



**Testimony before Ohio Medicaid Administrative Study Council
Impact on State and Local Entities
October 5, 2006**

Good afternoon Mr. Chairman and members of the subcommittee. We apologize that Director Kearns is unable to be with us today. We are happy to be here in her place because we represent the Ohio Department of Aging (ODA) programs and aging network consumers that will be impacted by the potential restructuring of Ohio's Medicaid program.

My name is Judy Patterson. I am the Chief of the Community Long Term Care Division at the Ohio Department of Aging. The Community Long Term Care Division is responsible for managing the PASSPORT Medicaid Home and Community Based Waiver Program, the Choices consumer directed Medicaid Home and Community Based Waiver Program, the Assisted Living Medicaid Home and Community Based Waiver Program, the Program for All inclusive Care (known as PACE-managed care program that integrates Medicare and Medicaid payment for services), the Residential State Supplement Program and the Pre-admission Review process for nursing facility admissions.

My name is Marc Molea. I am the Chief of the Older Americans Act Division at ODA. The federal Older Americans Act (OAA) has served as the foundation of Ohio's aging network for over 30 years. The OAA is administered by the Administration on Aging within the U.S. Department of Health and Human Services and is a sister agency to the Centers for Medicare and Medicaid Services (CMS). The OAA mandates the establishment of an aging network in every state, including a state unit on aging, ODA, and regional area agencies on aging, the 12 AAAs in Ohio. The OAA also provides funds for supportive services, nutrition, disease prevention and health promotion, senior center services, senior employment and elder rights. In 2005, Ohio received \$46 million in OAA funds which helped leverage \$71 million in state and local funds. In 2005, Ohio's aging network served more than 300,000 older Ohioans and their caregivers. The only eligibility criteria for OAA services is that consumers are over age 60. Because of limited funding we do target OAA services to those most in need and accept consumer donations and cost share for certain services.

Included with our testimony is Ohio's *Older Americans Act Profile for 2005* which describes Ohio's aging network in greater detail. It also includes a chart showing how our age 60 plus population will increase over the next 20 years. By 2020 there will be over 2.8 million individuals age 60 or better living in Ohio. This represents a 44 percent increase in the age 60 plus population. In 2020, our age 60 plus population will represent more than 22 percent of Ohio's projected population. Granted much of this growth is a result of the baby boomers turning age 60. Each month 12,000 Ohioans are turning age

60. By the mid to late 2020s our baby boomers will start to need more healthcare and long term care services. We have an opportunity now to influence the demand for these services if we begin preparing the baby boomers for elderhood. As we will describe, Ohio's aging network in concert with others have already taken on this challenge by offering baby boomers disease prevention and wellness programs to improve their health; educational programs and counseling to assist them to prepare for retirement and their long-term care needs, and caregiver respite programs which allow baby boomers to maintain and be more productive in their employment.

Under the Older Americans Act ODA is charged with developing a comprehensive and coordinated system of services. Through the combination the following programs Ohio has developed a system of services that respond to the varied needs of older Ohioans and is the envy of other states.

- Medicaid Home and Community Based Waivers and related programs (Pre-Admission Review, PASSPORT, Choices, Residential State Supplement, Assisted Living, PACE)
- OAA and related state funded (e.g., Senior Community Services, Alzheimer's Respite) services and programs
- Local senior services property tax levy programs. Currently, 62 counties have passed levies generating over \$100 million annually. Ohio is one of only five states that allow senior levies
- Long Term Care Ombudsman Program
- Golden Buckeye Program

ODA's mission is to help all senior citizens live active, healthy and independent lives, and to promote positive attitudes toward aging and older people. As the aging network matured in Ohio it explored opportunities that would support its mission. It was back in 1984 that Ohio received federal approval for a demonstration project which allowed for the use of Medicaid funds to pay for home and community based services. This demonstration project was known as PASSPORT. PASSPORT is an acronym that stands for (**P**re-**A**dmission **S**creening **S**ystem **P**roviding **O**ptions and **R**esources **T**oday). When PASSPORT was initially designed it consisted of three major goals; the development of an effective community-based nursing home pre-admission screening program, expansion of Medicaid covered services to include a broader range of community-based long term care, and, the development of a coordinated network of community-based long term care services.

The aging network has been successful in meeting those goals:

1. An effective pre-admission screening program exists. Individuals seeking long term care services have access to a professional at the area agency on aging who will discuss options available to the individual to meet his/her long term care needs. This program is referred to as Long Term Care Consultations.
2. Medicaid community-based long term care has been expanded to include options such as assisted living, residential state supplement, PACE, and the Choices waiver.

3. The network of care is coordinated through the area agencies on aging.
(Attachment 1)

I am happy to report that Ohio is ahead of the curve. Last week Congress reauthorized the Older Americans Act (OAA). In this reauthorization Congress has called for greater coordination between the Centers of Medicare and Medicaid Services (CMS) and the Administration on Aging. The focal point of this coordination initiative is the Choices for Independence program. Choices for Independence builds on the mission and success of the Older Americans Act. It also builds on recent HHS initiatives, including:

- the Aging and Disability Resource Center Initiative;
- the Own Your Future Long Term Care Awareness Campaign;
- the Cash & Counseling Demonstration Program; and,
- the Evidence-Based Disease Prevention for the Elderly Program.

The Choices for Independence program integrates best practices from these initiatives into a three-pronged strategy focused on: empowering individuals to make informed decisions about their long-term support options; providing more choices for individuals at high-risk of nursing home placement; and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

Sound familiar? This strategy is similar to the principles and goals outlined in *Ohio Access*. As Judy has highlighted, Ohio has already implemented the first two prongs of this strategy. The third prong is also well covered. Our aging network coordinates with the public health, behavioral health, and developmental disabilities networks to promote disease prevention and wellness. We are happy to announce that Ohio just received a three year grant to implement evidence-based disease prevention programs in six regions of Ohio. Our partners in this project include ODH, area agencies on aging (AAA), and community-based health care and aging service organizations, including senior centers. Our regional programs include chronic disease self-care management, physical activity and fall prevention. These interventions will be targeted to OAA and PASSPORT consumers and older Ohioans in general.

As you can see our programs are highly integrated at both the state and local levels. This integration has resulted in many efficiencies and innovations that have saved the taxpayers dollars and enhanced services to older citizens.

Efficiencies

- A set of common business requirements for the service providers in the aging network, i.e., common conditions of participation and services specifications for providers and one agency to deal with related to payment and monitoring activities.
- One front door within the aging network for all individuals seeking care. We are currently expanding this front door to serve person with disabilities through OAA/CMS Aging and Disability Resource Center initiative.

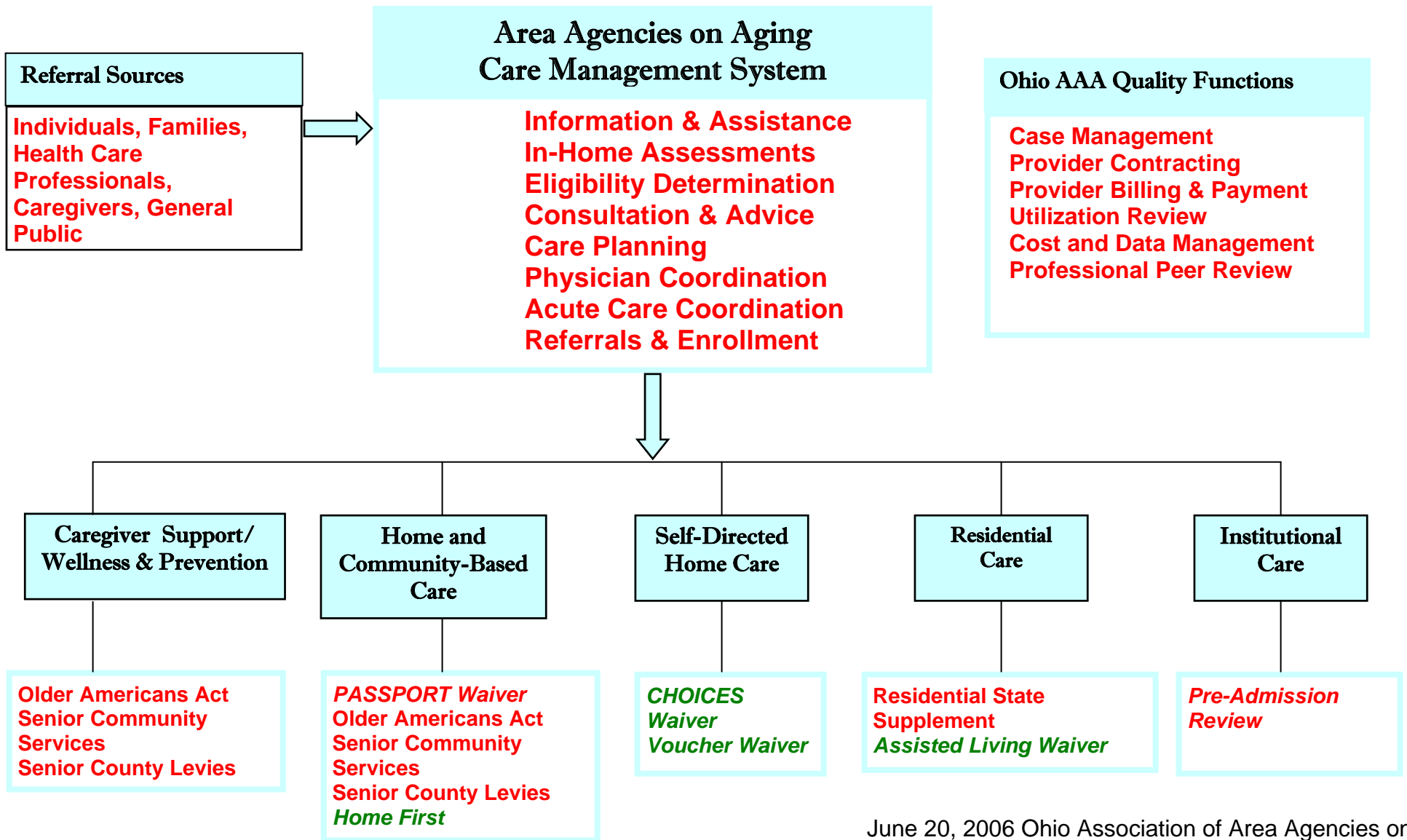
- Easy access to other important programs, regardless of the funding source including:
 - National Family Caregiver Support Program
 - Home Energy Assistance Program
 - Disease Prevention and Health Promotion Programs
 - Medicare Part D Prescription Drug Program
- Common assessment process for programs facilitates identifying the appropriate program to meet the individual's needs.
- Centralizing access to services funded by a variety of sources i.e. Older Americans Act, Medicaid, local levies, in one system ensures Medicaid is payor of last resort.

Innovation

- Our Medicaid and OAA programs serve as each others research and development departments:
 - With OAA Performance Outcome and managed care grants we are identifying risk factors at assessment that predict early disenrollment (e.g., entering a nursing home) from PASSPORT and OAA Care Coordination Programs. Interventions are being developed that will keep these people on the program longer and out of nursing homes.
 - Our experience with consumer directed care with OAA, Alzheimer's Respite and Levy Programs was in part the impetus for creating the Choice program.
 - Our experience with care planning and case management in the PASSPORT Program has resulted in the development of OAA and levy funded care coordination programs, which care for frail Ohioans with near Medicaid eligibility.

In closing, we urge you not to dismantle this efficient, innovative and well coordinated network, but rather build on our strengths and prepare Ohio to serve our growing aging population which ranges from the frail elders of our greatest generation to the over 12,000 active baby boomers turning age 60 every month.

Ohio Department of Aging



Text in italics represents Medicaid funded programs

June 20, 2006 Ohio Association of Area Agencies on Aging (revised)