
Welcome



DIRECTION HOME AKRON CANTON
AREA AGENCY ON AGING & DISABILITIES

made simple

To our Zoom guests:
Thank you for joining us.
We will begin at 11:30.



DIRECTION HOME AKRON CANTON

AREA AGENCY ON AGING & DISABILITIES

made simple

To our in-person guests: Please check in and enjoy lunch. We will begin at 11:30.





For our Zoom guests:

- ✓ Camera off
- ✓ Mute microphone
- ✓ Ask questions in chat
- ✓ Supplemental materials

https://www.dhad.org/resources-education/medicare-education



For our In-Person guests:

- ✓ Supplemental materials
- ✓ Restrooms & water refill station
- ✓ Trash can locations
- ✓ Questions at the end - please wait for microphone



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.



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)

- **31,000+** People linked with resources over the phone
- **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

Check out your DHAD brochure for more info…

Program or Service	Program Benefits Please note: Benefits listed are those most commonly utilized. Additional benefits may be available.	Eligibility
MyCare Ohio	• All standard benefits available through traditional Medicare and Medicaid programs • Coordinated medical, behavioral and long-term care	• Ohioans over the age of 21 • Eligible for Medicaid • Eligible for Medicare • In need of skilled or intermediate level of care
PASSPORT Waiver	• Personal care • Homemaker service • Minor home modifications • Adult day services • Transportation • Home medical equipment • Emergency response systems	• Adults in a home or community-based setting • Age 60 or older • Eligible for Medicaid • In need of skilled or intermediate level of care
Transitional Care Program	• Coaches patient through transition from hospital to home setting • Identifies personal health goals • Empowers patient to self-manage care • Identifies risk factors for re-hospitalization • Medication reconciliation	• Membership with participating MMO or other participating program^ ^If you represent an MMO or health system who would like to add transitions to your programming, please contact Patrick Clevidence at 330-899-5301 or pclevidence@dhad.org.
GUIDE	• Person-centered support for the dementia client and their caregiver • Comprehensive assessments • Personalized care plans & ongoing support • Annual stipend for in-home or adult day care respite	• Individuals with a dementia diagnosis • Enrolled in *traditional* Medicare parts A & B • Residing *outside* of an assisted living, residential care community (RCC), Memory Care Unit, group home, rest home or nursing home • Not enrolled in a Medicare Advantage Plan, or hospice care or PACE program
Veteran's Directed Care	• Veterans can make choices about services and supports and hire professionals to provide them, with help from a care manager	• Veterans with complex, chronic medical needs requiring long-term assistance with personal care • Meets clinical criteria through Louis Stokes Cleveland VAMC
Veterans on Medicaid	• Assists veterans with understanding their benefits and options for VA pension/ compensation/benefits • Transition to a VA or VA-contracted care facility (if eligible)	• Veterans currently residing in a nursing care facility • With a 70% or higher service-connected disability, or 60% with unemployment status • Currently receiving Medicaid



Who actually performs the services?

500+ 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



Who actually performs the services?

500+ 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

Ohio 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

GUIDE

Powered by CCS health | Healthspan Partners Comprehensive Dementia Care

Start with our free ***Aging & Disability Resource Center*** at
877-770-5558



GUIDE- Guiding an Improved Dementia Experience Program

New Dementia Patient and Caregiver Support available. If you or a loved one have been diagnosed with dementia, you may be eligible for support through the federal government's new program, GUIDE (Guiding an Improved Dementia Experience).

About

GUIDE is a program developed for Medicare dementia clients and their caregivers to offer increased support and education to individuals with mild, moderate, or severe dementia. The goal of the program is to provide compassionate, person-centered support for the dementia client and their caregiver that promotes quality of life and reduces stress.

Who Qualifies?

Those with a dementia diagnosis and traditional Medicare parts A & B.

- *Not eligible* if:
  - you are enrolled in a Medicare Advantage Plan, or hospice care or PACE program.
  - you live in an assisted living, residential care community (RCC), Memory Care Unit, group home, rest home or nursing home long term.

Program Highlights

- **Services are covered** at no additional cost to the client or caregiver
- $2,500 annually for in-home or adult day center **respite (time off for the caregiver)**
- **Comprehensive assessments:** To understand the specific challenges and strengths of each individual and caregiver.
- **Personalized Care Plans:** Tailored care that adapts as needs evolve.
- **Ongoing Support:** Regular check-ins to help you navigate the complexities of dementia care with confidence.
- **Caregiver services** include training on how to best care for your loved one living with dementia, education, and respite services.

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!



www.DHAD.org

DIRECTION HOME AKRON CANTON
AREA AGENCY ON AGING & DISABILITIES

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EVENTS | BLOG & NEWS | CONTACT US | DONATE & VOLUNTEER | SEARCH

Care Services | Elder Rights | Resources & Education | Who We Are | Foundation



We Focus on the Person. Not the Problem.

Our person-centered approach to care empowers you to age in place.

MAKE A REFERRAL


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 Made Simple

2027

Francine Chuchanis
Ashley Cart

DIRECTION HOME
AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

Medicare History

A LANDMARK EXPANSION OF U.S. HEALTH COVERAGE

1965

President Lyndon B. Johnson signed the Social Security Amendments, creating both Medicare and Medicaid.

TWO PROGRAMS · TWO DISTINCT POPULATIONS

MEDICARE

Health insurance for older adults and certain people with disabilities

MEDICAID

Health coverage for eligible low-income individuals and families

Medicare Eligibility

65+

AGE

Adults age 65 or older

24

DISABILITY

Under age 65: Medicare generally begins after 24 months of Social Security Disability benefits.

DX

CERTAIN MEDICAL CONDITIONS

End-Stage Renal Disease (ESRD) or ALS (Lou Gehrig's disease) may qualify

Medicare eligibility is based primarily on age or disability—not income.

Medicare Enrollment

YOUR 7-MONTH INITIAL ENROLLMENT PERIOD



ENROLL 3 MONTHS BEFORE YOUR BIRTHDAY

Coverage starts the first day of your 65th-birthday month.

ENROLL IN YOUR BIRTHDAY MONTH OR WITHIN 3 MONTHS AFTER

Coverage starts the month after enrollment.

AUTOMATIC ENROLLMENT

May occur when receiving Social Security or Railroad Retirement Benefits

Under age 65 and on SS disability benefit for 24 months

MISSED YOUR IEP?

Enroll January 1–March 31.

Coverage begins the following month.

Avoid Late Enrollment Penalties

Enroll when first eligible to avoid coverage gaps and potential penalties.

01 **Delaying Medicare enrollment** can increase your monthly premium; sometimes for a lifetime

02 **Penalties vary** for Parts B, D and Part A if you must pay a premium.

03 **Special Enrollment Periods** may allow you to avoid penalties

Special Enrollment Periods

Certain life events may let you enroll in Medicare or change your Medicare plan outside the usual enrollment periods.



MOVE

Outside your plan's service area, or in/out of nursing home



COVERAGE

Lose Medicaid, employer, or union health coverage



EMERGENCY

Affected by a declared emergency or disaster

Enrollment options and deadlines depend on your situation and type of Medicare coverage.

Two Choices for Coverage

OPTION 1

Traditional Medicare

"Red, White & Blue Card"

INCLUDES

- ☑ Part A
- ☑ Part B

OPTIONAL ADD-ONS

- ☑ You can add Part D
- ☑ You can also add supplemental coverage

OR

OPTION 2

Medicare Advantage Plan

(also known as Part C)

INCLUDES

- ☑ Part A
- ☑ Part B

MOST PLANS INCLUDE

- ☑ Part D
- ☑ Extra benefits

Traditional or Original Medicare

ADVANTAGES

- ☑ Can use any provider accepting Medicare
- ☑ Limited prior authorizations (certain hospital outpatient procedures, DME)
- ☑ Can add supplemental insurance
- ☑ Coverage throughout the U.S.

POSSIBLE DISADVANTAGES

- ⓘ Generally excludes routine dental, vision and hearing care
- ⓘ No annual out-of-pocket limits for Parts A and B
- ⓘ Separate Part D plan for prescription coverage
- ⓘ Supplemental coverage can be expensive

Medicare Advantage Plans

ADVANTAGES

- ☑ Must cover what Traditional Medicare covers
- ☑ Extra benefits
- ☑ Low or $0 plan premiums; Part B premium still applies
- ☑ Annual out-of-pocket limits
- ☑ Most include drug coverage

POSSIBLE DISADVANTAGES

- ⓘ May have geographic restrictions
- ⓘ Prior Authorizations
- ⓘ Provider restrictions
- ⓘ Cannot add Medigap to cover copays

NEXT:

Understanding Parts A, B, and D

PART A	PART B	PART D

Let's break down what each part means.

Part A – Hospital Insurance



Inpatient hospital stays



Skilled Nursing Facility (SNF) care after a qualifying hospital stay



Home health care (limited situations)



Hospice care



Inpatient mental health care



Blood transfusions during inpatient stay

Part A – Hospital Coverage Costs

Original Medicare

Most people pay no Part A premium

	2027 *projected*	2026
Days 1–60: Deductible Per benefit period	**$1,788**	$1,736
Days 61–90 In each benefit period	**$447 per day**	$434 per day
After day 90 Up to 60 lifetime reserve days total	**$894 per day**	$868 per day

Once all 60 lifetime reserve days are used, no reserve days remain.

2027 amounts are projected, not final.

Part A – Skilled Nursing Care Costs

ELIGIBILITY

3-day hospital stay required for Original Medicare

Observation Status does NOT count with Original Medicare

Does not include long-term custodial care

COVERAGE WINDOW

Full coverage days 1-20

Coinsurance days 21-100 (Original Medicare, Projected 2027: $223.50 per day)

Up to 100 days per benefit period, if eligible

BENEFIT PERIOD

Ends after 60 consecutive days without inpatient hospital care or skilled care in a SNF.

Appeal Rights in Skilled Therapy

You have the right to appeal a Medicare decision to deny or end coverage for skilled care

MAIN QUESTIONS FOR CONTINUATION OF SKILLED CARE

1. Can care be safe and effective without the involvement of skilled professionals?

2. Are skilled services needed to maintain function, or prevent or slow decline?

If covered services are ending, follow the appeal instructions and deadline on the notice.

Part A – Hospice Coverage

Comfort care rather than treatment to cure terminal illness

COVERAGE & SERVICES

- Services for pain relief and symptom management
- Drugs and DME for pain relief and management
- Aide and homemaker services
- Spiritual and grief counseling

ADDITIONAL DETAILS

May pay 5% of the Medicare-approved amount for inpatient respite stay

Generally does not cover nursing home room and board

Home Health Care Coverage

YOU GENERALLY MUST:

Be under the care of a doctor

(or other authorized practitioner) who establishes and periodically reviews a plan of care

Be homebound, meaning:

- Leaving home requires considerable and taxing effort, and
- You need assistance, special equipment, special transportation, or it is medically inadvisable for you to leave home.

Need skilled services, such as:

- Part-time skilled nursing care
- Physical therapy
- Speech-language pathology services
- Continued occupational therapy

Receive services

from a Medicare-certified home health agency.

Part B – Medical Insurance



Doctor office visits



Preventive care & vaccines



Durable Medical Equipment



Ambulance Services



Some professionally administered drugs

Part B – Medical Coverage

PART B COSTS

Monthly premium

$209.50

2027 projected

Up from $202.90

Yearly deductible

$292.00

2027 Projected, Orig. Medicare only

Up from $283.00

OTHER COSTS & COVERAGE

Generally 20% coinsurance of the Medicare-approved amount after the yearly deductible (Original Medicare)

Income adjustments can affect premium

Includes coverage for observation status

Hold Harmless Provision

Federal law prevents Part B premium increases from reducing eligible beneficiaries' take-home Social Security payments

EXAMPLE

Social Security cost-of-living adjustment (COLA)	**+$20**
Standard Part B premium increase	**+$25**
Their premium increase with hold harmless	**+$20**
Change in take-home Social Security payment	**$0**

Their payment stays the same instead of dropping $5.

2027 context: COLA is 3.6%. Part B is projected to rise $6.60/month (not final).

Some Can Delay Part B

COMMON REASONS TO DELAY

Covered by a health plan through your or your spouse's current employment that pays primary to Medicare

8-MONTH SPECIAL ENROLLMENT PERIOD

After active employment or employer coverage ends, whichever happens first.

LATE ENROLLMENT PENALTY

Generally applies if you delay Part B without qualifying coverage or an enrollment exception

- 10% of the standard Part B premium
- For **each full 12-month period** you could have had Part B but didn't enroll
- Generally lasts as long as you have Part B



To enroll: Contact Social Security or visit www.socialsecurity.gov

Medicare Savings Program

Helps pay Medicare costs for eligible individuals with limited income and resources.

WHAT IT MAY PAY

- ✓ **May pay your Part B premium**
- ✓ **May pay your Part A premium (if applicable)**
- ✓ May pay deductibles, copays, and coinsurance (QMB only)
- ✓ Automatically qualifies you for Extra Help with Part D prescription drug costs (-QDWI)

TYPES OF MSPs

QMB	Most comprehensive assistance
SLMB	Pays Part B premium
QI	Pays Part B premium
QDWI	Pays Part A premium for certain disabled workers

READY TO APPLY? **Contact your county Department of Job and Family Services (JFS)**

Supplemental/Medigap Insurance

Private insurance that helps pay some of the out-of-pocket costs

HOW IT WORKS

1. **COVERAGE**
   Traditional Medicare only
2. **REQUIRED**
   Must have Parts A & B
3. **PREMIUMS**
   Vary by company & coverage

MEDIGAP OPEN ENROLLMENT

- A one-time, 6-month period beginning the first month you're 65 or older and have Part B
- No medical underwriting during this period
- You can apply later, but underwriting may apply

WHAT IS NOT COVERED

New policies don't include prescription drug coverage and generally don't cover routine dental or vision care

Part D: Prescription Coverage Choices

Two Types of Part D Coverage:

- Stand Alone Plans: Choose with Traditional Medicare or Part C Advantages Plans without drug coverage
- Part D included with most Medicare Advantage Plans

Do not need if have VA Coverage

Do not need if have creditable coverage through a retirement plan or current employer

Lifetime Penalty of 1% of national base premium for each month not enrolled ($41.33 in 2027)

Cannot enroll mid-year with some exceptions



Part D Standard Benefit 2027

01

DEDUCTIBLE

$700

Initial deductible

Up from $615 in 2026

02

INITIAL COVERAGE LIMIT

$2,400

25% of costs up to this limit

Including deductible

Up from $2,100 in 2026

03

CATASTROPHIC COVERAGE

$0

copays

Prescription Costs

01

COST SHARING

Maximum out of pocket includes deductible and personal costs

Not all medications subject to deductible

02

PLAN DESIGN

Based on plan tiers, some lower costs generics my have a $0 out of pocket

$35 cap on insulin remains for 2027

Some plans have more generous designs

03

PAYMENT + REVIEW

Can spread higher costs over 12 months & be billed by plan

Must compare plans each year

PART D

Part D Selection Considerations

4 SELECTION Criteria

KEEP IN MIND

Note: Formularies and costs can change at any time. Appeals can be done through your physician

Compare every plan across all four criteria

01 **Coverage and costs**

02 **Restrictions:** prior authorization, step therapy, quantity limits

03 **Pharmacy Network**

04 **Star Ratings:** based on member complaints, accurate pricing, number leaving, ease of filling prescriptions, changes to plan



HOW TO CHECK PRESCRIPTION PLANS YEARLY

WWW.MEDICARE.GOV

CALL OSHIIP:

1-800-686-1578

LOW-INCOME SUBSIDY • EXTRA HELP • PART D

Extra Help lowers the cost of Part D

$0

premium + deductible

for people eligible for the full subsidy

Some people are enrolled automatically.

THREE PART D PLANS IN OHIO

Wellcare Classic • Humana Basic HealthSpring Assurance

LOWER DRUG PRICES

Generic and brand-name drugs

HOW TO APPLY

ssa.gov →

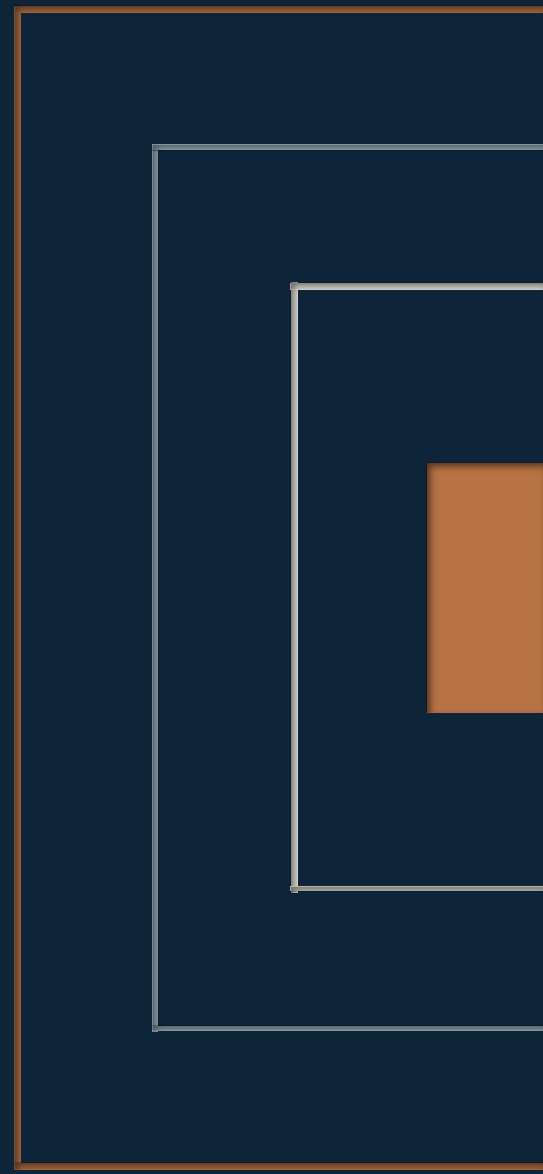
Apply through the Social Security Administration.

Part D Changes Ohio 2027

- One less plan, 2 dropped, 1 added
- Higher Deductibles & Premiums
- End of Premium Reduction Stabilization Program – ended 1 year earlier than proposed in the Inflation Reduction Act singed in 2022 which held premium increases to 6% annually

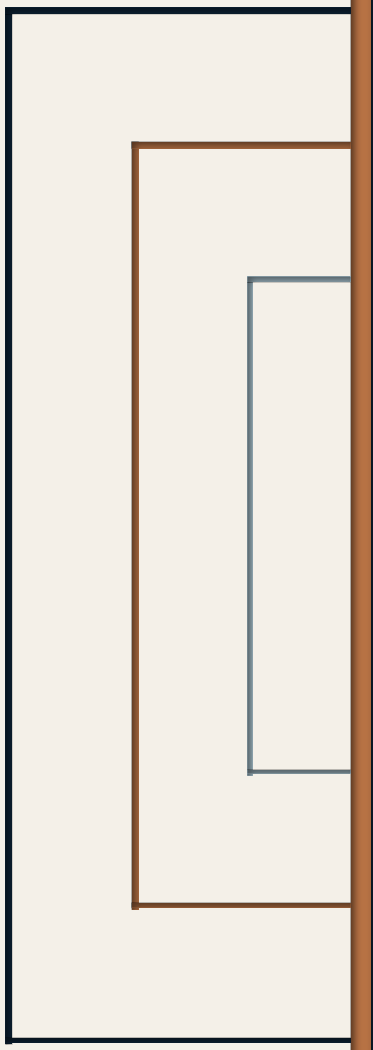
Part C: Medicare Advantage Plans

- Must have Parts A & B
- Private companies contract with federal government to provide Medicare coverage
- Most include drug coverage
- Are **not** supplemental plans – Cannot have a supplement & Part C



How MA plans differ from Traditional Medicare

- Out-of-Pocket Maximums Apply
- No 3 -Day hospital stay required for skilled care in rehab facilities
- Provider limitations apply
- Most include drug coverage
- prior authorizations using AI
- Cover additional benefits
- Can switch MA plans or switch to MA plans January 1-March 31



ADDITIONAL BENEFITS

- Gym Memberships
- Cash Cards
- Dental
- Hearing Vision
- Reductions in Part B premium

HOW TO SELECT

Choose the plan that fits your needs

01	COST	Focus on the services & benefits you use most
02	COVERAGE	Formulary and provider network
03	STAR RATINGS	Quality
04	PLAN REPUTATION	Ask providers

MY CARE OHIO

Medicare Advantage Plans for Duals

4 MEDICAID COVERAGE CHOICES

AVAILABLE PLANS

01 **Anthem**

02 **CareSource**

03 **Molina**

04 **Buckeye**

ANOTHER MEDICARE PLAN?

YES

You can choose another Medicare plan.

THE TRADE-OFF

You will deal with different payers.

MORE INFORMATION

www.medicare.gov

OSHIIP 1-800-686-1578

PROHIBITED

NO

Cold calling

Door-to-door solicitation

Pressure tactics

UNINVITED SALES CONTACT

MEDICARE ADVANTAGE

MA Marketing Guidelines

01 **OBTAIN A SCOPE OF APPOINTMENT**

Confirm that the beneficiary agreed to discuss certain products. Beware of agent cross selling.

02 **DISCLOSE LIMITED PLAN REPRESENTATION**

Third-party marketing organizations may not sell every plan — and must share this information.

03 **SUPERLATIVES CAN BE USED — SO BEWARE**

Medicare Appeal Rights

- Right to appeal coverage & payment denials for covered services
- Process slightly different for Traditional Medicare & MA Plans
- Conduct prescription appeals through your physician- formulary & tier exceptions can be submitted
- Can appeal observation status if changed after discharge

OTHER NEWS FOR YOU

2027 & Beyond

NATIONAL LANDSCAPE / MA PLANS

MA reaches 55%—while access and benefits tighten

55%

of beneficiaries are in MA plans

34

major health system providers dropped MA plans

01	BENEFITS	Some supplemental benefits scaled back
02	COSTS	Higher out-of-pocket costs
03	LIMITS	Higher maximum out-of-pocket limits

PATH 01

Medicare Advantage

Some plans cover GLP-1 drugs.

Each Medicare Advantage Plan sets its own requirements.

CHECK THE PLAN

TRADITIONAL MEDICARE ONLY

Coverage of GLP-1 Drugs

ELIGIBILITY REQUIREMENTS

01 **Age 18 or older**

02 **Prescribed by a physician**

03 **BMI of 27–30 or higher**

04 **Specific health diagnoses**

COVERED OPTIONS

Faundayo tablets

Wegovy injections & tablets

Zepbound KwikPen

WISer Demonstration

Wasteful & Inappropriate Service Reduction

What it is

- Voluntary prior authorization pilot
- Traditional Medicare Only
- Uses AI & clinical review

Services Affected

17 in all including:

- Knee arthroscopy for arthritis
- Skin tissue substitutes
- Implantation of electrical nerve stimulators

HR1

4

ELIGIBLE GROUPS

Medicare eligibility is limited to these categories.

ELIGIBILITY FRAMEWORK

MEDICARE ELIGIBILITY

Eligibility for Immigrants

LIMITS ELIGIBILITY TO

01 **American citizens**

02 **Nationals and green card holders**

03 **Cuban & Haitian refugees**

04 **Lawful residents from certain Pacific Islands**

Legislative Updates

Access To Medicare Act

bipartisan bill to allow Traditional Medicare Coverage for skilled care without a 3- day hospital stay

No UPCODE Act

bipartisan bill to reduce overpayments to Medicare Advantage Plans which seek incentives by over-coding diagnoses

Act now!

01 Understand your coverage options

02 Review your benefits

03 Choose coverage that meets your healthcare needs



Applies to all Medicare beneficiaries.

www.DHAD.org
www.DHAD.org/refer
Main Desk: 330.896.9172
ADRC: 877.770.5558
OSHIIP: 800.686.1578



QUESTIONS?