



*Helping Older Persons With
Legal & Long-Term Care
Problems*

PASSPORT & Other Home Care Alternatives

1. What Is The PASSPORT Program?

PASSPORT stands for **P**re-**A**dmission **S**creening **P**roviding **O**ptions and **R**esources **T**oday. PASSPORT offers home health care and community-based services to individuals as an alternative to institutionalization or nursing home care. PASSPORT is funded with state and federal funds under the Medicaid Waiver III program.

2. What Services Does PASSPORT Provide?

PASSPORT may cover the following services to an eligible individual when approved in a care plan: nursing care; physical, occupational and speech therapy; personal care; respite care; occupational therapy; social work/counseling; homemaker services; home-delivered meals; nutritional consultation; chore services; adaptive and assisting devices (such as crutches); home medical equipment; medications; and home health case management.

3. Who Provides The Services In The PASSPORT Program?

PASSPORT contracts with Medicare-certified and Medicaid-certified home care agencies to provide services to eligible individuals. If you are a PASSPORT client, you will be assigned a PASSPORT case manager to make sure that you are being safely maintained in the community. The case manager monitors your health and adjusts the plan of care as needed so it continues to meet your particular needs.

4. How Do I Become Eligible For PASSPORT?

You must be 60 or older and live or plan to live in a non-institutional community setting. You must require a nursing facility level of care and be at risk of institutionalization. You must have an attending physician who will authorize the care plan and you must agree in writing to this care plan. Your service needs must not exceed the six-month cost cap of \$17,797 or \$35,594 annually.

5. What Are The Financial Eligibility Requirements For PASSPORT?

If you are applying for PASSPORT, the Medicaid financial need standard is the same as if you were seeking Medicaid for nursing facility services provided in a nursing facility. Only your income is considered. The income of others in your household are not considered. If you are single, you can have no more than \$1,500 in countable resources. Your home, one vehicle, regardless of value, and an irrevocable pre-need burial contract and cemetery plots are exempt and not counted as resources for PASSPORT eligibility.

If you are married, and you and your spouse have no more than \$23,412 (includes the \$1,500 applicant is allowed to keep) in countable resources, then the resource limit is met. If you and your spouse have more countable resources than this, the spouse who is not applying for PASSPORT may keep a minimum of \$21,912 and a maximum of \$109,560. The applicant spouse is allowed to keep an additional \$1,500 but will be required to spend-down any assets allocated to him or her that are in excess of \$1,500. See Pro Seniors' Institutional Medicaid pamphlet for a full explanation of Medicaid's resource allocation rules.

If you transfer assets for less than their fair market value within 60 months of applying for PASSPORT or institutional Medicaid, you may be determined ineligible for these programs for a number of months dependent on the value of the gifted asset. See our Institutional Medicaid pamphlet for more details.

6. Who Pays For PASSPORT Home Health Care?

Medicaid will pay all costs for PASSPORT services if you are single and have countable income of \$2,022 a month or less.

If your monthly income is more than \$2,022 then any part of your monthly income that is left (after subtracting your medical insurance premiums, any recurring medical expenses, any past medical expenses, a family allowance, your spouse's monthly income allowance, if applicable, and a \$40 personal needs allowance) must be paid to the provider as your contribution to the overall cost of PASSPORT services.

7. How Is The Spouse's Monthly Income Allowance Calculated?

Subtract the income of the community spouse (the spouse who is not receiving PASSPORT) from the total of the Minimum Monthly Maintenance Need Allowance (MMMNA) of \$1,750 (which will increase to \$1,821 on July 1st) and the excess shelter allowance (ESA), if any. The ESA is the amount the community spouse's shelter or housing costs exceed \$525 (which will increase to \$547 on July 1st) (30% of the MMMNA). The MMMNA of \$1,750 may also be increased up to \$2,739 by requesting a state hearing if exceptional circumstances exist such as catastrophic illness or home repairs, regardless of the ESA.

8. How Do I Apply For PASSPORT?

To apply for PASSPORT, contact your local Area Agency on Aging office. For a list visit: <http://aging.ohio.gov/resources/areaagenciesonaging/>. In Butler, Clermont, Clinton, Warren and Hamilton counties, contact the Council on Aging of Southwestern Ohio at 1-800-252-0155.

9. How Do I Pay For Non- PASSPORT Home Health Care?

Home health care payment options include:

- (a)** County tax levy services (Hamilton County has a home care program funded by a tax levy);
- (b)** Private pay (some nonprofit providers offer a sliding fee, based on income);
- (c)** Long-term care insurance and some group health care organizations (HMP and HMO) may provide services if specified in your policy; and
- (d)** Medicare payment for skilled home care, which is available to Medicare-eligible persons.

10. How Do I Become Eligible For Medicare Payment For Home Health Care?

Medicare will pay the cost of medically needed skilled services, home health aide services, medical supplies, and medical social services if

- (a)** Your care requires part-time or intermittent skilled nursing care, or physical or speech therapy;
- (b)** If your services are provided under a plan of care approved by your physician; and
- (c)** If you are homebound.

To be considered homebound, you must be normally unable to leave home without the aid of supportive devices (such as a wheelchair) or the help of another person.

11. What Can I Do If Medicare Denies Coverage Of Home Health Care?

Ask for a copy of the written Medicare denial from the home health agency (HHA). If the HHA has not submitted a claim to Medicare, request them to submit it as a Medicare claim that the patient insisted be submitted.

Once the Medicare intermediary has made a determination, it can be appealed within 60 days by requesting in writing a reconsideration of the decision. If your claim is still denied, you can request a hearing before an Administrative Law Judge (ALJ) within 60 days, if the denied home health care costs are more than \$100. You can then request review of the ALJ decision by the Social Security Appeals Council.

12. How Can I Appeal If My Medicaid Passport Application Or Claim Is Denied?

If your application for Medicaid PASSPORT has been turned down, you can challenge this decision by writing or by calling the Ohio Department of Job and Family Services within 90 days of the mailing date of the decision. If you are receiving PASSPORT services and they are reduced or ended you must request a state hearing within 10 days, in order for the benefits to continue while your appeal is pending. Administrative appeal and court review are also available. Ohio residents age 60 or over can contact Pro Seniors' free Legal Hotline for help.

13. Is There Free Legal Assistance To Appeal Medicare Or Medicaid Decisions?

Yes. Residents of Butler, Clermont, Clinton, Hamilton and Warren counties can contact Pro Seniors for help appealing Medicare denials or terminations. Pro Seniors' staff attorneys can help residents of the same five-county area appeal Medicaid PASSPORT denials or terminations.

Pro Seniors can also provide information and referrals to individuals outside the five-county area who wish to appeal Medicare or Medicaid denials or terminations. All of these free services are available by calling Pro Seniors' Legal Hotline for Older Ohioans at (513) 345-4160 or (800) 488-6070.

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Pro Seniors' Legal Hotline for Older Ohioans provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If you have a concern that cannot be resolved over the phone, then the hotline will try to match you with an attorney who will handle your problem at a fee you can afford.

In southwest Ohio, Pro Seniors' staff attorneys and long-term care ombudsmen handle matters that private attorneys do not, such as nursing facility, adult care facility, home care, Medicare, Medicaid, Social Security, protective services, insurance and landlord/tenant problems.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.

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