

Bottom Up, Not Top Down Ohio's Area Agencies on Aging

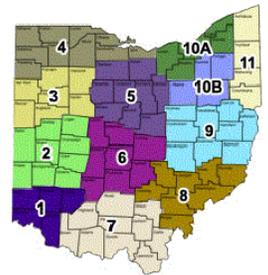
Ohio's Area Agencies on Aging are the perfect "bottom up, not top down" strategy for holistically and cost-effectively addressing the needs of Ohio's older adults in their communities.

Since the 1970s, the Area Agencies on Aging were established as the "on the ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.

Local Solutions:

Area Agencies on Aging ensure that community needs are taken into consideration and that the resulting delivery system is tailored to the community.

- AAAs are embedded in our communities and are able to leverage many different resources to provide a holistic approach – PASSPORT is one of the key resources integrated into the AAAs delivery system.
- Ohio is not one size fits all. Urban, rural and suburban areas all have different issues. AAAs are nimble and able to meet the needs of our individual communities. Rural areas have special challenges that haven't responded well to HMOs in the past. Community ties are strong. AAAs are in the community and expertly manage local community networks and resources to ensure that older Ohioans have access to home and community based services, especially in rural areas with small provider networks and more limited resources.
- As times change, the AAAs change, too. The AAA network is involved a number of innovative approaches to meeting the needs of the community, such as working with local health systems to explore new models for improving health care outcomes and exploring value-based payments.
- AAAs' commitment to local communities includes investments in local office buildings and other improvements, and employment of over 2000 people.

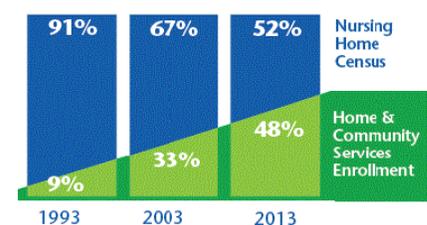


What Works:

The AAAs have been managing PASSPORT for over 30 years, and have been the driving force to moving the needle from mostly nursing home care to empowering people to age with dignity in their homes.

- From 1995 to 2011, as a result of PASSPORT, well before managed care was introduced, the use of Medicaid-funded nursing homes by Ohioans age 60 and older dropped by 14.5% despite a 15% increase in the aging population. The rate of people receiving nursing facility care compared to in home care decreased from more than 90% in 1992 to 52% in 2013.

Progress toward a balanced system



Scripps Gerontology Center, Miami University

- Older Ohioans overwhelmingly have praised the PASSPORT program. Customer satisfaction consistently rates PASSPORT at 95% or higher.
- Area Agencies on Aging keep general administrative costs down to the bare minimum, averaging at 2-3% of their PASSPORT budgets.
- When faced with a state budget crisis, Area Agencies on Aging were effective in lowering PASSPORT care plan costs without harm to consumers.

Former Medicaid Director John McCarthy has said publicly at state and national events that **including Ohio's Area Agencies on Aging in the MyCare Ohio demonstration program was one of the best decisions he has made.**

PASSPORT is Already Well-Coordinated Care

- State policy decisions should be made based on evidence that the policy changes will improve the lives of Ohioans, not just fiscal expediency or administrative convenience.
- Moving long term services and supports into managed care "to extend the benefits of care coordination" to all remaining populations ignores the fact that PASSPORT services are already well-coordinated by the Area Agencies on Aging.
- From the Office of Health Transformation: The combined impact of implementing MLTSS and timing changes in the Medicaid managed care program will have *no impact on state funds*.
- Long term services and supports such as home care services are not health care services. Care coordination in Medicaid managed long term services and supports means coordinating long term services and supports, for the majority of individuals it does not mean coordinating health care.

What we know (and don't know):

- MyCare Ohio is in year 3 of a 5 year experiment in managed care for long term services and supports with coordination of health care through Medicare, in 29 counties in Ohio.
- The learning curve for managed care has been very steep in MyCare Ohio and the resulting upheaval for consumers has not been easy. Provider payments, access to services, transportation, delays in prior authorization, enrollment and assignment, and system issues are all issues that have risen to the surface.
- We do not yet know whether MyCare Ohio is a better way to provide long term services and supports for older Ohioans. There is no evaluation that is measuring the impact on consumers or costs, compared to PASSPORT.
- MyCare Ohio managed care plans' have a target Medical Loss Ratio of 85%, which requires them to spend that much on medical care and care management; which means the remaining 15% is for other expenditures, such as administration.