PASSPORT Home Care

The PASSPORT Medicaid Waiver Program provides services in home and community settings to delay or prevent nursing facility placement. These services help to preserve an individual's independence. The State of Ohio recently indicated that the PASSPORT Program Funding has been extended is approved through the year 2013. From the state profile of this program, here is some general information on PASSPORT-

What is the PASSPORT Medicaid Waiver Program?
• This Medicaid waiver program provides services in home and community settings to delay or prevent nursing facility placement.
• Services help preserve the independence of the individual, as well as maintain ties to family and friends.

Who is eligible for PASSPORT?
Eligible participants must:
• Be age 60 or older;
• Need hands-on assistance with dressing, bathing, toileting, grooming, eating or mobility;
• Receive services for which the cost does not exceed 60 percent of the cost of nursing home care;
• Meet financial criteria for Medicaid eligibility (see below); and
• Have their physicians agree to a service plan.

What are the financial eligibility criteria for PASSPORT?
• County Departments of Job and Family Services determine financial eligibility of interested participants.
• Individuals may not have countable assets valued at more than $1,500.
• Monthly income must not exceed 300 percent of the Social Security Insurance benefit.
• Depending on income, participants may be required to pay a patient liability each month toward the cost of services.
What services are provided through PASSPORT?
• Services available include: personal care, home delivered meals, adult day care, homemaker, emergency response, medical equipment and supplies, chore, social work counseling, nutritional counseling, independent living assistance and medical transportation.
Participants also receive a Medicaid card that entitles them to Medicaid benefits including: physician care, hospitalization, prescription drugs and many other services.
• Case managers help participants develop a care plan and will monitor and adjust the plan according to the needs of the participant.

How do I apply for PASSPORT?
• Call toll-free 1-866-243-5678 to contact the Area Agency on Aging serving your community for details on how to apply. You can also go to Area Agency
• Interested individuals must complete an application, telephone screen and in-person assessment.
• Then, your county Department of Job and Family Services will determine financial eligibility.
• After meeting all eligibility criteria, you will be enrolled (pending slot availability).
You can also complete a 2399 form and fax or mail to your local Department of Jobs and Family Services (DJFS). You can access the form by going to 2399. To find your local DJFS, go to DJFS

Ohio Home Care Waiver
From the State Profile Information-
The Ohio Home Care Waiver is a limited-enrollment, cost-capped program of home and community services for people with serious disabilities and unstable medical conditions who would be eligible for Medicaid coverage in a nursing home or hospital.
Home and community-based services waiver programs are operated under a special agreement with the federal Centers for Medicare and Medicaid Services (CMS), which oversees and provides a large part of
the funding for state Medicaid programs. Waiver programs are an alternative to care in an institution.

CORE SERVICES
These Core Services are available to consumers participating in all Ohio Home Care benefit packages, including the Ohio Home Care Waiver.

Nursing services provided by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, examples: G-tube feeding, medication administration, and wound care
Daily Living help with activities of daily living provided by a home health aide or personal attendant, examples: bathing, dressing, grooming, and help with transferring
Skilled Therapies services delivered by a licensed therapist: occupational therapy, physical therapy, and speech & hearing therapy

The following services are available only to people enrolled on the waiver:
Home-Delivered Meals- planned by a dietician in consultation with the consumer.
Emergency Response Systems- electronic devices that send a signal when someone needs help.
Home Modifications- construction or remodeling to make a home accessible to a person with disabilities.
Supplemental Adaptive/ -not otherwise covered appliances, equipment, and supplies.
Assistive Devices- that increase consumers’ functional ability
Adult Day Health Services- services delivered to adults in a day-care setting as an alternative to being cared for at home during the day.
Out-of-Home Respite temporary placement of a waiver consumer in an institution to provide relief for the care giver(s).
Supplemental Transportation transportation not otherwise covered which enable consumers to meet goals identified in the All Services Plan.
Social Work and Nutrition if identified as needed by your home services facilitator.
Counseling
HOW TO GET OHIO HOME CARE WAIVER SERVICES
Submit a *Home and Community Based Services Waiver Referral* (form 2399) and other necessary paperwork at your county department of job and family services. Someone from the home services facilitation agency for your part of the state will visit you to gather information about you and your needs. Part of this process is determining if you have either an intermediate or a skilled level of care that will qualify you for the program. If the agency recommends that you be enrolled on the waiver program and the Ohio Department of Job and Family Services Bureau of Home and Community Services agrees, a *home services facilitator* (case manager) will be assigned to help you plan for and receive the services you need.

OTHER OHIO HOME CARE WAIVER FEATURES
• A *cost range* will be assigned to you based on the dollar amount of services your home services facilitator determines will meet your needs. The cost of services cannot exceed the upper end of the cost range without approval.
• Your facilitator will work with you and everyone involved in your care to write an *All Services Plan*. This plan will authorize home health agencies, independent daily living aides, independent nurses, and others who have a Medicaid provider contract to provide you with needed care and services. Your home services facilitator will help you locate service providers and work with you as long as you need care.
• You will receive a Medicaid card every month that entitles you to the full range of Medicaid benefits, including hospitalization, physician care, prescription drugs, and many other types of services.
• Depending on your income, you may be required to make a payment called a *patient liability* each month toward the cost of your services.
• Your home services facilitator will call or visit you regularly, and conduct a reassessment of your eligibility and needs at least once a year.
• Ohio Department of Job and Family Services (ODJFS) staff may visit you to make sure you are receiving quality care.
For more information, visit the Ohio Home Care website at
http://jfs.ohio.gov/ohp/ohc.

For Core Services visit
www.jfs.ohio.gov/ohp/ohc/Core_Benefit_Package.stm

For Core Plus Services which is expanded assistance of the Ohio Home Care Waiver go to
www.jfs.ohio.gov/ohp/ohc/Core_Plus_Benefit_Package.stm

For Information on the Transitions program, go to
www.jfs.ohio.gov/ohp/ohc/documents/TRANSITIONS_WAIVER.pdf

To apply for these programs you will need to submit a Home and Community Based Services Waiver Referral (Form 2399), available at 2399 and a Medicaid application (Form 7200), 7200 (if the person is not already on Medicaid) to the local county Department of Job and Family Services. To find your local Job and Family Service, go to Job and Family Service

Options Program
The OPTIONS program helps in two separate ways;
1. Information and Assistance: Help by directing people to the senior services they need.
   2. OPTIONS home care program.

Options for Elders is a flexible, affordable program that provides in-home care to older Cuyahoga County residents who, because of income and/or assets, are not eligible for PASSPORT or other Medicaid waiver programs.

Services Provided:
- Medical Transportation
- Emergency Response System
- Adult day services
- Personal care
- Homemaker services
- Home delivered meals
- Information and assistance
- Chore
- Case management by skilled social workers

To be eligible clients must be:

- 60+ years of age
- Cuyahoga County residents
- Living in a private home or apartment (excluding assisted living residences, adult care homes, nursing homes, and group homes)
- Eligible for support services based on an assessment of need for assistance with daily activities. Examples: adults with limited vision, who walk with a cane, or who need help with bathing and/or food preparation.
- Managing expenses on a modest monthly income with limited financial reserves

93% of Options clients rate their services as “good” or “excellent”

For further information, or to make referral by phone, call Options Intake at (216) 420-6800.

Choices

The Choices program is a consumer-directed Medicaid waiver program. Choices consumers assume greater control over delivery of services, as well as the service providers. The consumer becomes the employer and hires service providers in his or her home. Providers can be professional caregivers, friends, neighbors or some relatives (spouses, parents, step-parents and legal guardians are
ineligible). Choices is available to current PASSPORT consumers in the central Ohio and southern Ohio regions served by the Area Agencies on Aging based in Columbus, Marietta and Rio Grande. To view information on Choices, go to http://www.aging.ohio.gov/services/choices/default.aspx

Contact the appropriate Area Agency on Aging to learn more about the availability of Choices where you live:

Central Ohio Area Agency on Aging
Serving Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway & Union counties
174 East Long Street Columbus, OH 43215 1-800-589-7277 Central Ohio Area Agency on Aging

Area Agency on Aging District 7, Inc.
Serving Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto & Vinton counties
University of Rio Grande/F32 P.O. Box 500 Rio Grande, OH 45674-3131 1-800-582-7277 Area Agency on Aging District 7

Buckeye Hills Area Agency on Aging PSA 8
Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry & Washington counties P.O. Box 370 Marietta, OH 45773 1-800-833-0830 Buckeye Hills Area Agency on Aging PSA 8>

PACE (Program of All-Inclusive Care)

What is PACE?

PACE provides an alternative to nursing home placement that utilizes a comprehensive medical and social service delivery system coordinated through an adult day health center to meet long-term care needs of participants. Participants enroll in a capitated managed care benefit funded by Medicare and Medicaid. This benefit provides ALL needed health care, medical care and ancillary services in acute, sub-acute, institutional and community settings. The program is supplemented by in-home and referral services.

What services are provided by the PACE program?
A team lead by a specialized physician works with participants and their families to assess their needs, develop a care plan and deliver all services – including acute care services and, when necessary, nursing facility services. Services include: medical care, including primary and specialty physician and nursing care, medical specialties, including audiology, dentistry, optometry and podiatry, physical and occupational therapies, medical transportation, mental health services, meals, nutritional counseling, social services, home health care and personal care, medications, respite care and hospital and nursing home care when necessary. The service package includes all Medicare and Medicaid covered services and other services determined necessary by the PACE team. Sites may pool their resources to pay for services for an individual, including services not otherwise covered by Medicare or Medicaid.

For a PACE enrollment form, click on PACE Enrollment

To view additional information on PACE visit http://aging.ohio.gov/services/pace/

**Assisted Living Waiver**

From the state waiver profile,

**What is the Assisted Living Medicaid Waiver Program?**

- This Medicaid waiver program provides services in certified residential care facilities to delay or prevent nursing facility placement.
- Assisted living promotes aging in place by supporting consumer desire for independence, choice and privacy. The services help preserve the independence of the individual, as well as maintain ties to family and friends.

**Who is eligible for the Assisted Living Waiver Program?**

Eligible participants must:

- Be current nursing facility residents or existing Medicaid waiver (PASSPORT, Ohio Home Care, Choices) participants OR current residents of residential care facilities who have paid privately
for at least six months;
• Be age 21 or older;
• Need hands-on assistance with dressing, bathing, toileting, grooming, eating or mobility and have unpredictable needs for assistance with activities of daily living;
• Meet the financial criteria for Medicaid eligibility (see below); and
• Be able to pay room and board.

What are the financial eligibility criteria for the Assisted Living Waiver Program?
• County Departments of Job and Family Services determine financial eligibility of interested participants.
• Individuals may not have countable assets valued at more than $1,500.
• Monthly income must not exceed 300 percent of the Supplemental Security Income (SSI) benefit.
• Depending on income, participants may be required to pay a patient liability each month toward the cost of services.

Who Provides Assisted Living Services?
Providers must be:
• Licensed as a residential care facility by the Ohio Department of Health; and
• Certified by the Ohio Department of Aging as an Assisted Living Provider.

What services are provided by the Assisted Living Waiver Program?
Two types of services are provided by the program:
• Assisted Living Services include: 24 hour on-site response, personal care, supportive services (housekeeping, laundry, and maintenance), nursing, and transportation, 3 meals per day and social/recreational programming.
• Community Transition Services are available to individuals leaving a nursing facility to enroll in the Assisted Living waiver and helps them obtain essential household furnishings and other items.
How do I apply for the Assisted Living Waiver Program?

- Call toll-free 1-866-243-5678 to contact the Area Agency on Aging serving your community for details on how to apply.
- Interested individuals must complete an application, telephone screen and in-person assessment.
- Then, your county Department of Job and Family Services will determine financial eligibility.
- After meeting all eligibility criteria, you will be enrolled (pending slot availability).

The Assisted Living Waiver (ALW) is a program administered by the Ohio Department of Aging (ODA) that covers daily living services provided in an assisted living facility.

This waiver started on July 1, 2006 and is open to 1,800 Medicaid consumers who qualify. The Medicaid consumer can be 21 years of age or older.

There is an assisted living waiver update March, 2008. To view it, go to ALW Update

The monthly income requirement is $1809.00 or less. The Applicant must require assistance with two activities of daily living (ADL's) that cannot be met through scheduled assistance. Some ADL examples include bathing, grooming, dressing, medication administration, and transferring in and out of a bed, chair, etc.

An interested Medicaid consumer can apply for the program by contacting their local Area Agency on Aging. To find your local Agency, go to Area Agency on Aging.

A worker from your local Area Agency on Aging will conduct an assessment to determine if the applicant meets the criteria for the program. If the applicant does qualify, the person will be placed in a facility certified by the Ohio Department of Aging. The applicant will be able to receive personal, on site care, 24-hour a day response capability, meals, transportation, social and recreational activities and some nursing care.
Recipients of the Assisted Living Waiver are able to keep a portion of their monthly income to pay for their room and board and personal needs. Other income remaining is the patient liability and is paid directly to the facility to help cover the cost of the applicant's care. Prescription co-pays are the responsibility of the participant.

A one time transition service of no more than $1,500 is available to help residents of nursing facilities purchase necessary items when moving into an assisted living facility. Some examples include dishes, clothing, furniture, telephone, etc.

To view a complete listing of all the assisted living facilities that participate in the assisted living waiver, go to http://www.aging.ohio.gov/information/assistedlivingwaiver/lookup.asp

HOME Choice

As noted on the opening page of the website, www.longtermcareohio.com the State of Ohio is currently undertaking a process to streamline how individuals receive various services. As instructed from House Bill (HB) 119, Ohio is mandated to have a unified long-term care budget. This includes offering a continuum of services which meet the consumers' needs throughout their lives.

It was announced (1/12/07) that Ohio is one of 17 states that was awarded more than $23 million in grants for FY '07. Ohio received a little more than $2 million for FY '07 to begin the process. Also, up to $900 million or more will be available over the next 5 years for demonstration programs that will help build Medicaid Long Term Care Programs.

To view Ohio 's Proposal for Money Follows the Person (Now called HOME Choice) go to MFP

These programs will be designed to help keep people in the community and/or out of institutions. This is based on the MFP "rebalancing" initiative included in the Deficit Reduction Act of 2005 (DRA).

States receiving grants today under HOME Choice initiatives will
design programs with 4 major objectives:

1. Increase the use of home and community-based, rather than institutional, long term care services.

2. Eliminate barriers or mechanisms that prevent Medicaid-eligible individuals from receiving support for appropriate and necessary long-term services in the settings of their choice.

3. Increase the ability of the state Medicaid program to assure continued provision of home and community based long-term care services to eligible individuals who choose to move from an institutional to a community setting; and;

4. Ensure that procedures are in place to provide quality assurance for individuals receiving Medicaid home and community based long-term care services and to provide for continuous quality improvement in such services.

Also, the model being discussed for entry into an institution is a "single entry point".

For more on this concept, you can go to Virtual Front Door

Subcommittees are currently meeting on a regular basis, to see updates on this process, you can go to

http://www.aging.ohio.gov/home/