

OHIO DEPARTMENT OF AGING



ANNUAL REPORT › SFY 2011

LEADING OHIO'S RESPONSE TO AN
EVER-CHANGING OLDER POPULATION

INTRODUCTION

2011 will be remembered as a significant year for Ohio's aging network. Through the leadership of Governor John Kasich's Office of Health Transformation, reforms that the Ohio Department of Aging (ODA) and its stakeholders in the Unified Long-term Care System Workgroup have been working toward for many years have finally been realized with the passage of the historic HB 153, which sets the budget priorities for SFY 2012-13.

Several OHT policies contained in HB 153 will help ODA and the aging network better respond to Ohio's ever-changing older population:

- **A single point of care coordination.** Provides the groundwork for a new Integrated Care Delivery System (ICDS) that will provide comprehensive, person-centered care addressing the physical health, behavioral health, long-term care and social needs of seniors and people with disabilities.
- **A unified long-term care system.** Creates a unified budget for long-term care services for seniors and people with physical disabilities, allowing individuals' choices, instead of political decisions, to drive spending decisions.
- **Prioritized funding for home- and community-based services.** Makes a significant investment in home- and community-based services for seniors and people with physical disabilities, providing unfettered access to PASSPORT services.
- **Reform nursing facility payments.** Completes the transition from a cost-based payment methodology for nursing homes to a price-based system. Additional nursing home payment reforms in HB 153 link more of the Medicaid payment to quality measures and increase the amount of funding for services provided directly to residents.

The demand for publicly funded services will continue to grow and impact policy decisions well into the future. The first wave of the Baby Boomers turns 65 this year. ODA realizes that this milestone is a testament to the advances in public health that now allow us to live longer and fuller lives. As a result, profound changes in our approach to how we meet the needs of our growing elder population are required.

ODA has taken a close look at the current system and developed a strategic plan that sets the course for Ohio to be on the leading edge of innovation and responsiveness to the growing and changing older population.

Working closely with Ohio's state and national aging network partners, ODA continues to refine its mission to ensure aging Ohioans have a wide array of high quality, person-centered services and supports so they can grow, thrive and contribute to this great State of Ohio.

STRATEGIC PLAN

In the second half of SFY 2011, ODA developed a strategic plan which guides the delivery of services to Ohio's rapidly increasing older population. The plan features a person-centered approach that instills the values guiding the Governor's Office of Health Transformation.

To achieve our vision of **Ohio being on the leading edge of innovation and responsiveness to Ohio's growing and changing older population**, we identified six goals or effects:

- Ohio's elders are respected as vital members of society who continue to grow thrive and contribute;
- Ohio's state agencies and communities integrate aging needs into their plans and services;
- Ohioans maintain quality of life and independence by taking preventive measures to maintaining their health throughout their lifespans;
- Ohio's system of long-term services and supports reflects a balance between home- and community-based and facility-based services;
- Aging Ohioans access a wide array of high quality services and supports that are person-centered in policy and practice and are well-coordinated; and
- Ohioans and their caregivers make informed decisions as they age.

The work of the department to meet these goals is being approached through four strategies:

- I. Advocate for the rights and choices of aging Ohioans;
- II. Promote and provide resources that encourage healthy and engaged aging;
- III. Prepare and build a responsive statewide infrastructure for Ohio's rapidly growing aging population; and
- IV. Ensure that Ohioans needing long-term services and supports receive well-coordinated, person-centered care.

To provide a clearer picture of how existing ODA efforts align with our new approach, we have used these four strategies to group ODA's SFY 2011 accomplishments.

Ohio Department of Aging Strategies

I-Advocate for the rights and choices of aging Ohioans.

- Operate the office of state long term care ombudsman and manage the Long-term Care Consumer Guide.
- Counsel consumers to resolve problems concerning long-term care services and supports and ensure access to legal services.

II-Promote and provide resources for healthy and engaged aging.

- Serve as the statutorily-created state unit on aging to manage a comprehensive, coordinated system of services per the Older Americans Act.
- Fund, train and support area agencies on aging and others to provide evidence-based prevention strategies.

III-Prepare and build a responsive statewide infrastructure for Ohio's rapidly growing aging population.

- Lead promotion of the benefits of civic engagement among older Ohioans including employment, volunteerism and life-long learning.
- Work with state and local governments, institutions of higher education and private employers to incorporate aging needs into plans, policy and services.
- Lead effort to ensure a qualified workforce to respond to the needs of aging Ohioans and employers.
- Develop a system to ensure equal access to community and facility based services.
- Secure, leverage and manage resources.

IV-Ensure that Ohioans needing long-term care services and supports receive well-coordinated, person-centered care.

- Manage Medicaid and other funded home- and community-based programs.
- Provide training and technical assistance to long-term care providers about person-centered care strategies.
- Partner with others to improve the quality of life and care in nursing homes and home and community-based settings.
- Provide support to all caregivers, recognizing that caregiving doesn't stop at the nursing home's doors.
- Develop and improve strategies for care coordination.
- Improve stratifies to serve the needs of adults with disabilities.

Goals (Effects on the system)

Elders are respected as vital members of society who continue to grow, thrive and contribute.

All state agencies and communities integrate aging needs into their plans and services.

Ohioans maintain quality of life and independence by taking prevention measures and maintaining their health.

Ohio's system of long-term services and supports reflects a balance between facility-based and home- and community-based services.

Aging Ohioans access a wide array of high quality services and supports that are person-centered in policy and well-coordinated in practice.

Ohioans and their caregivers make informed decisions as they age.

Ultimate Outcome:

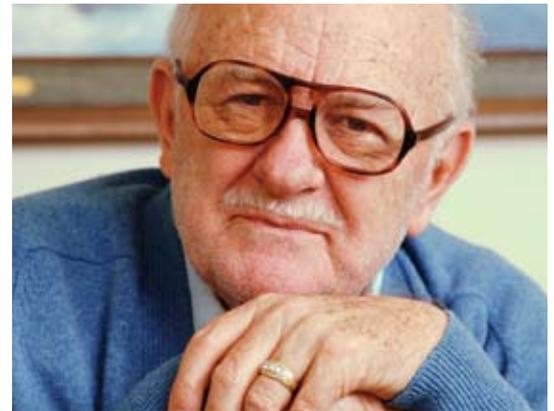
Ohio is on the leading edge of innovation and responsiveness to the growing and changing older population.

SFY 2011 ACCOMPLISHMENTS

I. ADVOCATE FOR THE RIGHTS AND CHOICES OF AGING OHIOANS

■ Aging and Disability Resource Network (ADRN)

ODA and the 12 area agencies on aging (AAAs) have worked closely to develop the statewide Aging and Disability Resource Network. Ohio's ADRN streamlines how Ohioans access long-term services and supports by serving as the "front door" system. ADRN partners include Centers for Independent Living, information and referral and 2-1-1 providers, Care Star, managed care entities, county job and family services offices, county boards of developmental disabilities and behavioral health, long-term care ombudsmen and hospitals and physician offices. Additional partners have been identified in each region that support the functions of the ADRN; those partners include senior centers, Alzheimer's Association chapters, nursing facilities, housing authorities, community action agencies and others. Ten of 12 AAAs have achieved "designation," with the other two expected to earn designation early in the next year. The state is moving toward "fully functional" status, to meet expectations of the grant from the Administration on Aging that funds the work. Core services offered by the ADRN include information and access, options counseling, streamlined access to services and person-centered care transitions.



■ Long-term Care Ombudsman Program

The Office of the State Long-term Care Ombudsman advocates for people receiving home care, assisted living and nursing home care. The ombudsman system consists of the state office, which provides support and oversight for a network of Ohio's 12 AAAs, and paid and volunteer ombudsmen at the state and local levels who work with providers, residents, their families and other representatives to resolve problems and concerns with services and providers. Staff also link residents with services or agencies, offer advice for selecting service providers, educate consumers on their rights and provide information and assistance with benefits and insurance. Ombudsmen closed more than 9,858 complaints in 2011 and resolved or empowered others to resolve nearly 80 percent of complaints. Transfer and discharge from long-term care facilities continues to be the number one individual complaint. The Office of the State Long-term Care Ombudsman implemented a targeted effort using proceeds from nursing homes' regulatory violation fines to create a systematic approach to transfer and discharge, using ombudsmen as educators and advocates.

■ Critical Access Nursing Home Project

Ohio is one of only four states chosen to participate in the Critical Access Nursing Home Project, sponsored by the Advancing Excellence in America's Nursing Homes Campaign. The project works to improve care in selected nursing homes and to develop a model of nursing home improvement that can be used across the country. Not having high quality nursing homes close to where people live complicates discharges from local hospitals and forces people who need care to go to more distant nursing homes, far from family and friends. The project will develop a model to improve care for residents, while improving the lives of nursing home staff, residents and families. Staff from the Office of the State Long-term Care Ombudsman provided on-site technical assistance to the participating facilities.

■ HOME Choice Demonstration Grant

The Office of the State Long-term Care Ombudsman fully supports the HOME Choice demonstration grant administered by the Ohio Department of Job and Family Services that helps nursing home residents to transition back into their communities. Ombudsmen in nine regions serve as transition coordinators. Ombudsmen used HOME Choice to resolve 200 complaints from nursing home residents desiring a less restrictive environment.



II. PROMOTE AND PROVIDE RESOURCES THAT ENCOURAGE HEALTHY AND ENGAGED AGING

■ Older Americans Act (OAA) Services

ODA is designated as Ohio's State Unit on Aging and is responsible for establishing a comprehensive and coordinated system of services. In 2010, Ohio's aging network served more than 240,000 older adults and their caregivers with an array of services including:

- Case management;
- Chores services;
- Personal care and homemaker services;
- Respite;
- Health promotion;
- Congregate and home-delivered meals (in 2010 more than 8.6 million meals were served);
- Transportation (in 2010 more than 900,000 trips were provided); and
- Legal assistance.

OAA and related state-funded services serve those most in need – 26 percent are below the federal poverty level, 37 percent live in rural areas and 17 percent are minority.

■ Evidence-based Prevention

This past year, ODA exceeded the goal to develop a statewide training program to support local implementation of at least three evidence-based prevention and health promotion interventions. These interventions include: Healthy U -- Chronic Disease and Diabetes Self-Management Programs, Reducing Disabilities in Alzheimer's Disease and Healthy IDEAS depression identification and self-management program. Since their inception in Ohio, these programs have served more than 5,000 older Ohioans and their caregivers.

Also, ODA has established partnerships with patient-centered medical homes, senior housing, the Ohio Commission on Minority Health, Ohio's public retirement systems and private health plans to make evidence-based prevention programs available to their consumers, beneficiaries and residents.



■ Senior Farmers' Market Nutrition Program (SFMNP)

ODA used \$1.7 million in U.S. Department of Agriculture grant funding to serve almost 32,000 low income elders and support 437 farmers. The SFMNP provides eligible seniors with \$50 worth of coupons to purchase fresh fruits, vegetables and honey. Located in 44 counties, the program operates through the growing season, during which time eligible elders can exchange their coupons at farmers' markets or farm stands that display a SFMNP sign. The program also includes a nutrition education component, which provides participants with information about making healthy choices and the benefits of fruits and vegetables in their diets.

■ Public Recognition

ODA hosted three events to recognize exemplary contributions of Ohio's elders. Joined Hearts in Giving, in collaboration with Ohio First Lady Karen Waldbillig Kasich, honors couples married more than 40 years who actively volunteer in the community. The Ohio Senior Hall of Fame memorializes significant accomplishments made by Ohioans over age 60. The Elder Caregivers Award pays homage to individuals who have taken an active role in caring for one of Ohio's elders.

■ Public Outreach

ODA produced and distributed 12 episodes of *Finer With Age*, a 30-minute public affairs television show hosted by Director Bonnie Kantor-Burman. The program was created

to educate and inform viewers on topics important in the aging community while providing interesting and fun facts about Ohio.

ODA was the first state agency to utilize social media tools such as Facebook and Twitter to communicate department initiatives to the public. ODA has also explored new applications of these tools, using Twitter to provide instant updates during *the Direct Service Workforce Summit* in April.



First Lady Karen Waldbillig Kasich (far left) and Ohio Department of Aging Director, Bonnie Kantor-Burman (far right) recognize the volunteer efforts of Henry and Mary Lefeld of Saint Henry, Ohio, at the Joined Hearts in Giving reception in February.

III. ENSURE THAT OHIOANS NEEDING LONG-TERM SERVICES AND SUPPORTS RECEIVE WELL-COORDINATED, PERSON-CENTERED CARE

■ **PASSPORT, Choices and Assisted Living Waivers**

PASSPORT, Choices and Assisted Living are Medicaid health coverage programs that provide services in home and community settings to delay or prevent nursing facility placement for low-income Ohioans. PASSPORT and Choices serve individuals age 60 and older. Assisted Living serves individuals age 21 and older. In SFY 2011, close to 53,000 elders received the care they needed in a home- or community-based setting through the PASSPORT, Choices and Assisted Living waivers. The final biennial budget for SFY 2012-13 increases PASSPORT spending \$55.6 million over the next two years and makes it possible for 4,800 more Ohio seniors to receive home- and community-based services through PASSPORT.

■ **Consumer Direction**

ODA amended the PASSPORT home- and community-based waiver to include consumer-directed personal care. This will allow older Ohioans to employ consumer-directed care providers, as well as agency providers, in the PASSPORT Medicaid waiver program. Previously, program participants could access only home health agencies when receiving personal care. The use of consumer-directed personal care providers gives consumers the option to hire their providers for their most intimate service, which involves bathing and grooming. The flexibility of scheduling services at times preferred by the consumer and selecting the person who provides the service are principles of consumer direction.

■ **Enhanced Community Living (ECL)**

ODA gained approval to offer the Enhanced Community Living (ECL) PASSPORT service, which puts the needs of our elders living in subsidized housing in the forefront while bringing value and efficiency to the way we deliver PASSPORT services to consumers. Because of current PASSPORT rules, there are often several different providers at the same housing location serving different individuals and billing for services. ECL allows us to schedule providers more efficiently, while improving responsiveness to the consumer with supportive services that better meet the elders' unscheduled service needs that do not necessitate a full hour of service, such as assistance in going to the bathroom.

■ Hospital Exemption Notification System (HENS)

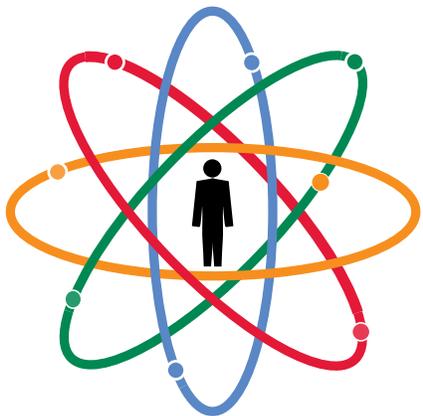
ODA successfully completed a pilot of the Hospital Exemption Notification System (HENS), an online system for hospitals to complete and submit a prescreening exemption form to the PASSPORT Administrative Agency (PAA) for hospital in-patients who require Nursing Facility (NF) admission, providing a direct link between hospital discharge planners and PAAs. When completely implemented, HENS will drastically decrease the current administrative stress, providing an estimated \$685,000 reduction in administrative costs to the PAAs and also serving as a model for other electronic management solutions to further reduce costs.

■ Lifespan Respite Summit

While much of public health policy focuses on the individual in need of care, caregivers are a vital component in delivering the needed services. To ensure the needs of this often overlooked group of dedicated family members and professionals are addressed, in March 2011, ODA, Ohio Family and Children First, and several other state partners convened the *Ohio Respite Summit* which resulted in the creation of the Ohio Respite Coalition, and supported a Lifespan Respite Program grant application which is in review at the Administration on Aging.

■ Person-Centered Care Coalition

The Office of the State Long-Term Care Ombudsman assumed administrative responsibility for the Ohio Person-Centered Care Coalition which works through a board and several standing committees to promote and lead culture change in Ohio's long-term care facilities. The Coalition sponsored training for providers and advocates



**Ohio Person-Centered
Care Coalition**
www.centeredcare.org

on the topic of consistent assignment of staff as a means of developing relationship-based care. The Coalition reaches out to providers through social media and a Coalition listserv to engage them in learning about and implementing person-centered care strategies to improve quality of life for consumers and caring staff. Through a project of the Pioneer Network, Coalition members facilitated 14 book-club style conversations about long-term care and culture change – *Creating Home* - in communities across the state. Membership has grown from 500 to 900 members.

IV. PREPARE AND BUILD A RESPONSIVE STATEWIDE INFRASTRUCTURE FOR OHIO'S RAPIDLY GROWING AGING POPULATION

■ Ohio Housing Locator

A grant from the Ohio Developmental Disabilities Council allowed ODA to expand the content and visibility of the Ohio Housing Locator, an online tool that helps consumers find affordable, accessible rental properties. Site traffic in 2011 increased by 10 percent from the previous year; 4200 people use the Locator site each month. The database currently contains information about 2000 rental properties in 88 counties, 622 of which are senior housing.

■ State Plan on Aging: 2012 – 2013

ODA developed and submitted Ohio's federally required State Plan on Aging for 2012-2013. Guided by the Governor's Office of Health Transformation principles, the plan includes goals related to implementing a fully functional Aging and Disability Resource Network, expansion of evidence-based prevention programs, enhancing person-centered care in all settings, ensuring balance between facility-based and home- and community-based care, development of member-driven cooperatives (e.g., Village Movement), improved disaster preparedness, response and recovery, and identification and development of new funding and reimbursement streams.

■ Supporting Veterans

ODA and the AAAs serving southern and northwest Ohio are working to bring the Veterans Health Administration's Veterans Directed Home- and Community-based Services program to Ohio. This program serves veterans of any age who are at risk of nursing home placement. These area agencies on aging have completed program readiness tools and are currently developing agreements with their local VA Medical Centers.



Korean War veteran, Dillon Staas, Jr., of Lima, Ohio, was inducted into the 2011 Ohio Senior Citizens Hall of Fame for his tireless advocacy on behalf of all veterans.

■ Common Sense Initiative

ODA redesigned the Administrative Rules (<http://aging.ohio.gov/information/rules/>) web page, providing user friendly access to the rules process which reflects the values of the Common Sense Initiative. This page now offers easily navigable, clear choices to learn of newly introduced rules, and opportunities to comment on proposed rules and express concerns about overly burdensome rules. This section has consistently been one of the most popular on the ODA site.

■ Direct Care Workforce

As Ohio's Baby Boomer population ages, so does the demand for a skilled healthcare workforce. Although healthcare is one of a few industries that has experienced continued growth even in the recession, there remains a surplus of job openings and direct care providers face staffing shortages and retention issues. As an outgrowth of the Unified Long-term Care System Workgroup, the Direct Care Workforce initiative is leading the way in addressing this issue by identifying ways

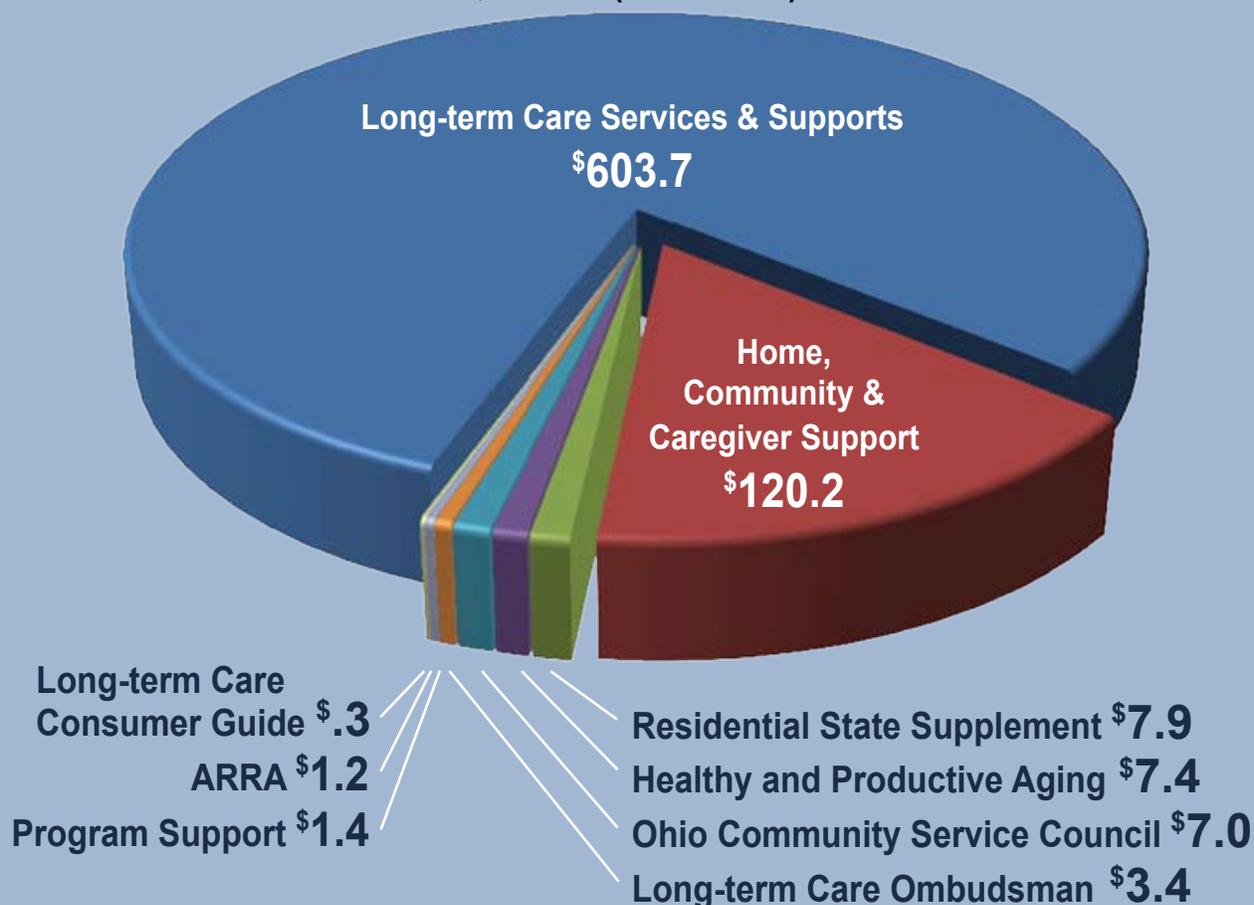


to create a direct care career path that can cross agency boundaries. To further these efforts, the Departments of Aging and Job and Family Services hosted the *Cultivating a Workforce for Person-centered Long-Term Services and Supports* summit in April. The summit brought together provider personnel and other stakeholders, state agencies and key decision makers to discuss policies, concerns and best practices for developing a workforce to meet the growing demands in the health care industry for direct care staff. As a result, Ohio's unified approach to addressing health care issues continues to pique interest nationally.

OHIO DEPARTMENT OF AGING EXPENDITURES SFY 2011

(Detail may not add to total due to rounding)

\$752.5 (in millions)



PROGRAM BUDGETS	SFY 2011
Long-term Care Services & Supports*	\$603,727,842
Home, Community & Caregiver Support	120,185,315
Residential State Supplement	7,926,970
Ohio Community Service Council**	7,018,476
Healthy and Productive Aging	7,392,888
Long-term Care Ombudsman	3,412,033
Program Support	1,419,995
Long-term Care Consumer Guide	271,818
American Recovery and Reinvestment Act (ARRA)	1,239,277
TOTAL	\$752,594,614

*Long-term Care Services and Supports includes \$42,847,464 in ARRA eFMAP funds.

**Ohio Community Services Council includes \$451,316 in ARRA funds.

Governor’s Office of Health Transformation Guiding Principles

Ohio’s fragmented health care system involves long-term care services funded through hospitals, Medicare, Medicaid and home- and community-based service delivery systems. These systems are largely disconnected and can result in higher-cost care provided to our vulnerable elderly population. With forward-thinking, solutions-oriented strategies, the Department of Aging aims to use Older Americans Act programs, services and supports to help transform Ohio into a model of health and economic vitality – and bring the system back in line with the state’s heartland values.

Principles	OHT Definition	Aging Network Application
Market-based	Reset the basic rules of health care competition so the incentive is to keep people as healthy as possible.	Transform Ohio’s LTC system from one that primarily pays for risk prevention through traditional care to one that rewards health promotion through an individualized, person-centered approach.
Personal Responsibility	Reward Ohioans who take responsibility to stay healthy – and expect people who make unhealthy choices to be responsible for the cost of their decisions.	Give consumers the education and resources they need to make healthy choices. Shift some spending away from symptom management to disease prevention and health promotion.
Evidence-based	Rely on evidence and data to complement a lifetime of experience, so doctors can deliver the best quality care at the lowest possible cost.	Focus on care approaches that have been or can be proven effective. Equip consumers and care providers with information about quality care.
Transparent	Make information about price and quality transparent, and get the right information to the right place at the right time to improve care and cut costs.	Regularly evaluate services and help consumers, providers and policy makers make informed decisions about the cost and

Governor’s Office of Health Transformation Guiding Principles

Principles	OHT Definition	Aging Network Application
Value	Pay only for what works to improve and maintain health – and stop paying for what doesn’t work, including medical errors.	Ensure that the care ordered for and received by each consumer is the most efficient and effective means of health promotion. Reduce redundancy in service provision and billing.
Primary Care	Transform primary care from a system that reacts after someone gets sick to a system that keeps people as healthy as possible.	Give primary care professionals more responsibility for coordinating their patients’ care and engage them as health coaches to prevent or delay disease and injury.
Chronic Disease	Prevent chronic disease whenever possible and, when it occurs, coordinate care to improve quality of life and help reduce chronic care costs.	Reduce the risk of disability from chronic disease by promoting prevention and teaching effective self-management. Develop care plans that manage symptoms, but also improve outcomes and reduce costs.
Long-term Care	Enable seniors and people with disabilities to live with dignity in the setting they prefer, especially their own home, instead of a higher-cost setting like a nursing home.	Ohio will align the access points to LTC so that individuals can obtain needed services and supports in a seamless, timely and cost-effective manner in settings they choose.
Innovation	Innovate constantly to improve health and economic vitality – and demonstrate to the nation why Ohio is a great place to live and work.	Develop a more coordinated and fully integrated approach to care and caring as our population continues to age. We will not meet the needs of the burgeoning group of Ohio elders simply by improving on what we’ve been doing.



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