personal Care Program). Each caseworks has about 27 cases per month and now only 1 Guardianship case exists. Referrals for APS are on track to be close to 140 for the year.

The Representative Payee Program is a mandated program that allows a payee to manage an individual’s personal finances; either SSI/SSD; or when they are incapacitated or unable to properly manage their own funds. An application is completed and SSA makes the final decision. Monthly benefits are used to pay for the basic essentials for the individual and monies left over can be split into spending checks ensuring that the individual doesn’t spend all of it at the beginning.
of the month. Payees are required to comply with SSA expectations and often complete paperwork for accounting purposes for SSA.

The Personal Care Program is a mandated program by Department of Health that allows Medicaid recipients; of any age; with a medical condition to obtain services in the home. Services include errands, shopping, light housekeeping and personal care. A doctor’s order is required and a home visit is done. The individual has the option to choose US Care or utilize the Consumer Directed Program. A Personal Emergency Response System assessment is completed to see if the client could benefit from a lifeline service. After the caseworkers’ assessment has been completed a referral is made to home health for an assessment to be completed by an RN.

Once the RN assessment is completed the caseworker can reach out to the agencies selected and complete authorizations. It can take a year or more to find an aide for an individual. There is a serious shortage of aides statewide. An individual’s negative behavior can often make it difficult to find aide coverage. An individual can change coverage at any given time due to social or medical reasons. There are currently 27 clients and 5 pending authorization. There will be 8 clients on a waiting list for aide coverage. The total number of hours for the month of June is 315.5 for the current 27 clients. Adult Services work closely with Medicaid to make sure the client has the right coverage before services are started and ensures that recertification’s are done timely.

Multiple calls are forwarded to APS to discuss long term care for individuals. Managed Long Term Care (MLTC) is a process in which an individual wants to remain in their home and requires personal care services. These conversations are difficult for the individual and family. APS can assist with these discussion but cases are handled by Fidelis at Home Care or Nascentia Health.

There are many difficulties that caseworkers face within these programs. They often see dirty and deplorable conditions on home visits; individuals don’t always cooperate; there are waiting lists for services; and lots of paperwork to be completed for individuals to keep their benefits. They remind themselves that the small steps matter.

**Expanded In-Home Service for the Elderly Program (EISEP) – OFA Director Kelly Hecker (report attached)**

The EISEP Program provides cost effective non-medical services for older adults who are not Medicaid eligible. EISEP assists with personal care and housekeeping, case management, and respite services for caregivers, and non-medical adult day services. There are several grants that fund these services such as EISEP; ALZ/CSI, CSE, and IIIE. Some of these grants have a 25% county match but have exceeded the amount by trying to service the same number of clients as in the past.

There are a total of 217 individuals being served through these programs with PC Level II (Personal Care) and PC Level I (Housekeeping) being the highest in demand. Some of these programs are on a cost share basis so if the individual has a high enough income they are required to pay a portion of the cost for the service. Donations also help defray the overall cost of the programs. Personal Care and Housekeeping are contracted through US Care at a cost of $23.39/hr.; Consumer Directed at a cost of $19.00/hr.; and Adult Day Services at a cost of $9.00/hr.
EISEP is not an Entitlement Program, it operates on a capped budget and uses a sliding fee to determine customer cost sharing. EISEP client cost sharing monthly threshold for an individual is $1,561.00 and for a couple is $2,114.00; Medicaid eligibility for an individual is $879.00 and for a couple is $1,287.00.

Case Management is an essential part of EISEP. The case manager meets with individuals to identify their needs and wishes and provides options on services. Services may include non-medical in-home care, non-institutional respite, and ancillary services. EISEP helps to supplement and sustain care provided by friends and family. Providing care for an individual can be overwhelming for the caregiver and case managers often help both the individual and their family to cope with these responsibilities. This year the Governor added $15 million to the executive budget to help fund unmet needs and Lewis County was awarded $36,650 with no county match.

There are many more individuals on waiting lists than compared to last year. One statewide problem is the shortage of aides to provide the in-home personal care and housekeeping. They only get paid just above minimum wage and are not reimbursed mileage. This is demanding physical work with very low pay which is why it is so hard to find anyone willing. The pay for this service is based on Medicaid reimbursement which hasn’t been raised in several years. Consume Directed has been increasing which allows family members to be paid for performing personal care services to individuals.

The State is looking into private pay situations which would allow individuals who don’t meet income guidelines to go through OFA to get the best rate for services, which they would have to pay out of pocket, but OFA would be able to charge a 10% administration fee. Kelly reminded everyone that there is only one Nutritional Services Examiner for 150 people which is why there is a waiting list for that service and only 1 examiner for the EISEP program which also creates a waiting list. If OFA were to take on more clients she would need more staff because they have reached maximum capacity.

There was only one bid received for the RFP for the Nutrition Consultant Services for Lewis County Office For the Aging. It was from Megan Kraeger, MS, CNS from Open Sky Wellness LLC located on Utica Blvd, Lowville NY. County Attorney Joan McNichol asked that the record show that this is Chairman Dolhof new daughter-in-law, therefore Chairman Dolhof should not comment. The bid came in at $38/hr. and Joan stated that all applicable forms were submitted and signed.

There was discussion on the rate and if that would fit within the $20,000 cap that Kelly had budgeted for. She assured Legislator Kulzer that she would make it work. The state would like to see 16 hours a week being spent on nutrition counselling, developing nutrition education material, and meal analysis/planning but Kelly doesn’t believe there is enough counseling that requires those hours at this point. The 16 hours a week is not mandated and if it does become an issue grant funds can be utilized to offset the cost.

The following dockets/motions were then approved:

**Dockets**

1. Resolution to appropriate State Unmet Needs funding to address services for person on waiting lists for Office For the Aging Programs in the amount of $36,650.00.
2. Resolution to amend the Compensation Plan to the County of Lewis with reference to the Office For the Aging Department. The Human Resources Director has conducted a classification review and has identified duties and responsibilities that support the reclassification of Nutrition Services Coordinator to Meals Program Coordinator. Abolishing Nutrition Services Coordinator (Grade 34) at $52,125 and Creating Meals Program Coordinator (Grade 20) at $34,871. The Director of the Office for the Aging is also authorized to fill a vacant Aging Services Examiner as a result of this reorganization, effective July 8, 2019.

3. Resolution to appropriate allocations in the amount of $20,000 to support Code Blue funding from October 2018 thru September 2019; and allocation in the amount of $30,000 to support Family First funding from April 2019 thru March 2020.

4. Resolution to amend the Compensation Plan of the County of Lewis, with reference to the Lewis County General Hospital, to create the following position: Director of Quality Assurance (1) at Full-time status. There was discussion on what this position is for and what the need is. Jerry Cayer explained that this position was held a few years ago by someone who retired and due to budget constraints it was never re-filled. He feels this is an important position for quality control at the hospital and to help achieve certain levels of success which impact the amount of funds the hospital receives.

Motions

1. Legislator Chartrand made a motion to authorize Public Health Director Ashley Waite to refill a Public Health Nurse position due to retirement, seconded by Legislator Lehman. Motion carried.

2. Legislator Lehman made a motion to authorize Public Health Director Ashley Waite to fill the per diem Nurse Position effective immediately, seconded by Legislator Moroughan. Motion carried.

Legislator Lehman made a motion to adjourn the meeting at 4:02 p.m., seconded by Legislator Chartrand. Motion carried.

Respectfully submitted,
Cassandra Moser, Deputy Clerk to the Board of Legislators
Adult Protective Services
What is APS? (Adult Protective Services)

- APS is a mandated service provided by local social services districts.
- It involves intake, investigation and assessment of referrals of abuse, neglect, and financial exploitation of impaired vulnerable adults who live in the community.
Criteria for referrals

- APS is available without regard to income, to adults 18 years of age or older who:
- because of a physical or mental impairment,
- need protection from actual/or threatened harm due to an inability to meet their essential needs for food, shelter, clothing or medical care, secure benefits for which they are eligible, or protect themselves from physical, sexual or emotional abuse, active, passive or self-neglect or financial exploitation, and
- have no one available who is willing and able to assist responsibly.

- ** no hotline, call local DSS **
What happens once a referral is received?

- APS will visit the adult's home within three working days, or within 24 hours for a life threatening situation.
- Determine capacity.
- Complete assessment of need and determine risk.
- Determine willingness to accept help.
- Determine if there are others that have ability to assist.
- Put services in place or make appropriate referrals to community agencies or in house to our homemaker.
- Investigations are determined within 60 days and can be closed or open for ongoing services.
- Cases in any program can be open until death of a client if necessary. It is not uncommon for a case to be open for 15 plus years.
The Concept of Self-determination

- Adults, unlike children, are legally presumed to have capacity to make their own decisions
- Even most vulnerable adults who may have impairments and who may be facing danger, have the right to refuse offered services
- It is sometimes difficult for other providers and the concerned public to understand that APS must respect the right of an adult with capacity to refuse help offered by APS and others
Seeking Involuntary Interventions

- APS has a unique responsibility to seek to protect vulnerable adults who appear to lack the capacity to protect themselves.
- APS has a responsibility to pursue appropriate legal interventions to protect the individual, even if the vulnerable adult has not agreed to, or opposes such intervention.
- APS must employ the least restrictive intervention necessary to effectively protect the adult.
- APS itself has no legal authority on its own to remove any person from their home or other setting, or to take any involuntary action. APS must request action from the court or some other official authorized to take involuntary action (law enforcement, mental health authority).
- If no other alternatives exist to keep a person safe in the community, APS must apply for Guardianship of that person.
Who conducts the investigations and completes the work in Adult Protective

- There are 4 caseworkers that complete work in multiple programs (APS, Personal care and the Representative Payee/Preventive program)
- One Homemaker (works with clients on a temporary basis until a long term solution can be found)
- One Supervisor
- The team learns and manages information in multiple software programs including ASAP, UAS and Accufund
APS Facts

- Caseworkers are cross-trained in Multiple Programs (Adult Protective, Representative Payee/Preventive Program, Personal Care Program)
- Currently there are 110 cases open in all the programs
- Each caseworker averages approximately 27 cases per month
- Up until last Fall, the unit managed 3 Guardianship cases. Two have since passed away
APS Facts

APS Referrals

- 2017: Referrals
- 2018: Referrals
- 2019: Referrals
Representative Payee Program

- Mandated program that allows a payee to manage a beneficiary’s social security funds or SSI (supplemental security income) when the person may be incapacitated or unable to properly manage their funds and keep themselves safe.
- An application must be completed to be a client’s payee- SSA makes the final decision.
- Monthly benefits are used to secure food, shelter, medical/dental, utility bills and any other bill that needs to be paid to ensure safety of the client.
- Monies left in the person’s account can be split into spending checks for personal allowances such as clothing and recreation.
- Payees are required to comply with SSA expectations when necessary and often times will complete paperwork for accounting purposes to be submitted to social security.
Caseworkers are often working directly with the Temporary assistance unit when a client is suspected of having a mental or physical disability that would otherwise prevent them from obtaining employment.

Caseworkers are required to engage a client to assess their overall mental and physical health. Clients’ attendance at mental health and doctor appointments is often encouraged to determine a person’s abilities.

Clients are provided with assistance in the application process for benefits and caseworkers often accompany clients to the social security appointments.
Once DSS is established as a payee, a budget is determined.

Depending on the time it takes for approval of benefits, clients are often given retroactive payments.

Temporary assistance monies paid to the client are often collected and paid back to the county before any monies are disbursed to the client.

Caseworkers must spend this money within a specified timeframe on purchases that allow the client to be safe.

Individuals are not allowed to have more than $2000.00 at any given time in resources or $3000.00 for couples.

Most recipients on SSI receive no more than approximately $850 per month.

Social security benefit amounts will vary depending on disability or work history.
Personal Care Program

- A mandated program by DOH (Department of Health) that allows Medicaid recipients of any age with a medical condition to obtain services in the home.
- Services include: errands, shopping, light housekeeping and personal care.
- A doctors order is required before services are implemented.
- A home visit is needed by the caseworker to determine if services can be safely implemented.
- The caseworker will assess discuss aide services with the client and their option of choosing the agency US Care, or utilizing the Consumer Directed program.
- A PERS(Personal Emergency Response System) assessment is completed during the visit to see if the client could benefit from a lifeline service.
- After the caseworker assessment, a referral is sent to home health for an assessment to be completed by an RN.
Personal Care Program Continued

- After the RN assessment the caseworker finalizes the case by reaching out to the agencies selected and completing authorizations
- It can at times take up to a year or more to find an aide for clients
- Aide shortages exist statewide
- A client’s negative behavior can often dictate aide coverage
- A client can change coverage at any time due to social or medical reasons
Currently Lewis County DSS is authorizing services for 27 clients and 5 clients are pending authorization for a total of 32.

After the 5 clients have completed their process, DSS will have a total of 8 clients that are waiting for aide coverage.

The total number of authorized hours for the month of June is 315.5 for those 27 clients.

Both the number of clients and hours varies from month to month.

16 out of 27 current open clients have PERS installed.

Adult services works closely with the Medicaid unit to ensure the client has appropriate coverage before authorizing services and ensures that recerts are done timely so no services are lost.
Personal Care Program Continued

- Multiple phone calls are forwarded to the adult protective unit to discuss Long term Care options
- The MLTC (managed long term care) process is discussed when a client wants to safely remain in their home, has Medicaid or needs to obtain Medicaid, and requires services such as bathing, dressing or toileting
- Conversations around the MLTC process can be time consuming, lengthy and overwhelming for both the client and families
- The APS will assist with these discussions, but the cases are not opened locally with the district
- These cases are managed by 1 of 2 plans Lewis County contracts with, Fidelis at Home Care or Nascentia Health
Barriers to these programs

- Caseworkers on a regular basis encounter dirty and deplorable living conditions, those with addiction to drugs or alcohol, aggressive behavior, severe mental health diagnosis, bed bugs and often a strong resistance to help.
- At times clients are unable to receive services due to waiting lists or they sabotage their treatment.
- Clients assume debt that often times can only be paid back in small amounts.
- On a monthly basis, clients always feel they have more money than what they do.
- They are often buying items without permission or borrowing money that needs to be paid back.
- Caseworkers are often assisting clients with paperwork to obtain or keep other benefits.
- At times if this assistance was not provided, a client would lose their benefits.
APS Conclusion

- APS can be very rewarding
- We often have to recognize that the small goals, accomplishments and solutions that are found to problems makes a huge difference to residents in the community
- We remind ourselves that the small steps matter
EXPANDED IN-HOME SERVICE FOR THE ELDERLY PROGRAM (EISEP)
The overall Goal of the EISEP Program is to improve access to, and the availability of, appropriate and cost effective non-medical support services for older adults who are not eligible for services through Medicaid.

The coordination of EISEP’s non-medical services and informal caregiver support enables older individuals to stretch their private resources to the point of delaying premature spend down to Medicaid eligibility.

EISEP Assists with ADL’s (Activities of Daily Living)
SERVICES PROVIDED BY EISEP

- Personal Care & Housekeeping
- Case Management
- Respite Services for caregivers
- Non-Medical Adult Day Services
# Explanation of Grants and County Match

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<th>Grant Amt</th>
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<th>Donations</th>
<th>County</th>
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## 2019 AND 2018 EISEP/RESPITE AND DOLLAR COMPARISON

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### 2019 and 2018 Cost Share & Donations Comparison

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### COUNTY BUDGET EISEP/RESPITE EXPENSES

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### COUNTY BUDGET Cost Share/Donations

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PERSONAL CARE AND HOUSE KEEPING

- Contract to provide the service with U.S Care @ a cost of $23.39hr
- Consumer Directed@ a Cost of $19.00hr
- Adult Day Services @ a cost of $9.00hr
- Cost Share based off of % of Service
EISEP is not an Entitlement Program

This program operates under a fixed, capped budget and uses a sliding fee scale based on income to determine customer cost sharing requirements.

EISEP is targeted to low income older adults, consumers who are financially able may receive needed services, provided they pay for the services.

The amount a consumer pays depends on his or her income. For individuals who are unable to pay for the full cost of their care, EISEP funds cover part or all of the cost of needed services.
EISEP Client Cost Sharing Thresholds

- **Monthly income Thresholds**
  - Individual= $1,561.00
  - Couple= $2,114.00

- **Medicaid Eligibility**
  - Individual= $879.00
  - Couple= $1,287.00
Case Management is an essential part of the EISEP Program.

The Case Manager utilizes standardized screening elements, identifies the needs and wishes of eligible individuals and their families and provides options on services and supports that are available to address their identified needs and wishes.

Services may include non-medical in-home services, non-institutional respite, and ancillary services.
Even under the best circumstances, caregiving is a physically and emotionally demanding task and can be overwhelming.

EISEP supplements and sustains care provided by families and friends.

Case managers help both client and family members cope with these responsibilities and how they impact family life, leisure time, work life, personal finances and, in many cases, physical and mental health.
Addressing the unmet needs of our Older Adults has been a focus of the Governor and the Legislature over the past few years. Due to the attention, along with the recognition of the value of the services the AAA’s provide, and how cost effective they are while reducing future Medicaid spending, the Governor included $15 Million in his Executive Budget which was agreed on by the Legislature.

Of that $15 Million Lewis County was awarded $36,650 to address our waiting lists for services.

This award is unmatched to the County.
## 2019 & 2018 Waiting List Comparison

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