

**An Overview of Ohio's  
In-Home Service Program  
For Older People (PASSPORT)**

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## **AN OVERVIEW OF OHIO'S IN-HOME SERVICES PROGRAM FOR OLDER PEOPLE (PASSPORT)**

### **FAST FACTS**

Ohio currently has one of the largest aging populations in the nation, with 173,000 individuals age 60 and older who experience a severe disability that requires long-term assistance.

Ohio has expanded home care service options. In June 2004, 35% of Ohio's 63,500 Medicaid long-term care recipients age 60 and older in the state were enrolled in PASSPORT (22,560). Ten years earlier there were 7,161 PASSPORT participants accounting for 12% of Medicaid long-term care recipients. During the same period the number of Medicaid nursing home residents age 60 and older dropped from 52,500 to 41,000.

Coupled with the growth in the number of recipients has been an increase in PASSPORT program expenditures. Program costs have increased from \$103 million in 1995 to \$276 million in 2004.

PASSPORT consumers are quite disabled, with more than six in ten impaired in three or more activities of daily living, such as bathing, dressing, and grooming.

PASSPORT participants have substantial health care needs. Three participants in ten had been hospitalized in the past year and more than one in two take six or more prescription medications.

Seventy percent of PASSPORT consumers have active caregivers, although 40% of these caregivers report fair or poor health for themselves.

Between 25 and 30% of PASSPORT participants leave the program each year. The two main reasons for this are nursing home placement (34%) and death (40%).

## **Background**

In 1981, Congress enacted legislation that allowed states to request a waiver from the federal government to use Medicaid funds to serve individuals with chronic disability in non-institutional settings. Prior to this legislation, Medicaid long-term care funds could only be used for nursing home care. To be eligible for Medicaid funded services under the new home and community-based waiver an individual had to meet the nursing home admission criteria as established by each state. Because there were nursing home residents who could be served in non-institutional settings, the popularity of the waiver programs around the United States has increased substantially in the past two decades. Currently every state in the nation has at least one waiver program and in fact there are nearly 300 waivers in operation serving individuals with disabilities of all ages. More than 800,000 participants are being served through this array of waiver programs. The \$19 billion spent on home care waiver programs in 2003 represented nearly 22% of all Medicaid long-term care expenditures.

PASSPORT, Ohio's Medicaid waiver program that provides in-home services to older Ohioans with disabilities, began in 1984 as a demonstration. It has operated as a statewide program since 1990. The program, administered by the Ohio Department of Aging (ODA), serves those age 60 and older and is one of the largest waiver programs in the nation, with an active caseload of 24,300 in March 2005. In 2004, PASSPORT served about 30,000 older people. A second waiver administered by ODA provides consumer-directed services to PASSPORT clients on a demonstration basis. The state has four more Medicaid waiver programs targeted to other disabled populations. The first is a program that is operated by the Ohio Department of Job and Family Services (ODJFS) for

individuals who are under age 60 and who experience a chronic disability; the other three waiver programs are for individuals with developmental disabilities and are operated by the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD). In 2003, Ohio spent just over \$750 million dollars on these waivers. PASSPORT, the state's largest waiver in terms of the number of people served, had expenditures of \$245 million in 2003. The PASSPORT waiver, restricted to disabled Ohioans age 60 and over, will be the focus of this research report.

### **PASSPORT Administrative Structure**

Program operations for PASSPORT are divided between the Ohio Department of Aging (ODA) and the regional Area Agencies on Aging (AAA). ODA is responsible for program planning and waiver development, budgeting and contracting, quality assurance, information system development and information processing, and in conjunction with ODJFS, the state Medicaid agency, financial monitoring. The regional Area Agencies on Aging (and one private non-profit agency) are responsible for all of the client level program implementation functions, service provider recruitment and contracting, and quality assurance. The federal government, through the Centers for Medicare and Medicaid Services, has responsibility for waiver approval and monitoring, which includes both financial and quality of care auditing.

The AAA staff complete a pre-admission assessment of all long-term care applicants to both Ohio nursing homes and to the PASSPORT program. Enrollment into the PASSPORT program is offered to those individuals who: meet the Medicaid eligibility criteria, both financial and functional; request in-home services and are judged by program assessors and their physician as able to receive assistance in the community; and have a care plan that is within the program cost cap.

At the end of June of 2004, PASSPORT had 22,560 older participants in the program. Table 1 shows the enrollment patterns for Ohio's twelve area agencies on aging. Area Agency 10A, which encompasses the Cleveland region, has the largest population of older people with severe disability (35,663), and has the largest PASSPORT caseload, almost 4400 participants. Table 1 includes a comparison between the size of the older population by Area Agency and their PASSPORT enrollment. For example, the Columbus Area Agency region has 11% of the state's older disabled population, and has just over 10% of the PASSPORT caseload. We also examine the PASSPORT caseload as a proportion of the number of severely disabled older people in each region. Overall PASSPORT serves 13% of the severely disabled older population of the state. There is, however, considerable variation in the service penetration rates, with the Rio Grande agency serving more than 40% of the disabled older population in their region, compared to 7% in the Lima region.

### **PASSPORT program operations**

PASSPORT program participants have access to a wide range of services and accommodations which allow participants to remain in the community. Options under the program include: adult day care, chore services, durable medical equipment and supplies, emergency response systems, independent living assistance, home delivered meals, homemaker, minor home modification, personal care, social work, nutritional counseling and medical transportation. A program care manager, either a nurse or a social worker, has the responsibility to ensure that the PASSPORT participant's needs are correctly matched with the services provided. To meet this objective the care manager should

**Table 1**  
**Distribution of Ohio's Older Population and PASSPORT Consumers:**  
**By Area Agencies on Aging**  
**June 2004**

<b>Area Agency on Aging (AAA)</b>	<b>Location</b>	<b>Estimated Total 60+ Population</b>	<b>Estimated Number of People with Severe Disabilities 60+</b>	<b>Proportion of Ohio's Population 60+ with Severe Disabilities By AAA</b>	<b>Number of PASSPORT Consumers</b>	<b>Proportion of PASSPORT Consumers By AAA</b>	<b>PASSPORT Consumers as Percent of Severely Disabled Population</b>
1	Cincinnati	249,370	21,424	12.4	1,895	8.4	8.8
2	Dayton	154,201	13,037	7.5	1,421	6.3	10.9
3	Lima	65,755	5,965	3.4	429	1.9	7.2
4	Toledo	162,199	14,325	8.3	1,760	7.8	12.3
5	Mansfield	97,433	8,225	4.7	1,399	6.2	17.0
6	Columbus	233,003	19,032	11.0	2,301	10.2	12.1
7	Rio Grande	81,533	6,551	3.8	2,639	11.7	40.2
8	Marietta	46,402	3,743	2.2	699	3.1	18.7
9	Cambridge	98,163	8,480	4.9	1,399	6.2	16.5
10A	Cleveland	399,349	35,663	20.6	4,377	19.4	12.3
10B	Akron	217,225	18,931	10.9	2,572	11.4	13.6
11	Youngstown	143,901	12,717	7.3	1,060	4.7	8.3
CSS*	Sidney	60,856	5,134	3.0	609	2.7	11.9
Total	State Total	2,009,390	173,327	100.0	22,560	100.0	13.0

\* Catholic Social Services serves part of the Dayton Region and is the only private agency involved with the administration of PASSPORT services.

*Source:* PASSPORT Database system;

Profiles and Projections of the 60+ Population. Available at <http://www.scripps.muohio.edu/scripps/research/countyreports.html>

complete three separate tasks. He or she must develop a plan of care in conjunction with the participant, their family, and their physician within the program's budgetary constraints. The care manager must also arrange for services to be delivered, and monitor on an ongoing basis that services are being provided according to the plan. Care managers must also assess whether the clients condition or circumstances change such that their service plan needs to be modified. At any given time each care manager is responsible for about 60-65 participants. PASSPORT consumers are classified into one of three categories for determining the level of care manager contact. Consumers in the intensive category receive monthly contact with their care manager as well as a face-to-face visit every other month.

### **PASSPORT Consumer Profile**

*Demographics and Functional Characteristics* In long-term care, regardless of setting, a similar population is served. As in nursing homes and assisted living, PASSPORT consumers are most likely to be Caucasian women who are unmarried (See Table 2). Four in five PASSPORT participants are women, about three in four are Caucasian, four in five are unmarried and eight in ten live in their own homes. The average age of participants is 76, with 35% over the age of 80. Recent trends suggest that there has been a slight increase in the proportion of PASSPORT consumers in the youngest age groups. In June 2004, 27% of PASSPORT consumers were between the ages of 60 and 69, compared to 23% in both 1994 and 1999. Our population projections indicate that this increase is commensurate with an increase in the number of Ohioans between the ages of 60 and 69.

PASSPORT consumers are quite disabled as measured by their ability to perform activities of daily living (ADLs), such as bathing, dressing and grooming. More than six in ten participants are impaired in three or more ADLs (See Table 3). Participants are most likely to be impaired in bathing (97%), transferring from their bed to a chair (75%), and dressing (62%). One

**Table 2**  
**Demographic Characteristics of PASSPORT Consumers: 1994-2004**

	<b>December 1994</b> <b>(Percentages)<sup>a</sup></b>	<b>December 1999</b> <b>(Percentages)<sup>a</sup></b>	<b>June 2004</b> <b>(Percentages)<sup>a</sup></b>
<b>Age</b>			
60-64	9.4	8.9	10.8
65-69	13.2	13.8	16.2
70-74	16.3	18.2	17.8
75-79	17.1	19.7	20.3
80-84	16.9	17.5	17.3
85-90	15.0	13.1	10.8
91-94	8.6	6.6	5.4
95+	3.5	2.2	1.4
<b>Average Age</b>	77.7	76.9	76.4
<b>Gender</b>			
Female	80.0	80.7	79.8
<b>Race</b>			
White	73.2	74.1	76.6
Black	25.5	24.5	21.9
Other	1.3	1.4	1.5
<b>Marital Status</b>			
Never Married	5.2	5.7	6.3
Widowed	59.8	56.9	51.4
Divorced/Separated	12.2	19.9	23.0
Married	20.8	17.5	19.3
<b>Current Living Arrangement</b>			
Own home/ apartment	79.0	78.8	83.8
Relative or friend	18.9	20.3	15.7
Congregate housing/elderly	1.1	0.5	0.3
Group home	0.7	0.4	-
Nursing facility	-	-	-
Other	0.1	-	0.2
<b>Number of Consumers Served*</b>	7,161	15,530	22,560

\*Number of consumers served in 1994 and in 1999 represent total consumers served during the year. However, in 2004, this number represents consumers actively receiving services at the end of June 2004

*Source:* PASSPORT Database



**Table 3**  
**Functional Characteristics of PASSPORT Consumers: 1994-2004**

	December 1994 (Percentages) <sup>a</sup>	December 1999 (Percentages) <sup>a</sup>	June 2004 (Percentages) <sup>a</sup>
<b>Percentage with Impairment/Needing Hands-On Assistance, Activities of Daily Living (ADLs)<sup>b</sup></b>			
Bathing	96.7	96.7	96.5
Dressing	71.4	63.4	61.7
Transferring	38.1	67.1	75.1
Toileting	35.5	24.6	20.4
Eating	11.4	7.6	10.6
Grooming <sup>c</sup>	N/A	38.3	32.8
<b>Number of ADL impairments</b>			
0	N/A <sup>c</sup>	1.1	0.8
1	N/A	3.8	3.8
2	N/A	37.9	34.8
3	N/A	30.2	34.1
4 or more	N/A	27.0	26.5
<b>Average Number of ADL Impairments<sup>*</sup></b>	N/A <sup>c</sup>	3.0	3.0
<b>Percentage with Impairment in Instrumental Activities of Daily Living (IADLs)</b>			
Phoning	32.8	24.6	18.6
Transportation	85.9	84.6	83.4
Shopping	97.6	97.8	97.6
Meal preparation	88.3	87.0	88.9
House cleaning or laundry	97.1	98.6	99.7
Heavy chores	99.7	99.9	99.2
Legal and financial	77.0	71.5	64.68
<b>Medication Administration</b>	38.8	46.8	34.4
<b>Number of IADL Impairments<sup>**</sup></b>			
0	-	-	0.1
1	0.1	0.0	-
2	0.5	0.3	0.3
3	2.8	3.3	2.7
4 or more	96.6	96.4	96.9
<b>Average Number of IADL Impairments<sup>**</sup></b>	6.2	6.1	5.8
<b>Supervision Needed</b>			
24 hour	N/A	N/A	8.1 <sup>d</sup>
Partial time	N/A	N/A	11.1 <sup>d</sup>
<b>Incontinence</b>	N/A	N/A	21.2 <sup>d</sup>
<b>Number of Consumer Served</b>	7,161	15,530	22,560

\*From list above.

\*\*From list above (including Medication Administration).

Source: PASSPORT Database

in five participants are incontinent and need supervision to perform tasks of daily living.

PASSPORT consumers have considerable impairment in their ability to perform instrumental activities of daily living (IADLs), such as meal preparation, shopping, and transportation.

Participants, on average, are impaired in six of these IADLs.

*Participant Health Status* Given the functional limitations of PASSPORT consumers, it is not surprising that this group has a high degree of health risk. Three in ten participants had been hospitalized at least once in the past year and almost ten percent had been admitted to a nursing home. Two-thirds take at least one prescription medication and more than one-half take six or more prescription medications (See Table 4).

### **PASSPORT Care Plan Costs**

The consumer's plan of care is finalized by the care manager following the completion of a comprehensive assessment and after a face to face meeting with the consumer and his/her family. The design and cost of the care plan varies widely across PASSPORT consumers, although the average cost of the plan of care for the PASSPORT caseload must be less than 60% of the average nursing home cost. An individual's care plan could, however, be higher than that amount. Sixty-percent of the Medicaid monthly nursing home cost is \$2800 per month; PASSPORT care plans average about \$1,050 per month.

Personal care is the largest expenditure category, accounting for 72% of all service costs. Home delivered meals (11%) and adult day services (6%) are the next highest expenditure categories. Homemaking, emergency response systems, and medical equipment and supplies each account for about 3% of total service costs. It should be noted that actual program service expenditures are about 20% lower than plan of care estimates. The differences occur for a range of reasons which involve both the PASSPORT consumers' circumstances, and problems with the

**Table 4**  
**Health Status of PASSPORT Consumers**  
**June 2004**

	(Percentages)	
<b>Primary Diagnosis, Diseases of</b>		
Circulatory System	31.7	
Endocrine, Nutritional, Metabolic Immunity	15.5	
Musculoskeletal System and Connective Tissue	14.6	
Respiratory System	10.7	
Injury and Poisoning	9.6	
Nervous System and Sense Organs	6.4	
Alzheimer's		2.4
Parkinson's		1.7
Other degenerative nervous system		2.3
Mental Disorders	4.7	
Dementia		3.0
Other mental disorders		1.7
Other	6.8	
<b>Number of Hospital Admissions During Previous Year</b>		
0	71.0	
1	16.3	
2	6.8	
3-5	5.0	
6-10	0.8	
More than 10 times	0.1	
<b>Number of Nursing Home Admissions During Previous Year</b>		
0	91.2	
1	7.3	
2	1.2	
3 or more	0.3	
<b>Number of Prescribed Medications</b>		
0	35.0	
1-2	2.4	
3-5	9.4	
6-10	26.8	
11-15	17.9	
16-25	8.0	
More than 25	0.5	
<b>Total Number of Medications</b>		
0	34.7	
1-2	1.4	
3-5	7.2	
6-10	24.9	
11-15	20.1	
16-25	10.8	
More than 25	0.9	
<b>Number of Consumers Served</b>	<b>22,560</b>	

Source: PASSPORT Database

ability of providers to deliver the ordered services. Ohio's care plan and expenditure patterns are similar to other waiver programs around the nation.

A detailed review of the care plan costs for PASSPORT consumers indicates that demographics, social supports, and health and functional characteristics all affect the plan's cost (See Table 5). The health and functional status of the consumer have the largest impact on the cost of the plan of care. For example, PASSPORT consumers with extreme disability (5 or 6 ADL impairments) have an average care plan cost of \$1425 per month, compared to \$900 per month for those with moderate levels of disability (2 or fewer ADL impairments). PASSPORT consumers with a primary diagnosis of diseases of the central nervous system (Alzheimer's and Parkinson's) had care plans that averaged \$1258 per month and those with mental disorders had care plans that averaged around \$1300 per month, compared to about \$1065 per month for the overall caseload. PASSPORT consumers in need of 24 hour supervision, a product of high physical or mental disability, averaged \$1420 per month in care plan costs.

Demographic and support factors also had an impact on care plan costs. PASSPORT consumers age 85 and older had higher costs than the younger age groups. Participants who were unmarried recorded higher care plan costs than those who were married, although, gender differences were minimal. PASSPORT consumers without an active caregiver had higher care plan costs.

In looking at the care plan costs for participants who were no longer enrolled in PASSPORT, some differences are noted. PASSPORT consumers who left the program due to death or a move to hospice care had higher than average monthly care plan costs (\$1200 and \$1360 respectively). Those participants who left the program to enter a nursing home had care

**Table 5****Average Monthly Care Plan Costs for PASSPORT Consumers**

<b>Characteristic*</b>	<b>Monthly Care Plan Costs (Dollars)</b>
<b>Age</b>	
60-69	\$1,037
70-84	1,059
85 and over	1,129
<b>Marital Status</b>	
Married	1,013
Not married	1,078
<b>Living Arrangement</b>	
Lives with Caregiver	1,109
Lives with Other Relative or Friends	1,165
Lives Alone	1,033
<b>Number of Active Caregivers</b>	
None	1,086
One	1,065
Two	1,057
<b>Number of Activities Needing Hands-On Assistance</b>	
2 or fewer	902
3-4	1,102
5-6	1,426
<b>Primary Diagnosis, Diseases of</b>	
Circulatory System	1,043
Endocrine, Nutritional, Metabolic Immunity	1,055
Musculoskeletal System and Connective Tissue	1,025
Respiratory System	957
Injury and Poisoning	1,040
Nervous System and Sensory Organs	1,297
Mental Disorders	1,258
<b>Needs Supervision</b>	
None	1,026
Partial	1,125
24-Hour	1,421
<b>Disenrolled Consumers</b>	
Died	1,180
Admitted to Nursing Home (30+ Days)	1,025
Admitted to Hospital (30+ Days)	1,055
Moved to Hospice Care	1,357
<b>Overall Average Care Plan Cost</b>	<b>1,065</b>

\* Database presented in this table is limited to PASSPORT sites transitioned to the new database system by July 1, 2003.

*Source:* PASSPORT MIS Database System

plan costs slightly below the overall average, which suggests that cost was not the driving force behind the nursing home admission.

A number of factors in combination ultimately explain the care plan costs for an individual PASSPORT consumer. These data indicate that disability level and health diagnosis are the most critical factors in determining the cost of the plan of care. Select supports, such as the presence of an active caregiver, also affect the amount of services needed to maintain a PASSPORT consumer at home.

### ***PASSPORT Caregivers***

Sixty-eight percent of PASSPORT consumers report an active primary caregiver (see Table 6).<sup>\*</sup> In the vast majority of cases (89%) these caregivers are relatives. More than one-half of the caregivers (52%) live with the PASSPORT participant. Seven in ten caregivers are women. Almost four in ten assess their physical health as fair or poor, and a little over one in four label their emotional health as fair or poor. A little over one-half of the caregivers (56%) report full or part-time employment. When asked to rate their ability to provide assistance in the future, about one-fifth reported that they would be less able to continue caregiving.

Caregiver activities included both assistance with the hands-on tasks of daily living and psychological support. Almost one-half of all primary caregivers identified emotional support as a caregiving activity in which they were engaged. Activities such as transportation and shopping (36%), meal preparation, housekeeping, yard work (25%), and personal care and supervision (20%) were also key caregiver tasks. Assistance with tasks such as money management (27%) and medication management (9%) complete the list.

<sup>\*</sup> We believe that the proportion of caregivers reported here and in Table 6 is underestimated, because of the transition to the new PASSPORT Management Information System.

<b>Table 6</b>	
<b>Demographic and Health Status of PASSPORT Active Primary Caregivers</b>	
<b>June 2004</b>	
	<b>(Percentages)*</b>
<b>Percent of Consumers with an Active Primary Caregiver</b>	68.3
<b>Number of Caregivers</b>	
None	31.7
One	54.8
Two	13.5
<b>Relationship to PASSPORT Consumer</b>	
Relative	88.8
<b>Living Arrangement</b>	
Lives with PASSPORT Consumer	52.3
<b>Employment Status</b>	
Full-time	45.0
Part-time	10.5
Retired	21.5
Unemployed	23.0
<b>Gender</b>	
Female	68.5
<b>Emotional Wellbeing</b>	
Excellent	5.5
Good	68.4
Fair	24.0
Poor	2.1
<b>Physical Health</b>	
Excellent	4.5
Good	57.0
Fair	31.9
Poor	6.6
<b>Ability to Continue Caregiving</b>	
Less able	19.4
More able	1.8
About the same	78.8
<b>Active Primary Caregivers</b>	15,415

\* Percentages are adjusted to reflect only those caregivers for whom information was available on question by question basis.

*Source:* PASSPORT Database

## **PASSPORT Disenrollment**

Each year between 25 and 30% of PASSPORT consumers leave the program. As presented in Table 7 the most common reasons were participant death (40%) or admission to a nursing home (34%). An additional 8% were admitted to hospice care or required long-term hospitalization. In some cases the participant no longer met the financial (7.1%) or functional eligibility (1%) for the program. Some individuals withdrew because they could not agree on a plan of care with the PASSPORT agency (5%). Finally, about 4% move out of the state. A review of the length of stay data for those disenrolling show that those who died or were admitted to nursing homes had been PASSPORT participants for almost 2.5 years prior to exiting the program.

## **Comparing PASSPORT Consumers and Medicaid Nursing Home Residents**

In addition to the more than 22,560 PASSPORT consumers enrolled as of June 2004, the state's Medicaid program provided full or partial funding for 47,000 residents in Ohio nursing homes. A comparison of the two groups indicates similar profiles, but some differences do exist. (See Table 8). Although the average age is similar in the two types of settings, about 14% of nursing home residents are under the PASSPORT eligibility age of 60. Nursing homes also have a higher proportion of residents over age 90, (18% compared to 7%). PASSPORT serves a slightly higher proportion of women (80% compared to 72%) and a higher proportion of minorities (22% compared to 15%). Nursing homes include fewer married persons and have a much higher proportion of people who have never been married (19% compared to 6%). This suggests that nursing home residents have fewer social supports available to them than the PASSPORT consumers.



**Table 7**  
**Reasons Consumers Were Disenrolled in 2004 from the PASSPORT Program**

<b>Reasons</b>	<b>(Percentages)<sup>a</sup></b>	<b>Average Length of Stay (in days)</b>
Died	39.6	886
Admitted to Nursing Home for 30+ Days	34.2	902
Admitted to Hospice Care	7.0	735
Admitted to Hospital for 30+ Days	1.4	932
Did Not Meet Financial Eligibility*	7.1	N/A
Could Not Agree on a Plan of Care*	5.3	N/A
Did Not Meet Level of Care*	0.9	N/A
No Longer Resides in Ohio*	4.3	N/A
Other *	0.2	N/A
Percent of Consumers Disenrolled	24.7	-
Average Length of Stay	-	804
Total Consumers Disenrolled	7,184	-

\* Too few consumers to calculate length of stay.

**Source:** PASSPORT Database

**Table 8**  
**Demographic and Functional Characteristics of PASSPORT**  
**Consumers and Medicaid Nursing Home Residents**  
**June 2004**

	<b>Nursing Home Residents (Percentages)<sup>a</sup></b>	<b>PASSPORT Consumers (Percentages)<sup>a</sup></b>
<b>Age</b>		
< = 45	3.5	N/A
46-59	10.1	N/A
60-64	5.0	10.8
65-69	5.9	16.2
70-74	8.0	17.8
75-79	13.0	20.3
80-84	18.3	17.3
85-90	18.0	10.8
91-94	12.6	5.4
95+	5.6	1.4
<b>Average Age</b>	77.7	76.4
<b>Gender</b>		
Female	71.6	79.8
<b>Race</b>		
White	83.5	76.6
Black	15.3	21.9
Other	1.2	1.5
<b>Marital Status</b>		
Never Married	19.0	6.3
Widowed	50.5	51.4
Divorced/Separated	15.4	23.0
Married	15.1	19.3
<b>Percentage with Impairment/Needing Hands on Assistance, Activities of Daily Living (ADLs)<sup>b</sup></b>		
Bathing	82.9	96.5
Dressing	77.1	61.7
Transferring	68.0	75.1
Toileting	72.6	20.4
Eating	22.9	10.6
Grooming	74.9	32.8
<b>Number of ADL Impairments<sup>*</sup></b>		
0	11.0	0.8
1	7.2	3.8
2	4.7	34.8
3	6.6	34.1
4 or more	70.5	26.5
<b>Average Number of ADL Impairments<sup>*</sup></b>	4.0	3.0
<b>Supervision Needed<sup>d</sup></b>		
24 Hour	N/A	8.1
Partial	N/A	11.1
<b>Cognitively Impaired<sup>e</sup></b>	62.0	N/A
<b>Incontinence</b>	61.6	21.2
<b>Number of Consumers/ Residents Served</b>	47,001	22,560

<sup>a</sup>From list above.

*Source:* PASSPORT Database, MDS June 2004

In looking at functional ability we see that residents in both settings experience substantial disability, although on average nursing home residents experience higher levels of impairment. The picture is not, however, straightforward. PASSPORT participants average three ADL impairments, compared to four for the nursing home population. More than 70% of nursing home residents have four or more ADL impairments, compared to 27% for PASSPORT consumers. Sixty-one percent of PASSPORT participants have three or more impairments, compared to 77% for the nursing home group. On the other hand, 18% of Medicaid nursing home residents had zero or one impairment, compared to 4.6% of PASSPORT. This finding is counter-balanced by the fact that six in ten nursing home residents were either cognitively impaired or experienced incontinence, compared to one in five of the PASSPORT group. There appears to be less variation in disability levels across the PASSPORT sample than among the nursing home residents.

### **PASSPORT Summary**

Ohio's PASSPORT program has become a major component of the state's approach to delivering long-term care. About 63,500 Ohio residents age 60 and older were receiving Medicaid funded long-term care in June 2004. Of those long-term care recipients 22,500 received services in their homes through PASSPORT, compared to 41,000 whose services were provided in nursing facilities. Thus, in 2004, 35% of all Medicaid long-term care clients over age 60 were home care participants. By comparison, in 1994 only 12% of Medicaid long-term care recipients were PASSPORT participants. At that time there were 52,500 Medicaid nursing home residents over age 60 and 7,161 PASSPORT participants.

PASSPORT participants experience considerable functional and health limitations and require hands-on assistance from both formal and informal care providers. The majority of

PASSPORT participants have a primary caregiver, although almost 40% of the caregivers report their own health as fair or poor. PASSPORT participants most often leave the program because of death, nursing home, or hospice placement. Participants who left for these reasons had been in the program for an average of 2.5 years.

#### Table Endnotes

<sup>a</sup>Percentages are adjusted to reflect only those consumers for whom information was available on each variable.

<sup>b</sup>Impairment includes all who could not perform the activity by themselves or could with mechanical aid only.

<sup>c</sup>Because of a rule change in 1994, the ability to perform grooming activity is measured differently, and it is not included in the comparison.

<sup>d</sup>Between June 2001 and September 2004 the Ohio Department of Aging gradually changed to a new PASSPORT management information system designed to keep track of PASSPORT consumers' characteristics and service utilization. Not all the information presented in this report was electronically available prior to this change, therefore some analysis is limited to the PASSPORT sites that changed to the new system prior to July, 2003.

<sup>e</sup>"Moderately" or "severely" impaired in cognitive skills.