

ENROLLMENT HANDBOOK:

Assisted Living, Care Coordination, and PASSPORT



Area Agency on Aging 

Integrity. Independence. Quality of Life.



Area Agency on Aging 

Integrity. Independence. Quality of Life.

Silver Birch

FOUNDATION

419-222-7723 www.aaa3.org

Last Updated: 4/2024

2423 Allentown Road, Lima, OH 45805
419-222-7723 • 800-653-7723
Hours: Monday-Friday 8am-5pm
www.aaa3.org

Wondering what the Area Agency on Aging 3 does?

OUR MISSION:

To provide life-span resources that

INSPIRE, EDUCATE & EMPOWER

older adults, persons with disabilities and family caregivers.

We are your Aging and Disability Resource Center.

We are here to serve you!

Serving the residents of Allen, Auglaize, Butler, Champaign, Clark, Clinton, Darke, Greene, Hancock, Hardin, Logan, Mercer, Miami, Montgomery, Preble, Putnam, Shelby, Van Wert, and Warren Counties.



Area Agency on Aging 3

Integrity. Independence. Quality of Life.

**DEPARTMENT OF JOB & FAMILY SERVICES
Contact Information**

Allen County Department of JFS
951 Commerce Parkway
Lima, OH 45804
Phone: 419-228-2621
Fax: 419-999-0301

Auglaize County Department of JFS
12 N. Wood St.
Wapakoneta, OH 45895
Phone: 567-242-2700
Fax: 567-242-2735

Hancock County Department of JFS
7814 Co. Rd. 140
PO Box 270
Findlay, OH 45839
Phone: 419-422-0182
Fax: 419-422-1081

Hardin County Department of JFS
175 W. Franklin St. Suite 150
Kenton, OH 45826
Phone: 419-675-1130
Fax: 419-675-1100

Mercer County Department of JFS
220 W. Livingston St. Suite 10
Celina, OH 45822
Phone: 419-586-5106
Fax: 419-586-5643

Putnam County Department of JFS
575 Ottawa-Glandorf Rd. Suite 1
Ottawa, OH 45875
Phone: 567-376-3777
Fax: 567-376-3740

Van Wert County Department of JFS
114 E. Main St.
PO Box 595
Van Wert, OH 45891
Phone: 419-238-5430
Fax: 419-238-6045

Toll Free Numbers

Alzheimer's Helpline	800-272-3900
Consumer Protection (AG's Office)/ Including Telemarketing Fraud.....	800-282-0515
Eldercare Locator.....	800-677-1116
Legal Aid of Western Ohio	888-534-1432
Legal Hotline for Older Ohioans– Pro Seniors, INC	800-488-6070
Medicaid Consumer Hotline.....	800-324-8680
Medicare Hotline	800-633-4227
Medicare Part D	800-772-1213
Ombudsman Office.....	800-282-1206 (state) 800-542-1874 (local)
Ohio Department of Health.....	800-669-3534
Ohio Department of Insurance	800-686-1578
Livanta (Medicare Review organization helps with quality of care, appeal of discharges, and complaints).....	888-524-9900
Social Security Administration	800-772-1213
Veteran's Administration (Federal and Ohio)	800-827-1000
Victims' Crime Compensation Program	800-582-2877

Councils on Aging

Allen County COA
700 North Main St.
Lima, OH 45801
419-228-5135

Hardin County COA
100 Memorial Ave.
Kenton, OH 43326
419-673-1102

Van Wert COA
220 Fox Rd.
Van Wert, OH 45891
419-238-5054

Auglaize County COA
610 Indiana Ave.
PO Box 215
St. Marys, OH 45885
419-394-8252

Mercer County COA
217 Riley St.
Celina, OH 45822
419-586-1644

50 North
339 East Melrose Ave.
Findlay, OH 45840
419-423-8496

Putnam County COA
1425 E 4th St.
Ottawa, OH 45875
419-523-4121

PROGRAMS OFFERED AT AAA3

HEALTH & WELLNESS

A Matter of Balance– Managing Concerns about Falls

This program is for those concerned about falling. It is designed as a free, 8-week workshop. Participants attend one class each week for 2 hours.



Diabetes Self Management Program

Specifically designed for those with Type 2 Diabetes or Pre-Diabetes. Free, 6-week workshop. Participants attend one class each week for 2.5 hours.

Chronic Disease Self-Management Program

Designed for those who have been diagnosed with any chronic condition. This is a free, 6-week workshop, that meets for 2.5 hours once a week.

Chronic Pain Self-Management Program

Designed for those who live with chronic pain and offering ways to manage it. This is a free, 6-week workshop, that meets for 2.5 hours once a week.



Tai Ji Quan: Moving for Better Balance

Tai Ji Quan: moving for better balance® is a research-based balance training regimen designed for older adults at risk of falling and people with balance disorders. Developed at Oregon Research Institute and focuses on propagating health by addressing common, but potentially debilitating, functional impairments or deficits.



Powerful Tools for Caregivers

Designed to help caregivers with stress management, communication, dealing with difficult emotions. 6-week workshop, meets for 1.5 hours once a week.



Bingocize

The program strategically combines the game of bingo and health education. Program goals include helping older adults increase physical activity, improve and/or maintain mobility and independence, learn and use health information focused on falls reduction, nutrition, and other health related behaviors, and socially engage with older adults. 2 sessions/week for 10 weeks for 1 hour sessions.



Tai Chi for Health

This evidence-based exercise program utilizes Tai Chi's Sun style for its ability to improve relaxation, balance and its ease of use for older adults. Tai Chi for Health has been proven to improve chronic disease symptoms, arthritis, balance, and fall risk. 2 sessions/week for 8 weeks 1 hour sessions.



HOME & LIVING

Awakenings Victim Outreach

Advocacy for Elder Victims of Crime or Abuse to take back their quality of life. Care Manager will work with the individual to provide education, assistance with various services, and empowerment to regain your independence.



Stages

The Stages Behavioral Health Program at Area Agency on Aging 3 offers short-term counseling services to those 60+ or their caregivers. Stages offers in-office and in-home counseling appointments to non-waiver individuals within Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert counties. Accepting Medicare, Medicaid, and several Medicare Advantage & Private insurance plans.



Alzheimer's Respite Program

The Alzheimer's Respite Program provides services that assist the caregiver and those living with Alzheimer's disease or related dementia diagnosis to enable the person to remain in the community. There are no fees for services. Recipients are given the option to donate or participate in cost sharing towards the costs of services. This allows more people and their caregivers to be served. Services have a set cost cap; however, time spent on the program is not regulated.

National Family Caregivers Support Program

The National Family Caregivers Support Program provides support, education and service linkage to aid the caregiver to better understand their role, consequences, when and how to access and utilize assistance, which provides stress reduction and the ability to understand and better care for their loved ones. There are no fees for services. Individuals are given the option to donate or participate in cost sharing towards the cost of services. This allows more individuals and their caregivers to be served. Services have a set cost cap; however, time spent on the program is not regulated.

Adult Protective Services Program of Hardin County

Services are available for those Hardin County residents 60+ who may have been abused, neglected, or sexually exploited. To place a report specific to Hardin County, please call (419) 675-1130 or for reporting in regards to other counties the statewide number of 1-855-644-6277.



Retired Seniors Volunteers Program

One of the largest volunteer networks in the nation for people 55 and over. You can use the skills and talents you've learned over the years, or develop new ones while serving in a variety of volunteer activities within your community.



Home Delivered Meals

A donation based program for those aged 60 and older to provide them with nutritious home-delivered meals five days a week M-F.



DISH - Senior Dining Program

Allows individuals 60 and older a different way to get a nutritional meal, socialization, and nutrition/health information.



Senior Farmers' Market Nutrition Program

SFMNP is found in 45 of Ohio's 88 counties. It is funded by the US Department of Agriculture. Eligible individuals receive \$50 worth of coupons to redeem for fresh produce and honey at participating farmers markets and farm stands. Eligibility: Age 60 or older and meet income guidelines of 185% or less of poverty level.



Find A Ride

This program is for individuals age 60+ or any age for persons with a disability. Links individuals who need transportation with a community transportation provider. Program is free but donations are accepted to allow more people to be served.



Assisted Living

An Ohio Department of Aging administrated, Medicaid funded waiver. Assisted living combines a home-like setting with personal support services to provide more intensive care than is available through home care services. Assisted living facilities provide individuals 21 and older with an alternative to nursing facility care that is both less expensive and less restrictive. Please see page 15 for more information on assisted living.

Care Transitions

This is a Care Manager referred program for PASSPORT and Assisted Living waiver enrollees. Individuals who are at higher risk of readmissions to hospitals and/or nursing facilities are recommended for this program. A Transitional Care Nurse will complete calls and visits during a 30 day period to provide additional support and resources to prevent readmissions. A Transitional Care Coordinator works behind the scenes helping get needed medical equipment and healthcare referrals for a smooth transition.

Long-Term Care Consultation

A Long-Term Care Consultation is free and available to anyone unsure of programs and services they need to stay independent and in a community-based setting.

NOTICE OF PRIVACY PRACTICES CONTINUED

7. Area Agency on Aging 3 is required by Ohio law to only disclose a consumer's information if all the following requirements have been met:
 - a. The consumer has given consent through a written release of information;
 - b. The release of information must be directly for the purpose of administration of a program; and
 - c. The individual or agency receiving the information is subject to the same or similar confidentiality standards as Area Agency on Aging 3.
8. The Area Agency on Aging 3 participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. The Area Agency on Aging 3, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying your Care Manager assigned to you.
9. Area Agency on Aging 3 is required to abide by the terms of this notice and may not receive or disclose health care information in a manner that conflicts with the requirements of this notice.
10. The Area Agency on Aging 3 does reserve the right from time to time to change the terms of this notice.
11. Any individual that believes their privacy rights have been violated by Area Agency on Aging 3 may file a complaint with the agency's Privacy Officer and with the U.S. Department of Health and Human Services, 200 Independent Avenue SW, Washington DC, 20201 or call 1-877-696- 6775.
12. There shall be no retaliation in the provision of services or in any other fashion against any individual who files such a complaint.
13. If you desire any further information regarding the collection and disclosure of health care information you may contact Area Agency on Aging 3 Privacy Officer by calling 419-222-7723.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE 4/4/2024

"This notice describes how medical information, to include substance use disorder treatment, about you may be used and disclosed and how you can get access to this information. Please review it carefully."

1. The Area Agency on Aging 3 is required by Federal law to maintain the privacy of any health care information it receives and must provide individuals with notice of its legal duties and privacy practices relating to such information.
2. The medical information, to include substance use disorder treatment, received from you will be utilized by Area Agency on Aging 3 in disclosing to other agencies or providers in order to provide health care services and alternatives to you.
 - a. For example, Area Agency on Aging 3 will disclose your information to health care providers and home health agencies for the purpose of arranging health care services and/or services for you which are needed based upon your assessment.
3. Your information may be disclosed without your written consent only if you have been informed in advance of the use or disclosure and you have had the opportunity to agree to the disclosure or to prohibit or restrict the disclosure.
4. Any other uses or disclosures of information will be made only with your written authorization, which may be revoked by you at any time.
5. Regarding any information or disclosures about you, you have the right to:
 - a. Request restrictions on the information or disclosure;
 - b. Receive confidential communication of protected health care information;
 - c. Inspect and copy health care information about you;
 - d. Amend information about you; and
 - e. Receive an accounting of the different disclosures of your health care information.
6. You can request a copy of your healthcare record created by Area Agency on Aging 3 at any time by contacting your Care Manager or the department supervisor.

Ohio Home Care Waiver

An Ohio Department of Medicaid administered waiver. The Ohio Home Care Waiver program is an in-home, long-term care option for financially-eligible children and adults under 60 years of age who have significant disabilities. Without the Ohio Home Care Waiver, these individuals might be forced to leave their homes in order to receive care in a hospital, nursing home or other institutional setting. The Ohio Home Care Waiver program preserves independence by giving participants greater control and choice over their care, including where they receive care, the types of services they receive and who provides their services.



PASSPORT

An Ohio Department of Aging, Medicaid funded waiver. The PASSPORT Waiver program is an in-home, long-term care option for financially-eligible adults over the age of 60 who need in home assistance. Without the PASSPORT Waiver, these individuals might be forced to leave their homes in order to receive care in an institutional setting. Services are based on need but may include personal care, homemaking, nursing, medical equipment and supplies, meals, transportation, emergency response pendants, counseling, pest control, and home modifications. Please see page 11 for more information on PASSPORT.



Specialized Recovery Services

Specialized Recovery Services (SRS) is a Medicaid-funded program that offers home and community-based services that are person-centered and aimed at supporting individuals, age 21 years of age and older, in the community for individuals diagnosed with a severe and persistent mental illness (SPMI) or with a diagnosed chronic condition (DCC). AAA3 will provide Recovery Management for individuals that are determined to be eligible for the Specialized Recovery Services program within 19 counties service area. Along with a team of the enrolled individual's choosing, the assigned Recovery Manager will work with the enrolled individual to address their home and community-based needs and develop a person-centered care plan to meet the individual's specific needs.



WE NEED YOUR HELP!

It's very important to the Area Agency on Aging 3 to hear from you about the services you receive through our agency programs. We gather this information by asking that two times a year, you complete a survey about your experience and satisfaction with our services. This survey is sent by email or text and we appreciate you taking a few minutes to give us your feedback. Thank you for your help!

Care Coordination Program Tier Care Model

The Care Coordination Program (CCP) provides information and access to home and community-based services for individuals who are at risk of needing institutional care. The Care Manager links consumers who are at risk of losing their independence due to complications with daily living tasks with home care services and resources available in the community. Funding for the program is provided by Federal Older Americans Act and State Block Grant dollars. There are no fees for services. Individuals are given the option to donate or participate in cost sharing towards the cost of services; this allows more people and their caregivers to be served. This program is designed to be short-term while individuals are linked to other community supportive services.

Using a progressive, tiered approach, CCP offers individualized access to services. Following assessment, program participants are matched with the appropriate tier based on their specific needs, program funding availability, and availability of services.

TIER I

Information & referral assistance to provide education and increase awareness of available community-based resources and supports.

Services	Eligibility	Contact
<ul style="list-style-type: none"> • Awaiting TII or TIII services • Information & referral assistance • Resource Guides: <ul style="list-style-type: none"> ○ Alzheimer’s and Dementia ○ Caregiver • Caregiver education: <ul style="list-style-type: none"> ○ Trualta registration ○ TCARE ○ Alzheimer’s Association ○ Support Groups ○ Powerful Tools for Caregivers • Internal referral: <ul style="list-style-type: none"> ○ Benefits Enrollment Center ○ Medicaid/Medicare consultation ○ Health Education ○ Nutrition services (HDM/DISH/SFMNP) ○ Friendly Caller ○ Counseling services ○ Elder abuse ○ Transportation ○ Home modification ○ Other AAA3 services, as needed • Community (external) referral: <ul style="list-style-type: none"> ○ Medication review/synchronization ○ Durable medical equipment ○ Other community referrals, as needed 	<ul style="list-style-type: none"> • 60 or older • Reside in a non-institutional setting • Reside in Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, or Van Wert counties 	<ul style="list-style-type: none"> • At least every 90 days (quarterly) • Telephonic contact & monitoring

Veterans Benefits

VA Medical Benefits

The VA medical benefits offer in-home services to veterans who require in-home services. They are able to offer:

- Homebound assistance.
- A nurse monthly to set up meds and draw blood if required.
- Maximum of six hours a week of personal care and housework.
- Prescription drug help is also available.



To Apply:

- 1) Go to the Lima Clinic or Dayton VA with your DD214 and apply.
- 2) You must be seen by their physician.
- 3) There is an income requirement.

Call the clinic for questions and to schedule an appointment at 419-222-5788

Veterans disabled during active duty are eligible for more services

Respite at the Dayton VA is also available for up to two weeks or more if beds are open (first come, first serve). For more information call the Dayton VA at 937-268-6511

Contact your local VA office for more info . . .

Allen County
301 N. Main St.
PO Box 1243
Lima, OH 45801
Phone: 419-223-8522
Fax: 419-223-8535

Hancock County
209 W. Main Cross Ste. 102
Findlay, OH 45840
Phone: 567-250-9389
Fax: 419-424-7440

Putnam County
336 E. Main St.
Suite A
Ottawa, OH 45875
Phone: 419-523-4478
Fax: 419-523-4805

Auglaize County
209 S. Blackhoof St. RM 202
Wapakoneta, OH 45895
Phone: 419-739-6750
Fax: 419-739-6751

Hardin County
1 County House Sq. Ste. 120
Kenton, OH 43326
Phone: 419-674-2219
Fax: 419-673-8406

Van Wert County
121 E. Main St. RM 101
Van Wert, OH 45891
Phone: 419-238-9592
Fax: 419-238-2819

Mercer County
220 W Livingston
Room 2701
Celina, OH 45822
Phone: 419-586-3542
Fax: 419-586-7702

Available in all counties: Veteran Crisis Line: 888-273-8255 option 1



"Do you need help paying for your Medicare premiums, co-pays, or deductibles? Do you have a hard time affording your medications? The Area Agency on Aging 3 may be able to help you apply for Medicare Savings Programs, the Medicare Part D "Extra Help" program, or choose a Medicare Advantage plan.

Medicare Savings Programs help eligible Medicare beneficiaries pay for their Medicare premiums, co-pays, and/or deductibles. Eligibility is determined by income.

The Low income subsidy, also known as "Extra Help" provides financial assistance for some Medicare Part D beneficiaries who have limited income and resources. Those who are eligible for the low income subsidy will get help paying for 75% or more of their monthly Part D premium, yearly deductible, and prescription co-payments. They will also have no gap in coverage which means no "Doughnut Hole". The average savings for individuals that receive assistance is nearly \$4,000 per year.

Call the Area Agency on Aging 3 to schedule an appointment or learn more about the Medicare assistance programs at 419-222-7723.



*Resources are things like savings and retirement accounts. They do not include your car, home, or household items. This project was supported in part by grant number 2201OHMIAA-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201"

Care Coordination Program Tier Care Model

TIER II		
Supportive services, including equipment and supplies, to assist in maintaining independence in the home.		
Services	Eligibility	Contact
<ul style="list-style-type: none"> Any TI service Routine case management Personal Emergency Response System (PERS) Home Medical Equipment Nutritional supplements Incontinence supplies Home modification/repair 	<ul style="list-style-type: none"> 60 or older Reside in a non-institutional setting Reside in Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, or Van Wert counties Priority to receive TII services based upon WL score and availability of services 	<ul style="list-style-type: none"> At least every 60 days (bimonthly) In-person contact & monitoring Care plan/service Plan required

TIER III		
Services for individual and/or family to provide in-home care and supports.		
Services	Eligibility	Contact
<ul style="list-style-type: none"> Any TI or TII services Intensive case management Personal Care services /Chore services Adult Day Care Respite services 	<ul style="list-style-type: none"> 60 or older Reside in a non-institutional setting Reside in Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, or Van Wert counties Meets LOC Priority to receive TIII services based upon WL score and availability of services 	<ul style="list-style-type: none"> At least every 30 days (monthly) In-person contact & monitoring Care plan/service Plan required

How to contact your Care Manager

Once enrolled, your Care Manager will provide you with their business card that has their agency email address and cell phone number. Please contact your Care Manager directly for the best service. Feel free to leave them a detailed message if they are unable to answer your call and they will get back to you as soon as they can, typically within 1 business day.

Please be sure to leave your name and phone number!

If you lost your Care Manager's information, you can contact the Area Agency on Aging 3 office 8:00am-5:00pm, Monday- Friday. Your call will be answered by an Aging and Disability Resource Center (ADRC) expert. Ask for your Care Manager and they will provide you the contact information to get you connected.

The Area Agency on Aging 3 is here to help:

We are here to answer your questions and find programs and services to make life easier.

Contact AAA3 at 419-222-7723 to learn about our programs and how we can help you!



Do you need help paying winter heating or summer cooling bills?



The Home Energy Assistance Program (HEAP) may be able to help. HEAP is a one-time credit to help eligible Ohioans pay their utility bills. Eligibility is determined by income and the number of people in the household. Anyone age 18 and older is able to apply. All heating types are eligible, including the following: electric, wood, coal, natural gas, propane, and kerosene.

Winter Crisis program is an emergency benefit that assists households who have received disconnect notices from their energy provider, have been disconnected, or have less than a 25 percent supply of bulk fuel in their tank maintain their utility service.

The Summer Crisis Program provides summer cooling assistance (which may include repairs or purchases of fans or air conditioners) for low-income elderly households and for Ohioans with qualifying medical conditions. Emergency assistance for households who have received disconnect notices or have been disconnected may be available.

Call the Area Agency on Aging 3 to schedule an appointment or learn more about the HEAP programs at 419-222-7723. For more information about the Home Energy Assistance Programs or to check the status of your HEAP application visit energyhelp.ohio.gov.



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419.222.7723 | 800.653.7723 | aaa3.org

GENERAL INFORMATION ABOUT PASSPORT AND ASSISTED LIVING WAIVERS

How to Care For Yourself When You Have the Flu

- **Stay home and rest** to fight the flu and avoid spreading it to others.
- **Drink plenty of liquids** to replace fluids lost through fever and sweating.
- **Take medication** for your symptoms. If you have a chronic health problem or are taking medication, get advice from your doctor or pharmacist about the best over-the-counter medications for you. Your doctor may want to prescribe antiviral drugs to lessen the length of the flu.
- **Wash your hands** often to avoid spreading the virus to others.
- **Let your case manager know** that you have the flu and if you need any additional services, such as a ride to the doctor or help getting food, liquids and medications. If you are moving to another location to receive care while you recover, let your case manager and service provider know where you are going and again when you are coming home.

Pandemic Flu

A flu pandemic occurs when a new strain of the flu virus develops that is not affected by available vaccines, causes strong symptoms and spreads far and quickly. Although currently there are no pandemic flu strains in the world, the threat is real and governments, organizations and individuals are planning now to minimize the effects on society from such an outbreak.

For individuals and families, the same healthy habits that help you limit the spread of seasonal flu and other types of respiratory viruses will help control the spread of a pandemic flu strain.

Depending on its length, severity and spread, a flu pandemic also could affect important services if workers are sick and unable to come to work.

These services include health care, mail, groceries and more. Protect yourself by always keeping enough important supplies in your house like food, medicines and basic household goods to last several days.

Stay Healthy During Flu Season!

Ohio

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What is a Care Manager?

A Care Manager coordinates services between payment sources and coordination with medical and behavioral health providers, social services, caregivers, etc. It is very important that you tell your Care Manager if you have any concerns.

What does waiver have to do with Medicaid?

Passport and Assisted Living waivers are Medicaid programs. "Waiver" means that some of the requirements for community Medicaid have been waived, allowing more individuals to be eligible to receive in home or assisted living services. To qualify for Medicaid to pay for the services, you must be eligible and approved by the Department of Job and Family Services.

Who should I call if I'm having a problem with my services?

When you have a problem with your services, you must inform your care manager. It is important that you are receiving the quality of services you need. If your aide is not completing assigned tasks, you must report this to your care manager and not be concerned with getting your aide in trouble.

What is liability?

The Ohio Department of Job and Family Services has a standard figure which they consider to be the amount necessary to maintain a household. That standard figure is called a "Special Individual Maintenance Needs Allowance." If your monthly income is higher than that allowance, you may have to pay a "liability." Think of your liability as a co-payment for the Passport or Assisted Living waiver services you receive.

Will I get a bill for my liability and who do I pay?

For PASSPORT, AAA3 will send you a monthly invoice for your liability and any credits received. PASSPORT recipients pay AAA3 by cash, check, or money order.

For Assisted Living, the assisted living waiver facility is responsible for collecting your liability amount. The arrangement for collection will be discussed upon your facility admission.

What will happen if I don't agree with my liability amount?

If you disagree with the liability amount, you must talk to your County Department of Job and Family Services eligibility worker and/or request a state hearing.

Why do I have to go back to County Department of Job and Family Services every year?

Your eligibility worker at the County Department of Job and Family Services is required to review your financial eligibility for Medicaid benefits each year. **You must remain eligible for Medicaid to stay on the PASSPORT or Assisted Living waiver program.**

When will I get my Medicaid card?

Your "card" actually looks more like a letter. If you are new to Medicaid and/or waiver, you will not get your Medicaid card until you have had your face-to-face meeting with your County Department of Job and Family Services eligibility worker and have been approved for Medicaid.

Will Medicaid pay for eyeglasses, dentures or hearing aids?

Eyeglasses, dental work, dentures and hearing aids may be covered under some circumstances. You should talk with your County Department of Job and Family Services eligibility worker about these services.

Will all doctors, pharmacies and other services accept my Medicaid card?

NO. Not all providers accept the Medicaid card for payment. Be sure you tell your doctor, pharmacist or other provider that you have a card **before** you receive your service. Remember to carry your Medicaid card with you always.

Filing a Complaint, Grievance, Comment or Suggestion with Area Agency on Aging 3

The Area Agency on Aging 3 (AAA3) is committed to recognizing your right to make complaints or voice grievances, comments or suggestions about the standard and quality of services and programs you receive. It is our pledge to ensure that all complaints are heard and equitably resolved as soon as possible and to provide you with information about the complaint management process.

Steps to resolving complaints/grievances:

1. Contact your AAA3 Care Manager to report your concern. Often times, issues can be resolved at this level more quickly.
2. Contact your Care Manager's Supervisor if you do not feel that the situation was remedied.
3. If at this point you feel that a resolution has not been reached, please feel free to file a formal complaint by one of the following methods.

For each of these methods, please provide as much information as possible so that we can address your concerns swiftly.

- a. Visit our website to access the online complaint form at <https://www.aaa3.org/complaints>
- b. Send your written complaint via email to complaints@psa3.org
- c. Call our agency directly at 419-222-7723

Once a complaint has been filed with our agency, a member of our team will reach out to you to discuss the complaint management process and update you on our investigation into the matter.



Around the House (Continued)

If you are a Medicaid or Medicare recipient, talk with your doctor about the potential benefits of an environmental falls assessment and if you may qualify for one to be conducted by a physical or occupational therapist.

By taking a few simple, inexpensive precautions, you can make your home immediately more fall-proof:

- Arrange furniture so you have a clear pathway between rooms.
- Place a lamp, telephone, or flashlight near your bed.
- Install a night light along the route between your bedroom and the bathroom.
- Keep electric, appliance and telephone cords out of walkways, but do not put cords under a rug.
- Secure loose area rugs with double-faced tape, tacks, or slip-resistant backing.
- Store food, dishes, and cooking equipment within easy reach.
- Repair loose stairway carpeting or wooden boards immediately.
- Put a bright-colored stripe of durable tape on the front edge of each stair so that you can see them better.
- Place a slip-resistant rug adjacent to the bathtub for safe exit and entry.
- Use a rubber mat or place nonskid adhesive textured strips inside the tub.

These home modifications and assistive devices may cost a little more than the steps above, but could be good investments in keeping your home safe now and in the future:

- Invest in a folding step-stool with a hand rail for access to out-of-reach places.
- Buy a cordless or cellular phone so that you don't have to rush to answer it and so that you'll have it handy to call for help should you fall.
- Add ceiling light fixtures with easy-to-reach switches to rooms that currently are only lit by lamps.
- If you use furniture, like chairs, tables and dressers, to steady yourself as you walk around, invest in a cane or walker instead.
- Install grab bars on bathroom walls near the bathtub, shower and toilet.
- Stabilize yourself on the toilet by using either raised seat or a special toilet seat with armrests.
- Use a sturdy, plastic seat in the bathtub if you cannot lower yourself to the floor of the tub or if you are unsteady.
- Install handrails on *both* sides of the stairway. Each should be 30 inches above the stairs and extend the full length of the stairs.
- Remove door sills higher than a half inch.

For more tips and resources to prevent falls, visit:

www.steadyu.ohio.gov



Falling is not a natural side-effect of aging, and most falls can be prevented. By knowing and managing your risk factors, you can live a full and active life free of the fear of falling.

Involve your family in your quest to be falls-free. Taking action to prevent falls and maintain your independence is something to be proud of. By asking your family's help, you'll also be teaching them prevention techniques they'll use throughout their lives.

Stay Active and Healthy to Prevent Falls

- Simple exercise, like walking or swimming at least 15 minutes a day can help build muscle strength and improve balance, which can prevent falls.*
- Find a good balance and exercise program, like tai chi, to build balance, strength, and flexibility. Select a program you like and take a friend.*
- Talk to your health care provider and ask for an assessment of your risk of falling. Share your history of recent falls.
- Regularly review your medications with your doctor or pharmacist for side effects that may increase your risk of falling.
- Get your vision and hearing checked annually and update your eyeglasses.
- Slow down and think through the task you are performing. Be mindful of possible falls risks and act accordingly.
- Drink 6-8 glasses of non-alcoholic liquids each day to prevent low blood pressure, fatigue and confusion.
- Eat a well-balanced diet with a variety of vegetables and calcium-rich foods like yogurt, cheese, milk, orange juice, tofu and calcium-fortified cereals to promote your health.

* Consult with your doctor before beginning any new exercise routine or program.

Around the House

Falls prevention begins at home. As we age, our bodies change and things that were once appropriate for us may no longer be. Look around your home, or the home of a loved one, for some of these common items or habits that could actually cause a fall:

- Throw rugs beautify our living space, but they can also cause slips, trips and falls. Some people use rugs to cover cords, which is not only a falls risk, but also a fire hazard.
- Lighting is another way to make our homes look good, but lighting that is too dim can make it hard to see falls hazards. Likewise, lighting that is too bright can cause glare on walking surfaces or cast shadows that can hide hazards.
- Your home most likely has stairs - from a few steps at the entrances to a staircase to the basement or other floors. Storing items in stairwells, as well as hanging items on hand rails, can lead to falls.

RECIPIENT RESPONSIBILITIES

I understand and agree to the following conditions and responsibilities as a participant in the Home and Community based programs:

- I understand the home care programs deliver services as a cost-effective alternative to a nursing facility.
- I understand the home care programs must keep the cost of my services below a certain dollar amount to be on the waiver.
- I understand the home care programs will deliver services according to my service plan and provider availability, which defines service dates and amounts of service. I will cooperate during a reassessment to continue on the home care programs when my service plan is about to end.
- I understand my service plan will be monitored and reviewed by my Care Manager and I can contact him/her with any questions I have or whenever changes need to be made to my service plan. I will be available to meet with my Care Manager on a regular basis.
- I understand the waiver programs offer me free choice of any ODA Certified or other contracted providers to deliver waiver services and that I will choose to receive services only from authorized providers.
- If enrolled on PASSPORT or Assisted Living Waiver, I understand I may be required to pay a patient liability, if that is part of my financial eligibility to stay on the waiver.
- I understand I will use other funds that are available, such as private health insurance, to pay for my services before Medicaid will pay.
- I understand I will accept responsibility for meeting service needs not met by the home care program.
- I must cooperate with my Care Manager and the agencies providing me with service.
- I must accept services without regard to the age, race, religion, gender, national origin or sexual orientation of the provider. Failure to do so may result in lack of provider availability/services.
- I must treat my Care Manager and provider staff in a considerate and respectful manner.
- I must allow my service providers to do their assigned tasks.
- I must tell my Care Manager immediately when I have any problems, complaints or concerns about my services.
- I must inform my Care Manager of any significant changes (prescriptions, hospital stays, falls, change of address, or phone number).
- I must tell my Care Manager if my service provider does any of the following: smokes in my home, appears to be under the influence of drugs or alcohol, taking personal calls, asks me for money or gifts, eats or drinks my food, asks to drive my car, leaves my home early, does not complete assigned tasks, treats me or talks to me in a rough or threatening way.
- I must provide a physical environment that is safe for my Care Manager and service providers.

I understand I may disenroll from the program at any time by notifying my Care Manager. Service providers will be notified of disenrollment upon Care Manager notification.

All about PASSPORT

Eligibility– Applicant must be 60 years of age or older. Medicaid financial requirements must be met as determined by County Department of Job and Family Services. An eligible individual would need the same level of service provided by a nursing facility. Individual must have needs that cannot be met through other services within the community.

PASSPORT is just one of your long-term care options and is an alternative to nursing home placement. It is a state-wide, Medicaid funded program which helps eligible persons, aged 60+, to remain in their own homes with community-based services. PASSPORT is administered by the Ohio Department of Aging.

PASSPORT is not an “emergency” service. You must have a back-up plan in place for those times when your service provider is unable to come.

PASSPORT does not provide 24-hour care.

PASSPORT’s role is to supplement and/or support service to enable you to remain in your home.

PASSPORT cannot guarantee that you will always have service at your scheduled time nor can we guarantee you will have the same aide every day. Service providers try to have staff scheduled at the most convenient time for you, but you need to understand that there are times staff is not available. The provider will send a replacement aide when needed and will verify time with you.

PASSPORT does NOT have unlimited funds to pay for your services. All PASSPORT recipients have a maximum amount of money that can be spent on services. If your services are exceeding that amount, you will need to look into other options available.

You must meet all eligibility criteria to be enrolled into and remain on the PASSPORT program. If at any time you no longer meet any one of the eligibility criteria, steps will be taken to disenroll you from PASSPORT.

Services are based on need but may include: personal care, homemaking, nursing, medical equipment and supplies, meals, transportation, emergency response pendants, counseling, pest control, and home modifications.

Health and Safety Concerns – Excessive Heat

Several factors affect the body’s ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other risk factors include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

General Care for Heat Emergencies

1. Cool the Body
2. Give Fluids
3. Minimize Shock

For heat cramps or heat exhaustion: Get the person to a cooler place and have him or her rest in a comfortable position. If the person is fully awake and alert, have him/her sip on a half glass of cool water every 15 minutes. Remove or loosen tight clothing and apply cool, wet cloths such as towels or wet sheets. Call 9-1-1 or the local emergency number if the person refuses water, vomits or loses consciousness.

For heat stroke: Heat stroke is a life-threatening situation. Call 9-1-1. Move the person to a cooler place. Quickly cool the body. Wrap wet sheets around the body and fan it. If you have ice packs, wrap them in a cloth and place them on the victim’s wrists and ankles, in the armpits and on the neck to cool the large blood vessels. Watch for signals of breathing problems and make sure the airway is clear. Keep the person lying down.

Heat-Related Terms

Heat Wave: More than 48 hours of high heat (90°F or higher) and high humidity (80 percent relative humidity or higher) are expected.

Heat Index: A number in degrees Fahrenheit that tells how hot it really feels with the heat and humidity. Exposure to full sunshine can increase the heat index by 15°F.

Heat Cramps: Heat cramps are muscular pains and spasms due to heavy exertion. They usually involve the abdominal muscles or the legs. It is generally thought that the loss of water and salt from heavy sweating causes the cramps.

Heat Exhaustion: Heat exhaustion is less dangerous than heat stroke. It typically occurs when people exercise heavily or work in a warm, humid place where body fluids are lost through heavy sweating. Fluid loss causes blood flow to decrease in the vital organs, resulting in a form of shock. Signs of heat exhaustion include cool, moist, pale, flushed or red skin; heavy sweating; headache; nausea or vomiting; dizziness; and exhaustion. Body temperature will be near normal.

Heat Stroke: Also known as sunstroke, heat stroke is life-threatening. The victim’s temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly. Signals include hot, red and dry skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Body temperature can be very high – sometimes as high as 105°F. Medical attention is necessary.

Additional Resources:

<http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/heat-wave-safety>

BE FIRE SAFE AND FIRE SMART

Smoke Detectors...

- Install smoke detectors on each level of your home and in all sleeping areas
- Test smoke detectors monthly and change the batteries every six months.



For help obtaining and installing smoke detectors and batteries, contact your local fire department. Your case manager or area agency on aging can identify other resources.
1-866-243-5678

Candles...

- Never leave a candle or other open flame unattended.
- Keep flammable materials, such as drapes, blankets and clothing, at least three feet away from flame.
- Extinguish candles and other open flames before leaving a room.

In a Fire...

- Get out fast and stay out!
- If you require assistance getting out of the house, close the door to your room and stay near a window and stay on the phone with rescuers.

Electrical Equipment...

- Do not overload outlets and avoid using multi-plug adapters.
- Be sure that electrical cords and extension cords are in proper working condition, with no cracks or exposed wires.
- Unplug small appliances like toasters and can openers when not in use.
- If an appliance appears to be malfunctioning have it checked and repaired before using again.
- Turn off and unplug electrical decorations, such as Christmas lights and potpourri burners, overnight and when you will not be home.

Have a Plan...

- Develop and practice a fire evacuation plan that includes at least two ways to get out.
- Review safety steps like checking closed doors for heat before opening, using your emergency alert device if you have one and crawling on the floor below the smoke.

When creating your plan, contact your local fire department to let them know if you may be unable to evacuate without assistance. It will make you and them safer in the event of a fire.

Ohio

“An ounce of prevention is worth a pound of cure.” – Benjamin Franklin, volunteer fire fighter

PASSPORT HOME CARE ELIGIBILITY CRITERIA

Available Slot– An applicant for PASSPORT Home Care may be enrolled if there is an available slot.

Age– An applicant must be 60 years of age or older when enrolled in the program.

Medicaid Financial Eligibility– An applicant must meet relevant Medicaid financial requirements as determined by County Department of Job and Family Services.

Level of Care– An applicant must need the same level of services provided by a nursing facility.

Living Arrangement– An applicant may not receive PASSPORT Home Care Services while a resident of a hospital, nursing facility, rest home, board and care facility, etc.

Services Not Readily Available– PASSPORT is a Medicaid-funded program and as such is the payer of last resort. An individual must have needs that cannot be met through other services within the community.

Hospice– The applicant may receive hospice services while enrolled in the PASSPORT Waiver.

Cost Cap– Your “cost cap” is the maximum amount of money that PASSPORT waiver is able to spend for your twelve-month service plan.

Health Related Needs– Your health related needs must be safely met within the home setting of the individual or legal representative and PASSPORT will have a signed Health and Safety Plan, which outlines the consequences of unsafe behavior.

Enrollment Agreement– The individual must formally agree to the care plan and to work with the Care Manager to ensure that the care plan continues to be effective.

Physician Approval– The Individual’s physician must approve and provide written approval.

PASSPORT and CARE COORDINATION FREQUENTLY ASKED QUESTIONS:

Can I request a “particular” type of Aide?

It is a violation of federal law to discriminate against anyone on the basis of race, nationality, gender, sexual orientation, religion or creed.

Who does the Aide work for?

Your Aide is employed by a community agency or program which has a contract with the Ohio Department of Aging and AAA3. Only agencies and programs contracted with us are allowed to be paid with federal/state monies.

What happens to my services if I have to go to the hospital or nursing home?

Please tell the hospital staff you are enrolled in Passport. Once your Care Manager is aware that you have gone to the hospital or nursing home they will put your services “on hold.” Your Care Manager will stay in touch with you and will restart your services once you have been discharged.

What can I ask my Aide to do?

The Aide's job is to help you with your personal care: bathing, dressing, grooming, getting on the toilet, etc. The aide may also do “light” housekeeping, laundry, meal prep and only errands for groceries and to the pharmacy.

Your Aide is NOT your maid! Never ask them to do the following:

- Clean up after any person other than yourself.
- Cook for your family.
- Babysit your grandchildren.
- Feed or care for your pets.
- Give you your medications.
- Wash your floors on their hands and knees.
- Move furniture to clean.
- Wash walls or windows which require Aide to stand on a stool or ladder.
- Run daily errands.
- Take care of your banking needs.

Prevent Theft in Your Home

Theft is most often a crime of convenience. Money and valuables left within sight of even the most trustworthy person may be an irresistible temptation in certain circumstances.



Invite people into your home, but don't invite theft.

- **Know who is in your home and why.** Verify the identity of any person who wishes to enter your home. Ask to see I.D. and ask who sent them. Call to make sure the visit is authorized.
- **Store your valuables,** including medications, jewelry, cash, checks and credit cards, in a private place.
- **Retrieve your mail daily.** If you can't get your mail yourself, have a trusted friend, family member or neighbor retrieve it for you.
- **Destroy unwanted or unneeded documents that identify you in any way,** including bank statements, bills, financial documents, records and other papers that contain information that could be used to conduct business in your name.
- **Do not allow someone to write checks for you** or pay your bills with your credit or debit card unless you have previously and formally authorized them to do so. If you need assistance, contact your care manager or Area Agency on Aging (800-653-7723).
- **Monitor purchases.** When someone runs an errand for you, give him or her only the money needed for the task. Get the receipt, check it and count your change. Do not lend money or belongings to someone working for you.



If you suspect someone may have stolen something that belongs to you, do not confront the person yourself. Immediately contact the appropriate authorities (police or sheriff) and the individual's employer, your case manager and your family.



ABUSE, NEGLECT & EXPLOITATION

Each year, hundreds of thousands of older persons are abused, neglected and exploited. Many victims are people who are older, frail and vulnerable, and cannot help themselves and depend on others to meet their most basic needs. Abusers of older adults are both women and men, who may be family members, friends or “trusted others.” Elder abuse is a term referring to any knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.



If you have been the victim of abuse, exploitation or neglect you are not alone. Many people care and can help.

Please tell your AAA3 Care Manager, your doctor, a friend or a family member you trust or call the Eldercare Locator helpline immediately at

800-677-1116

Specially trained operators will refer you to a local agency that can help. The Eldercare Locator is open Mon-Fri, 9am-8pm EST

Physical Abuse– Inflicting physical pain or injury on an older adult. EX: slapping, bruising, restraining by physical or chemical means.

Sexual Abuse– Non-consensual sexual contact of any kind.

Neglect– The failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.

Exploitation– The illegal taking, misuse or concealment of funds, property or assets of a senior for someone else's benefit.

Emotional Abuse– Inflicting mental pain, anguish or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating or threatening.

Abandonment– Desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Self-Neglect– Characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.

What kinds of errands can I ask my Aide to do?

Your Aide can shop for groceries or pick up prescriptions. You must pick one day that is for running errands and give your Aide a list of items needed and places they need to go. You may **NOT** ask them to run to multiple places for sale items. You must give them enough money to purchase all the items needed. The Aide is to **NEVER** use their own money to purchase things you need.

Can my Aide drive me to the store or doctor's office?

Aides are not allowed to transport you in their car or yours. If you need transportation, call your Care Manager for assistance.

Why does the nurse from my provider agency have to come to my home?

The nurse comes to observe and supervise your Aide to make sure the Aide is completing needed tasks and meeting your needs.

Can my provider agency change my schedule?

There may be times when your provider agency will be unable to send an Aide to you on your schedule day. They may ask you if it will be okay to send the Aide another day.

Do I have to sign for my Aide's time in the home?

YES! There are various options that you and the provider can use to verify an aide's time. They may include:

Using an Electronic Verification Visit (EVV) device that is sent to you by Medicaid that you keep in your home to verify that the aide was present and performed his/her duties.

Using an app on a tablet provided by the aide to electronically sign to verify that the aide was present and performed his/her duties.

Using an app on the aide's phone to electronically sign to verify that the aide was present and performed his/her duties.

Signing a paper timesheet provided by the aide to verify that the aide was present and performed his/her duties.

Remember these simple rules:

- Sign only for the time your Aide worked. If the Aide came late or left early, sign only for the time the Aide was present and working.
- Do not sign the time sheet in advance. Only sign at the time of service.
- Signing a time sheet for time not spent working is MEDICAID FRAUD!

PARTICIPANT DIRECTED SERVICE OPTIONS

PASSPORT: Participant Direction opportunities allows you, the PASSPORT recipient, more choice and control over the delivery of your home- and community-based services. It puts you in the driver's seat! It also allows you or your authorized representatives to hire your own direct service workers from a **Choices Home Care Attendant Service or Personal Care Service**. You will receive training to assist with learning the necessary skills to direct your services.

Participant Direction is optional, voluntary and not appropriate for everyone. With both service options, you or your authorized representative must exhibit the capacity and ability to: **advocate** for yourself, **know** your rights, **monitor** quality, **verbalize** your desire to direct the services, **have** open communication and use **problem-solving** skills.

With both options, **you** and **your Care Manager** agree that a participant-directed service plan is right for you. The two of you develop your care plan together. From there, **you, the recipient**, do the **recruiting, hiring, training** and **educating** of your workers. You also **manage the scheduling, supervising** and **firing** your workers, and are responsible for resolving worker or service issues with your worker directly. You and your Care Manager collaborate with the financial management service to track service hours and payroll. The care worker cannot be a parent, step-parent, spouse, guardian or power of attorney.

The **Choices Home Care Attendant** option offers this advantage: You train the worker on initial service tasks and provide ongoing training. Additional training can be required, if needed. You negotiate your workers' hourly pay rate with Care Manager input.

The **Personal Care Service** option offers this advantage: The worker must be certified as an STNA, HHA or have completed a 60-hour ODA approved training program and 12 hours of continuing education annually. The worker works for the state-contracted hourly pay rate.



Ohio Department of Medicaid OHIO MEDICAID ESTATE RECOVERY

Is a person's house subject to estate recovery?

Yes. A Medicaid individual's house may be subject to estate recovery. If the Medicaid eligible individual was permanently institutionalized, any claim from the sale of a house may be delayed while the individual's sibling or child resides in the home, if specific conditions are met.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid individual dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid individual's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery
Unit 150 East Gay Street,
21st Floor Columbus,
Ohio 43215-3130

Information can be obtained online at www.ohioattorneygeneral.gov/Business/Collections or by calling the Ohio Medicaid Consumer Hotline at 1- 800-324-8680, or by calling your local County Department of Job & Family Services.



AAA3 is located at 2423 Allentown Road in Lima



What is estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid eligible individual is deceased. This happens after the death of a Medicaid individual who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid individual at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

Medicaid payments for services received since January 1995 are subject to estate recovery. Medicare premium assistance payments made after January 1, 2010, are subject to recovery only when the Medicaid individual was permanently institutionalized.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid individual's death, if the individual was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

When does estate recovery take place?

Recovery from the estate will only be made:

- ◆ After the death of the Medicaid individual's surviving spouse.
- ◆ When the deceased Medicaid individual has no surviving child younger than age 21.
- ◆ When the deceased Medicaid individual has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

As a person receiving home care services, your care will be provided under the direction of your case manager and you have the right to expect:

- 1) That you will be fully informed of your rights.
- 2) That you will be treated in a considerate and respectful manner.
- 3) That you will be told the names and duties of any of the AAA3 staff or contracting agency providing you with service.
- 4) That you will have the right to privacy and that all communications and records pertaining to your care will be held confidential unless you sign for their release for purposes of coordination, continuity of care or reimbursement.
- 5) That you will be provided with information necessary to give informed consent pertaining to your plan of care/services/treatment in understandable terms both written and verbal.
- 6) That you will be provided with the opportunity to participate in the decision involved in developing and implementing your plan of care/service/treatment.
- 7) That you will be informed of your progress in responding to your plan of care/service treatment.
- 8) That prior to being requested to sign any forms you will receive full explanation as to their content and purpose.
- 9) That you may refuse care/services/treatment to the extent permitted by law and that you will be informed of the possible consequences of this decision and given assistance in implementing this decision.
- 10) That you will be involved in the timely development of your plan of termination from home care and to help you, you will be provided with information as to your continuing needs and alternative levels of care for meeting those needs.
- 11) That you will be provided with the information about Home Care Services that will help you understand it as a recipient of home care services.
- 12) You have the right to request information about policies, procedures, and/or applicable processes regarding your care such as requesting a change in care manager, complaints, and changes for service and reimbursement sources.

ALL ABOUT ASSISTED LIVING

What is the Assisted Living Waiver Program?

Assisted Living Waiver Program is just one of your long-term care options and is an alternative to nursing home placement. It is a state-wide, Medicaid-funded program which helps eligible persons, aged 21+, to reside in an Assisted Living Facility and receive services. Assisted Living Waiver is administered by the Ohio Department of Aging. Services may include 24 hour on-site response, personal care, housekeeping, laundry, nursing, meals, and transportation. Assistance with home medical equipment and supplies may be available under specific circumstances.

You must meet all eligibility criteria to be enrolled into and remain on, the AL Waiver Program.

If at any time you no longer meet any one of the requirements, steps will be taken to disenroll you from the program.

Assisted Living Waiver Services Available Through Provider

- Assisted Living Facility staff can assist with bathing, grooming, toileting, feeding, transfers in/out of tub, dressing, housekeeping, etc.
- Medication set-up and administration will be addressed by your CM and be a part of your care plan approved by you and the AL Facility.
- Medical equipment and supply needs are not paid for through Assisted Living Waiver. They are coordinated through your AL provider and CM with external providers. A prescription from a doctor and Medicare/Medicaid approval is required.
- Emotional needs will be monitored by the AL Facility and your CM. Necessary referrals will be made if needed.
- Transportation to Assisted Living sponsored activities is provided by the AL. Transportation is also provided to medical appointments only when no other transportation source is available.

What happens to my Assisted Living Waiver services if I have to go to the hospital or nursing home?

You are required to inform your Care Manager of any hospitalization and/or nursing facility admission. Your Care Manager will keep in contact with you to see how you are doing and to discuss your plan of discharge. The AL Facility will “hold” your room the month of your hospitalization and/or nursing facility placement. However, after the paid month has ended, the AL Facility reserves the right to no longer hold your room.

It is very important that you tell the hospital or nursing home social worker that you are an Assisted Living Waiver enrollee. Ask the social worker to call your Care Manager as soon as possible to talk about planning for your discharge from the facility. If you are away from your AL apartment for an extended period of time, or you need to remain in the hospital or nursing home with no clear discharge date, it may be necessary to close your AL waiver case. This is called “disenrollment.” Your Care Manager will talk with you before your case is closed to determine what your plans are.

If you do not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative. If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help. If you don't know how to reach your local office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address. You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records. Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

At the Hearings

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case. The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings. The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involved related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing. You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs. If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food stamps, you should get the increase about 10 of the date of decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps. In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case.

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State hearing?

If you think there has been a mistake or delay on your case, you may want ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them. A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574. We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice. In the food stamp program, your benefits will continue only until the end of the certification period. After that you must reapply and be found eligible. If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive. The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing. Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

When will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing?

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

ASSISTED LIVING ELIGIBILITY CRITERIA

Available Slot: An applicant may be enrolled if there is an available CMS-approved slot representing an unduplicated slot for the current program year.

Age: Applicant is 21 years or older at the time of enrollment.

Medicaid Financial Eligibility: An applicant must meet relevant Medicaid financial requirements as determined by the County Department of Job and Family Services.

Level of Care: An applicant must need the same level of services provided by a nursing facility.

Living Arrangement: Assisted Living Waiver services are provided only in an ODA-contracted licensed residential care facility contracted by the Ohio Department of Aging. The applicant may not receive Assisted Living services while a resident of a hospital, nursing facility or Residential State Supplement funded living arrangement.

Hospice: The applicant may receive hospice services while enrolled in the Assisted Living Waiver.

Health and Safety: Participation in the Assisted Living program is contingent upon the determination that the individual's health and safety needs can be safely met in the residential care facility setting.

Room and Board: The applicant must have the ability to pay to the Assisted Living Provider the established room and board rate.

Enrollment Agreement: The individual must agree to participate in the Assisted Living Waiver program. The individual's agreement will be documented by signing the agency enrollment agreement.

Physician Approval: The individual's physician must approve and provide written approval.

Assisted Living Frequently Asked Questions

Can I request a “particular” type of Aide?

It is a violation of federal law to discriminate against anyone on the basis of race, nationality, gender, sexual orientation, religion or creed.

Can I have a pet?

Some assisted living facilities do allow small pets, likely with a fee. You must be able to care for your own pet. Pets must also have all required vaccinations in accordance with the Department of Health.

Am I allowed to have a roommate?

In some instances, having a roommate is allowed but it must be the recipients choice and not the provider's requirement. Having a roommate does not decrease the amount you have to pay for room and board or liability.



HOME Choice Facts

HOME Choice is a transition program that assists adults (age 18 and older) move from a long-term care facility (e.g. nursing facility, hospital, or ICF-IID) into a home and community-based setting of their choice. Settings include apartments, homes and assisted living facilities.

Individuals participate in the HOME Choice program for up to 180 days before moving to the community and remain with the program for 30 days after transitioning to their own home.

Who is eligible to participate?

To be eligible for HOME Choice an individual must:

- Be enrolled in Medicaid
- Be a current resident of a long-term care facility for at least 60 consecutive days
- Be 18 years of age or older
- Have income to sustain community living
- Participate in an assessment and have a need for the program
- Have care needs that can be adequately met in a community setting

How do I apply?

The application is available on line at homechoice.medicareid.ohio.gov

Want to learn more?

Call HOME Choice at:(888) 221-1560

Email HOME Choice at:
HOME_Choice@medicaid.ohio.gov

Search:
<https://medicaid.ohio.gov/homechoice>

What services does the program offer?

Transition Coordination (TC)

Assist participants in identifying challenges and locating the resources needed for a successful move from the facility to the community. TC may include:

- Meeting with discharge planners and care teams to determine services & supports
- Finding & securing housing
- Locating and applying for additional community resources

Community Transition Services (CTS) Funds to pay for start-up living expenses. CTS may include:

- Security deposits and rental expenses required to obtain a lease
- Essential household items
- Fees and deposits for utilities and other services



LONG-TERM CARE OMBUDSMAN

What is the Office of the State Long-Term Care Ombudsman?

Mandated by the federal Older Americans Act and Ohio law, the state ombudsman advocates for the rights of home care individuals and residents of long-term care facilities and seeks resolution of problems with the goal of enhancing their quality of life and care.

Who may call the Ombudsman?

Anyone may call the Ombudsman to voice a concern or obtain information about long-term care. However, the Ombudsman acts only with the consent of the consumer or in some cases the consumer's legal representative.



What does the Ombudsman do?

The Ombudsman advocates for systemic changes to problems. The staff educates caregivers and staff of long-term care providers to promote individualized care. The Ombudsman acts to prevent abuse, neglect and exploitation.

To voice a complaint as a resident of a nursing home, residential care facility

or any home health service, please call

1-800-282-1206 or email

OhioOmbudsman@age.ohio.gov

The Assisted Living Waiver Participant's Bill of Rights

The rights of residential care facility residents are protected under Ohio law as listed below:

The rights of residents of a residential care facility shall include, but are not limited to, the following:

- (1) The right to a safe and clean living environment pursuant to the Medicare and Medicaid programs and applicable state laws and rules adopted by the director of health;
- (2) The right to be free from physical, verbal, mental, and emotional abuse and to be treated at all times with courtesy, respect, and full recognition of dignity and individuality;
- (3) Upon admission and thereafter, the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care consistent with the program for which the resident contracted. This care shall be provided without regard to considerations such as race, color, religion, national origin, age, or source of payment for care.
- (4) The right to have all reasonable requests and inquiries responded to promptly;
- (5) The right to have clothes and bed sheets changed as the need arises, to ensure the resident's comfort or sanitation;
- (6) The right to obtain from the home, upon request, the name and any specialty of any physician or other person responsible for the resident's care or for the coordination of care;
- (7) The right, upon request, to be assigned, within the capacity of the home to make the assignment, to the staff physician of the resident's choice, and the right, in accordance with the rules and written policies and procedures of the home, to select as the attending physician a physician who is not on the staff of the home. If the cost of a physician's services is to be met under a federally supported program, the physician shall meet the federal laws and regulations governing such services.
- (8) The right to participate in decisions that affect the resident's life, including the right to communicate with the physician and employees of the home in planning the resident's treatment or care and to obtain from the attending physician complete and current information concerning medical condition, prognosis, and treatment plan, in terms the resident can reasonably be expected to understand; the right of access to all information in the resident's medical record; and the right to give or withhold informed consent for treatment after the consequences of that choice have been carefully explained. When the attending physician finds that it is not medically advisable to give the information to the resident, the information shall be made available to the resident's sponsor on the resident's behalf, if the sponsor has a legal interest or is authorized by the resident to receive the information. The home is not liable for a violation of this division if the violation is found to be the result of an act or omission on the part of a physician selected by the resident who is not otherwise affiliated with the home.
- (9) The right to withhold payment for physician visitation if the physician did not visit the resident;
- (10) The right to confidential treatment of personal and medical records, and the right to approve or refuse the release of these records to any individual outside the home, except in case of transfer to another home, hospital, or health care system, as required by law or rule, or as required by a third-party payment contract;
- (11) The right to privacy during medical examination or treatment and in the care of personal or bodily needs;

(12) The right to refuse, without jeopardizing access to appropriate medical care, to serve as a medical research subject;

(13) The right to be free from physical or chemical restraints or prolonged isolation except to the minimum extent necessary to protect the resident from injury to self, others, or to property and except as authorized in writing by the attending physician for a specified and limited period of time and documented in the resident's medical record. Prior to authorizing the use of a physical or chemical restraint on any resident, the attending physician shall make a personal examination of the resident and an individualized determination of the need to use the restraint on that resident.

Physical or chemical restraints or isolation may be used in an emergency situation without authorization of the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraints or isolation shall not be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician. The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days, and at the end of this period and any subsequent period may extend the authorization for an additional period of not more than thirty days. The use of physical or chemical restraints shall not be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint.

If physical or chemical restraints are used under this division, the home shall ensure that the restrained resident receives a proper diet. In no event shall physical or chemical restraints or isolation be used for punishment, incentive, or convenience.

(14) The right to the pharmacist of the resident's choice and the right to receive pharmaceutical supplies and services at reasonable prices not exceeding applicable and normally accepted prices for comparably packaged pharmaceutical supplies and services within the community;

(15) The right to exercise all civil rights, unless the resident has been adjudicated incompetent pursuant to Chapter 2111. of the Revised Code and has not been restored to legal capacity, as well as the right to the cooperation of the home's administrator in making arrangements for the exercise of the right to vote;

(16) The right of access to opportunities that enable the resident, at the resident's own expense or at the expense of a third-party payer, to achieve the resident's fullest potential, including educational, vocational, social, recreational, and habilitation programs;

(17) The right to consume a reasonable amount of alcoholic beverages at the resident's own expense, unless not medically advisable as documented in the resident's medical record by the attending physician or unless contradictory to written admission policies;

(18) The right to use tobacco at the resident's own expense under the home's safety rules and under applicable laws and rules of the state, unless not medically advisable as documented in

the resident's medical record by the attending physician or unless contradictory to written admission policies;

(19) The right to retire and rise in accordance with the resident's reasonable requests, if the resident does not disturb others or the posted meal schedules and upon the home's request remains in a supervised area, unless not medically advisable as documented by the attending physician;

(20) The right to observe religious obligations and participate in religious activities; the right to maintain individual and cultural identity; and the right to meet with and participate in activities of social and community groups at the resident's or the group's initiative;

(21) The right upon reasonable request to private and unrestricted communications with the resident's family, social worker, and any other person, unless not medically advisable as documented in the resident's medical record by the attending physician, except that communications with public officials or with the resident's attorney or physician shall not be restricted. Private and unrestricted communications shall include, but are not limited to, the right to:

(a) Receive, send, and mail sealed, unopened correspondence;

(b) Reasonable access to a telephone for private communications;

(c) Private visits at any reasonable hour.

(22) The right to assured privacy for visits by the spouse, or if both are residents of the same home, the right to share a room within the capacity of the home, unless not medically advisable as documented in the resident's medical record by the attending physician;

(23) The right upon reasonable request to have room doors closed and to have them not opened without knocking, except in the case of an emergency or unless not medically advisable as documented in the resident's medical record by the attending physician;

(24) The right to retain and use personal clothing and a reasonable amount of possessions, in a reasonably secure manner, unless to do so would infringe on the rights of other residents or would not be medically advisable as documented in the resident's medical record by the attending physician;

(25) The right to be fully informed, prior to or at the time of admission and during the resident's stay, in writing, of the basic rate charged by the home, of services available in the home, and of any additional charges related to such services, including charges for services not covered under the Medicare or Medicaid program. The basic rate shall not be changed unless thirty days' notice is given to the resident or, if the resident is unable to understand this information, to the resident's sponsor.

(26) The right of the resident and person paying for the care to examine and receive a bill at least monthly for the resident's care from the home that itemizes charges not included in the basic rates;

(27)(a) The right to be free from financial exploitation;

(b) The right to manage the resident's own personal financial affairs, or, if the resident has delegated this responsibility in writing to the home, to receive upon written request at least a quarterly accounting statement of financial transactions made on the resident's behalf. The statement shall include:

(i) A complete record of all funds, personal property, or possessions of a resident from any source whatsoever, that have been deposited for safekeeping with the home for use by the resident or the resident's sponsor;

(ii) A listing of all deposits and withdrawals transacted, which shall be substantiated by receipts which shall be available for inspection and copying by the resident or sponsor.

(28) The right of the resident to be allowed unrestricted access to the resident's property on deposit at reasonable hours, unless requests for access to property on deposit are so persistent, continuous, and unreasonable that they constitute a nuisance;