



Direction Home Akron Canton Area Agency on Aging & Disabilities

Introduction to Our Services and Supports



DIRECTION HOME

AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

***We provide long-term care choices
for people to live independently in
the place they want to call home.***

MISSION:

Direction Home Akron Canton Area Agency on Aging & Disabilities provides older adults, people with disabilities and their caregivers long term care choices and consumer protection so they can achieve the highest quality of life.

VISION:

Direction Home Akron Canton Area Agency on Aging & Disabilities will be the central access point and the preferred long term care management organization for all people with disabilities.

1965 Older Americans Act



600+ AAAs nationally today



(AAA –Area Agencies on Aging)

12 AAAs in Ohio



Portage, Stark,
Summit, Wayne
Counties





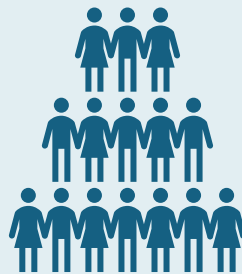
Who is **DIRECTION HOME ?**

AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

A private, non-profit organization that is part of both a state and nationwide network of aging professionals.



Executives with
backgrounds in
Business, Law, Social
Work, Policy



250+ employees,
primarily Licensed
Social Workers and
Registered Nurses



Agency & Foundation
Boards of Directors

Your front door to...

- Simplifying the complexities of long-term care
 - What community and government programs may be available to help
 - How to get help so you or your loved ones can continue living in the community
 - Where to learn about program or community options for home delivered meals, senior housing, transportation, caregiver support, education
- & so much more!



Who do we help?

(annually)

- **12,500+** Callers with information and assistance
- **11,000+** Medicare patients avoid hospital readmission
- **10,000+** People assessed in the community
- **8,000+** Members care managed for Home and Community Based Services on our programs
- **2,300+** Attendees of Continuing Education classes, health and wellness workshops





Where do I begin?

Our Aging & Disability Resource Center (ADRC) is the starting point to not only get connected with our programs and services, but to also simply receive information and answers to aging-related questions!

Call 877-770-5558
Monday-Friday, 8AM-5PM



Visit: www.dhad.org/refer
Email: screening@dhad.org
Fax: 330-899-5248

Important to note...

- ✓ It is FREE to call the ADRC
- ✓ ANYONE can call, at any age
- ✓ Referrals for others are accepted
- ✓ No obligations

You can call for...

- Program Screening/Eligibility
- Alzheimer's, Dementia & Wellness Information
- Family Caregiver Support
- Home & Community Resources
- Extra Help with Medicare
- In-home Assessments
- General Information & Community Resources





What is the screening/assessment process?

1



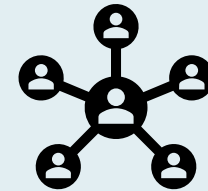
Initial screening with
ADRC

2



Help identifying long-
term care options

3



In-person assessment
with one of our RNs





How do I receive the services?

Our Home & Community-Based Services (HCBS) department helps older adults and people with disabilities accomplish everyday tasks such as bathing, dressing, preparing a meal, or managing money through **care management services.**

Programs may include:

PASSPORT, Assisted Living, Care Coordination, MyCare Ohio (Fully Delegated Care Management and Waiver Service Coordination), temporary grant services



Program	Payor	Consumer
PASSPORT	Ohio Dept. of Aging	Medicaid 60+
Assisted Living	Ohio Dept. of Aging	Medicaid 21+
Care Coordination	U.S. Admin on Community Living/ Ohio Dept. of Aging	60+ and their Informal Caregivers
Aging and Disability Resource Center (Screening/Assessment/PAR)	Ohio Dept of Aging	All Community (focus on those interested in enrollment)
LTC Ombudsman	Ohio Dept. of Aging	Consumers of LTSS
MyCare Ohio- Fully Delegated CM	CareSource	Dual Eligibles (Medicare/Medicaid)
MyCare Ohio- Waiver Service Coordination	UnitedHealth	Dual Eligibles



Who actually performs the services?

250+ Contracted Providers, including:

- Home Health Agencies, including Proprietary and Non-Profit
- Home Medical Equipment Providers
- Adult Day Care Providers
- Home-Delivered Meal Providers
- Assisted Living Facilities





What about elder rights?

- Complaint Investigation and Resolution
 - Nursing & Assisted Living Facilities
 - Long-Term Care Ombudsman Program
 - Volunteers & Interns
- Information on Medicare benefits, rules and options
- Long Term Care Provider Selection Assistance



**Long-Term Care
Ombudsman**

Advocates for Excellence in Your Care





What support is available for family caregivers?

- Free Support Groups
 - Led by Theresa Niewiadomski, LSW & certified Caregiving Consultant
 - Virtual and in-person (registration required)
- Free Information & Assistance
 - One-on-one consultations
 - Referrals
 - Education & Planning

Contact our Family Caregiver Specialists

Theresa Niewiadomski

1-800-421-7277 x 5243

tniewiadomski@dhad.org



Kali Jobes

1-800-421-7277 x 4638

kjobes@dhad.org

Opportunities for Health & Wellness

- Arts Programming
- Continuing Education
 - CE credit for social workers, counselors, nurses
 - Open to anyone (some events have a fee to attend)
- Free evidence-based health and wellness programming
 - Tai Chi for Arthritis and Fall Prevention
 - Bingocize
 - Volunteer leaders and host sites



Foundation work

- Access to Community Services: focus on improving access to essential community services for underserved populations.
- Innovation: funding that fosters partnerships, entrepreneurship and returns on investment while creating innovative solutions that optimize aging.
- Investment in the Agency: Investment in Direction Home as a leader for aging network professionals to provide the best quality of care.

Keep an eye out: Fundraising campaign every fall raising over \$150,000!



VISION & MISSION

Aging optimized through resource creation and innovation.

Our mission supports optimized aging for our families and neighbors to enjoy life how they want to experience it. We do this by increasing access to community-based care across all ages and abilities, raising awareness and funds to invest in innovation so that the future is bright across the lifespan.



DIRECTION HOME

AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

**Providing choices for people to live independently
in the place they want to call home**

Resource Center: 877-770-5558 • Main Line: 800-421-7277 • dhad.org

Medicare 2026



Francine D. Chuchanis
Director of Entitlement Rights

Medicare Overview

- National Health Insurance - 1965
- Not income based - Medicaid is income based
- Eligibility: Persons aged 65 +, on disability for 24 months, persons with ESRD, ALS, (Lou Gehrig's Disease), permanent kidney failure, persons eligible for railroad retirement



Medicare Enrollment

If enroll 3 months prior to age 65, coverage starts first day of month of 65th birthday

If enroll month of 65th birthday or during 3 months after age 65, coverage starts month after enrollment

Automatic if receiving social security check or Railroad Retirement Benefits

Automatic if Under age 65 and disabled for 24 months

If miss initial enrollment, can enroll January 1-March 31, coverage begins following month

Special Enrollment Periods

If impacted by
emergency or
disaster or you
move

If move or leave
a nursing home

Health plan or
employer error
or loss of
coverage

Loss of Medicaid



Check Coverage NOW



Read Annual Notice of
Change (ANOC)



Make Changes: October
15 - December 7



Includes all Medicare
Beneficiaries

Already on Medicare ?

Two Choices for Coverage

Traditional
Medicare - **Red**,
White & **Blue** Card

Medicare Advantage
Plan - Card
Provided by Plan

Traditional or Original Medicare

Advantages:

- Can use any provider accepting Medicare
- No prior authorizations (changing)
- Can add supplemental insurance
- No geographic restrictions

Possible Disadvantages:

- No extra benefits
- No out-pocket limits
- May have to add separate drug plan
- Supplemental coverage can become expensive

Medicare Advantage Plans

Advantages:

- Extra Benefits
- Low monthly premiums must have Part B
- Out-of-Pocket Limits
- Most include drug coverage
- Must cover what Traditional Medicare covers

Possible Disadvantages:

- May have geographic restrictions
- Prior Authorizations
- Provider restrictions
- Cannot add supplemental insurance to cover copays

WHAT Does Medicare Part A Cover?



Blood



Medically Necessary Intermittent Home
Health Services



Hospice Care



Inpatient Hospital Care



Skilled Nursing Home Care

Part A: Hospital Coverage Costs 2025

No premium for most

Deductible: \$1,676.00

Projected 2026: \$1716.00

Coinsurance after day 61 - 90: \$419.00 Projected 2026: 429.00

Coinsurance for lifetime reserve days 91-150: \$838.00

Projected 2026: \$858.00

Part A Coverage of Skilled Care in Nursing Home

2025 Costs

Custodial care not covered

3 Day Hospital Stay Required

Observation Status does NOT count

Full coverage Days 1-20

Coinsurance days 21- 100: \$204.00/day Projected 2026: \$214.50_{/day}

Benefit may last 100 days of coverage

New benefit begins after no skilled care in nursing home or hospital for 60 days

Right to Appeal Cut in Skilled Therapy

- Any denial of service or reduction of service can be appealed
- Main questions for continuation of skilled care:
 - Can care be safe and effective without the involvement of skilled professionals?
 - Are skilled services need to maintain or slow decline?

Part A: Hospice Coverage

**Comfort care
not for curative
treatment**

**Services for
pain relief and
symptom
management**

**Drugs and DME
for pain relief
and
management**

**Aide and
homemaker
services**

**Spiritual & grief
counseling**

**Does not cover
room and board
in a skilled
facility**

**5% Copay for
inpatient
respite care**

Home Health Care Coverage

Intermittent **skilled** care - includes aide services

Must be homebound

Face to face visit with doctor for certification

Doctor to develop plan of care

Can include social services

Part B: Medical Insurance

Doctor Office
Visits

Preventive Care
& Vaccines

Durable Medical
Equipment

Ambulance
Services

Some
Professionally
Administered
Drugs

Medicare Part B Medical Coverage: 2025

Premium: \$185.00

Projected 2026: \$206.50

Tied to COLA for SS, 2.5% -2.8% in 2026 estimated

Yearly Deductible: \$257.00

Projected 2016: \$288.00

20% of Medicare approved amount copay

Covers observation status hospital stays

Part B & D is income adjusted: single income over \$106,000/year, and \$212,000/year couple

Hold Harmless Provision

- Prevents social security payments from decreasing if Part B premium exceeds COLA now scheduled for release on 10/24
- If social security benefit increase covers the increase in Part B premium, then pay new amount
- Must have received social security and paid premiums in November & December of previous year
- Premium must be deducted from social security benefit

Some Can Delay Part B



You or your spouse have medical insurance primary to Medicare through **CURRENT** employer



Inform SSA that you wish to delay



If covered by COBRA or lose employer coverage, you have 8 months to enroll in Part B



Late Enrollment Penalty is 10% of premium for each month you were eligible and did not enroll

Supplemental/Medigap Insurance



Private insurance covering out-of-pocket costs under Traditional Medicare only



Must be 65 & have Parts A & B



Premiums vary by company & coverage



Plans C & F only available to those eligible for Medicare before 1/1/2020



Guaranteed issuance & No Underwriting - first 6 months have Part B (at age 65)



No coverage for prescriptions, dental, vision, long term care. Some add Silver Sneakers

Medigap Premium Types

- **Community Rating:** All policy holders charged same premium without regard to age (65+). If raised, premiums must be raised for all.
- **Issue-Age:** Can base premiums based on age at time of purchase but cannot raise premiums based on age later. Can base premiums on other factors.
- **Attained-Age:** Can vary premiums based on age and increase based on age. Can base premiums on other factors



Medicare Savings Programs

Based on income & assets

Qualified Medicare Beneficiary (QMB) - Pays Parts A & B premiums, copays, deductibles

Specified Low Income Medicare Beneficiary (SLMB) - pays Part B premium

QI covers Part B premium

Qualified Disabled Working Individual (QDWI) - pays Part A premiums for under 65 with disabilities

Apply at JFS or call DHAD at 1-800-421-727

Part D: Prescription Coverage Choices



- Part D included with most Medicare Advantage Plans
- Stand Alone Part D Plan - Select with Traditional Medicare
- Do not need if have VA coverage or other creditable coverage
- Check on creditable coverage for 2026
- Lifetime Late Penalty - 1% of national base premium for each month not enrolled (\$38.99 in 2026)
- Cannot enroll mid year with some exceptions

Part D Standard Benefit 2026

Initial deductible :
\$615 up from \$590 in
2025

Initial Coverage
Limit: 25% of costs up
to \$2100 including
deductible (up from
\$200 in 2025)

Catastrophic
coverage: \$0

Medicare Prescription Payment Plan

You can spread your costs
over 12 months and be
billed by your plan

\$35 cap on insulin costs & no
deductible



Stand Alone Plans 2026

- Some reductions in premiums
- Many have highest possible deductible (\$615.00)
- Significant reduction in number of plans overall
- Only 3 plans serve those who qualify for extra help

Part D Selection Considerations

- Coverage & Cost
- Restrictions: prior authorization, quantity limits, step therapy
- Pharmacy network
- Star Ratings - some very low



Drug Coverage Star Ratings



- Member complaints
- Number who leave plan
- Provision of accurate drug pricing
- Ease of filling prescriptions
- Changes to plan

Low Income Subsidy Part D: Extra Help

- Expanded to 150% of poverty level
- Pay **\$0** for premiums & deductibles in plans with premiums below \$39.30 (Ohio benchmark)
- Reduced copays for generic and brand names
- Apply at ssa.gov or call DHAD at 1-800-421-7277

Check Prescription Prices Yearly

www.medicare.gov

Call Medicare:
1-800-633-4227

Call OSHIIP:
1-800-686-1578

Medicare Advantage Plans: Part C

Must have
Parts A & B

Most include
drug coverage

Obtain Part D
Stand Alone Plan
if no drug
coverage

Out-of-Pocket
Maximums

Some \$0
premiums

Most do not
require a 3-day
hospital stay for
rehab

Provider
limitations often
apply

Medicare Advantage Plans

Contract with
federal government
to provide Medicare
coverage

Not supplemental
and cannot add
supplement

If purchase a
supplement, will
lose your MA plan

If join a MA plan can
switch to another or
join Traditional
Medicare Jan.1-
Mar.31

MA Plans Offer Additional Benefits

Fitness Benefit

Telehealth

Cash Cards

Dental

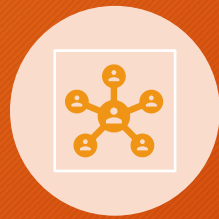
Hearing

Vision

Selection Considerations



COST:
FOCUS ON
SERVICES YOU
USE MOST



COVERAGE:
FORMULARY,
NETWORKS,
EXTRA
SERVICES



BENEFITS:
MAY BE
SUBTLE
DIFFERENCE



QUALITY:
STAR RATINGS



**PLAN
REPUTATION:**
TALK TO
PROVIDERS

Medicare Advantage Plan Star Ratings

- Preventive measures used by members - health screenings & vaccinations
- Member Complaints
- Appeals
- Members who choose to leave
- Provision of important information to members

Local Changes to MA Plans 2026

Premiums relatively stable

Numerous choices remain

Significant increases in out-of-pocket limits in some plans

Significant Increases in drug deductibles in some plans

Extra benefits may be reduced

Special Needs Plans 2026

Cover persons with chronic conditions, in nursing homes, duals

Some have premiums

Some have medical and drug deductibles

Benefits vary & should be compared to other choices

Duals will be forced into D-SNPs in 2026

My Care Ohio Next Generation: 2026

- For Ohioans with both Medicare and Medicaid
- Initial roll out 1/1/26 in counties where My Care is currently available
- Statewide expansion begins April 2026 through August 2026
- Plans include: Anthem, Buckeye, CareSource & Molina
- Buckeye not available to accept new enrollees in 2026
- Letters to current enrollees should be in the mail
- Contact Medicaid Hotline: 800-324-8680

**How to
Analyze
Costs &
Coverage**

Online:
www.medicare.gov

OSHIIP:
1-800-686-1578

Medicare:
1-800-633-4227

Switching Plans

You only can switch plans during certain times of the year

Can switch at Open Enrollment - **NOW !**

Can switch between January and March each year if in a MA Plan

Duals can opt-in and out monthly

MA Plan Marketing Guidelines

Prohibits misleading information & high-pressure tactics

Prohibits unsolicited contact by phone, text, email

No door-to-door solicitation

Brokers must inform of all plans they represent

Must explain effect on current coverage, doctors, pharmacies, medications, costs

Appeal Rights in Medicare

- Right to appeal coverage & payment denials for covered services
- Appeal right slightly different for MA and Traditional Medicare
- Prescription appeals should go through doctor offices
- MA prior authorizations now monitored
- Appeal steps for observation status if changed after discharge in process

In Other News....



2026 & Beyond

General Updates

- Supplemental benefits offered by MA plans must issue mid-year notices to members re: unused benefits
- Medicare.gov accounts will now require email addresses
- Social Security will no longer issue paper checks as of 9/30/25
- WISer Demonstration - 6 states will demo prior authorization including OH, NJ, OK, TX, AZ, WA

5 Year Plan to Cover GLP-1 Drugs

- Would allow state Medicaid and Medicare Advantage Plans to cover voluntarily
- Begin April 2026
- Hurdle is price in US: EX: Ozempic price in US approximately \$938/month, Japan is \$169/month
- Medicare now limits coverage to those with diabetes or heart disease
- Proposal not final yet

Medicare Trustees Report 2024

- Hospital Insurance Trust Fund Part A - Insolvent in 2033 causing payments to be cut
- Part B & D - remain financed adequately but increasing demands on beneficiaries
- Expenditures 2024 = \$1.122.1 Billion
- 3.9% of GNP & 14% of federal budget in 2024

Questions

Thank you

