



“I’m so glad my son got me into this program. It did a lot for me. I’m happy all the time, and I’ve met so many people.”

– Marie P.

Hopkins ElderPlus participant



Contact Us to Discuss Your Options

For more information, and to discuss your options and eligibility, call us at **410-550-7044** or visit us online at www.hopkinsbayview.org/hopkinselderplus.



Stay in the
home **you love**

Visit us for the care you need



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

What is **Hopkins ElderPlus?**

Hopkins ElderPlus is a voluntary health program designed to provide and coordinate all needed preventive, primary, acute and long-term care services, so that older individuals can continue living in the community. Hopkins ElderPlus team members, participants and family caregivers become partners in developing an individualized plan of care.

Care and services provided by Hopkins ElderPlus include:

- Medical care and coordination
- Adult day care
- Nursing care
- Social work
- Rehabilitation therapies
- Medications
- Transportation
- In-home services



Who Can Join **Hopkins ElderPlus?**

Hopkins ElderPlus participants must:

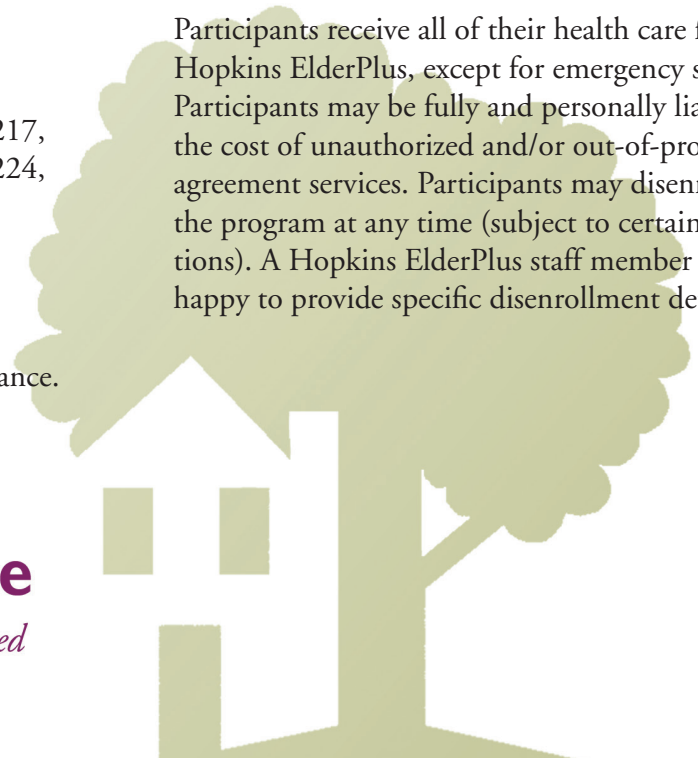
- Be age 55 or older;
- Live in one of the following zip codes: 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237 or 21052;
- Be certified by the State of Maryland for nursing-home-level care; and
- Have the potential to remain safely in the community with Hopkins ElderPlus assistance.

Participation and Disenrollment

Participants receive all of their health care from Hopkins ElderPlus, except for emergency services. Participants may be fully and personally liable for the cost of unauthorized and/or out-of-program agreement services. Participants may disenroll from the program at any time (subject to certain limitations). A Hopkins ElderPlus staff member will be happy to provide specific disenrollment details.

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Hopkins ElderPlus is a voluntary health program designed to provide and coordinate all needed preventive, primary, acute and long-term care services so that older individuals can continue living in the community. Our services include:

Day Health Care

The day health care center provides health, social, rehabilitative, recreational and personal care services.

Medical Care & Supervision

Our program physician and nurse practitioner develop, monitor and supervise each participant's medical care and treatment plan.

Medical Specialties

Podiatry, psychiatry, dentistry, optometry and audiology are available, if medically necessary. Other specialties available by referral.

Medical Equipment

If medically necessary, Hopkins ElderPlus will provide walkers, canes, wheelchairs, hearing aids, eyeglasses and other equipment.

Nursing Care

Nursing care treatment, education and counseling are available to participants and their families. Nurses also administer and monitor medications.

Medications

Hopkins ElderPlus provides all prescription medications.

Rehabilitation

Occupational, physical and speech therapy are available if prescribed by the care coordination team.

Social Work Services

Individual and family counseling and assessment of social and medical needs can be provided. Social workers also may assist participants in obtaining community services.

Transportation

Hopkins ElderPlus offers transportation and escort services to and from the day health care center and to medical appointments.

Recreation

Our trained staff keeps participants active with a variety of arts, crafts, restorative exercises, social activities and entertainment.

Meals

Participants receive a hot, well-balanced noon meal, plus snacks in the day health care center. If needed, Hopkins ElderPlus provides meals at home.

Personal Care

Our staff assists participants with bathing, grooming and laundry needs while they are at the day health care center.

In-Home Care

Hopkins ElderPlus provides personal care and skilled nursing services, as prescribed by the care coordination team.

Participation & Disenrollment

Participants receive all of their health care from Hopkins ElderPlus, except for emergency services. Participants may be fully and personally liable for the cost of unauthorized and/or out of program agreement services. Participants may disenroll from the program at anytime, subject to certain limitations. A Hopkins ElderPlus staff member will be happy to provide specific disenrollment details.

Who Is Eligible?

Participants must be:

1. 55 years of age or older.
2. Living in one of the following zip codes:
21202, 21205, 21206, 21213, 21214, 21217,
21218, 21219, 21220, 21221, 21222, 21224,
21227, 21231, 21237 or 21052.
3. Certified by the State of Maryland for nursing-home level care.
4. Able to remain safely in the community with Hopkins ElderPlus assistance.

For more information, call 410-550-7044 (410-550-0316, TTY) or visit us on the Web at hopkinsmedicine.org/jhbmc/elderplus.

Hopkins ElderPlus

Open House

The first Wednesday of Every Month

Starting July 6, 2022

11:30 a.m. to 1 p.m.

In person location:

Johns Hopkins Bayview Campus

Mason F. Lord Building, 1st Floor, 4940 Eastern Avenue
Baltimore 21224

Or attend via Zoom

<https://jhjhm.zoom.us/j/96326284562?pwd=c0NoME83Uk5XVEh2RUxkUXVXWTgrZz09>

Dial-in: 1-301-715-8592

Meeting ID: 963 2628 4562; Passcode: 214512

Hopkins ElderPlus is a voluntary health program designed to provide and coordinate all needed preventive, primary, acute and long-term care services so that older individuals can continue living in the community. Come to an informative **Open House** to learn about HEP services, eligibility and the enrollment process. A light lunch will be available.

RSVP to Tiffani Williams at 410-550-8093 or twilli19@jhmi.edu

Greetings:

Thank you for your recent inquiry about Hopkins ElderPlus, which is located on the Johns Hopkins Bayview Medical campus. You are receiving this letter either because you contacted Hopkins ElderPlus or because someone referred you to the program.

The purpose of this letter and packet of information is to tell you more about our unique program and how to enroll yourself or your loved one in Hopkins ElderPlus. This program is also called PACE, the Program of All-Inclusive Care for the Elderly.

There is a lot of information needed prior to enrolling into Hopkins ElderPlus. You will find important information enclosed. Please read each page carefully and follow the instructions.

It normally takes approximately 30 – 45 days to enroll into the program. This is determined by how quickly we can obtain all the necessary information needed to process the enrollment.

Please return all of the required documents back to me by using the enclosed postage paid envelopes. I look forward to talking to you more about Hopkins ElderPlus/PACE.

Sincerely,

Tiffani Williams, BSW
Outreach Coordinator 410-550-8093

ALTHOUGH IT LOOKS LIKE A LOT OF PAPERWORK,

PLEASE DO NOT BE DISCOURAGED.

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, CONTACT US.



HOPKINS ELDERPLUS' ENROLLMENT PROCESS

There are several steps to enrolling in Hopkins ElderPlus.

Listed below are the major steps that you can expect:

Step 1

- Provide health information
- Provide financial information

Step 2

- Visit Hopkins ElderPlus (HEP) for a medical evaluation (also referred to as a medical "screen")
- HEP submits this information to the State Health Department for review. The Health Department decides if you meet the nursing home level of care criteria. You cannot enroll into Hopkins ElderPlus if you do not have a nursing home level of care.

Step 3

- Visit Hopkins ElderPlus and meet with the Department of Social Services worker.

Step 4

- Visit Hopkins ElderPlus two additional days for evaluation by other team members. We refer to this as a "team assessment." This information helps us to develop your personal care plan.

Step 5

- Enrollment meeting and review of your personal care plan.

We will keep in touch with you throughout the enrollment process and if you have any questions, you can contact us at anytime.



HEALTH INFORMATION FROM YOUR DOCTOR

It is very **IMPORTANT** for Hopkins ElderPlus to obtain copies of your doctor and hospital reports.

Please see the attached form titled

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

and complete the highlighted sections.

Please mail this form back to us TODAY!

There is a postage paid envelope attached for your convenience.

I may revoke this authorization by mailing or faxing my written request along with a copy of the original authorization to the Health Care Provider identified above that provided the health information to Johns Hopkins.

If I am unable to provide a copy of the original authorization with my request to revoke, I will provide the following information.

- Date of the authorization,
- Name,
- Address,
- Phone number,
- Medical record number,
- Social security number,
- Date of birth,
- Purpose of authorization,
- A description of the health information covered by the authorization,
- The person or entity authorized to use the data.

If the form was signed by my representative, the request will also include:

- The representative's name,
- Relationship,
- Address and
- Phone number.

I understand that if I am unable to provide all of the above information, the health care provider may not be able to honor my revocation request.



FINANCIAL ELIGIBILITY DOCUMENTS

Please gather this list of documents and bring them with you on your first appointment.

(ONLY BRING THE DOCUMENTS THAT APPLY TO YOU)

Program of All-Inclusive Care for the Elderly Documentation Form

*Copy of documentation must be either enclosed or requested.
+If documentation was seen during interview, it does not need to be enclosed.

√	Applicant's	<u>Seen</u>	<u>Requested</u>	<u>Enclosed</u>	<u>Notes</u>
	Social Security Card +				
	Medicare Card +				
	Checking – last three 3 statement(s)*				
	Savings Book/Statement(s) for last 3 months*				
	Divorce/Separation Papers+				
	Alimony Papers*				
	If employed, pay stubs for last 2 months, W-2 or letter from employer*				
	Pension Verification*				
	Life Insurance Policy (initial face value) +				
	Whole Life Insurance cash value letter from insurance carrier*				
	Social Security Award Letter*				
	Supplemental Security Income (SSI) Award Letter*				
	Veterans Administration Award Letter*				
	Civil Service Annuity Award Letter*				
	Railroad Retirement Award Letter*				
	Guardian/Power of Attorney papers+				
	INS Card*				
	Stock Certificates – statements for last 3 months*				
	Bonds and Bond information for last 3 months*				
	Trust Fund document(s) last 60 months (copy of trust & last 3 statements)*				
	Investment Statements – last 3 months*				
	Health Insurance Card(s) – front and back*				
	Burial or Funeral Account, Fund, or Plan Statement*				
	Mortgage Contract for rental or business property*				
	Rental/Lease Income Statements*				
	IRA statement*				
	Annuities – copy of annuity & last 3 statements*				
	All assets owned by applicant or spouse 36 months prior to the month of application*				
	Other:				



HEALTH INFORMATION FROM YOU!

Another way to obtain health information is for you to complete the attached health information form.

Usually, a family member can assist with completing this form.

The sooner you complete this form and mail it back to us, the sooner we can set up a medical evaluation.

Please mail this form back to us as soon as you have completed it.

There is a postage paid envelope attached to your convenience.

HOPKINS ELDERPLUS
 4940 Eastern Avenue
 Johns Hopkins Bayview Medical Center
 Baltimore, Maryland 21224

NEW PATIENT ASSESSMENT

PATIENT INFORMATION:

Patient's Name: _____ DOB: _____
Name of person completing this form: _____ Date: _____
How did you learn about our program: _____
Comments or concerns about patient's HEALTH: _____

MEDICAL HISTORY:

Have you had any of the following conditions?	YES	NO	COMMENTS
Diabetes			
High Blood Pressure			
Heart Disease			
Stroke			
Memory Problems			
Cancer			
Emphysema			
Kidney Disease			
Pneumonia			
Arthritis			
Osteoporosis/Broken Bones			
Other (please list)			

Name: _____

WHAT SURGERIES HAVE YOU HAD?

TYPE	DATE	HOSPITAL

LIST ALL HOSPITIZATIONS WITHIN THE LAST 5 YEARS:

HOSPITAL	REASON	WHEN

PSYCHIATRIC HISTORY:

Have you had any nervous or psychiatric illnesses?	YES	NO	COMMENTS

LIST PRIMARY (FAMILY DOCTOR) & OTHER SPECIALISTS:

Name: _____

CURRENT MEDICATIONS: PLEASE BRING ALL MEDICATIONS WITH YOU

Name of medication (Prescription and Non-prescription) Use back of sheet if needed		
MEDICATION ALLERGIES	COMMENTS	

ADVANCE DIRECTIVES:

(Use back of sheet if needed)	YES	NO	COMMENTS
Have you appointed a durable power of attorney for health care decisions?			
Do you have a will?			
If you were unable to make your own health care decisions, who would you trust to make these decisions on your behalf?	Name of person: _____ Address: _____ Phone #: _____ Relationship: _____		
Do you have any opinions about cardiac resuscitation, mechanical ventilation, feeding tubes or other medical interventions that your doctor should know about?	Comments: _____ _____		

Name: _____

HEALTH MAINTENANCE:

	DATE	YES	NO	COMMENTS
When was your last eye exam?				
When was your last dental exam?				
When was your last tetanus shot?				
Have you taken the pneumonia vaccine?				
Do you take the yearly flu shot?				
Has your stool been checked for blood?				
Have you had a sigmoidoscopy or colonoscopy?				
Has your cholesterol been checked?				
Do you engage in any exercise?				
Do you follow any special diet?				
Has your bone mineral density been measured?				
FOR WOMEN				
When was your last mammogram/breast examination?				
When was your last pelvic exam/pap smear?				
Have you ever taken hormones, i.e. estrogen?				
FOR MEN				
When was your last prostate exam?				

FAMILY HISTORY:

PLEASE LIST CURRENT AGE AND HEALTH STATUS OF FAMILY MEMBERS (IF DECEASED, LIST AGE AT DEATH AND CAUSE)	
Mother	
Father	
Brother(s)	
Sister(s)	
Spouse	
Children	

Name: _____

SOCIAL HISTORY:

Education (highest grade completed)	
Work history	
Are you retired?	If so, how long?
What are your current activities?	
What is your current living situation?	Type of house? With whom?
Do you smoke cigarettes?	Current? Past years, but quit? Never?
Have any of your friends or relatives died recently?	
Are you having any severe financial difficulties?	

FUNCTIONAL ASSESSMENT:

Do you have any problems with?	YES	NO	COMMENTS
Walking			
Leakage of urine or feces			
Bathing yourself			
Dressing yourself			
Feeding yourself			
Getting out of bed of chair			
Using the telephone			
Driving a car			
Using public transportation			
Doing your own shopping			
Doing your own cooking			
Doing your own cleaning			
Managing your own finances			
Taking your medications			

Name: _____

OVERALL HEALTH:

How do you feel? (check one)	Excellent ()	Good ()	Fair ()	Poor ()
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REVIEW OF SYSTEMS:

	YES	NO	COMMENTS
Have you had a recent change in your weight?			
Any episodes of falling?			
Problems with dizziness?			
Are you depressed, sad or feel blue?			
Any trouble sleeping?			
Have you had any problems with money?			
Problem with hearing?			
Problems with vision?			
Problems with teeth or dentures?			
Any problems with cough?			
Chest pain, discomfort, or heaviness?			
Shortness of breath?			
Constipation, diarrhea, or change in bowel habits?			
Any problems with passing urine, leakage, or trouble starting your stream?			
Any problems with sexual function?			
Do you have any other symptoms or health concerns, which have not been mentioned on this form? (please explain)			

**Signature
 Reviewed by physician**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER
HOPKINS ELDERPLUS – TRAVEL INFORMATION

Hopkins Bayview is strategically located on the eastern edge of Baltimore city, only minutes from the Baltimore County line. With excellent expressway, beltway and roadway connections from all directions, Bayview is, at most, a 20 to 30 minute drive from neighborhoods and communities throughout the greater Baltimore area.

Travel Assistance Line

One phone call to 410-550-5748 provides patients or visitors with directions from the major interstates, and landmarks throughout the city.

Directions:

FROM POINTS SOUTH (INCLUDING BWI AIRPORT)

Take I-295 north to the Harbor Tunnel Thruway (I-895). After exiting the tunnel, take exit 12, Lombard Street. At the first stop light, proceed straight onto Bayview Boulevard.

or

Take I-95 through the Fort McHenry Tunnel to exit 59 (Eastern Avenue). Turn left onto Eastern Avenue and proceed approximately one mile to Bayview Boulevard on the right.

FROM POINTS NORTH AND EAST

Take I-95 south to exit 59 (Eastern Avenue). Turn right onto Eastern Avenue (west) and proceed approximately one mile to Bayview Boulevard on the right.

or

Take I-895 south to exit 12, Lombard Street. At the first stop light, turn right onto Bayview Boulevard.

CAMPUS DIRECTIONS:

From Eastern Avenue – from Campus entrance (Bayview Boulevard) proceed through one traffic light and turn left at next intersection. Hopkins ElderPlus is the first building located on the left in the Mason F. Lord - East Tower.

From Lombard Street – from Campus entrance (Bayview Boulevard) go to the stop sign and make a right onto Alpha Commons Drive. Hopkins ElderPlus is the first building located on the left in the Mason F. Lord – East Tower.

Please park in the Mid-Campus Visitors Parking Lot, which is located on Bayview Boulevard (see campus map) and go to the East Tower entrance of the Mason F. Lord Building – 1st Floor. (Entrance has a drop off circle in front).

HOPKINS ELDERPLUS ~ 4940 EASTERN AVENUE
1ST FLOOR ~ MASON F. LORD ~ EAST TOWER
BALTIMORE, MD 21224
PHONE: 410-550-7044 ~ FAX: 410-550-7045



4940 Eastern Avenue
Baltimore, MD 21224
410.550.0100

Johns Hopkins Bayview Campus



Directions

From points South:

Take I-295 North to the Harbor Tunnel Thruway (I-895).

After exiting the tunnel, take Exit 12, Lombard Street.

At the first stop light, proceed straight onto Bayview Boulevard.

or

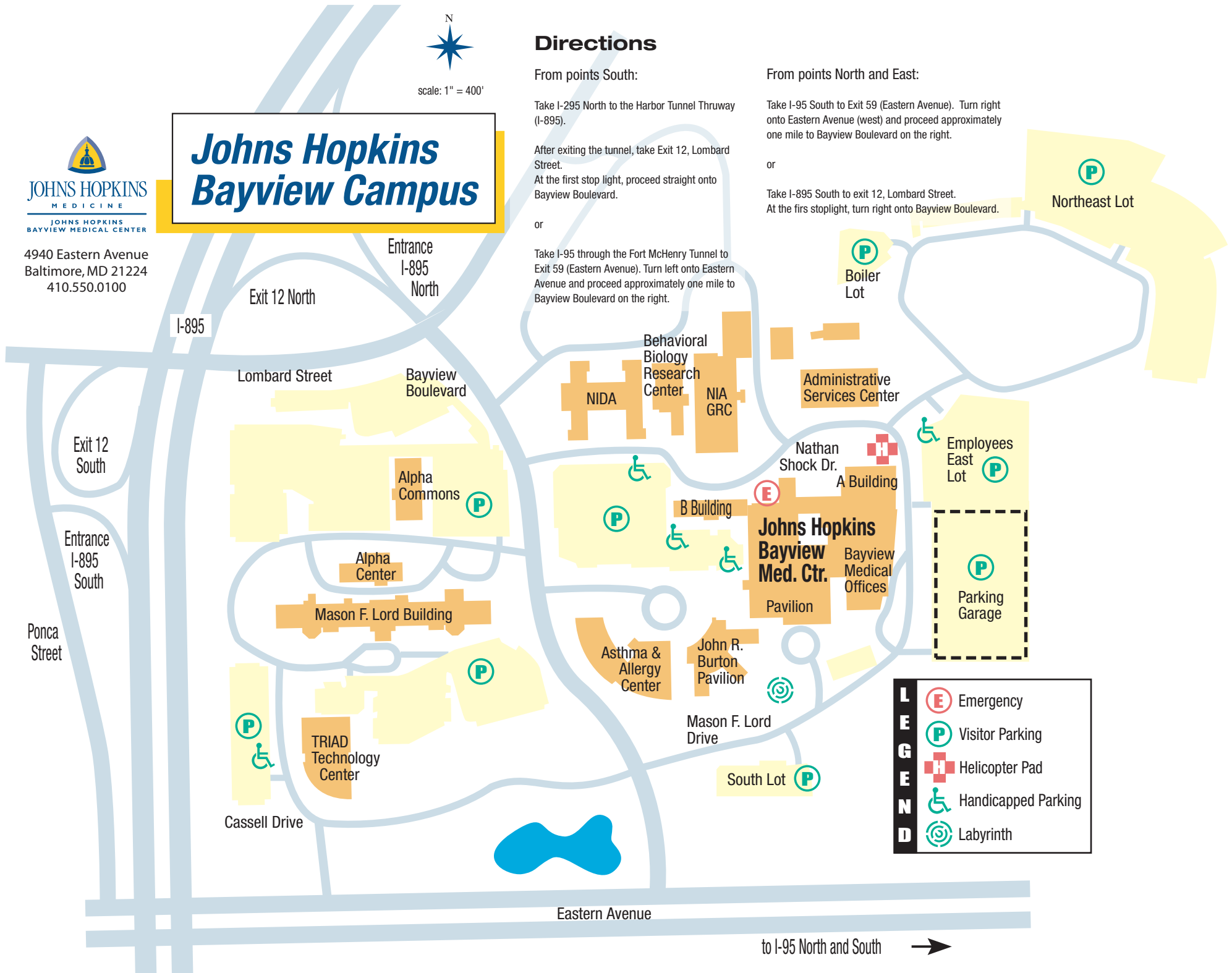
Take I-95 through the Fort McHenry Tunnel to Exit 59 (Eastern Avenue). Turn left onto Eastern Avenue and proceed approximately one mile to Bayview Boulevard on the right.

From points North and East:

Take I-95 South to Exit 59 (Eastern Avenue). Turn right onto Eastern Avenue (west) and proceed approximately one mile to Bayview Boulevard on the right.

or

Take I-895 South to exit 12, Lombard Street. At the first stoplight, turn right onto Bayview Boulevard.



L E G E N D	Emergency
	Visitor Parking
	Helicopter Pad
	Handicapped Parking
	Labyrinth

to I-95 North and South →



Hopkins ElderPlus

FAX TRANSMITTAL COVER SHEET

From:			
Date:		Phone:	
To:	Tiffani Williams, Outreach Coordinator Hopkins ElderPlus 4940 Eastern Avenue, Baltimore, Maryland 21224		
Telephone:	(410) 550-8093	Fax:	(410) 550-0031
Email:	twilli@jhmi.edu	Pager:	

Referral to Hopkins ElderPlus:

(PLEASE PLACE PATIENT INFORMATION BELOW – BMO PATIENT STICKER OR OTHER INFORMATION)

***IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION,
PLEASE CONTACT TIFFANI WILLIAMS.**

WARNING: Unauthorized interception or use of this fax could be a violation of Federal and State law. If you have received this information in error, please notify the sender immediately.

This fax may contain confidential information belonging to the sender and may be used only for the purpose for which it was requested or intended. You are responsible for securing any confidential information.

This fax may contain health care information. Permission to use or disclose this information has been granted either by law or the patient. Further use or disclosure without additional patient authorization or as otherwise permitted by law is prohibited.