

## Ohio Access Success Project Resident Assessment Tool

Name of Consumer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Nursing Facility County: \_\_\_\_\_

Consumer/Authorized  
Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Nursing Facility  
Staff Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_

### Ohio Access Success Project

Per Ohio Administrative Code 5160-49-01, persons who are over age 21, Medicaid-eligible residents in a Medicaid-certified nursing facility and have a projected monthly cost of services in the community that will not exceed 80% of the average monthly Medicaid costs of a Medicaid recipient residing in a nursing facility may participate in the Ohio Access Success Project.

**1. How many hours a day of continuous *nursing care* does the consumer need? Examples of tasks associated with continuous nursing include suctioning, continuous g-tube feeding, ventilator care, etc.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Why does the consumer need this amount of care?**

\_\_\_\_\_  
\_\_\_\_\_

**3. How many hours a day of *personal care aide services* does the consumer need? Example of tasks associated with personal care aide services include bathing, dressing, toileting, meal preparation, assistance with transfer, housekeeping, etc.**

\_\_\_\_\_  
\_\_\_\_\_

**4. Why does the consumer need this amount of care?**

\_\_\_\_\_  
\_\_\_\_\_

**5. How many hours a day of paid staff supervision does the consumer need to prevent harm to self? For example, due to a cognitive impairment an individual cannot safely be alone, has no available supports (family/friends), and would require paid staff to provide adequate supervision to prevent harm to self.**

\_\_\_\_\_  
\_\_\_\_\_

Please fax the completed form to:  
**Success Project Manager**  
**HOME Choice Operations Unit**  
**Fax: (614) 466-6945**  
**E-mail: HOME\_Choice@medicaid.ohio.gov**

You will receive a written notification with a determination of this assessment.