

By SUSAN JAFFE

ON A SUNNY afternoon the Friday before Labor Day weekend, Larry Fry takes one last walk through the Beverly Health and Rehab Center in suburban Columbus.

He has hugs all around for the nurses and physical therapists. In a hallway, he bends down to talk to a friend in a wheelchair, and stops in to thank Beverly's payroll manager.

There's no goodbye for his roommate, Mike Huggins. Next weekend, they're going to barbecue steaks in the picnic area of the facility's courtyard. They've been planning the menu for days.

He's waited almost eight years for this moment — to leave the institution and move into his own home. The 48-year-old has spent most of that time in and out of nursing homes, including the past 20 months at Beverly.

Desi Runkle, Beverly's social worker, offers to drive him to his apartment, with a stop for groceries and to pick up his prescriptions.

As he waits for her, there's a sudden lull in the day's high-pitched activities, and he wonders what he's gotten himself into.

"People don't understand what it's like to be in here," he says. "You gain a lot in a way, OK, because you're not responsible for anything, but what you lose is control of your own situation. You function under the laws of this facility and that limits you — and keeps you safe."



Larry Fry walks out of the Beverly Health and Rehab Center for the last time to live in his own apartment.

As Fry maneuvers his shopping cart down the crowded aisle of a Kroger's supermarket, he wonders at all the oddities: Giant boxes of Sweet 'N Low that could supply a restaurant, mini-kegs of beer and shiitake mushrooms almost the size of his hand. Folding chairs, too? And end tables?

He turns the corner at the end of one aisle and the sight of row upon row of fresh vegetables and fruit nearly stops him in his tracks. The last time he was in a supermarket, picking out lettuce was easy: There was one choice and it was sealed in plastic.

Fry selects a set of four inexpensive knives but pauses and examines a can opener.

"I wouldn't pay \$9 for a can opener," he says, indignantly, before finding one for \$4.

Fry, who once worked as a chef before becoming ill, is enjoying every moment in the store. He turns a bottle of olive oil upside down, inspecting it for freshness, before putting it into his cart.

"If the bubble stays on the bottom, that means it's old, it's bitter," he explains.

After paying for his groceries, a security alarm blares as he leaves the store.

"Oh my God, I'm just out of one place and I'm going to another," he says, but a guard tells him he's OK.

Actually, he couldn't be better.

You Can Go Home Again

*A move to a nursing home needn't be forever anymore.
A new Ohio program not only supports independent living, but also saves the state money.*



Fry straightens his half of the room, where he's lived for almost two years, before leaving. His new apartment is three times bigger. "I'll have an actual space in another room with my bed in it, and a bathroom that's only mine. And I can close my own door when I want to," he says. "That's the practical things you gain — which seems inconsequential to some people."

FRY ENDED UP in nursing homes after struggling with a deluge of cascading health problems, including knee and hip replacements and complications from diabetes that forced doctors to amputate three of his toes. When he left Beverly, he was taking 43 pills a day to control arthritis, diabetes, acid reflux, high blood pressure and numbing in his feet and hands, among other conditions.

The reason he stayed in the home once his health improved — at a cost of roughly \$5,000 a month, picked up by Medicaid, the government's health insurance for low-income people — was that he had no place to go. His apartment was gone, he had no furniture, and he had taken few clothes with him.

What made his transition possible now is Ohio's new pilot project to develop a program that could help dozens of nursing home residents move into their own homes. They could re-enter a world many thought they had left behind forever.



Fry says goodbye to Tracy Sowell, a nursing assistant. "I was here a long time," he says. "I built a lot of friendships."

Ohio Access Success Project is unwinding the government rules and red tape that trap people in nursing homes who don't want to be there, don't need to be there and certainly

don't need to be driving up the state's enormous nursing home costs (*See Graphic, "Paying More for Less," pg. 19.*)

If it succeeds, the effort targeting 250 nursing home residents could save

Ohio millions of dollars a year.

Nursing home care costs an average of about \$56,000 per resident a year in Ohio. Because Fry needs so little care, living on his own will save Medicaid roughly \$50,000 a year.

Without Ohio Success, Larry Fry may have lived in a nursing home forever. He has no savings. For Medicaid coverage in a nursing home, an individual can have no more than \$1,500 in assets. Fry's Social Security disability checks go toward his Medicaid bill. And the \$40 a month he's allowed to keep for spending money is not enough to save up a security deposit on an apartment.

The only things he owns in his half of a room at Beverly are a TV set and a green lounge chair.

So Fry was curious in July when his roommate showed him a packet of information he'd received about Ohio Success, which is run by the Ohio Department of Job and Family Services (ODJFS).

The program, which started in

Franklin County in June and will expand to Northeast Ohio later this month, is supported by a three-year, \$600,000 grant from the U.S. Department of Health and Human Services. The Ohio legislature chipped in another \$700,000 to cover residents' moving expenses and other one-time costs.

ODJFS hired the Easter Seals organization in Columbus to run its program. It sent Jeanette Kruty, a social worker, to talk to Beverly residents about who can participate.

Safeguards are in place to ensure that residents are able to handle living on their own and also that the program saves money for Medicaid: The cost of home care and other Medicaid services available in the community cannot exceed 80 percent of what Medicaid pays for nursing home care for that resident.

Individuals selected for the program must be on Medicaid and have been living in nursing homes for at least 18 months — long enough for most people to have to give up their homes. Finally, nursing home patients must be in good enough health to function without a nurse down the hall and 24-hour on-site emergency medical care.

"There is definitely a risk, but we accept risk every day," says Kruty. "The consumer has the choice — it's their life."

Each participant can get up to \$2,000 for relocation expenses, for things such as rental deposits, moving costs, furniture, dishes and other basics. But the money, provided by the state legislature, has been locked away since the program started up in June because someone forgot to set up a system to spend it.

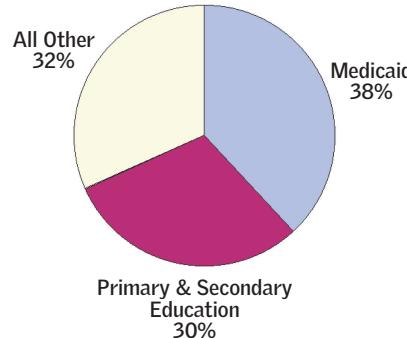
Checks couldn't be drawn on the account because Medicaid rules only allow reimbursements, after a purchase, and only to approved providers for approved services.

Medicaid just isn't set up to buy furniture, explains Laurie Damon, the Ohio Success project manager at ODJFS, as if she was stating the obvious.

Kruty has been visiting nursing homes in the Columbus area since June to explain the program to residents. Before she can determine if someone fits the criteria to participate, she reviews medical records and talks with the facility staff to obtain a complete picture of a person's needs.

Then she looks to see if there are services available in the community that offer the kind of help the resident receives in the nursing home. If she finds a match, and the cost is 80 percent or less than institutional care, the

Where Ohio Taxes Go



SOURCE: OFFICE OF GOV. BOB TAFT; STATE BUDGET FISCAL YEAR ENDING JUNE 30, 2005

The Rising Cost of Care

The cost of Medicaid, which provides health care to the poor, is increasing so fast in Ohio that it now consumes the largest portion of the state's tax revenue — 38 percent. That is more than the 30 percent for primary and secondary education combined.

Medicaid's biggest expense is caring for the elderly and disabled.

That's because nursing home care is an entitlement in Ohio, like education: If you're eligible for Medicaid, you are guaranteed a nursing home bed. Although home care for Medicaid recipients who would otherwise be in a nursing home is almost one-fifth the cost, it is not an entitlement.

Medicaid money continues to flow into nursing facility care at an alarming rate: Since 1993, Medicaid's nursing home bill has increased 86 percent.

"It is unacceptable that at a time when the demand for home and community based services is growing, we are spending more and more money to serve fewer people in nursing homes," Governor Bob Taft told the Columbus Metropolitan Club in September.

Nursing home owners respond by noting that people entering their facilities have more chronic ailments than ever before and need more expensive care.

The payment formula is inscribed in state law, Taft notes, and "is not based on supply or demand."

Taft wants to expand Passport, the Medicaid-funded home-health program to enable more people to live independently, and reduce nursing home payments.

"If we don't get this right, we won't be able to afford to educate Ohio's next generation or continue to deliver essential public services to the people of this state." — SJ

Crossword Solutions

Ra-puns-el

JOT	PLUS	BAMB	OCTOPI
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SOPHISTI	CUTS TEE ERSE		
TWEET	BAH ANT SPITS		
ANDY	SCARLETTOHAIRAS		
CAPRA	TOM LEI		
HANNAH	ANDHER SCISSORS		
BIONDI	AIMAT COSTELLO		
ORBWEB	ZOOMS IOTA ESP		

New York Times

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Puzzles appear on page 27

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Desi Runkle, the director of social work at Beverly, helps Fry in the dairy section of a Kroger's supermarket. It's been nearly eight years since he's been shopping.

The "sheer volume" of products is a surprise; the prices a shock.

easy part of her job is done.

Before a resident can move, Kruty writes up an individual relocation plan to set up such things as an affordable apartment, furniture and household necessities, visits with a home health aide and home-delivered meals. She arranges for new doctors and a pharmacy, transportation to medical appointments or grocery-shopping, a bank account and recreational activities and even job possibilities.

Kruty delivered chairs and household supplies, too, until Easter Seals recently hired a moving company to do the heavy lifting.

So far, 10 nursing home residents in Franklin County have been accepted into Ohio Success and four have moved out.

IT WAS MID-AUGUST when Kruty gave Fry a list of 40 places to call for an apartment he could afford on his limited Social Security income. The task was one of his first tests of self-reliance.

"The 39th had one apartment," says Fry. It is a federally subsidized apartment on the second floor of a complex that stretches along several blocks. It fit his budget, and the flight of stairs — while not his first choice — would not deter him.

"I got lucky. It's almost like there was a plan by God."

Suddenly, he had two weeks to move. If he didn't act fast, someone else would grab the apartment.

Kruty found him a couch and a bed. As word spread that Fry was scram-

bling to set up his apartment on short notice, some of the nursing staff at Beverly donated a loveseat, towels, dishes and silverware. As soon as the apartment had the bare necessities, Fry spent one or two nights there to become used to being alone and to learn how to take the bus.

Now he's moving in for good.

At Fry's apartment, he and Runkle make several trips up and down the flight of stairs to bring in all the bags. Fry collapses into his familiar green lounger, and instinctively turns on his TV to see how Florida State's football team is doing.

The bags of groceries are sprawled over every available surface in the kitchen, piling up on the counter and the stovetop. He needs to rest before putting it all away.

"I'm tired," he says. "I'm happy."

Next week will be busy: He'll sign up for a membership at the YMCA, just six blocks away. A home health aide will come in the mornings the first week, to show him how to keep track of his medications and when to take them.

If there's an emergency, he has a number he can call 24 hours a day to reach a doctor. There's also 9-1-1.

"I have all that under control," he says. "Jeanette organized that."

Eventually, he wants to find a job.

There's a program run by Social Security, he says, that helps you go to school or go back to work.

"Physically, I'm not able to stand [for very long] or lift, so I figure I'd do something with phones or computers."

"I'm really good on the phone. I can talk a sheep out of its wool on the phone."

He also can type about 80 words a minute, which he attributes to a good Catholic school education, back in Wheeling, West Virginia.

"I will find something. I know I will."

He also wants to volunteer at Beverly, running games, helping in the Alzheimer's unit, visiting people.

"I feel like I've abandoned some of them, to be straight honest, I do," he says. "Because for the past two years, they've been my family, more than my family has been my family."

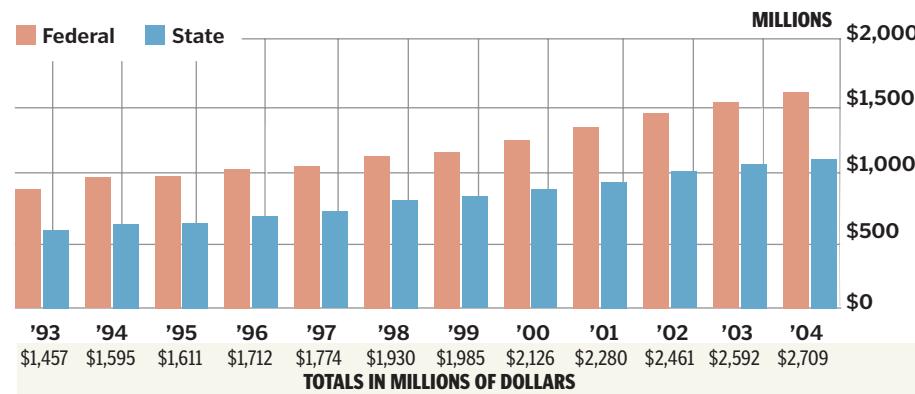
"But I'll go back."

SINCE THE OHIO Success project was first mentioned in the media last March, Damon and others at ODJFS have heard from nearly 100 people who wanted to participate, to help collect household supplies, to rent rooms, or to work as caretakers.

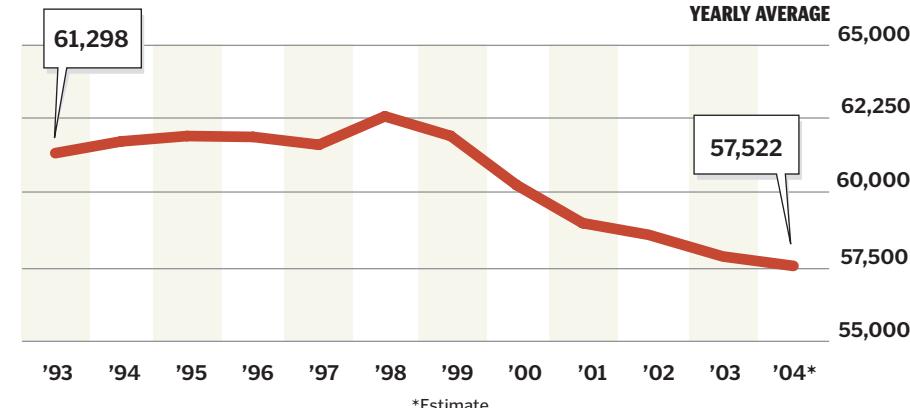
Paying More for Less

State and federal Medicaid payments to Ohio nursing homes have increased by 86 percent over the past 11 years, even though the number of people living in nursing homes has declined 6.2 percent.

MEDICAID PAYMENTS TO OHIO NURSING HOMES

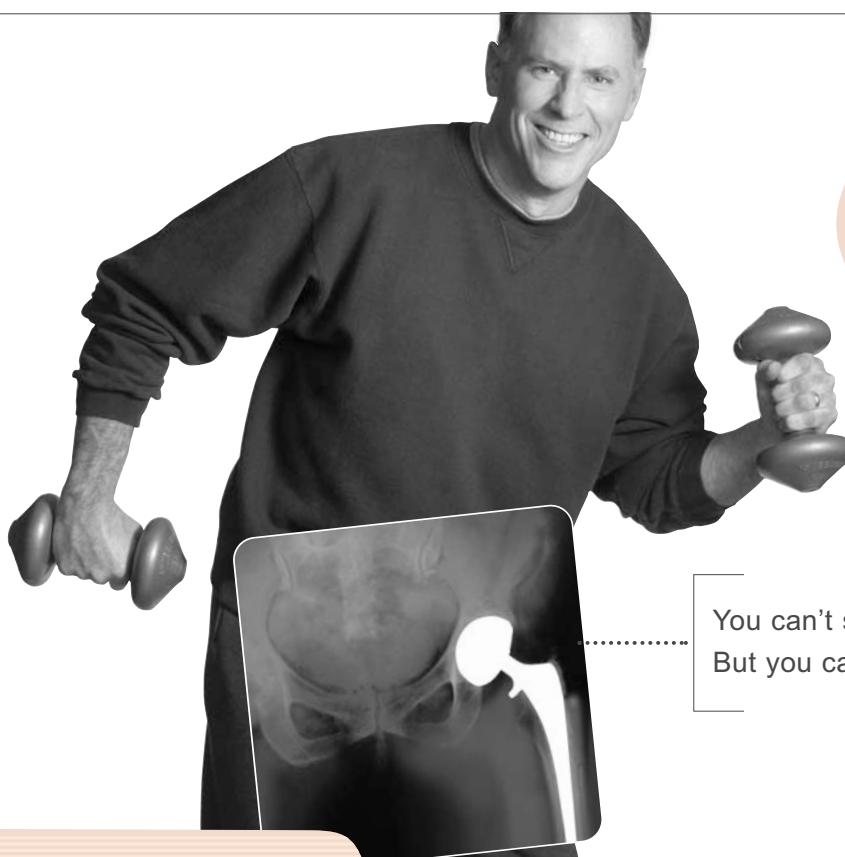


RESIDENTS RECEIVING MEDICAID IN OHIO NURSING HOMES



SOURCE: Ohio Department of Job & Family Services

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Stacey Conner's mother, Susan Shadley, spotted an article, tore it out and took it to the Columbus Rehabilitation and Subacute Institute, the nursing home where her daughter had been living since February 2002, after spending 13 months in a Westerville facility.

While pregnant with her second child in 2001, Conner contracted a virus that damaged the nerve endings in her hands and feet. The fingers of both hands are curled up, as if she was about to open a jar. She also can't move her feet.

A former high school business teacher, Conner, 30, knows how to take charge of a situation. She wanted to go home, she wanted her children to live with her, and she wanted to go back to work.

"I just had my mind made up that I could do it and I didn't think about if it was going to be possible or not. I just said, 'This is what I want and this is what I'm going to do.' Whatever the logistics, I would deal with it when I got to it."

Conner began by showing the article to the nursing home's social worker, who called Kruty.

"I said I'd love to be one of the first people to do this," Conner recalls.

She had already begun reading the listings of wheelchair-accessible apartments she could afford so that she could one day live on her own. She found a



An exhausted Fry relaxes after bringing his groceries upstairs to his new apartment, while Runkle writes down one more phone number before leaving him on his own.

"If Governor Taft puts money into this program, I'll be a happy man," he says.

Medicaid program that provided nurses or home health care aides for disabled people at home.

Before she could receive the home health assistance, she learned she had to be evaluated to see if she qualified.

"They have to come your home," she says. She didn't have one.

But she couldn't leave the nursing home.

When she was accepted into the Ohio Success program, Conner had already picked out an apartment. Setting up a home was a challenge.

She was in the midst of a divorce and "had nothing," says Conner.

Kruty went with her to select free furniture from the Salvation Army, including mattresses, three dressers, end tables and a broken washer and dryer.

To Learn More

To reach the Ohio Access Success Project, call Easter Seals Northeast Ohio at 440-838-0990 (toll-free 1-888-325-8532); write the organization at 1929A East Royalton Road, Broadview Heights, OH 44147; or e-mail jkruty@easerseals-cseohio.org.

"I took them anyway," says Conner. "My dad fixed them with \$20 worth of parts."

Kruty took Conner to Volunteers of America, where she picked out free clothing, including shoes, jackets, even pajamas and undergarments for both her and the children.

The two women also went to Best Foot Forward Career Closet, where Conner chose four nice dress outfits and shoes to wear to her new job — finding one is next on her list.

"Without Jeanette's help, I don't think anyone would be able to move out," says Conner, sitting in her living room. Opposite a white couch is a small table with two chairs, the perfect size for her three-year-old daughter and four-year-old son. The children came to live with her on November 1, shortly after

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Patrick McCabe, RN
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Formerly VNA Hospice. An Agency of the Visiting Nurse Association.

her divorce became final.

An aide comes weekday mornings to take her grocery shopping or help with light housekeeping, which they try to do together.

"I like to do as much as I can," says Conner.

She thinks others can, too.

"If you are determined to leave, don't let anything stop you," she advises. "Don't get frustrated with the system."

ABOUT A HALF-HOUR drive from Conner's apartment, Donald Buzzelli has been living for the past four years at Traditions, a Gahanna nursing home. At 88, the retired restaurant manager and entertainer has recovered from the falls that sent him here and he wants to leave.

He's been approved to be part of the Ohio Success program and has applications at four apartment complexes. He's also eligible for Passport, Ohio's home care program for people over 60.

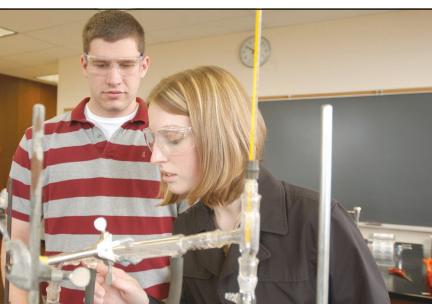
As soon as an apartment opens up and an eye problem clears up, he'll leave.

"I think I'm missing out on life too much," says Buzzelli, his voice loud enough to compete with his roommate's TV.

Continued on page 23



Sitting in her living room, Stacey Conner talks to Angela Chapman, a nurse's aide, who helps her during the week. Conner was one of the first nursing facility residents to move into her own home under the Ohio Access Success Project. She hopes state officials will expand the program. "This is what I don't understand: They would rather pay more money for you to be in a facility than they would if they just helped you to go back to the community. Does that make any sense?"



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The Different Approaches of Other States

OHIO IS ONE of the latest states out of 31 to start a program to move residents out of nursing facilities and help them set up their own homes.

Not being first has benefited Ohio, says Roland Hornbostel, deputy director of the Ohio Department of Aging.

Many of the programs "had to get over that initial knock on the door," says Robert Mollica, a senior researcher at the National Academy for State Health

Policy in Portland, Maine, who is studying the endeavor nationwide.

States that have been successful have assigned nurses or social workers to work with individual nursing homes to find residents eligible to participate in their program, says Mollica. "People of any age — no matter how long they've been in a nursing home — ought to be asked if they want to leave. If there's no one there asking them, they tend to get forgotten."

Maryland's legislature passed a law requiring nursing home owners to tell residents about services available in the community should they want to leave.

"In most cases, that's not the nursing home's priority," says Mollica. "Their goal is to keep their units filled."

Peter Van Runkle, president of the Ohio Health Care Association, wasn't worried about a mass exodus of residents.

"There are always going to be people who need the level of services provided by a nursing home," he says. "But if they can be served elsewhere, if they don't need to be there, then they shouldn't be there."

Half of the 265 individuals helped by the program in Michigan didn't require nursing home services, but didn't have any place to go. Transition grants of up to \$4,000 help cover moving and related expenses. One woman needed only the \$168 airfare to return home to Colorado, says David Young,

A 1999 U.S. Supreme Court decision in *Olmstead vs. LC* said that segregating people into nursing homes is discriminatory, a violation of the Americans with Disabilities Act. The court ordered states to offer noninstitutional, community-based services if individuals prefer it, if their doctors agree it is appropriate and the state can afford it.

Pennsylvania is taking the Olmstead decision seriously and has created more alternative programs to nursing homes than any other state, says Ann Torregrossa, senior policy manager in the Pennsylvania Governor's Office of Health Care Reform.

The state has a diversion program to help people avoid going into nursing homes by providing home care services within 24 hours. It also will approve nursing home care only for a specific period of time needed.

Pennsylvania's nursing home relocation pilot project was one of the first dozen in the country and opened in

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"People forget that people get better in nursing homes and then don't want to be there."

—David Young, project manager, Michigan Nursing Facility Transition Initiative

project manager for the Nursing Facility Transition Initiative.

Michigan's program differs from Ohio's in a number of ways, including that it provides home modifications, such as grab bars in the bathroom, wheelchair ramps and even remote garage door openers. Also, instead of one social worker trying to make nearly all the arrangements, a social worker acts as transition coordinator, handing off various tasks to those who deal with them best, such as a Legal Services lawyer or an expert on affordable housing. An analysis of about 30 participants in the Michigan program's first year, 2001, found that the overall cost savings was 42 percent, or an average of \$25,404 per resident annually.

For all its success, Young had trouble securing state money to continue the program. The Michigan Department of Community Health rescued it at the last minute: Up to \$2 million a year of the fines that nursing facilities pay for violations will go toward the program. Young says that will be enough to make it a permanent part of Michigan's long-term care services, and will relocate an estimated 500 nursing home residents.

It's the law that states offer alternatives to institutional care.

2001. In July, it graduated from a trial to a permanent fixture in the state's Medicaid menu of services, open to 1,500 nursing home residents annually.

During the pilot, Pennsylvania officials discovered that when an affordable home was found, it often needed modifications to accommodate someone with a disability. Once the home was ready, there was still a six- to nine-month wait for home care.

"I think that Ohio — if it's anything like Pennsylvania — will find incredible programmatic barriers to quickly and in large numbers transitioning people from nursing homes to the community," says Torregrossa. "You can't do it right until you have the systems to support people."

After creating more than 15 different home modification programs, establishing the nursing home transition program and making sure affordable apartments and home health care providers were available, the state's efforts to offer nursing home alternatives are beginning to pay off.

"We believe strongly it's a civil rights issue, and happily it's a win-win because it saves money for the state and taxpayers," says Torregrossa. "We're serving at least two people for every one in a nursing home."

—S.J.

Stefanie Christian, M.D.

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"I picked the environment I'm in," says Conner, describing the purpose of the new Ohio program. "And that's the whole thing — it's our choice."

so that they don't relapse."

Even though his doctors at the nursing home had said he could leave, Fry wonders if he was really ready.

"I'm not sure what occurred," he says, lying in his hospital bed with his foot immobilized in a Styrofoam cube.

"I'm trying not to think about it. I'm not real happy. Because I feel like I'm going backwards — or at least sideways.

"And it's not my nature to backtrack. I'd rather fight on forward than backtrack. But sometimes you have to back across," says the serious football fan, maybe imagining the quarterback who scrambles for a second chance.

Fry perks up a little talking about the apartment, and as he gestures, his hand emerges from its hiding place under the sheets, exposing the intravenous tube planted in his lower arm. He realizes that when he gets better — this time — he has something to go back to. He's made some headway.

"Oh yeah, I sure did. I got out. I got out and up."

And he's planning on paying his December's rent — three weeks early. ■

Susan Jaffe is a Plain Dealer reporter who covers aging issues. She was surprised to learn that New Jersey's relocation project helped someone move out of a nursing home after 31 years. She may be reached at 216-999-4822 or through magmail@plaincom.com.

MATT SULLIVAN FOR THE PLAIN DEALER

NOVEMBER 7, 2004 | THE PLAIN DEALER SUNDAY MAGAZINE | 23