

**DISABILITY IN OHIO:
LONG-TERM CARE
PROVIDERS & PROGRAMS**

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January 2009



Denise Brothers-McPhail is a doctoral candidate in the social gerontology program at Miami University. She had been a research associate at the Scripps Gerontology Center and was involved in evaluating the PASSPORT program for the State of Ohio, producing media training materials to teach case managers how to collect service satisfaction data from home- and community-based service clients, and served as project manager on the seventh wave of the Ohio Longitudinal Study. Currently Denise's general area of interest is gender and aging. Specifically, she is interested in how changes along the life course can challenge and alter traditional gender relations and roles. Her research interests have also included men and caregiving, older women and physical activity, and later-life partnerships.



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This research was funded as part of a grant from the Ohio General Assembly, through the Ohio Board of Regents to the Ohio Long-Term Care Research Project. Reprints available from the Scripps Gerontology Center, Miami University, Oxford, OH 45056; (513) 529-2914; FAX (513) 529-1476;
<http://www.units.muohio.edu/scripps/research/publications/providersprograms.html>

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Acknowledgments

We wish to acknowledge the invaluable assistance of staff from several agencies. Without their help, this summary report would have been impossible to produce. We very much appreciate their kind help in providing data and clarifying many details. Since help came from so many sources, practicality allows us to thank them only by agency name.

Ohio Department of Aging
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Mental Retardation and Developmental Disabilities
Ohio's Area Agencies on Aging

The following people from the following agencies helped by reviewing program summaries:

Ohio Department of Aging

Hope Roberts
Judy Patterson
Gayle Lee
Jeremy Newman
Brenda Lovenshimer
Shirley McGlone

Ohio Department of Mental Retardation and Developmental Disabilities

Mark Smith
Kathleen Luebbert

Ohio Department of Job and Family Services

Jennie Nickel
Susan Fredman
Sara Abbott

In addition, we wish to thank many of Ohio's adult day service centers and adult group home providers for their willingness to participate in our project. Finally, we would like to thank Robert Applebaum and Jane Straker for their review of this report.

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PREFACE

Recent census reports indicate that Ohio's larger cities and the state as a whole are experiencing slow population growth. This phenomenon is mostly due to out-migration caused by changes in Ohio's economy. Despite small growth rates overall, the number of people over age 60 and those who have a disability in Ohio are increasing.

In three reports, the Scripps Gerontology Center examines Ohio's population with a chronic disability. These reports estimate the current and projected size of Ohio's population with a disability and the need for long-term care services and supports. The reports also explore the current capacity of the state to meet these needs, and how state policy combined with medical, social, and environmental advances could affect the size of the population with long-term care needs.

The first report, *Disability in Ohio: Current and Future Demand for Services* (<http://www.units.muohio.edu/scripps/research/publications.html>), estimated the number of people who were disabled in 2007, of all ages and disability types, and projected the size of this population to the year 2020. Since some people with a disability are unable to care for themselves and require long-term care services and supports, the initial report also explored the demand for long-term care and the public and private (out-of-pocket) costs of providing such services if Ohio's disabled population continues to use the system as they currently do.

This report, *Disability in Ohio: Long-Term Care Providers & Programs*, describes the range of options used in Ohio's long-term care system. For each provider or program, we report the eligibility requirements, consumer characteristics, capacity, utilization rate, average monthly cost of care, and major payers for services. The programs and providers include Medicaid waiver programs, nursing facilities, adult day service providers, residential care or assisted living facilities, intermediate care facilities for persons with mental retardation, and home- and community-based providers.

In the third report, *Disability in Ohio: Scenarios That Could Alter Future Long-Term Care Demand* (forthcoming), we used a simulation process to examine how the demand for formal long-term care services changes if any of the following vary in the future: net migration rate; prevalence of disability among the population of all ages; the ability of family members to provide caregiving; and consumers' preferences for long-term care services.

Ohio's Long-Term Care Providers and Programs at a Glance

	Page #	Ages Served	Level of Care (LOC) [†]	Number Served	Number on Waiting List	Requires Medicaid Eligibility	Average Monthly per Person Cost
Residential Providers							
Adult Foster Homes	8	18+	Protective LOC	Beds 156 Residents Unknown	NA	No	NA
Adult Care Facilities or Adult Group Homes	10	18+	Protective LOC	Beds 5156 Residents Unknown	NA	No	\$800-\$1,670
Residential Care/ Assisted Living Facilities	12	All	All	Beds 38,125 Residents 25,201	0	No	\$4,800- \$7,260
Nursing Homes	14	All	NH LOC	Beds 91,000 Residents 79,625	0	Yes for some	\$4,890- \$10,530 Based on care needs and payer
Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)	16	All	ICF/MR LOC	Beds 7639 Residents 7440	NA	Yes	\$7,939
Home- and Community-Based Providers							
Home- and Community- Based (HCBS) Providers	18	All	All	Unknown	NA	No	NA
Adult Day Services	20	All	Protective LOC	Unknown	Unknown	No	\$47/day
Programs Administered by the Ohio Department of Job and Family Services							
Ohio Home Care Waiver	22	<60	NH LOC	Slots* 10,923 Clients 9862	2,962	Yes	\$2,640
Transitions Aging Carve- Out Waiver	24	60+	NH LOC	Slots* NA Clients 1267	0	Yes	\$2,055
Transitions MR/DD Waiver	26	All	ICF/MR LOC	Slots* NA Clients 3185	0	Yes	\$2,044

Ohio's Long-Term Care Providers and Programs at a Glance (cont'd)

	Page #	Ages Served	Level of Care (LOC) [†]	Number Served	Number on Waiting List	Requires Medicaid Eligibility	Average Monthly per Person Cost
Programs Administered by the Ohio Department of Mental Retardation and Developmental Disabilities							
Level One Waiver	28	All	ICF/MR LOC	Slots* 6300 Clients 4147	17,231	Yes	\$970
Individual Options (I/O) Waiver	30	All	ICF/MR LOC	Slots* 16,155 Clients 11,983	30,403	Yes	\$4,735
Programs Administered by the Ohio Department of Aging							
PASSPORT Waiver	32	60+	NH LOC	Slots* 38,450 Clients 26,949	0	Yes	\$1,115
Choices Waiver	34	60+	NH LOC	Slots* 834 Clients 289	0	Yes	\$1,430
Assisted Living Medicaid Waiver	36	21+	NH LOC	Slots* 1800 Clients 949**	510	Yes	\$2,138
Program of All-Inclusive Care for the Elderly (PACE)	38	55+	NH LOC	Slots* 880 Clients 722	50	Yes	\$2,468- \$3,886
Residential State Supplement (RSS)	40	18+	Protective LOC	1891	233	Yes	\$414
Programs Financed at the County Level							
Senior Services Tax Levy Programs	42	60+	ADL and/ or IADL impaired	NA	NA	NA	NA

[†]Level of care (LOC) is also known as functional eligibility. It is the amount of assistance required by consumers which may determine their eligibility for programs and services. Levels include: protective, intermediate, skilled, and ICF/MR. In order to qualify for Medicaid nursing home or home- & community-based services an individual must meet a nursing home level of care (either intermediate or skilled level of care).

*Slots are the CMS authorized limit of participants for the current year (state fiscal year) for statewide enrollment.

**As of November 1, 2008.

BACKGROUND

This report, *Disability in Ohio: Long-Term Care Providers & Programs*, presents a brief description, the eligibility requirements, and the current capacity, cost, and consumer characteristics for each of Ohio's long-term care providers and programs. There are a variety of public programs and residential and institutional settings that serve Ohio's population with a disability, both young and old. Creating an inventory of long-term care programs and providers is necessary to accurately determine future needs and to assess the changing demand for such services. Identifying current capacity allows for future planning to occur at all levels of the long-term care system (e.g., policy-makers and the aging network).

There are a range of long-term care providers and programs that serve Ohio citizens who experience a chronic disability. It should be noted, however, that two aspects of long-term care delivery are not included in this report; privately-paid home care and informal or family caregivers, even though more than 41% of the population with disability receives their care from informal caregivers. Since providers who are paid privately are not captured or measured in a systematic way, their contribution to the long-term care system cannot be measured. The dollar value of the contribution that informal or family caregivers make to long-term care, although vital to the system, is also difficult to measure. However, an estimate of the number of formal long-term care hours of care purchased privately, and informal care performed is made in the first report of this series in order to have an overall estimate of demand for care. For information about the number of privately purchased long-term care hours see *Disability in Ohio: Current and Future Demand for Services*, pages 26-28.

Since the focus of this report is on Ohio state programs, we do not include services provided with federal Older Americans Act funds. These funds assist in providing direct services to Ohioans over age 60 as well as providing support to the essential network of Area Agencies on Aging and the Ohio Department of Aging.

Providers

The following providers utilize both private (e.g., personal funds, long-term care insurance) and public funds (e.g., Medicaid, county tax levy dollars, and Medicare) to care for individuals with disabilities.

Residential Providers:

- Adult foster homes;
- Adult care facilities;
- Residential care facilities/assisted living facilities;
- Nursing homes; and
- Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR).

Home- and Community-Based Providers:

- Home- and community-based service (HCBS); and
- Adult day service.

Programs

The following programs use public funds (e.g., Medicaid or county tax levy dollars) to help pay for services in non-nursing home settings for individuals who have long-term disabilities.

Programs administered by the Ohio Department of Job and Family Services:

- Ohio Home Care Waiver;
- Transitions Aging Carve-Out Waiver; and
- Transitions MR/DD Waiver.

Programs administered by the Ohio Department of Mental Retardation and Developmental Disabilities:

- Level One Waiver; and
- Individual Options (I/O) Waiver.

Programs administered by the Ohio Department of Aging:

- PASSPORT Waiver;
- Choices Waiver;
- Assisted Living Medicaid Waiver Program;
- Program for All-inclusive Care for the Elderly (PACE)*; and
- Residential State Supplement (RSS).

*Not all PACE consumers are Medicaid eligible. Consumers can use private funds to pay the Medicaid capitation rate.

Program financed at the county level:

- Senior Services Tax Levy Programs.

METHODS

Since many long-term care providers and programs operate independently from one another, we had to draw on a variety of sources in order to summarize the characteristics of each provider and program. The following illustrates the multitude of sources used to create the summaries. To prepare the summary information for nursing homes, we used data from the Bi-Annual Survey of Long-term Care Facilities, conducted by the Scripps Gerontology Center, to report on capacity, utilization, sources of payment, and average per person monthly costs. To report on resident characteristics, we used the quarterly Minimum Data Set Resident Assessment and Care Screening. The capacity of a facility is determined by the Ohio Department of Health (ODH) through its licensing procedure. In addition, ODH certifies nursing homes as Medicaid and/or Medicare providers. The Ohio Department of Job and Family Services (ODJFS) determine residents' Medicaid eligibility and makes payment to nursing homes. Whether a resident meets nursing home level of care is determined by Area Agencies on Aging (AAAs), which operate under the auspices of the Ohio Department of Aging (ODA). As is apparent from this example, multiple state agencies oversee different aspects of operating a long-term care facility. References for the data sources are listed separately for each summarized provider and program. We attempted to report the most current information available; therefore, most of the data are for calendar year (CY) 2007 or fiscal year (FY) 2007. The 2007 fiscal year in Ohio runs from July 1, 2006 to June 30, 2007.

Data on adult care facilities (ACF) and adult day service (ADS) providers are not collected by either a state agency or a trade association. Therefore, in 2006, we worked closely with Ohio's AAAs to survey these two settings to determine basic capacity, utilization, occupancy, care needs, and cost of care for calendar year 2005. We obtained these data from approximately one third of adult care facilities and one half of adult day service providers.

Organization and Format of Report

The remainder of this report presents a summary of each of the major long-term care providers and programs. For ease of comparison, each provider and program follows a common format.

Provider or Program Description: Provides a short description of the provider or program including the population served.

Licensed or Certified to Care for Individuals/ Eligibility Requirements: Describes the criteria residents or consumers must meet in order to be eligible for the provider or program. These often include age, financial status, and level of care needs.

Resident or Consumer Characteristics: Reports average age, gender, race, and level of care of the residents or consumers served by the provider or program.

Total Number of Consumers: The number of individuals served by the program during a specified year.

Average Monthly Cost: Reports the average cost of care by that provider or program based on all the consumers or residents being served.

Payment Sources: Describes the payment source(s) that contribute to funding the provider or program.

Types of Services: Describes or lists the types of services available at the provider or through the program.

Administrative Agency: Provides the agency or agencies that oversee the provider or program.

Provider or Program Capacity: Describes the number of residents or consumers that can be served at the provider or in the program. Also reported is the current utilization of the provider or program.

Waiting List: Reports whether the provider or program has a waiting list, and if so, the size of the waiting list.

References: The different sources used to report the above information for each provider and program.



Adult Foster Homes

Provider description

Adult foster homes are residences that provide accommodations, personal care, protection, and supervision to unrelated individuals who are developmentally disabled, mentally and/or physically challenged, or aged who cannot live alone but who do not require continuous nursing home level of care. The operators of these homes are allowed to care for up to two residents at a time.

Certified to care for individuals who

- Are 18 years or older;
- Have no continuous skilled nursing care needs; and
- Are able to self-administer medications.

Resident characteristics by need for care

Characteristics of adult foster home residents are not systematically collected. One exception to this is the availability of client characteristics for the Residential State Supplement (RSS) program (see page 40), although only 4% of RSS residents lived in adult foster homes in FY 2007. RSS pays for stays in adult foster homes (in addition to other residential settings).

Based on data from a very limited number of Ohio adult foster homes in FY 2007, the average age of residents was around 60. On average, residents need assistance with about 2.5 ADLs and 4 IADLS. In general, residents do not require 24-hour supervision, but around half require partial supervision.

Payment source

Private pay
Residential State Supplement

Monthly rate

\$ Agreed upon by homeowner and resident
\$824

Types of services

Adult foster homes provide personal care services including assistance with activities of daily living and assistance with the self-administration of medications. Homes also provide meals and do laundry for residents.

Administrative agency

Adult foster homes are certified by the Ohio Department of Aging through Ohio's Area Agencies on Aging. Recertification occurs once every two years. The Ohio Department of Health, which licenses long-term care residential settings, does not license adult foster care homes. Instead, these homes seek certification from agencies that fund the type of services that they provide. Funding sources include the Residential State Supplement.

Setting capacity

Since adult foster homes do not require licensure, an exact number is difficult to determine. However, as of June 2008 the number of certified adult foster homes in Ohio was 78 with a potential of serving 156 residents¹.

Program waiting list

Not available.

¹Data are from a personal communication with an Ohio Department of Aging official.

Adult Foster Homes (continued)

References

Ohio Administrative Code 173-36. Adult Foster Home Rules.



Adult Care Facilities

Provider Description

Adult care facilities are residential care homes classified as either an adult family home (3-5 residents) or an adult group home (6-16 residents). These facilities provide accommodations, supervision, and personal care services to unrelated adults. Many of Ohio's adult care facilities serve residents with mental illness or behavioral problems.

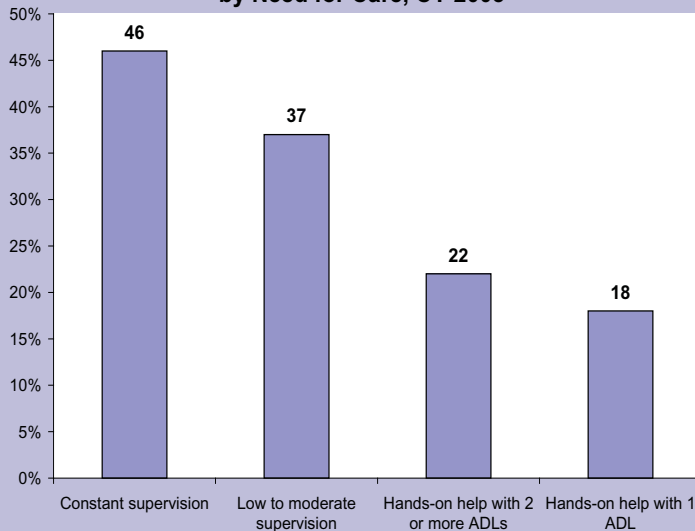
Licensed to care for individuals who

- Are 18 years or older;
- Have no continuous skilled nursing care needs; and
- Are able to self-administer medications.

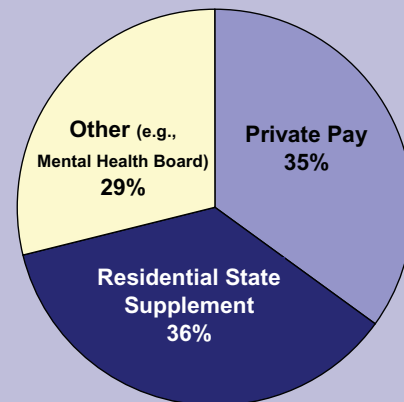
Resident characteristics

See charts below.

Proportion of Adult Care Facility Residents* by Need for Care, CY 2005²



Distribution of Adult Care Facility Residents by Payment Source, CY 2005²



*Total adds up to more than 100% since many clients need both supervision and assistance with ADLs.

²Data are based on a survey of 184 Ohio adult care facilities. This represents approximately 28% of all facilities.

Adult Care Facilities (continued)

Average cost per month

According to survey data from 184 facilities the average monthly rate charged to residents in CY 2005 ranged from \$800 for residents requiring moderate supervision to \$1,670 for residents needing hands-on assistance.

Types of services

Adult care facilities provide personal care services including assistance with the activities of daily living and assistance with the self-administration of medications. Facilities also provide meals and often do laundry for residents.

Administrative agency

The Ohio Department of Health licenses adult care facilities. Facilities receive a two-year license to operate; they must undergo an onsite inspection to verify the safe and sanitary condition of the facility, the capability of the operator and staff to provide supervision and personal care services, and the appropriateness of each resident placement in the adult care setting. Since adult care facilities serve many adults with mental illness and behavioral problems, regulations require facilities to have staff oriented to the care and supervision of these residents and require specific training on an annual basis.

Setting capacity

In 2008, there were 652 facilities with a total of 5156 beds. Based on a sample of 184 facilities, the average occupancy in CY 2005 was 80%.

References

Ohio Department of Health (no date). Adult Care Facilities. Retrieved electronically 7/22/2008 from <http://www.odh.ohio.gov/odhPrograms/chcf/comhfs/acfac/acf1.aspx>

Ohio Department of Health (no date). Health Care Provider Report & Information Extract. Retrieved electronically 7/22/2008 from http://pubapps.odh.ohio.gov/EID/reports/EID_Report_Criteria.aspx



Residential Care/ Assisted Living Facilities

Provider Description

Residential care facilities (RCFs) are a residential option for individuals who require assistance with personal care services, but do not require skilled nursing services for more than 120 days a year. These facilities have 17 or more beds and provide residents with accommodations, supervision, and personal care services.

An assisted living facility is a type of RCF which emphasizes residents' independence, privacy, and choice. Assisted living residents live in private, lockable, single occupancy units (unless the resident chooses double occupancy) with full bathrooms and access to space for socializing. There is no one federal or state definition of assisted living. In Ohio, assisted living is considered a philosophy or type of service offered by an RCF. Around one-half of RCFs in Ohio refer to themselves as assisted living facilities, and those that participate in the assisted living waiver must be certified as an assisted living facility by the Ohio Department of Aging.

Licensed to care for individuals

Since private pay is the primary source of payment for RCFs, individuals do not have to meet eligibility requirements to live there. The only exception to this is the Assisted Living Medicaid Waiver program (see page 36 for more information on this particular program).

Resident characteristics

See chart at right.

National demographics of assisted living residents (2005)

Average age

84

Sex

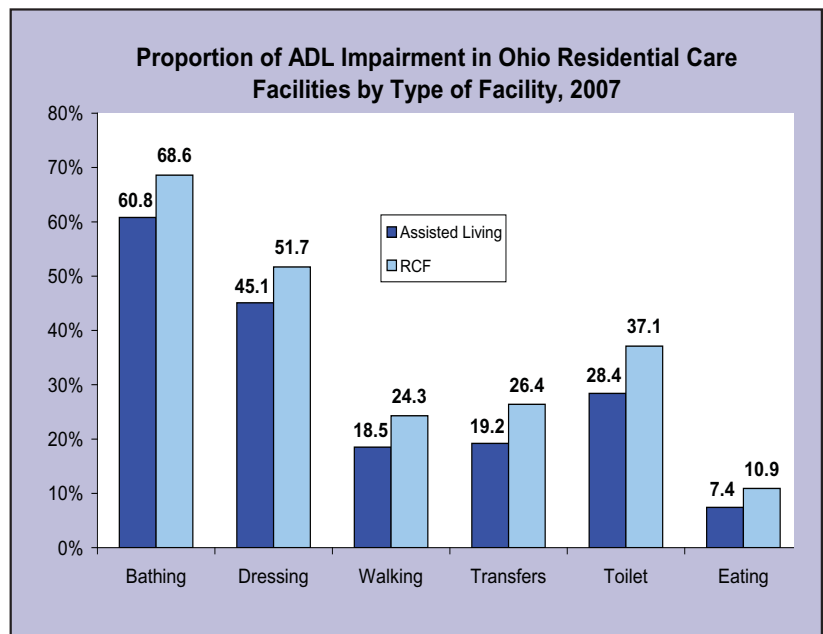
Female 79%

Male 21%

Race

White 98.7%

Other 1.3%



Average monthly cost

The cost per month varies by facility and type of unit. For example, in CY 2007 the minimum cost (\$4,800) is for a unit with one room, no private bath, no cooking area, while the maximum cost (\$7,260) is for a two-bedroom unit.

Payment sources

Private pay is the primary source of payment for RCFs and assisted living facilities.

Residential Care/ Assisted Living Facilities (continued)

Types of services

- Personal care services;
- Supportive services such as housekeeping, laundry, and apartment maintenance;
- Meals and special diets;
- Social and recreational programming;
- Transportation; and
- Nursing services, including health assessments, medication oversight, and incidental skilled nursing provided on a part-time intermittent basis.

Administrative agency

The Ohio Department of Health (ODH) licenses residential care facilities. ODH also conducts at least one unannounced on-site compliance inspection of each facility every fifteen months. The Ohio Department of Aging certifies RCFs to participate in the Medicaid Assisted Living Waiver program.

Setting capacity

In 2007, there were 555 facilities with about 38,125 beds. The average occupancy rate for 2007 was 66.1%, or 25,201 occupants.

Setting waiting list

None.

References

2007 Bi-Annual Survey of Long-Term Care Facilities (2008). Oxford, OH: Scripps Gerontology Center.

Congressional Budget Office (2004). Financing long-term care for the elderly. Retrieved electronically 7/1/2008 <http://www.cbo.gov/54xx/doc5400/04-26-LongTermCare.pdf>.

Hyde, J. (2002). Resident centered information system for assisted living. Paris Conference of the International Society for Quality in Health Care. Retrieved electronically 7/1/2008 <http://www.isqua.org/isquaPages/Conferences/paris/ParisAbstractsSlides/Wednesday/A08/ppt%20pdf/253Hydeppt.ppt.pdf>.

Ohio Administrative Code, 173-39-02.16.

Ohio Administrative Code, 3701-17-53.

Vital Research, LLC (2008). 2007 Long-Term Care Facility Resident Satisfaction Survey. Los Angeles, CA: Vital Research.



Nursing Homes

Provider description

Nursing homes provide short- and long-term care for individuals with an illness or physical or mental impairment requiring a skilled or intermediate level of nursing care, therapies, and personal care services. In order to determine whether nursing home placement is appropriate, all applicants must go through a Pre-Admission Screening and Resident Review (PASRR). Individuals seeking admission to a Medicaid-certified nursing home must complete this level of care determination. Residents relying on Medicaid to pay for their nursing home care must meet intermediate or skilled level of care (also known as nursing home level of care).

Licensed or certified to care for individuals who

- Are any age; and
- If Medicaid is the payer, must require nursing home level of care.

Resident characteristics

Average age

79.1

Sex

Female 70%
Male 30%

Race

White 86.5%
Black 12.6%
Other 0.9%

Average number of ADL impairments

4.5

Also see charts at right.

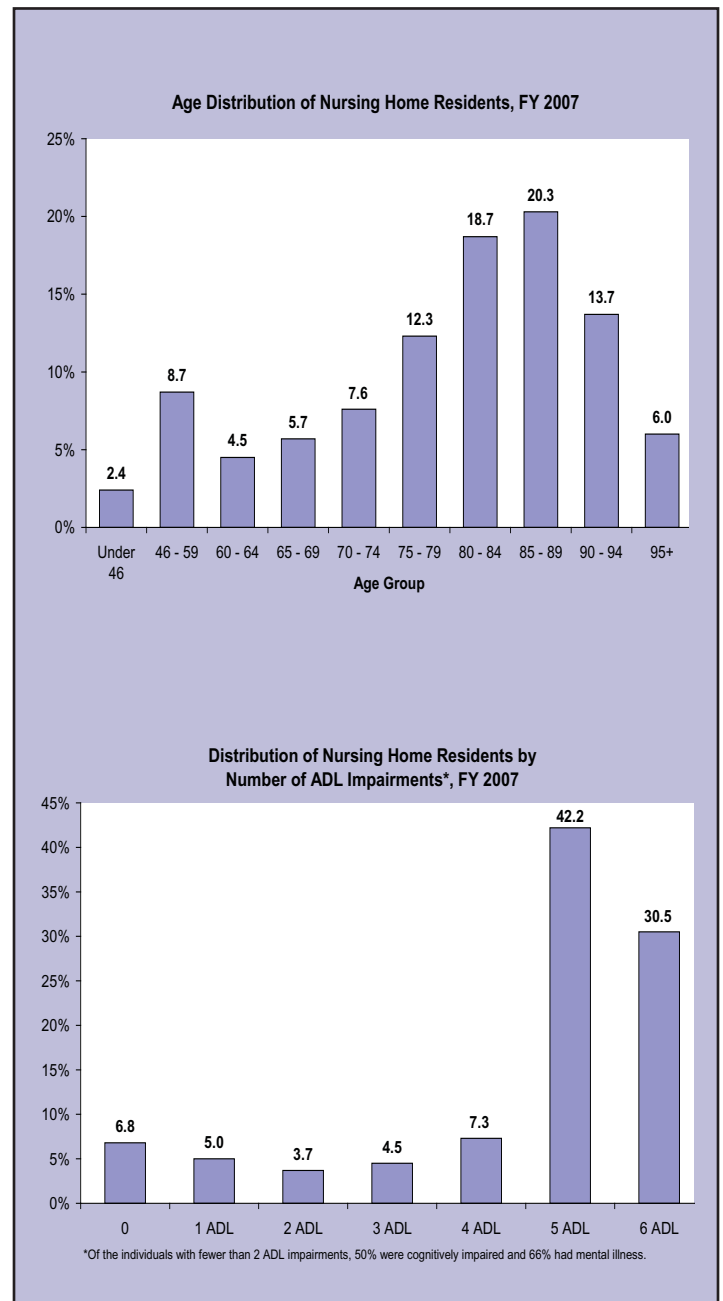
Average monthly cost

The average monthly expenditures per person vary depending on the payer. Medicare pays for eligible residents for short-term skilled nursing or therapy following a three-day hospitalization. Medicare pays the full cost of the nursing home stay up to 20 days and partial costs from days 21 to 100. Medicaid pays for residents of any age who meet Medicaid financial eligibility criteria and the nursing home level of care.

The average monthly cost by payer type in FY 2007

Medicare: \$10,530
Medicaid: \$ 4,890
Private pay*: \$ 6,240 (for a private room)

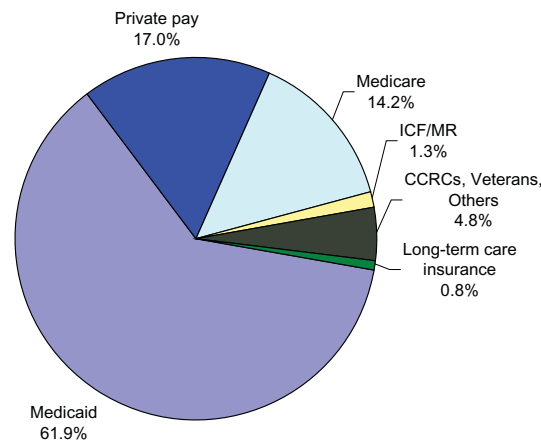
*The average amount is slightly lower per month (\$5,640) for a shared room.



Nursing Homes (continued)

Payment sources

**Distribution of Nursing Home Residents
by Payment Source, CY 2007**



Types of services

Nursing homes provide personal care services including assistance with activities of daily living. Other services include: meals, laundry, housekeeping, transportation, and social and recreational activities. Skilled nursing care services are also included.

Administrative agencies

The Ohio Department of Health (ODH) licenses nursing homes. ODH also conducts at least one unannounced on-site compliance inspection of each nursing home every nine to fifteen months in order to certify facilities for Medicare and Medicaid. Area Agencies on Aging perform pre-admission reviews to ensure individuals meet the nursing home level of care and are educated about their long-term care options, like home- and community-based services and assisted living. The Ohio Department of Job and Family Services determines residents' Medicaid eligibility and reimburses the facilities for Medicaid residents.

Setting capacity

In 2007, there were 972 facilities with a total of about 91,000 beds. On average, the daily occupancy rate for 2007 was 87.5%, or 79,625 occupants.

Setting waiting list

None.

References

Centers for Medicare & Medicaid Services (2008). Medicare & you. Washington, DC: Department of Health and Human Services. Retrieved electronically 7/1/2008 from <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>.

Ohio Department on Health (no date). Nursing home/facilities. Retrieved electronically 7/1/2008 from <http://www.odh.ohio.gov/odhprograms/ltc/nurhome/nurhome1.aspx>.

2007 Bi-Annual Survey of Long-Term Care Facilities (2008). Oxford, OH: Scripps Gerontology Center.



Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)

Provider description

Intermediate care facilities for persons with mental retardation (ICFs/MR) provide ongoing evaluation, planning, 24-hour supervision, and coordination of health and rehabilitative services to help individuals with intellectual or other severe and chronic disabilities (including developmental disabilities) function at their highest capacity. These Medicaid-funded residential facilities teach living skills to help people live in less restrictive environments.

Licensed to care for individuals who

- Are any age;
- Are diagnosed with mental retardation (i.e., IQ below 70-75, limitations in two or more adaptive skill areas, and onset of the condition beginning at age 18 or younger); and/or
- Have other severe, chronic disabilities, including developmental disabilities; and
- Meet Medicaid financial eligibility³.

Resident characteristics

Sex

Female	40.7%
Male	59.3%

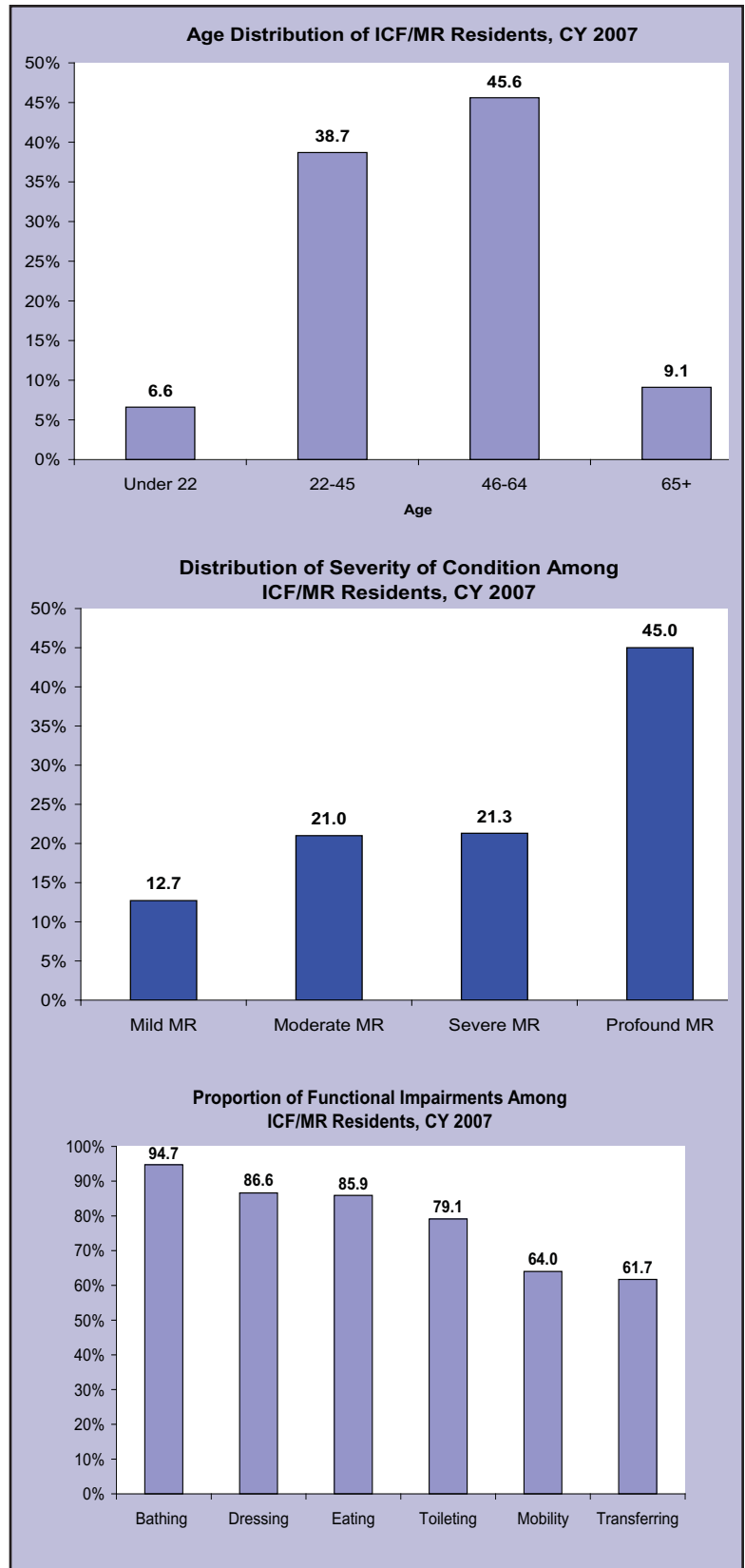
Also see charts at right.

Types of services

The services provided at ICFs/MR can vary by location and may include:

- Physical, occupational, and speech therapy;
- Recreation and music therapy;
- Social work services;
- Psychologist services;
- Nursing;
- On-staff physician services; and
- Chaplain services.

³For detailed information on how financial eligibility is determined see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



ICFs/MR (continued)

Average monthly cost

In FY 2007, the average monthly expenditure per person was \$7,939. Medicaid is the primary payer.

Payment sources

The services provided at ICFs/MR are financed by federal and state Medicaid funds.

Administrative agency

Most ICFs/MR are licensed by the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD). Services and supports in a community setting are arranged locally by each County Board of MRDD and Medicaid eligibility is determined by county offices of the Department of Job and Family Services. In addition, the Ohio Department of Health licenses older ICFs/MR, certifies all ICFs/MR, and administers annual inspections of facilities.

Setting capacity

In FY 2007, there were approximately 440 ICFs/MR with a total of 7639 ICF/MR certified beds in Ohio. Some were either residential units within larger organizations or agencies that provide residential services to persons with mental retardation. The occupancy rate for ICF/MR certified beds in 2007 was 97.4%, 7400 occupants.

References

Bethesda Lutheran Homes and Services, Inc. (no date). Intermediate care facility – for persons with mental retardation (ICF-MR). Retrieved electronically on 6/26/2007 from <http://www.blhs.org/supportServices/icf.asp>.

Centers for Medicaid and Medicare (no date). ICF/MR glossary. Retrieved electronically 7/1/2008 from http://www.cms.hhs.gov/CertificationandCompliance/downloads/ICFMR_Glossary.pdf.

Centers for Medicaid and Medicare (no date). Background and milestones. Retrieved electronically 7/1/2008 from http://www.cms.hhs.gov/CertificationandCompliance/downloads/ICFMR_Background.pdf.

Ohio Department of Job and Family Services (no date). IAF frequency report 2003-2007, Bureau of Long-Term Care Facilities Case Mix Section. Retrieved electronically 8/1/2008 from <http://jfs.ohio.gov/OHP/bltcf/pdf/IAFFrequencyReport.pdf>.

Ohio Department of Job and Family Services (2006). Ohio Medicaid report 2005. Retrieved electronically 7/1/2008 from http://jfs.ohio.gov/OHP/bhpp/reports/OMR_2005.pdf.

Ohio Department of Mental Retardation and Developmental Disabilities (no date). WDS glossary. Retrieved electronically 7/1/2008 from http://odmrdd.state.oh.us/apps/internet/WDS/WDS_Glossary.aspx.



Home- and Community-Based Service (HCBS) Providers

Provider description

Home- and community-based service (HCBS) organizations provide the services which allow individuals to remain living in the community. These services are paid for privately by individuals, by Ohio Medicaid waiver programs, or senior services tax levy programs. Once a care plan is developed for the Medicaid waiver consumer, HCBS organizations are hired to provide needed services. These organizations may also serve individuals who pay through private or other insurance funds. Such organizations provide a range of services that are referred to either as home health or home care services; often the same organizations provide both health care and home care services. Home health services are medically skilled in nature and include skilled nursing care and physical, occupational, and speech therapies and are typically funded by Medicare, Medicaid, or through private funds; home care services are non-medical services and include homemaker and personal care.

Information for this summary is based on data from Ohio certified PASSPORT home care agencies (a subset of HCBS providers) in 2006.

Consumer characteristics

The profile of consumers who hire HCBS providers in Ohio is available in a limited way because only the various Medicaid-waiver programs and Medicare home health providers report these data (e.g., see PASSPORT and the Ohio Home Care waiver). Data on the many consumers who pay agencies privately or contract for services from individuals are not currently available.

Types of services

HCBS providers include adult day service providers and organizations that provide chore services, companions, caregiver respite, emergency response systems, home medical equipment, homemakers, home-delivered meals, independent living assistance, minor home modifications, nutrition consultation, personal care, social work counseling, transportation to medical appointments, hospice, and skilled nursing care. Under several programs, including the Choices waiver and the Ohio Home Care waiver, individuals can serve as home care service providers and can be hired and fired by the consumer. Skilled nursing care (or skilled care) includes home health aide services, medical social services, nursing care, occupational therapy, physical therapy, and speech pathology.

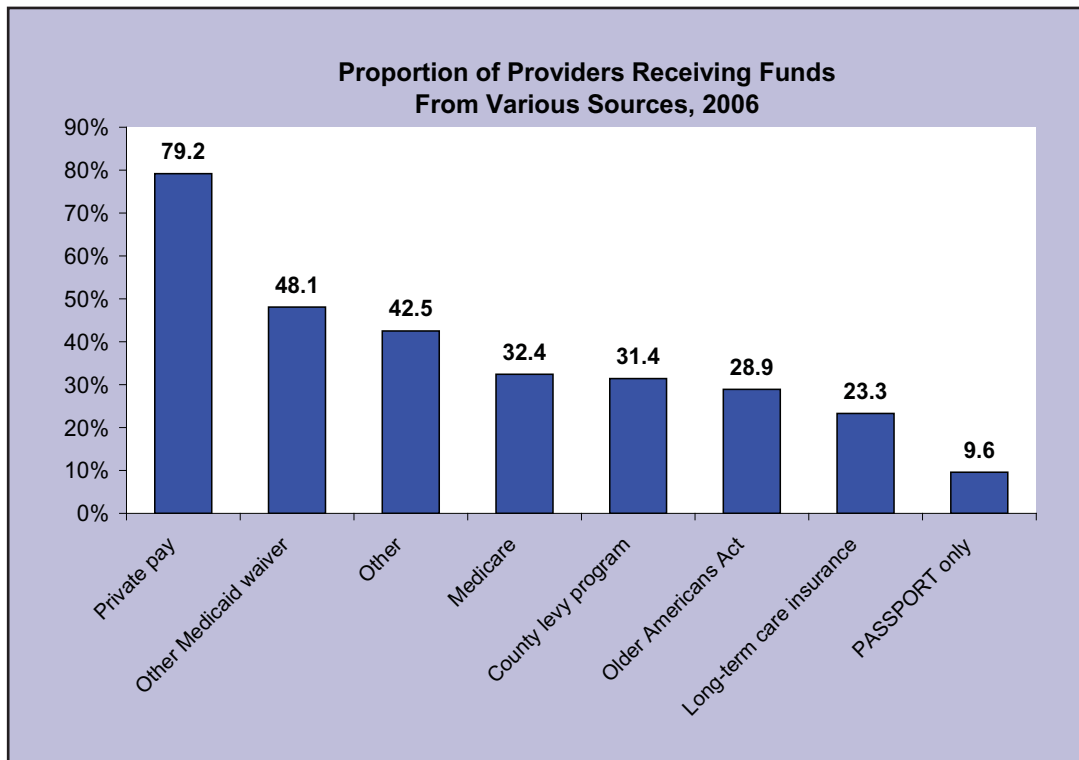
Administrative agency

HCBS providers, such as home health and home care agencies, are not required to be licensed in the state of Ohio. However, providers must obtain certification from the state agencies that fund the types of services provided. For example, home care agencies must be certified as Medicaid long-term care providers by the Ohio Department of Aging to become PASSPORT care providers and Home Care Waiver providers are certified by the Ohio Department of Job and Family Services. Home health agencies that provide skilled nursing care must be certified by Medicare and/ or Medicaid.

Provider characteristics

As of June 2006, there were 968 HCBS agencies certified as PASSPORT providers. Based on data from a PASSPORT provider survey conducted in 2006, on average, the providers have been in business 19 years and serve an average of 77 consumers per week. The number of Medicare certified home health care agencies in Ohio was 415 and on average each provided 500 episodes of care in 2007.

Home- and Community-Based Services (HCBS) Providers (continued)



Capacity

The capacity of the HCBS agencies, which is the number of people who can be served by the provider type, is hard to determine. This is because some providers are certified by a single program while others have multiple certifications; there is no single comprehensive list of all home health and/or home care providers available for examination and determination of capacity.

Cost of services

A range of services are provided by HCBS agencies. The rate for each unit of service is determined by the payer (i.e., Medicaid waiver and tax levy programs, Medicare, private health insurance, or private pay).

References

Straker, J., Carr, D. & Chow, K. (2007) Ohio's PASSPORT Providers. Oxford, OH: Scripps Gerontology Center, Miami University.

U.S. Department of Health & Human Services. Home Health Compare. Retrieved electronically 9/9/2008 from <http://www.medicare.gov/HHCompare>.



Adult Day Services

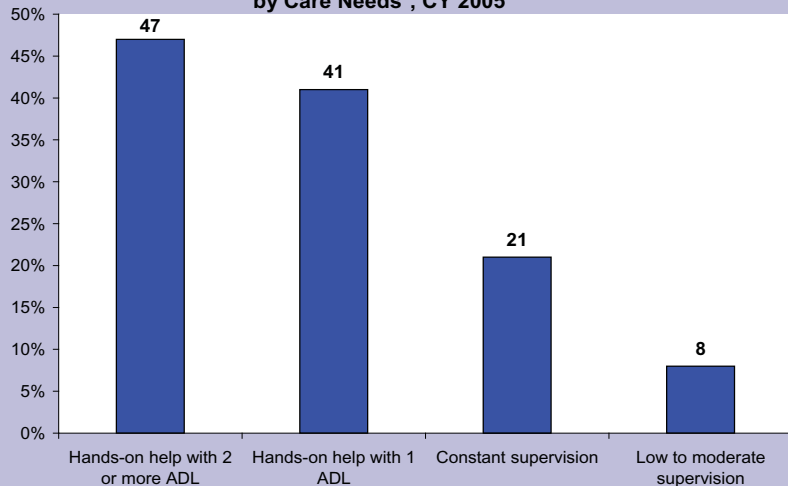
Provider description

Adult day service (ADS) providers are nonresidential community-based facilities designed for the daytime supervision of adults with functional and/ or cognitive impairments. Provider staff design individualized care plans to encourage their consumers' optimal capacity for self-care and/ or to maximize their functional abilities. Each center provides a protective setting with structured, comprehensive, and continually supervised programs and activities. ADS consumers attend on a scheduled basis during specified hours, which in general are regular office working hours (e.g., 8 am – 5 pm). Adult day services are also known as adult day care, adult day health, and center-based day health.

Consumer characteristics

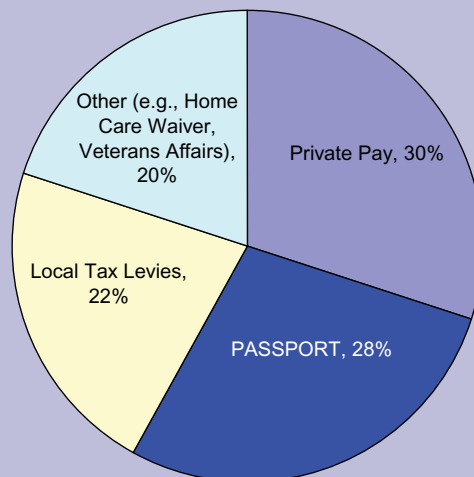
See charts below.

Proportion of Adult Day Service Provider Clients by Care Needs*, CY 2005⁴



*Total adds up to more than 100% since many clients need both supervision and ADL assistance.

Distribution of Adult Day Service Provider Clients by Payment Source, CY 2005⁴



⁴Data are based on a survey of 49 Ohio ADS centers. The age range of consumers in the surveyed providers was 18 to 104.

Adult Day Services (continued)

Average daily rate

The daily rate in CY 2007 ranged from \$27 to \$62; the average daily rate was \$47.

Types of services

Most ADS provide more than one level of service. For example, those certified for the PASSPORT program provide two levels of ADS: enhanced and intensive. Both levels provide assistance with activities of daily living, health monitoring/ health-related services, medication administration, nursing services, and transportation. What differentiates the two levels is that intensive ADS providers are certified to help with two or more ADLs (including bathing); they also provide health education and counseling; physical, occupational, and speech therapy; skilled nursing services; and social services. All ADS providers offer snacks and a noon-time meal to their consumers.

Administrative agency

The Ohio Department of Health, which licenses long-term care residential settings, does not license ADS providers. These providers seek certification from the state agencies that fund the type of services that they offer. Of the 49 providers surveyed in 2005, 42 were certified as Medicaid providers by the Ohio Department of Aging for PASSPORT consumers and 20 were certified by the Ohio Department of Job and Family Services for Home Care Waiver consumers. In addition, some providers are certified by the Veterans Administration, and the Department of Mental Retardation and Developmental Disabilities.

Setting capacity

In 2005, there were just over 100 ADS providers in Ohio. Based on a sample of 49 providers in 2005, the average capacity was 39 consumers per facility with an average census of 58%. However, other surveys of Ohio's adult day service providers report censuses around 70% of capacity.

References

Genworth Financial (2008). Genworth Financial 2008 cost of care survey. Retrieved electronically 7/22/2008 from http://www.genworth.com/content/etc/medialib/genworth/us/en/Long_Term_Care.Par.14291.File.dat/37522%20CoC%20Brochure.pdf.

Ohio Administrative Code 173-39-02.1.

Stokes, M. (2005). Ohio Association of Adult Day Service Membership Survey 2005. Columbus, OH: OAADS.



Ohio Home Care Waiver

Program description

The Ohio Home Care Waiver program provides home- and community-based services for individuals up to age 59 who have serious disabilities and/or unstable medical conditions. This waiver allows individuals with nursing home or hospital level of care needs to live in the community. Once Ohio Home Care Waiver consumers reach age 60, they transfer to the Transitions Aging Carve-Out Waiver (see page 24 for more information on this waiver program).

Enrollment in the Ohio Home Care Waiver includes a predetermined number of targeted waiver slots for consumers determined eligible to participate in Ohio's new HOME Choice Demonstration Program (Money Follows the Person). Priority is given to: children up to, but not including, age 6, residing in an inpatient hospital at the time of, and at least 30 days prior to waiver application; and consumers who are residents of a Medicaid-funded nursing facility at the time of waiver application.

Eligibility requirements

Consumers must:

- Be age 59 or younger;
- Meet Medicaid financial eligibility⁵; and
- Need a nursing home or hospital level of care.

Consumer characteristics

Sex

Female 60%
Male 40%

Race

White 74%
Black 25%
Other 1%

Also see charts at right.

Total number of consumers

9862 in FY 2007

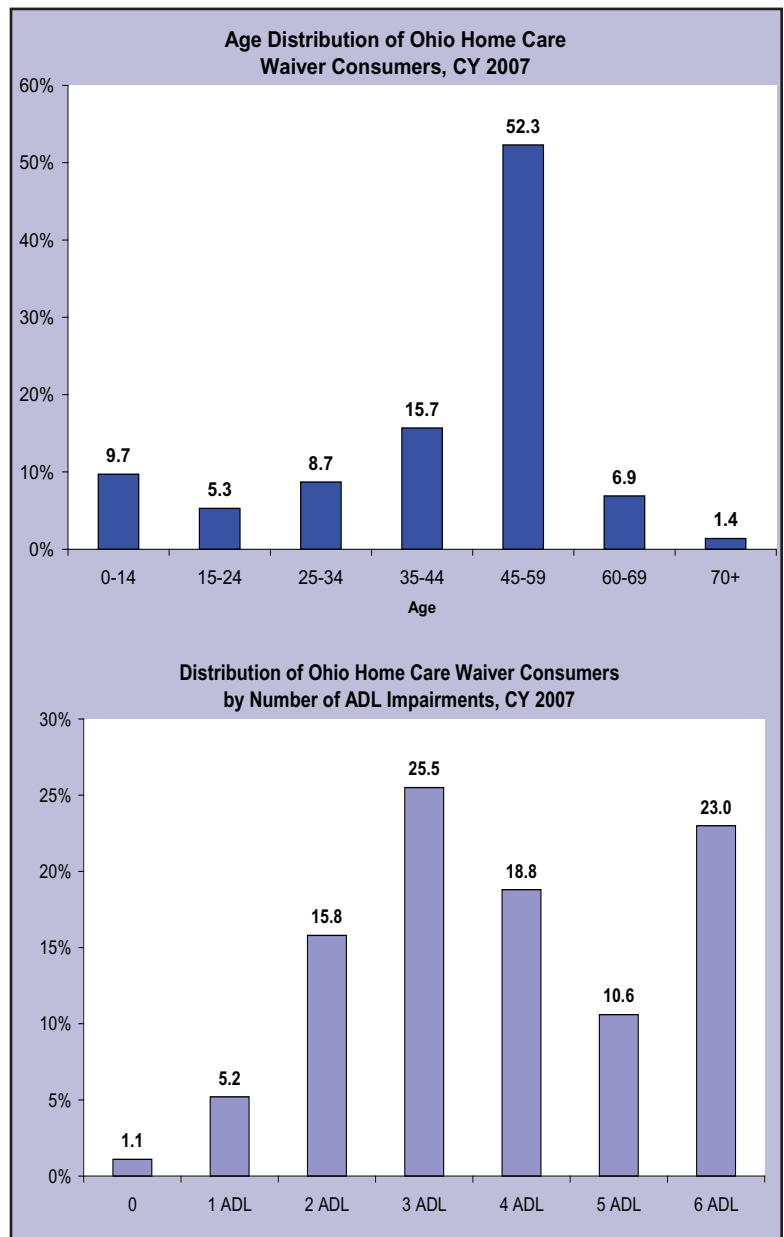
Average monthly cost

In FY 2007, the average monthly expenditure per consumer was \$2,640.

Payment sources

The services provided through the Ohio Home Care Waiver are financed by federal and state Medicaid funds.

⁵For detailed information on how financial eligibility is determined for consumers on the Ohio Home Care Waiver see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



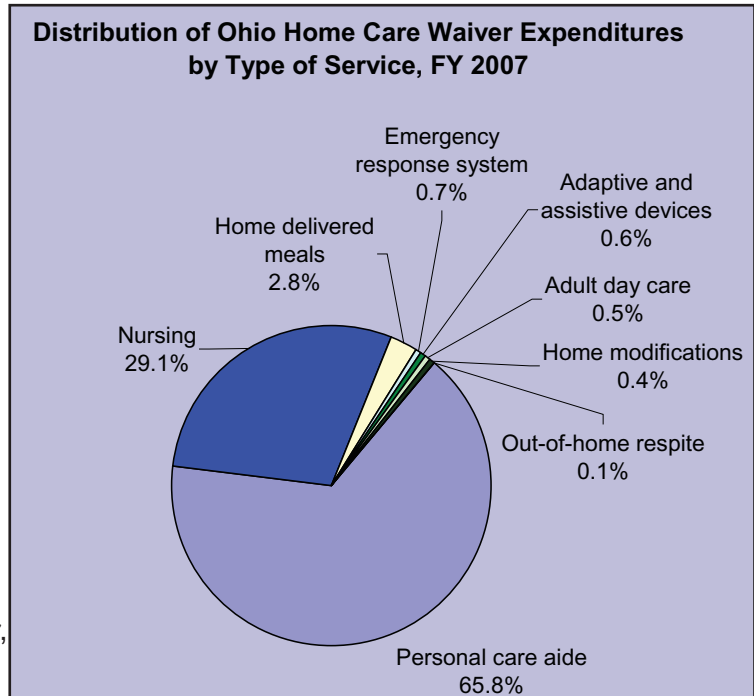
Ohio Home Care Waiver (continued)

Types of services

- Personal care aide;
- Nursing;
- Home-delivered meals;
- Emergency response;
- Supplemental adaptive/assistive devices;
- Home modifications;
- Adult day health center;
- Out-of-home respite; and
- Supplemental transportation.

Administrative agency

The Ohio Department of Job and Family Services administers the program. Medicaid eligibility is determined by county Departments of Job and Family Services. Assessment and ongoing case management are performed by CareStar, a contracted case management agency.



Program capacity

In CY 2007, the program was authorized to serve up to 10,923 individuals. This number includes individuals in the Ohio Home Care Waiver, as well as those who move from this waiver to the Transitions Aging Carve-Out Waiver when they turn 60, or to the Transitions MR/DD Waiver if their level of care changes to an ICF/MR level of care.

Waiting list

As of June 2008, there were 2962 people on the waiting list.

References

Ohio Department of Aging (2007). Ohio's Home and Community-based Waiver Programs January 2007. Retrieved electronically 6/30/2008 from www.goldenbuckeye.com/ultcb/subs/caremgmt_waiver_comparison_12-19-2007.pdf

Ohio Department of Job and Family Services (no date). Ohio Home Care Waiver. Retrieved electronically 6/30/2008 from http://jfs.ohio.gov/OHP/ohc/Ohio_Home_Care_Waiver.stm.

Ohio Legal Rights Services (no date). Medicaid Waiver Programs in Ohio. Retrieved electronically 6/30/2008 from http://olrs.ohio.gov/ASP/olrs_WaiversTables.asp#names.

Ohio Department of Job and Family Services (no date). Medicaid Management Information System. Data Extraction. Columbus, OH: Office of Ohio Health Plans, Bureau of Home & Community Services, July 2, 2008.



Transitions Aging Carve-Out Waiver

Program description

The Transitions Aging Carve-Out Waiver program provides home- and community-based services to individuals 60 years of age and older who have serious disabilities and/or unstable medical conditions. This waiver serves Ohio Home Care Waiver recipients who have reached the age of 60 and continue to have nursing home or hospital level of care needs. This waiver offers the same services as the Ohio Home Care Waiver.

Eligibility requirements

Consumers must:

- Be age 60 or older;
- Meet Medicaid financial eligibility⁶;
- Require nursing home or higher level of care; and
- Originally be enrolled in the Ohio Home Care Waiver, or in Ohio's Home Choice Demonstration Program.

Consumer characteristics

Sex

Female 73%
Male 27%

Race

White 64%
Black 33%
Other 3%

Also see charts at right.

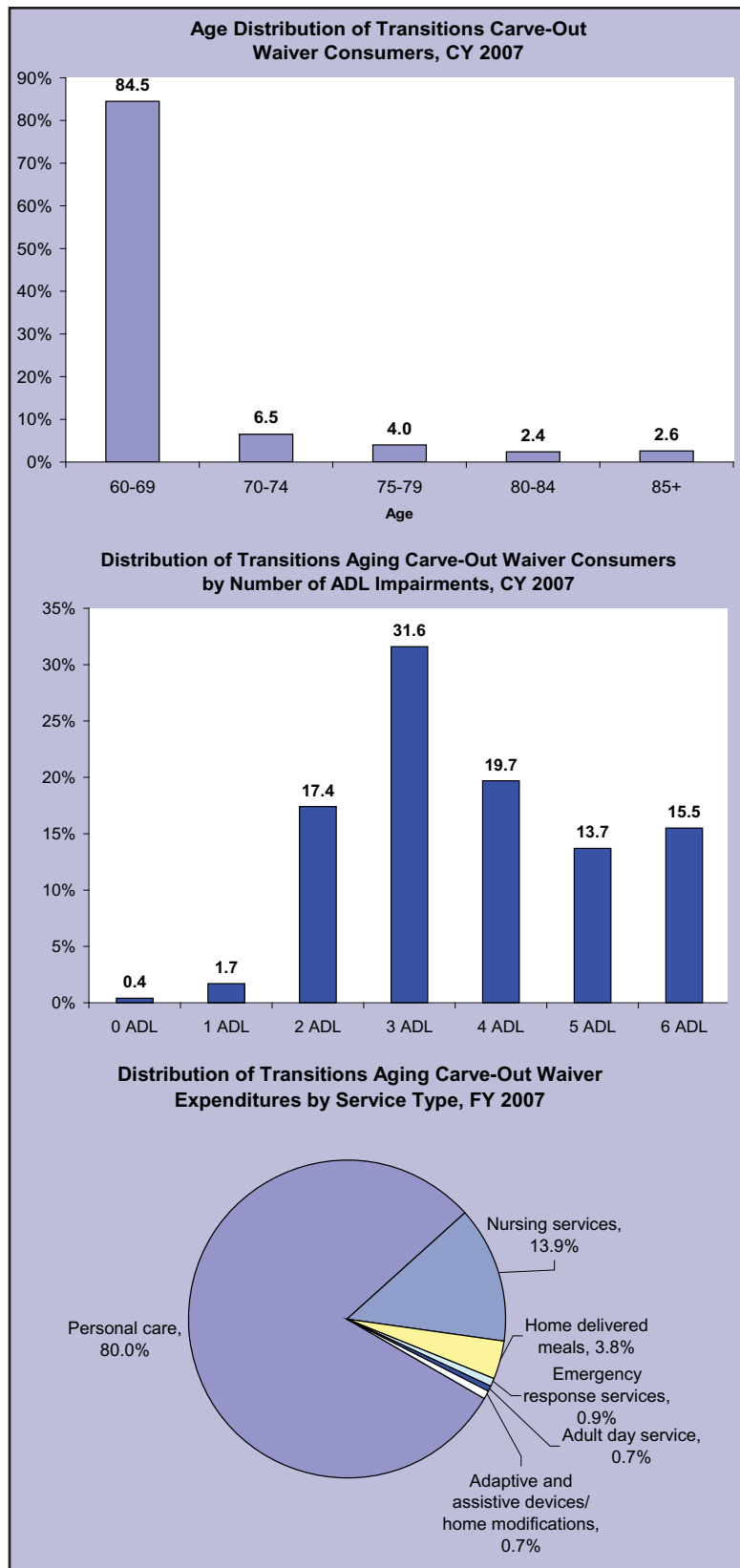
Total number of consumers

1267 in CY 2007

Average monthly cost

In FY 2007, the average monthly expenditure per consumer was \$2,055.

⁶For detailed information on how financial eligibility is determined for consumers on the Transitions Aging Carve-Out Waiver see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



Transitions Aging Carve-Out Waiver (continued)

Payment sources

The services provided through the Transitions Aging Carve-Out Waiver are financed by federal and state Medicaid funds.

Types of services

- Personal care aide;
- Nursing;
- Home delivered meals;
- Emergency response system;
- Supplemental adaptive/ assistive devices;
- Home modifications;
- Adult day health;
- Out-of-home respite; and
- Supplemental transportation.

Administrative agency

The Ohio Department of Job and Family Services administers the program. Ongoing assessments and case management is performed by CareStar, a contracted case management agency.

Program capacity

Open enrollment in the Transitions Aging Carve-Out Waiver is limited to a predetermined number of targeted waiver slots for consumers who are determined eligible to participate in Ohio's new HOME Choice Demonstration Program (Money Follows the Person) and the PASSPORT Waiver, but who have nursing needs that are greater than what is available during the one-year HOME Choice Demonstration Program eligibility period.

Program waiting list

None.

References

Ohio Administrative Code, 5101:3-50-02

Ohio Department of Aging (2007). Ohio's home and community-based waiver programs, January 2007. Retrieved electronically 6/30/2008 from http://www.goldenbuckeye.com/ultcb/subs/caremgmt_waiver_comparison_12-19-2007.pdf

Ohio Department of Job and Family Services (no date). Medicaid Management Information Systems. Data extraction. Office of Ohio Health Plans, Bureau of Home & Community Services, July 2, 2008.



Transitions MR/DD Waiver

Program description

The Transitions MR/DD Waiver program provides home- and community-based services for persons with mental retardation or developmental disabilities. This waiver is available to individuals who were originally enrolled in the Ohio Home Care Waiver and who require an ICF/MR level of care. This waiver offers the same services as the Ohio Home Care and the Transitions Aging Carve-Out Waivers.

Eligibility requirements

Consumers:

- May be any age;
- Must meet Medicaid financial eligibility⁷;
- Must need ICF/MR level of care; and
- Must have been originally enrolled in the Ohio Home Care Waiver, or in a waiver administered through the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) (Individual Options and Level One Waivers on 07/01/06), or in Ohio's HOME Choice Demonstration Program.

Consumer characteristics

Sex

Female 41%
Male 59%

Race

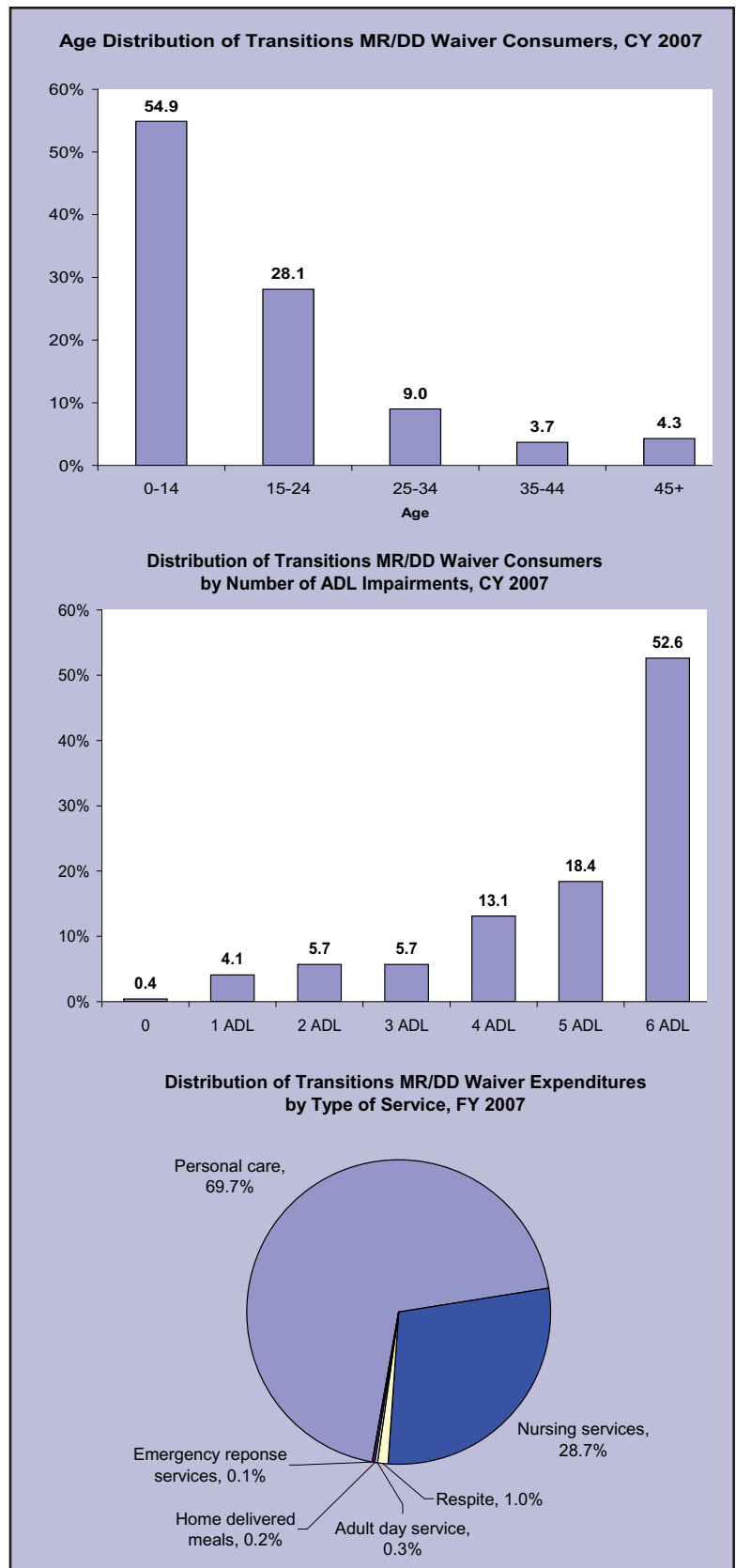
White 82%
Black 17%
Other 1%

Also see charts at right.

Total number of consumers

3185 in CY 2007

⁷For detailed information on how financial eligibility is determined for consumers on the Transitions MR/DD Waiver see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



Transitions MR/DD Waiver (continued)

Average monthly cost

In FY 2007, the average monthly expenditure per consumer was \$2,044.

Payment sources

The services provided through the Transitions MR/DD Waiver are financed by federal and state Medicaid funds.

Types of services

- Personal care aide;
- Nursing;
- Home-delivered meals;
- Emergency response;
- Supplemental adaptive/ assistive devices;
- Home modifications;
- Adult day health;
- Out-of-home respite; and
- Supplemental transportation.

Administrative agency

The program is administered by the Ohio Department of Job and Family Services (ODJFS). Medicaid eligibility is determined by county offices of the Department of Job and Family Services. Ongoing assessments, arrangement for services, and case management is provided by CareStar, a contracted case management agency.

Program capacity

Open enrollment in the Transitions MR/DD Waiver is limited to a predetermined number of targeted waiver slots for consumers who are determined eligible to participate in Ohio's new HOME Choice Demonstration Program (Money Follows the Person) and on an ODMRDD-administered waiver, but who have nursing needs that are greater than what is available during the one-year HOME Choice Demonstration Program eligibility period.

Program waiting list

None.

References

Ohio Department of Job and Family Services (no date). Transitions waiver. Retrieved electronically 6/30/2008 from http://jfs.ohio.gov/ohp/ohc/Transitions_Waiver.stm.

Ohio Department of Aging (2007). Ohio's home and community-based waiver programs, January 2007. Retrieved electronically 6/30/2008 from http://www.goldenbuckeye.com/ultcb/subs/caremgmt_waiver_comparison_12-19-2007.pdf

Ohio Department of Job and Family Services (no date). Medicaid Management Information Systems. Data extraction. Office of Ohio Health Plans, Bureau of Home & Community Services, July 2, 2008.



Level One Waiver

Program description

The Level One Waiver program provides home- and community-based services for individuals with intellectual or developmental disabilities (i.e., ICF/MR level of care) who would otherwise be institutionalized.

Unlike the Individual Options Waiver (I/O) (pages 30-31), this waiver places annual limits on four of the services provided by this program. The services and annual limits are listed below. However, with prior authorization the limits may be exceeded up to a combined benefit of \$5,000 in each year the individual is enrolled.

- Homemaker/ Personal Care- \$1,000
- Institutional Respite- \$1,000
- Informal Respite- \$ 2,500
- Transportation - \$500

Eligibility requirements

Consumers:

- May be any age;
- Must meet Medicaid financial eligibility⁸; and
- Must need ICF/MR level of care. Children age 6-15 must have deficits in at least three of the six areas of deficiencies (independent living, learning, mobility, language, self-care, and self-direction). At age 16, a seventh area of deficiency is added (economic self-sufficiency) and those age 16+ must be deficient in three of the seven areas.

Consumer characteristics

Sex

Female 42.8%
Male 57.2%

Race

White 76.0%
Black 18.6%
Other 5.4%

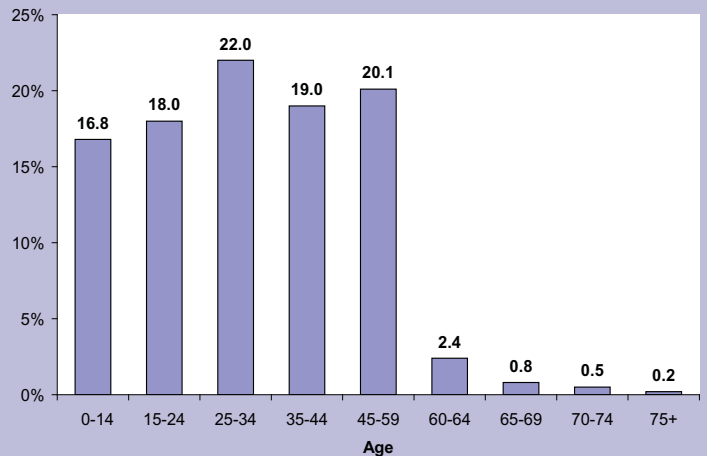
MR level of impairment

None 17.8%
Mild 34.7%
Moderate 30.9%
Severe 12.4%
Profound 4.1%

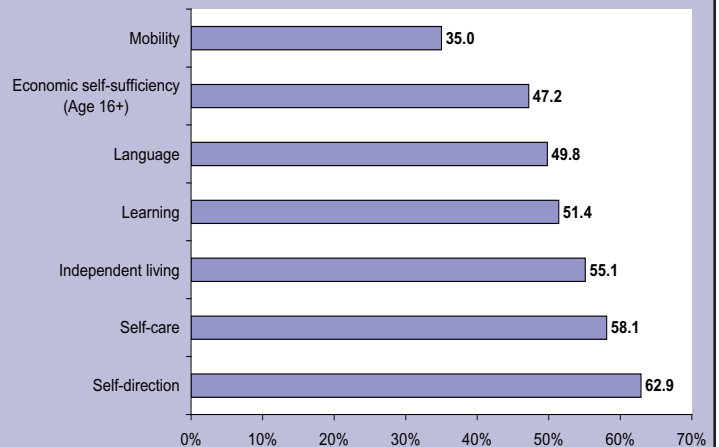
Also see charts at right.

⁸For detailed information on how financial eligibility is determined for Level One consumers see <http://jfs.ohio.gov/OHP/consumers/abd.stm>

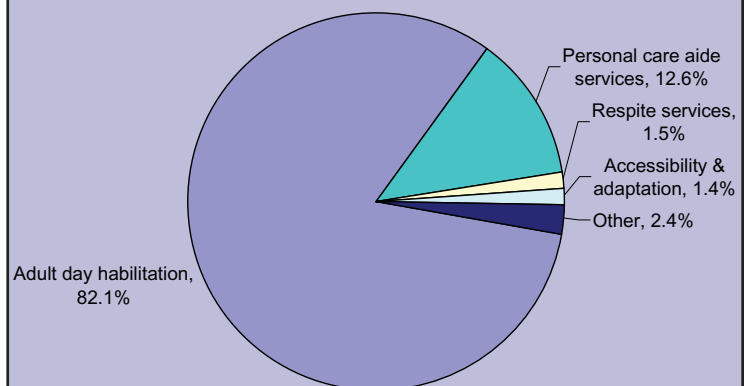
Age Distribution of Level One Waiver Consumers, FY 2007



Proportion of Level One Waiver Consumers Age 6 and Older by Type of Deficiency



Distribution of Level One Waiver Expenditures, FY 2007



Level One Waiver (continued)

Total number of consumers

4147 in FY 2007

Average monthly cost

In 2007, the average monthly expenditure per client was \$970.

Payment sources

The services provided through the Level One Waiver are financed by federal and state Medicaid funds.

Types of services

- Day habilitation (adult and child);
- Homemaker/ personal care;
- Transportation;
- Respite care (informal and institutional);
- Environmental accessibility and adaptations (home modification);
- Specialized medical equipment and supplies;
- Personal emergency response system;
- Emergency assistance; and
- Supported employment.

Administrative agency

The program is administered jointly at the State level by the Ohio Department of MRDD and the Ohio Department of Job and Family Services. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. County Boards of MRDD perform individual assessments and arrange for services.

Program capacity

In FY 2007, this waiver was approved to serve 6300 individuals.

Program waiting list

In FY 2007, there were 17,231 individuals on the waiting list. Individuals on the Level One Waiver waiting list may also be on the I/O Waiver waiting list. There are approximately 32,000 unduplicated clients on the waiting list in the two programs combined.

References

Ohio Department of Job and Family Services (2008). Medicaid decision support system. Columbus, OH: ODJFS.

Ohio Department of Mental Retardation and Development Disabilities (2008). The Level One Waiver Handbook, March 2008. Retrieved electronically on 6/30/2008 from <http://odmrdd.state.oh.us/medicaid/docs/l1-waiverhandbook.pdf>.

Ohio Legal Rights Services (no date). Medicaid Waiver Programs in Ohio. Retrieved electronically 6/30/2008 from http://olrs.ohio.gov/ASP/olrs_WaiversTables.asp#names.



Individual Options (I/O) Waiver

Program description

The I/O Waiver program provides home- and community-based services for individuals with intellectual or developmental disabilities (i.e., ICF/MR level of care) who would otherwise be institutionalized.

Eligibility requirements

Consumers:

- May be any age;
- Must meet Medicaid financial eligibility⁹; and
- Must need ICF/MR level of care. Children age 6-15 must have deficits in at least three of the six areas of deficiencies (independent living, learning, mobility, language, self-care, and self-direction). At age 16, a seventh area of deficiency is added (economic self-sufficiency) and those age 16+ must be deficient in three of the seven areas.

Consumer characteristics

Sex

Female	44.2%
Male	55.8%

Race

White	81.5%
Black	14.6%
Other	3.9%

MR level of impairment

None	8.5%
Mild	36.0%
Moderate	32.6%
Severe	15.0%
Profound	7.9%

Also see charts at right.

Total number of consumers

11,983 in FY 2007

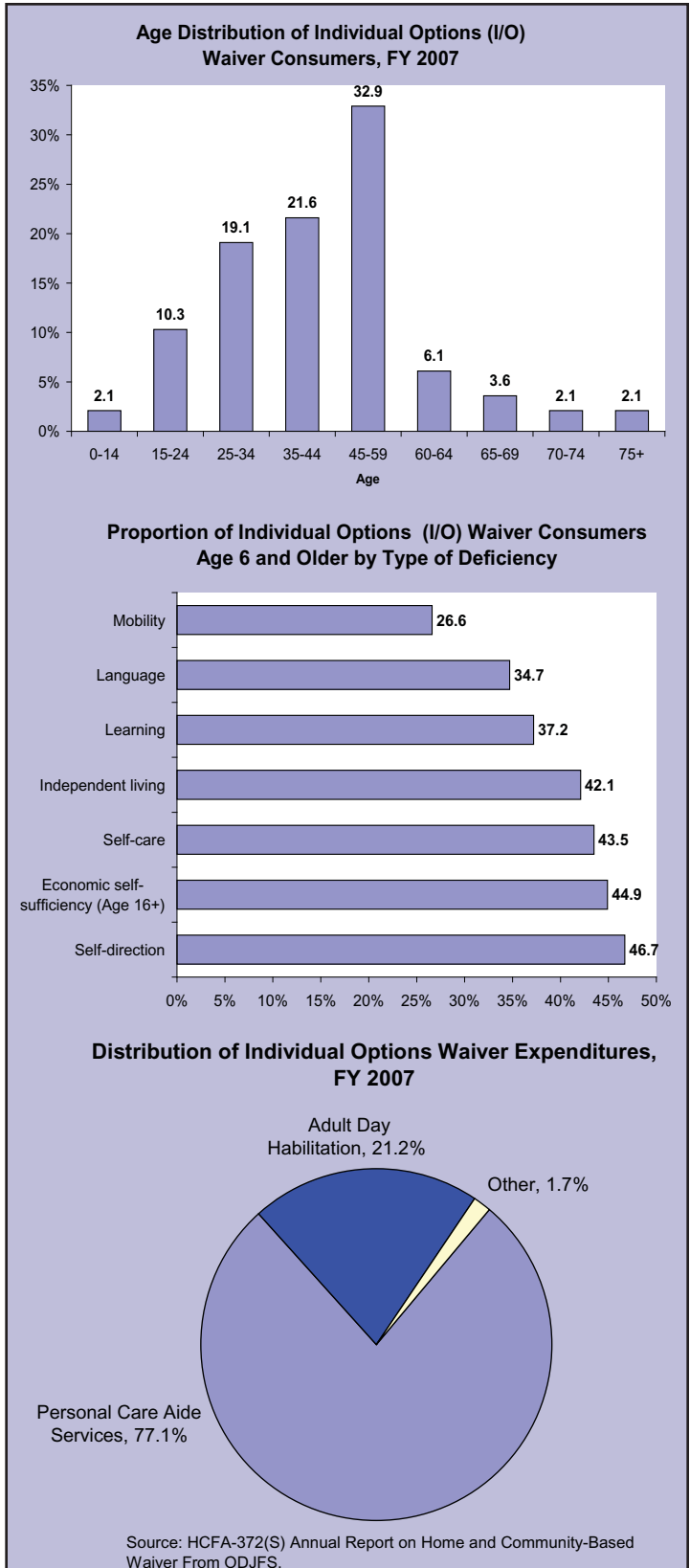
Average monthly cost

In 2007 the average monthly expenditure per consumer was \$4,735.

Payment sources

The services provided through the I/O Waiver are financed by federal and state Medicaid funds and some local property tax levies.

⁹For detailed information on how financial eligibility is determined for I/O consumers see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



Individual Options (I/O) Waiver (continued)

Types of services

- Homemaker/ personal care;
- Day habilitation;
- Home modifications and adaptations;
- Transportation;
- Respite care;
- Social work;
- Home-delivered meals;
- Nutrition services;
- Interpreter services;
- Specialized adaptive or assistive medical equipment and supplies;
- Supported employment; and
- Adult day services.

Administrative agency

The program is administered jointly at the State level by Ohio Department of MRDD and Ohio Department of Job and Family Services. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. County Boards of MRDD perform individual assessments and arrange for services.

Program capacity

In FY 2007, the program was approved to serve up to 16,155 individuals.

Program waiting list

In FY 2007, there were 30,403 individuals on the waiting list. Individuals on the I/O Waiver waiting list may also be on the Level One Waiver waiting list. There are approximately 32,000 unduplicated clients on the waiting list in the two programs combined.

References

Ohio Department of Job and Family Services (2008). Medicaid decision support system.

Ohio Department of Mental Retardation and Developmental Disabilities (2003). The Individual Options Waiver Handbook. v1 revised June 2007. Retrieved electronically 6/30/2008 from <http://odmrrd.state.oh.us/medicaid/docs/iowaiverhandbook.pdf>.

Ohio Legal Rights Services (no date). Medicaid Waiver Programs in Ohio. Retrieved electronically 6/30/2008 from http://olrs.ohio.gov/ASP/olrs_WaiversTables.asp#names.



PASSPORT Waiver

Program description

PASSPORT (Pre-Admission Screening Services Providing Options and Resources Today) is a home- and community-based waiver program for individuals 60 years of age and older with nursing home level of care needs. This program provides in-home and community alternatives to nursing home care, allowing older adults to remain living in their communities.

Eligibility requirements

Consumers must:

- Be 60 years of age or older;
- Meet Medicaid financial eligibility¹⁰;
- Require nursing home level of care;
- Receive services for which the annual cost does not exceed 60% of the annual cost of nursing home care; and
- Be able to remain at home safely with the approval of physician.

Consumer characteristics

Average Age

76.7

Sex

Female 78.4%

Male 21.6%

Race

White 72.6%

Black 24.2%

Other 3.2%

Average ADL Impairments

3.0

Also see charts at right.

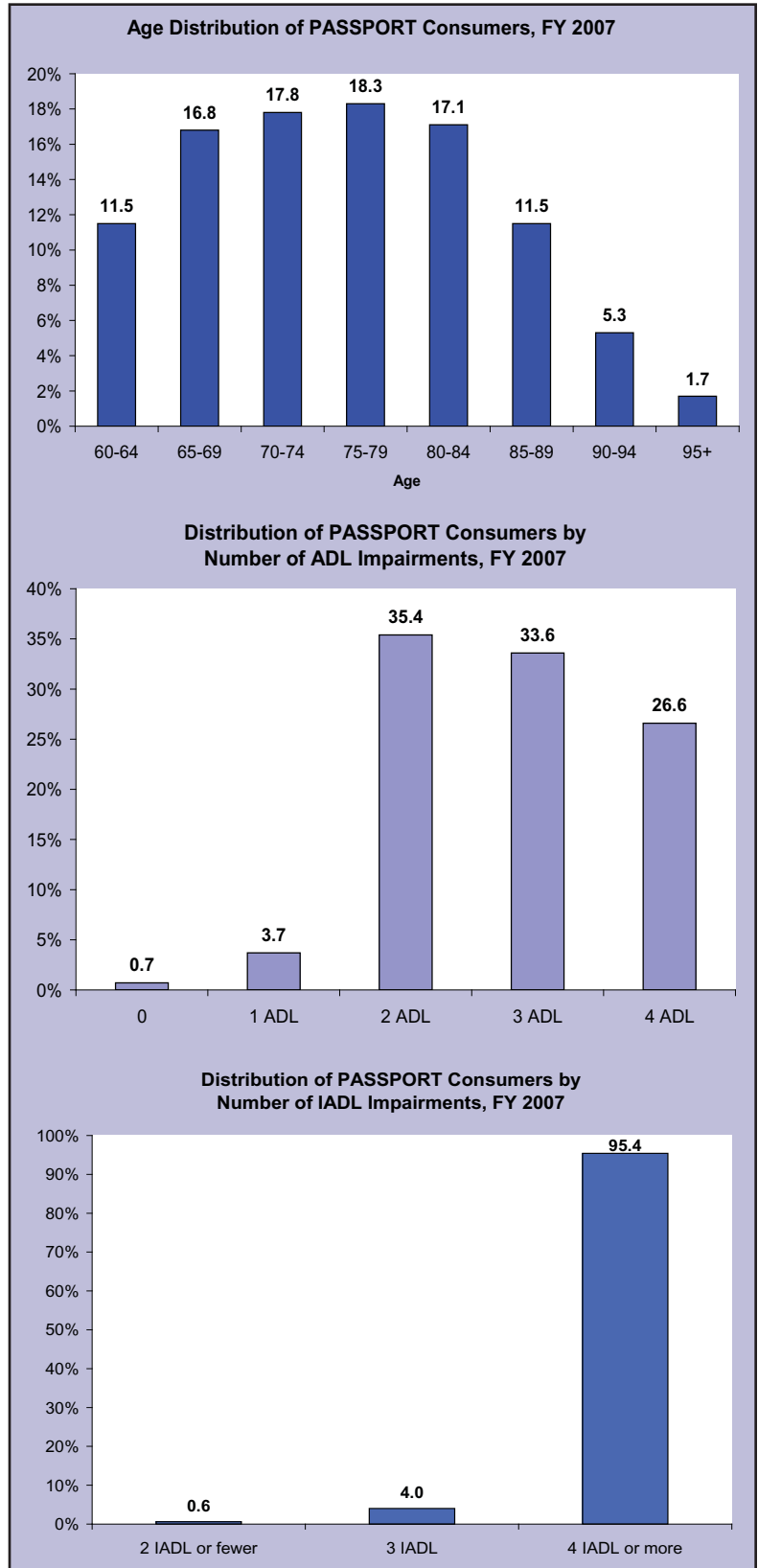
Total number of consumers

26,949 in FY 2007

Average monthly cost

In FY 2007, the average monthly expenditure per consumer was \$1,115, which includes approximately \$100 in ongoing case management costs. The average annual cost of services must not exceed a cost cap set by the state of Ohio.

¹⁰For detailed information on how financial eligibility is determined for PASSPORT consumers see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



PASSPORT Waiver (continued)

Payment sources

The services provided through PASSPORT are financed by federal and state Medicaid funds.

Types of services

- Adult day services;
- Chore;
- Emergency response systems;
- Home-delivered meals;
- Homemaker services;
- Home medical equipment and supplies;
- Independent living assistance;
- Minor home modifications;
- Nutritional consultation;
- Personal care services;
- Social work and counseling; and
- Medical transportation.

Administrative agency

The program is jointly administered at the State level by the Ohio Department of Job and Family Services and the Ohio Department of Aging. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. Initial assessment and ongoing case management is performed by Area Agencies on Aging.

Program capacity

The Centers for Medicare & Medicaid Services determine the maximum capacity of the program. In FY 2007, the slot allocation was 38,450 and in FY 2009 it is 41,141. Utilization in FY 2007 was 26,949.

Program waiting list

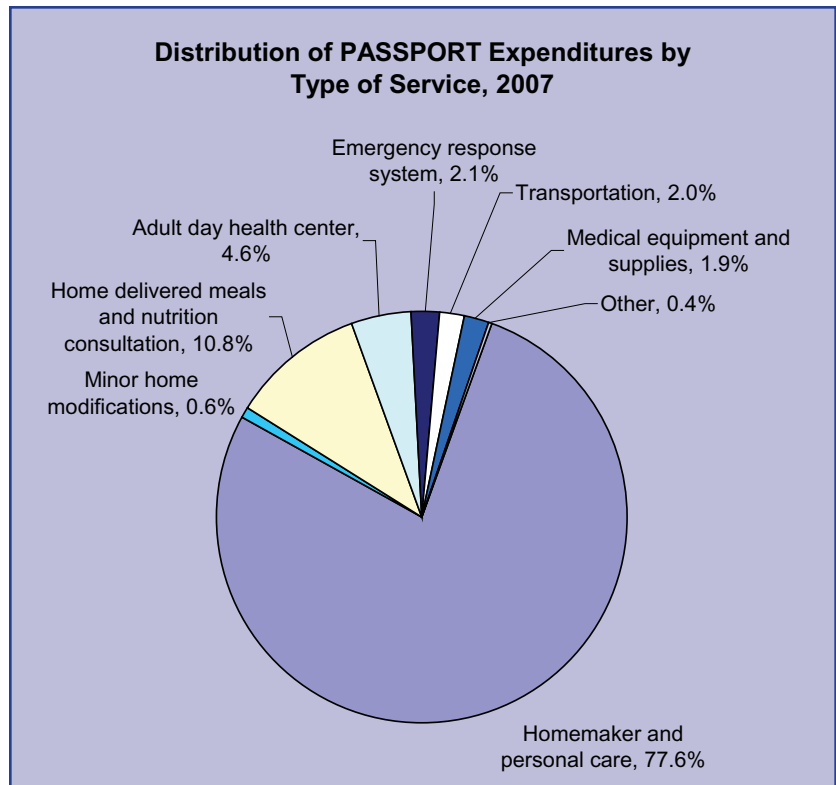
None.

References

Ohio Department of Aging (unpublished data). PASSPORT Information Management System. Data extraction. Columbus, OH: Ohio Department of Aging.

Mehdizadeh, S., Nelson, I. M., Thieman, L. (2007). PASSPORT Consumer Eligibility. Oxford, OH: Scripps Gerontology Center.

Mehdizadeh, S. (2007). PASSPORT Cost Neutrality. Oxford, OH: Scripps Gerontology Center.





Choices Waiver

Program description

The Choices Waiver is a self-directed home- and community-based waiver program for individuals 60 years of age and older with nursing home level of care needs. This program provides services in home and community settings to delay or prevent nursing home placement and is currently available in three of the 12 geographic regions served by Area Agencies of Aging with plans to expand the program to other geographic locations in Ohio.

This waiver embraces the philosophy of self-directed care; people receiving long-term services have the ability and the right to state their needs, decide how those needs should be met and by whom, and determine the quality of the services they are receiving. Self-directed programs require the involvement of the consumer or an authorized representative (AR). Those who meet eligibility requirements and elect this option become employers and hire workers (including friends, neighbors, and certain relatives) to provide services. Participants or their AR receive extensive training on the responsibilities of being an “employer of record.”

Eligibility requirements

Consumers must:

- Be 60 years of age or older;
- Meet Medicaid financial eligibility¹¹;
- Be currently enrolled in the PASSPORT Medicaid Waiver Program;
- Live in one of 26 counties in Ohio served by Area Agency on Aging #6 (Columbus), #7 (Rio Grande), and #8 (Marietta);
- Require nursing home level of care;
- Receive services for which the annual cost does not exceed 60% of the annual cost of nursing home care; and
- Be willing and capable of directing provider activities demonstrated by completing a certification process.

Consumer characteristics

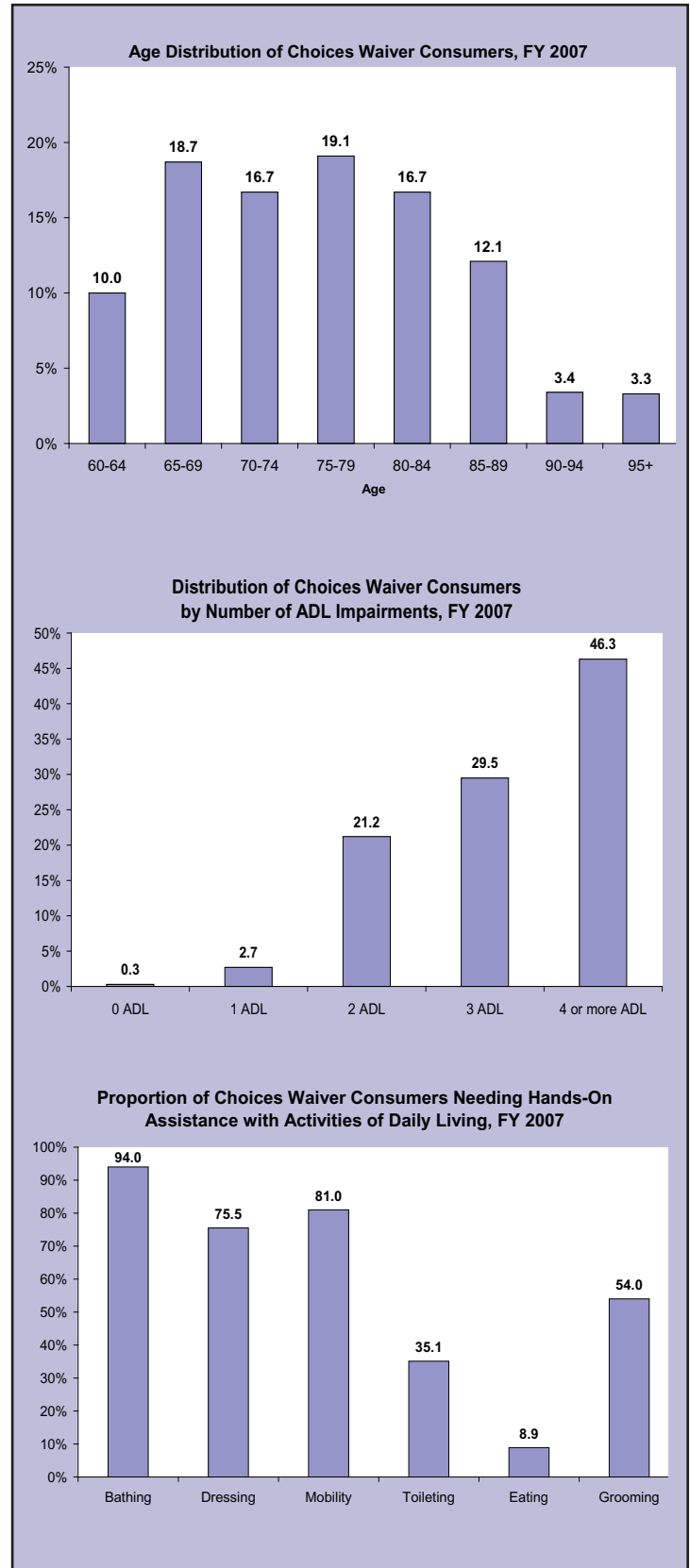
Average age

76.2

Sex

Female 80.8%
Male 19.2%

¹¹For detailed information on how financial eligibility is determined for consumers on the Choices Waiver see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



Choices Waiver (continued)

Race

White	83.6%
Black	13.5%
Other	2.9%

Average number of ADL impairments

3.5

Also see charts at left.

Total number of consumers

289 in FY 2007

Average monthly cost

In FY 2007, the average monthly expenditure per consumer was \$1,430. The average annual cost of services must not exceed a cost cap set by the State of Ohio.

Types of services

- Adult day care;
- Home care attendant;
- Minor home modifications;
- Home delivered meals and alternate meals;
- Medical equipment and supplies;
- Emergency response system; and
- Pest control.

Administrative agency

The program is jointly administered at the state level by the Ohio Department of Job and Family Services and the Ohio Department of Aging. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. Initial assessment and ongoing case management is performed by Area Agencies on Aging.

Program capacity

Consumers who meet PASSPORT eligibility criteria and reside in one of the three geographic locations served by Area Agency #6, #7, or #8, and who request Choices enrollment will be enrolled in the program. The Centers for Medicare & Medicaid Services determine the maximum capacity of the program. In FY 2007, the slot allocation was 834 and in FY 2009 it will be 1107.

Program waiting list

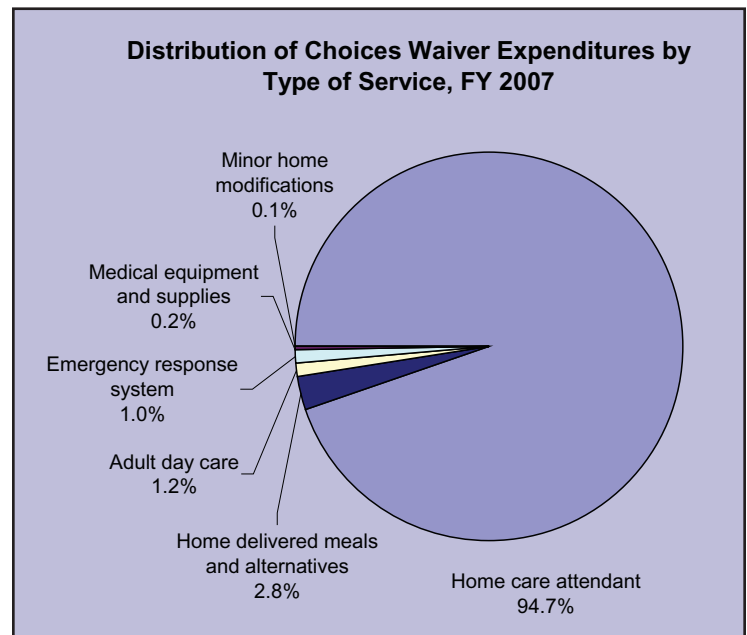
None.

References

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Ohio Department of Aging (2007). Choices Medicaid Waiver Program. Retrieved electronically on 7/2/2008 from http://www.goldenbuckeye.com/_pdf/profile_choices.pdf.

Ohio Department of Aging (2007). Ohio's Home and Community-based Waiver Programs, January 2007. Retrieved electronically on 6/30/2008 from http://www.goldenbuckeye.com/ultcb/subs/caremgmt_waiver_comparison_12-19-2007.pdf.





Assisted Living Medicaid Waiver

Program description

This Medicaid waiver program, which started July 1, 2006, provides services to individuals with nursing home level of care needs within residential care facilities licensed by Ohio Department of Health and certified as assisted living facilities by the Ohio Department of Aging. The program is an alternative to nursing home placement; it promotes an individual's independence, choice, and privacy.

Eligibility requirements

Consumers must:

- Be 21 years of age or older;
- Reside in a nursing facility, be an existing Medicaid waiver participant (i.e., PASSPORT, Ohio Home Care, Transitions Aging Carve-Out, Choices, Transitions MR/DD, Level One, or Individual Options), or have lived in an assisted living facility for at least six months;
- Require nursing home level of care;
- Meet Medicaid financial eligibility¹²; and
- Be able to pay room and board (\$573 per month in 2007).

Resident characteristics

Average age

80.0

Sex

Female 79.2%

Male 20.8%

Race*

White 89.6%

Black 9.2%

Other 1.2%

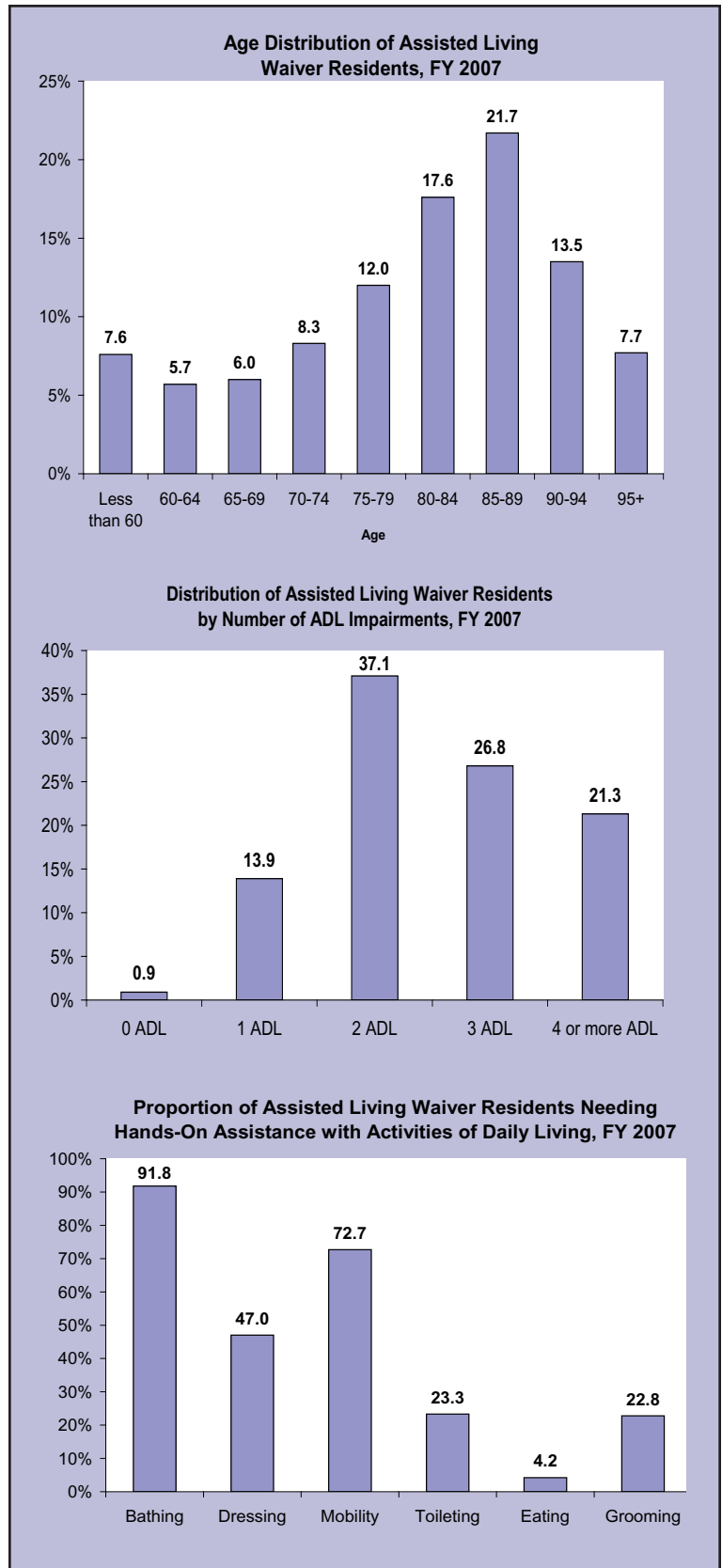
Average number of ADL impairments

2.6

Also see charts at right.

*Race data should be viewed with caution because of a high rate of missing data.

¹²For detailed information on how financial eligibility is determined for Assisted Living Waiver consumers see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



Assisted Living Medicaid Waiver (continued)

Total number of residents

949 as of November 1, 2008

Average monthly cost

There are three reimbursement tiers based on the type and intensity of services provided: Tier 1 (\$50/ day), Tier 2 (\$60), and Tier 3 (\$70). Eighty-five percent of the waiver residents are assigned to Tier 3. The maximum monthly Medicaid rate for the assisted living program is \$2,100 compared to \$4,890 for nursing home care.

Payment sources

The services provided through the Assisted Living Medicaid Waiver Program are financed by federal and state Medicaid funds.

Types of services

Services include twenty-four hour on-site response, personal care, supportive services (housekeeping, laundry, and maintenance), nursing, transportation, medication administration or supervision, three meals a day, and social/ recreational programming. Community transition help is also available, which includes the acquisition of household furnishings and other apartment start-up items for those individuals who may have given up their household goods upon entering a nursing facility.

Administrative agency

The program is jointly administered at the state level by the Ohio Department of Job and Family Services and the Ohio Department of Aging. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. Initial assessment and ongoing case management is performed by Area Agencies on Aging. Residential care facilities are licensed by the Ohio Department of Health, but certification as an assisted living facility is performed by the Ohio Department of Aging.

Program capacity

Enrollment is limited to three eligible participant groups: nursing facility residents, designated waiver consumers, and individuals who have lived in a licensed residential care facility for six months. The program has the capacity to serve 1800 individuals in any given year.

Program waiting list

None. However, as of November 1, 2008, 510 people were waiting to be admitted to an assisted living facility. There were 148 facilities certified to participate in this waiver program and the most common reason for clients not enrolling was lack of an available facility.

References

Ohio Department of Aging (2007). Assisted Living Medicaid Waiver Program. Retrieved electronically 6/30/2008 from http://goldenbuckeye.com/_pdf/profile_assisted_living.pdf.

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Program of All-Inclusive Care for the Elderly (PACE)

Program description

The Program of All-inclusive Care for the Elderly (PACE) is a managed-care model for older adults with nursing home level of care needs. The comprehensive service package provides medical, social, and rehabilitative services, allowing older adults to continue living in the community. Each PACE site has a team of doctors, nurses, and other health professionals who assess participant needs, develop an integrated health care plan, and deliver services.

PACE settings

Ohio has two PACE sites: TriHealth Senior Link serving the Cincinnati area and Concordia Care serving the Cleveland area.

Eligibility requirements

Consumers must:

- Be at least 55 years old;
- Live in the PACE service area (either in the Cleveland or Cincinnati areas);
- Meet Medicaid institutional financial eligibility (if seeking Medicaid reimbursement)¹³ and/ or qualify for Medicare;
- Require nursing home level of care and be able to live safely in a community setting; and
- Be willing to receive all their care from PACE providers.

Consumer characteristics

Average age

69.5

Sex

Female 74.4%
Male 25.6%

Average number of ADL impairments

2.7

Average number of IADL impairments

5.4

Also see charts at right.

Total number of consumers served

722 in 2008

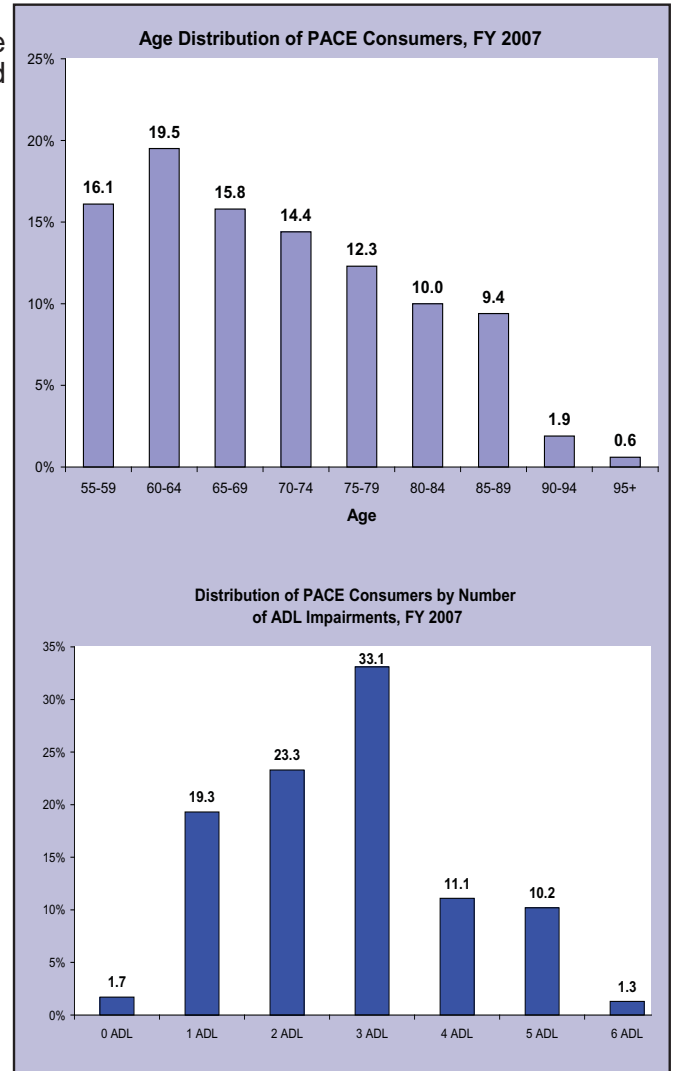
Average monthly cost

Medicare and Medicaid pay a fixed monthly payment per PACE consumer per contract year regardless of the services a consumer may need. PACE consumers also may need to pay a monthly premium, depending on their Medicare and Medicaid eligibility. The rate differs by site location and whether consumers are eligible for Medicaid only or both Medicaid and Medicare (dual eligibility).

Monthly Medicaid reimbursement rates by site as of FY 2007:

Site	Medicaid-only eligible	Medicaid and Medicare (dual) eligible
Concordia Care	\$3,663	\$2,468
Tri-Health Senior Link	\$3,886	\$2,777

¹³For detailed information on how financial eligibility is determined for consumers in PACE see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



PACE

(continued)

Payment sources

The services provided through PACE are financed by both federal Medicare funds and federal and state Medicaid funds. Participants who are only Medicare beneficiaries must pay an amount equal to the Medicaid rate plus Medicare part D premiums.

Types of services

PACE consumers are entitled to all the services that a Medicaid-eligible nursing home resident receives, all the health care services that he/she needs, and services which are determined necessary by health professionals at the PACE site. Services provided by Ohio PACE centers include:

- Primary medical care;
- Specialty medical care (e.g., audiology and dentistry);
- Mental health services;
- Physical, occupational, and recreational therapies;
- Medical transportation;
- Adult day health and activity center;
- Meals;
- Nutrition counseling;
- Social services;
- Home health care and personal care;
- Prescription and over-the-counter medications and medication administration assistance;
- Inpatient services for hospital and nursing home care; and
- Respite care.

Administrative agency

The program is jointly administered at the state level by the Ohio Department of Job and Family Services and the Ohio Department of Aging. Medicaid eligibility is determined by county offices of the Department of Job and Family Services and the Ohio Department of Aging is responsible for program management. Initial assessment and ongoing case management is performed by PACE sites.

Program capacity

The Centers for Medicare and Medicaid have approved 880 slots for PACE participants in Ohio. Currently, there are 722 PACE participants in both sites.

Program waiting list

As of July 1, 2007 there were 50 people on the waiting list.

References

Concordia Care (no date). Senior independence. Retrieved electronically 6/30/2008 from <http://concordiacareohio.org/index2.html>.

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TriHealth Seniors' Health (no date). Senior link. Retrieved electronically 6/30/2008 from <http://www.trihealthseniorshealth.com/seniorlink/>.

U.S. Department of Health and Human Services (no date). Program for all-inclusive care for the elderly. Retrieved electronically 6/30/2008 from <http://www.medicare.gov/Nursing/Alternatives/PACE.asp>.



The Residential State Supplement (RSS)

Program description

The Residential State Supplement (RSS) provides a monetary supplement to low-income adults with disabilities who require supervision but do not qualify for nursing home care. The RSS monetary supplement is used to help pay for approved living arrangements.

Eligibility requirements

Consumers must:

- Be 18 years of age or older;
- Require a protective level of care (less than 24-hour supervision);
- Require a residential placement and support services;
- Require no more than 120 days of skilled nursing care per year;
- Meet financial eligibility¹⁴. Individual monthly income cannot exceed \$824 (in most cases). This amount is lower (\$618) and higher (\$927) for certain residential settings. In all cases, however, assets cannot exceed \$1,500.

Consumer characteristics

Average age

53.2

Sex

Female 44.8%
Male 55.2%

Race

White 78.6%
Black 20.3%
Other 1.1%

Average number of ADL impairments

0.4

Average number of IADL impairments

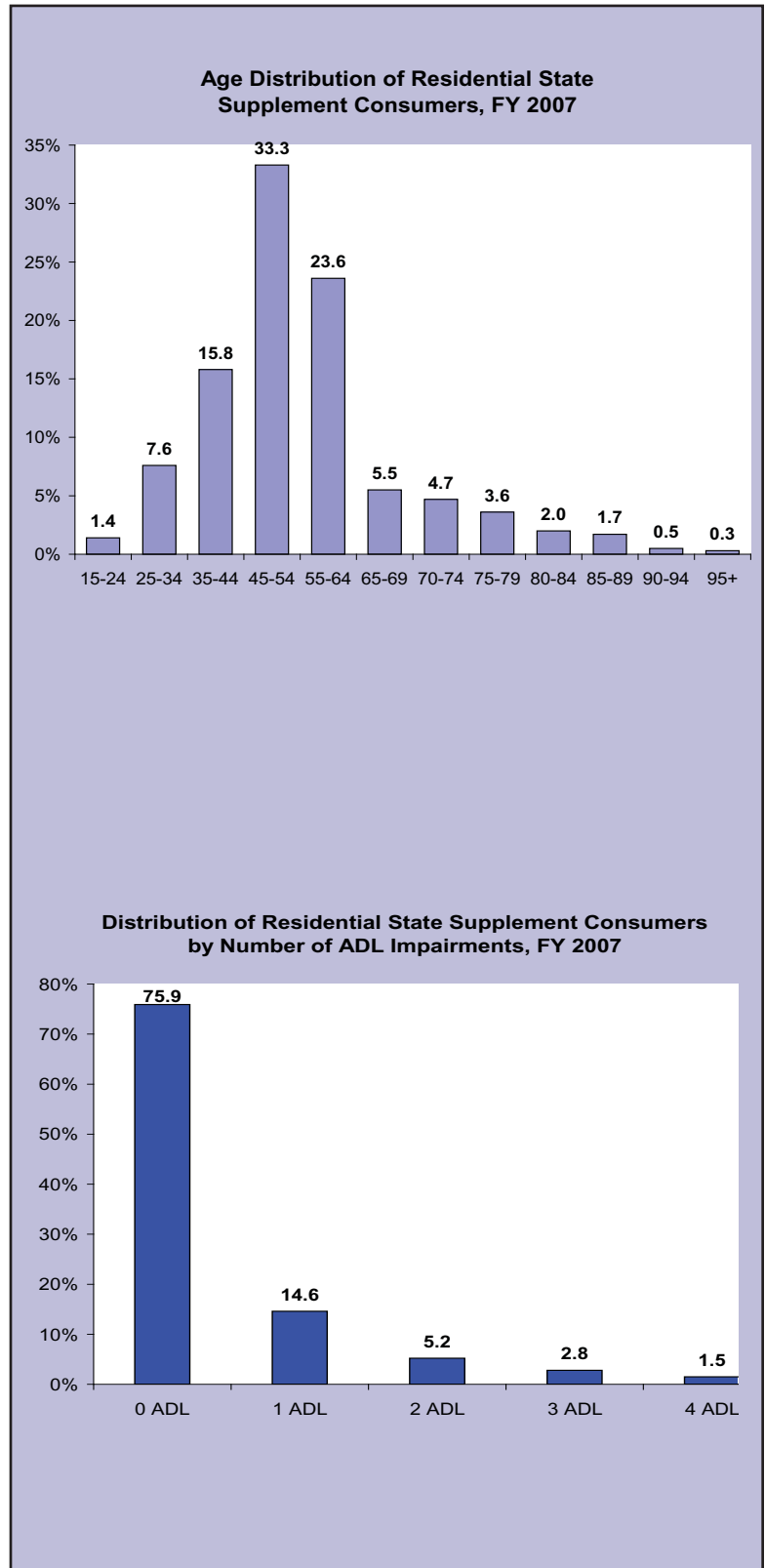
4.6

Supervision needed

24 hour 1.9%
Partial time 96.3%

Also see charts at right.

¹⁴For detailed information on how financial eligibility is determined for RSS consumers see <http://jfs.ohio.gov/OHP/consumers/abd.stm>



The Residential State Supplement (RSS) (continued)

Total number of consumers

1891 in CY 2007

Average monthly cost

The average monthly monetary supplement per consumer was \$414.01 in 2006.

Payment sources

The services provided through RSS are financed by state Medicaid funds.

Types of services

- Medicaid coverage due to low-income status;
- Ongoing residential case management from a registered nurse or licensed social worker; and
- A monthly cash supplement to help pay for accommodations (i.e., room, board, and services) in a certified or licensed residential setting. These settings include: adult foster homes, adult care facilities (which include adult foster homes and adult group homes), community mental health housing, mental health residential facilities, and residential care facilities. In addition, consumers receive a monthly personal allowance of \$50.

Administrative agency

The program is jointly administered at the State level by the Ohio Department of Job and Family Services and the Ohio Department of Aging. Medicaid eligibility is determined by county offices of the Department of Job and Family Services. Initial assessment and ongoing case management is performed by Area Agencies on Aging.

Program capacity

Beginning in March 2007 there is no enrollment restriction. Consumers who meet the eligibility criteria will be enrolled in the program. Utilization in FY 2007 was 1891.

Program waiting list

As of June 2008 there were 233 people on the waiting list.

References

Ohio Department of Aging (no date). Program profile: Residential State Supplement. Retrieved electronically 7/1/2008 from http://goldenbuckeye.com/_pdf/profile_rss.pdf.

Ohio Department of Aging (unpublished data). PASSPORT Information Management System. Data extraction. Columbus, OH: Ohio Department of Aging.

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Ohio Administrative Code, 173-35-04.

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Ohio Administrative Code, 173-35-07.



Senior Services Tax Levy Programs

Program description

As of April, 2008*, 66 out of Ohio's 88 counties used local property tax levies (in addition to state and federal funding) to support enhanced and expanded services to older adults. These levies are implemented by a ballot issue vote and typically are in effect for five years. Ohio is one of only seven states in the U.S. that have tax levy programs to pay for senior services. The six other states are Kansas, Louisiana, Michigan, Missouri, Montana, and North Dakota.

*Available data on all Ohio tax levy programs are in aggregate format and are limited to the number of counties that have tax levies and the total dollar amount the tax levies generate. For example, consumer characteristics in this summary are based on information from four counties: Clinton, Butler, Warren, and Hamilton.

Eligibility requirements (vary by county)

Consumers:

- Must be at least 60 or 65 years of age (depending on county and type of service);
- Must reside in the county that has the tax levy program in which they are benefiting, and must live in an independent living environment;
- Must be impaired in ADL or IADL tasks and demonstrate need for the requested services; and
- Must be able to participate in cost sharing, if required.

Consumer characteristics

Average age

79.5

Sex

Female 72%

Male 27%

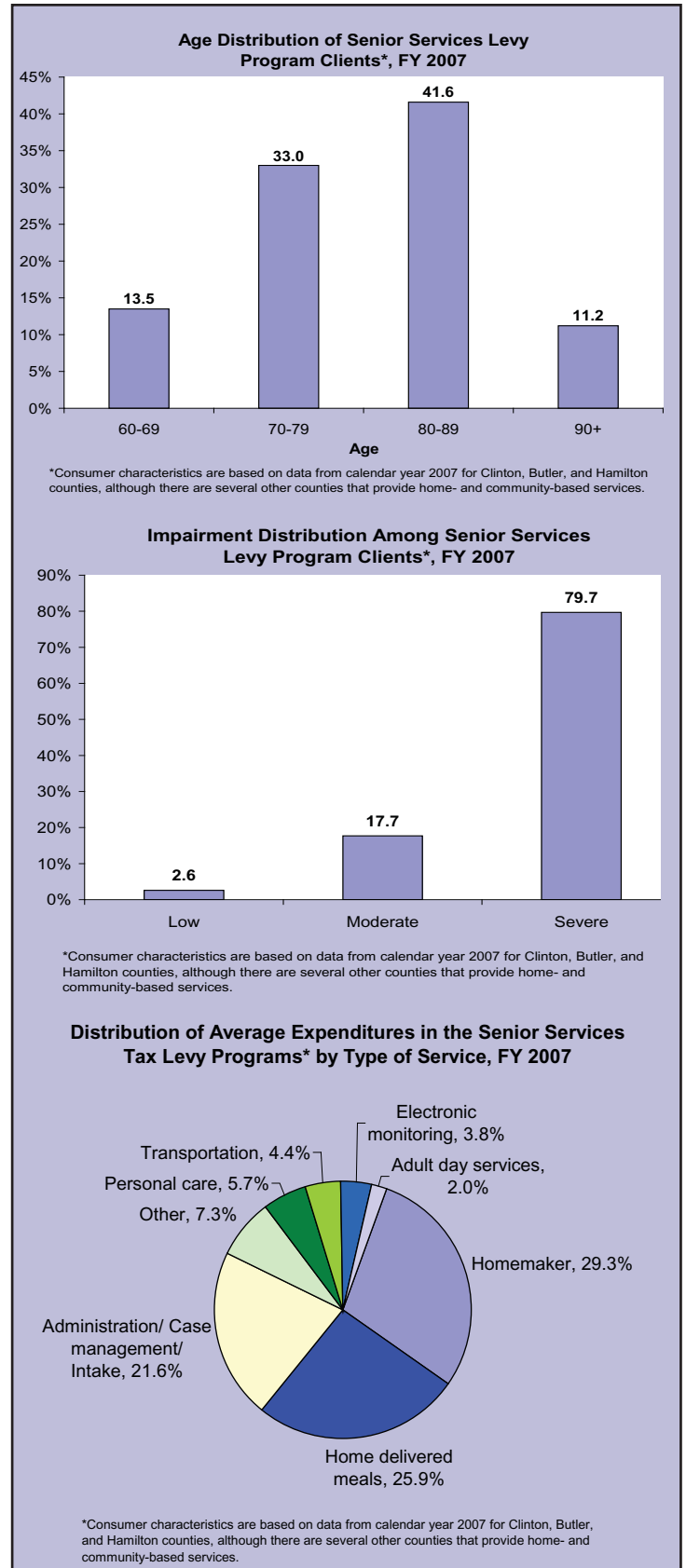
Race

White 75.5%

Black 22.4%

Other 2.1%

Also see charts at right.



Senior Services Tax Levy Programs (continued)

Average monthly cost

As of April 2008, the 66 counties with senior services tax levies brought in over \$120 million in senior levy funds each year. Levy funds from three counties (Butler, Franklin, and Hamilton) accounted for one-half of this total. Many counties use senior levy funds to leverage additional matching funds from other sources like the Older Americans Act. Cost sharing and donations bring in additional funding. Per person expenditures are not applicable for this program, since many counties use the funds for senior centers as a match for Older Americans Act funds and other services that benefit the community as a whole.

Payment sources

The main payment source for senior services for eligible individuals is the county tax levies managed by individual county governments. In addition, clients contribute to the cost of their care if their income is above a certain designated level (this level varies by county and the tax levy program).

Types of services (These vary by county.)

Adult day services, including transportation and personal care; companion services; electronic monitoring systems; environmental services; home-delivered meals; home medical equipment; home repair/ accessibility; homemaker services; independent living assistance; medical transportation; personal care services; respite care; intake, assessment, and ongoing case management; nutrition consultant; and social work counseling.

Administrative agency

Each county has its own system to administer the levy. The Area Agency on Aging handles program management in some counties, while in others the county board of aging or private not-for-profit corporations administer levy programs.

Program waiting list

Not available on a statewide basis.

References

Ohio Department of Aging (2008). Program profile: Senior services tax levies. Retrieved electronically 7/7/2007 from http://goldenbuckeye.com/_pdf/profile_levies.pdf

Payne, M., Applebaum, R., Molea, M., & Ross, D. E. (2007). Funding services from the bottom up: An overview of senior services levy programs in Ohio. *The Gerontologist*, vol. 47, no. 4, 555-558.

Butler County Elderly Services Program (no date). Annual report 2007. Retrieved electronically 7/7/2008 from <http://www.help4seniors.org/pdf/Annual%20Reports/2007/2007%20Butler%20ESP%20AR.pdf>

Warren County Elderly Services Program (no date). Annual report 2007. Retrieved electronically 7/7/2008 from <http://www.help4seniors.org/pdf/Annual%20Reports/2007/2007%20Warren%20ESP%20AR.pdf>

Hamilton County Elderly Services Program (no date). Annual report 2007. Retrieved electronically 7/7/2008 from <http://www.help4seniors.org/pdf/Annual%20Reports/2007/2007%20Hamilton%20ESP%20AR.pdf>Services.

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CONCLUSION

This report presents an overview of the providers and programs in Ohio's current system of long-term care. In combination with the other two reports in the series, this report is designed to help program managers and policy makers as they work to refine Ohio's long-term care system.

The costs of the current system are placing considerable pressure on state resources, and projections indicate these challenges will only grow. An understanding of providers and programs in the current system is one important step in guiding policy makers to develop a high-quality and cost-effective long-term care system.

GLOSSARY

Activities of Daily Living (ADL)- Basic personal activities which include bathing, eating, dressing, mobility (at least one of the following: bed mobility, locomotion, or transferring from bed to chair) toileting, and grooming.

Area Agency on Aging (AAA)- A regional agency (Ohio's 12 AAAs are composed of multiple county planning and service areas), funded under the federal Older Americans Act, that plans and coordinates various social and health service programs for persons 60 years of age or older. The national network of AAA offices consists of more than 600 approved agencies.

Care/ case management (CM)- Care/case managers assess consumers' needs, create service plans, and coordinate and monitor services; they may operate privately or may be employed by social service agencies or public programs. Typically case managers are nurses or social workers.

Caregiver- An informal caregiver is a person who provides support and assistance with various activities to a family member, friend, or neighbor. May provide emotional or financial support, as well as hands-on help with different tasks. Caregiving may also be done from a long distance. Formal caregivers are volunteers or paid care providers who are usually associated with an agency or social service system.

Centers for Medicare & Medicaid Services (CMS)- This federal organization oversees the Medicare and Medicaid programs. It also provides information to assist consumers in choosing a variety of types of service providers through its website at www.cms.gov.

Chore services- Help with chores such as home repairs, yard work, and heavy housecleaning.

Chronic illness- Long-term or permanent illness (e.g. diabetes, arthritis) which often results in some type of disability and which may require a person to seek help with various activities.

Community-based services- Services designed to help older and disabled people remain independent and in their own homes; can include senior centers, transportation, home-delivered meals or congregate meals, visiting nurses or home health aides, adult day care, and home-maker services.

Companionship services- (Also called: Companion, Companions, Friendly Visitors) People who provide companionship to elderly and shut-in people, providing conversation, reading, and possibly light errands.

Disability- Limitation in physical, mental, or social activity. There are varying types (functional, occupational, learning), degrees (partial, total), and durations (temporary, permanent) of disability.

Dual eligible/ eligibility- Persons who are entitled to Medicare (Part A and/or Part B) and who are also eligible for Medicaid. Medicaid pays for premiums, deductibles, and co-payments required by Medicare.

Emergency response system (ERS)- (also called personal emergency response systems) - A call button -- usually worn by the individual -- which can be pushed to get help from family, friends, or emergency assistance in case of emergency. Can be purchased or rented.

Habilitation- These are services designed to help participants acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in home- and community-based settings.

Home care/ home care services- Non-medical long-term care services received in a home. For example: homemaker, personal care, home-delivered meals, chore services, or emergency response systems.

Home-delivered meals- Sometimes referred to as “meals on wheels,” home delivered meals are delivered to homebound persons who are unable to prepare their own meals.

Home health care- Medical care delivered at home that includes a wide range of health-related services such as assistance with medications, wound care, and intravenous (IV) therapy.

Homemaker services- Help with meal preparation, shopping, light housekeeping, and laundry.

Impairment- Any loss or abnormality of psychological, physiological, or anatomical function.

Informal caregiver- An informal caregiver is often a spouse, adult child or other relative who provides care for the care receiver, typically without pay.

Instrumental Activities of Daily Living (IADL)- Household/independent living tasks which include using the telephone, taking medications, money management, housework, meal preparation, laundry, and grocery shopping.

Level of care (LOC)- Also known as functional eligibility. It is the amount of assistance required by consumers which may determine their eligibility for programs and services. Levels include: protective, intermediate, skilled, and ICF/MR. In order to qualify for Medicaid nursing home or home- & community-based services an individual must meet a nursing home level of care (either intermediate or skilled level of care).

Long-term care (LTC)- The broad spectrum of medical and support services provided to persons who have lost some or all capacity to function on their own due to a chronic illness or condition, and who are expected to need such services over a prolonged period of time. Long-term care can consist of care in the home by family members who are assisted with voluntary or employed help, adult day health care, or care in assisted living or skilled nursing facilities.

Long-term care insurance- Insurance policies which pay for long-term care services (such as nursing home and home care) that Medicare and Medigap policies do not cover. Policies vary in terms of what they will cover, and premiums vary accordingly. Coverage may be denied based on health status or age.

Medicaid (Title XIX)- Federal and state-funded program of medical assistance to low-income individuals of all ages. There are income eligibility requirements for Medicaid.

Medicaid Waiver Programs- Medicaid programs that provide alternatives to nursing home care. These programs have the potential to reduce overall Medicaid costs by providing services in innovative ways, or to groups of people not covered under the traditional Medicaid program. These programs require Centers for Medicare & Medicaid (CMS) approval and the capacity is jointly set by CMS and the state, and generally have limited slots available.

Medicare (Title XVIII)- Federal health insurance program for persons age 65 and over (and certain disabled persons under age 65). Consists of 4 parts: Part A (hospital insurance), Part B (optional medical insurance which covers physicians' services and outpatient care in part and which requires beneficiaries to pay a monthly premium), Part C (also known as Medicare Advantage), and Part D (prescription drug coverage).

Ohio Department of Aging (ODA)- State agency that oversees aging services programs (including PASSPORT, Choices, Assisted living, and RSS) within the state of Ohio. ODA receives some funds from the U.S. Administration on Aging and serves as Ohio's state unit on aging.

Ohio Department of Health (ODH)- State agency whose responsibilities include inspecting and licensing most long-term care facilities and some other types of medical providers within the state of Ohio.

Ohio Department of Job and Family Services (ODJFS)- State agency that oversees programs that provide health care (Medicaid), employment and economic assistance, child support, and services to families and children.

Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD)- ODMRDD is responsible for overseeing a statewide system of supports and services for people with mental retardation or other developmental disabilities and their families.

Older Americans Act- Federal legislation that specifically addresses the needs of older adults in the United States. Provides some funding for aging services (such as home-delivered meals, congregate meals, senior centers, employment programs). Creates the structure of the federal Administration on Aging, State Units on Aging, and local Area Agencies on Aging that oversee aging programs.

PASSPORT Administrative Agency- Organization that manages eligibility determination, assessment, ongoing case management, and quality assurance for the PASSPORT and Assisted Living Medicaid Waiver programs. These are housed in Area Agencies on Aging in Ohio. The sole exception to this is Catholic Social Services in Sidney, Ohio.

Personal care- Assistance with activities of daily living as well as with self-administration of medications and preparation of special diets.

Pre-admission review- Assessment required of all people living independently in the community who wish to enter a nursing home. This ensures that home and community-based long-term care options are presented to all older people who are able to take advantage of them.

Pre-admission screen- Older Ohioans requesting admission to a Medicaid-certified nursing facility must receive approval from their PASSPORT Administrative Agency before they may be ad-

mitted. This approval (the pre-admission screen) is a federal requirement to ensure that nursing home residents who need mental health services or specialized services for the mentally retarded or developmentally disabled are identified at admission.

Rehabilitation/ rehabilitative services- Services designed to improve/restore a person's functioning; includes physical therapy, occupational therapy, and/or speech therapy. May be provided at home or in long-term care facilities. May be covered in part by Medicare.

Respite care- Service either in which trained professionals or volunteers come into the home or where care is provided in an institutional setting for a short-term (from a few hours to a few days) to allow caregivers of an older or disabled person some time away from their caregiving role.

Self direction- A service model which emphasizes autonomy, choice, and less restricted access to both services and supports.

Senior center- A community organization that provides a variety of on-site programs for older adults including recreation, entertainment, congregate meals, and some health services. Usually a good source of information about area programs and services for persons age 60 and over.

Skilled care- Highest level of care requiring skilled medical services (such as injections, catheterizations, and dressing changes) provided by medical professionals, including nurses, doctors, and physical therapists.

Supplemental Security Income (SSI)- Supplemental Security Income (SSI) is a federal supplemental income program for low-income elderly or disabled persons established in 1972. Many states supplement it with additional state SSI. In most states, SSI recipients are also automatically eligible for Medicaid.

Transportation services- (also called Escort services) Provides transportation for older adults to services and appointments. May use bus, taxi, volunteer drivers, or van or ambulance services that can accommodate wheelchairs and persons with other special needs.