

The Ohio Department of Aging

Ohio State Plan on Aging 2008 - 2011



**Leadership, Advocacy, and Service for Older Ohioans,
Adults with Disabilities and their Families and Caregivers**

Ted Strickland, Governor
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Review the plan online:
<http://goldenbuckeye.com/infocenter/publications/stateplan.html>

August 2007

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Table of Contents

	<i>Contributors</i>	<i>ii</i>
	<i>Executive Summary</i>	<i>iv</i>
	<i>Verification of Intent</i>	<i>vii</i>
Section 1	Overview of the Ohio Aging Network	1
	Mission and Vision Statements	
	The State Unit on Aging	
	Ohio Advisory Council for Aging	
	Planning and Service Areas	
Section 2	Environmental Scan	13
	Economic and Public Policy Trends	
	Service Delivery Needs and Demographics	
	Demographic and Health Characteristics of Older Ohioans	
Section 3	Ohio's Programs and Services	43
	Active and Healthy Aging	
	Money Matters	
	Home and Community Supports	
	Caregiving	
	Long-term Supports and Services	
	Help for People Receiving Long-term Care	
	Outreach	
Section 4	State Plan Process	73
Section 5	Goals and Objectives, 2008 – 2011	83
Section 6	Assurances and Required Activities	93
Section 7	Appendices	
	Appendix A: Chronology	
	Appendix B: Acronyms	
	Appendix C: Summary of Ohio Programs and Services	
	Appendix D: Collaborations and Partnerships	
	Appendix E: SFY Spending and Grants, 2005 - 2008	
	Appendix F: Intrastate Funding Formula	
	Appendix G: Accomplishments, 2004 – 2007	
	Appendix H: Summary of Public Input Comments	

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Executive Summary



**Governor
Ted Strickland**

“ODA’s initiatives reflect substantial progress toward translating Governor Strickland’s plan into action...”

The Ohio Department of Aging (ODA) is pleased to present the Ohio State Plan on Aging, 2008 - 2011. This blueprint describes how Ohio will carry out the principles of Choices for Independence, and is the strategic framework for providing leadership that improves and promotes quality of life and personal choice for older Ohioans, adults with disabilities and their families and caregivers. Reauthorization and modernization of the Older Americans Act (OAA) in 2006 was indeed pivotal in shaping aging policy not only in Ohio but also in the nation.

Ted Strickland became Governor in January 2007. His Turnaround Ohio Plan has a guiding philosophy of living within one’s means and investing in what matters. ODA’s initiatives reflect substantial progress toward translating Governor Strickland’s plan into action through cost-effective, high quality home- and community-based care; true consumer choice; community-based services capacity expansion; developing for the first time in Ohio’s history a framework and protocols for a unified long-term care budget; promoting and disseminating evidence-based disease prevention programs and responding to workforce challenges and opportunities of an aging society. Even as this plan is submitted, ODA has begun the process of developing a unified long-term care budget with stakeholder meetings in August and workgroup meetings beginning in September.

An overview of ODA and the Ohio aging network is contained in **Section 1**. ODA’s mission and vision in particular are noteworthy as they complement each other and lay the foundation for Ohio’s work during the next four years.

The environmental scan in **Section 2** outlines economic and public policy trends; service delivery needs and trends and demographic and health characteristics of older Ohioans and their families and caregivers. Important national, state and local trends and demographics are identified that affect service options and establish the foundation to address the preferences and attitudes of burgeoning baby boomers.

Programs and services for older adults and their families and caregivers are outlined in **Section 3**. The AoA logo flags those areas that discuss Choices for Independence initiatives, Medicaid and long-term care reform, outreach for the Medicare Modernization Act, emergency preparedness and transportation coordination.

Executive Summary

“Section 5 outlines the five strategic issues that emerged during ODA’s plan development process and resulted in 14 goals consistent with our mission and vision for 2008-2011.”

Section 4 addresses how the state plan was developed and will be implemented. Preliminary plan work began in 2004 as ODA met with AAA representatives to develop a revised template for strategic area plans. Other actions were taken internally that involved ODA staff at all levels and divisions as well as external aging network stakeholders.

Section 5 outlines the five strategic issues that emerged during the plan development process and resulted in 14 goals consistent with our mission and vision for 2008 - 2011:

Strategic Issue 1: Active and Healthy Aging

1. Develop partnerships among state agencies, the aging network, homecare agencies, public health systems, behavioral health networks, nutrition programs, community and faith-based organizations and consumer groups to increase access to health and wellness information and preventive benefits and programs.
2. Provide leadership and resources to foster the development of senior-friendly livable communities and businesses throughout Ohio.
3. Ensure older Ohioans have the opportunity for continued participation in the workforce and in their communities.

Strategic Issue 2: Caregiver Support

1. Promote the aging network as the leading resource for caregivers to gain earlier access to services and information.
2. Increase the utilization of caregiver supports and services by improving access to resources for targeted populations.
3. Provide a comprehensive array of support and respite services for caregivers.

Strategic Issue 3: Infrastructure

1. Develop one core information system that supports the front door to a unified system of long-term supports and services and is flexible enough to accommodate Medicaid requirements, local senior services property tax levies, Older Americans Act, Senior Community Services, managed care and future programs.

Executive Summary

“Together with our numerous partners, we will succeed in maximizing every opportunity to share collective talents and experiences for the greater benefit of older citizens - Ohio’s most valuable resource.”

2. Develop and implement a quality management system that is cost- and process-efficient and provides value and accountability to consumers, taxpayers and other stakeholders.
3. Implement a joint ODA, area agency on aging, Office of the State Long-term Care Ombudsman Program, clinicians and service provider, including senior centers, process to review the effectiveness of current programmatic policies and practices to enhance and modernize the delivery of OAA and related state-funded services.

Strategic Issue 4: Healthcare Workforce

1. Ensure that Ohio’s healthcare and long-term care systems have professional and direct-service workers sufficient in number and skill to serve all Ohioans.

Strategic Issue 5: System of Long-term Supports and Services

1. Develop a statewide long-term care strategy.
2. Improve and expand choice and access to long-term supports and services within the PASSPORT, Choices and Assisted Living Medicaid home- and community-based waivers.
3. Expand choice and access to long-term care supports and services for non-Medicaid eligible consumers to prevent future reliance on Medicaid.
4. Establish area agencies on aging as the front door in Ohio to long-term supports and services.

Assurance that this plan was developed in compliance with federal requirements and required activities is outlined in **Section 6**.

Section 7 concludes the plan with appendices, including a list of acronyms used throughout the document and accomplishments achieved under the 2004 - 2007 plan.

We are excited to present this plan and look forward to fully realizing the vision embodied in it. Together with our numerous partners, we will succeed in maximizing every opportunity to share collective talents and experiences for the greater benefit of older citizens - Ohio’s most valuable resource.

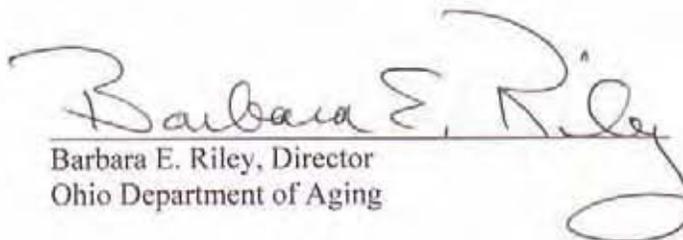
Verification of Intent

The Ohio State Plan on Aging, 2008 - 2011 is hereby submitted for the federal fiscal years October 1, 2007 through September 30, 2011. Included are assurances and plans to be implemented by the Ohio Department of Aging under provisions of the Older Americans Act of 1965, as amended in 2006. The Ohio Department of Aging has been given authority to develop and administer the Ohio State Plan on Aging, 2008 - 2011 in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated services for older Ohioans, as well as for serving as their effective and visible advocate.

Assurances have been reviewed and approved by the Governor, constituting authorization to proceed with activities under the plan upon approval by the Assistant Secretary of Aging.

The Ohio State Plan on Aging has been developed in accordance with all federal statutory and regulatory requirements.

8/21/07
Date


Barbara E. Riley, Director
Ohio Department of Aging

8-29-07
Date


Ted Strickland, Governor
State of Ohio

Section 1: Overview of the Ohio Aging Network



Older Americans Act

“Eventually Ohio would boast a network of 12 AAAs, each serving from four to ten counties. While the state office would coordinate funding and resources for aging supports and services, AAAs would work with partners in their local communities, including senior centers as focal points to service delivery.”

Mission Statement

To provide leadership for the delivery of supports and services that improve and promote quality of life and personal choice for older Ohioans, adults with disabilities, their families and their caregivers.

Vision Statement

Ohioans will benefit from a network of effective resources and community services that support consumer rights, independence and dignity.

The State Unit on Aging

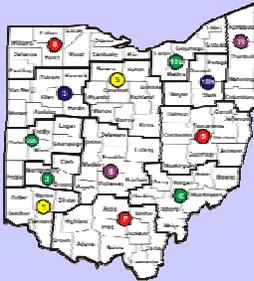
History

In the mid-1960s, the nation began a concerted effort to address the growing number of Americans who were living well into “old age.” In 1965, Congress passed the Older Americans Act (OAA), which, among other provisions, required states and U.S. territories to establish a single state agency to implement and oversee a statewide aging program. The federal Administration on Aging (AoA), created in 1969, gave aging advocates a unified national voice and provided guidance and coordination to state units on aging (SUAs).

Ohio’s original SUA was the Division of Administration on Aging within the Department of Mental Hygiene and Corrections. That office was eventually spun off as its own entity, the Ohio Commission on Aging (1973), and would become the Ohio Department of Aging (ODA), a cabinet level state agency, in 1984.

At the same time the state-level aging system was evolving, so was a system of area agencies on aging (AAAs). The first was established at the same time the Commission on Aging was formed. Eventually, Ohio would boast a network of 12 AAAs, each serving from four to ten counties. While the state office would coordinate funding and resources for aging supports and services, AAAs would work with partners in their communities, including senior centers as focal points to service delivery.

Section 1: Overview of the Ohio Aging Network



PASSPORT

“The program was called Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) and was an immediate success not only because it provided real consumer choice, but also because it saved money for taxpayers.”

Perhaps the most visible symbol of the Ohio aging network is the Golden Buckeye Card (GBC) Program. Established in 1976, it was the first public and private partnership in the nation to recruit merchants to offer voluntary discounts to Ohio residents age 60 and older - which it has done non-stop in the 30-plus years to follow. In the years preceding the implementation of Medicare prescription drug coverage, the GBC Program evolved to also offer discounts on prescription drugs at most Ohio pharmacies for the thousands of older Ohioans who had no help with rising costs. In 2007 that assistance was increased through the addition of Ohio's Best Rx Program to the GBC.

The first of the state's regional long-term care ombudsman programs (RLTCOPs) was formed in the mid-seventies. RLTCOPs advocate for the rights of nursing home and residential and board and care homes as well as ensuring that their rights are upheld and they are guaranteed the highest possible quality of care and quality of life. By the early 1990s, their efforts were coordinated statewide by the Office of the State Long-term Care Ombudsman.

Ohio's bias toward institutional care for people with Medicaid began to shift in the mid-1980s with a new pilot program to provide home- and community-based options to nursing home care. The program was called Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) and was an immediate success not only because it provided real consumer choice, but also because it saved money for taxpayers. It became available statewide by the end of the decade.

In the 1990s, ODA had, through PASSPORT, assumed responsibility for pre-admission review for all nursing home applicants regardless of payment source. A few years later, the department established Care Choice Ohio, which in 2007 evolved into the Long-term Care Consultation Program. This program provides free assessments and consultations on long-term care to help all Ohioans and their families plan in advance for their long-term care needs.

Ohio expanded long-term care options for persons receiving Medicaid with the Choices Program, which puts consumers in the driver's seat, empowering them to hire and train their own homecare workers. Several years later, options would again grow with the implementation of the Assisted Living Medicaid Waiver Program, which allowed certain Ohioans who needed more care

Section 1: Overview of the Ohio Aging Network

than they could get at home, but not the around-the-clock care of a nursing home, to use Medicaid to pay for assisted living services. Other long-term care options available include the Program for All-inclusive Care for the Elderly (PACE), a managed care model for Ohioans age 55 and older and the Residential State Supplement (RSS) that provides a monetary supplement to low-income adults with disabilities who do not require nursing home care.



“ODA established a workgroup, representing AAAs and the Alzheimer’s Association, to redesign the program, distribute the funds by formula, and, for the first time, establish a strong working relationship between AAAs and Alzheimer’s Association chapters in every part of Ohio.”

In 1986, state funding for Alzheimer's Disease initiatives began to help people diagnosed with the devastating cognitive disease and their families cope with its effects. Annual funding of \$1.6 million was

originally split, with approximately half going to caregiver services (Alzheimer’s Respite) and the rest for medical research. The medical research component was eventually eliminated and, between 1999 and 2001, the Alzheimer’s Respite Program was increased to about \$4.5 million annually. At the same time, ODA established a workgroup, representing AAAs and the Alzheimer’s Association, to redesign the program, distribute the funds by formula, and, for the first time, establish a strong working relationship between AAAs and Alzheimer’s Association chapters in every part of Ohio.

As more Ohioans were given the ability and options to age in the settings they chose, while still getting the medical and care services they need, family members began to play a much larger and more distinctive role in the care of their loved ones. Recognizing that caregiving takes a toll, Congress created the National Family Caregiver Support Program through the 2000 reauthorization of the OAA. The reauthorization broadened the scope of the aging network to advocate for and serve not only older Ohioans, but also the friends and family members who care for them and grandparents and other kinship caregivers of children.

A chronology of historical events affecting Ohio’s aging network is located in Appendix A and Appendix B contains a list of all acronyms used in the plan.

Section 1: Overview of the Ohio Aging Network



Barbara E. Riley
ODA Director

“... more than 35 years of combined public and private sector experience serving Ohio families.”

ODA Leadership and Staff

Barbara E. Riley was appointed Director of the Ohio Department of Aging by Governor Ted Strickland effective February 1, 2007, and was confirmed by the Ohio Senate in April. She has more than 35 years of combined public and private sector experience serving Ohio families. Under her leadership, eight divisions and 104 staff members manage and support programs and services for older Ohioans, their families and caregivers. ODA’s Older Americans Act Programs Division (OAAPD) is responsible for guiding the development and implementation of the state plan.

Ohio Advisory Council for Aging

The Ohio Advisory Council for Aging advocates for specific administrative and legislative actions, and advises the ODA Director on plans, budgets and issues that affect older Ohioans. The majority of members are at least age 60 and older and all have knowledge of, and interest in, the well-being of Ohio’s older citizens.

Members

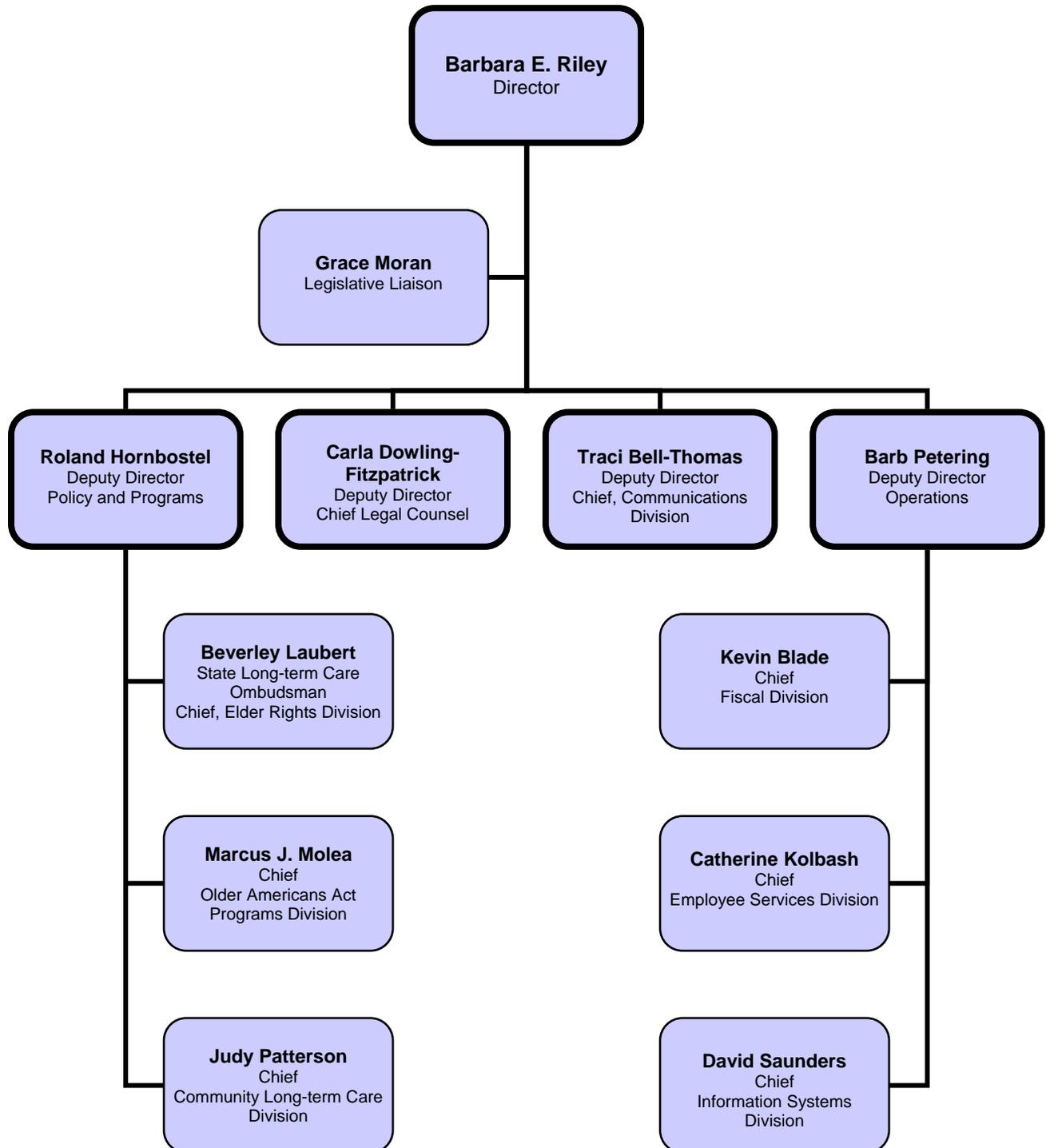
Donald W. Davis, Chair
Phyllis A. Suhar, Vice-Chair
Gerald E. Bixler
Billie Brandon
Edward J. DeVillez
Jack L. Edwards
Belle Likover
Donelda McWilliams
Virginia D. Ragan
Sandy Calvert
Thomas T.K. Zung

Ex-Officio Members

Selina Anderson, Ohio Department of Health
Liz Gitter, Ohio Department of Mental Health
Matthew Hobbs, Ohio Department of Job and Family Services
Vacant, Ohio Department of Mental Retardation and
Developmental Disabilities

Section 1: Overview of the Ohio Aging Network

ODA Organization Chart



Section 1: Overview of the Ohio Aging Network



Donald W. Davis
Chair, Ohio Advisory
Council for Aging



Virginia D. Ragan
Chair, Legislative
Committee
Ohio Advisory Council
for Aging

Representatives from the General Assembly

Vacant, Ohio Senate

Vacant, Ohio Senate

The Honorable Kathleen Chandler, Ohio House of Representatives

The Honorable Jim Raussen, Ohio House of Representatives

Representatives from Aging Associations

Brian Glover, President

Ohio Association of Senior Centers

Jane Taylor, Executive Director

Ohio Association of Area Agencies on Aging

Erica Drewry, President

Ohio Association of Adult Day Services

Ohio Department of Aging Liaisons

Alyssa Bexfield, Executive Secretary to the Director

Grace Moran, Legislative Liaison

Section 1: Overview of the Ohio Aging Network

Planning and Service Areas

For the purposes of aging service delivery, Ohio is divided into 12 geographic regions called planning and service areas (PSAs). Each PSA is under the administration and management of an area agency on aging (AAA). Each AAA develops a comprehensive and coordinated service system, as well as advocates for all older Ohioans in the PSA.



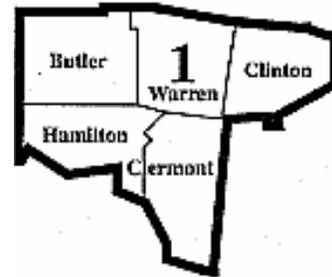
★ Location of AAA offices

Section 1: Overview of the Ohio Aging Network

PSA 1

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PSA 2

Area Agency on Aging, PSA 2

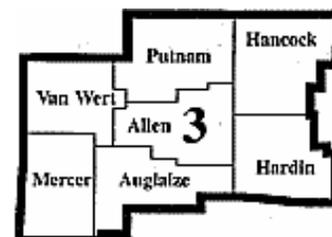
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PSA 3

PSA 3 Agency on Aging, Inc.

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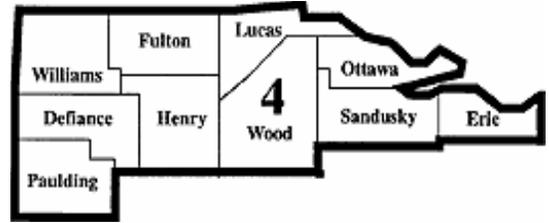


Section 1: Overview of the Ohio Aging Network

PSA 4

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PSA 5

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PSA 6

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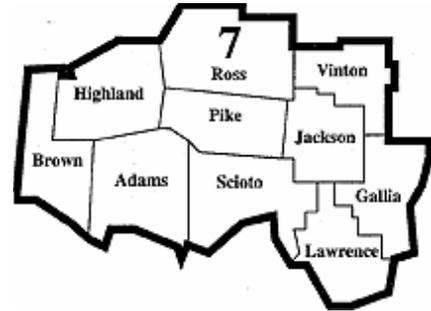


Section 1: Overview of the Ohio Aging Network

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PSA 8

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PSA 9

Area Agency on Aging Region 9, Inc.

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Fax: 740/432-1060
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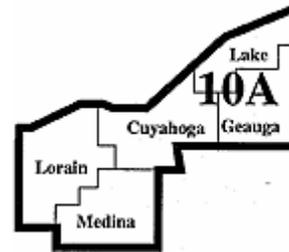


Section 1: Overview of the Ohio Aging Network

PSA 10A

Western Reserve Area Agency on Aging

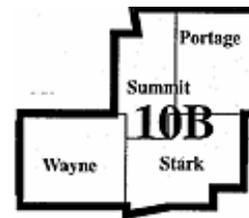
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PSA 10B

Area Agency on Aging, 10B, Inc.

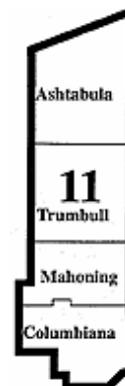
Joseph Ruby, President and Chief Executive Officer
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Fax: 330/896-6647
www.services4aging.org



PSA 11

Area Agency on Aging 11, Inc.

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Section 2: Environmental Scan

Programs and services provided by Ohio's aging network over the next four years and beyond will be shaped and influenced by economic and public policy trends, service delivery needs and demographic and health characteristics of older Ohioans and their families and caregivers. Particular attention is paid to the characteristics, preferences and attitudes of baby boomers.

Economic and Public Policy Trends

Economic Overview and Forecast 2008 – 2009 Ohio Biennium Budget

The Ohio Governor's Council of Economic Advisors expects that U.S. economic growth will continue at the recent below-trend pace through early 2007, giving way to somewhat stronger growth at near its potential later in the year and thereafter. Inflation is expected to moderate from the faster pace experienced in 2006, and interest rates are expected to remain within the range of the last year.

Forecasters expect the Ohio economy to continue underperforming the national economy by most key measures throughout the forecast period. According to Global Insight, Real Gross State Product is projected to increase 1.8 percent in 2007 and 2.6 percent in 2008 and 2009. The fastest growing of the 12 major North American Industry Classification System (NAICS) Industry Sectors, as measured by real output, are predicted to be professional and business services, manufacturing, trade and transportation and utilities. The slowest growing of the 12 major NAICS Industry Sectors, excluding government, are predicted to be information, mining and construction.

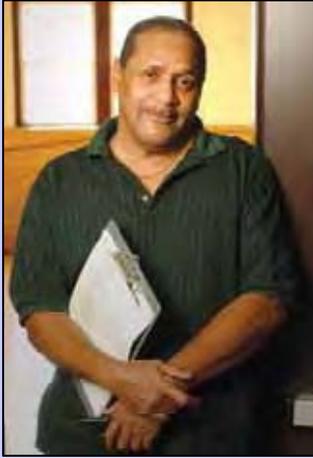
Global Insight predicts the fastest growing major sectors in Ohio in terms of employment will be professional and business services, other services, educational and health services, trade and transportation and utilities. The sectors expected to make the largest contributions to employment growth from the fourth quarter of 2006 to the fourth quarter of 2009 are professional and business services, trade, transportation and utilities and education services. The unemployment rate is projected to remain between 5 and 6 percent through 2009.

Demographics pose a challenge for growth in the Ohio economy. Global Insight predicts that the population will grow only 0.3



“The fastest growing major sectors in Ohio in terms of employment will be professional and business services, other services, educational and health services, trade and transportation and utilities.”

Section 2: Environmental Scan



“The two fastest growing age cohorts are predicted to be age 55 - 64 and 65 and older.”

percent at a compound annual rate during 2006 – 2009 - about one third of the national population growth rate. Net migration is projected to remain marginally negative through at least 2009. Additionally, the two fastest growing age cohorts are predicted to be age 55 - 64 and 65 and older. The only other cohort predicted to grow during the period is age 25 - 34.

The aging of the Ohio population at the upper end of the age spectrum might add more to state spending obligations than to state tax revenue. Against this backdrop of a slow-growing and aging population in Ohio, NAICS projects cyclical improvement in employment growth. Non-farm payroll employment is projected to grow 0.5 percent in 2007, 0.7 percent in 2008 and 1.0 percent in 2009. In comparison, national employment is projected by Global Insight to rise at a compound annual rate of 1.4 percent on the same basis during the forecast period.

NAICS projects Ohio personal income to rise 4.4 percent in 2007, 4.5 percent in 2008 and 5.1 percent in 2009. The fastest growing components of personal income are expected to be proprietors' income, taxable non-wage income, transfer payments and property income. Wage and salary disbursements are projected to grow more slowly than personal income, rising 4.2 percent in 2007, 4.4 percent in 2008 and 4.6 percent in 2009. In comparison, national personal income is projected to grow 5.3 percent in 2007, 5.5 percent in 2008 and 5.9 percent in 2009.

Growth in Ohio retail sales, as estimated by Global Insight, is projected to be much slower in the forecast period than in recent years. After rising 4.9 percent in 2006, retail sales are projected to grow only 2.1 percent in 2007, 2.8 percent in 2008 and 3.3 percent in 2009. One factor limiting growth in retail sales is expected to be light vehicle sales. New passenger and light truck registrations in Ohio are projected by Global Insight to decrease 2.4 percent in 2007 before rising just 1.2 percent in 2008 and 0.8 percent in 2009.

Governor Strickland's Turnaround Ohio Plan and the 2008 - 2009 Biennium Budget

Governor Strickland took office in January 2007. His administration is implementing a Turnaround Ohio Plan that has a guiding philosophy of living within one's means and investing in what matters. These are the Ohio Department of Aging's (ODA's) Turnaround Ohio initiatives:

Section 2: Environmental Scan

The Ohio Department of Aging's Turnaround Ohio Initiatives



- Provide cost-effective, high-quality home- and community-based care to help older adults remain safely independent;
- Expand the capacity of the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) program and other community-based services to give Ohioans real choice in long-term care;
- Promote consumer choice by providing an array of home- and community-based services and by providing information about these options to Ohioans in need of long-term care;
- Develop the framework and protocols needed to support a unified budget for long-term care for Ohioans age 60 and older;
- Promote and disseminate evidence-based disease prevention programs for older adults; and
- Respond to workforce challenges and opportunities presented by an aging society.

Ohio's 2008 - 2009 biennium budget and the plan's goals and objectives reflect substantial progress toward translating Turnaround Ohio into action. Budget highlights include funding an additional 5,600 waiver slots over the biennium for PASSPORT, funding the currently authorized 1,800 assisted living waiver slots, developing a unified long-term care budget and expanding Ohio's Homestead Exemption Program for older citizens and people with disabilities. Several Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) initiatives support Turnaround Ohio priorities, including the evidence-based disease and disability prevention program, Aging and Disability Resource Network (ADRN) and Money Follows the Person (MFP) demonstration project.

Section 2: Environmental Scan

AAA Strategic Area Plans

“Collectively among top issues, AAAs report service needs and gaps in transportation; information, assistance, referral and education; home maintenance and repair; home-delivered and congregate meals and caregiving and related respite services.”

White House Conference on Aging

“Key issues included service delivery, the needs of rural Ohio, health and long-term living, caregiving, transportation, positive aging, the workplace of the future, senior centers, protecting elders, financial stability, Social Security, Medicare and Medicaid.”

Service Delivery Needs and Demographics

During the past four years, ODA and other state agencies have initiated studies, evaluations and activities to assist in planning for the future needs of Ohio’s older population and improving the quality of aging programs and services. The findings and recommendations from these studies, evaluations and activities were used to develop and support the goals and objectives in this plan. Since space is limited on what can be shared, a brief summary is provided, including where more information can be obtained.

Area Agencies on Aging Strategic Area Plans, 2007 - 2010

Senior independence services are flexible and locally planned so that they coordinate seamlessly within each community’s services system. Each area agency on aging (AAA) submits its strategic area plan to ODA for approval, using a format prescribed by ODA. AAAs are currently operating on strategic area plans approved for the 2007 – 2010 planning period. ODA used information, including environmental scans; strengths, weaknesses, issues and positions (SWIP) analyses and service needs and gaps analyses in those plans to assist in the development of this state plan. Collectively among top issues, AAAs report service needs and gaps in transportation; information, assistance, referral and education; home maintenance and repair; home-delivered and congregate meals and caregiving and related respite services.

For more information about Ohio’s 12 AAAs, refer to Section 1: Overview of the Ohio Aging Network, or visit the Ohio Association of Area Agencies on Aging online at www.ohioaging.org.

White House Conference on Aging and Older Americans Act Reauthorization

During spring and summer 2005, Ohio’s AAAs hosted a series of regional public forums to determine issues most important to older Ohioans, their families and caregivers and others who care for and serve them. ODA prioritized the key issues suggested, along with the comments and viewpoints of those in attendance, and provided them to Ohio’s 42 White House Conference on Aging (WHCoA) delegates. Key issues included service delivery, the needs of rural Ohio, health and long-term living, caregiving, transportation, positive aging, the workplace of the future, senior centers,

Section 2: Environmental Scan

Long-term Care Needs Focus Groups

“The top five most frequently cited gaps in community services were non-medical transportation; recruitment and retention of direct care staff and increased access to mental health services (tied); a wider variety of allowable tasks under chore services; escorted transportation and ensuring direct care staff receive additional training to meet the needs of all types of consumers.”

protecting elders, financial stability, Social Security, Medicare and Medicaid. ODA used this input to formulate recommendations for the reauthorization of the Older Americans Act (OAA) as amended in 2006.

Contact ODA’s Older Americans Act Programs Division at 614-466-5390 for more information.

Long-term Care Needs

During May and June 2007, ODA, AAA and PASSPORT Administrative Agency (PAA) staff conducted 26 focus groups across the state to identify service needs and gaps in the home- and community-based service system with special focus on the PASSPORT Medicaid Waiver Program and OAA and Senior Community Services-funded (SCS) Care Coordination Programs. Focus groups targeted consumers, caregivers and potential consumers in one session and providers, advocates and other stakeholders in the next session. In total, 270 individuals participated. The top five most frequently cited gaps in community services were non-medical transportation; recruitment and retention of direct care staff and increased access to mental health services (tied); a wider variety of allowable tasks under chore services; escorted transportation and ensuring direct care staff receive additional training to meet the needs of all types of consumers.

An online Zoomerang survey was conducted in July 2007 among ODA, AAAs, PAAs, and regional long-term care ombudsman programs (RLTCOPs) staff based on results obtained from the focus groups. Using a Likert scale, staff were asked how strongly they agreed or disagreed with the most frequent cited responses from focus groups.

Contact ODA’s Community Long-term Care Division at 614-466-1220 and Older Americans Act Programs Division at 614-466-5390 for more information.

AoA’s Performance Outcomes Measures Project

For the past eight years, ODA has participated in AoA’s Performance Outcomes Measures Project (POMP). Participation in Standard POMP includes developing and field testing a core set of performance measures for state and community programs funded

Section 2: Environmental Scan

Locally Funded Services for Seniors: A Description of Levy Programs in Ohio

“Many counties acknowledged special issues in operating and sustaining their levy programs. Most often, administrators cited increased demand for older adult services and the education of local voters and political officials on the need for those services as challenges.”

by the OAA. Nationally, POMP helps states and AAAs assess their own program performance while assisting AoA in meeting accountability provisions and program assessment requirements. In 2004, ODA piggybacked onto AoA’s national performance survey for selected services by expanding the sample of Ohio consumers surveyed in order to have Ohio-specific results to benchmark with national results.

Through Advanced POMP, Ohio is developing a risk assessment tool and scoring scheme that can be used to predict which PASSPORT Medicaid waiver and OAA and SCS-funded Care Coordination Program consumers are at high risk of nursing facility admission. Results of this work will demonstrate the cost savings associated with the ability to avoid premature nursing facility admission through identification of high risk consumers and focused and enhanced delivery of home- and community-based services.

Contact ODA’s Older Americans Act Programs Division at 614-466-5390 for more information.

Locally Funded Services for Seniors: A Description of Levy Programs in Ohio

Ohio is one of four states that allow counties to adopt local property tax levies to support services for older adults. In 2004, Scripps Gerontology Center at Miami University and ODA, in conjunction with the Ohio Association of Gerontology and Education (OAGE), surveyed Ohio’s countywide senior services property tax levy administrators to develop a profile of these levies in Ohio. In addition to identifying basic information about levies (e.g., millage, passage history) and how the funds were distributed and used, many counties acknowledged special issues in operating and sustaining their levy programs. Most often, administrators cited as challenges the increased demand for older adult services and education of local voters and political officials on the need for those services.

More information: www.goldenbuckeye.com/about/levies.html.

Assessing the Quality of Caregiver Support Services

This AoA-funded project was undertaken cooperatively by ODA, Scripps and AAAs in planning and service areas (PSAs) 1, 2 and 7

Section 2: Environmental Scan

Transportation Coordination Action Plan

“The task force developed an action plan and is currently pursuing several goals, including consistency among service specifications; coordination to eliminate over-regulation; quality and available training; co-sponsoring the annual conference with the Ohio Public Transit Association and development of a transportation coordination ListServ and Web site.”

between 2001 and 2005. The primary purpose of the project was to design and test an outcome-focused system for quality monitoring of caregiver-support services based largely on input from caregivers themselves.

The report notes that the optimal system of assessing and monitoring caregiver support services should consistently put the ideas, observations and concerns of caregivers at its center and use them in pursuit of the continual improvement and constant fine-tuning that true quality demands. Five issue areas were identified that represent critical challenges to quality.

Review the full report online:
www.goldenbuckeye.com/_pdf/cg_support_assess_06.pdf.

Nutrition Services 2006: A Report on Current Trends and Practices

This report summarizes the responses to a survey of Ohio’s 12 AAAs and identifies current trends and practices in Ohio’s nutrition programs. Additionally, data collected through the OAA and PASSPORT reporting systems was analyzed and compared with 1998 data from the more comprehensive 2000 report, *Ohio’s Nutrition Program for Older Adults*.

Contact ODA’s Older Americans Act Programs Division at 614-466-5390 for more information.

Transportation Coordination Action Plan

ODA’s promotion of mobility options is mainly focused on improving coordination among state-level agencies that fund transit and human services transportation. Federal and state policies, funding restrictions, regulations, reporting requirements and service specifications are often major barriers to local coordination. In order to effectively promote coordination at AAA and local levels, ODA first needs to address its own policies and those of its sister agencies.

ODA is an active member of the Ohio Statewide Transportation Coordination Task Force. The task force developed an action plan and is currently pursuing several goals, including consistency among service specifications; coordination to eliminate over-regulation; quality and available training; co-sponsoring the annual

Section 2: Environmental Scan

Program Evaluation of PASSPORT

“Among key findings were that consumers receiving PASSPORT services need them; consumers typically seek only the care they need; consumer needs are appropriately assessed and managed; quality assurances safeguard the health and welfare of consumers; the average PASSPORT provider has been with the program for nine years and PASSPORT costs are less than half those of similar care in a nursing home.”

conference with the Ohio Public Transit Association and development of transportation coordination ListServ and Web site.

More information: www.dot.state.oh.us/ptrans/.

Program Evaluation of PASSPORT: Ohio’s Home- and Community-Based Medicaid Waiver, Final Report

In the twenty-plus years since it began as a regional demonstration program, PASSPORT has grown considerably in size and scope. In state fiscal year (SFY) 2006, PASSPORT provided a variety of services to nearly 35,000 Ohioans age 60 and older with an average daily program census in the 26,000s. These services, along with informal and unpaid care from a variety of family and community sources, have allowed many Ohioans with disabilities to remain in their communities longer than might otherwise have been possible. ODA administers the program through an agreement with the Ohio Department of Job and Family Services (ODJFS), Ohio’s Medicaid agency.

The Ohio General Assembly requested an independent evaluation of PASSPORT. ODA and a project advisory council specified the topics and questions to address in the evaluation. Among key findings were that consumers receiving PASSPORT services need them; consumers typically seek only the care they need; consumer needs are appropriately assessed and managed; quality assurances safeguard the health and welfare of consumers; the average PASSPORT provider has been with the program for nine years and PASSPORT costs are less than half those of similar care in a nursing home.

Read the full report online:
www.goldenbuckeye.com/_pdf/ppeval2007.pdf.

PASSPORT Consumer Satisfaction Survey Results for FY 2006 and Comparison to FY 2003 Results

Since 1996, ODA has conducted statewide surveys of PASSPORT to measure overall consumer satisfaction with the community-based care program and work of case managers. More than 4,100 PASSPORT consumers were surveyed in October 2006 about their satisfaction with the program. The survey measured overall

Section 2: Environmental Scan

Evaluation of Ohio's Assisted Living Medicaid Waiver Program

“Key evaluation findings reveal that program enrollment was slower than originally anticipated; consumers reported high levels of disability; consumers reported high levels of satisfaction with the enrollment process;...”

consumer satisfaction and the work of case managers who help older consumers.

By the end of January 2007, 2,419 surveys (58 percent) were returned. Nearly half of the surveys (47 percent) were completed by consumers alone; family members were involved in completing another 39 percent. Key findings included that the majority of PASSPORT consumers are very pleased with the services they receive; the percentage of consumers who would “definitely” recommend PASSPORT to a friend remains very high and, statewide, 91 percent of consumers were extremely or very satisfied with services. These overall results were similar to the 2003 survey findings.

Read the full report online:
www.goldenbuckeye.com/_pdf/ppsis2006.pdf.

Evaluation of Ohio's Assisted Living Medicaid Waiver Program: Final Summary Report

In the 2006-2007 biennium budget, the General Assembly authorized ODA to develop and evaluate an Assisted Living Medicaid Waiver Program. CMS approved the program to begin operation in July 2006. The waiver is administered by ODA and operated through PAAs.

Scripps evaluated program performance for the initial implementation period of July 2006 through March 2007. During that period, the program enrolled 134 participants. As of June 1, 2007, 193 consumers had entered the program and 190 were on a waiting list to enroll but had been unable to find a participating facility. During that same time, 54 assisted living residences were certified for participation in the program. Key evaluation findings reveal that program enrollment was slower than originally anticipated; consumers reported high levels of disability; consumers reported high levels of satisfaction with the enrollment process; consumers were classified and tiered three ways to establish reimbursement rates for services (most were in the highest tier) and the program appeared to be receptive to input from stakeholders.

Read the full report online:
www.goldenbuckeye.com/_pdf/aleval2007.pdf.

Section 2: Environmental Scan

The Changing Face of Long-term Care:

“Increasingly, nursing homes are being used for short-term stay and many who need care are remaining in their own homes through PASSPORT or are moving into assisted living facilities.”

Long-term Care Consumer Guide 2006 Family Satisfaction Survey Results:

“Family members rate more than a third of Ohio's homes as above average.”

The Changing Face of Long-term Care: Ohio's Experience, 1993 - 2005

In April 2007, Scripps researchers examined how customer choice and demand for certain types of long-term care services had changed over the past 12 years. Findings suggested a significant shift in the way older Ohioans receive long-term care.

Increasingly, nursing homes are being used for short-term stay and many who need care are remaining in their own homes through PASSPORT or are moving into assisted living facilities.

Read the full report online:

<http://www.units.muohio.edu/scripps/research/publications/documents/SGC0087TheChangingFaceofLTC.pdf>.

A Review of Nursing Home Resident Characteristics in Ohio: Tracking Changes from 1994 - 2004

With support from the nursing home industry, Scripps researchers examined how shifts in Medicaid funding formulae have affected the census in Ohio nursing homes. Scripps found that 4.5 percent of residents receiving Medicaid did not qualify and residents generally were younger, more disabled and had shorter stays than in previous periods based on level of care.

Read the full report online:

www.goldenbuckeye.com/_pdf/nhreschar04.pdf.

Long-term Care Consumer Guide 2006 Family Satisfaction Survey Results

Results of the 2006 Nursing Home Family Satisfaction Survey, released by the Office of the State Long-term Care Ombudsman and included in its Long-term Care Consumer Guide (www.ltcoho.org), indicated that family members were generally satisfied with the level of care their loved ones receive in Ohio nursing facilities. The survey asked family members of nursing home residents about their satisfaction with a number of factors at that facility. Results show that family members rate more than a third of Ohio's homes as above average. Researchers identified two key questions that are prominently displayed on the Web site: "Overall, do you like this facility?" and "Would you recommend this facility to a family member or friend?" Thirteen facilities received a score of 100 on both questions. The survey was

Section 2: Environmental Scan

Money Follows the Person Demonstration Project
“Funds will be used to relocate approximately 2,200 older adults and persons with disabilities from institutions to home- and community-based settings and help Ohio balance its long-term support and services structure.”

conducted by Scripps between July and December 2006. Satisfaction data are now used by Medicaid to calculate a quality incentive rate add-on for nursing homes.

Review survey results online:
www.goldenbuckeye.com/_pdf/2006FamSatResults.pdf.

Enhancing Effectiveness of Local Long-term Care Ombudsman Programs Study

Ohio replicated a study that examined the viability and performance of ombudsman programs in New York and California. The study includes collaboration between Scripps and Dr. Carroll Estes, a national authority on the ombudsman program, and colleagues at the Institute for Health & Aging at the University of California, San Francisco. Researchers in Ohio conducted in-person interviews with all RLTCOP directors about organizational, programmatic and policy issues that are germane to the ability of RLTCOP directors to meet their various mandated responsibilities. Hopefully, the study will culminate in a statewide strategic planning session that will develop a set of actionable recommendations.

Contact the Office of the Ohio State Long-term Care Ombudsman at 800-282-1206 for more information.

Money Follows the Person Demonstration Project

In 2007, Ohio was one of 17 states to receive funding for a Money Follows the Person (MFP) demonstration project enacted by Congress as part of the federal Deficit Reduction Act of 2005. Ohio will receive up to \$100 million in enhanced federal matching funds over five years. These MFP funds will be used to relocate approximately 2,200 older adults and persons with disabilities from institutions to home- and community-based settings and help Ohio balance its long-term support and service structure.

Contact ODA’s Older Americans Act Programs Division at 614-466-5390 for more information.

Ohio Elder Abuse Task Force Report

In January 2005, the Ohio Elder Abuse Task Force, convened by the Office of Ohio Attorney General and ODA, issued

Section 2: Environmental Scan

Ohio Elder Abuse Task Force Report:

“The report seeks to elevate elder abuse to an issue of primary concern and forms a comprehensive charge for Ohio to take decisive steps and implement effective interventions.”

recommendations regarding Ohio's programs and systems to prevent and respond to elder abuse, neglect and exploitation. The report seeks to elevate elder abuse to an issue of primary concern and forms a comprehensive charge for Ohio to take decisive steps and implement effective interventions. The ODA Director and State Long-term Care Ombudsman were appointed by the Governor to a steering committee charged with overseeing implementation of recommendations.

Read the full report online:
www.goldenbuckeye.com/_pdf/eatffinal.pdf.

Golden Buckeye Card Strategic Plan

In 2006, the Golden Buckeye Card (GBC) Program celebrated 30 years of providing discounts to Ohio's older adults and adults with disabilities. ODA developed a strategic action plan for the program to ensure the program's viability and that the needs of new baby boomer cardholders were being met. Information was gathered through a series of focus groups with businesses, Golden Buckeye cardholders and baby boomers. Additionally, staff completed a significant literature review of baby boomers, which is included among demographic trends in this section of the plan.

Contact ODA's Older Americans Act Programs Division at 614-466-5390 for more information.

The Graying of the Ohio Labor Force

In October 2004, ODJFS's Bureau of Labor Market Information, Office of Workforce Development, published a report that examined how Ohio's population and labor force have been aging and how the composition is expected to change into the next decade. The report also highlights the pivotal role age, gender and race will play in defining labor market characteristics today and in the future.

Read the full report online:
lmi.state.oh.us/research/GrayingOhioLaborForce.pdf.

Section 2: Environmental Scan

Jobs Cabinet Healthcare Workforce Shortage Committee Final Recommendations

In April 2006, the Jobs Cabinet Healthcare Workforce Shortage Committee identified critical areas that, if addressed, would significantly increase the labor pool of nurses for the present and support sustainable capacity building for future needs.

Read the full report online:

www.goldenbuckeye.com/_pdf/Jobs_Cabinet_Healthcare_Report_2006.pdf.

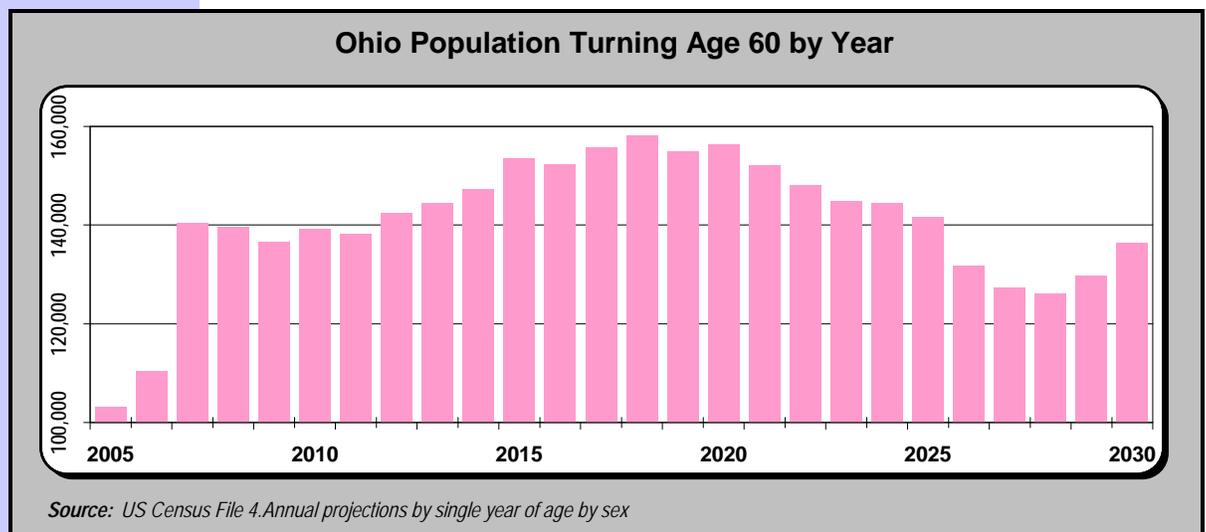
Demographic and Health Characteristics of Older Ohioans

Persons Turning Age 60

The number of baby boomers turning age 60 each year increased significantly from 2006 to 2007. The total number of individuals turning age 60 rose from 110,000 to 140,000 per year, an increase of 27 percent. The total number of persons turning age 60 during a year is projected to peak at 158,000 in 2018.



Table 1



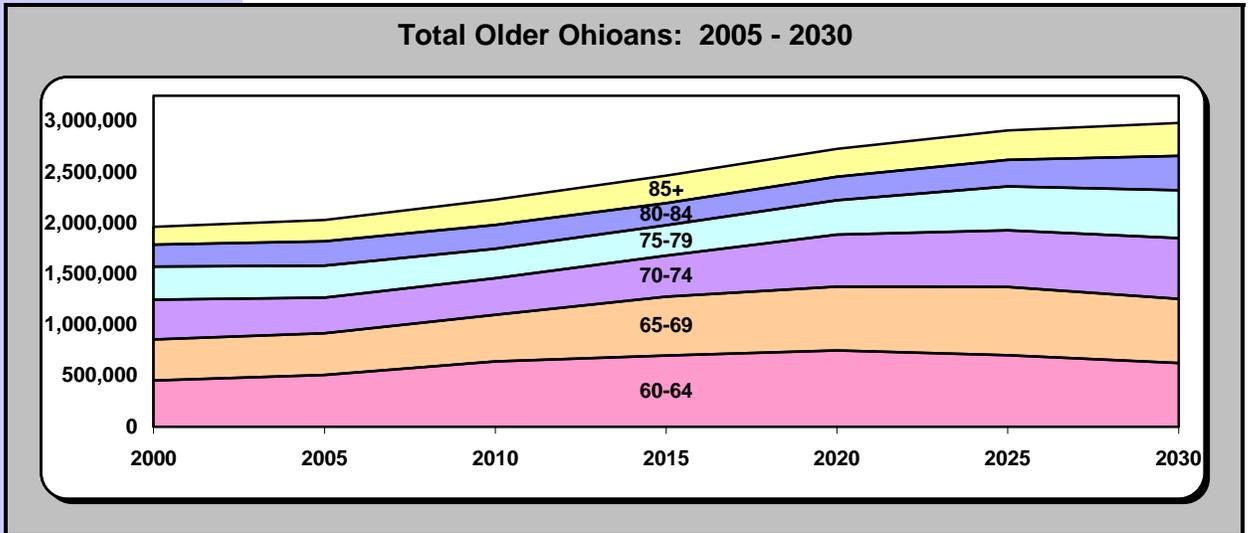
Section 2: Environmental Scan

Ohio's Older Adult Population Projections, 2005 - 2030

In Ohio, the age 60 and older population will grow from 18 percent of the total state population to nearly 26 percent by 2030. The number of Ohioans age 60 and older will grow 52 percent by 2030. The age 60 - 75 segment will continue to represent about two-thirds of the total older adult population, while the age 85 and older cohort will grow by 82 percent as elders live longer and the first baby boomers reach that age.



Table 2



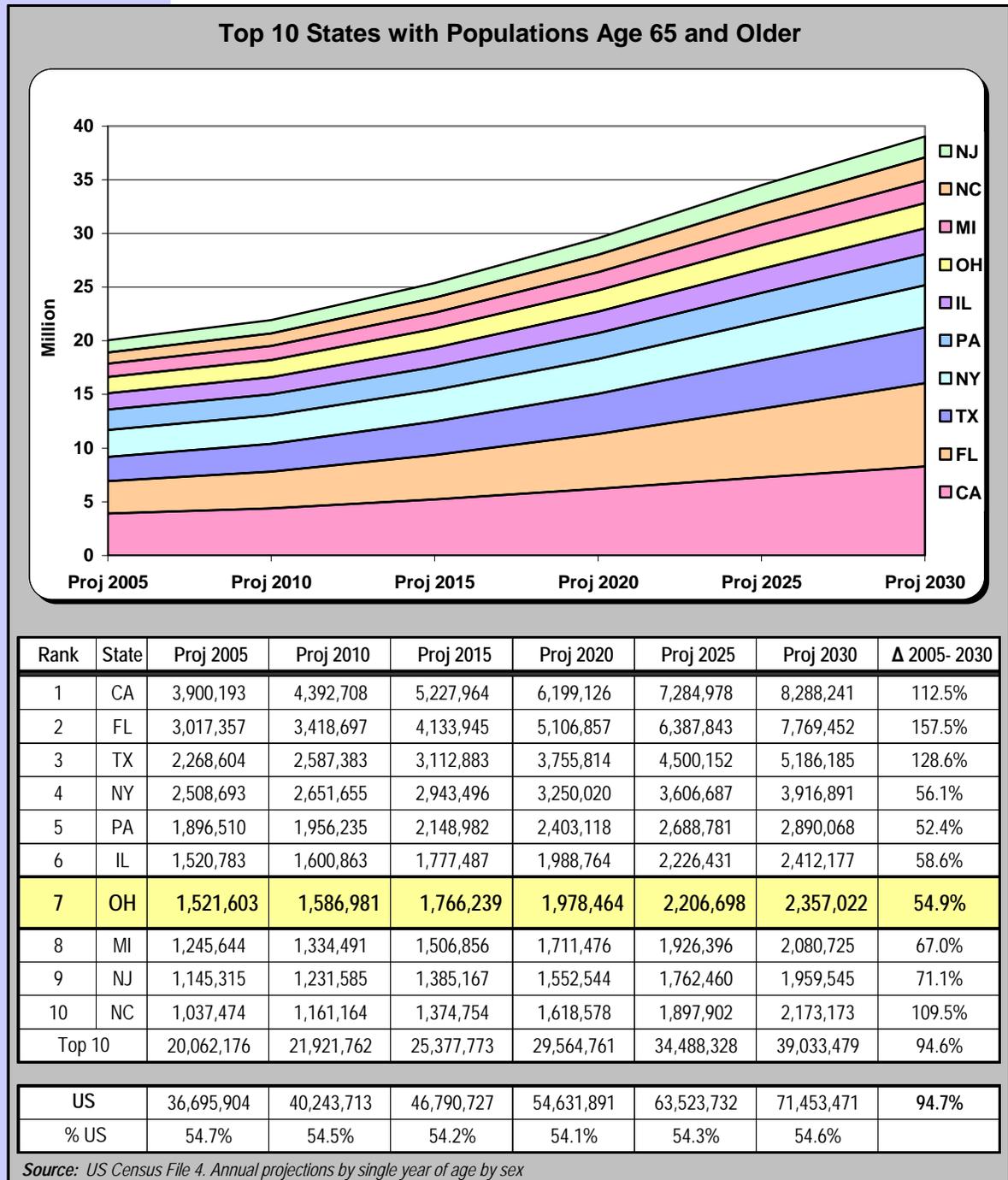
The total Ohio population remains relatively stable through 2030, showing only a 70,000-person increase, or a total growth of 0.6 percent for the 25-year period. The projected increase in total U.S. population is 17.4 percent for the same period. Due to very small population growth, Ohio will represent a smaller portion of the total U.S. population in the future. This may reduce the relative power of the state at the federal level, with possibly fewer congressional seats and reduced proportional per-capita funding.

Section 2: Environmental Scan

Top Ten States with Populations Age 65 and Older

Ohio currently ranks sixth among states for age 65 and older population with an estimated 800 more older adults than Illinois. By 2010, Ohio will drop to and remain in seventh place.

Table 3



Section 2: Environmental Scan

Nationally through 2030, the same ten states account for a consistent 54 percent of the total U.S. population that is over age 65. Interestingly, there is no change in the ranking order of the top eight states over the time period.

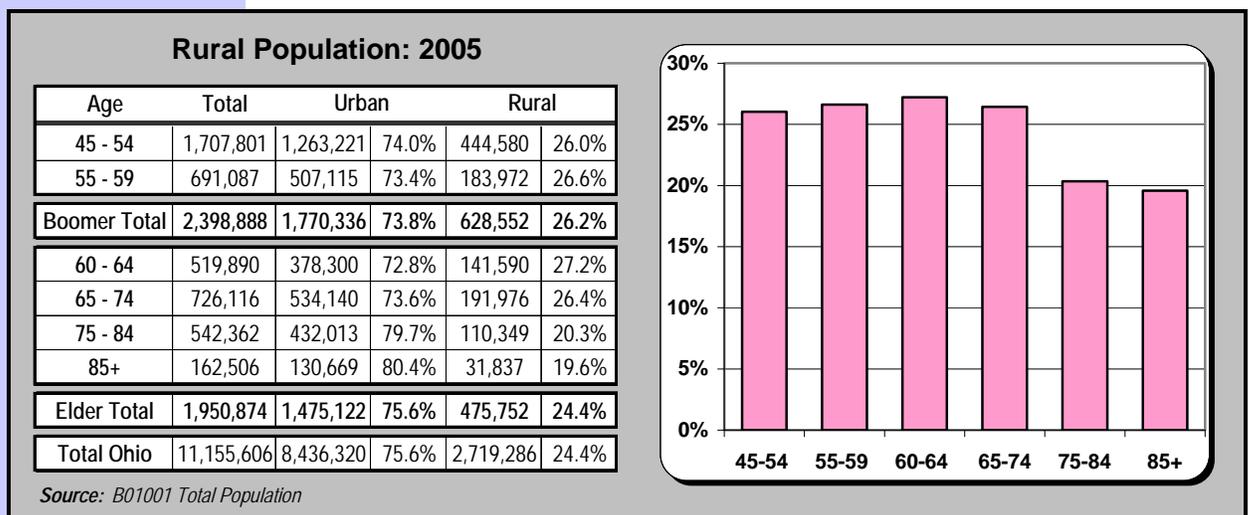
The growth rate of people age 65 and older in Ohio from 2005 to 2030 (55 percent) ranks ninth among the top ten states. The greatest growth will occur in Florida (158 percent), Texas (129 percent), California (113 percent) and North Carolina (110 percent). The total growth of the U.S. age 65 and older population is 95 percent over the 25-year period.

Urban and Rural Populations

Nearly 25 percent of the older adult population is classified as rural. Rural elders make up almost 18 percent of the total Ohio rural population. As older adults age, the number of rural elders decreases rapidly since the population shifts to more urban areas.



Table 4



Section 2: Environmental Scan

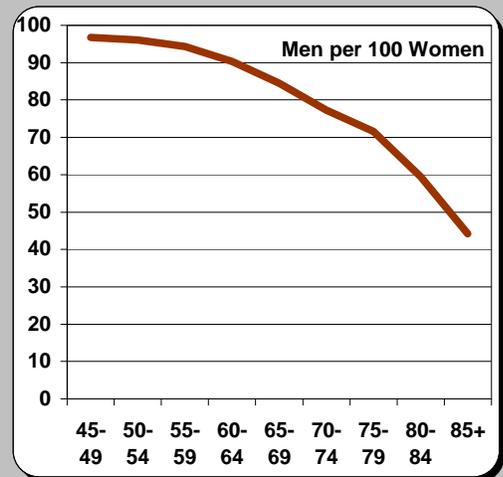
Age and Gender

Women continue to outnumber and outlive men. The gender ratio drops from 92 men per 100 women at age 60 to 44 per 100 for ages 85 and older. Since many aging services are primarily provided to the age 75 and older population, care must be used to address the delivery of those services primarily to female consumers. As baby boomers age, current traditional women's roles and responsibilities will be challenged and replaced.



Table 5

Age and Gender: 2005						
Age	Total	Male		Female		M to F
45 - 49	906,767	445,839	49.2%	460,928	50.8%	96.7
50 - 54	814,306	398,997	49.0%	415,309	51.0%	96.1
55 - 59	705,981	342,688	48.5%	363,293	51.5%	94.3
Boomer Total	2,427,054	1,187,524	48.9%	1,239,530	51.1%	95.8
60 - 64	514,215	244,010	47.5%	270,205	52.5%	90.3
65 - 69	413,508	189,312	45.8%	224,196	54.2%	84.4
70 - 74	328,692	143,249	43.6%	185,443	56.4%	77.2
75 - 79	320,318	133,672	41.7%	186,646	58.3%	71.6
80 - 84	249,450	92,998	37.3%	156,452	62.7%	59.4
85+	217,462	66,676	30.7%	150,786	69.3%	44.2
Elder Total	2,043,645	869,917	42.6%	1,173,728	57.4%	74.1



Section 2: Environmental Scan

Minority Population

The total of all minority populations in the age 45 - 49 cohort is 13.2 percent. The number of minorities in the age 85 and older segment is only 8.0 percent (See Table 7).

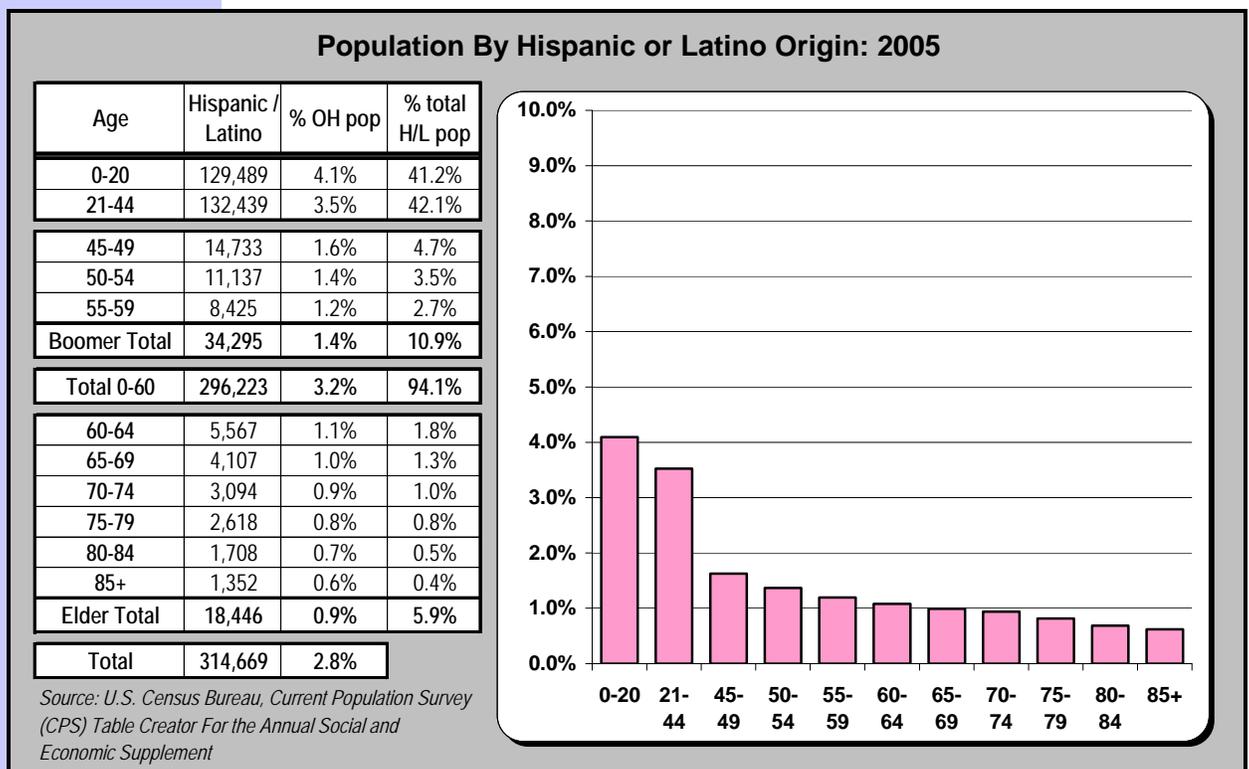
As the younger population ages, a more ethnically diverse older adult population will emerge. This may increase demand for health and other services that are more focused in minority populations.

Hispanic or Latino Origin Population

Very few Hispanic Ohioans are older adults. The population age groups that have Hispanic origins vary greatly by age, with the lower age groups showing the greatest numbers of individuals. Currently, only 5.9 percent of the state's total Hispanic population is over age 60.

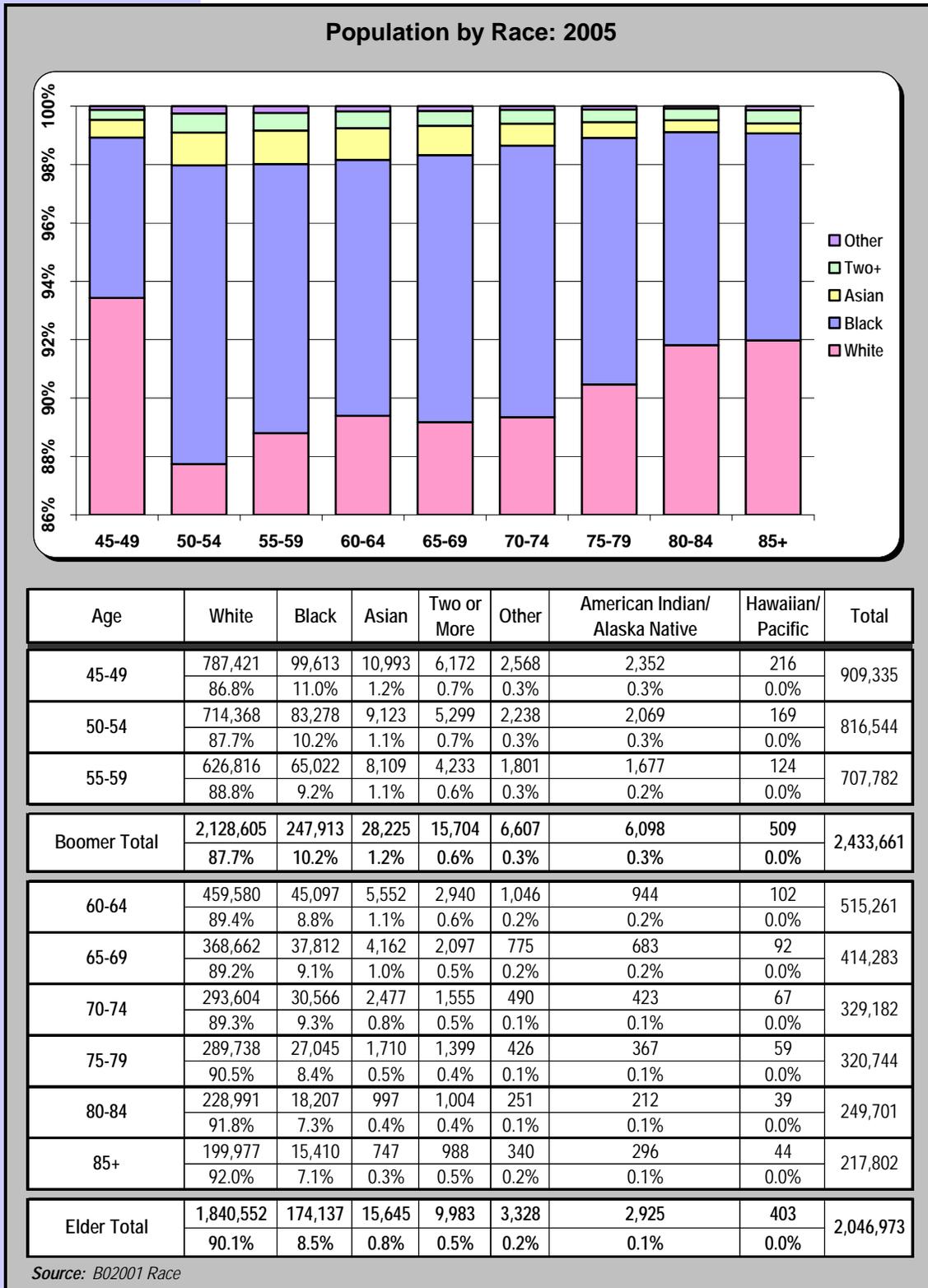


Table 6



Section 2: Environmental Scan

Table 7



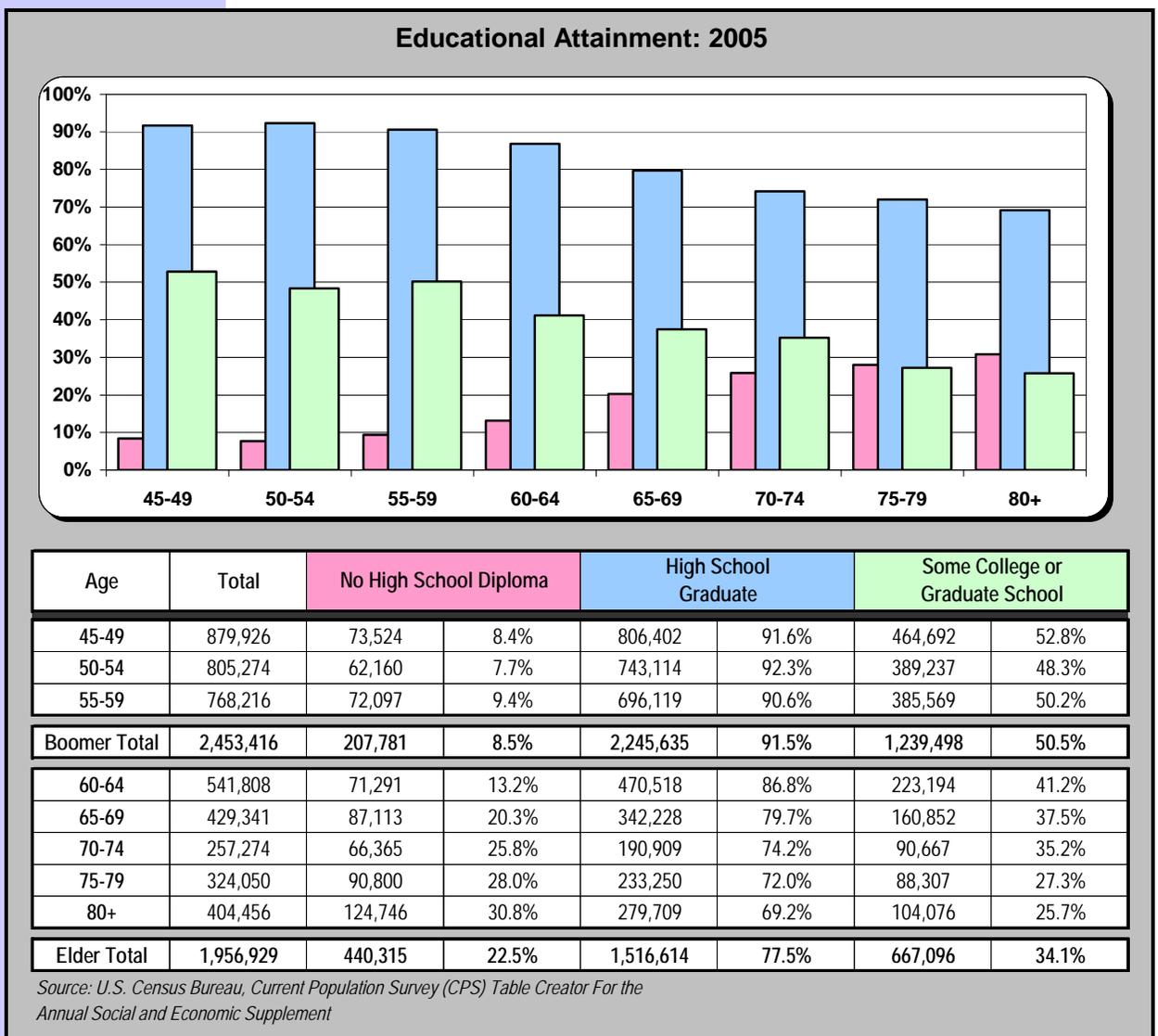
Section 2: Environmental Scan

Educational Attainment and Internet Usage

Younger age groups generally have more education than older age groups. Proportionally, individuals without a high school diploma range from a high of almost 31 percent for those ages 80 and older to a low of 7.7 percent for those age 50 - 54.

More than 50 percent of baby boomers have attended some college or are college graduates, reflecting the importance of higher education held by the parents of boomers and boomers themselves.

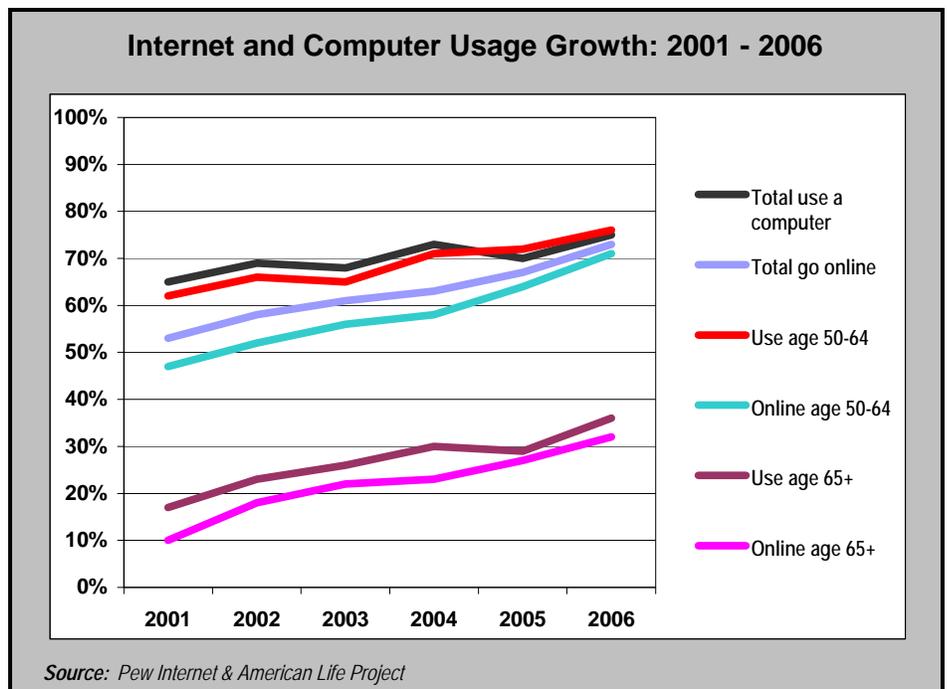
Table 8



Section 2: Environmental Scan

More important than the change in the level of educational attainment will be the increased use of the Internet by older adults. Use of computers by persons age 65 and older has grown from 17 percent in 2001 to 36 percent in 2006. Access to the Internet will greatly change the manner in which elders seek and obtain information about programs and services to address their future needs. Instead of information being “pushed” out as printed documents, the Internet allows older adults to “pull” the information when they need and want it, and in the comfort of their own homes and communities.

Table 9

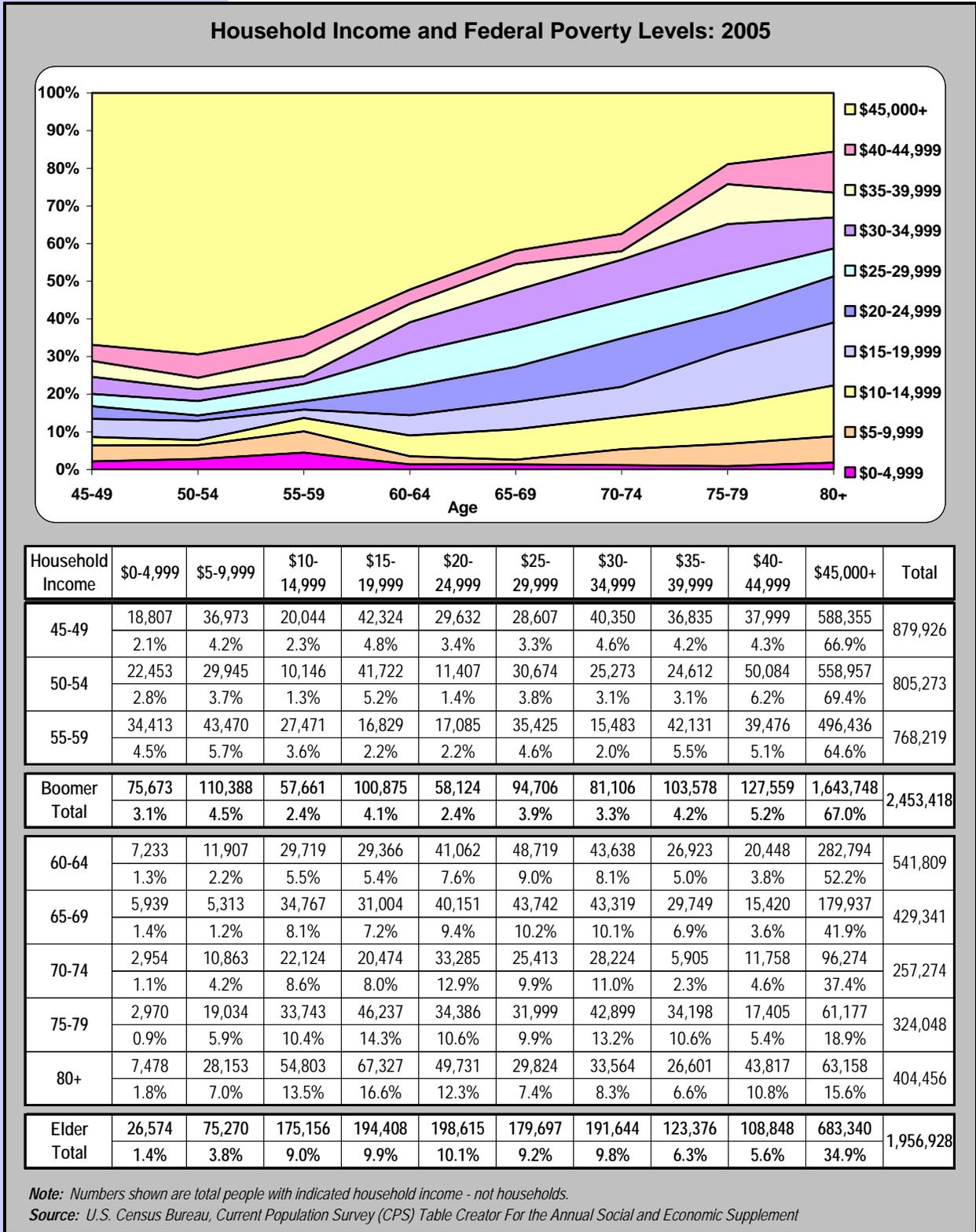


Income and Poverty

As age increases, total annual household income decreases. This can be expected in the earlier years as people retire and have less household income from wages. The current older population also will have received less Social Security benefits when they retired. After adjusting for cost-of-living increases over the years, they have not maintained the dollar value of their original benefit. Beginning in the age 70 - 74 group, more than 50 percent of Ohio older adults are classified by the U.S. Department of Housing and Urban Development (HUD) as low-income households, with less than 50 percent of median income (See Table 10).

Section 2: Environmental Scan

Table 10



Section 2: Environmental Scan

Table 11

Poverty by Age Group			
Age	Total Population	In Poverty (< 100% FPL)	Rate
55-64	1,210,977	96,957	8.0%
65-74	726,116	52,793	7.3%
75+	704,868	66,972	9.5%
All 65+	1,430,984	119,765	8.4%

*Sources: U.S. Bureau of the Census (1993c, 2002b, 2006a)
Prepared by: Office of Strategic Research, Ohio Dept. of Development*

Poverty is defined as having an income that is below the federal poverty level. In 2007, the federal poverty level is \$10,210 for a one-person household and \$13,690 for a two-person household. The overall poverty rate for Ohio elders age 65 and older is 8.4 percent.

Persons with Disabilities

Forty percent of those age 65 and older report having some form of disability. More than half of these individuals report having two or more disabilities. The most common

disability is a physical disability, reported by more than 30 percent of individuals. Women are more likely than men to have a disability. More than 60 percent of those age 85 and older report having moderate or severe disabilities. Projections show that there will be more than twice the number of older adults with disabilities by 2050. Much of the increase will be in the age 85 and older segment (See Table 12).

Moderate disability is defined as experiencing limitations in at least one of these activities of daily living: walking, shopping, meal preparation, housekeeping or using transportation. Severe disability is defined as experiencing limitations in at least two of these activities of daily living: eating, transferring in and out of bed or chair, getting to the toilet, dressing, remaining continent or cognitive functioning.

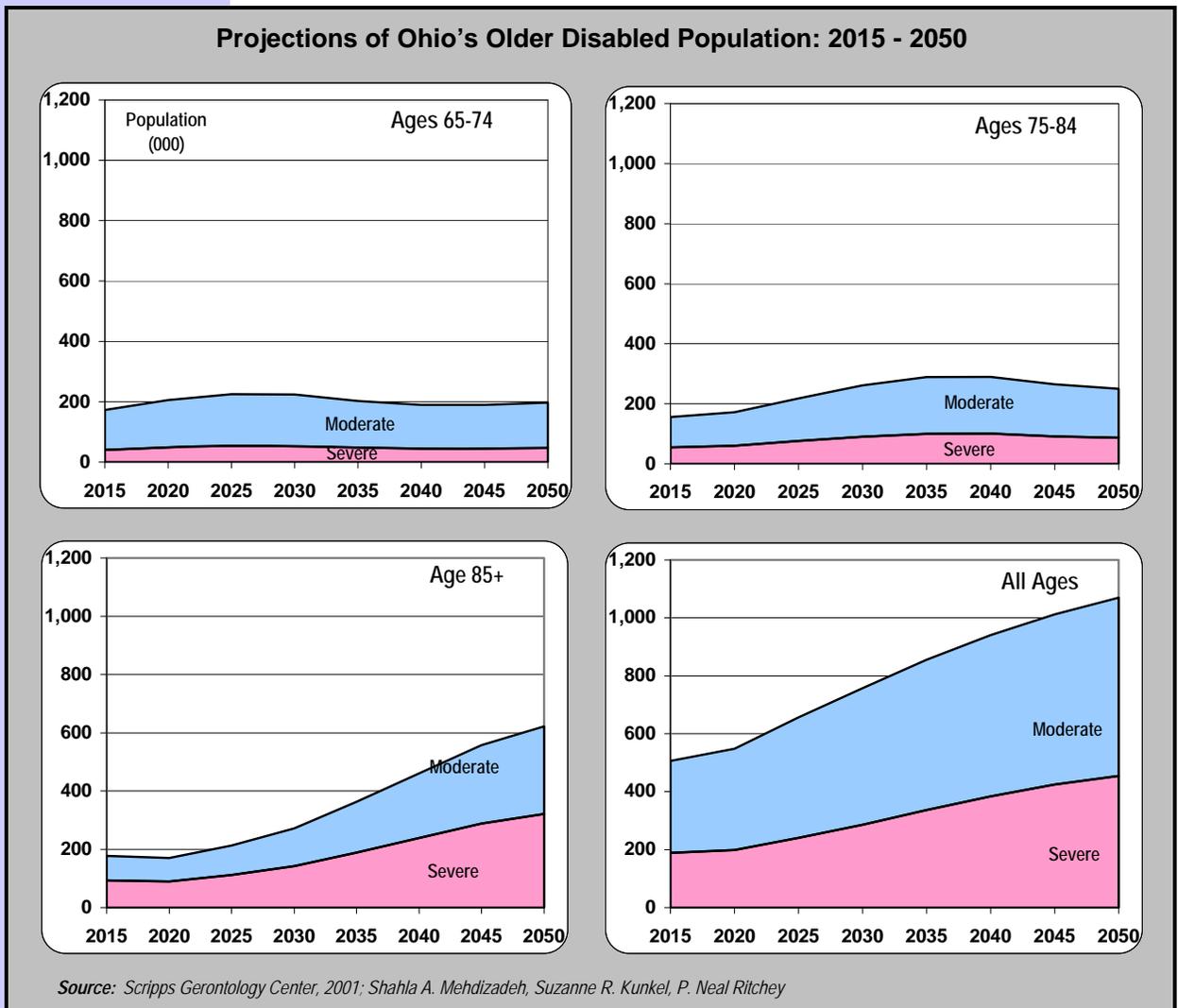


Healthcare Coverage

Healthcare coverage comes in many forms, including private insurance, employment-based insurance, direct purchase insurance, federal government health plans and military health coverage. Currently, more than 10 percent of those ages 60 - 64 have no form of health insurance coverage. That number drops to less than 1 percent at age 65 when they become eligible for Medicare

Section 2: Environmental Scan

Table 12



coverage, thus more than 99 percent of elders age 65 and older have some form of healthcare coverage. (See Table 13).

Prescription Drug Coverage

Nearly all older adults have access to prescription drug coverage either through Medicare or private health insurance plans. Among Medicare beneficiaries, about 20 percent do not have any prescription drug coverage. Many elders have decided not to purchase the coverage due to the cost or because they do not take prescribed medication.

Section 2: Environmental Scan

Table 13

Health Care Coverage: 2005							
Age	Total Population	Any Form of Health Insurance Coverage		Medicare		Medicaid	
45-49	879,926	769,529	87.2%	27,648	3.1%	40,928	4.7%
50-54	805,274	730,836	90.8%	31,836	4.0%	41,287	5.1%
55-59	768,216	665,697	86.7%	33,535	4.4%	44,234	5.8%
Boomer Total	2,453,416	2,164,062	88.2%	93,019	3.8%	126,449	5.2%
60-64	541,808	484,454	89.4%	65,567	12.1%	29,266	5.4%
65-69	429,341	426,427	99.3%	390,329	90.9%	34,636	8.1%
70-74	257,274	257,274	99+%	245,260	95.3%	29,730	11.6%
75-79	324,050	322,498	99.5%	314,851	97.2%	25,682	7.9%
80+	404,456	402,571	99.5%	396,365	98.0%	24,124	6.0%
Senior Total	1,956,929	1,893,224	96.7%	1,412,372	72.2%	143,438	7.3%
65+ Medicare	1,415,121	1,408,770	99.5%	1,346,805	95.2%	114,172	8.1%

Source: U.S. Census Bureau, Current Population Survey (CPS) Table Creator For the Annual Social and Economic Supplement

Individuals with incomes up to 135 percent of the federal poverty level are eligible for full coverage under the low-income subsidy through Social Security. This program pays for the drug insurance and has a co-pay of \$1 to \$3 per prescription. Those with incomes from 135 to 150 percent of the federal poverty level receive this benefit on a sliding fee payment schedule. Approximately 325,000 Medicare beneficiaries age 65 and older qualify for this subsidy, however, the Social Security Administration estimates that 24.8 percent of those eligible for the benefit - about 80,000 individuals - have not enrolled. The main reasons for non-enrollment are difficulty in reaching and communicating with this population.

Ohio's Report Card: The State of Aging and Health in America 2007

The State of Aging and Health in America 2007 provides a snapshot of our nation's progress in promoting the health and well-being of older adults and reducing behaviors that contribute to premature death and disability. Ohio is among the lowest-performing states for obesity and up-to-date preventive services for women. Other factors of concern include frequent mental distress, pneumonia vaccination and selected preventive services for males.

Section 2: Environmental Scan

Table 14

Ohio's Report Card: 2007				
Health Status	Data	Year	Rank†	Grade‡
Physically Unhealthy Days	5.5	2004	24	●
Frequent Mental Distress	7.1	2003-2004	38	●
Oral Health: Complete Tooth Loss	20.4	2004	23	●
Disability	31.4	2004	12	●
Health Behaviors	Data	Year	Rank†	Grade‡
No Leisure-Time Physical Activity	32.7	2004	32	●
Eating ≥ 5 Fruits and Vegetables Daily	31	2003	20	●
Obesity	23.2	2004	44	○
Current Smoking	8.8	2004	23	●
Preventive Care & Screening	Data	Year	Rank†	Grade‡
Flu Vaccine in Past Year	67.6	2004	29	●
Ever Had Pneumonia Vaccine	61	2004	43	●
Mammogram Within Past 2 Years	81.7	2004	10	●
Colorectal Cancer Screening	60.2	2004	35	●
Up-to-date on Select Preventive Services (Male)	35.2	2004	39	●
Up-to-date on Select Preventive Services (Female)	28.9	2004	32	○
Cholesterol Checked in Past 5 Years	91	2003	20	●

● = Upper Third (top performing 33 percent)
 ● = Middle Third (middle 33 percent)
 ○ = Lower Third (lowest performing 33 percent)

† Rankings are based on the relative numeric scores for each indicator, with a ranking of "1" indicating the highest rank.
 ‡ Grades are calculated as tertiles (thirds) and show state performance relative to all other states. No state-level data exist for Indicator 15, hip fracture hospitalizations.

Additional Characteristics of Ohio's Population

- Older adults age 60 and older in Ohio households use 20 percent of food stamps.
- Ohio welcomes nearly 2,000 refugees and asylees each year through the Office of Homeland Security. The largest concentrations of refugees are from Somalia (56 percent) and Russia (12 percent). Individuals age 60 and older represent an estimated 8 percent of all refugees and asylees.
- More than 187,000 Ohioans age 40 and older are currently legally blind or visually impaired, largely resulting from diabetic retinopathy, cataracts, glaucoma and age-related

Section 2: Environmental Scan



“More than 186,000 older Ohioans are raising their own grandchildren.”

macular degeneration. The number of older Americans affected by these diseases is expected to double over the next 30 years as baby boomers age. More than 2.5 million Ohioans will be affected.

- More than 186,000 older Ohioans are raising their own grandchildren. A statewide task force developed recommendations and initiatives to support these unique families. AAAs help them identify kinship care services such as legal and financial advice, support groups, training and more.
- Net migration of older Ohioans to other states is highest during ages 65 - 74. The most popular migration designations from Ohio are to Florida, Kentucky, North Carolina, Arizona, Georgia, South Carolina, Tennessee and Texas. Net migration into Ohio is highest from New York, West Virginia, New Jersey and Pennsylvania.

The Baby Boomer Generation

In 2006, the first of the baby boomer generation, born 1946 to 1964, began turning age 60 at a rate of more than 12,000 per month in Ohio. Boomers will shape what aging and retirement will look like for the next 20 to 30 years, first as caregivers and then as consumers. To learn more about the baby boomer generation, ODA staff conducted a literature search and identified these influences, characteristics and trends.

Leading Edge Influences

- Boomers began coming of age in 1963, the start of a period of profound dislocations (e.g., Kennedy’s optimism, civil rights, assassinations, Vietnam, protests, women’s rights).
- Boomers want lifestyles at least as good as they experienced as children in the 1950s.
- Throughout their childhood, and as they came of age, leading-edge boomers experienced good times. Things had been good, and somehow they were going to remain good.
- According to Cheryl Russell, a demographer and baby boomer expert, older boomers got the best education, housing and jobs,

Section 2: Environmental Scan

“Nearly three-quarters (74 percent) say they plan to do, or are currently doing, some kind of paid work in retirement.”

and “their shadow fell far down into the age structure, making things difficult for those even ten years younger than the youngest boomer.”

- Three-fourths of leading boomers say they are better off than their parents were at their age, compared to just 54 percent of trailing boomers.
- Baby boomers’ parents raised their children to think for, and of, themselves.
- Post war affluence allowed parents to indulge their children as never before. They invested in their children’s skills by sending them to college.

Retirement Attitude

- Nearly three-quarters (74 percent) say they plan to do, or are currently doing, some kind of paid work in retirement.
- Boomers represent the first aging population that has been exposed to, and enjoys, the ever-changing technology of today. They may retire, but they will not be out of touch.
- Upon retirement, a significant number of boomers move to another community. Surveys of pension recipients suggest that the proportion that moves after retirement is about 44 percent, with about half of the movers going to a different state.
- On average, boomers have higher incomes and have accumulated more wealth than their parents’ generation.
- Half of boomer households are on track to maintain the same standard of living upon their planned retirements.
- About a quarter of boomer households - mainly those with low-incomes - have saved very little and will most likely see their standard of living decline significantly on retirement.



Section 2: Environmental Scan



“Boomers possess a questioning nature. They will create an aging population with a great deal of computer skills and knowledge.”

- The remaining quarter has an uncertain future - one that could tip either way in the face of a slight change in circumstances.

Personality Traits

- Boomers are individualistic by nature. Options are important to them and their independence instills in them a need to feel in control.
- Boomers possess a questioning nature. They will create an aging population with a great deal of computer skills and knowledge.
- Although age may alter some of the physical activities that boomers enjoy, it will not hinder their desire to be active, independent and always looking for something new and interesting.
- Boomers prize holding on to their youth. They see age as a state of mind and agelessness as a way of life. *Forever Young* is their creed. They will reject every effort to push them into the “old age” category.
- Some boomers do recognize that they are older, but pride themselves on being more youthful than their parents were at the same age. They are, and plan to remain, more active than their parents, whether they “officially retire” or not. Disguising age will create a new fashion industry.
- Boomers tend to distrust institutions.
- The family motivates boomers, who claim to have a better, more open relationship with their own children than they had with their parents.



Section 3: Ohio Programs and Services



“The purpose of these programs and services is three-fold: improve quality of life, help older adults remain healthy and independent and promote a positive attitude toward aging.”

Regardless of economic status, race or location, we all are aging. Growing older is a journey. Every individual ages with differing needs at different times. The majority of older adults stay active and healthy as they age by working, volunteering, learning and doing. At times, though, an older adult may need some assistance with activities that before were taken for granted.

Our needs ebb and flow as we grow older. A person who is active and healthy now may take a turn for the worse. Conversely, someone who has been in a nursing facility recovering from illness or surgery may be able to transition back to the community and their own home. Some might even shift from a person who gives care to someone who needs the assistance of others, or the reverse.

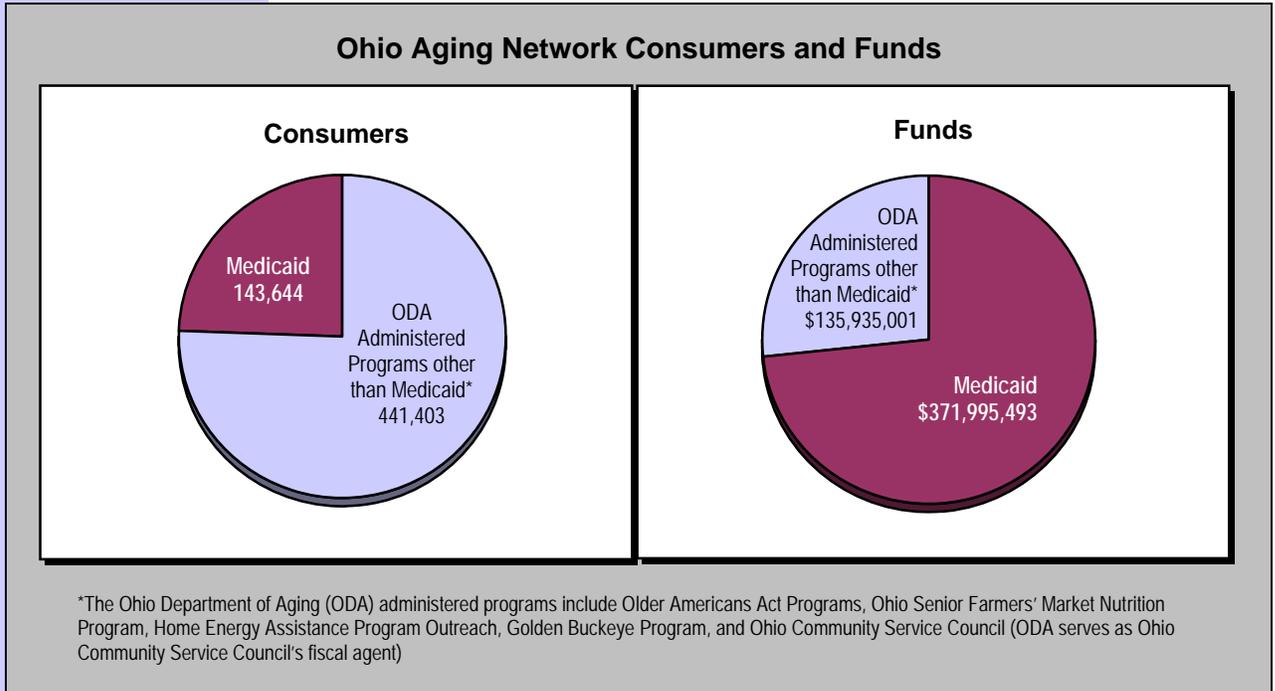
The Ohio Department of Aging (ODA) and the aging network of area agencies on aging (AAAs), service providers and advocates make it possible for older Ohioans and their families to move back and forth along this continuum of aging. The department’s many programs and partnerships are ready to assist, whether to return to school or work, to take advantage of the benefits and savings of programs available to older Ohioans, to care for an aging loved one, to help around the house, to consider moving to get the care required or anything in between.

The purpose of these programs and services is three-fold: improve quality of life, help older adults remain healthy and independent and promote a positive attitude toward aging. They are provided using a variety of federal, state and local funding sources (Appendix C: Summary of Ohio Programs and Services), and through collaborations and partnerships (Appendix D: Collaborations and Partnerships) within the aging network and across care systems (e.g., behavioral health,



Section 3: Ohio Programs and Services

insurance, health). Annually, this combination of funding, partnerships and collaborations serves more than 500,000 older Ohioans and their families and caregivers.



An overview of all ODA spending and grant awards from state fiscal year (SFY) 2005 to appropriations for SFY 2008 is included in Appendix E and Ohio's intrastate funding formula is located in Appendix F. Additionally, the Administration on Aging's (AoA's) logo is used to identify those programs and services that are required by AoA to be addressed in the plan: Choices for Independence initiatives, Medicaid and long-term care reform, the Medicare Modernization Act outreach, emergency preparedness and transportation coordination.

"The Administration on Aging's (AoA's) logo is used to identify those programs and services that are required by AoA to be addressed in the plan."



Active and Healthy Aging

As Ohioans grow older, we look forward to an active, fulfilling retirement. Studies have shown that the key to healthy aging is to remain physically and mentally active. This means that for many of us, the power to enjoy a healthy and productive life is in our own hands, determined by our own lifestyle choices. The aging network helps older Ohioans make good choices, providing many opportunities to work, learn, play and volunteer.

Section 3: Ohio Programs and Services

“The Senior Community Service Employment Program (SCSEP) is a paid job training and work experience program that helps low-income adults age 55 and older obtain skills that benefit them in the workplace.”

Employment and Training

More older Ohioans are choosing to stay in the workforce long after retirement age. Some continue working to supplement their retirement incomes, others continue for primary income and still others just want to stay active and engaged. ODA works with regional, state and national partners to help Ohioans find work and receive training.



- The **Senior Community Service Employment Program (SCSEP)** is a paid job training and work experience program that helps low-income adults age 55 and older obtain skills that benefit them in the workplace. Eligible participants have an income of no more than 125 percent of the federal poverty level and are placed in part-time, temporary positions with public and nonprofit agencies. Participants are encouraged to obtain permanent, non-subsidized employment outside the program.

ODA provides a grant to Mature Services, Inc., a community-based organization, to oversee SCSEP. It provides most of the local matching funds and the remainder comes through general revenue. In SFY 2006, 804 consumers participated in the program and 122 obtained employment in non-subsidized jobs.

- **Employment and Training One-Stop Centers** help Ohioans find jobs through a computerized job-matching system. Center staff also help older adults develop resumes and practice interviewing techniques to assist them in beginning new careers.



Health and Wellness

Promoting healthy lifestyles among older people is vital in helping them lead healthy and independent lives. In partnership with public health agencies, healthcare systems and local governments, Ohio's aging network provides disease prevention and health promotion programs as well as activities and information that empower older adults to prevent, delay or manage the health problems they may

Section 3: Ohio Programs and Services

“Ohio Senior Olympics is an athletic competition open to men and women age 50 and older.”

face. The initiatives are funded through a combination of Older Americans Act (OAA), state, local and foundation dollars.

- **Healthy Ohio**, an initiative of Governor Ted Strickland and the Ohio Department of Health (ODH), encourages personal fitness and wellness in Ohio’s workplaces, schools, social groups and communities.
- Through the **You Can! Steps for Healthy Aging** Program in 2005 and 2006, AoA, ODH, ODA and the aging network mobilized communities and increased the number of older adults who are active and healthy. Working with state and community partners, ODA distributed incentive kits and health information to senior centers, community organizations and others to develop and support walking and wellness programs.
- **Ohio Senior Olympics** is an athletic competition open to men and women age 50 and older. ODA provides funds to Ohio Senior Olympics, Inc., the organization that sanctions Senior Olympics competition in Ohio and hosts the annual Ohio Senior Games. Annual regional competitions are held at ten sites throughout Ohio.
- ODA is a sponsoring member of **Ohio’s Aging Eye Public/Private Partnership**, a statewide collaboration of 24 organizations preparing for the growth of aging eye challenges in Ohio. Since 2003, the partnership has conducted outreach and awareness campaigns, advocated changes to public policy and sponsored three research symposiums on age-related eye diseases.
- In 2005, the Ohio Association of County Behavioral Health Authorities, with support from the Departments of Aging, Mental Health and Alcohol and Drug Addiction Services, organized an Older Ohioans Behavioral Health Policy Institute that created the **Older Ohioans Behavioral Health Network**. The network provides leadership for this multi-



Section 3: Ohio Programs and Services

disciplinary effort to positively impact the behavioral health of older Ohioans in terms of mental health and substance abuse issues. A statewide steering committee, including ODA and the Ohio State Long-term Care Ombudsman, provides guidance to the network. One early initiative was a series of mini-grants to each of Ohio's AAAs to build collaborative relationships among local partners.



Evidence-Based Disease Prevention

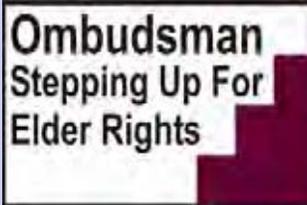
Ohio was one of 16 states to share more than \$13 million in grants from AoA's *Empowering Older People to Take More Control of Their Health through Evidence-Based Prevention Programs*. ODA, ODH, AAAs and community-based health care and aging services providers are implementing evidence-based disease prevention programs that by the end of the grant period will impact more than 2,000 older adults. The interventions being implemented with the support of this grant include the *Stanford Chronic Disease Self-Management Program*, *Active Living Every Day Program*, *A Matter of Balance Falls Prevention Program* and *Healthy IDEAS* (Identifying Depression, Empowering Activities for Seniors).



Medicare Information and Assistance

Medicare is the federal health insurance program for consumers age 65 and older, as well as for certain individuals under age 65 with disabilities. Hospital, medical and prescription drug insurances are Medicare's three basic parts. The aging network helps make sense of the program, including the new Medicare Prescription Drug Coverage and preventive benefits.

- Ohio's **Office of the State Long-term Care Ombudsman** provides information about benefits and consumer rights. ODA coordinates information and services to help older Ohioans identify and access the benefits for which they are eligible. Public education about benefits and health insurance is also provided through regional long-term care ombudsman programs (RLTCOPs), AAAs, PASSPORT administrative agencies (PAAs) and other aging organizations.
- The **Ohio Senior Health Insurance Information Program (OSHIIP)** is a service of the Ohio Department of Insurance (ODI), funded in part by a grant from the Centers for Medicare



“Ohio’s Office of the State Long-term Care Ombudsman provides information about benefits and consumer rights.”

Section 3: Ohio Programs and Services



“The aging network promotes several national, state and regional programs that help older Ohioans continue learning in unique and rewarding ways.”

and Medicaid Services (CMS). Counselors help older Ohioans with questions about benefits such as Medicare, Medicaid, Social Security and private health insurance.

- As part of the *A Healthier U.S. Starts Here* initiative, the U.S. Department of Health and Human Services (HHS) and CMS joined Ohio partners to raise awareness of the importance of preventing chronic disease and illness, promote Medicare preventive benefits and provide information about how beneficiaries can take action to maintain and improve their health.

Lifelong Learning

We never stop learning. Continuing education can help maintain or enhance our physical and mental wellness. The aging network promotes several national, state and regional programs that help older Ohioans continue learning in unique and rewarding ways.

- **Free college courses for older Ohioans** promote lifelong personal improvement and community involvement. State universities and colleges allow Ohioans age 60 and older to attend classes at no cost.
- **Lifelong Learning Institutes** are community-based organizations of retirement-aged people that team with local colleges and universities to provide noncredit college courses, volunteer opportunities, social interaction and more.
- **Elderhostel** is a national, nonprofit organization that serves adults age 55 and older and provides in-depth and behind-the-scenes learning experiences for almost every interest and ability.
- **Senior Series** is a collaborative task force of professionals from The Ohio State University Extension and the aging network, including ODA. Fact sheets, quarterly publications and a Web site provide free information, news and tips on aging issues.
- ODA is an active partner with the **Ohio Association of Gerontology and Education (OAGE)**, a statewide membership organization of gerontological researchers, practitioners, educators and students. OAGE is ODA’s official

Section 3: Ohio Programs and Services

technical advisory body on issues of education, training and research in aging.

Senior Centers

Ohio has more than 400 full- and part-time senior centers that serve as community focal points. They offer Ohioans age 60 and older a place to go for nutritious meals, social activities, volunteer opportunities, health screenings, health and consumer education, creative arts, exercise and more. Many centers are adding new programs such as fitness activities and computer training to attract and meet the needs and interests of a whole new generation of older adults.



Lois Sanders, an Ombudsman volunteer for more than twenty years

Volunteer Opportunities

Older Ohioans provide hundreds of thousands of hours in volunteer service each year, helping people of all ages in a variety of volunteer programs supported by ODA, the Corporation for National and Community Service (CNCS) and local organizations.

- Trained **volunteer Ombudsman associates** advocate for quality of care and quality of life for consumers and family members. They visit long-term care facilities residents, observe conditions, discuss resident rights and resolve complaints whenever possible.
- In 2007, ODA was appointed Ohio's lead for the **National Governors Association Policy Academy on Civic Engagement of Older Adults**. The academy helps states improve the health and lives of older adults by developing strategies to increase the proportion that are employed or engaged in meaningful volunteer activities. ODA is partnering with other state agencies involved in volunteerism, lifelong learning and workforce development efforts to carry out this initiative.

Section 3: Ohio Programs and Services



“ODA partners with the Corporation for National and Community Service (CNCS) to provide three additional volunteer programs: Foster Grandparents, Senior Companions and Retired and Senior Volunteer Program (RSVP).”

- Under the leadership of ODI, **OSHIIP volunteers** provide free information and other health insurance services to Ohioans covered by Medicare regardless of age.

ODA partners with the Corporation for National and Community Service (CNCS) to provide three additional volunteer programs.

- **Foster Grandparents** serve one-on-one as tutors and mentors to youth with special needs.
- **Senior Companions** help homebound older and disabled adults maintain independence in their own homes.
- **Retired and Senior Volunteer Program (RSVP)** volunteers conduct safety patrols for local police departments, participate in environmental projects, tutor and mentor youth, respond to natural disasters and provide other services through more than 1,900 groups across Ohio.

Additionally, ODA supports these state volunteer initiatives as good opportunities for older Ohioans:

- **Ohio Citizen Corps** is part of the Ohio Homeland Security Task Force. The corps offers volunteer programs such as Neighborhood Watch, Volunteers in Police Service, Community Emergency Response Teams, Volunteer Medical Response Corps and Terrorism Awareness and Prevention.
- **Ohio Community Service Council (OCSC)** strengthens Ohio’s communities through service and volunteerism including AmeriCorps, Learn and Serve America and Youth Leadership Development.

Money Matters

Retirement today is very different than when our parents retired. There are new financial management issues to consider with retirement or job changes. Unfortunately, most Americans have not planned or saved adequately for the retirement they desire. People are living longer, more active lives and, although fewer are experiencing lifelong debilitating illnesses, more are living with and managing chronic conditions, which lead to increased personal expenses for healthcare.

Section 3: Ohio Programs and Services

The aging network works to ensure older Ohioans know about, and have access to, the variety of benefits available to them, from discounts at stores to prescription drug coverage, to help with utility bills and employment and more.



“All Ohioans age 60 and older, as well as adults age 18 - 59 who have disabilities as defined by Social Security, are eligible for a free GBC.”

“OBRx lowers the cost of prescriptions for Ohioans age 60 and older, and residents under age 60 with annual family incomes less than 300 percent of the federal poverty level who do not have prescription drug insurance coverage.”

Golden Buckeye Card (GBC) Program

Since 1976, older Ohioans and people of any age with disabilities have saved more than \$2 billion with the first discount program of its type in the nation. The public and private partnership provides cardholders with savings on purchases of goods, services and prescription drugs from participating businesses. Retail outlets and services voluntarily participate and offer a custom-tailored discount or special offer. More than two million Ohioans are eligible for the GBC, honored at 20,000 businesses statewide, including pharmacies. All Ohioans age 60 and older, as well as adults age 18 - 59 who have disabilities as defined by Social Security, are eligible for a free GBC.

From 2004 - 2007, the GBC program offered a prescription drug discount program to cardholders. During the 33 months of operation, the program saved older and disabled Ohioans nearly \$50 million in direct out-of-pocket costs paid at pharmacies.



Ohio's Best Rx (OBRx) Program

OBRx lowers the cost of prescriptions for Ohioans age 60 and older, and residents under age 60 with annual family incomes less than 300 percent of the federal poverty level who do not have prescription drug insurance coverage. Legislation in SFY 2007 merged the former GBC Prescription Drug Savings Program with OBRx, and shifted program administration of OBRx from the Ohio Department of Job and Family Services (ODJFS) to ODA. The merger brings better savings and efficiencies to consumers, and all Golden Buckeye cardholders now have automatic access to OBRx.

Section 3: Ohio Programs and Services



“ODA provides outreach grants to AAAs to ensure that Ohioans who are elderly or have disabilities are aware of energy assistance programs.”



“In 2007 Governor Strickland enhanced the program to increase the number of eligible recipients from 220,000 to 775,000 (1 in 4 homeowners) by removing income qualifications.”

Heating and Cooling

HHS administers the Low-Income Home Energy Assistance Program (LIHEAP), which helps eligible residential energy consumers meet their home heating costs. In Ohio, the Ohio Department of Development (ODOD) manages LIHEAP and other energy assistance programs. HHS requires ODOD to specifically target older individuals and persons with disabilities, which they accomplish through an annual grant to ODA. ODA provides outreach grants to AAAs to ensure that Ohioans who are elderly or have disabilities are aware of energy assistance programs and are able to obtain, complete and submit the appropriate applications.

- **HEAP** helps low-income Ohioans of all ages pay heating and cooling bills.
- **Emergency HEAP** assists households that have had their utilities disconnected, are facing disconnection or have a ten-day or less supply of bulk fuel.
- A **Percentage of Income Payment Plan** allows regulated gas and electric companies to accept payments for qualifying consumers based on a percentage of the household income.
- The **Home Weatherization Assistance Program** helps qualifying low-income homeowners and renters reduce energy consumption while increasing the comfort of their homes by paying for minor home repairs and modifications.

Homestead Exemption Program

Established in 1971, this program helps adult homeowners age 65 and older, and permanently disabled homeowners, lower their annual property tax bills. Responding to economic changes over the last three decades that weakened the program and reduced the number of eligible Ohioans, in 2007 Governor Strickland enhanced the program to increase the number of eligible recipients from 220,000 to 775,000 (1 in 4 homeowners) by removing income qualifications. Through a new formula that exempts the first \$25,000 of a home's value, the exemption will save older and disabled homeowners (including owners of manufactured homes) an average of \$406 a year. The exemption is an additional reduction in taxes beyond other property tax deductions and rollbacks an individual may already receive.

Section 3: Ohio Programs and Services

“Ohio is one of four states that support local services through senior services property tax levies. Currently, 62 of Ohio’s 88 counties use these levies (which generate more than \$104 million in local resources) to support enhanced and expanded services to older adults.”



Benefits Check Up

This confidential online questionnaire from ODA and the National Council on the Aging (NCoA) helps people identify public benefits for which they or a loved one may qualify. The simple, straightforward questionnaire takes about 15 minutes to complete and does not ask questions that identify the person. Within seconds, the individual will receive a report detailing programs and services, including educational and employment opportunities, financial assistance, legal services, healthcare, prescription drug assistance, home energy and housing assistance, in-home services and volunteer opportunities. The Office of the State Long-term Care Ombudsman assists Ohioans with Benefits Check Up when Internet access is not available.

Home and Community Supports

Many older people remain independent their entire lives, but some may need some help with activities they once took for granted such as preparing meals and traveling to appointments. Older adults may also find that their homes need some modification to meet their changing needs.

Through the OAA and related state and local funding sources, the aging network provides an array of home and community supports to enable older Ohioans to maintain their health, homes and independence. Additionally, Ohio is one of four states that support local services through senior services property tax levies. Currently, 62 of Ohio’s 88 counties use these levies (which generate more than \$104 million in local resources) to support enhanced and expanded services to older adults. Two additional counties use human services levies - an umbrella for multiple services - for this same purpose. Levies are critical to augment declining federal and state funds and accommodate a rapidly increasing aging population.

*Senior Services
County Levies*



Section 3: Ohio Programs and Services

“ODA, AAAs and providers target services to older individuals with greatest economic and social need.”

ODA, AAAs and providers target services to older individuals with greatest economic and social need, with particular attention to low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition, each AAA must expend a minimum of 5 percent of their OAA Title III-B allocation in the priority areas of in-home services, access services and legal assistance.

Meals and Nutrition Programs

More than 123,000 older Ohioans benefit annually from community nutrition programs, which garnered more than \$51 million in federal, state and local dollars. The programs are available to all Ohioans age 60 and older.



“The Senior Farmers’ Market Nutrition Program...links eligible older adults with fresh Ohio produce from farmers’ markets and roadside stands.”

- **Home-delivered meals**, often called *Meals on Wheels*, provide safe and nutritious meals delivered to the homes of older Ohioans, many of whom are frail and unable to prepare their own meals. The typical consumer receives one meal daily and may contribute to the cost of the meal.
- **Congregate meal** sites provide opportunities for social interaction and activity in addition to safe and nutritious meals. Consumers may contribute toward the cost of meals at senior centers, faith-based organizations, congregate housing and other community focal points. In addition to meals, nutrition programs also offer classes, counseling and other learning activities to help older adults improve their nutrition and keep their food safe to eat.
- The **Senior Farmers’ Market Nutrition Program**, funded by the U.S. Department of Agriculture (USDA), links eligible older adults with fresh Ohio produce from farmers’ markets and roadside stands. Consumers in participating counties receive \$5 coupons, valid from May through October, which may be used at authorized locations to purchase locally grown fruits, vegetables and herbs.

Section 3: Ohio Programs and Services

“In partnership with the Ohio Department of Transportation’s (ODoT’s) Office of Transit, ODA works to ensure that AAAs and the aging network are aware of, and able to apply for, a variety of federal and state funding for transportation services.”

“These [Care Coordination] programs are designed to help those who are ineligible for Medicaid-funded home- and community-based supports and services.”



Transportation

ODA strives to increase mobility options for older Ohioans. In addition to monitoring AAAs and their transportation service providers, ODA provides training to AAAs and provider agencies to help improve the quality of service delivery. In 2007, training subsidized by ODA and the Statewide Transportation Coordination Task Force included *Policies & Procedures for Transportation Providers, Americans with Disabilities Act Policies for Transportation Providers, Calculating Your Fully-Allocated Costs* and *Contracting*. Passenger assistance training and defensive driving are also provided.

In partnership with the Ohio Department of Transportation’s (ODoT’s) Office of Transit, ODA works to ensure that AAAs and the aging network are aware of, and able to apply for, a variety of



federal and state funding for transportation services. Funding opportunities include the Specialized Transportation Program (federal funds to purchase vehicles for providers) and the state-funded Transportation Coordination Program that provides planning and operating funds for local transportation coordination.

Care Coordination Program

In 11 of Ohio’s 12 planning and service areas (PSAs), AAAs use a combination of federal, state and local dollars to organize Care Coordination programs which utilize case management to provide in-home services for frail individuals and respite for their caregivers. Care packages typically include personal care services such as homemaker, adult day, chore, home-delivered meals, transportation and accessibility modifications. Many of these consumers support a portion of the cost of care through cost-sharing and contributions. These programs are designed to help those who are ineligible for Medicaid-funded home- and community-based supports and services as well as support informal caregivers and are generally less costly than nursing home placement.

Section 3: Ohio Programs and Services



“ODA and the aging network help low-income older Ohioans preserve existing property values and make structural modifications or repairs necessary to help them live safely in their homes.”

Home Repair and Accessibility and Housing

Older adults tend to live in older homes. Three out of five live in homes more than 20 years old. These homes need to be maintained and repaired and, in some cases, modified to accommodate lifestyle changes, increase comfort and help prevent falls and other accidents. ODA and the aging network help low-income older Ohioans preserve existing property values and make structural modifications or repairs necessary to help them live safely in their homes.

AAAs utilize Title III and state SCS funds to leverage other resources. Each year, they successfully compete with other nonprofit organizations for Ohio Housing Trust Fund (OHTF) grants through a proposal process administered by ODoD. Since 1997, ODoD has provided \$9,885,800 for emergency home repairs and accessibility modifications to nine of Ohio’s 12 AAAs, serving 64 of Ohio’s 88 counties. This assistance has provided more than 5,000 critical emergency home repairs and accessibility modifications to low-income older homeowners. AAAs have also successfully leveraged resources for older homeowners by working with other organizations to package services. One homeowner might have gutter and roof repair through Title III and SCS, a new furnace from OHTF, federally-funded home weatherization through a community action agency, and a new septic system through a USDA Rural Development home repair grant - all arranged by the AAA.



Housing Public Policy Initiatives

For the past 24 years, ODA has been an active participant in interagency policy efforts to promote affordable housing options for older adults. ODA is currently working with state and local governments, nonprofit organizations and fair housing advocates on public policy strategies to increase the availability of affordable, accessible housing options for older adults and people with disabilities.

Section 3: Ohio Programs and Services

“In 2007, ODA established OhioHousingLocator.org, a Web-based housing registry that provides searchable information on affordable, accessible rental housing throughout Ohio, as well as links to other housing options and resources.”

“Service coordinators provide information and assistance to low-income older adults and other special-needs tenants living in subsidized rental housing to help them access community services and other benefits for which they are eligible.”

- The **Visitability Strategy Group** seeks to change Ohio’s building code requirements for 1-, 2- and 3-family homes to require a zero-step entrance and accessible first floor bathroom.
- An initiative seeks to **raise the spending cap** on OHTF and allow 100 percent of resources collected to be used for affordable housing initiatives.
- ODA also participates in **Ohio’s Money Follows the Person (MFP)** project, which includes a housing workgroup that makes recommendations to ODJFS.
- Director Barbara E. Riley serves on a new **Interagency Council on Homelessness and Affordable Housing**, which continues the work of the previous interagency council.

Housing Registry

In 2007, ODA established OhioHousingLocator.org, a Web-based housing registry that provides searchable information on affordable, accessible rental housing throughout Ohio, as well as links to other housing options and resources. Initially populated with information on subsidized properties (e.g., Housing and Urban Development (HUD), USDA Rural Development, public housing, Section 8), the registry allows any landlord or property manager to list details about their accommodations for free. ODA recruited ODJFS, ODoD, OHFA and the Ohio Developmental Disabilities Council (ODDC) as partners for this initiative. These agencies have provided more than \$300,000 to develop the locator for technical and marketing assistance.

Resident Service Coordinators

Service coordinators provide information and assistance to low-income older adults and other special-needs tenants living in subsidized rental housing to help them access community services and other benefits for which they are eligible. ODA has been actively involved in promoting this concept



Section 3: Ohio Programs and Services



“ODA has a plan to maintain and support its operations during an emergency, as well as a policy that outlines the expectations of AAAs in the event of disasters or health emergencies.”

since receiving a demonstration grant from AoA in 1991. Currently, ODA administers a service coordination grant program funded by OHTF. These funds provide part-time service coordinators for tenants in 19 low-income housing properties.

Ohio’s AAAs hire, train and supervise professional service coordinators through this and other funding sources. Eight of the 12 AAAs provide service coordinators in a total of 31 subsidized housing projects, serving more than 4,000 low-income older adults and disabled tenants. Of the 31 sites, 16 are funded by HUD, 14 by OHTF and by a local senior services property tax levy. Total reported funding is more than \$1,517,000.



Emergency Preparedness and Assistance

Since the September 11, 2001 terrorist attacks on the U.S., Ohio has placed a greater emphasis on emergency preparedness and assistance. ODA has a plan to maintain and support its operations during an emergency, as well as a policy that outlines the expectations of AAAs in the event of disasters or health emergencies. ODA requires AAAs to have a written plan applicable to most emergencies that will ensure continued services to older adults. The policy acknowledges natural and man-made disasters, as well as communicable disease outbreaks such as an influenza pandemic.

ODA has a long-established relationship with the Ohio Emergency Management Agency (OEMA) and other partners including the Ohio Citizens Corps, Voluntary Organizations Active in Disaster and the American Red Cross. ODA represents the needs and interests of the aging network in the development of OEMA’s state plan. During state and federal disasters, ODA responds to the needs of older adults at the Ohio Emergency Operation Center. ODA also serves on the OEMA Severe Weather Awareness Committee, is partnering with other state agencies in planning for National Preparedness Month and participates on ODH’s Pandemic Flu Advisory Committee.

In 2006, ODA, OEMA, Ohio Legal Rights, and the Ohio Governor’s Council on People with Disabilities comprised Ohio’s delegation to the *Working Conference on Emergency Management and Individuals with Disabilities and the Elderly* in Washington, D.C. What stood out for the Ohio delegation was the functional

Section 3: Ohio Programs and Services

“The functional needs approach is the basis for an emergency management Be Prepared Kit for Ohioans with daily functional needs. The kit includes checklists for the home and shelter along with important contacts and documents.”

“ADRN is a collaborative effort to develop one-stop shops in the community ... as the entry point to the long-term care support system.”

needs approach that espouses planning based on “essential functional needs: maintaining functional independence, communication, supervision, medical and transportation.” This has become the basis for disaster planning in Ohio because it encompasses persons with functional limitations, regardless of age or disability, as well as other disadvantaged groups.

The functional needs approach is the basis for an emergency management *Be Prepared Kit* for Ohioans with daily functional needs. The kit includes checklists for the home and shelter along with important contacts and documents. It was endorsed by ODA, ODH, Ohio Department of Mental Retardation/Developmental Disabilities, ODDC, Governor’s Council on People with Disabilities and University Centers for Excellence in Developmental Disabilities at The Ohio State University and University of Cincinnati. ODA distributed more than 50,000 kits through AAAs and PAAs for consumers and providers.



During the past four years, ODA and Ohio’s aging network helped older adults recover from six federally-declared disasters for severe storms, flooding, straight line winds and winter storms. In 2006, ODA applied for and received AoA disaster assistance grants to support flood recovery efforts in Lucas County.



Ageing and Disability Resource Network (ADRN) and Connect Me Ohio (CMO)

ADRN is a collaborative effort to develop one-stop shops in the community to help people make informed decisions about their support and service options, as well as serve as the entry point to the long-term care support system. ODA is partnering with the Western Reserve Area Agency on Aging and Cleveland-area organizations to develop Ohio’s first ADRN. This network will create a seamless service experience for older Ohioans and people

Section 3: Ohio Programs and Services

with disabilities who will access the network through telephone, Internet and in person.

ADRN and CMO complement each other to more efficiently and effectively benefit Ohio consumers. CMO is an accessible Web site for consumers, caregivers and providers who need up-to-date information about programs and services pertaining to aging and disabilities, regardless of age or where one lives. ODA developed CMO with funds provided through a CMS *New Freedom Initiatives: Real Choice Systems Change Grant*.



2007 Elder Caregiver of the Year Nancy Meacham with her 98 year old mother, Esther

Caregiving

The baby boom generation is also called the sandwich generation because not only do many care for their own children, in some cases they also care for older adults or parents with disabilities, grandparents or spouses. Family members and other informal caregivers truly are the backbone of the long-term care system for older Ohioans and those with disabilities. Nationally, caregivers provide more than \$250 billion in services for their loved ones each year. Caregiving describes any situation in which one individual helps another with essential activities of daily living, including assisting with dressing and bathing, grocery shopping, managing money, providing transportation, dressing wounds, administering medication and coordinating care.

Elder Care

Taking care of an aging loved one can be rewarding, but is also physically and emotionally stressful. The aging network supports the efforts of Ohioans who give their time and energy to elder caregiving.

- The **National Family Caregiver Support Program (NFCSP)** provides five basic services for caregivers: information about available services and assistance in gaining access to them; individual counseling; support groups; training to assist in making decisions and solving problems related to caregiving roles; and respite care and limited supplemental services to augment and support the care provided by caregivers. NFCSP services vary but may include support from home health aides and nurses; help with shopping, cooking and

Section 3: Ohio Programs and Services

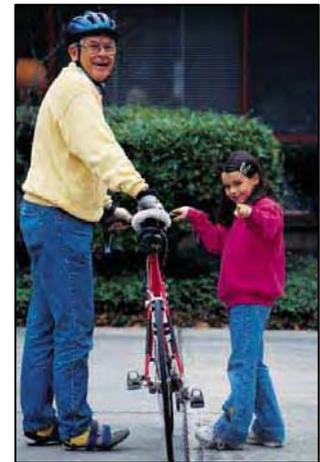
cleaning; home maintenance and repair; chore; meals; transportation; adult day; senior centers; support groups and legal and financial assistance.

- The **Alzheimer's Respite Care Program** provides temporary care for an Alzheimer's patient to give family members and other caregivers time to attend to their own personal needs. Care of an Alzheimer's patient is the most difficult form of family help. It produces the most strain for caregivers and has the largest negative effect on family employment, lifestyles and relationships. Alzheimer's services include respite through personal care, homemaker, adult day and visiting; case management and Care Coordination programs; Alzheimer's education programs and Alzheimer's association core services.
- **Adult Day Services (ADS)** are community-based group programs that address the daytime needs of functionally or cognitively impaired adults in a structured protective setting. ADS programs also provide respite to family caregivers and complement home- and community-based long-term services to provide an alternative to institutional care and rehabilitation.

Kinship Care

In Ohio and around the country, grandparents increasingly are serving as primary caregivers to their grandchildren. In 10 percent of Ohio households with children, grandparents are the primary guardians or caregivers. The average age of a grandparent raising a grandchild is 55, and nearly one in six is age 65 and older. Half of these grandparents provide care for more than one grandchild.

As primary caregivers, grandparents often face formidable challenges. More than half have annual household incomes below \$30,000 and 25 percent have incomes under \$15,000. Nine percent receive child support, 14 percent receive financial support from public assistance and 8 percent receive Social Security for the child. A statewide task force developed recommendations and initiatives to support these unique



“In 10 percent of Ohio households with children, grandparents are the primary guardians or caregivers... AAAs help residents identify kinship care services designed to support families such as legal and financial advice, support groups, training and more.”

Section 3: Ohio Programs and Services

“Ohio offers different options - from care in the home to nursing facility care - that give older Ohioans the freedom to access the most appropriate services in the settings they prefer.”

families. AAAs help residents identify kinship care services designed to support families such as legal and financial advice, support groups, training and more.



Long-term Supports and Services

For many older Ohioans, there comes a time when they need a level of care that they cannot provide for themselves. Ohio offers different options - from care in the home to nursing facility care - that give older Ohioans the freedom to access the most appropriate services in the settings they prefer. The



aging network helps Ohioans understand their options for care and advocates for them as consumers of long-term care services.

Access to Services

Deciding how to best and most safely meet the needs of a loved one can be emotional and stressful. The Pre-Admission Screening System (PASS) is the aging network's front door for information about long-term care choices.

- **Screening** assistance can be conducted over the telephone or by mail. It provides individuals, families and caregivers with information and links to resources that meet their needs. A free, in-person visit can also be scheduled.
- **Assessments** are conducted by professional nurses and licensed social workers to discuss, in-depth, long-term care needs and options available. Professional assessments not only provide some emotional relief but also help prevent unnecessary or inappropriate institutionalizations and promote lower-cost homecare or alternatives.
- **Long-term care consultations** help ensure individuals and their families have explored all feasible options and alternatives in order to make an informed decision about the best setting in which to receive care. This process is required

Section 3: Ohio Programs and Services

for certain individuals seeking admission to a nursing facility, but is also available to anyone who requests it.

- Any person seeking admission into a nursing facility must receive a **Pre-Admission Screening and Resident Review (PASRR)**, which identifies the need for services related to mental health or mental retardation and developmental disabilities. The review helps ensure that needed services are available in the individual's preferred setting.
- **Level of care (LOC)** is a determination of an individual's functional ability and is required for any person seeking Medicaid payment for nursing facility services. A LOC determination is an integral part of determining the facility type (or certain waivers) for which Medicaid vendor payment can be made.



“The aging network provides a blend of home- and community-based services and supports that help older Ohioans address an array of functional needs and remain safely in their homes.”

Help at Home

Most older Ohioans prefer to live independently in their own homes and communities, surrounded by family and friends, for as long as they can. But when their health is not quite what it had been, they may find they need help with daily activities such as bathing, cleaning and cooking.

However, this does not mean the end of their independence. The aging network provides a blend of home- and community-based services and supports that help older Ohioans address an array of functional needs and remain safely in their homes. Services include respite care, personal emergency response systems, adult protective, transportation and more. Availability and cost vary by region.

Homecare, at one quarter the cost of institutional care, is the most cost-effective option available.

Older Ohioans can either private pay an in-home healthcare professional or they can use long-term care insurance. If an individual cannot afford to pay for help in their home and they are eligible for Medicaid, they may be able to take advantage of the Pre-Admission Screening System Providing



Section 3: Ohio Programs and Services

“The PASSPORT Medicaid Waiver Homecare Program enables more than 30,000 older adults to stay at home and postpone or avoid nursing home placement by providing them with in-home services.”

“The Choices Medicaid Waiver Program provides home- and community-based supports and services to older Ohioans... The consumer is the employer of record for individual providers, and is responsible for hiring, firing, training and completing all necessary tax forms and payroll duties for these workers.”

Options and Resources Today (PASSPORT) or Choices Medicaid Waiver programs.

- The **PASSPORT Medicaid Waiver Homecare Program** enables more than 30,000 older adults to stay at home and postpone or avoid nursing home placement by providing them with in-home services. In addition, individuals currently residing in nursing facilities now can take advantage of priority PASSPORT enrollment. All PASSPORT consumers must be Medicaid eligible, age 60 and older and need a nursing home level of care.

A case manager designs a care plan for PASSPORT consumers by arranging the most appropriate mix of in-home services to meet their needs. Services include personal care, homemaker, home-delivered meals, adult day, independent living assistance, medical transportation, social work and counseling, emergency response systems, home chores and repairs, medical supplies and equipment and adaptive and assistive equipment.

- The **Choices Medicaid Waiver Program** provides home- and community-based supports and services to older Ohioans. Providers can be agency or non-agency professional caregivers or individual providers such as friends, neighbors or some relatives (e.g., spouses, parents and step-parents; legal guardians are ineligible). The consumer is the employer of record for individual providers, and is responsible for hiring, firing, training and completing all necessary tax forms and payroll duties for these workers. A fiscal employer agent is utilized to assist the consumer with the financial aspects of the program.

Choices is available to current PASSPORT consumers in the central and southern Ohio regions served by AAAs based in Columbus, Marietta and Rio Grande.

Assisted Living

Some older Ohioans may find that they cannot remain safely at home, but still do not require the around-the-clock care of a nursing home. For them, an assisted living facility may be the answer. Assisted living communities are designed for individuals who cannot function in an independent living environment, but do not need nursing care on a daily basis. Such communities usually

Section 3: Ohio Programs and Services

“The Assisted Living Medicaid Waiver Program allows up to 1,800 consumers on Medicaid who need more help than in-home care can provide, or who no longer require nursing home care, to access needed care in residential care or assisted living facilities.”



“The Program for All-inclusive Care for the Elderly (PACE) is a managed care model that provides Ohioans age 55 and older with all their needed health and medical care and ancillary services in acute, sub acute, institutional and community settings.”

offer help with bathing, dressing, meals and housekeeping. The amount of help provided depends on individual need. Ohio licenses these facilities as residential care facilities and assisted living is used for the waiver program.

- The **Assisted Living Medicaid Waiver Program** allows up to 1,800 consumers on Medicaid who need more help than in-home care can provide, or who no longer require nursing home care, to access needed care in residential care or assisted living facilities.
- **Residential State Supplement (RSS)** provides a monetary supplement to 2,000 low-income adults with disabilities who do not require nursing home care. The supplement, along with the consumer's income, pays for an approved living arrangement that provides room, board and accommodations such as laundry and housekeeping services. These consumers also receive a Medicaid card and case management services. To be eligible for RSS, consumers must be determined financially eligible by the local county department of job and family services, and need, at a minimum, a protective level of care.

Comprehensive Care

- The **Program for All-inclusive Care for the Elderly (PACE)** is a managed care model that provides Ohioans age 55 and older with all their needed health and medical care and ancillary services in acute, sub acute, institutional and community settings. Services include primary and specialty care, adult day health, personal care, inpatient hospital, prescription drug, occupational and physical therapies and nursing home care. Ohio has PACE sites in Cincinnati managed by Tri-Health/Senior Link, and one in Cleveland, managed by Concordia Care. These sites pool resources to pay for whatever services consumers need, including those not otherwise covered by Medicare or Medicaid. This flexibility enables consumers to be proactive.

Long-term Care Facilities

While most people would prefer to stay in their own homes as they get older, there may come a time when their needs can be safely met only in a nursing facility where they can receive all their

Section 3: Ohio Programs and Services

“The Ohio Long-term Care Consumer Guide is an online, interactive resource that helps more than 8,720 consumers, family members and professionals each month search for the appropriate facility to meet an individual’s needs.”

needed health and medical care. About 1,000 nursing homes and facilities are licensed by ODH and provide nearly 100,000 beds for the care of Ohio residents. Nursing facilities serve older Ohioans and others needing or desiring more medical services than those available through home care, assisted living and other options.

- The **Ohio Long-term Care Consumer Guide** is an online, interactive resource that helps more than 8,720 consumers, family members and professionals each month search for the appropriate facility to meet an individual’s needs. It includes comparative data about the nursing homes and residential care facilities in the state, including regulatory performance from ODH, results from consumer satisfaction surveys and self-reported data about facility policies, staffing levels, special care services and more. With a new search function, consumers may use the guide to locate facilities participating in the Assisted Living Medicaid Waiver Program.



Help for People Receiving Long-term Care

All older adults deserve not only the level of care that they need, but also to remain safe from abuse, neglect and exploitation. ODA supports the work of several services and programs designed to protect older adults.

Long-term Care Ombudsman Program

Ohio’s Office of the State Long-term Care Ombudsman is a large group of trained professionals and volunteers that include the state office and 12 RLTCOPs designated by the State Long-term Care Ombudsman. These paid and volunteer ombudsmen advocate for consumers receiving home care, assisted living and nursing home care by resolving complaints about services, helping select providers and providing information about benefits and consumer rights.

Section 3: Ohio Programs and Services



Beverley Laubert, Ohio's State Long-term Care Ombudsman and President of the National Association of Long-term Care Ombudsmen, talks with Dan Jimison, a long-term care facility resident.

Ombudsmen provide a voice. While they have no legal authority to enforce the law, they can help long-term care consumers by investigating issues and working with other state and local agencies that can take legal action, if necessary, to correct or improve situations. Three main services are offered by the office: complaint investigation and resolution; education and information and advocating consumer rights. The office works to identify issues affecting the rights of long-term care consumers. Federal OAA funds are used for various activities designed to prevent elder abuse, neglect and exploitation and assist victims.

Adult Protective Services

Ohio laws require county departments of job and family services to investigate reported abuse of people age 60 and older, and some offices may investigate reports of abuse of vulnerable adults under age 60. Through policy advocacy, outreach and assistance, ODA and the aging network actively support this mission to protect older Ohioans from physical, sexual, emotional and financial abuse or neglect.

Legal Services

Skilled aging network professionals help older adults with personal legal problems on a variety of topics. Limited legal advice or referral to an elder law attorney can be obtained through the legal hotline for older Ohioans funded by AoA grants. The Office of the State Long-term Care Ombudsman may also be able to answer fundamental questions about legal rights and services.

Medication Aide Pilot

Ohio's General Assembly established a pilot program to determine the safety and financial implications of using certified medication aides to administer medications to residents in nursing homes and residential care facilities. The Ohio Board of Nursing was charged with implementing the program, and was directed to evaluate the pilot program and report to the legislature. The Office of the Long-term Care Ombudsman and the Ohio Association of Regional Long-term Care Ombudsmen (OARLTCO) served on the advisory council with other stakeholders to draft rules and a training curriculum for the program and worked with other organizations to

Section 3: Ohio Programs and Services

effect a change in the law to extend the pilot, allowing for more effective evaluation.



Resident Protection Fund

The Office of the State Long-term Care Ombudsman obtained \$1.23 million from the resident protection fund to develop the ombudsman volunteer program and for regional program resource development. As a result, Ohio's volunteer corps has grown significantly and remains consistently over 550. The office also advocated for funds to support dementia care training for nursing home staff. The 2008 - 2009 biennium budget includes \$1.2 million to support ombudsman work with nursing home resident and family councils.

Outreach

Events

The involvement of Ohio's older adults in their communities as leaders, volunteers and caregivers is a vital part of what makes Ohio a great place to live. ODA hosts and promotes several special events throughout the year to recognize the varied and important contributions of older adults and others.

“ODA hosts and promotes several special events throughout the year to recognize the varied and important contributions of older adults and others.”

- **Joined Hearts in Giving** honors Ohioans married 40 years and longer who share a commitment to volunteerism. Couples are recognized at a reception, hosted by Ohio's First Lady to commemorate Valentine's Day each February.



2007 Joined Hearts in Giving Honorees Melvin and Mildred Smith with First Lady Frances Strickland and ODA Director Barbara E. Riley

- **Elder Caregiving Awards** are given to family members and other informal caregivers who truly are the backbone of Ohio's long-term care system. Each year the

Section 3: Ohio Programs and Services

“Ohio Senior Citizens Hall of Fame recognizes and celebrates outstanding older Ohioans for their achievements and contributions to others; the roles they play in their communities, state and nation and what they do to promote productive and enjoyable lives.”

Governor, ODA and the Ohio Association of Area Agencies on Aging (OAAAA) honor devoted caregivers for their work.

- **Ohio Senior Citizens Hall of Fame** recognizes and celebrates outstanding older Ohioans for their achievements and contributions to others; the roles they play in their communities, state and nation and what they do to promote productive and enjoyable lives. Since 1977, more than 300 individuals have been inducted for contributions toward the benefit of humankind after age 60, or for a continuation of efforts begun before that age.



2007 Ohio Senior Citizens Hall of Fame Inductees

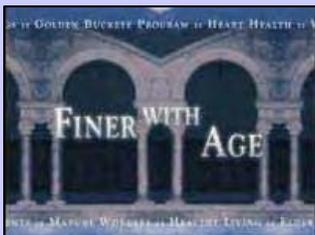
- **Governor’s Conference on Aging** focuses on a central theme facing the aging network. Issues addressed at conferences include older adults in the workplace, caregiver support, age-friendly communities and much more.

Publications and Electronic Outreach

As baby boomers age, they expect to be as informed as they have been in the past, not only through printed publications, but also through the latest electronic media. ODA strives to provide information in different formats to reach as broad an audience as possible.

- **Aging Connection** is a monthly newsletter for professionals in the aging network that highlights the latest policy and advocacy efforts to affect older Ohioans, and provides a wealth of information and resources for those who care for and serve them.
- **Aging Issues** is a monthly column to media outlets that discusses topics older Ohioans and their families and caregivers should consider to live long, healthy and productive lives.

Section 3: Ohio Programs and Services



“Finer With Age is a monthly, half-hour cable television talk show that highlights Ohio’s services and benefits and other topics of interest for older adults...”

“GoldenBuckeye.com is ODA’s Web site that provides information about Ohio’s aging supports and services. Special sections address the needs of Ohio older adults, their families and caregivers, the aging network and legislators.”

- **Finer With Age** is a monthly, half-hour cable television talk show that highlights Ohio’s services and benefits and other topics of interest for older adults, as well as introduces viewers to Ohioans who exemplify the notion that indeed one does get “Finer with Age.”

Web Sites

- **GoldenBuckeye.com** is ODA’s Web site that provides information about Ohio’s aging supports and services. Special sections address the needs of older Ohioans, their families and caregivers, the aging network and legislators.
- **ConnectMeOhio.org** provides information for Ohio consumers, caregivers and providers who need up-to-date information about programs and services pertaining to aging and disabilities. The Web site can also help service providers find out about programs or services that are available for people who are moving to another part of the state.
- **LTCOhio.org**, the Ohio Long-term Care Consumer Guide, provides information about nursing homes and assisted living facilities to help consumers, family members and professionals search for and compare appropriate facilities to meet an individual’s needs. Ohio’s site was the first of its kind to display resident and family satisfaction data.
- **BenefitsCheckUp.org** is an interactive questionnaire that helps thousands of people every day connect to private or government programs that help pay for prescription drugs, health care, utilities and other needs.
- **OhioBestRx.org** is the source for information on Ohio’s Best Rx Program (OBRx). Visitors can find participating pharmacies, get sample drug prices or apply for an OBRx card online. Golden Buckeye cardholders have automatic access to the program.
- **Ohio.NetworkOfCare.org** is a free statewide resource that connects individuals, families and agencies concerned with mental and emotional wellness to critical information, communication and advocacy tools. The site also helps users monitor their own emotional and psychiatric symptoms to avoid unhealthy habits or behavior patterns.

Section 3: Ohio Programs and Services

- **OhioHousingLocator.org** is a Web-based housing registry that provides searchable information on affordable, accessible rental housing throughout Ohio, as well as links to other housing options and resources. Landlords can register their property for free.



Section 4: State Plan Process

The Ohio State Plan on Aging, 2008 - 2011 was developed to comply with requirements established in Sections 305, 306, 307, 308, 373 and 705 of the Older Americans Act (OAA) of 1965 as amended in 2006. The plan follows guidance provided by the Administration on Aging (AoA) in Program Instruction AoA-PI-07-01 and includes all assurances, provisions, information and intrastate funding formula requirements.



“AAAs developed strategic area plans that foster creativity on the part of AAAs and involvement of consumers, their families and caregivers, older adults in general, service providers and the public.”

Area Plans

Preliminary work on the state plan began in 2004. As a first step, the Ohio Department of Aging (ODA) met with representatives of area agencies on aging (AAAs) in November 2004, and again in January 2005, to solicit and finalize input on requirements outlined in the OAA and discuss other elements of the area plan process. These meetings resulted in a streamlined strategic area plan format for the four-year period 2007 - 2010.

Section 306 of the OAA and ODA Policy 204.00: Area Plan require AAAs to develop strategic plans. These plans set the stage for AAA direction at two levels. The first level, which is strategic in nature, describes how AAAs reach conclusions and develop goals and objectives for the planned period. The second level, also known as operational elements, involves annual updates for each year of the area plan.

AAAs developed strategic area plans that foster creativity and involvement of consumers, their families and caregivers, older adults in general, service providers and the public. They employed a variety of approaches to garner this valuable input:

- Needs assessment activities
- Consumer satisfaction surveys
- Service provider surveys
- Analysis of local resources
- Meetings with local, regional, state and federal government officials
- Focus groups on specific aging issues
- Meetings with AAA advisory councils and governing bodies
- Public forums
- Agency retreats
- SWIP (strengths, weaknesses, issues and positions) analyses
- Surveys of best practices and priorities from other states

Section 4: State Plan Process



“ODA staff from all levels and divisions were involved during the agency readiness process.”

State Plan

Section 307 of the OAA requires that, in setting strategic direction for Ohio, ODA consider area plans developed by AAAs. ODA again chose to develop a four-year state plan (versus two- or three-years), and implement it for the new period 2008 - 2011. Service needs and gaps, environmental scans and SWIP analyses from area plans were key elements ODA used to conduct its own strategic analysis and develop the plan.

Agency Readiness

The Older Americans Act Programs Division (OAAPD) has overall responsibility for planning, developing and submitting the state plan. Once the plan is approved by AoA, OAAPD then will track the implementation of goals and objectives. Current plan accomplishments for the strategic period 2004 - 2007 were tracked by OAAPD and are outlined in Appendix G.

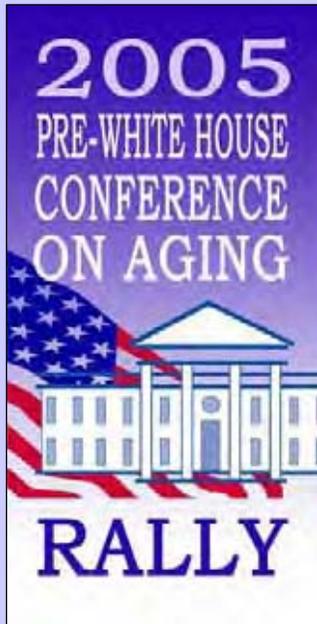
ODA staff from all levels and divisions were involved during the agency readiness process. An internal retreat was held in April 2007 with 26 key ODA staff members to streamline and prioritize 77 identified strategic issues for senior staff to consider. The overall process resulted in five strategic issues for discussion during a subsequent two-day retreat with external aging network stakeholders.

During the past four years, ODA and other state agencies initiated studies, evaluations and activities that assisted ODA in planning for the future needs of Ohio’s older population and improve the quality of programs and services offered. A brief overview and key findings and recommendations from these studies, evaluations and activities are outlined in Section 2: Environmental Scan and were used to develop and support the goals and objectives in this strategic plan.

Best Practices

In addition to analyzing trends in area plans developed by AAAs, during June and July 2006 ODA reviewed state plans from 25 other state units on aging (SUAs). ODA was especially interested in learning how states promote the principles and strategies of Choices for Independence; how aging and disability resource centers are launched and utilized; which practices best promote

Section 4: State Plan Process



“Ohio’s Pre-White House Conference on Aging Rally helped not only guide national policy on aging, but also further established local strategic direction for this plan.”

health disease prevention among older adults; how the Medicare Modernization Act of 2003 is implemented; and how long-term care systems are integrated into existing OAA programs and services for older adults. ODA examined both freestanding cabinet level SUAs and those housed in other state departments. Plans from Ohio’s neighboring states were of special interest as some Ohio service providers and consumers cross these borders.

Strategic Direction

Ohio’s Pre-White House Conference on Aging Rally helped not only guide national policy on aging, but also further established local strategic direction for this plan. Throughout the summer of 2005, regional partnerships from across the country - including older people, their families and caregivers, advocates and service providers - compiled and prioritized a list of the most important issues affecting older adults. The top resolutions at the conference, based on delegate voting, were reauthorization of the OAA, strengthening and improving Medicaid and Medicare programs and developing coordinated and comprehensive long-term care systems.

During spring 2007, ODA Director Barbara E. Riley toured Ohio touting strategic measures to promote consumer choice, independence and self-care while making quality home- and community-based care more accessible as a cost-effective alternative to facility-based care. Her message promoted the central strategic vision: **Cooperation + Collaboration = Success.**

Strategic direction also was reflected in Governor Ted Strickland’s commitment to Turnaround Ohio. Of major consideration is the initiative to provide Medicaid consumers with a choice of long-term care services. Director Riley is leading a group of diverse consumers, providers, advocates, policymakers and others to establish a process to create, for the first time in Ohio, a unified long-term care budget based on the philosophy that individuals’ needs should drive services available rather than funding streams and available slots.

ODA considered AoA’s broad strategic framework and priorities outlined in its *Strategic Action Plan for 2007 - 2012*. This direction changes and complements the 2006 reauthorization and modernization of the OAA, especially Medicare and Medicaid

Section 4: State Plan Process

“In May 2007, 77 key ODA, AAA, PASSPORT administrative agency (PAA), regional long-term care ombudsman program (RLTCOP) and Ohio Advisory Council for Aging representatives met in a two-day stakeholders’ retreat to further refine strategic direction.”

reform. The focus helps to strengthen Ohio’s role in advancing systemic changes in long-term care.

The Ohio Association of Senior Centers (OASC) represents more than one-quarter million older adults and has membership in most of Ohio's 88 counties. During OASC’s spring 2007 conference, more than 100 attendees had the opportunity to comment and provide input on strategic issues that ODA had narrowed from 77 to 6. Comments were also accepted via the ODA Web site.

Five Strategic Issues

1. Active and Healthy Aging
2. Caregiver Support
3. Infrastructure
4. Healthcare Workforce
5. Long-term Supports and Services

In May 2007, 77 key ODA, AAA, PASSPORT administrative agency (PAA), regional long-term care ombudsman program (RLTCOP) and Ohio Advisory Council for Aging representatives met in a two-day stakeholders’ retreat to further refine strategic direction. The retreat allowed participants to pre-register for the workgroup of interest, and all participated in a discussion of long-term supports and services facilitated by Dr. Holly I. Dabelko, a gerontological social worker and assistant professor in the College of Social Work at The Ohio State University, and Marcus J. Molea of ODA. Within workgroups, strategic issue statements were refined and goals and objectives drafted. After the retreat, and with broader input, five strategic issues and corresponding goals and objectives emerged in the areas of active and healthy aging, caregiver support, infrastructure, healthcare workforce and long-term supports and services.

ODA hosted 26 long-term supports and services focus groups with consumers and stakeholders across the state in May and June 2007 to determine service needs and gaps in the PASSPORT Program and OAA and state-funded Care Coordination Program services.

Section 4: State Plan Process

“In attendance were older adult consumers, their families and caregivers, service providers, key aging network representatives, the general public and ODA, AAA and PAA staff.”

Morning and afternoon sessions of one to one-half hour each were facilitated statewide by ODA staff at these locations:

Long-term Supports and Services Focus Groups

Date	Location	PSA	Attendance
May 8, 2007	Portsmouth	7	21
May 14, 2007	Cincinnati	1	21
May 15, 2007	Kettering	2	23
May 10, 2007	Lima	3	15
May 16, 2007	Uniontown	10B	26
May 17, 2007	Mansfield	5	22
May 22, 2007	Garfield Heights	10A	12
May 23, 2007	Sidney	2	29
May 24, 2007	Marietta	8	11
May 30, 2007	Canfield	11	26
May 31, 2007	Columbus	6	21
June 5, 2007	Cambridge	9	20
June 7, 2007	Toledo	4	23
Total Attendance			270

In attendance were older adult consumers, their families and caregivers, service providers, key aging network representatives, the general public and ODA, AAA and PAA staff. All attendees were given a toll-free telephone number to ODA to comment more privately and confidentially, if necessary.

Using the Zoomerang tool, an online survey was launched on ODA’s Web site in July 2007 for response by ODA, AAA, PAA and RLTCOP staff. Survey questions were based on results obtained from the 26 focus groups. Using a Likert scale, staff were asked how strongly they agreed or disagreed with the most frequently cited responses from focus group participants.

Section 2: Environmental Scan discusses emerging trends identified during focus groups. Feedback confirmed service needs and gaps identified in strategic area plans.

Section 4: State Plan Process

Communicating the Plan

Section 307 of the OAA requires that the public be allowed to review and comment on Ohio's state plan. ODA chose a variety of collaborative interactions between various entities to garner this input.



Ohio Advisory Council for Aging

Two representatives of this body were active participants during the stakeholders' retreat. Input was also obtained from the full council during its July 23, 2007 meeting in Wilmington, hosted by the Council on Aging of Southwestern Ohio and Clinton County Community Action. Over 70 people attended the forum, including Stasys Zukas, Ohio's AoA Region V representative, two state legislators, service providers and older adult consumers, their families and caregivers and service providers. Attendees were given the electronic link to comment via ODA's Web site.



Marc Molea and Felicia Sherman from ODA, Cindy Fisher from Council on Aging of Southwestern Ohio and Stasys Zukas from AoA Region V participate in the Ohio Advisory Council on Aging meeting.

Ohio District 5 Area Agency on Aging Advisory Council

Input was obtained from the council during its July 25, 2007 meeting in Mansfield with 44 in attendance. Marcus J. Molea of ODA presented the five strategic issues and related goals and objectives. Attendees were provided with the electronic link to comment via ODA's Web site.



Ohio Association of Area Agencies on Aging

The association is composed of the 12 AAA Directors and OAAAA Executive Director Jane Taylor. Feedback was elicited specifically from this body on several occasions, beginning in

Section 4: State Plan Process



Marc Molea, Chief of ODA's Older Americans Act Programs Division, and Duana Patton, Director of Ohio District 5 Area Agency on Aging, Inc.

September 2006, and concluding during the general public comment period. Additionally, ODA staff met several times in one-on-one settings with the Executive Director to set the agenda for the stakeholders' retreat and refine strategic issues, goals and objectives. AAA Directors and their staff will partner with ODA staff to help implement goals and objectives.

General Public

General public feedback on ODA's goals and objectives was obtained through its Web site in July and August 2007 and a blast email in August to 1,300 subscribers to Aging Connection, an ODA publication geared for aging network professionals, and 300 individuals who recently requested information about ODA programs and services. All comments received from 54 individuals are outlined in Appendix H. The majority of comments support goals and objectives. Other comments suggest partners that could be helpful in accomplishing a specific goal or objective, and provide specific tactics to accomplish specific goals and objectives. All comments will be given to committees and workgroups charged with identifying and detailing action steps to implement goals and objectives.

These are examples of the numerous comments that support overall goals and objectives:

- *I definitely think your plan is on track for the future of all of our Ohio senior citizens.*
- *I heartily support the strategic goals and objectives.*
- *Thanks for all you're doing. I know it's extremely difficult to meet all the challenges out there.*
- *I fully support your strategic plan. I feel that the problems, objectives and goals have been developed to indirectly and directly advocate for our senior community.*
- *Overall, the plan tackles the most important issues facing the aging community of Ohio and their supporters. If everything in the plan is pursued and accomplished, we as a state will be much better for it.*

Section 4: State Plan Process

These major changes to draft goals and objectives were made based on comments received.

Strategic Issue 1: Active and Healthy Aging

- **Goal 1.** ODA identified additional specific groups and entities that we plan to partner with to carry out this goal. All anticipated partners were not, and still are not, listed due to space. The intent was not to exclude any group willing to partner with ODA to increase access to health and wellness information, preventive benefits and programs.
- **Goal 1, Objective 3.** We received several comments concerning our use of the words “online tools” as a vehicle to inform and empower Ohioans to become educated healthcare consumers. ODA clarified the objective by inserting the language, “as an option.” ODA recognizes that all older Ohioans do not have access to computers, do not use them at all or are too frail to use them.
- **Goal 1, Objective 4.** We gave one example of how ODA and its partners plan to implement at least three evidence-based disease prevention and health promotion programs. ODA did not intend for the example to be limited to the one stated (Chronic Disease Self-Management Program) but did add “nutrition, falls prevention, physical activity, depression” to be inclusive of more general areas of focus.
- **Goal 2, Objective 2:** The wording “including but not limited to” was used before citing specific examples of how ODA will develop and implement an ongoing process to create and identify resources to help communities plan for and address the needs of older adults and persons with disabilities. We added “safe neighborhoods” and “elder abuse and fraud” as further examples of the types of resources that will be identified.

Strategic Issue 3: Caregiver Support

- **Goal 2, Objective 3:** The objective as written suggested that a system needed to be developed that allows caregivers to access supports and services. The word “develop” was replaced with “refine” to connote an improvement to the current system, not the development of a new one.

Section 4: State Plan Process

Strategic Issue 3: Infrastructure

- **Goal 1:** The goal was revised with language to reflect developing a “front door to a unified system of long-term supports and services.”
- **Goal 3:** Senior centers are key providers in delivering OAA funded services to older Ohioans. They were specifically added to this goal to amplify this long-time relationship.

Strategic Issue 4: Healthcare Workforce

- **Goal 1, Objective 1:** The Ohio Board of Nursing, Ohio Council for Home Care and Ohio Nurses Association were added as examples of key partners needed to create a Healthcare Workforce Center. The listing of these examples is not exhaustive.

Strategic Issue 5: Long-term Supports and Services

- **Goal 1, Objective 2:** A category to promote self-directed care was added among long-term care strategies.
- **Goal 2, Objective 1:** Text was changed from “PASSPORT waiver” to “Medicaid home- and community-based service waivers” to reflect that more than one of these type waivers will need to be renewed during this plan period.
- **Goal 2, Objective 2:** The wording “existing aging network infrastructure and” was added to amplify the aging network partnership.
- **Goal 3, Objective 3:** This new objective was added to promote Ohio’s Long-term Care Insurance Partnership Program.
- **Goal 4, Objectives 3, 4 and 5:** The modifier “strong” before “front door” was removed and now just “front door” is used. To some commenters, the “strong” conveys an image of a door that will keep persons out rather than one that is capable of accommodating entry for many and would be open and welcoming.

Section 4: State Plan Process

Implementing the Plan

Ohio's plan was developed through much collaboration and interaction among various entities and stakeholders, including older adult consumers and their families and caregivers. ODA is now poised to implement the goals and objectives developed through this interactive process and outlined in Section 5: 2008-2011 Strategic Issues, Goals and Objectives. More detailed action steps to take during implementation will be identified by workgroups for each goal. OAAPD staff will track goal attainments and publish accomplishments in the 2012 - 2015 strategic plan.

Section 5: Goals and Objectives, 2008 - 2011

“These five strategic issues support our mission and vision for 2008 – 2011.”

This section contains strategic issues, goals and objectives that the Ohio Department of Aging (ODA) and Ohio’s aging network propose to address and accomplish during the 2002 - 2011 strategic plan period. The strategic issues, goals and objectives are supported by demographic trends and service needs highlighted in Section 2: Environmental Scan and developed based on stakeholder and consumer input outlined in Section 4: State Plan Process. They are also consistent with Governor Strickland’s Turnaround Ohio Plan and long-term care systems change.

These ambitious goals and objectives can only be accomplished in partnership with other state agencies, Ohio’s aging network and other entities identified within specific goals and objectives.

ODA will either assign goals and objectives to existing committees and workgroups or form new committees and workgroups to develop tactics and plans to implement or pursue each goal and objective. Objectives are followed by the anticipated federal fiscal year ODA has targeted to address the goals and objectives.

These five strategic issues support our mission and vision for 2008 – 2011:

- 1: Active and Healthy Aging** - Foster, develop and enhance programs, services and communities that support active and healthy aging by empowering individuals to pursue and maintain a high quality of life.
- 2: Caregiver Support** - Promote and expand programs, resources and services to support family and other informal caregivers.
- 3: Infrastructure** - Ensure program efficiency, integration, quality and coordination.
- 4: Healthcare Workforce** - Ohio’s healthcare and long-term care workforce are experiencing a shortage of qualified healthcare workers that is expected to extend into the future.
- 5: System of Long-term Supports and Services** - Ensure a seamless, comprehensive and unified system of long-term supports and services that provide consumer choice.

Section 5: Goals and Objectives, 2008 - 2011

Strategic Issue 1: Active and Healthy Aging

Foster, develop and enhance programs, services and communities that support active and healthy aging by empowering individuals to pursue and maintain a high quality of life.

Goal 1:

Develop partnerships among state agencies, the aging network, homecare agencies, public health systems, behavioral health networks, nutrition programs, community and faith-based organizations and consumer groups to increase access to health and wellness information and preventive benefits and programs.

Objectives:

1. Organize and conduct a health and wellness summit of consumers and stakeholders to develop a plan that supports active and healthy aging and Governor Strickland's Healthy Ohio initiative. (FFY 2008)
2. Develop outreach strategies to inform and empower Ohioans, especially underserved and at-risk populations, to become educated healthcare consumers. (FFY 2008 - 2009)
3. Promote the development and use of online tools (e.g., BenefitsCheckUp, ConnectMeOhio, MyMedicare.gov) as an option for informing older Ohioans and their caregivers about benefits and programs for which they may be eligible. (FFY 2008 - 2011)
4. Develop a statewide training infrastructure to support local implementation of at least three evidence-based disease prevention and health promotion programs (e.g., chronic disease self-management, physical activity, nutrition, falls prevention, depression). (FFY 2008 - 2009)
5. Develop strategies to identify, seek and secure funding to support disease prevention and health promotion programming. (FFY 2008 - 2009)
6. Increase consumer participation in Ohio's Best Rx Program and identify enhancements that will result in program self-sufficiency. (FFY 2008 - 2009)

Section 5: Goals and Objectives, 2008 - 2011

Goal 2:

Provide leadership and resources to foster the development of senior-friendly livable communities and businesses throughout Ohio.

Objectives:

1. Develop marketing and outreach materials that promote senior-friendly communities and businesses. (FFY 2008)
2. Develop and implement an ongoing process to create and identify resources (e.g., checklists, training) that will help communities plan for and address the needs of older adults and persons with disabilities, including but not limited to, transportation, housing, infrastructure, recreation, healthcare, safe neighborhoods, elder abuse and fraud, disaster preparedness and supportive services needs. (FFY 2008)
3. Develop and implement an ongoing process to create and identify resources (e.g., checklist, demographics, market data) that will help businesses understand and meet the needs of a diverse and growing population. (FFY 2008)
4. Develop strategies to increase the availability of, and access to, legal services targeted to the needs of older Ohioans and their caregivers. (FFY 2008 - 2009)
5. Develop a Web-enabled information access point of lifelong learning resources (e.g., universities and colleges that allow Ohioans age 60 and older to attend classes at no cost). (FFY 2009)
6. Develop strategies in partnership with the Ohio Board of Regents and other key stakeholders to expand lifelong learning opportunities to older adults, including the dissemination and implementation of best practices among educational entities. (FFY 2008 - 2009)

Goal 3:

Ensure older Ohioans have the opportunity for continued participation in the workforce and in their communities.

Objectives:

1. Evaluate the Senior Community Service Employment Program's (SCSEP's) current service delivery structure and determine if the program is meeting established performance outcomes as well as the needs of older workers and, if necessary, implement program improvements. (FFY 2008)
2. Work with partner agencies and organizations to implement the strategic goals and objectives established by Ohio's Senior Civic Engagement Policy Academy Team to support

Section 5: Goals and Objectives, 2008 - 2011

employment of older adults, volunteerism and lifelong learning. (FFY 2008 - 2009)

3. Collaborate with the Ohio Workforce Policy Advisory Board to create and seek funding for a Mature Worker Council within the policy board. (FFY 2008)
4. Develop and implement a process to create and identify resources that can help employers attract mature workers and support working caregivers. (FFY 2008 - 2009)

Strategic Issue 2: Caregiver Support

Promote and expand programs, resources and services to support family and other informal caregivers.

Goal 1:

Promote the aging network as the leading resource for caregivers to gain earlier access to services and information.

Objectives:

1. Develop and disseminate a unified message statewide promoting caregiver supports and services (e.g., statewide brochure, one toll-free number, media campaign). (FFY 2008)
2. Develop statewide population-specific marketing strategies to facilitate caregiver self-identification (e.g., grandparents, spouses, working adults, people with disabilities, sponsors of facility residents). (FFY 2008)
3. Identify and share the best caregiver outreach and marketing methods for educating caregivers and the general public (e.g., technology, Web sites). (FFY 2008 - 2011)

Goal 2:

Increase the utilization of caregiver supports and services by improving access to resources for targeted populations.

Objectives:

1. Achieve a 10 percent increase in caregivers, including targeted populations, who utilize caregiver supports and services. (FFY 2011)
2. Establish caregiver program outcomes that focus on quality of life, quality of service and customer satisfaction. (FFY 2009)

Section 5: Goals and Objectives, 2008 - 2011

Goal 3:

Provide a comprehensive array of support and respite services for caregivers.

3. Refine the system to allow caregivers to better access an array of caregiver supports and services with one contact (e.g. Web, telephone, in-person). (FFY 2009 - 2010)

Objectives:

1. Expand working partnerships and build coalitions to increase funding for respite services.
2. Seek funding to create new volunteer respite programs targeted to the needs of primary caregivers. (FFY 2008 - 2011)
3. Support the development of flexible service options (e.g., family-directed care programs, voucher payment systems). (FFY 2008 - 2011)
4. Develop strategies to support the distribution of information on long-term care ombudsman services and supports to family and other informal caregivers. (FFY 2008)

Strategic Issue 3: Infrastructure

Ensure program efficiency, integration, quality and coordination.

Goal 1:

Develop one core information system that supports the front door to a unified system of long-term supports and services and is flexible enough to accommodate Medicaid requirements, local senior services property tax levies, Older Americans Act, Senior Community Services, managed care and future programs.

Objectives:

1. Investigate creative and efficient means of acquiring funds and resources for implementation. (FFY 2008)
2. Establish a workgroup of key stakeholders to address research and implementation issues. (FFY 2008)
3. Acquire an information system that is able to support and track ongoing opportunities for new programs and their requirements. (FFY 2009 - 2011)

Section 5: Goals and Objectives, 2008 - 2011

Goal 2:

Develop and implement a quality management system that is cost- and process-efficient and provides value and accountability to consumers, taxpayers and other stakeholders.

Objectives:

1. Establish a quality management committee representing key state and regional stakeholders to determine elements and implementation of a quality management system. (FFY 2008 - 2010)
2. Integrate, where appropriate, elements of the Centers for Medicare and Medicaid Services' Quality Framework with non-Medicaid programs. (FFY 2008 - 2010)
3. Develop statewide consumer outcomes with benchmarks across and within programs. (FFY 2009 - 2011)
4. Develop a performance- and quality-based provider contracting system. (FFY 2009 - 2011)
5. Establish a quality indicator system for business operations. (FFY 2009 - 2011)
6. Establish mechanisms to share aging network best practices, including clinical and business operations. (FFY 2008 - 2011)

Goal 3:

Implement a joint ODA, AAA, RLTCOP, clinicians and service provider, including senior centers, process to review the effectiveness of current programmatic policies and practices to enhance and modernize the delivery of Older Americans Act and related state-funded services.

Objectives:

1. Educate historic partners and other significant stakeholders about the changing needs of Ohio's diverse older population and trends in service delivery. (FFY 2008 - 2011)
2. Convene a workgroup of ODA, AAA, RLTCOP, clinicians and service provider representatives to establish a process to make recommendations to ODA and, if applicable, to the Administration on Aging on how to enhance and modernize service delivery systems. (FFY 2008)
3. Identify and eliminate five or more administrative and programmatic barriers that add cost but do not add value or enhance services to consumers. (FFY 2008 - 2011)
4. Maximize coordination between programs and, where appropriate, encourage integration among programs. (FFY 2008 - 2011)
5. Establish measurable outcomes to determine the effectiveness of policies and practices. (FFY 2008 - 2011)

Section 5: Goals and Objectives, 2008 - 2011

Strategic Issue 4: Healthcare Workforce

Ohio's healthcare and long-term care workforce are experiencing a shortage of qualified healthcare workers that is expected to extend into the future.

Goal 1:

Ensure that Ohio's healthcare and long-term care systems have professional and direct-service workers sufficient in number and skill to serve all Ohioans.

Objectives:

1. Collaborate with other state and provider organizations (e.g., Ohio Board of Nursing, Ohio Council for Home Care, Ohio Nurses Association) to facilitate the creation of a Healthcare Workforce Center. (FFY 2008 - 2009)
2. Seek and secure funding to create a position of Direct Care Workforce Specialist within ODA. (FFY 2008 - 2009)
3. Collaborate with the Ohio Department of Health and Boards of Regents and Nursing to facilitate statewide implementation of a healthcare career lattice/work-based learning model for Ohio. (FFY 2008 - 2009)
4. Collaborate with other state agencies, educational institutions and professional associations to develop strategies to recruit students into gerontology and geriatric healthcare specialties. (FFY 2008 - 2010)
5. Determine what role SCSEP can play in supporting the development of Ohio's healthcare and long-term care workforce. (FFY 2008)

Strategic Issue 5: System of Long-term Supports and Services

Ensure a seamless, comprehensive and unified system of long-term supports and services that provide consumer choice.

Goal 1:

Develop a statewide long-term care strategy.

Objectives:

1. Convene a task force of stakeholders and consumers to develop, advocate for and guide the implementation of a statewide long-term care strategy. (FFY 2008)

Section 5: Goals and Objectives, 2008 - 2011

Goal 2:

Improve and expand choice and access to long-term supports and services within the PASSPORT, Choices and Assisted Living Medicaid home- and community-based waivers.

2. Draft a long-term care strategy that includes, but is not limited to, implementation of a unified long-term care budget; integration of long-term care, managed-care and acute health care systems; promotion of strategies that encourage self-directed care and inclusion of strategies and interventions developed through the Money Follows the Person grant. (FFY 2008)
3. Develop a mechanism to gather public input and comment on the draft strategy. (FFY 2008)
4. Identify any law or policy changes and approvals needed to implement the long-term care strategy and, if necessary, initiate legislative action. (FFY 2008)
5. Implement the statewide long-term care strategy. (FFY 2008 - 2011)

Objectives:

1. Renew the Medicaid home- and community-based service waivers to ensure that the initiatives in the 2008 - 2009 biennium budget are implemented and the waiver reflects the service needs of consumers. (FFY 2008 - 2009)
2. Manage the waiver programs at the state and local levels to effectively use existing aging network infrastructure and available funding to support full enrollment and no waiting lists. (FFY 2008 - 2011)
3. Continue the commitment to fully fund the PASSPORT Program. (FFY 2008 - 2011)
4. Explore the potential of expanding the Choices waiver statewide or integrating it into the PASSPORT Program. (FFY 2008 - 2009)
5. Expand the pool of consumers who would be eligible to receive services through the Assisted Living Waiver. (FFY 2008)
6. Review the design of the current Assisted Living Waiver to identify and remove barriers for consumer and provider participation. (FFY 2008)

Section 5: Goals and Objectives, 2008 - 2011

Goal 3:

Expand choice and access to long-term care supports and services for non-Medicaid eligible consumers to prevent future reliance on Medicaid.

Objectives:

1. Develop strategies to expand access to long-term care supports and services for non-Medicaid consumers (e.g., identifying potential funding sources). (FFY 2008 - 2009)
2. Identify how the existing aging network infrastructure can be used to support expansion of supports and services to non-Medicaid populations (e.g., creation of fee-based geriatric case management programs). (FFY 2008 - 2009)
3. Promote Ohio's Long-term Care Insurance Partnership Program to Ohioans as a planning option (the partnership program links the purchase of long-term care insurance to Medicaid eligibility by enhancing Medicaid asset protections). (FFY 2008 - 2011)

Goal 4:

Establish AAAs as the front door in Ohio to long-term supports and services.

Objectives:

1. Implement statewide through AAAs the concepts of the Aging and Disability Resource Network philosophy. (FFY 2008)
2. Promote in-person AAA long-term care consultations as the vehicle to provide consumers and their caregivers with timely and reliable information about available long-term care services, supports and options. (FFY 2008 - 2011)
3. Ensure that technology is available to support the front door, including the ability to share information between AAAs, front door partners and consumers. (FFY 2008 - 2009)
4. Develop strategies to seek and secure adequate funding of the front door. (FFY 2008 - 2011)
5. Educate consumers and their caregivers about their long-term care options (e.g., services, long-term care insurance), including attracting them to the front door. (FFY 2008 - 2011)

Section 6: Assurances and Required Activities

“By signing the Verification of Intent, Director Barbara E. Riley commits the Ohio Department of Aging to performing all listed assurances and required activities.”

Older Americans Act, As Amended in 2006

By signing the Verification of Intent, Director Barbara E. Riley commits the Ohio Department of Aging to performing all listed assurances and required activities.

Assurances

Sec. 305(a) - (c), Organization

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 6: Assurances and Required Activities

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Sec. 306(a), Area Plans

The Ohio Department of Aging assures that Section 306 will be met by its 12 designated area agencies on aging.

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services -

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

Section 6: Assurances and Required Activities

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall -

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify

Section 6: Assurances and Required Activities

individuals eligible for assistance under this Act, with special emphasis on -

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

Section 6: Assurances and Required Activities

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including -

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency -

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided,

Section 6: Assurances and Required Activities

under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used -

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, State Plans

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that -

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging,

Section 6: Assurances and Required Activities

or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will -

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Section 6: Assurances and Required Activities

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Section 6: Assurances and Required Activities

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include -

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Section 6: Assurances and Required Activities

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of

Section 6: Assurances and Required Activities

community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made -

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or

Section 6: Assurances and Required Activities

advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, Planning, Coordination, Evaluation, And Administration Of State Plans

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Section 6: Assurances and Required Activities

Sec. 705, Additional State Plan Requirements (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;

Section 6: Assurances and Required Activities

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except -

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Required Activities

Sec. 307(a) State Plans

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: This subsection of statute does not require that area plans be developed prior to state plans and/or that state plans develop as a compilation of area plans.

Section 6: Assurances and Required Activities

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

Section 6: Assurances and Required Activities

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency -

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Appendix A: Chronology

- 1954** Ohio's first senior center opened in Hamilton County.
- 1959** The Ohio Association of Senior Centers (OASC) was formed as a non-profit organization to promote and support senior centers.
- 1961** Governor Michael V. DiSalle appointed the Ohio Commission on Aging (OCO A) as an ad hoc committee to study the needs of older Ohioans and provide input from Ohio at the first White House Conference on Aging (WHCoA).
- 1965** Congress passed the Older Americans Act (OAA), which created the framework for a national system of aging supports and services.
- Congress established Medicare Title XVIII and Medicaid Title XIX of the Social Security Act.
- 1966** The Ohio Division of Administration on Aging (ODAA) was created to meet the requirement in the OAA that all states establish a State Unit on Aging (SUA). It was an office within the Ohio Department of Mental Hygiene and Corrections.
- 1967** ODAA established Glendale Terrace in Toledo as the state's first congregate housing facility for low-income older adults. Worley Terrace, a second facility, was established in Columbus the next year.
- 1969** The U. S. Administration on Aging (AoA) was established.
- ODAA hosted the first Governor's Conference on Aging.
- 1971** The Homestead Exemption Act was initiated to reduce real estate taxes for Ohioans age 65 and older. Over the years, the income limit was increased, manufactured homes were included and an inflation adjustment assessed to protect those receiving the exemption from being disqualified if they receive a moderate increase in income. In 2007, new legislation exempted the first \$25,000 of the home value for all homeowners age 65 and older and those permanently disabled, resulting in an average annual saving of about \$400 per household each year.
- 1973** The first of Ohio's area agencies on aging (AAAs) was created.
- The Ohio General Assembly created the Ohio Commission on Aging (OCO A) as an independent agency within state government. Governor John J. Gilligan designated the commission as the state unit on aging, and appointed a 12-member oversight committee. Governor Gilligan tapped David C. Crowley as

Appendix A: Chronology

1973

the commission's first executive director. He was succeeded by Martin A. Janis and Joyce F. Chapple during the life of the commission.

1975

The Ohio Network of Educational Consultants in the Field of Aging (ONECA) was established as the technical advisory body to OCoA regarding matters of education and training. In 2002, ONECA changed its name to the Ohio Association of Gerontology and Education (OAGE).

The first of the state's regional long-term care ombudsman programs (RLTCOPs) was established.

1976

The Golden Buckeye Card (GBC) program became the first discount card in the nation for adults age 65 and older. Four years later, it became part of Ohio law and was expanded to include Ohioans who are totally and permanently disabled.

The General Assembly officially designated the first Tuesday each May as Senior Citizens Day.

The OCoA established Ohio's Senior Citizens Hall of Fame.

ONECA and OCoA sponsored the first annual Professional and Scientific Ohio Conference on Aging.

The Senior Community Services Employment Program (SCSEP) was established under Title V funding.

1978

A two-year study commissioned by the General Assembly culminated in the passage of the Nursing Home Residents' Bill of Rights, which served as a national model of residents' rights.

The Begala Bill created offices of geriatric medicine in state-funded medical schools and established Program 60 to enable older adults to attend college classes for free.

ONECA and OCoA sponsored the first Annual Ohio Student Conference on Aging.

Ross County voters passed Ohio's first countywide senior services property tax levy. In 2007, more than \$104 million is leveraged annually to benefit older adults in 62 of 88 counties through senior services property tax levies. Two counties also have human services levies that benefit older adults.

Appendix A: Chronology

1979

The Martin Janis Senior Center opened as Ohio's first multi-purpose senior center (MPSC) through funding provided by H.B. 1084.

1980

The federal government funded OCoA to administer Cuyahoga County's long-term care Channeling Grant, a forerunner to the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) program. OCoA was also involved in fostering another PASSPORT forerunner, Akron's PISCES project, funded by the Robert Wood Johnson Foundation.

The first funding for Home Energy Assistance Program (HEAP) outreach to older adults was initiated.

1981

The OAA expanded the scope of responsibility and authority of the nursing home ombudsman program to include board and care facilities. For the first time, states were required to have a full-time state ombudsman. RLTCOP coverage became statewide.

The Omnibus Budget Reconciliation Act (OBRA) enabled states to request waivers of certain portions of the Social Security Act from the Health Care Financing Administration. Services targeted individuals who would require institutional care. The act also allowed Medicaid coverage of home- and community-based services such as adult day services, homemaker services and home-delivered meals.

1984

The federal government approved Ohio's request for the PASSPORT Waiver Program, which was implemented as a demonstration in nine counties.

H.B. 660 promoted OCoA to the cabinet-level Ohio Department of Aging (ODA). Executive Director Chapple was appointed and confirmed as the first director.

1985

ODA received its first state funding for the Care Coordination Program and home-delivered meals, as well as the Retired and Senior Volunteer, Foster Grandparent and Senior Companion programs.

1986

ODA received its first state funding for boarding home investigations by RLTCOPs.

ODA received the first state funding for Alzheimer's disease programs. Major components included biomedical research, respite and other supportive services.

The PASSPORT Home Care pilot was completed and ODA began expanding it throughout the state.

Appendix A: Chronology

1987

The Omnibus Budget Reconciliation Act (OBRA) included the new National Nursing Home Reform Law.

1988

Carol D. Austin was appointed and confirmed as ODA's second director.

Legislation authorized the creation of a durable power of attorney for health care.

AAAs received the first state funding for housing programming (e.g., staff, capacity development, shared living, home repair).

1989

Governor Richard F. Celeste's Eldercare Initiative was approved through Am. Sub. H.B. 111, as was first-time funding for the Home Care Ombudsman Program.

Two Eldercare Options pilot projects were established in Southeast Ohio (rural) and Franklin County (urban).

PASSPORT was expanded statewide. Home-delivered meals, transportation and housing assistance were also expanded substantially.

PASSPORT administrative agencies (PAAs) implemented preadmission screening requirements mandated by OBRA 1987. Also known as the PASARR process, screening ensured that persons with mental illness or retardation receive long-term care services and treatment in appropriate settings.

1990

Anne Harnish was appointed and confirmed as ODA's third director.

ODA began to exclusively serve individuals age 60 and older through PASSPORT, while the Ohio Department of Human Services served those age 59 and under through separate Medicaid waivers.

State law outlined the requirements of the Office of the State Long-term Care Ombudsman as mandated by the OAA. The law gave the office access to facilities, residents and records, and established a \$3 fee per bed annually for long-term care facilities to pay to RLTCOPs.

State legislation required the licensure of adult care facilities over concerns of inadequate care, insufficient safety and hygiene, financial exploitation and lack of skill among staff.

Protection from age discrimination in employment was extended to persons over age 70.

Appendix A: Chronology

The Americans with Disabilities Act strengthened the Rehabilitation Act of 1973 and prohibited discrimination against individuals with disabilities by virtually any employer with 15 or more employees.

1991

Kenneth M. Mahan was appointed interim director of ODA. Judith Y. Brachman was later appointed and confirmed as ODA's fifth director.

1992

The Senior Community Service Block Grant (SCSBG) process, later renamed Senior Community Service (SCS), was initiated.

The Ohio Senior Health Insurance Information Program (OSHIIP) was created by the Ohio Department of Insurance (ODI) and featured a toll-free hotline that provided insurance counseling to older Ohioans.

1993

ODA assumed responsibility from the Ohio Department of Human Services to oversee the Optional State Supplement (OSS), also known as Residential State Supplement (RSS).

A toll-free statewide Alzheimer's disease helpline began automatically linking callers to their local Alzheimer's chapters.

PASSPORT assumed responsibility for Medicaid preadmission review.

The Benefits Eligibility Screening Service (BESS) was initiated statewide to help Ohioans navigate the often complex world of Medicare, Medicaid, Social Security and other government benefits and insurance programs for the older population. ODA and ODI established toll-free statewide BESS hotlines. BESS was replaced in 2002 by the Benefits Check Up service developed by the National Council on the Aging.

1994

ODA assumed responsibility for preadmission review for all nursing home applicants regardless of payment source.

1996

The National Aging Program Information System (NAPIS) was implemented as a client registry system that records unduplicated counts of participants, demographic characteristics, functional status and nutrition risk for persons who participate in OAA services across planning and service areas (PSAs). The next year, congregate meals, nutrition counseling and assisted transportation providers began implementing the NSI checklist in conjunction with NAPIS.

Home-delivered meals, personal care, homemaker, chore, adult day services and case management providers implemented the Nutrition Screening Initiative's (NSI) DETERMINE Your Nutritional Health Checklist to better

Appendix A: Chronology

1996

identify older adults at risk for malnutrition. (DETERMINE = Disease, Eating poorly, Tooth loss or mouth pain, Economic hardship, Reduce social contact, Multiple medicines, Involuntary weight loss or gain, Needs assessment in self-care, Elder years above age 80).

Legislation required long-term care providers to conduct criminal background checks on individuals providing direct care to older adults in institutions and home- and community-based settings.

1997

Care Choice Ohio began offering free assessment and consultation on long-term care to all Ohioans. Long-term care consultations replaced Care Choice Ohio in 2007 as a new and improved process to assess long-term care choices.

ODA assumed fiscal responsibility for the Governor's Community Service Council.

Through Am. Sub H.B. 215, the Ohio General Assembly authorized the formation of a statewide Grandparents Raising Grandchildren Task Force, chaired by Director Brachman.

The Ohio General Assembly required client-cost sharing for services funded by the Senior Community Services Block Grant and Alzheimer's Respite.

1999

Governor Bob Taft appointed Joan W. Lawrence as ODA's sixth director.

The Alzheimer's Respite Program was expanded to provide respite to twice as many Ohioans who care for loved ones with Alzheimer's and allow them some time for personal errands, training and support.

In partnership with the Ohio Department of MR/DD and the Ohio Developmental Disabilities Council, ODA received a federal grant for a Double Jeopardy project to address support issues for families of adult children with developmental disabilities. An expansion grant was awarded two years later.

ODA received its first annual Performance Measures Outcomes Project (POMP) grant from AoA. POMP is a unified effort on the part of AoA, SUAs, and AAAs to objectively measure the quality of services and service satisfaction of programs for frail and elderly participants.

2000

H.B. 2 mandated stiffer penalties for individuals who prey upon the elderly and disabled through business scams, phony investment schemes and other deceitful practices. An Adult Respite Feasibility Study grant was received in 2004.

Appendix A: Chronology

ODA hosted the Governor's Summit: Health Care Workforce Shortage to develop creative solutions to attract and retain qualified and experienced workers.

The OAA was reauthorized for five years. It created the new National Family Caregiver Support Program (NFCSP) and permitted cost-sharing for certain supportive services excluding access, nutrition, elder rights and services to low-income older persons.

Ohio implemented the Social Assistance Management System (SAMS) as the data collection system for OAA programs.

2001

Governor Taft created a cabinet-level Ohio Access Task Force to conduct a comprehensive review of Ohio's services and support systems for people with disabilities.

Ohio was approved by the U.S. Health Care Finance Administration to begin the Choices model waiver program within PSA 6 to give older adults a larger role in directing their own care. By 2006, Choices had expanded to include two additional PSAs in Southern Ohio served by AAAs in Marietta and Rio Grande.

Legislation created a 21-member task force to recommend how best to provide state and federal funding to nonprofit and faith-based organizations.

In collaboration with the Area Office on Aging of Northwestern Ohio, Inc., ODA implemented a Senior Farmers' Market Nutrition Program (SFMNP) grant from the U.S. Department of Agriculture to provide fresh fruits and vegetables to low-income older Ohioans in ten northwestern Ohio counties. By 2007, SFMNPs were available in 24 of Ohio's 88 counties.

Ground was broken in Georgetown for the second Ohio Veterans Home, the first such facility to be built in 113 years.

2002

ODA and Scripps Gerontology Center at Miami University received a three-year Innovation Programs and Activities of National Significance Grant from AoA to design and test an outcome-focused quality monitoring system for OAA services that benefit caregivers.

Ohio was selected as one of six pilot states in the Nursing Home Quality Improvement Initiative launched by the Centers for Medicare and Medicaid Services (CMS). Ombudsmen used quality measure data to educate

Appendix A: Chronology

2002

consumers, assist them in selecting a nursing home and facilitate the investigation and resolution of complaints.

Ohio unveiled the Long-term Care Consumer Guide, which contained a variety of data about nursing homes, home care and assisted living, as well as helpful tips about paying for care, taking care of legal problems and resolving service issues. It is the first such guide in the nation to include customer and family satisfaction survey results.

Service providers are required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure secure electronic health care transactions, medical privacy and unique identifiers for employers, providers and health plans.

Ohio's Aging Eye Public/Private Partnership was created to address issues relating to vision care, public policy, vision education and vision resources that have an impact on quality of life for older Ohioans.

The Golden Buckeye Card Program (GBC) began offering discounts on prescription drugs at most Ohio pharmacies. More than two million new GBCs were mailed to eligible Ohioans.

ODA launched GoldenBuckeye.com, its Web site on aging programs.

2004

Legislation gave grandparent caregivers power of attorney and authority to obtain legal documentation regarding grandchildren.

The Ohio Health Care Workforce Advisory Council, chaired by Director Lawrence, launched the *Make Care Your Career Campaign* to encourage more Ohioans to consider a career in direct care occupations.

ODA partnered with AARP, AAAs, Ohio Bureau of Workers' Compensation and others to help employers identify the benefits of employing older workers and remove barriers to their success through the Governor's Conference on Aging.

ODA launched the statewide PASSPORT Information Management System (PIMS) to become more efficient and provide access to real time data.

2005

Merle Grace Kearns was appointed and confirmed as ODA's seventh director.

ODA became a key partner in launching the Older Ohioans Behavioral Health Network (OBHN), a coordinating hub for mental health and substance abuse issues of older adults.

Appendix A: Chronology

ODA entered in agreement with ODJFS to administer two grants that provide services to older refugees residing in Hamilton and Cuyahoga counties.

In concert with OSHIIP, ODA helped launch an online Medicare prescription drug coverage information center that provided a parallel approach to educate older Ohioans and their families, as well as the professionals who serve them, about Medicare coverage and the choices individuals have to make.

Director Kearns led 42 Ohio delegates, including former Directors Brachman and Lawrence, to the WHCoA. Prior to the conference, AAAs sponsored 22 officially designated community forums and ODA brought together delegates for a pre-WHCoA rally.

ConnectMeOhio.org was launched to give Ohio consumers, caregivers and providers up-to-date information about aging and disability programs and services statewide. In 2007, a separate housing registry was linked to the site to provide information on affordable and accessible rental housing throughout Ohio as well as links to other housing options and resources.

Through AoA's New Freedom Initiative, CMS awarded a grant to ODA to establish a pilot Aging and Disability Resource Network (ADRN) in Cuyahoga County.

2006

The Department of Aging launched the Assisted Living Waiver Program that, for the first time, allowed Ohioans on Medicaid to access the services they need in a residential care facility, rather than in a nursing home.

ODA initiated a Home First initiative which allows the money to follow the person from a nursing facility to a Medicaid-funded home- and community-based setting.

ODA assumed responsibility from ODJFS for the Program of All-Inclusive Care for the Elderly (PACE). Two sites are located in Cleveland Heights through Concordia Care and in Cincinnati through Tri-Health.

Ohio received the third largest Money Follows the Person (MFP) grant award in the country for implementation over the next five years.

Beverly Laubert, the Ohio State Long-term Care Ombudsman, was elected President of the National Association of Long-term Care Ombudsman Programs.

Appendix A: Chronology

2006

Time-limited incentive payments were awarded for the first time to eligible caregivers who accept legal custody or guardianship of kin children.

Choices for Independence was the theme for reauthorization of the OAA.

Seven Ohio Alzheimer's Association chapters used funds from the Resident Protection Fund to pilot the Connections: Innovative Dementia Training program.

Ohio was among 16 states to share more than \$13 million from AoA's *Empowering Older People to Take More Control of Their Health through Evidence Based Disease Prevention Programs* grant.

2007

Barbara E. Riley was appointed and confirmed as ODA's eighth director.

Newly elected Governor Ted Strickland orders the immediate expansion of the PASSPORT program to serve 1,100 additional frail and low-income older Ohioans and eliminate waiting lists.

Amended Substitute H.B. 119 contained a provision which made the Home First initiative permanent and expanded it to RSS. This same legislation expanded the eligibility criteria for the Assisted Living Waiver Program to permit current residents of residential care facilities who have spent down their private assets to benefit from the waiver.

Governor Strickland asked Director Riley to lead state policymakers, consumer advocates and industry leaders to develop and implement a unified long-term care budget.

Scripps Gerontology Center at Miami University released the results of its evaluation of the PASSPORT program. They concluded that PASSPORT is cost-effective, appropriately targeted, quality-oriented, thoroughly monitored and consumer-responsive.

The Ohio Behavioral Health Network launched Ohio's Network of Care, a free statewide Web resource that connects individuals, families and agencies concerned with mental and emotional wellness to critical information, communication and advocacy tools.

Administration for Ohio Best Rx Prescription Discount Program (OBRx) was transferred from ODJFS to ODA. OBRx replaced the GBC Prescription Drug Savings Program, which concluded its third and final year of operation.

Appendix B: Acronyms

AAA	Area Agency on Aging
ABLE	Advocates for Basic Legal Equality, Inc.
ADAMH	(County) Alcohol, Drug and Mental Health Boards
ADRN	Aging and Disability Resource Network
ADS	Adult Day Service
AIRS	(Ohio) Alliance of Information and Referral Systems
Am Sub HB	Amended Substitute House Bill
Am Sub SB	Amended Substitute Senate Bill
AoA	U. S. Administration on Aging
APS	Adult Protective Services
BESS	Benefits Eligibility Screening Service
BRFSS	Behavioral Risk Factor Surveillance System
CAA	Community Action Agency
CDJFS	County Department of Job and Family Services
CMO	Connect Me Ohio
CMS	Centers for Medicare and Medicaid Services
COAAA	Central Ohio Area Agency on Aging
COALA	Council on Aging Learning Advantages Program
CNCS	Corporation for National and Community Service
DETERMINE	Disease, Eating poorly, Tooth loss or mouth pain, Economic hardship, Reduce social contact, Multiple medicines, Involuntary weight loss or gain, Needs assessment in self-care, Elder years above age 80
DoL	U.S. Department of Labor
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year

Appendix B: Acronyms

FY	Fiscal Year
GBC	Golden Buckeye Card
HB	House Bill
HEAP	Home Energy Assistance Program
HHS	U. S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
IDEAS	Identifying Depression, Empowering Activities for Seniors
LIHEAP	Low-Income Home Energy Assistance Program
LOC	Level of Care
MFP	Money Follows the Person
MR/DD	Mental Retardation/Developmental Disabilities
MUA	Medically Underserved Area
NAICS	North American Industry Class System
NAPIS	National Aging Program Information System
NCoA	National Council on the Aging
NFCSP	National Family Caregiver Support Program
NORS	National Ombudsman Reporting System
NSIP	Nutrition Services Incentives Program
OAA	Older Americans Act
OAAAA	Ohio Association of Area Agencies on Aging
OAAPD	Older Americans Act Programs Division
OAGE	Ohio Association of Gerontology and Education
OARLTCO	Ohio Association of Regional Long-term Care Ombudsmen
OASIS	Ohio Aging Services Information System
OBR	Ohio Board of Regents
OBRA	Omnibus Budget Reconciliation Act
OBRx	Ohio's Best Rx Program

Appendix B: Acronyms

OCoA	Ohio Commission on Aging
OCSC	Ohio Community Service Council
OAKS	Ohio Administrative Knowledge System
OCRC	Ohio Civil Rights Commission
OCSC	Ohio Community Service Council
ODA	Ohio Department of Aging
ODAA	Ohio Division of Administration on Aging
ODADAS	Ohio Department of Alcohol and Drug Addiction Services
ODDC	Ohio Developmental Disabilities Council
ODoD	Ohio Department of Development
ODH	Ohio Department of Health
ODI	Ohio Department of Insurance
ODIS	Ombudsman Documentation and Information System for Ohio
ODJFS	Ohio Department of Job and Family Services
ODMH	Ohio Department of Mental Health
ODMR/DD	Ohio Department of Mental Retardation/Developmental Disabilities
ODoT	Ohio Department of Transportation
OEMA	Ohio Emergency Management Agency
OHFA	Ohio Housing Finance Agency
OHTF	Ohio Housing Trust Fund
OLRS	Ohio Legal Rights Service
ONECA	Ohio Network of Educational Consultants in the Field of Aging
ORSC	Ohio Rehabilitation Services Commission
OSHIIP	Ohio Senior Health Insurance and Information Program
OSU	The Ohio State University
O2N2	Older Ohioans Nutrition Network
PAA	PASSPORT Administrative Agency
PACE	Program of All-Inclusive Care for the Elderly

Appendix B: Acronyms

PASS	Pre-Admission Screening System
PASSPORT	Pre-Admission Screening System Providing Options and Resources Today
PASRR	Pre-Admission Screening Residential Review
PBO	Prevent Blindness Ohio
PBS	Public Broadcast System
PIMS	PASSPORT Information Management System
POMP	Performance Outcomes Measures Project
PSA	Planning and Service Area
RLTCOP	Regional Long-term Care Ombudsman Program
RSS	Residential State Supplement
RSVP	Retired and Senior Volunteer Program
SAMS	Social Assistance Management System
SB	Senate Bill
SCS	Senior Community Services
SCSEP	Senior Community Service Employment Program
SFY	State Fiscal Year
SSI	Supplemental Security Income
STARS	Seniors Teaching and Reaching Students
SUA	State Unit on Aging
SWIP	Strengths, Weaknesses, Issues and Positions Analysis
US	United States
USDA	United States Department of Agriculture
VA	United States Department of Veterans Affairs
VISTA	Volunteers In Service to America
WHCoA	White Conference on Aging
WIA	Workforce Investment Act of 1998
WIC	Women, Infants and Children Program

Appendix C: Summary of Ohio Programs and Services

Programs and Services	Consumers Served/ Anticipated*	Funding and Program Support				
		AoA	Other Federal	State of Ohio	AAA/Local	Collaborations
Active and Healthy Aging						
Employment and Training						
SCSEP	804		DoL	ODA	Public & Nonprofit	X
One-Stop Centers	15,330/month			ODJFS	CDJFS	X
Health and Wellness						
Healthy Ohio				ODH		X
You Can! Steps to Healthy Aging	1,686			ODA, ODH	AAA	X
Ohio Senior Olympics	1,064			ODA		X
Ohio's Aging Eye Public/Private Partnership				ODA, ODH, ORSC	PBO	X
Older Ohioans Behavioral Health Network				ODA, ODMH, ODADAS, ODJFS	AAA, APS, ADAMH	X
Evidence-Based Disease Prevention	2,000+	Grant		ODA, ODH	AAA	X
Medicare Information and Assistance						
Office of State Long-term Care Ombudsman	1,020	Titles III, VII		ODA	AAA, RLTCOP, PAA	X
OSHIIP				ODI	AAA, RLTCOP	X
A Healthier U.S. Starts Here		AoA	CMS, HHS			X
Lifelong Learning						
Free College Courses for Older Ohioans				OBR	State Colleges & Universities	X
Lifelong Learning Institutes						X
Eldershostel						X
Senior Series					OSU	X
OAGE				ODA		
Senior Centers				ODA	County Levy Agency	
Volunteer Opportunities						
Volunteer Ombudsmen	550+	Title VIII, VI		ODA	RLTCOP	
National Governor's Policy Academy						X
OSHIIP				ODI		X
CNSC						
Foster Grandparent Program	1,125+		CNSC	ODA	X	X
Senior Companion Program	595+		CNSC	ODA	X	X
RSVP	16,568+		CNSC	ODA	X	X
Ohio Citizen Corps				Ohio Homeland Security	X	X
OCSC				ODA, OCSC		X

Appendix C: Summary of Ohio Programs and Services

Programs and Services	Consumers Served/ Anticipated*	Funding and Program Support				
		AoA	Other Federal	State of Ohio	AAA/Local	Collaborations
Money Matters						
GBC	2,500,000+			ODA	Retail & Service Outlets	X
OBRx	319/average daily			ODA	Local Pharmacy	
Heating and Cooling						
HEAP				ODoD, ODA	X	X
Emergency HEAP				ODoD, ODA	X	X
Percentage of Income Payment Plan				ODoD	X	X
Home Weatherization Assistance				ODoD	X	X
Homestead Exemption					County Auditors	
Benefits Check Up	132			ODA	RLTCOP	NCoA
Home and Community Supports						
Meals and Nutrition Programs						
Home-Delivered Meals	**31387	Title III, NSIP		SCS	X	
Congregate Meals	**42,242	Title III NSIP		SCS		
Senior Farmers' Market Nutrition Program	21,375		USDA	ODA	X	
Transportation	**1,189	Title III		ODA	County Levy Agency	X
Care Coordination		Title III		SCS	X	
Home Repair/Accessibility Modifications	5,000+	Title III	USDA Rural	OHTF, ODoD	X, CAA	
Housing Public Policy Initiatives				OHTF, ODJFS		X
Housing Registry			HUD, USDA Rural	ODA, ODJFS, ODoD, OHFA, ODDC		X
Resident Service Coordinators	4,000+		HUD	OHTF	X	X
Emergency Preparedness and Assistance Kits	50,000+	AoA	FEMA	OEMA	X	X
ADRN		AoA	CMS	ODA	X	X
CMO	50,444+	AoA	CMS	ODA	X	X
Caregiving						
Elder Care						
NFCSP		Title III		ODA	X	
Alzheimer's Respite Care		Title III, SCS		ODA		
ADS	**589	Title III		ODA	X	
Kinship Care/Grandparents	186,000+			ODA	X	X

Appendix C: Summary of Ohio Programs and Services

Programs and Services	Consumers Served/ Anticipated*	Funding and Program Support				
		AoA	Other Federal	State of Ohio	AAA/Local	Collaborations
Long-term Care Services and Supports						
Access to Services						
Screening Assistance	78,420			ODA	AAA, PAA	
Assessments	63,655			ODA	AAA, PAA	
Long-term Care Consultations	***					
PASRR	61,813			ODA	AAA, PAA	
LOC	41,483			ODA	AAA, PAA	
Help at Home						
PASSPORT	33,291			ODA, ODJFS	AAA, PAA	
Choices	331			ODA, ODJFS	AAA, PAA	
Assisted Living						
Assisted Living	258			ODA	AAA, PAA	
RSS	2,000			ODA, ODJFS	AAA, PAA, CDJFS	
Comprehensive Care						
PACE	735			ODA, ODJFS	AAA, X	
Long-term Care Facilities						
Ohio Long-term Care Consumer Guide	35,149			ODA, ODH, ODJFS	RLTCOP	X
Help for People Receiving Long-term Care						
Long-term Care Ombudsman Program		Titles III, VII		ODA	AAA, RLTCOP	
Adult Protective Services				ODJFS	CDJFS, RLTCOP	
Legal Services	****19,972,000	Title III		ODA	AAA, RLTCOP, ProSeniors, ABLE	
Other Legal Services (non-Title III)				Ohio Attorney General, OLRS, OCRC		
Adult Guardianship				Ohio Supreme Court	County Probate Court	
Resident Protection Fund				ODA, ODH, ODJFS	RLTCOP	
Outreach						
Events						
Joined Hearts in Giving	50 honorees/year			ODA		
Elder Caregiving Awards	12 honorees/year			ODA		X
Ohio Senior Citizens Hall of Fame	13 honorees/year			ODA		X
Governor's Conference on Aging	Average 250 attendees			ODA	AAA	X

Appendix C: Summary of Ohio Programs and Services

Programs and Services	Consumers Served/ Anticipated*	Funding and Program Support				
		AoA	Other Federal	State of Ohio	AAA/Local	Collaborations
Outreach (continued)						
Publications and Electronic Outreach						
Aging Connection	1,300/subscribers			ODA		
Aging Issues	1,000/media outlets			ODA		
Finer With Age	40/television outlets			ODA		
Web Sites						
GoldenBuckeye.com	27,000/visitors month			ODA	Retail and Service Outlets	
ConnectMeOhio.org	8,400/month			ODA		X
LTCOhio.org	8,200+/month			ODA	RLTCOP	
BenefitsCheckUp.org				ODA		NCoA
OBRx	319/average daily			ODA		
Ohio Network of Care				ODMRDD, ODMH	AAA, ADAMH	X
Housing Registry				ODA, OHTF	X	X

*These data represent persons actually served or expected to be served.

**Represents unduplicated count for FFY 2006

***No data is available yet since long-term care consultations just began July 1, 2007.

****Represents service units for FFY 2006

Note: Acromyns are in Appendix B.

Appendix D: Collaborations and Partnerships

- Advancing Excellence in America's Nursing Home Campaign
- Aging and Disability Resource Network Advisory Committee
- Aging Eye Public/Private Partnership: Prevent Blindness Ohio, Others
- Community Services Block Grant Advisory Committee
- Governor's Council on Faith-Based and Community Initiatives
- Governor's Council on People with Disabilities
- Interagency Council on Homelessness and Affordable Housing
- Kinship Care Services Planning Council
- Medicare Partners: Centers for Medicare and Medicaid Services, Social Security Administration, AdminaStar Federal, Palmetto GBA, Ohio KePro, Ohio Departments of Job and Family Services, Health and Insurance
- Money Follows the Person Planning and Advisory Work Groups: Led by Ohio Department of Job and Family Services with five separate workgroups on Workforce Development, Housing, Services/Self-Direction, Marketing and Recruitment, Rebalancing
- National Council on the Aging/Benefits Check Up
- Ohio Alliance of Information and Referral Systems (AIRS) – Ohio Coalition of Information and Referral Providers
- Ohio Association of Adult Day Service Providers
- Ohio Association of Gerontology and Education
- Ohio Association of Mature Workers Services
- Ohio Association of Senior Centers
- Ohio Best Rx Program Advisory Group
- Ohio Committee for Severe Weather Awareness
- Ohio Community (Mental Health) Support Planning Council
- Ohio Council for Home Care
- Ohio Department of Health's Pandemic Flu Advisory Committee
- Ohio Department of Insurance/Ohio Senior Health Insurance Information Program
- Ohio Developmental Disabilities Council
- Ohio Emergency Management Agency

Appendix D: Collaborations and Partnerships

- Ohio Housing Locator Web Site Planning Group: Ohio Departments of Development and Job and Family Services, Ohio Housing Finance Agency, Ohio Development Disabilities Council
- Ohio Person Centered Care Coalition
- Ohio Refugee Advisory Council
- Ohio Rehabilitation Services Commission
- Ohio Supreme Court – Adult Guardianship Subcommittee
- Ohio Veterans Homes: Sandusky and Georgetown
- Ohio Workforce Policy Board/One Stop Systems
- Older Ohioans Behavioral Health Network
- Older Ohioans Evidence-Based Disease Prevention Task Force/Evidence-Based Disease Prevention Key Partner Organizations: Ohio Department of Health, Ohio Association of Area Agencies on Aging, Ohio Association of Senior Centers, Ohio Council for Home Care, Ohio Hospital Association, Ohio Public Health Commissioners Association, Ohio Parks and Recreation Association, Visiting Nurse Association Healthcare Partners of Ohio - Healthy Town, Ohio Senior Olympics, Ohio's Aging Eye Public Private Partnership
- Older Ohioans Nutrition Network (O2N2)
- Senior Series Team/The Ohio State University Extension
- Statewide Independent Living Council
- Statewide Transportation Coordination Task Force: Ohio Departments of Mental Health, Mental Retardation/Developmental Disabilities, Job and Family Services and Transportation, Ohio Rehabilitation Services Commission, Governor's Council for People with Disabilities, Metropolitan Planning Organizations, Public Transit
- Vistability Strategy Workgroup: Local and State Government Agencies, Centers for Independent Living, AARP, Other Advocates

Appendix E: SFY Spending and Grants, 2005 - 2008

Fund	SFY Spending and Grants			Appropriations
	2005	2006	2007	SFY 2008
Community Services and Nutrition	54,411,049	54,263,885	55,136,416	54,032,582
Support for Informal Caregivers	10,626,004	10,332,618	10,349,822	10,393,545
Senior Farmers Market Nutrition Program	1,192,310	1,259,367	1,286,370	1,286,370
Service Coordination in Senior Housing	506,128	238,928	388,962	330,000
Residential State Supplement (RSS)	12,029,186	11,993,400	11,962,760	11,991,771
PASSPORT	309,900,479	348,713,572	378,651,153	465,243,574
PACE	46,863	11,288,521	24,258,945	24,800,944
Assisted Living	0	0	2,819,870	27,527,832
Long-Term Care Ombudsman	2,835,335	2,388,798	2,764,393	2,773,152
Long-Term Care Consumer Guide	0	62,852	299,037	820,000
Golden Buckeye Card	296,801	355,764	53,423	0
Ohio's Best Rx	NA	NA	NA	8,284,154
Senior Community Services Employment Program	3,831,785	3,808,133	3,770,049	4,189,595
National Senior Service Corps	370,073	358,458	352,943	335,296
Senior Olympics	15,638	15,638	15,638	14,856
Community Outreach	15,344	17,234	103,875	327,677
Americorps and Other Volunteer Opportunities	5,561,179	6,190,218	5,990,739	8,870,000
Community Infrastructure Development	103,692	83,735	416,030	470,000
OCSC Program Management	214,365	203,468	193,644	183,792
Local Leveraged Funds (OAA Related)	48,231,384	56,355,906		
Total	450,187,616	507,930,494	498,814,070	621,875,140

Appendix F: Intrastate Funding Formula

During the 2004 - 2007 state plan period, ODA used Census 2000 data for population factor weights in its formula - except for rural and medically underserved factors, which were based on Census 1990 data. ODA has since rebased its funding formula to reflect Census 2000 for the rural factor, and will continue to use the medically underserved factor with 1990 population data. During the first year of the new state plan, a new medically underserved factor will be identified that is more suitable for an older population.

Allocation of Title III funds to AAAs is based on the economic and social needs of the population of persons age 60 years and older in each planning and service area after a base level of funding is assured to each area agency on aging (AAA).

Title III Factors

Each AAA is allocated a base grant of \$375,000. Of that amount, \$170,000 is allocated for administrative costs. After base and administrative funds are removed, the balance of Title III funding to each AAA is based on the population factor weights:

Population Factor Weight	Weight
Persons at or above age 60	43%
Persons at or above age 75	28%
Persons at or above age 60 and below the federal poverty level	11%
Minorities at or above age 60	8%
Persons at or above age 60 who live alone	8%
Persons at or above age 60 who live in rural areas	2%

Data Source: U.S. Census 2000

Title III-D Factors

Title III-D funds are allocated based on these population factor weights:

Population Factor Weight	Weight
Persons at or above age 60	20%
Minorities at or above age 60	20%
Low-income persons at or above age 60	20%
Medically underserved persons at or above age 60	40%

Data Sources: U.S. Census 2000, U.S. Census 1990 and Ohio Department of Health

Appendix F: Intrastate Funding Formula

Since the mid-1990s, ODA has used these two funding formulae to distribute state funds and OAA funds for Title III and Title III-D services. If funding formulae are revised, ODA will seek broad public input on proposed changes, and then submit revised formulae to AoA for approval.

Appendix G: Accomplishments, 2004 - 2007

Strategic Issue 1:

Develop strategic direction for long-term care services.

Goal 1:

Promote choice and quality long-term care supports and services for consumers. (September 2007)

Objectives and Accomplishments

Rebalance long-term care spending so that the supply of services is better matched to consumer demand. (September 2007)

The PASSPORT Medicaid waiver provides care-managed services for eligible Ohioans who cannot afford to pay for in-home care. The program helps them get the long-term care they need while remaining at home under supervision, instead of having to move to a more expensive nursing home. In March 2007, Ohio's new Governor directed the Ohio Department of Aging (ODA) to immediately eliminate the waiting list of about 1,100 frail and low-income older Ohioans interested in PASSPORT services. Soon thereafter, he proposed expanding the PASSPORT program in his first state biennium budget to allow another 5,600 older adults to participate and position the program to meet increasing demand for it.

In the state fiscal year (SFY) 2006 - 2007 budget, Ohio legislators approved the temporary Home First initiative. Modeled on a money follows the person philosophy, Home First allows individuals in nursing facilities who desire to participate in PASSPORT to do so without being placed on a waiting list. PASSPORT services for these individuals are funded from the Medicaid line item in the Ohio Department of Job and Family Services' (ODJFS) budget. During SFY 2006, 948 consumers enrolled in PASSPORT through Home First. S.B. 5, passed in March 2007, made Home First a permanent provision.

The SFY 2006 - 2007 budget allowed enrollment in the Residential State Supplement (RSS) program - closed to new enrollments since February 2003 - to reopen on a one-for-one replacement schedule. RSS provides income to help consumers pay for approved living arrangements in qualified adult care facilities and prevents unnecessary institutionalization.

The SFY 2006 - 2007 budget also called for ODA to assume responsibility for the Program of All-Inclusive Care for the Elderly (PACE) from ODJFS, and enrolled 769 people. PACE is a managed-care program available in the Cleveland and Cincinnati areas that uses pooled resources to pay for whatever acute or long-term care services an individual needs, including services not otherwise covered by Medicare or Medicaid. This flexibility enables the sites to be proactive in their care of consumers.

Ohio's Assisted Living Medicaid Waiver Program, authorized in SFY 2006 and launched in SFY 2007, allows up to 1,800 Medicaid recipients to move into assisted living facilities. The program targets those who need more help than in-home care can provide, but not the around-the-clock care of a nursing home. The SFY 2008 - 2009 budget expanded eligibility to include individuals

Appendix G: Accomplishments, 2004 - 2007

who have been in an assisted living facility for at least six months, but have exhausted their private funds and are now Medicaid-eligible and in need of long-term care services.

In 2007, ODA conducted 26 statewide focus groups with consumers, caregivers, service providers, stakeholders and advocates to identify needs and service gaps for the PASSPORT and Older Americans Act (OAA)-funded Care Coordination Program. Focus group results will support renewal of the PASSPORT home- and community-based services waiver program and help develop the Ohio State Plan on Aging, 2008 - 2011.

Integrate systems to direct consumers to services that meet their needs. (September 2005)

The SFY 2006 - 2007 budget required ODA to develop a long-term care consultation program to help residents and potential residents of nursing facilities choose the best available options to meet their long-term care needs. ODA expects the program to be functional by fall 2007.

The Choices Medicaid waiver program allows consumers to guide their own plan of care. In SFY 2006, the program expanded into two additional geographical areas and served 235 individuals. Choices is available in the regions served by area agencies on aging (AAAs) in Columbus, Marietta and Rio Grande.

In 2006, Ohio received the third-largest Money Follows the Person (MFP) grant award of \$100 million for implementation over the next five years. ODA and partners are developing operational protocols and committees, which will be submitted to the Centers for Medicare and Medicaid Services (CMS) for approval by August 2007.

In December 2006, ODA convened the Governor's Conference on Aging with state legislators and advocates for people with disabilities to discuss successful initiatives to expand choice in long-term care. The legislative briefing, *Benefit of Independence, Value for Ohio*, explored ways Ohio and the nation can continue to reduce institutional bias in care for older adults and people of all ages with disabilities. The conference was part of the *Ohio Access* mission to transform the Medicaid system to empower consumers through choice.

Ohio's new Governor strongly supports long-term care choice for Medicaid consumers, including providing an array of services that meet their needs throughout their lives. ODA's Director has convened a workgroup of state policy makers, consumer advocates and industry leaders to develop a plan to create a unified long-term care budget. The plan will outline steps to begin implementation in SFY 2009 and achieve full implementation in SFY 2010.

Appendix G: Accomplishments, 2004 - 2007

Ensure that the Office of State Long-term Care Ombudsman is a visible component of the system. (September 2007)

The Ohio State Long-term Care Ombudsman and Ohio Association of Regional Long-term Care Ombudsmen participate in MFP work, as well as Aging and Disability Resource Network (ADRN) advisory committees. State and regional ombudsmen also participated in the Elder Abuse Task Force and subsequent work, including regional ombudsman involvement in county-level interdisciplinary teams.

AAAs distribute a special flier to homecare consumers, notifying them of services available through the ombudsman program.

In 2006, the Office of the State Long-term Care Ombudsman employed 80 state and regional ombudsmen staff and 564 volunteers. Certified ombudsmen provided 49,023 hours of advocacy and information services, and received 9,489 complaints about long-term care services. Ombudsmen handled 2,224 contacts regarding long-term care selection assistance, and 6,678 regarding benefits, rights and regulations. They conducted 193 provider in-service training sessions and 453 education events.

Funding for the Long-term Care Consumer Guide was restored in the SFY 2006 - 2007 budget. Celebrating its fifth anniversary in 2007, the guide consists of comparative data about the Ohio nursing homes and residential care facilities, including regulatory performance from the Ohio Department of Health (ODH), results from nursing home family satisfaction surveys and self-reported data including facility policies, staffing levels and special care services. The guide also has been expanded to include regulatory and customer satisfaction data on residential care facilities (assisted living).

In April 2006, Beverley Laubert, the Ohio State Long-term Care Ombudsman, was elected President of the National Association of Long-term Care Ombudsman Programs.

Ensure that services have consumer-centered quality standards. (September 2007)

As a result of the SFY 2006 - 2007 budget, ODA contracted Scripps Gerontology Center at Miami University to conduct an independent evaluation of the PASSPORT program. A stakeholders' advisory council helped define the scope of the evaluation, with a focus on the program's compliance with assurances submitted to the federal government. The final report, released in May 2007, concluded that PASSPORT is a cost-effective, appropriately targeted, quality-oriented, thoroughly monitored and consumer-responsive alternative to facility-based long-term care.

Appendix G: Accomplishments, 2004 - 2007

Strategic Issue 2:

Implement the National Family Caregiver Support Program.

Goal 2:

Include caregivers as partners in Ohio's home - and community - based care system. (September 2007)

Objectives and Accomplishments

Identify key elements to assess caregiver needs, allowing for program diversity and measuring key outcomes. (December 2004)

The Administration on Aging (AoA) awarded Ohio an *Outcomes-Based System for Enhancing the Quality of Caregiver Support Services Innovative Demonstration Grant*. In 2004, ODA and its partners conducted eight focus groups with caregivers, consumers, service providers and regulators. Three AAAs developed, implemented and tested outcomes-based quality improvement plans and Scripps developed an outcome-based quality improvement users' guide.

Incorporate basic needs of caregivers into all aspects of Ohio's home- and community-based care system. (December 2005)

CMS awarded ODA an Adult Respite Feasibility Study Grant. In 2004 and 2005, Scripps conducted a feasibility study to determine how to restructure the PASSPORT program to provide caregiver respite. The study defined respite and determined the number of potential PASSPORT consumers and the potential costs and savings. They proposed a family-based respite strategy that contained four components: 1) defacto respite; 2) defacto respite plus; 3) institutionalized respite and 4) real choices. Defacto respite is already part of PASSPORT. The remaining components introduce a family-based approach to service plan development, flexibility and consumer-direction, culminating in "Real Choices." This final component is a modest, no-strings-attached cash benefit or voucher program that is grounded in a systematic assessment of the needs of the primary caregiver, similar to the flexibility built into the "supplemental services" part of the National Family Caregiver Support Program.

Increase awareness and use of caregiver resources through consistent statewide marketing including on Web sites, publications and other channels. (January 2006)

In November 2004, the Annual Governor's Conference on Aging gathered Ohio employers to discuss family caregiver issues.

ODA developed a profile of caregiver support and posted it, along with other caregiving information, on its Web site.

In May 2005, ConnectMeOhio.org (CMO) was launched as a live online Web site for Ohio consumers, caregivers and providers needing up-to-date information about programs and services affecting aging and disabilities regardless of age or where one lives. Providers list their

Appendix G: Accomplishments, 2004 - 2007

services without charge. The site was developed by ODA with funds provided through CMS' *New Freedom Initiatives: Real Choice Systems Change Grants*.

Strategic Issue 3:

Respond to disparate needs (e.g., health, social isolation, poverty) of older adults who may be diverse in race, ethnicity, culture, linguistics, disability, and sexual orientation.

Goal 3:

Increase service utilization by unserved and underserved populations by 10 percent. (September 2007)

Objectives and Accomplishments

Foster capacity-building and empowerment among unserved and underserved groups. (December 2005)

In 2005, the Ohio Association of County Behavioral Health Authorities and the Ohio Departments of Aging, Mental Health, and Alcohol and Drug Addiction Services formed the Older Ohioans Behavioral Health Network which serves as a coordinating hub for mental health and substance abuse issues of older adults. The network was launched during a December 2006 policy institute to design strategic policies and approaches to strengthen the response of public mental health and alcohol and other drug health care systems to the needs of older Ohioans. A second institute was held in 2007. The network funded two demonstration mini-grants for AAAs to partner with local mental health and substance addiction boards to increase service capacity; promote information sharing and technical assistance for clinicians, caregivers and the aging network and identify research initiatives, training efforts and other funding sources to expand best practices. A third round of funding is anticipated for 2007.

In 2007, the network launched Ohio's Network of Care (www.ohio.networkofcare.org), a free, statewide Web resource that connects individuals, families and agencies concerned with mental and emotional wellness to critical information, communication and advocacy tools. Currently, 77 of Ohio's 88 counties participate in the network.

Increase cultural competency among aging network staff and providers. (September 2007)

In September 2005, ODA entered into a one-year interagency agreement with ODJFS to administer two grants to provide services to older refugees residing in Hamilton and Cuyahoga counties. ODA monitored and ensured that sub-grantees provided deliverables such as English language classes, citizenship classes to facilitate naturalization, interpretation and transportation supports and services for refugees to help them become independent and gain better access to appropriate and available services.

Since 2005, ODA has represented the interest of older Ohioans through the Advisory Council of the Governor's Office of Faith-Based and Community Initiatives.

Appendix G: Accomplishments, 2004 - 2007

In 2006, ODA began representing the interest of older Ohioans on the Ohio Refugee Advisory Council.

Increase awareness among older adults from various unserved and underserved groups about aging programs and services. (September 2007)

In April 2006, ODA developed a strategic plan for future use of the Golden Buckeye Card (GBC), driven in part by a series of focus groups that engaged GBC cardholders, merchants and baby boomers. The card was redesigned to be easier to read, prominently display ODA's Web address, explain how to use the card and provide one number to call for information and services.

ODA uses the GBC program as a community outreach tool to raise awareness among business owners and managers regarding four key issues that may affect them: (1) older Ohioans as customers; (2) older Ohioans as employees; (3) employees as working caregivers and (4) business involvement and support on local issues impacting older Ohioans.

While ODA continues to recruit businesses for the GBC program, ODA is making a concerted effort to focus on businesses that promote and support active aging such as sports supplies stores, gymnasiums, vacation planning agencies and other services that attract and encourage healthy lifestyles.

Since 1976, older Ohioans and adults age 18 and older with disabilities have saved more than \$2 billion with the premiere public and private discount program in the nation. More than thirty years later, more than two million Ohioans are eligible for the GBC, honored at 20,000 businesses statewide.

ODA partners with other state agencies to address the issue of limited English proficiency. Among priorities of the collaboration are having a plan to serve consumers whose language skills are limited; defining the role of state agencies in setting minimum standards for such a plan; including limited English proficiencies in budget initiatives and training interpreters.

ODA's Director is an active member of the Ohio Kinship Care Advisory Board that evolved from an earlier ODA-organized grandparents raising grandchildren task force. Important legislation has been enacted as a result of this partnership. In 2004, legislation gave grandparent caregivers power of attorney and authority to obtain legal documentation regarding grandchildren. Beginning in 2006, eligible caregivers who accept legal custody or guardianship of kin children were given time-limited incentive payments.

In its funding formula to distribute Title III-D funds to AAAs, ODA considers residents living in medically underserved areas (MUAs). This factor may include groups who face economic, cultural or linguistic barriers to healthcare. These groups may be composed of all the residents of a given county or civil division, or may include a sampling of urban census tracts in which residents have a shortage of personal health services. In 2006, ODA met with ODH and Ohio

Appendix G: Accomplishments, 2004 - 2007

Department of Development (ODoD) staff to discuss policy implications based on the use of Census 2000 data. ODA decided to continue using Census 1990 population data while exploring other options to represent Ohio's medically underserved older adults.

ODA responds to many questions about demographic trends among older people from the aging network, legislators, researchers, legislative staff, students and the general public. To address this need, in 2004 ODA developed a Web page that provides a quick overview of older adults in Ohio as well as in-depth links to more Ohio and national data.

Identify methods to better serve and support individuals residing in rural areas. (September 2007)

The U.S. Census Bureau identifies and tabulates data in Census 2000 for urban and rural populations. ODA partnered with ODoD to better and more fairly identify consumers ages 60 and above living in rural Ohio. ODA will rebase its funding formula using Census 2000 rural data from the Special Tabulation on Aging for Title III and state-funded programs and services.

Strategic Issue 4:

Address the shortage of professional and paraprofessional healthcare workers to meet the current and future needs of older Ohioans.

Goal 4:

Develop and implement a plan to increase enrollment in healthcare career areas and increase the supply of paraprofessionals. (September 2007)

Objectives and Accomplishments

Identify barriers (e.g., competitive wages and benefits) to the recruitment and retention of paraprofessional and professionals providing care to older adults and, if appropriate, advocate for policy changes to remove identified barriers at state and federal levels. (September 2007)

In 2004, the Ohio Health Care Workforce Advisory Council, chaired by ODA's Director, launched the *Make Care Your Career Campaign*, which included billboards, fliers and a Web site to encourage individuals to contact local One-Stop Employment and Training Centers for assistance in finding direct care employment.

In April 2006, ODA's Director, who chaired the Healthcare Workforce Committee, gave final committee recommendations to the Jobs Cabinet. The most notable recommendation was the Clinical Instructor Teaching Assistant model that delivers clinical instructions to nursing students. The Ohio Board of Nursing approved the model currently utilized by Wright State University to increase the instructional capacity of individual instructors by 85 - 125 percent without jeopardizing patient safety.

Appendix G: Accomplishments, 2004 - 2007

In November 2006, ODA's Director participated in an effort by the Governor's Ohio Workforce Policy Board to recommend that Workforce Investment Act discretionary dollars be used to bolster the healthcare workforce. This undertaking evidenced the desire among state policy makers and industry advocates to train people for high-paying jobs that are going unfilled.

ODA is currently co-leading a workforce development workgroup tied to the Ohio MFP allocation from CMS. The workgroup will provide recommendations for an operation protocol to ensure an adequate direct care workforce that is appropriately compensated and has a career path.

Develop a marketing and communications plan targeted to individuals entering the health care field to increase the awareness of professional career choices by ten percent, and increase course enrollment by ten percent at two or more colleges or universities who have volunteered to collaborate with ODA on this goal. (September 2007)

Develop a marketing plan targeted to graduating high school seniors, young adults and existing caregivers to increase awareness of paraprofessional career choices by ten percent, and increase the supply of paraprofessionals by at least ten percent within a control group of volunteer providers. (September 2007)

Endorse and adopt a core curriculum for paraprofessional career choices (e.g., PASSPORT, MR/DD, nursing homes). (September 2007)

Seven Ohio Alzheimer's Association Chapters teamed to create *Connections: Innovative Dementia Training* for healthcare professionals and paraprofessionals. The program was funded through a grant from ODA and is endorsed by the State Long-term Care Ombudsman and the Ohio Health Care Association. The 2006 budget transferred \$350,000 from the Resident Protection Fund to these pilot training programs. In 2007, a \$225,000 award continued training sessions and supported development of Connections II.

Appendix G: Accomplishments, 2004 - 2007

Strategic Issue 5:

Foster, develop, and enhance programs and services for active seniors and baby boomers.

Goal 5:

Implement a statewide plan to advocate for healthy, active lifestyles for older Ohioans. (September 2007)

Objectives and Accomplishments

Encourage communities to consider elders' needs in local planning and development. (October 2004)

In 2004, ODA partnered with AARP, AAAs, Ohio Bureau of Workers' Compensation and other organizations to help employers identify the benefits of employing older workers and remove barriers to their success.

In FFY 2006, the Senior Community Service Employment Program (SCSEP) achieved greater administrative efficiency by consolidating ODA's portion of the program from three providers to one. Funded through Title V of the OAA, the program serves nearly 100,000 older adults nationally and has 2,585 positions in Ohio. Participants provide valuable service to their communities while developing new skills designed to facilitate entry or reentry into the job market.

In FFY 2007, ODA became a SCSEP host agency, hiring two participants to assist divisions with surveys and customer service. Prior to placement, the participants completed training in aging sensitivity as well as office techniques and telephone and computer skills. The effort has elicited significant information in terms of where advocacy energy should be expended while affording ODA the opportunity to participate in direct service.

In early 2007, ODA and the Governor's Office agreed on *The Untapped Resource: Seniors in the Workplace*, as the theme for the November 2007 Governor's Conference on Aging.

ODA partnered with other stakeholders on a pandemic flu committee overseen by ODH. The stakeholders are drafting a memorandum of understanding for the Red Cross regarding respective roles within the Ohio Emergency Management Agency's disaster plan. One particular challenge is determining how to get a 90-day supply of maintenance medication to Medicaid Health Maintenance Organization beneficiaries and how people with compromised immune systems might be affected by pandemic flu.

This pandemic flu committee will distribute more than 80,000 Emergency Management *Be Prepared* kits to caregivers and persons with daily functioning needs. More than 25,000 of the kits will be distributed to consumers and caregivers served by AAAs and PASSPORT administrative agencies (PAAs).

In December 2006, ODA partnered with several disability organizations and state departments to host a statewide conference on emergency management for all persons with disabilities. The statewide conference followed a national conference that focused on emergency management for people with disabilities and older adults.

Appendix G: Accomplishments, 2004 - 2007

In 2004, 64 of Ohio's 88 counties faced weather-related emergencies such as flooding, tornados and ice storms. ODA, AAAs and service providers partnered with the American Red Cross, Volunteer Organizations Assisting in Disasters and local, state and federal emergency management agencies to assist older victims of these catastrophes. ODA secured grants from AoA to assist with disaster recovery.

ODA has actively promoted to AAAs, community planners and service providers the concept of livable communities in a number of areas, including multi-model transportation planning and coordination and universal design, accessibility and visitability in housing.

ODA is actively involved with the Statewide Transportation Coordination Task Force, an inter-agency policy group that strives to increase mobility, improve access to state agency programs and services and encourage cost-effective transportation services through coordination.

Promote volunteer opportunities for older adults, and expand the types and locations of opportunities available. (September 2007)

In FFY 2006, ODA was awarded four AmeriCorps*VISTA (Volunteers in Service to America) members through the Corporation for National and Community Service. ODA's VISTAs provide additional support for SCSEP. VISTAs serve under the direction of ODA's subgrantee, Mature Services, Inc., and are involved in SCSEP participant recruitment and training, expanding employer partnerships, working with statewide one stop centers, developing new host agencies and marketing SCSEP. ODA's VISTA grant ended July 2007; Mature Services has applied to become a direct sponsor, and current VISTAs plan to continue their service.

During program year 2006 - 2007, 18,288 older Ohioans contributed their time and talents through 40 projects in one of three Senior Corps programs. Foster Grandparents served one-on-one as tutors and mentors to more than 4,000 youth who have special needs. Senior Companions helped more than 1,200 homebound older adults and others maintain independence in their own homes. Retired and Senior Volunteer Program (RSVP) volunteers conducted safety patrols for local police departments, participated in environmental projects, tutored and mentor youth, responded to natural disasters and provided other services through more than 1,900 groups across Ohio.

Ombudsman volunteers are the eyes and ears of the ombudsman program, monitoring quality of care and quality of life for consumers of long-term care and their family members. They visit residents of long-term care facilities, observe conditions, advocate for residents and resolve complaints whenever possible. In 2005, the program recruited and trained 308 new volunteers, 74 percent who remain active today. The program also continued a volunteer recruitment initiative with AARP that yielded new volunteers for regional programs that typically get few volunteers. The program recently shifted its focus to retention and local ombudsman recruitment.

Appendix G: Accomplishments, 2004 - 2007

Promote wellness programs for adults age 60 and older and baby boomers. (September 2007)

In 2006, five Ohio delegates, including representatives from ODA and ODH, were among officials from 14 states who participated in a special two-day workshop sponsored by the Agency for Healthcare Research and Quality and AoA in collaboration with the Center for Disease Control, National Institute on Aging and CMS, entitled, *Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community-Based Programs*. The Ohio team has since increased to eight members, and has developed a strategic framework for the future.

In September 2006, Ohio was among 16 states to share a \$13 million AoA grant entitled *Empowering Older People to Take More Control of Their Health through Evidence Based Prevention Programs*. Aging and public health networks in six Ohio regions are using \$850,000 over a three-year period to support and develop programs that improve the health and quality of life for older Ohioans. Interventions address chronic disease self-management, physical activity and falls prevention. By program completion, over 2,000 individuals will have participated.

Co-chaired by ODA's Director and launched in 2003, Ohio's Aging Eye Public/Private Partnership is a statewide collaboration formed to respond to the growth in vision loss due to aging and the challenges that come with it. The partnership is developing a strategic plan to address issues related to vision care public policy, services, education and research. The partnership launched a Web site that receives more than 800 hits per month and published *Vision Problems in Ohio*, a report based on the national study, *Vision Problems in the U.S.*, which details the prevalence of the four leading causes of vision loss in Ohio. The group successfully advocated for the inclusion of vision modules in the annual Behavioral Risk Factor Surveillance System (BRFSS) and Ohio was one of the first states to implement them in January 2005. The group also implemented the Senior Health Vision Screen Training and sponsored research symposiums to bring vision research from the laboratory back to clinicians, aging network practitioners and consumers.

In 2004, ODA partnered with the American Cancer Society to promote the *Eat 5 a Day for Better Health* campaign to promote the benefits of fresh fruits and vegetables and the importance of cancer prevention and early detection.

From June to October 2006, the Ohio Senior Farmer's Market Nutrition Program served 21,375 participants. ODA and participating AAAs administer the program through a \$1.2 million grant from the U.S. Department of Agriculture in 23 of Ohio's 88 counties. The average benefit level was \$59 per participant. Older adults who are at least 60 years old and meet income guidelines receive coupons redeemable for free, locally grown fruits, vegetables and herbs from Ohio providers. The program was supported by 228 farmers at 23 markets and 131 roadside markets.

In 2005 and 2006, ODA distributed 1,689 incentive kits that included pedometers, log books and nutrition and physical activity information to 92 organizations to promote healthy aging through AoA's *You Can! Steps to Healthy Aging* campaign.

Appendix G: Accomplishments, 2004 - 2007

The Ohio Senior Games encourage physical fitness and promotes a positive image of aging by providing amateur athletic competition for men and women age 50 and older. Several Ohio communities share the responsibility of hosting Senior Olympic competitions on a rotating basis. In 2006, 1,039 older athletes from all over Ohio traveled to Youngstown to compete in the Senior Games and nearly 700 qualified to go on to national games in Louisville, Kentucky in June 2007.

In March 2007, ODA was a co-sponsor of the Active Aging Festival at the Arnold Sports Expo in Columbus. The festival featured national and international healthy aging and fitness experts, including celebrity fitness experts and elders, Jack and Elaine La Lanne. The event is designed to help adults start and continue active, fun lifestyles that improve strength and endurance, help them feel better and reduce their risk of falling.

Involve older adults and baby boomers in life-long learning programs. (September 2007)

ODA created a Web page that lists lifelong learning programs throughout the state and provides direct links to 59 different state schools that allow older adults to audit classes at no charge. The site also identifies 20 Lifelong Learning Institutes with specific program information.

ODA is an active member of the Ohio Association of Gerontology and Education (OAGE), a statewide membership organization of gerontological researchers, practitioners, educators and students. OAGE is the official technical advisory body of ODA on issues of education, training and research in aging.

ODA is an active partner on the Senior Series Team, a collaborative task force of professionals from The Ohio State University Extension and the aging network. Fact sheets, quarterly publications and a dedicated link on ODA's Web site provide free information, the latest developments and tips on aging issues.

Appendix G: Accomplishments, 2004 - 2007

Strategic Issue 6:

Use research methods to provide quality information for effective decision-making when developing and modifying programs and services.

Goal 6:

Provide information based on the needs and preferences of older adults, baby boomers, and caregivers that will support the enhancement of aging network programs and services, and the advocacy for such programs. (September 2007)

Objectives and Accomplishments

Develop new programs and services (e.g., long-term care planning) that reflect the current and future needs and preferences of older adults, baby boomers and caregivers. (June 2004)

Determine consumer needs and preferences to increase service quality and change patterns of program participation. (September 2007)

ODA is utilizing information from the U.S. Census Bureau's 2004 Special Tabulation on Aging and Title V tabulation along with geographical information in a database of older Ohioans age 60 and older. The latter database provides 2.5 million names and addresses. ODA uses baby boomer data to survey, research and evaluate attitudes, preferences and needs of current and new services.

ODA used Census 2000 and other information to geographically plot data on a map of Ohio. The plotting allows reviewers to visualize services areas and identify at-a-glance areas of possible service needs such as senior services property tax levies, senior centers and farmers' markets.

Increase awareness of aging network programs, services and information resources for older adults, baby boomers and caregivers by at least ten percent. Encourage personal and family responsibility for long-term care planning. (September 2007)

Develop and maintain integrated in-house data analysis capabilities to better provide statistical and fact-based information to be used in developing and evaluating programs and needs.

Data from all 12 AAAs was submitted through the Social Assistance Management System (SAMS) in 2006. ODA developed a process to review the quality of the data. AAAs must meet minimum reporting requirements defined by AoA and ODA. ODA used SAMS to provide AoA with an accurate, unduplicated count of consumers for the first time in SFY 2007.

ODA updated funding sources for all services to ensure that AAAs can use the appropriate fund sources to pay for service delivery. The information is being used to update Ohio Aging Services Information System Software (OASIS), and also will be used to set up future financial reporting software.

Appendix G: Accomplishments, 2004 - 2007

As a result of discussions during an information technology summit in May and July 2006, ODA now only supports SAMS and related Synergy products to report data to the National Aging Program Information System (NAPIS). AAAs that chose to use alternative systems (e.g., Q, PeerPlace) must purchase a SAMS license to convert their data into SAMS before submitting to ODA. The change aids in validating and modifying data issues at the local level (e.g., adding providers; resolving contact information) as well as makes data more reliable when issues are resolved by AAAs.

In 2004, ODA implemented a statewide software system to become more efficient and provide access to real time data. PASSPORT Information Management System (PIMS) is centralized and used daily by Ohio's 13 PAAs. All aspects of PIMS are captured in one software package (i.e., screening and assessment, care planning, provider certification, claims processing).

Strategic Issue 7:

Improve aging network program efficiency, integration, and coordination.

Goal 7:

Implement a joint ODA, AAA and service provider process to review the effectiveness of current programmatic policies and practices to enhance services delivery. (September 2007).

Objectives and Accomplishments

Eliminate administrative and programmatic barriers that add cost but do not add value or enhance services to consumers. (September 2007)

ODA is developing administrative rules for OAA and contractually-related services. Workgroups met to prepare drafts for provider conditions of participation, personal care, homemaker, adult day, home repair, chore, congregate and home-delivered meals, nutrition education, nutrition consultation, nutrition health screening and assessment and nutritional-related supportive services. Another workgroup drafted a rule for AAA grants and contracts.

Maximize coordination between programs and, where appropriate, encourage integration among programs. (September 2007)

Legislation passed in SFY 2005 authorized ODA to certify providers, resulting in a single set of rules that apply for all long-term care provider agencies.

When Ohio passed new licensure regulations and inspection fees for ambulette services, ODA and the Ohio Department of Transportation (ODoT) collaborated with the Ohio Department of Public Safety and other organizations to successfully amend the statute to exempt aging network, rural transit systems and other human service transportation providers serving passengers who use wheelchairs as these providers were already subject to quality assurance standards and monitoring by ODA and ODoT. The agencies continue to collaborate on driver training

Appendix G: Accomplishments, 2004 - 2007

initiatives, subsidizing defensive driving and passenger assistance classes that are required for service providers.

In March 2006, the OAA transportation rule was filed and approved by legislators. It is nearly identical to the Medicaid waiver provider certification transportation rule.

Effective March 2007, providers for Title III programs are no longer certified by ODA, therefore language related to certification (e.g., appeal rights to ODA) was removed from draft rules.

ODA hired a full-time Rules Coordinator and created an Internet portal for rules clearance that has facilitated stakeholder interaction during rules development.

Establish measurable outcomes to determine the effectiveness of policies and practices. (September 2007)

ODA will issue rules for Title III services that enable AAAs to clearly procure and monitor service providers. Providers will have clear service specifications and performance expectations from which to operate.

In January 2007, Ohio went "live" with the first of several technology upgrades to the statewide accounting and reporting system. Several of these changes had a substantial impact on services to the aging network. The first release of the Ohio Administrative Knowledge System (OAKS) provided a new payroll processing and reporting system, which was later enhanced with the introduction of a new personnel benefits package. In July 2007, the OAKS second release included several financials-related modules, including accounts payable, accounts receivable, general ledger and purchasing.

Appendix G: Accomplishments, 2004 - 2007

Strategic Issue 8:

Ensure that the interests of older adults are represented in the legislative and policymaking processes.

Goal 8:

Support and initiate advocacy efforts at local, state, and federal levels that increase access to, and the availability of, services and programs which allow seniors and persons with disabilities to live independently in their communities. (September 2007)

Objectives and Accomplishments

Supply data and research to local, state and federal policymakers and advocacy organizations that support the development and expansion of senior services and programs. (September 2007)

An AoA-funded Performance Outcome Measures Project (POMP) survey in 2004 measured client satisfaction and program outcomes for many of Ohio's independent living services provided through OAA funding. Among notable results: 98 percent of those who used transportation services rated them as good or excellent, compared to 88 percent nationwide; more than 95 percent of homemaker services consumers were pleased with the thoroughness of their service providers, compared to fewer than 88 percent nationally; 74 percent receiving home-delivered meals have annual family incomes under \$12,500, compared with 70 percent nationwide (this underscores the commitment by AAAs to identify and serve those most in need) and more than 60 percent reported that independent living services allow them to care for their loved ones longer than they would without the services, compared to 52 percent of national respondents.

Utilizing funds from an AoA Advanced POMP grant in October 2004, ODA partnered with three AAAs to develop measures to identify high risk consumers in PASSPORT and Care Coordinated programs, formulate an optimal mix of services for these consumers and document the cost savings of keeping consumers at home through home- and community-based services.

In addition to state and federal funding, 62 of Ohio's 88 counties use local senior services property tax levies to support increased services to older adults, and older adults in two counties benefit from human services levies. Senior services property tax levies generate more than \$104 million in revenue. Levy passages have increased significantly during the past decade, with most recent levies passing with at least 60 percent of votes.

In 2006, nearly 6,000 older consumers received more than 20,600 units of legal services through ODA's legal services outreach.

In 2006, the aging network delivered 5.9 million meals to more than 52,300 older Ohioans in their own homes. Similarly, the network served 2.5 million meals to more than 71,500 older adults in congregate settings.

Appendix G: Accomplishments, 2004 - 2007

Community organizations provided 1.2 million regular and assisted transportation trips to more than 34,200 older adults for medical appointments, congregate meals, grocery store shopping and other purposes.

Represent the interest of older Ohioans to federal elected officials and policymakers pertaining to changes in Medicare, Social Security and other federal benefits. (September 2007)

Working in concert with the Ohio Senior Health Insurance Information Program, ODA positioned itself as a leader in helping Ohioans prepare for Medicare prescription drug coverage. In the summer of 2005, ODA launched an online information center that used a parallel approach to educate older Ohioans and their families as well as the professionals who serve them. It contained information about Medicare coverage and the choices individuals would have to make. In 2006, ODA declined funding from ODI's federal grant and instead suggested that funds be granted to the District 7 Area Agency on Aging for outreach and assistance in Appalachian counties.

In November 2005, ODA and Ohio's aging network assembled 42 delegates and other key players for a statewide Pre-White House Conference on Aging (WHCoA) Rally. Participants were given a wealth of information about the condition of aging services and Ohio's ability to accommodate the 76 million baby boomers who will turn 60 and older during the next two decades. Three panels of experts presented viewpoints and data in three topic areas: workplace, marketplace, community and social engagement; planning along the lifespan and health and long-term living.

In December 2006, ODA's Director led the Ohio delegation to the WHCoA and help open dialogue on key issues facing our current older adults as well as planning for an increasing number of baby boomers. Outcomes of the conference will guide national aging policies for the next ten years and beyond. The conference also set direction for Congress and the President as they worked to reauthorize the OAA in 2006. Ohio's delegation remained active throughout reauthorization.

Ohio convened representatives of national aging organizations such as AARP, the National Council on the Aging and the National Association of State Units on Aging to develop Ohio-based advocacy strategies in support of reauthorization of the OAA.

ODA's Director testified before a Congressional sub-committee in 2005 on reauthorization of the OAA, and staff testified again in April 2006. Additionally, staff met with every Ohio Congressional representative on Capitol Hill in April 2006 to encourage reauthorization. The OAA was reauthorized in October 2006.

Appendix G: Accomplishments, 2004 - 2007

Support and initiate consumer protection initiatives that address the needs of older adults and their caregivers. (September 2007)

The Ohio Elder Abuse Task Force was convened by the Ohio Attorney General and ODA's Director. After the release of the task force's final report in January 2005, the Governor created a steering committee to implement task force recommendations. Major activities of the committee during 2005 included introduction of SB 175, which would: require county departments of job and family services to enter into a memorandum of understanding with numerous stakeholders to address the problem of elder abuse, neglect and exploitation at local levels; draft changes to the adult protective services (APS) statute and implement a statewide public awareness campaign including information on how to recognize and report suspected elder abuse. The Ohio State Long-term Care Ombudsman and ODA continue to be involved in policy discussions regarding abuse, neglect and exploitation, including a 2007 policy summit, which, among other things, discussed expansion of APS to include long-term care facilities and impaired adults age 18 - 59.

In a proactive effort based on client satisfaction survey feedback, the Ohio State Long-term Care Ombudsman and regional programs now provide information to consumers about resident and family councils. This statewide effort offers additional information about these avenues for self-advocacy.

A law effective May 2006 created a medication aide program that would initially be implemented in up to 120 eligible long-term care facilities selected by the Ohio Board of Nursing. As a statutory member of the advisory council, the Ohio State Long-term Care Ombudsman advocated for pilot facilities to obtain informed consent from all participating residents, a significant increase in training (120 hours), a limitation on the routes that certified medication aides can use to administer medications (i.e., no feeding tubes) and criteria for prospective and certified medication aides that include a criminal background check and continuing education requirements.

The Ohio State Long-term Care Ombudsman provided support for new legislation through H.B. 57 that requires notification of residents and sponsors when sex offenders live in long-term care facilities.

Partner with other state agencies and consumer organizations to promote the integration of services to all persons with disabilities. (September 2007)

“Ohio is a great place to live and work. Every Ohioan should have an opportunity to learn and lead, earn and succeed. Age and disability should not be barriers to a meaningful quality of life.” This was the 2001 charge by the former Governor for Ohio Access, a blueprint to improve long-term supports and services for people with disabilities. In 2006, 6,000 more people with disabilities were served in home- and community-based settings than when Ohio Access was first launched. These Ohioans would otherwise be eligible for government-paid services in an institution.

Appendix G: Accomplishments, 2004 - 2007

Several recommendations of the Committee to Reform Medicaid were incorporated into the SFY 2006 - 2007 budget, including replacing the cost-based nursing facility formula with a new price-based formula and creating a Medicaid Administrative Study Council and Medicaid Care Management Workgroup. ODA's Director actively participated in both.

In May 2005, ConnectMeOhio.org (CMO) was launched as a live online Web site for Ohio consumers, caregivers and providers.

In October 2005, ODA received an Aging and Disability Resource Center (ADRC) grant from CMS and AoA's New Freedom Initiative. Called the Aging and Disability Resource Network (ADRN) in Ohio, a pilot site currently operates in Cuyahoga County, and will expand to four additional counties by 2008 before statewide expansion. ADRN provides a locally focused, coordinated approach to integrate information and referral for all available services for public and private pay individuals age 60 and older and all adults age 18 and older with disabilities. It also facilitates easier access to long-term care services by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition. Eventually, ConnectMeOhio.org will become the virtual interface for Ohio's ADRN.

In 2006, ODA was affected by a tentative settlement reached in the federal class action case of *Martin v. Strickland*, filed in 1989. The proposed agreement will result in state funding for home- and community-based services over the next two state fiscal years for 1,500 additional individuals who are currently in an institution and choose to move, or who will be at risk of being institutionalized but who would choose to be served in a community-setting. The overarching goal of the litigation - to allow people with disabilities to choose services in a home-like setting rather than an institution - has remained vital for the individuals served by the aging network in particular and is an important step forward in implementing the Olmstead decision in Ohio.

Advocate for and initiate programs that assist older adults in accessing and paying for prescription drugs. (September 2007)

The Golden Buckeye Prescription Drug Savings Program concluded its third and final year of operation in June 2007. As of September 2006, Ohioans had used the prescription card to save \$43.3 million on 3.3 million prescription drug purchases. The card was accepted at all but eight Ohio pharmacies. Cardholders saved an average of 25.5 percent (or \$13.20 per prescription). The program was operated at no cost to the state.

Effective May 2007, administration of the Ohio's Best Rx Program (OBRx) was transferred from ODJFS to ODA. OBRx lowers the cost of prescriptions for Ohio residents who have no drug insurance coverage. Any Ohio resident age 60 and older is eligible regardless of income. Also eligible are Ohio adults age 18 - 59 with no prescription coverage and incomes under 300 percent of the federal poverty level. Savings average 30 - 40 percent on prescriptions at participating

Appendix G: Accomplishments, 2004 - 2007

Ohio pharmacies. Former Golden Buckeye Prescription Drug Saving Program participants were automatically absorbed into OBRx.

Promote and support the development of a wide array of housing options. (September 2007)

Now that Ohio funds assisted living through a Medicaid waiver, ODA and AAAs are encouraging eligible low-income housing entities such as HUD-funded 202 projects to convert part or all of their buildings to assisting living. Funds will cover structural modifications necessary to meet licensure requirements for which property owners lack financial resources.

In April 2007, a separate and distinct housing registry was established as an annex to CMO. The registry provides information on affordable, accessible rental housing throughout Ohio, as well as links to other housing options and resources. ODA recruited ODJFS, ODoD, Ohio Housing Finance Agency (OHFA) and Ohio Developmental Disabilities Council to partner for this initiative. The annex functions similarly to the larger CMO database, but with a separate and distinct identity. The registry has its own public interface, allowing a link to the housing search and home page to be easily placed on other agency Web sites. Property managers can list their housing accommodations at no charge and the OHFA automatically populates the housing database with HUD, rural housing development and Section 8 providers.

ODA is participating in planning for the MFP program through ODJFS, and is active in the MFP Housing Workgroup.

ODA is working with a coalition of state and local governments, nonprofit organizations and fair housing advocates on a Visitability Strategy Group. The group's goal is to increase visitability requirements in new construction in Ohio (e.g., one-step free entrance, accessible toilet on the first floor).

ODA is also working to increase the availability of resources for home repair and accessibility modification to enable low-income homeowners to remain safe and independent in their homes. Strategies include an initiative to raise the cap on the Ohio Housing Trust Fund (OHTF) to allow 100 percent of those resources to be used for affordable housing initiatives and increase the participation of AAAs competing for OHTF for emergency home repair and modification for older homeowners.

ODA is an active member of the Columbus-area Affordable Housing Task Force. Membership includes central Ohio city and county government representatives, legal aid attorneys, fair housing staff and public and private subsidized housing organizations. The task force tracks troubled properties and attempts to find solutions to maintain viable subsidized housing.

Appendix H: Summary of Public Input Comments

These comments were received as public feedback on the five strategic issues, 14 goals, and related objectives developed by the Ohio Department of Aging (ODA). Commenters reacted to a draft that ODA continuously updated before the majority of these comments were received.

Overall Comments

General: All looks good and will be helpful to all!

General: I definitely think your plan is on track for the future of all of our Ohio senior citizens. Thanks for your foresight!

General: Thanks for letting me share and I appreciate all you do to promote the care and well-being of our elderly. I care deeply for them and want to see each and everyone lead a full life until the end.

General: I heartily support the strategic goals and objectives.

General: I have read the proposed plan and although it sounds solid with many great ideas, Thanks for all your doing and I know it's extremely difficult to meet all the challenges out there.

General: Thank you for the opportunity to express my feelings on your issues.

General: Why do senior citizens have to pay for fishing licenses? I think that seniors should have access to swimming at a more affordable rate. The beach only charges \$27 for a season pass whereas other indoor facilities are in the hundreds which is outrageous on a fixed income.

General: Please continue to help senior citizens in the best way possible. The most important issue is to keep all of us informed of the progress as it is being made. The better informed we are the smarter choices we can make.

General: Too many goals, creating a logistics problem as well as a coordination problem. Suggest doing a few things well, rather than doing many things partially.

General: Overall, I think the "Ohio State Plan on Aging, 2008-2011" is excellent. I previously worked on the strategic plan in another state agency and while I thought it was good, I am even more impressed with your document.

General: Very good proposal and, keep up the good work. Our generation of BABY BOOMERS needs all of the support that we can get from our elected officials in order to keep this world on the right track.

Appendix H: Summary of Public Input Comments

General: You have created a draft of plan that includes good words for "review", "development", "design", and many other "ethereal" words. My concern is for "concrete" plans and programs for older Ohioans.

General: I fully support your strategic plan. I feel that the problems, objectives and goals have been developed to indirectly and directly advocate for our senior community.

General: Thank you for offering the opportunity for input in your draft of strategic planning in aging. It is wise to seek comments from the community. As a septuagenarian and advocate, I appreciate the opportunity.

General: Need more community and government support on businesses committing fraud, terrorist tactics, abuse, and deceitful acts to take our income with home improvement contractors!

General: Overall this is a great document that shows much work and thought. My comments are meant to be positive and to compliment the document.

General: As a promoter of healthy aging, and as a member of a coalition, I was very interested in reading the draft of the state plan to see which areas have been emphasized. As a whole, the document did a good job of hitting important, albeit somewhat general, areas in which improvements are needed.

General: Overall, the plan tackles the most important issues facing the aging community of Ohio and their supporters. If everything in the plan is pursued and accomplished, we as a state will be much better for it.

General: The state is doing a great job. Any change that betters our elderly is exceptional.

General: Wonderful plan.

General: I enjoyed reading and studying the Plan on Aging. Thank you for asking me to participate. The five strategic issues are very good. The goals supporting the strategic issues are likewise supportive. My concern is with the objectives. How do you plan to measure them? Who will implement the objectives? How well are the objectives to be done? What is the baseline to determine where to begin working on the objectives? Do you need some terms defined link "stakeholders"? This is the "Ohio State Plan." Do you need to state "older Ohioans"?

General: Excellent overall plan.

General: We appreciate the opportunity to provide comments on the proposed draft of Ohio State Plan on Aging, 2008 – 2011 (hereto referred to as the State Plan). The State Plan contains admirable goals among its five strategic issues; however, we believe that the State Plan would result in inefficient uses of public dollars and create unnecessary additional expenses to taxpayers. There are two reasons for this expected result: 1) the desire to expand services, the

Appendix H: Summary of Public Input Comments

population served, and marketing efforts, and 2) the failure to consider the social benefits and costs, including the opportunity cost, of the additional use of public funds.

1) Emphasis on Expansion

One of the repeat themes in the State Plan is expansion. For example, Strategic Issue 2: Caregiver Support is “Promote and expand programs, resources and services to support family and other informal caregivers.” The goals under that strategic issue not surprisingly follow that overall objective by:

- Having ODA attempt to expand the number of possible consumers by developing marketing strategies to “facilitate caregiver self-identification.”
- Expanding the marketing of available services.
- “Achieve a 10% increase in caregivers... who utilize caregiver supports and services.”
- Increasing the funding for respite, including new volunteer respite programs.

Other parts of the State Plan contain similar goals that would increase marketing and the consumption of services, including to non-Medicaid consumers.

While the marketing and expansion of public services is not inherently an inappropriate objective for a government agency, it needs to be done carefully and with the understanding that the agency is not expanding government for the purpose of increasing its budget or gaining political importance (for a more detailed discussion of agency incentives to increase budgets, please see Niskanen, W. Jr., *Bureaucracy and Public Economics*, Aldershot, U.K.: Edward Elgar Publishing, 1994).

Unfortunately, many aspects of the State Plan appear to be focused on expanding programs related to ODA with little regard to ODA functioning as a government agency providing information and services to the needy. There also appears to be an emphasis on a government agency acting as an advocate for a select population group. This perception is derived from the State Plan because of the lack of focus on the populations being served as being in need of those services. For example, the objective of increasing by ten percent the number of caregivers utilizing caregiver supports and services makes no reference as to the needs of the caregivers, or if there is even a need to expand the services by the ten percent goal. A better objective is: “Increase the number of caregivers utilizing caregiver supports and services who require these services to significantly increase

Appendix H: Summary of Public Input Comments

their quality of life or to prevent the move of the individuals the caregivers are caring for into a facility.”

The above objective limits any unnecessary expansion of government by focusing the definition of who is to receive the services and what the department is trying to achieve in providing those services. Where services are to be expanded or the attempt is being made to derive demand for those services via marketing, the State Plan should include the type of individual the state would like to see receiving those services and how those services or the marketing of those services benefit society and the taxpayers of Ohio.

The need to avoid unnecessary government expansion and a government agency functioning as an advocacy group will become evident as the number of individuals requiring long-term care services increase in the future. As an example, if the state of Ohio wishes to replace informal caregiver support with government services, the cost to the taxpayers of Ohio could be enormous (see Gibson, M.J., and Houser, A., *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, AARP Issue Brief IB-82, June 2007 and related documents). Therefore, any attempt to expand services or increase demand needs to be closely investigated to ensure that the additional expenditures are beneficial to society. Also, a government agency acting as an advocate loses sight of the fiscal responsibility it owes to taxpayers by focusing only on those issues it is advocating for and not the taxpaying citizens of Ohio as a whole. As noted below, this can result in an inefficient use of funds. The State Plan needs to account for opportunity cost when evaluating programs and focus less on advocating for the expansion of services or programs without proper evaluations.

2) Consider All Costs and Benefits

The desire for the State Plan to expand services, programs, marketing and consumers gives greater importance to Strategic Issue 3: Infrastructure “Ensure program efficiency, integration, quality and coordination.” While the goals and objectives of improving quality, improving data collection and access, and becoming more efficient in the provision of services should be applauded, there is a lack of any efficiency measures both at the margin (i.e., program expansion) and within the context of a state budget (i.e., opportunity cost within all state programs). By failing to consider the benefits and costs of new programs, program expansion or marketing to increase demand, the State Plan could be advocating for changes that are not in the best interest of the taxpayers of Ohio, although they may be in the best interest of the elderly of Ohio. The result could be an inefficient use of public dollars.

Appendix H: Summary of Public Input Comments

The State Plan needs to be developed not as a single document on an island, but as part of a bigger plan that incorporates the needs of other individuals in the state of Ohio. To do this, the State Plan should include more efficiency evaluations of the proposed goals and objectives that include how public dollars could be spent elsewhere and the benefit gained from those other expenditures. It should also include more details as to the benefits taxpayers receive under the objectives. Unless that is done, the State Plan functions more as an advocacy tool to steer public dollars to programs that benefit the elderly at a cost to other government programs, than as a piece of a larger plan for the state that will aid in determining how to efficiently allocate funds for the elderly population.

In conclusion, the current State Plan functions more as a business plan. It uses marketing to create demand. It contains objectives of increasing services and the number served with little regard as to the overall costs and benefits of implementing the goals and objectives in the context of limited resources. Instead, the State Plan should focus more on meeting the demands of the needy elderly population as efficiently as possible.

Strategic Issue 1: Active and Healthy Aging

General: Clarification question: In the first line of the description [of this issue], should the word "service" be "services," i.e., are we referring to service as a single entity or are we referring to multiple services" that support active and healthy aging..."? "Programs" and "communities" are plural in the sentence so I thought the intent might be to refer to multiple services.

General: On strategic issue one, the city offices, such as our senior centers, should be included in a category of their own.

Goal 1: I wonder if the word "the" is missing from in front of "aging network" in the first line.

Goal 1: This goal uses the term "health systems." What does that mean as it is not identified or defined?

Goal 1: The emphasis in the draft seems to be focused primarily on health concerns and continuing workforce involvement. Of course, this is extremely important in all populations. However, it is also necessary to include positive, upbeat individual and group continuing achievement encouragement in all populations, city, rural and suburban.

Goal 1: Our organization is comprised of nutrition service providers and Area Agencies on Aging representatives. One of our charges is to advocate for nutrition issues relating to older adults in Ohio. We support all language relating to nutrition, health and wellness goals and objectives. We would be

Appendix H: Summary of Public Input Comments

willing to be a part of and assist with the discussion of any structural changes related to these services. There is a need to emphasize proper nutrition and access to healthy food and food programs for older adults. We support a focus on wellness and health and see nutrition as a key contributor to successful aging and "aging in place."

Goal 1: There are several places in the document where the terms "on-line" and "on-going" are used. The "spelling and grammar" feature in Word does not suggest corrections but I don't believe these words should be hyphenated. I know it's probably just my personal preference though. Here's a link to a reference I found on the subject of "on-line" versus "online":
<http://www.future-perfect.co.uk/grammartips/grammar-tip-ongoing.asp>.

Goal 1: There is a growing problem of drug and alcohol abuse among seniors. This needs to be addressed as well.

Goal 1, Objective 1: Add "including nutrition, cardiovascular disease and diabetes."

Goal 1, Objective 2: It talks about reaching the underserved and at-risk. I believe that you are better served by using people and homecare agencies that are serving them to educate them. I question if online tools would be effective to a population who may not have Internet access or a computer or, in some cases, do not know how to read.

Goal 1, Objective 2: Consider adding OSHIIP/Ohio Department of Insurance to this. They help Medicare beneficiaries become better healthcare consumers/buyers through their publications, particularly "The Ohio Shoppers Guide to Medicare Supplements" I would contact them first, however, as a courtesy.

Goal 1, Objective 2: One issue that I would like to see addressed would involve the development of an educational tool to educate not our seniors; for it would be too late for them; but to educate our working generation to think about starting a health savings program which would allow tax free payroll deduction for long-term care if the need would arise. Currently our seniors save all of their hard earned savings just in case something happens that they would need long-term care; they are afraid to use it. They never get to enjoy their earnings. They have worked hard for all of those years just to have to be admitted in a long-term care facility for them to exhaust all of their assets and they end up with nothing but the shirt on their back. It is hard enough on them losing their independence let alone all of their assets as well. If they would have had a health savings account they could have utilized that fund for long-term care and would have been able to enjoy their hard earned income for all of the service that they have given to their community.

Goal 1, Objective 2: I may have missed it and if it isn't in the plan, a section needs to be included focusing on "managing and safeguarding one's financial

Appendix H: Summary of Public Input Comments

and other resources." There seems to be quite a few older folks who lose out through improper investing, failing to take appropriate legal precautions, theft by family and others, generally making poor decisions that someone talks them into, and the like. Please review the plan for inclusion of this idea. It might help make older folks' life more pleasant and less stressful.

Goal 1, Objective 2: I appreciate the effort to promote online tools. However, many elderly who really need the information do not have access nor understand computer usage. I think before the online tools are pushed, the idea of a "friendly computer" must be available. Many of those who are computer savvy are also more aware of their healthcare options.

Goal 1, Objective 2: I did not see any mention of advanced directives in your strategies. Perhaps I missed it. I believe this is essential for all Americans and starts with educating those whom are most likely to need these documents. Perhaps a more focused plan on dissemination of this need?

Goal 1, Objective 3: Many urban residents and senior centers that support them lack sufficient technology skills and resources to meet this objective. Would an added objective be, "Develop strategies to identify and assist community partners lacking technology skills and resources needed to fully implement the objectives promoting Active and Healthy Aging initiatives in their communities?"

Goal 1, Objective 3: I was a bit disappointed to see that online objectives are key to you. However, it is my opinion that you must not limit your outreach to online services as the older population I am familiar with have few personal computers and have limited access to libraries, etc., due to transportation issues. Please do not forget those older Ohioans who do not have computers.

Goal 1, Objective 3: This looks like very aggressively pro-active plan to me. I wish implementation on many levels. One thing I would not expect is for the seniors themselves to use online tools. Their caregivers may. Many of today's seniors do not have a computer and those who come to use the one here at the recreation building do so for a short time. Their arthritic fingers tend to prohibit typing or frustrate them by typing two letters at the same time or giving two commands at once.

Goal 1, Objective 3: Comments that I wish to share concern the following: Goals and objectives should be stated to reflect socioeconomic status and levels to be addressed. Not all senior have the capabilities, access or the wherewithal to use computers. Most do not read materials because it is often times too complicated and not reader friendly. Sometimes there is too much information for one person to digest.

Goal 1, Objective 3: I wonder how many seniors would get the information concerning what is available for them to access. I don't believe there is enough communication to seniors about the programs and how to begin to take

Appendix H: Summary of Public Input Comments

advantage of them. Not all seniors have access to or use of a computer and the senior centers seem to do little about getting out the word.

Goal 1, Objective 4: The general nature of the document, though necessary, precludes discussion of specific concerns in the aging population. For example, I would love to know that Strategic Issue 1: Active and Healthy Aging would be focused on specifics such as: a) increase availability and promotion of exercise programs for older adults or b) promote a statewide front on the prevention of falls. Hopefully down the road in the implementation of this plan, we will see some of these specifics emerge. I urge the state to consider the importance of fall prevention when later identifying which disease prevention/healthy promotion programs to pursue.

Goal 1, Objective 4: Add as an example "one with focus on nutrition."

Goal 1, Objective 4: One final comment that I have pertains to the objectives listed throughout the document. I see very little suggesting that existing resources will be consulted or used. It is important not to reinvent the wheel. Doing a review of aging plans for other states or identifying national programs would perhaps suggest the most optimum way to achieve a goal. For example, our coalition is trying to promote and work with states to address the issues of fall prevention. States like Maine and California have set precedent in this area. However, the plan does not seem to indicate that these resources were used in the development or implementation of the Ohio State Plan. This may be a potential weakness.

Goal 1, Objective 4: Address the depression that is epidemic in the elder population by investigating evidence based programs such as "Healthy Ideas" that are shown to reduce the incidence of depression. I work in mental health/senior center program and would be very interested in assisting with above.

Goal 1, Objective 4: No mention of improving opportunities for exercise among senior citizens. Suggest tying in with the YMCA/JCC's very successful "Silver Sneakers" exercise programs for active older adults. Anthem and Humana insurance companies offer free memberships to the Y's for their members.

Goal 1, Objective 5: Do not forget that health promo programs also include fitness/exercise opportunities and that many senior centers offer these. Additional funding to support these programs would be a wise investment.

Goal 1, Objective 5: Add "including nutrition."

Goal 1, Objective 6: I would like to see reduction of ageism through a coordinated campaign with dollars associated to help teach the general population about aging, positive aging aspects, and enhancing elder's lives.

Appendix H: Summary of Public Input Comments

Goal 2: I am unfamiliar with the phrase "livable senior friendly communities" or "livable senior friendly businesses." How is "livable" defined here, e.g., can a senior friendly community not be livable?

Goal 2, Objective 2: Be sure to make these trainings convenient for community leaders. Send your trainer to them instead of requiring them to come to you, because they won't.

Goal 2, Objective 2: I am in full support of enhancing senior services. I see a few areas of great need. The first is seniors needing non-medical transportation, such as appointments at the Department of Job and Family Services and to Ohio Department of Motor Vehicles to receive a state identification card.

Goal 2, Objective 2: Adult protective services are grossly under-funded, and in some counties does not seem to have fully qualified caseworkers. APS caseworkers need to be highly qualified professionals, hired not because of internal agency "seniority" but based on educational and clinical competency, as their responsibilities are very complex and frequently of an urgent life-saving nature. With the growing senior population, more APS workers are already needed and this will continue to grow.

Goal 2, Objective 2: I think safety is a big issue, and I feel that also promoting adequate lighting (inside and out), appropriate safety locks on windows and doors, security lights and systems and neighborhood watch friends could help the elderly want to stay in their homes longer. As a previous long-term care nurse, I have been told many stories of the elderly feeling unsafe in their homes, often that being the reason they were unable to stay. We need to offer free safety updates to homes. It doesn't matter if a person has enough caregivers and activities in their home if they feel unsafe. Basic needs must be met to function at the most independent level.

Goal 2, Objective 2: Safe, affordable, permanent housing needs to be an area of focus. Without housing, supports and services alone are not enough. With affordable housing, the supportive professional services and natural supports available in communities make a significant difference in people's lives.

Goal 2, Objective 2: The ODA should develop a housing plan that includes working with other departments to leverage housing construction/renovation funds with commitments for supportive services around the state for older Ohioans. ODA should develop key partnerships to leverage low-income tax credits, public-private partnerships and grants from a variety of funders.

Goal 2, Objective 3: Just an edit, I think you should say growing "older or senior" population.

Goal 2, Objective 3: It would seem to me that you are interested in acquiring funds/resources for implementation of your programs--very good--however, I

Appendix H: Summary of Public Input Comments

would like to see more funds made available for the needs of older Ohioans. As the "Boomer" generation hit the "older Ohioan" category, more and more dollars will need to be spend on the population and less on program. These Boomers have contributed a lot of state taxes in their lifetimes...please be sure they have great service as older Ohioans.

Goal 2, Objective 4: This seems out of place. How does access to legal services relate to senior friendly communities?

Goal 2, Objective 4: Regarding legal services, will those who are in the lower socioeconomic realm be afforded the same quality of legal services as those who are able to pay for it or those on a sliding scale?

Goal 2, Objective 4: I would like to see improvement with legal guidance and monitoring for seniors needing legal assistance.

Goal 2, Objective 6: I also like the idea of working with educational board of regents to give more opportunities in lifelong learning to older adults. But 60+ seems a little late to me. Perhaps 55+?

Goal 3, Objective 1: For seniors who are working full time in low-paying jobs to supplement their Social Security income to have the ability to receive unemployment compensation as all able bodied Ohio residents can do who are not seniors.

Strategic Issue 2: Caregiver Support

Goal 1: Need more money to spend on services. At present we have a wait list of 100 people in a four county area. We could also increase staffing if we had more money. Caregivers dealing with Alzheimer's/organic brain issues are increasing with longevity. Quality of life is important for the caregiver and recipient. With more money for respite we could slow down nursing home placement. With increase in staffing we could do closer monitoring and support, and provide more education/ and support groups for caregiver's. Caregiver's are working into their 70s and 80s years of age because of cost of living. We need to support them. Brothers and sisters who are aged and caring for their adult (age 60 and older) sibling with MR/DD should also get priority for respite.

Goal 1: Caregiver Support programs which give respite to caregivers are most important, both to the seniors as well as to their caregivers. The burden of stress on caregivers is often not understood nor appreciated, and many put themselves, their children, marriages and jobs at risk trying to be all things to all people. When an elderly "well" spouse is a long-term caregiver, he/she frequently pre-deceases the frail spouse, which often forces the frail spouse into a nursing home. This type of nursing home admission could be prevented or forestalled by more respite funding.

Appendix H: Summary of Public Input Comments

Goal 1: I am particularly concerned with family care providers and finding more financial resources to cover the growing costs of adult day care as well as respite care for the family. My mother is on the cusp of eligibility for PASSPORT services, \$40.00 over the eligibility requirement according to Jobs and Family Services of Cuyahoga County and the burden of caring for her, my family and working full-time is taking its toll in both personal time and financial resources. Any help that can be provided by lowering the financial eligibility for the elderly would be a tremendous help to family caregivers. My goal is to keep my parents (92 year old father and 80 year old mother) in their home as long as possible but dementia as well as declining health make it difficult for us.

Goal 1, Objective 1: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 1, Objective 1: Would be really nice to have one number to call for support for caregivers. Everything seems to be well explained and includes just about everyone. The low and fixed income really need help!

Goal 1, Objective 2: I also believe in promoting creativity in caring for our elderly. How about "parent sharing" where all the members of a family take turns caring for their parent(s) in the caregivers' home. Lower burn-out and change of scenery can do a person good. Also, "Adopt a Grandparent" just like Big Brothers/Big Sisters. My mother, who is in her early 70s, went to a local long-term care facility and the staff were unsure what to do with her. If she could volunteer to visit with someone a couple days a week and call several times a week, I think that would help her feel productive and certainly provide much needed companionship for her adopted parent. If there are programs available such as this at present, they are not promoted well.

Goal 1, Objective 2: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 1, Objective 3: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 2: I especially like the strengthening of the Caregiver Support Program. Caregivers love it. It helps everybody. The caregiver, the recipient of the care, and the Ohio taxpayer.

Goal 2, Objective 1: How is the number of caregivers tracked/measured who currently utilize supports and services? How will increases in utilization be tracked/measured in order to determine if/when the goal of a 10 percent increase is reached?

Goal 2, Objective 1: Stats are fine but how were they developed? Qualitatively or quantitatively or both? Who was surveyed?

Appendix H: Summary of Public Input Comments

Goal 2, Objective 1: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 2, Objective 2: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 2, Objective 3: Be sure you have the resources in place to back up your marketing plan, otherwise you will create a monster.

Goal 2, Objective 3: Suggest revising "Develop a system that allows caregivers to access an array of caregiver supports and services with one contact (e.g. Web, telephone, in-person)" to "Refine system to better allow caregivers to access an array of caregiver supports and services with one contact (e.g. Web, telephone, in-person)." The system already exists but perhaps needs improvement.

Goal 3: Many minority communities remain reluctant to use respite services because of lack of trust and the lackadaisical approach on the part of service providers to serving these communities, especially when there is a language barrier. Would an added objective be, "Develop a system that will promote the delivery of services in all communities (e.g., low-income, minority, non-English speaking)"?

Goal 3: There are many of our seniors that are raising their grandchildren or other children. Our kinship program addresses this and needs to be supported and mentioned in the plan.

Strategic Issue 3: Infrastructure

General: A period has been omitted from the word "coordination" [in the issue statement].

General: I favor means testing and sliding fee scales for government reimbursed social services/programs, such as Homestead Act, non-Medicare homecare, home-delivered meals, etc. This enables programs to extend their services to more persons and skews greater benefits to those who can only afford little or nothing for needed services. Those who are blessed with money should pay for more or all of their services and not deprive the needy.

Goal 1: I favor being more frugal with homecare plans of care, in both federally and state-funded programs where this does not impair the health and safety of consumers. This also enables programs to extend their services to more persons.

Goal 1: I recommend changing the semicolon to a comma following the word "programs," then modifying the remainder of the sentence so that it says "...programs, and thus supports the strong front door...." Also, is the phrase "strong front door" a phrase that's well-known in the aging community and

Appendix H: Summary of Public Input Comments

aging network? I had not seen it prior to reviewing this document. I Googled it but could not find the phrase used in reference to public or community services or assistance, only to I.T. issues. As "strong front door" is used several times in the document and thus seems to be part of the Aging/AAA vernacular, I recommend using quotation marks around the phrase the first time it is used in the document. This will help the layperson identify it as a concept specific to this document and the aging community.

Goal 1: Suggest rethinking the "strong" in "strong front door" throughout issue 3. A "strong front door" conveys an image of a door that keeps out intruders. I think you are saying that the front door should be capable of accommodating entry by many, and be wide open and welcoming.

Goal 1: The asset limitations of \$1,500 for a single person as well as the various higher amounts for couples to qualify for Medicaid, State Home Repair, and other related benefits, should be raised to reflect the devaluation of the dollar. Those limits were set, I believe, about 1965 and are ludicrous today. It is puzzling that the income limits are increased annually, but asset limits have remained static which is illogical. People have savings in order to be able to afford high ticket items, such as a new roof, refrigerator, paying medical co-pays and burials.

Goal 1, Objective 3: This statement is very confusing.

Goal 2: All very good.

Goal 2, Objective 2: I believe the word "the" is missing from before "...(the) Centers for Medicare and Medicaid Services!...."

Goal 2, Objective 3: Add "including nutrition programs, e.g., meals"

Goal 2, Objective 4: A period has been omitted following the word "system."

Goal 2, Objective 6: Add "e.g., annual meeting with nutrition coordinators regarding best practices."

Goal 2, Objective 6: The ODA should highlight best practices for AAAs and provider agencies to share promising practices.

Goal 3: I didn't see anything about senior centers. How does this service need to change with the baby boomers now becoming a part of the senior population?

Goal 3: More monies are needed for services in senior centers. Our center is getting more and more seniors coming for activities and service programs.

Goal 3: The aging system needs to work to make program regulations consistent among programs—Older Americans Act, PASSPORT and others. Should have one set of regulations--background checks, home-delivered meal requirements, personal care worker qualifications and many, many more.

Appendix H: Summary of Public Input Comments

Regulations should be clear and state the MINIMUM acceptable requirements, not provide advice about what a provider may or may not do.

Goal 3, Objective 2: Add "include representation from nutrition professionals."

Goal 3, Objective 3: Need to be familiar with the programs. Maybe a chart would help.

Goal 3, Objective 2: I feel that all task forces or boards should include social workers, nurses and other health care professionals [clinicians] as well as consumers to state the actual facts and circumstances as it relates to them and not just based on statistics.

Goal 3, Objective 4: Add "e.g., PASSPORT meal rules versus Older Americans Act Programs Division's Title III C-1 and 2 proposed rules for nutrition services."

Goal 3, Objective 5: Add as example "e.g., using the DETERMINE Checklist as possible gauge for program effectiveness."

Strategic Issue 4: Healthcare Workforce

General: I recommend using the term "healthcare" consistently as either "healthcare" or "health care" rather than using it one way throughout and another way later.

Goal 1: One of the main barriers to attracting and sustaining paraprofessionals in this area is a lack of benefits, especially healthcare. Could an objective be added to address this need?

Goal 1: Paraprofessionals, certified nurse assistants and state tested nurse assistants are the heart and soul of long-term care. We need to nurture and encourage them to continue their education and open pathways for that career. Workers in home health for seniors, i.e., Senior Options and PASSPORT are working for the lowest wages in long-term care healthcare arena.

Goal 1: I have worked with the PASSPORT Program for many years. Recruiting, training and supporting the aides are day to day tasks for providers. Providers have not seen a raise to pass along to these paraprofessionals. Therefore, the turnover is high. I have called Ohio Department of Aging regarding this huge issue. I was told that there has been no allocation for an increase to the providers for 10 years. I do not see that this is fair to anyone. Senior Volunteer Program is good for companionship, but can never take place of an aide. Thank you for listening.

Goal 1, Objective 1: Please provide prospective consumers with a list of recommended home health agencies. This would make it a lot easier and less

Appendix H: Summary of Public Input Comments

frustrating than looking through the yellow pages or surfing the Web for reputable home health agencies.

Goal 1, Objective 2: The ODA should sponsor workshops for direct care staff that are affordable and relevant on personal care, handling a crisis, helping people with grief issues, effective communication techniques, dealing with dementia, etc.

Goal 1, Objective 3: Government programs in general tend to be very bureaucratic and do not listen well to the “low level professionals” who are the direct service providers and frequently have more realistic and practical solutions to how services should be delivered. Encouraging local initiatives, such as Options for Independence to implement innovative and very cost effective approaches to senior home care is to be encouraged.

Goal 1, Objective 3: The ratio of patient/resident should be increased. In practice the nurses do not usually assist with ADLs and toileting. The ratio should be about 1 staff or nursing assistant to 10 patients or residents.

Goal 1, Objective 3: It has been a proven fact that one reason for the shortage is due to the low reimbursement the state pays for services provided. ODA should consider adding a sixth objective that requires an impact study of the correlation between the wages and benefits paid to care for the elderly in various settings and at what level is reasonable and will attract the qualified “direct-service workers.”

Goal 1, Objective 3: I think the section on furthering education at no cost is excellent and plan to take advantage of it if and when it is implemented.

Goal 1, Objective 3: I've noticed the agencies that provide the health care services have a lot of trouble getting and keeping sufficient employees. This seems to be partly because of the low wages that are offered. Perhaps initiating a minimum wage for that position would be helpful.

Goal 1, Objective 4: I find this objective somewhat ironic, to put it politely, since most posted positions for programmatic personnel at ODA do not list knowledge of gerontology as a minimum qualification. If this is no longer the case, as I've been away for a time, I retract my comment.

Goal 1, Objective 4: I definitely agree. The term "gerontology" just isn't "sexy" to medical students. It needs to be mentioned that their future just might be in this field as many Americans turn 60+ in the next few years.

Goal 1, Objective 4: It is bothersome to our organization to note that the document provided for comment makes no mention of "healthcare providers." The home care and hospice industry should be acknowledged in the document as they are the key stakeholder when it comes to families staying together in the community, respite care, keeping people out of institutional care including

Appendix H: Summary of Public Input Comments

hospitals and nursing homes and educating patients and families about how to care for their loved one and educate them on wellness.

Goal 1, Objective 6: Work to remove barriers to the practice of nutrition counseling by Registered Dietitians in the Title III C-1 and 2 nutrition programs.

Strategic Issue 5: System of Long-term Supports and Services

General: I recommend using the term "healthcare" consistently as either "healthcare" or "health care" rather than using it one way [throughout issue 4 and another way within this issue 5].

General: Reducing “nursing home welfare” even further, by eliminating the daily bed hold fees, should be enacted. This money should be diverted to homecare for the elderly and disabled. There is no longer a shortage of nursing home beds, which is why this system was initiated many years ago.

Goal 1: Long-term care may be one of the greatest problems of the future; please go beyond developing strategy...develop long-term care that is available and affordable to the masses. Wouldn't it be wonderful if Ohio figured out a way to have long-term care available for its population...at no or low cost. Taxes should be set aside for this need. You are smart enough and politically intelligent enough to make this happen.

Goal 1: As the administrator of a long-term care facility in Ohio, I want to be certain that the funding for nursing home care is not sacrificed in an attempt to divert dollars to the area agency on aging network. There is a place for all types of care. It is essential that all factions work together to provide a continuum of services.

Goal 1: Please re-instate funds for the Residential State Supplement Program. Since freezing those funds more individuals have had to go to nursing homes and they could easily function and be taken care of in a group home/boarding home setting. The cost savings between nursing home and a group home are tremendous. Additional funds are also needed for assisted living facilities. Again, additional cost savings. Since baby boomers are getting to be seniors, it is even more critical for the State of Ohio to care for its seniors in the best cost-effective alternatives to nursing home care.

Goal 2, Objective 2: Add these five words between use and available: existing aging network infrastructure and.”

Goal 2, Objective 3: I support the full backing, support and financial commitment to the PASSPORT Program.

Appendix H: Summary of Public Input Comments

Goal 2, Objective 3: The PASSPORT program is great! However, home health care should be based partly on what is needed by the individual patient and caregiver that lives with him/her.

Goal 2, Objective 3: PASSPORT is an excellent program of which Ohio can be most proud! However, it fails to reach many seniors who are not yet at a nursing home level of care, or who want to hold on to their small savings and therefore do not qualify for the Medicaid waiver. The safety net for these unserved or underserved seniors who need small amounts of homecare needs to be greatly increased through Community Services Grant funding.

Goal 2, Objective 3: I feel that the PASSPORT program and the caseworkers, nurses and staff are doing an excellent job. If it wouldn't have been for PASSPORT my father, which passed away in June, could not have lived such an enjoyable life being at his own home and not in some nursing home. Everyone of the staff members that came out was kind not only to my father but to the rest of the family. The staff also did everything in their power to make my dad's final days be the best.

Goal 2, Objective 3: I would also like to have more attention given to the Medicaid disabled who are under 60. There is a need there since they are not currently eligible for services (e.g., transportation; summer fresh food vouchers)

Goal 2, Objective 5: Expand the number of Medicaid assisted living waivers both for persons living in the community and those in nursing homes. This would reduce the overall costs of institutional care for most persons are not fearful of assisted living facilities as they are of nursing homes. However, most seniors fight to remain in their own homes so this is not likely to be abused.

Goal 2, Objective 6: I believe the word "the" is missing from before "...(the) current Assisted Living waiver...."

Goal 3, Objective 3: The experiment with Medicare Advantage plans (which I realize is Federal legislation) has failed to deliver a cost effective method of serving the American public in part because of its very high administrative costs, high profit margins and failure to control industry costs. I have definitely become an advocate for a Medicare model of National Health Insurance which works much better than our current American system in Canada and Western Europe. However, some states are experimenting with a state format to extend health insurance to all of its citizens. It would be wise if Ohio were to advocate to do this as well.

Goal 4: Some AAA's have a stronger community presence than others. In this community, the senior center is often the "front door" or the first step in locating community-based services such as adult day care and in-home care, both of which I would consider long-term supports. Our facility is much more

Appendix H: Summary of Public Input Comments

centrally located and well-known. I am also concerned that AAAs may put more focus on PASSPORT eligibles and just refer non-eligibles to the senior center. If you do promote this philosophy, be sure that the AAAs have adequate manpower and training to handle the increased demand. Maybe collaboration between AAAs and senior centers might be a viable option, with an AAA staffer located at the county senior center and available to handle walk-ins who have questions?

Goal 4: Suggest rethinking the "strong" in "strong front door" throughout issue 5. A "strong front door" conveys an image of a door that keeps out intruders. I think you are saying that the front door should be capable of accommodating entry by many, and be wide open and welcoming.

Goal 4: Is the phrase "strong front door" a phrase that's well-known in the aging community and aging network? I had not seen it prior to reviewing this document. I Googled it but could not find the phrase used in reference to public or community services or assistance, only to I.T. issues. As "strong front door" is used several times in the document and thus seems to be part of the Aging/AAA vernacular, I recommend using quotation marks around the phrase the first time it is used in the document. This will help the layperson identify it as a concept specific to this document and the aging community.

Goal 4: More funding to support the ADRC philosophy statewide! This is key to the strong front door strategy that is a comprehensive theme throughout this draft document.