

Scripps Gerontology Center

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Taking charge : a guide to personal care
decision-making in later life

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**Are you concerned about
long-term care?**

Taking Charge

**A guide to personal care
decision-making in later life**

CareChoice
OHIO

*Opening Doors to
Long-Term Care Options*

Are you concerned about long-term care?



This guide is for you if ...

- You are thinking about your future health needs.
- You need or someone you know needs services or assistance now.
- You think you should be starting to plan for your future care needs, but don't know where to begin.

Decisions about long-term care or health care, whether for yourself or for someone else, are never easy. They often are made in times of crisis, such as when you become ill or someone you know has an accident, and, as such, may involve many emotions.

You may already be making such decisions. For example, you may be ...

- Planning for your retirement.
- Dealing with a chronic illness.
- Considering a move to a different type of residence.
- Caring for someone who needs help.

Planning ahead can be a difficult task. It is never easy to think about what "might happen." And most of us don't want to consider that we might be unable to care for ourselves at some point in the future. But planning ahead, whether it's years or weeks ahead, is the best way to ensure that you receive the care that you need and want.

Some facts you should know...

- *You are not alone in your need for help.* Recent estimates show that in the U.S., over 12 million people of all ages require some help with long-term care needs. And this number is increasing rapidly.

- *Getting help does not mean dependence.* Using services such as home care or even institutional care can be the best way to maintain your independence in the residence of your choice.

- *Long-term care does not mean just nursing homes.* There are many choices available now for people who may need help.

- *Long-term care also may not necessarily be "long-term" anymore.* People may only need help for short periods of time, or their needs may change over time.

Because of the number of options, the decisions that you will make or are making about long-term care may be more complicated and confusing than they once were. This decision-making becomes more difficult if you do not have adequate information about what is available.

Charge

A Guide to personal care decision-making in later life



This guide is designed to help you with this planning and decision-making process by presenting you with some of the choices and resources for meeting your own care needs or the needs of someone that you know.

Each section begins with a group of "Questions to Consider." These questions are designed to get you thinking about issues relevant to that particular section, focusing on your values, needs, and preferences to help you make the decision that is best for you.

In this guide we cover:

- The decision-making process: the who, what, when, how, and why of the care decisions you will be making.
- The role of families in this process and in long-term care in general.

- How you can locate and obtain services: who can help you figure out what you need and how to find these services.
- Your options for long-term care services, including home and/or community-based services as well as institutional services.
- Financial and legal considerations.
- How to be an effective long-term care consumer.

You will also find some resources in the back of this book which may help you as you make your choices, including:

- Lists of questions to ask when looking into different types of services.
- Location and phone numbers for Ohio Area Agencies on Aging, Ombudsman, Care Choice Ohio and PASSPORT offices in your local area.

Taking Charge

A guide to personal care decision-making in later life

Table of Contents

- I - Making Decisions 1**
- II - Involving Families 1**
 - Decision-making 2
 - Caregiving 2
 - Family Dynamics 3
- III - Finding Services 3**
 - Comprehensive Assessment 3
 - Area Agencies on Aging 4
 - PASSPORT 4
 - Care Choice Ohio 4
 - Geriatric Assessment Centers 4
 - Geriatric Care Managers 4
 - Eldercare Locator 5
- IV- What are My Options? 5**
 - Staying at Home 6
 - ~ Adult day care 6
 - ~ Care/Case Management 6
 - ~ Chore Services 6
 - ~ Friendly Visitor/Senior Companions..... 6
 - ~ Home Health/Personal Care Services 6
 - ~ Home Sharing/Shared Housing-Programs . 6
 - ~ Homemaker Services 6
 - ~ Hospice 6
 - ~ Mental Health Services 6
 - ~ Nutrition Services 6
 - ~ Personal Emergency Response Systems 7
 - ~ Protective Services 7
 - ~ Respite Care 7
 - ~ Senior Centers 7
 - ~ Telephone Reassurance 7
 - ~ Transportation/ Escort Services 7
 - Hiring home care workers privately vs. going through agencies 7
 - Moving to a New Residence 8
 - ~ Congregate/Retirement Housing 9
 - ~ Independent Living Facility 9
 - ~ Board and Care Home/ Adult Care 9
 - ~ Facility/Shared Group Home 9
 - ~ Continuing Care Retirement Communities . 9
 - ~ Assisted Living/Residential Care 9
 - ~ Facility/Rest Home 9
 - ~ Nursing Home 9
- V - Financial Considerations 10**
 - Medicare 10
 - Medicaid 11
 - Medigap 12
 - RSS – Residential State Supplement 12
 - Long-Term Care Insurance 12
 - Veterans’ Affairs 13
- VI - Legal Matters 13**
 - Durable Power of Attorney 13
 - Guardianship 13
 - Conservatorship 14
 - Health Care 14
 - Advance Directives: Living Will & Durable Power of Attorney for Health Care 14*
- VII - Being a Long-Term Care Consumer 14**
 - Suggested questions to ask nursing homes, home care agencies and other residences 17*
 - Listing of Area Agencies on Aging, Ombudsman, Care Choice Ohio and PASSPORT agencies 21*

I - Making Care Decisions

Who is involved in these decisions?

- You
- Your family and others close to you
- Health professionals
- Service professionals

What kinds of decisions will you be making?

- Where will you receive care: in your home or in another residential setting
- Who will provide this care: family/friends, agencies, or both
- How will you pay for care
- What types of care or services will you need and use

When are these decisions made?

- Before you actually need the care
- When care is needed right away
- Often. You will likely make multiple decisions about your care because you may need to rethink decisions as your needs, resources, and wishes change

Why so many different choices?

- Because each person is different, with her or his own needs, resources, values, and preferences, so no **one** decision will be right for everyone

Why do you need to make these decisions?

- Because these decisions affect your future and if you do not plan for them, someone else may need to decide for you
- Those closest to you will appreciate knowing that they are carrying out **your** wishes. Conflicts can be avoided when you have made your preferences clear in advance.

How can you make the best decisions?

- By knowing what you need and what you can and cannot do for yourself
- By knowing the kinds of help that are available and whether or not you are eligible for those services

- By discussing your decision with family, others who care about you, and professionals
- By knowing your rights and being informed

II - Involving Families & Other Caregivers

Questions to consider . . .

For the older person:

- *Have I informed others of my wishes regarding care decisions?*
- *Can my family and/or friends offer me any help in the decision-making process?*
- *Do I have family and/or friends in the area who are able and willing to help?*
- *How much help can I reasonably expect from them?*
- *How much help am I willing to accept from them?*
- *Would it be possible to live with family and/or friends if I could no longer care for myself? Would I want to do so?*

For family members and/or caregivers:

- *Am I aware of my spouse/parent/relative's wishes regarding care decisions?*
- *If I am making care decisions for someone else, have I involved her or him in the decision-making process?*
- *Given my responsibilities and time constraints, how much help can I reasonably give? How much am I willing to give?*
- *Would it be possible for the person for whom I am caring to move in with me? Would I want her or him to do so? Have I discussed this with her or him?*

Whether spouses, children, siblings, friends, or others, families and friends are involved in long-term care in many ways. This may consist of:

Helping with making decisions: ranges from simply being informed of an older person's wishes to actually making decisions for older persons who may not be able to do so for themselves

Caring for older people: includes anything from financial assistance to "hands-on" help with tasks like shopping, laundry, or bathing.

Decision-Making

While involving others in this process is important, the decisions are yours to make because ultimately, if you need care, *you* are the one who is most affected by these decisions. By making some decisions ahead of time (prior to an illness or disability) you can help ensure that your wishes will be known and carried out, in case you cannot do so for yourself.

If you are caring for others, it is crucial to involve them in decisions about their care as much as they are able to be involved. People in poor health should be involved in decisions about their lives and their future as much as they are able.

Caregiving

Research has shown that families and friends provide more than 80 percent of the care needed by older people living in the community. Many people also continue in their role as caregiver even after the older person for whom they are caring has entered a long-term care facility. And with people living longer and longer, many caregivers may be older as well. So if you are caring for someone else, whether it is a spouse, parent, sibling, child, other relative, or friend, you are not alone.

Caregiving is an experience that can be both rewarding and overwhelming at the same time. It is natural and normal to have conflicting feelings of love, frustration,

fulfillment, exhaustion, and more while caring for others, no matter what their age.

One of the most important things you can do as a caregiver is to **know your limits**. Many caregivers are balancing work and other family commitments while caring for an older family member, often neglecting themselves in the process of doing so. Taking some time out to care for yourself is your best defense against burnout.

Help is available when you need it. This help can come from a variety of sources: family members, friends, religious organizations, social service and government agencies. It may consist of services for the person for whom you are caring, or for you as the caregiver. The services available for older adults, both at home and in other residences, are detailed later in this guide.

Some services available to help you with your caregiving responsibilities include:

- **Respite Care:** service in which trained professionals or volunteers come into your home to provide short-term care (from a few hours to a few days) for an older person to allow you some time to get out of the house. (See section 4 about respite care and other home care services)

- **Adult Day Care:** programs providing social and recreational activities, supervision, health services, and meals in a single setting to older adults with moderate physical or cognitive disabilities. Programs are typically open weekdays during business hours. (See section 4 for more about adult day care and other community services)

- **Support Groups:** groups of caregivers who come together on a regular basis to share problems and experiences. Groups may be sponsored by social service agencies, senior centers, religious organizations, as well as organizations such as the Alzheimer's Association (1-800-621-0379),

the American Cancer Society (Ohio Division 1-614-889-9565), and the National Multiple Sclerosis Society (1-800-624-8236). *Check with these organizations or in your local newspaper to find a group in your area.*

Family Dynamics

Each family has a unique history and dynamics that affect its decision-making capability. In addition, different people may have different reactions to difficult situations such as the care of a loved one or end-of-life issues such as the withholding or withdrawing of life support. As a result, families may not always agree on what is needed to support an older member.

Some common sources of family conflict include:

- History of poor relationships
- Problems with joint decision-making
- Feelings of guilt or grief
- Unequal division of labor such as one or two persons providing most of the assistance
 - Scarce resources in terms of time, money, and people willing to help
 - Resentment on the part of family members who do not think they have an equal say in making decisions or those who may feel they are doing more than their share.

If you are confronted by any of these issues in your family, one solution might be to hold a family meeting where you can openly discuss these issues. Conflict in families makes difficult decisions even harder, and such families may make poor decisions as a result. Another solution may be to seek outside help from a social worker or other professionals who may be able to mediate and help resolve conflicts.

III - Finding Services

Questions to consider . . .

Which of the following can I do for myself? Which ones require assistance? How much assistance do I need? Which would be less difficult if I had some help?

- dressing*
- transportation*
- housework*
- eating*
- getting around*
- taking medications*
- preparing meals*
- shopping*
- money management*

Are there people nearby (family, friends, etc.) who are able and willing to help me?

An important step in investigating long-term care services is making a determination about the kinds of help you might need. While you are the one who knows best what you need, there are a number of professional services that can help you answer the kinds of questions listed above.

Comprehensive Assessment

Professionals are likely to provide **Comprehensive Assessment Services**. A comprehensive assessment is an organized process for gathering information to determine what types of services you might need and to develop an integrated plan for these services. Assessments may be conducted in your home, in the hospital, in an assessment center or clinic, or in a long-term care facility. Questions about your physical health, your emotional and mental health, your family support system, your living situation, your ability to do things for yourself, as well as the kinds of things you need help with and a physical examination are all usually included in these assessments.

*Where can I get this kind of assessment?
And once I know what I need, who can help
me find these services?*

Area Agencies on Aging

... are 12 regional offices for programs and services for Ohio's older adults. Area Agencies provide information and referral services and are a good starting point for locating services in your area. Area Agencies also house PASSPORT Administrative Agencies (PAAs). *To locate the Area Agency on Aging nearest you, see list on page 21.*

PASSPORT

... is Ohio's home and community-based long-term care service for low-income persons 60 and over. PASSPORT offices also conduct comprehensive assessments for all persons, regardless of income, who are interested in exploring their long-term care options. This service, called "Care Choice Ohio," will provide professional assessments of long-term care needs, as well as help with establishing eligibility for government-funded programs. These assessments can be done either at the time care is actually needed, or when you want to explore options and make plans in advance.

For information about a Care Choice Ohio assessment, contact the PASSPORT Administrative Agency nearest you (see list on page 21).

Geriatric Assessment Centers

... rely on a variety of health care professionals such as physicians, nurses, social workers, dietitians, physical and occupational therapists, and others to conduct comprehensive assessments and to develop recommendations for care. Because of their close ties with health care services, geriatric assessments are particularly appropriate for people with multiple

illnesses and conditions, or complex medical problems. They usually have a geriatrician (a physician who is certified in the care of older people) on staff, and are usually affiliated with a hospital or a university medical school. These centers have access to a wide variety of health and social services.

To locate a geriatric assessment center near you, look under "Senior Services" or "Physicians – Geriatrics" in the Yellow Pages of your telephone directory, or check with your local hospital. To locate a geriatric physician in your area, contact:

*American Geriatrics Society
770 Lexington Ave., Suite 300
New York, NY 10021
Telephone: 1-212-308-1414*

Or look under "Physicians – Geriatrics" in the Yellow Pages of your telephone directory.

Geriatric Care Managers

... are health care professionals who have aging-related expertise and are familiar with the services available to assist with care. They are especially valuable for families who are assisting with care from a long-distance. They usually begin with a comprehensive assessment conducted by a nurse or a social worker. The fees for these services range from \$30 to \$150 per hour to conduct assessments, arrange for services, and monitor the provision of those services. Their services can meet a one time need, or provide ongoing assistance.

To locate a geriatric care manager in your area contact:

*National Association of
Professional Geriatric Care Managers
1604 N. Country Club Blvd.
Tucson, AZ 85711
Telephone: 1-602-881-8008*

Or consult a private care management network.

Eldercare Locator

... is an information and referral service sponsored by the Administration on Aging and is another resource for locating services in your area. By calling toll-free 1-800-677-1116 Monday through Friday from 9 a.m. to 11 p.m. E.S.T., you may be able to obtain information about services in your community.

Word of Mouth

... is an important way to locate services. Talk with others who are using services to find out who provides these services and how well they work. While no one choice is right for everyone, it helps to hear about others' experiences with a particular person, service, agency or facility.

Helpful hints for dealing with service agencies and long-term care facilities:

Try more than one agency. It is usually a good idea to investigate more than one agency or facility when you are seeking services. Different facilities and agencies may offer different services — and at different prices. By exploring more than one, you can find services that best meet your needs and preferences.

Be persistent. In many cases, services or placement in a facility may not be available immediately. There may be a waiting list for services or rooms. These lists may be run on a first come, first served basis, or by need for services. Be sure to ask the agency or facility for an approximate date when services will be available. Also, if you are placed on a waiting list, check back with the agency or facility periodically to see where you are on the list.

Leave messages. Often care managers at service agencies may be busy or out of the office on visits with clients. Therefore, it may be necessary for you to leave a message on your case manager's voice mail (with your

name, phone number, and the nature of the problem or question) so that your case manager will know that he or she needs to get in touch with you. *If there is an emergency, you can usually be connected with another staff member who can assist you.*

IV - What are my Options?

Questions to consider ...

Which of the following are the most (and least) important for me to remain in control of?

- what, where, and when I eat*
- preparing my own food*
- dressing myself*
- choosing what I wear*
- being able to use the toilet and bathe myself*

unassisted

- choosing when I get up and go to sleep*
- walking on my own*
- coming and going as I wish*
- choosing who provides me with assistance*
- being able to lock my door*
- using the telephone, TV, or radio when I*

wish

- maintaining the same activities that I've been doing*
- being able to arrange my own activities*

How important to me is each of the following?

- having mobility*
- being independent and in control*
- maintaining personal privacy*
- being at home*
- being able to have my personal belongings*

with me

- having enough personal living space*
- feeling safe from personal or property crime*
- having reliable care*
- having convenient services*
- having readily available help with housekeeping or personal care*
- having company*

- being with familiar friends and acquaintances
- being in a familiar setting or community
- having a pet

Staying at Home

Many older people choose to stay in their own independent homes or apartments, even when they require some help. Most often, these people do not require 24-hour care and supervision, but do need help with some of the activities that are part of living in a home. If you decide to stay at home, there are a wide variety of services (called home and community-based care or services) designed to help (*refer to the following list*). Not all services listed here are available in all communities. Also, some of these services may be offered free of charge, while some may require you to pay a fee.

- **Adult day care:** Offers socialization, supervision, recreation, health services, and meals in a single community setting to older adults with moderate physical or cognitive disabilities. Programs are typically open weekdays during business hours and may provide transportation.

- **Care/Case Management:** Offers a single point of entry to the service network. Case/care managers assess clients' needs, create service plans, coordinate and monitor services.

- **Chore Services:** Provide assistance with chores such as home repairs, yard work, and heavy housecleaning.

- **Friendly Visitor/Senior Companions:** Programs in which volunteers regularly visit homebound or institutionalized elders to provide socialization, run errands, and generally "check in" with them. Senior Companions receive a modest stipend for their time from the sponsoring agency.

- **Home Health/Personal Care Services:** Include a wide range of health-related services such as assistance with medications, wound care, intravenous (IV) therapy, and help with basic needs such as bathing, dressing, mobility, etc.

- **Home Sharing/Shared Housing Programs:** Usually involve unrelated individuals sharing a home and the chores and expenses included in home ownership. Those sharing the home typically have their own rooms, but share common areas (such as the kitchen). The home may be owned by the persons living there or by a nonprofit organization.

- **Homemaker Services:** Offer help with meal preparation, shopping, light housekeeping, and laundry.

- **Hospice:** Services for the terminally ill provided in the home, hospitals, or long-term care facilities. Includes home health services, volunteer support, grief counseling, and pain management.

- **Mental Health Services:** Variety of services provided to elders, including counseling, therapy, psychiatric evaluation, crisis intervention, and support groups. Issues addressed include depression, grief, anxiety, stress, and more.

- **Nutrition Services:** Include the following:

- **Home-delivered meals (also called Meals-on-Wheels)** - Hot, nutritious meals delivered to homebound older people on weekdays. Can accommodate special diets.

- **Congregate meals** - Hot, nutritious lunches served to older adults in group settings such as churches or synagogues, senior centers, schools, etc. Donations are requested although not required.

Personal Emergency Response Systems (PERS)/lifelines: A call button — usually worn by the older individual — which can be pushed to get help from family, friends, or emergency assistance in case of emergency. The systems can be purchased or rented.

Protective Services: Service provided through county departments of human services which seeks to protect the rights of frail older adults. Investigate cases of abuse and neglect.

Respite Care: Short-term assistance for persons caring for older adults in their homes. Trained professionals or volunteers care for the older person for short periods to allow the caregiver to go out. Amount of care ranges from several hours to several days.

Senior Centers: Provide a variety of on-site programs for older adults including recreation, socialization, congregate meals, and some health services. Also usually good sources of information about programs and services in your area.

Telephone Reassurance: Program in which volunteers call homebound elders on a regular basis to provide contact, support, and companionship.

Transportation/Escort Services: Provides transportation for older adults to services and appointments. May use bus, taxi, volunteer drivers, or van services that can accommodate wheelchairs and persons with other special needs.

To find out more about cost and which services are available in your community, check any of the following:

- Area Agencies on Aging
- American Red Cross
- Local senior service agencies

- Hospital social service departments
- Visiting nurse associations
- County departments of human services
- Local senior centers
- Religious organizations
- Information and referral agencies

Hiring home care workers privately vs. going through agencies

Once you've made the decision to get help in your home, there are two main ways of obtaining this help: by going through a home care agency, **or** by hiring a home care worker privately. When considering this decision, you must know your needs and strengths, what you are capable of, and how much time (and money) you have to deal with this issue.

There are positives and negatives to either option. Hiring privately gives you more freedom and choice in choosing your home care worker. However, the process of hiring someone on your own can be time-consuming, and it may be difficult to find someone whom you can trust and depend on. If you go through an agency, the agency will handle the tasks of hiring, firing, and payroll, but you may have much less freedom in choosing your worker, scheduling, and more.

In order to help you decide which option is right for you, the chart on the next page lists some of the factors involved in hiring privately and going through an agency.

Hiring Privately

- may be less expensive than an agency
- you are responsible for hiring, training, supervising, and firing the home care worker
- you get to choose the worker who is most compatible with you and your situation
- you may have more flexibility in terms of scheduling

- you must find a back-up worker if the person that you hire is sick or on vacation
- you pay the worker and must deal with the taxes and forms that go with this responsibility (such as Social Security/FICA contributions and Workers' Compensation)
- you are responsible for giving feedback to the worker and reviewing her or his performance periodically
- you may need to have liability insurance if the worker injures herself or himself on the job
- you might have to hire more than one worker

Going through an Agency

- often more expensive to cover administrative costs
- the agency hires, trains, supervises, and fires the worker
- you may have less input (if any) in choosing the home care worker assigned to you
- you may have less flexibility in terms of hours and scheduling
- the agency is responsible for getting a replacement if the worker is sick, on vacation, or quits
- the agency is responsible for paying the worker, handling taxes, etc.
- the agency handles performance review of the worker
- the agency handles liability and insurance issues with regard to the worker
- the agency will provide coordination if you need multiple services

Some tips for working with your home care worker (however you decide to hire her or him) ...

- *Be open and honest about what you expect from your home care worker.* Someone coming into your home for the first time will not automatically know your routine, what you want done, how you want it done, your likes, dislikes, house rules, etc.

So it is up to you to make your preferences known.

- *Keep your expectations reasonable.* Home care workers may have strict restrictions on their time, or on what they can and cannot do, as dictated by the agency that employs them. Working out the tasks that he or she will do may require some negotiation.

- *Give prompt feedback in a positive and constructive way.* People sometimes make mistakes. You and your home care worker are no exception to that. When this happens, prompt, constructive feedback can help to resolve the situation. Saying "This is how I usually cook this," rather than "You didn't cook this right" is an example of a more positive, constructive approach.

When you are pleased by the way things are done, let your worker know. A simple "Good job" can go a long way in making your worker feel appreciated.

- *Keep the lines of communication open.* Listening to your home care worker is important as well. At times, home care work can be frustrating and difficult, and there is a great deal of burnout among workers. By keeping the lines of communication open, you can help to maintain the relationship with your home care worker for a longer period of time.

Moving to a new residence

For some older people, remaining in their homes may not be the best option for a number of reasons.

- they may require more assistance than can be provided reasonably and/or affordably by family members or by home care professionals
- their homes may no longer be safe or comfortable places to live
- they may not have family or friends in the area to provide care or support

- they may decide that they want to move to a place where they can receive some services (whether now or in the future)

- they may no longer be willing or able to maintain a home.

The process of choosing a new home is basically the same whether it is earlier or later in life. First you must want or need to move and know the options that are available to you. Next you need to consider your needs, values, and preferences, and identify those which are most important to you (the questions on page 10 can help you do that). Finally you must match these needs, values, and preferences to your options.

There are many different types of housing available to older adults – some provide services on site, some do not. There are two basic types of services provided by these facilities:

1. **Personal Care Services** - assistance with what are called “activities of daily living” (bathing, dressing, using the toilet, transferring in and out of a bed or chair, eating, walking) as well as with self-administration of medications and preparing special diets

2. **Skilled Nursing Care** - a “higher level” of care (such as injections, catheterizations, and dressing changes) provided by trained medical professionals, including nurses, doctors, and physical therapists.

Many housing options are regulated and licensed by the state of Ohio. Refer to the following list:

- **Congregate/Retirement Housing:** Individual rental units (apartments) in which residents receive some services, such as a daily meal with other tenants. (Other services may be included as well.) Buildings usually have some common areas such as a dining room and lounge as well as additional safety measures such as

emergency call buttons. Some buildings may be rent-subsidized (known as Section 8 housing).

- **Independent Living Facility:** Rental units in which services are not included as part of the rent, although services may be available on site which may be purchased by the resident for an additional fee.

- **Board and Care Home/Adult Care Facility/Shared Group Home:** Residence which offers housing and personal care services for 3 to 16 residents. Services (such as meals, supervision, and transportation) are usually provided by the owner or manager. May be single family home.

- **Continuing Care Retirement Communities (CCRCs):** Communities offering multiple levels of care (independent living, assisted living, skilled nursing care) housed in different areas of the same community. CCRCs have residential services (meals, housekeeping, laundry, etc.), social and recreational services, health care services, personal care, and nursing care. Residents can remain in the same community if their needs change. They require payment of a monthly fee and possibly a large lump-sum entrance fee.

- **Assisted Living/Residential Care Facility/Rest Home:** Residences which provide a “home with services.” Residents have private locking rooms (only shared by choice) and bathrooms. Personal care services are available 24 hours a day.

- **Nursing Home:** Residences licensed by the state to offer residents personal care and skilled nursing care 24 hours a day. They provide nursing care, personal care, room and board, supervision, medication, therapies and rehabilitation. Rooms are often shared with communal dining areas.

They may include **Special Care Units** with services specifically for persons with Alzheimer's Disease, dementia, head injuries, or other disorders.

Pre-Admission Review

Older Ohioans requesting admission to a Medicaid-certified nursing facility *must* receive approval from their PASSPORT office before they may be admitted. This approval, often called a Pre-Admission Screen, is a federal requirement to ensure that nursing home residents who need mental health services are identified at admission.

People living independently in the community who wish to enter a nursing home are required to have an additional Pre-Admission Review. This Pre-Admission Review ensures that community and home-based long-term care options are presented to all older people who are able to take advantage of them.

The Pre-Admission Screen and Pre-Admission Review may be done at the same time with a social worker or registered nurse. *For further information, contact the PASSPORT Agency nearest you (see list on page 21).*

V - Financial considerations

Questions to consider . . .

- *What do services in my area cost?*
- *How much can I afford to pay for services?*
- *Am I covered by Medicare - Part A?*

Part B?

• *Am I covered by any other health insurance or long-term care insurance? If so, what will these cover?*

• *Am I covered by or will I financially qualify for Medicaid?*

• *How important is it to me to save money to leave it to my heirs?*

The cost of long-term care services — whether institutional or home-based — is an important consideration in the decision-making process. Prices for both home-based and institutional services vary greatly depending on the area in which you live and the organization providing these services.

Long-term care services are not available to just low-income people. While some government programs such as Medicaid may only offer services to those with low-incomes, many programs and agencies provide services to **all** persons, on a sliding-fee basis, which means that people are charged for services based on their income and ability to pay. (However, people who can pay privately will usually have a greater variety of service providers from which to choose, since some service providers do not participate in Medicare and/or Medicaid.)

Most of the cost of long-term care is typically paid by consumers and their families. However, there are a variety of programs and policies that can help you with some of your costs. Two of these programs, Medicare and Medicaid, are outlined here in detail.

Medicare

What is it?

Medicare is the federal health insurance program for persons age 65 and over (and certain disabled persons under age 65).

How does it work?

There are 2 parts: **Part A** (hospital insurance) and **Part B** (medical insurance).

If you are eligible for Social Security benefits (including disability benefits), you may apply for Medicare. You may choose not to receive Part B, but you must state this when you are applying.

How much does it cost?

You do *not* pay a premium for **Part A** if you are eligible for Medicare. You may have to pay yearly deductibles or co-payments for hospital care or skilled nursing care. You may also purchase Part A benefits, if you are 65 and do not otherwise qualify for Medicare benefits (as long as you meet certain criteria) **or** if you are under 65, are disabled, and have received Social Security disability benefits.

To receive **Part B**, whether or not you are eligible for Part A, you must pay a monthly premium as well as deductibles and co-payments.

What does it cover?

Part A covers hospitalization, hospice care, some skilled nursing care, and some home health care from a Medicare-certified home health care agency. Specifically, it covers:

- All costs for days 1 through 20 of skilled care in a skilled nursing facility (SNF) after 3 consecutive days in a hospital (and within 30 days of your discharge from the hospital) during a benefit period
- All costs over the daily coinsurance amount for days 21 through 100 in an SNF in a benefit period
- hospice care
- **medically necessary** home health visits from a Medicare-certified home health agency if you meet the following criteria:
 - *you need intermittent skilled nursing care, physical therapy, or speech therapy;*
 - *you are under a doctor's care;*
 - *you are confined to your home.*
- 80 percent of the Medicare approved amount for durable medical equipment (such as a hospital bed or wheelchair)

Part B covers all but 20% of necessary medical services and equipment, such as: doctors' fees; physical, occupational, and speech therapies; durable medical

equipment (such as hospital beds and wheelchairs); and X-rays and lab tests.

What about long-term care?

Despite what most people think, **Medicare covers only a small proportion of the long-term care services you may need if you have a chronic illness or disability.** Most importantly, it will not cover "personal or custodial" care or supportive services — such as a homemaker or Meals-on-Wheels — at home or in a nursing facility (if this is the main reason for your stay there).

How can I find out more?

For more detailed information about Medicare, contact your local Social Security office or consult any of the publications or guides about Medicare on the list in the pocket on the back cover of this guide.

Medicaid

What is it?

Medicaid is a federal- and state-funded program of medical assistance to low-income individuals of all ages.

How does it work and how much does it cost?

Services under Medicaid are free. But financial eligibility requirements are strict, and may require you to "spend down" (use up) your assets, income, and savings until you reach the eligibility level. Different asset and income levels apply depending on whether you are receiving care at home or in a nursing facility. Requirements vary from state to state and change each year, so it is wise to check with your County Department of Human Services to find out the current state requirements, rules, and restrictions.

What does it cover?

- All care provided in a Medicaid-certified nursing facility

- Home health care including nursing care, physical therapy and related services
- Other home services such as homemakers and chore services
- Hospital Care
- Physician care (including podiatrist, psychologist, optometrist, chiropractor)
- Dental Care
- Hospice Care
- Community mental health services
- Medical Transportation
- Prescription Drugs
- Some assistive devices including eyeglasses, dentures, and hearing aids
- The cost of some Medicare Part A and B premiums, deductibles, and co-payments, if you are financially eligible (called the **Qualified Medicare Beneficiary or Special Low-Income Medicare Beneficiary** program)

What about long-term care?

Medicaid will generally cover all long-term care expenses in a Medicaid-certified nursing facility or through PASSPORT's Home and Community-Based Services if you are financially and medically eligible.

How can I find out more?

For additional information about Medicaid, contact your County Department of Human Services or consult any of the publications or guides about Medicaid on the list in the pocket on the back cover of this guide.

There are also other programs and insurances that will help you pay for your long-term care. Some of these are described below:

Medigap

Medigap insurance (also called Medisup insurance) is a supplement to Medicare. It is designed to fill in the "gaps" left by Medicare (such as co-payments). Medigap

insurance may pay for some limited long-term care expenses, depending on the benefits package that you purchase. These expenses include: the Medicare co-payment for days 21 to 100 in a skilled nursing facility and an "at-home recovery benefit" which may supplement home health care covered by Medicare. *You can receive more information about such coverage through OSHIIP, the Ohio Senior Health Insurance Information Program (see p. 13) or your insurance agent.*

RSS:

Residential State Supplement

The Residential State Supplement Program is a state-funded program which gives cash assistance to older persons and to blind and disabled persons of all ages who are Supplemental Security Income (SSI) recipients and who do not medically qualify for nursing home placement, but who live in other approved group living settings such as board and care homes and adult foster homes.

There is an income eligibility requirement (which changes periodically) for receiving RSS. *Your County Department of Human Services can provide you with more specific information about RSS requirements.*

• *Long-Term Care Insurance*

Long-term care insurance policies are not designed to replace Medicare or Medigap/Medisup insurance. The purpose of long-term care insurance is to pay for long-term care services (such as nursing home and home care) that Medicare and Medigap policies do not cover. However, policies vary in terms of what they will cover, and may be expensive. In addition, you may be denied coverage based on your health status or age.

For further information, contact OSHIIP, the Ohio Senior Health Insurance Information Program.

The Ohio Senior Health Insurance Information Program (OSHIIP), sponsored by the Ohio Department of insurance, provides free information and advice about health insurance, including Medicare, Medicaid, Medigap, long-term care and other health insurance. Check the phone book, your local OSHIIP center, or call (toll-free): 1-800-686-1578.

Veterans' Affairs

Veterans' Affairs offers a variety of benefits to veterans, and in some cases, their families. These services are provided by VA medical centers around the country and consist of:

- nursing home care
- hospital-based home care

Contact your local or state V.A. office (in Ohio, call toll-free: 1-800-827-1000) for further information.

VI - Legal Matters

Questions to consider . . .

- *How much power over my affairs am I willing to give to another person?*
- *At what point might I be willing to give up my decision-making powers?*
- *Who is the person that I will designate to manage my affairs?*

Planning ahead is extremely important when it comes to legal issues such as the management of your personal and financial affairs, in the event that you can no longer handle things for yourself. By thinking about these issues early on, you can avoid conflict in the long run, and can make your wishes known about who should handle your affairs

and how you wish them to be handled. When you are making these decisions, it is necessary to work with an attorney who has knowledge of these issues and who can give you sound advice about how to best carry out your wishes. In recent years, a new area of practice called "Elder Law" has come into practice. "Elder Law" and other attorneys, can help you figure out what option or arrangement is best for you. The decisions you make must be set down in writing, as verbal agreements may be misinterpreted or disputed later on.

To locate an elder law attorney in your area, contact:

*National Association of Elder Law Attorneys
1604 N. Country Club Rd.
Tucson, AZ 85716
Telephone: 1-602-881-4005
Or contact your local bar association.*

You can keep as much or as little of your decision-making power as you wish. There are a variety of different options that can be used depending on your situation. These include:

- ***Durable Power of Attorney:*** This document names a person (called an "attorney-in-fact") who will act as your agent and who will make decisions on your behalf, if you are incapacitated or declared incompetent. You can restrict this person's power to specific areas or it can cover broad decision-making responsibilities. In Ohio, you can set up what is called a "springing" durable power of attorney which means that the durable power of attorney only comes into effect at a specified time in the future or if some specified trigger is activated, such as your being declared incompetent.

- ***Guardianship:*** In the event that you have not named a surrogate decision maker to act on your behalf, the court may appoint

a guardian for you if you become incapacitated or are declared incompetent. This guardian may or may not be a person who knows you, depending on your situation at the time of the appointment.

- **Conservatorship:** Conservatorship is also called limited guardianship because the person appointed by the court is only allowed to make decisions about your property (which may range from check-cashing privileges to being able to sell property). Generally, this option will be used if you are unable to manage your own affairs but have not been declared legally incompetent.

- **ProSeniors** is a Cincinnati-based legal advocacy organization for older adults in the state of Ohio. They sponsor a toll-free legal hotline (open Monday through Friday from 8:30 a.m. to 4:30 p.m.) through which you can receive free legal advice and information about a variety of topics if you are over age 60 and live in Ohio (or care for someone who fits those qualifications). If they cannot answer your question over the phone, they will refer you to an attorney who can help you (at a fee that you can afford). *Their legal hotline number is: 1-800-488-6070, or in the Cincinnati area, 1-513-621-8721.*

Health Care

Questions to consider...

- *What are my options regarding life-sustaining treatment such as cardiopulmonary resuscitation (CPR), artificial nutrition and hydration (tube feeding), and life support systems (such as respirators and ventilators)?*
- *What are my wishes regarding life-sustaining treatment?*
- *Have I informed my family, friends, doctor, hospital, and/or attorney about my wishes?*

- *Whom do I want to make health care decisions for me in the event that I am unable to decide for myself?*
- *Have I stated my decision in writing (such as in a living will or durable power of attorney for health care)?*

Decision-making about end-of-life issues is often very difficult to consider and discuss with your family or even your doctor. However, it is crucial to consider your wishes regarding end-of-life medical treatment, and even more important to talk about your choices with your family and your doctor. By discussing these matters before a crisis occurs, you give others the knowledge that can help them to make medical decisions for you according to your wishes in the event that you cannot do so for yourself. Knowing they are carrying out your wishes is helpful to families faced with these difficult decisions.

There are many options for you to consider in terms of such medical treatment. Your doctor or other medical personnel should be able to provide you with information and to explain these options to you.

Advance directives vary from state to state. You should consult your attorney or county medical society in order to obtain these forms. In addition, all Medicare- and Medicaid-funded health care facilities (including hospitals and nursing homes) are required by law to provide you with written information about advance directives and about their facility policy regarding life-sustaining treatment upon admission.

Being a long-term care consumer

Many people, when shopping for a large item such as a house or car, spend some time preparing for this purchase by considering what they need, gathering information about what they want to buy,

“shopping around,” and asking the salesperson a number of questions. The process is similar when you are looking for long-term care services.

Through the first six sections of this guide, we have provided information about the process of making decisions about your care needs as well as your service options and people who can assist you in this process. *Starting on page 17, you will find questions that you might think about asking when you are investigating different home care providers or long-term care facilities.*

However, once you’ve started to receive services, your job as a long-term care consumer does not end. Whether you are receiving services in your present home or in another residence, *you* are the best judge or monitor of the quality of those services. You have a right as a service recipient to receive the best care possible.

Certain providers or living arrangements may not work out for any of a number of reasons. Sometimes people who are receiving services are reluctant to complain for fear that they might lose their services. However, the people providing your services may not be aware that there is a problem, and the problem itself might be easy to solve. So talking with someone about the problem is a good idea.

Part of being an effective consumer is knowing whom to talk with if there are problems with your “purchase.” Be sure to gather the facts before discussing the problem with anyone. An AARP resource lists the following steps in reporting a problem:

✓ Ask for information about why things happen the way they do, what options for change are available, and what kinds of compromise can be reached.

✓ Be firm but open in your approach with an attitude of “we can solve this thing together.” Be assertive but try not to put anyone on the defensive.

✓ If you are able, keep dated notes on the problem as well as your subsequent conversations with the providers. Then, if something is agreed to, you have notes to refer to if the problem continues.

✓ Try to solve the problem directly with the worker or organization before seeking outside help.

It is best to first speak with the staff person(s) involved when trying to resolve a problem. That staff person is probably the one closest to the problem, and may best be able to fix it. This type of approach will also help to keep you on good terms. (No one likes it when someone complains to her or his supervisor without having tried to resolve it with her or him first.)

If you have problems with an organization’s policies, talking with a manager or someone in charge may help resolve the problem. However, if the problem is not resolved, you may need to take further action.

If you are receiving home care services through an agency, here is a list of people in the order in which they should be contacted if there is a consistent problem with your services:

1. Staff person/home care worker involved
2. Your case manager
3. Home care agency administrator
4. Long-term care ombudsman
5. State licensing and certification office if the agency is Medicare-certified (in Ohio, the state Department of Health - call 1-800-342-0553)

If you are receiving services in a long-term care facility, here are the people whom you should contact (in the order in which they should be contacted) if there is a consistent problem with your services:

1. Staff person involved
2. Her/his supervisor
3. The director or administrator
4. Resident or family council (if one exists)
5. Long-term care ombudsman
6. State licensing and certification office in Ohio, the state Department of Health, call **1-800-342-0553**.

One of the people whom you can contact as a “last resort” about a problem with long-term care service (home-based or institutional) is a long-term care ombudsman. Ombudsmen are trained volunteers or professionals who can assist you (free of charge) in solving long-term care problems. They check into complaints and will work with you and the provider to resolve the problem. There is a state hotline sponsored by the Ohio Department of Aging. It is as follows: **1-800-282-1206**

To locate the Ombudsman office nearest you, see list on page 21.

Summary

The process of making long-term care decisions can be a confusing one. There are many factors to be considered in this decision: your family and friends, the service options available to you in your area, and most importantly, your values, needs, and preferences.

It is a process that requires time – time to examine your own needs and desires, time to consult professionals in this field, time to talk with others who have been through this process, time to investigate your service options and make comparisons, and time to prepare for these changes in your life. Your best preparation for this process is being informed, both about what you want and need, and the choices you have.

It is important to remember that your first decision about long-term care is not always going to be your last. You may have to revisit and rethink these decisions if your services need change or if things don't work out the way you hoped.

However, as difficult as this task may seem, it is not one that you need to go through alone. As this guide points out, there are many people who can work with you as you make these decisions. By knowing yourself and by using the resources available to you, you can make the decisions that are best for you.

Making decisions is not the last step, however. Carrying out those decisions requires additional time and dedication to your task. Visiting nursing homes and calling home care agencies can be time-consuming. Family meetings can be difficult, particularly if not everyone agrees with your choices. But making a plan, putting the necessary pieces in place, and letting the others know your wishes are the only way for you to take charge of these important choices.

Suggested questions to ask ... at a nursing home:

- Is the facility licensed by the Ohio Department of Health?
- Is the facility Medicare-certified? Medicaid-certified?
- Are there any openings in the facility? If not, how is the waiting list handled?
- How long are beds held if I am in the hospital?
- What services and supplies are included in the basic daily rate? Which are charged above the daily rate? (**Ask for a written schedule of charges**)
- What is the refund policy if I leave or am discharged during the middle of the month?
- How are roommates selected? If roommates are incompatible, can they be changed? How does this work? How quickly can this happen?
- How are complaints resolved?
- Is there a Residents' Council? A Family Council?
- What procedures do you follow if my property is lost or stolen? What procedures do you follow to prevent theft?
- Does the facility contract with a local hospice for care of the terminally ill? How do they handle pain control?
- How will you use my living will or durable power of attorney for health care?
- If I refuse a treatment or refuse to eat, will you comply with my wishes?
- How do residents and families participate in care plan development?
- Does the facility offer special therapies such as mental health services, physical therapy, occupational therapy, speech therapy, or respiratory therapy? Are these provided by licensed professionals? How often do they come to the facility?
- Is there a focus on helping residents to be as independent as possible in activities of daily living such as bathing, dressing,

getting around, etc.?

- Has the facility developed programs for special problems such as incontinence and bed sores?
- What is the policy about the use of physical or chemical restraints?
- Is the facility staffed with at least one RN or LPN on each shift?
- Does the nursing staff include nurses who specialize in skilled nursing care, subacute care, or working in specialized care units?
- Are aides certified and fully trained before they are hired?
- Is there a social worker on staff? An activities director?
- Are the activities that I enjoy available?
- Are there activities available for groups and individuals to meet the needs of a wide variety of residents?
- Are religious activities of my faith available in the facility?
- Is the facility conveniently located in an area where friends and family can visit?
- Are there opportunities for me to participate in activities outside the facility?
- Will the facility suit my usual or preferred lifestyle? Will they accommodate my preferences about such things as when I get up in the morning and go to bed at night, when I take a bath or shower, etc.?
- Will the facility meet my food preferences with my prescribed diet?
- Is there a menu selection offered?

When visiting, here are some things to look for:

- Are the building and equipment clean and without odor?
- Are the halls well-lighted and spacious?
- Do dining rooms and public spaces easily accommodate wheelchairs and walkers with other furniture?

- Is there space where residents and visitors can have privacy?
- Do rooms have enough windows?
- Do rooms have adequate space for clothing, personal belongings, and visitors?
- Are residents' light switches and call bells easy to reach?
- Are bathrooms easy to get to and equipped with safety devices?
- Is the staff pleasant and responsive to residents and visitors? Do they treat residents with dignity and respect?
- Are residents well groomed and neatly dressed?
- Are call bells promptly answered?
- Are residents (if able) out of their rooms and engaged in conversation or other activities?
- Are meals attractively served? Do staff members promptly and courteously assist residents who need help with eating?

Suggested questions to ask home care agencies:

- How long has your agency been serving the community?
- Is your agency licensed and accredited? If so, by whom?
- Is your agency Medicare-certified?
- What is your funding source? Are you a for-profit or not-for-profit agency?
- What geographic area do you serve?
- What types of services do you provide?
- What is your assessment process like? How do you determine what services are needed? Who does the assessment? How will I/we be involved in this process?
- Do you provide literature explaining your services, my rights, eligibility requirements, fees, funding sources, etc.,?
- Do you develop a written plan of care? How will I/we be involved in developing this plan? How often is this plan updated?

- Do you educate clients/families on the types of care being provided?
- What are your minimum/maximum hours of service in a day or week?
- Are there service limitations in terms of tasks performed?
- Are there service limitations in terms of times of the day/hours in a day? Are workers available 24 hours a day/7 days a week?
- How much choice do I have over my hours of service?
- How soon can a worker begin? Do you have a waiting list?
- How do you select or screen your workers prior to employment?
- What kind of general training do they receive? What kinds of specialized training do they receive (e.g. caring for people with dementia)?
- Are workers protected with benefits packages, liability and malpractice insurance?
- Who pays the worker (agency or client)?
- Who supervises workers? How often do supervisors visit?
- Whom do I call if the worker does not show up? How do you handle getting me a replacement worker?
- What are your fees? What do they cover?
- Do you have a sliding fee scale or subsidized service?
- Do you provide clients with a written statement of costs and payment plan options?

Suggested questions to ask at other residences

- Is the home/facility licensed? If not, why not? Are licenses up to date?
- What is the facility's basic monthly rate?

What services are included in this basic rate? How much does each extra service cost? (Ask for a written schedule of charges)

How much notice is given if an increase in rent or services occurs?

What type of billing process does the home/facility use?

Will I have to leave the home if I need more services? Who makes that decision and how would that decision be reached?

Will staff assist me in finding a new place if it becomes necessary for me to move?

If I have a prolonged hospital or nursing home stay, will I have to continue to pay for my unit while I am away? How long will my unit be held for me?

How much notice will I be given if I am asked to leave?

How much notice must I give if I plan to move out?

What are the home/facility's refund policies if I should move out in the middle of the month?

Do I know people who live nearby? Is it located in an area where friends and family can visit?

Is the home/facility near shopping or recreational facilities with which I am familiar and prefer? Near my place of worship?

Does the home/facility arrange for transportation for residents? If not, is safe, reliable public transportation available?

What services does the home/facility provide? If I need other services, will the home/facility help me to arrange these?

What outside agencies does the home/facility have arrangements with or access to? Can some services be provided by family members?

Does the home/facility provide a written care agreement or service plan for each resident? How is this plan developed? Who is involved in this (me, my family, social worker, my doctor)?

Are there restrictions about the use of alcohol and tobacco? About having pets?

Are guests allowed? What are visiting hours? Is there a private space for get togethers?

Can I bring my own furnishings?

What meals are provided? When are they served? If I miss a meal, will the home/facility provide a meal for me when I return?

Can special dietary needs be met?

Can I keep snacks in my room?

Are kitchen privileges extended to residents?

Are residents' ethnic and cultural food preferences honored?

Things to look for when visiting or touring residences:

Do staff treat residents with dignity and respect?

Are residents' rights posted?

(If the home/facility supervises or assists with medications) How are medications stored? Are records kept about the residents' use of medications?

Is the home/facility clean and free of odor? Is it comfortable and attractive?

Are the activities that I enjoy available?

Are there activities available for groups and individuals to meet the needs of a wide variety of residents?

Are there opportunities for me to participate in activities outside the facility?

Is there adequate space for socialization and recreation?

Will I have enough privacy? Will I have enough opportunity to socialize?

Do I like the neighborhood where the home/facility is located? Does it seem safe during the day? At night?

Is the home/facility clean and in good repair?

Is fire safety equipment present (fire extinguishers, smoke detectors, sprinkler system) Are exits readily accessible?

Are bathrooms and bathtubs easily accessible? Are they equipped with railings and other safety features?

Is there an emergency response or "call" system in the home/facility? Can it be accessed from multiple locations in the facility (especially the bathroom)?

Are staff trained to respond in case of emergency?

Is someone on duty or available 24 hours a day, if needed? Is there an emergency call service?

It is a good idea to talk with a variety of people when you are visiting various residences, including the administrators/managers, residents, and their families, in order to get different perspectives. The administrator/manager can answer most of the questions listed here; however, it is also a good idea to ask residents and their families some of these questions as well, particularly those about quality of care, life at the residence, activities, food, relationships with staff, and other such issues. Also, it is helpful to visit at different times of day, including meal time if possible. If the facility is licensed, ask to see the most recent inspection report.

See the following list to locate your local Area Agency on Aging, Ombudsman, Care Choice Ohio or PASSPORT agency:

Akron-Canton

*Serving Portage, Stark,
Summit & Wayne counties*
Area Agency on Aging, PSA 10B:
330/896-9172 or 1/800-421-7277

Ombudsman:
330/896-9172 or 1/800-421-7277
Care Choice Ohio/PASSPORT:
330/896-9172 or 1/800-421-7277

Cincinnati

*Serving Butler, Clermont, Clinton,
Hamilton & Warren counties*

*Council on Aging
of the Cincinnati Area, Inc.:*
513/721-1025 or 1/800-252-0155
Ombudsman:

513/345-4160 or 1/800-488-6070
Care Choice Ohio/PASSPORT:
513/345-8643 or 1/800-252-0155;

Cleveland

*Serving Cuyahoga, Geauga, Lake, Lorain
& Medina counties*

Western Reserve Area Agency on Aging:
216/621-8010 or 1/800-626-7277

Ombudsman:
216/696-2719 or 1/800-365-3112
Care Choice Ohio/PASSPORT:
216/621-0303 or 1/800-626-7277

Columbus

*Serving Delaware, Fairfield, Fayette, Franklin,
Licking, Madison, Pickaway & Union counties*

Central Ohio Area Agency on Aging:
614/645-7250 or 1/800-589-7277

Ombudsman:
614/221-5891, ext. 236 or 1/800-536-5891
Care Choice Ohio/PASSPORT:
614/645-7250 or 1/800-589-7277

Cambridge

*Serving Belmont, Carroll, Coshocton, Guernsey,
Harrison, Holmes, Jefferson, Muskingum
& Tuscarawas counties*

Area Agency on Aging Region 9:
740/439-4478 or 1/800-932-7277

Ombudsman:
330/364-3465 or 1/800-967-0615
Care Choice Ohio/PASSPORT:
740/432-6600 or 1/800-932-7277

Dayton

*Serving Champaign, Clark, Greene, Darke,
Logan, Miami, Montgomery, Preble
& Shelby counties*

Area Agency on Aging, PSA 2:
937/341-3000 or 1/800-258-7277

Ombudsman:
937/223-4613 or 1/800-395-8267
Care Choice Ohio/PASSPORT:
(in Clark, Greene, Montgomery counties):
937/341-3063 or 1/800-258-7277
Care Choice Ohio/PASSPORT:
(in Champaign, Darke, Logan, Miami, Preble
& Shelby counties)
937/498-4593 or 1/800-521-6419

Lima

*Serving Allen, Auglaize, Hancock, Hardin,
Mercer, Putnam & Van Wert counties*

Area Agency on Aging:
419/222-0563 or 1/800-653-7778

Ombudsman:
419/222-0563 or 1/800-653-7778
Care Choice Ohio/PASSPORT:
419/222-6310 or 1/800-653-7277

Mansfield

*Serving Ashland, Crawford, Huron, Knox,
Marion, Morrow, Richland, Seneca
& Wyandot counties*

Ohio District 5 Area Agency on Aging, Inc.:

419/524-4144 or 1/800-860-5799

Ombudsman:

419/526-6565 or 1/800-686-1639

Care Choice Ohio/PASSPORT:

419/524-4144 or 1/800-860-5799

Marietta

*Serving Athens, Hocking, Meigs, Monroe,
Morgan, Noble, Perry & Washington counties*

**Area Agency on Aging Buckeye Hills-
Hocking Valley Regional Development**

District:

740/374-9436 or 1/800-833-0830

Ombudsman:

740/374-9436 or 1/800-833-0830

Care Choice Ohio/PASSPORT:

740/373-6400 or 1/800-331-2644

Rio Grande

*Serving Adams, Brown, Gallia, Highland,
Jackson, Lawrence, Pike, Ross, Scioto
& Vinton counties*

Area Agency on Aging District 7, Inc.:

740/245-5306 or 1/800-582-7277

Ombudsman:

740/353-8083 or 1/888-841-2227

Care Choice Ohio/PASSPORT:

740/245-5306 or 1/800-582-7277

Toldeo

*Serving Defiance, Erie, Fulton, Henry, Lucas,
Ottawa, Paulding, Sandusky, Williams
& Wood counties*

Area Office on Aging of Northwestern

Ohio, Inc.:

419/382-0624 or 1/800-472-7277

Ombudsman:

419/259-2891 or 1/800-542-1874

Care Choice Ohio/PASSPORT:

419/382-0624 or 1/800-472-7277

Youngstown

*Serving Ashtabula, Columbiana,
Mahoning & Trumbull counties*
District XI Area Agency on Aging:

330/746-2938 or 1/800-686-7367

Ombudsman:

330/746-2938 or 1/800-589-5826

Care Choice Ohio/PASSPORT:

330/746-2938 or 1/800-686-7367

Taking Charge

**... was made possible
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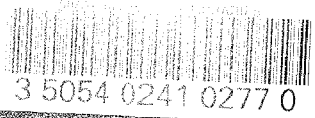
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