

BLUEPRINT FOR AN AGING OHIO

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Ohio

**THE TRUSTED VOICE
FOR AGING SERVICES.**



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INVESTING IN & STREAMLINING AGING SERVICES



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Medicaid does not cover the full cost of aging services care and is currently covering roughly two-thirds of Ohioans long-term care needs. While unpaid caregivers provide the backbone of long-term care within the home, the number of family caregivers has been declining across the country. One in seven people will require long-term care lasting more than 5 years and costing \$250,000 or more, costs which are impossible for many families. At the same time, many providers write off hundreds of thousands to millions of dollars each year in care costs that go unreimbursed. Strategic investments can help offset costs and support care models with high potential.

Key investments with the potential to help stabilize the sector now and provide avenues for future growth to meet the needs of Ohio's population of older adults:

Medicaid reimbursement.

Ensuring adequate payment for aging services is the best way to improve quality and ensure providers are able to hire the staff they need to serve Ohio's older adults with care needs. Changes could include:

- A mechanism for regular review of provider payment and network adequacy;
- Better utilization of the Assisted Living and PASSPORT waivers;
- Creation of a workgroup to redesign Assisted Living waiver to better meet needs of Ohioans with Alzheimer's Disease and other dementias;
- Reimbursement models that incentivize workforce investment at the provider level; and
- Tiered reimbursement or bonuses rewarding advanced training & certification among direct service providers.

Caregiving careers.

Per the Governor's Office of Workforce Transformation, Ohio's top three jobs all serve older adults through aging services. Careers in aging should be supported as integral to the future health and economy of Ohio. Strategies to support aging careers include:

- Creation of a single point of entry for caregiving careers;
- Alignment of training & participation requirements across systems to allow mobility between aging, developmental disabilities, & mental health/addiction services;
- Creation and promotion of career ladders and lattices throughout a variety of roles serving older adults;
- Launching a widespread public relations campaign aimed at promoting the value of caregiving careers;
- Utilizing available federal funding to replicate Wisconsin's WisCaregiver Career model in Ohio, including the of cost STNA certification to at least 3,000 individuals within a two-year period, retention bonuses at the 1-, 3-, and 6- month mark; and support for a public relations campaign, including to build a website and resource to locate STNA classes and employment connections; and
- Considering a similar workforce development model for home- and community-based services.

Innovative care models.

Care models like the Program for All-Inclusive Care for the Elderly (PACE), adult day services, and affordable assisted living have the combined benefits of serving older adults in an environment that optimizes use of the workforce, provides more affordable care options for Ohioans, and helps older adults maintain their independence for longer. Both PACE and adult day services maximize the use of workers by allowing more Ohioans to reside in the community safely with access to care, as opposed to moving into costlier care settings that require 24-hour staffing. Investment in affordable assisted living models could expand a care setting better equipped to serve the middle market in Ohio, who fall between those able to afford the cost of settings like a life plan community and those who are fully reliant on state support. Ongoing initiatives include:

- Expanding PACE to unserved regions of the state using ARPA HCBS funds for start up costs, including metropolitan regions (Columbus, Toledo, Dayton, Cincinnati, Akron/Canton/Youngstown), program expansion of Ohio's only current PACE program (Cuyahoga County) into neighboring counties, and potentially smaller cities and rural areas;
- Creating affordable assisted living opportunities through an enhanced Assisted Living Waiver rate for assisted living facilities serving a high Medicaid waiver population; and
- Providing ARPA HCBS grants for new or expanding adult day sites around the state.

Key investments (continued):

Improving care coordination and housing security.

Service coordinators assist elderly and disabled residents and families living in affordable housing communities to identify, locate and acquire the services and supports necessary to become and remain self-sufficient. Paying for service coordination would support older adults living in senior affordable housing, helping them avoid costlier care settings. Supporting expanded senior housing models will fight homelessness and improve housing security for older adults.

One-time technology investments.

One-time investments in technology can reduce need for an expanded workforce and improve longevity. Technology such as artificial intelligence in home care, remote monitoring, technology that simplifies transfers and other physical tasks, and apps that promote mental health & wellness all have the potential to help the current and future aging services workforce.

Funding outside of Medicaid.

Outside of the Medicaid budget, Ohio can bolster the workforce pipeline by better utilizing federal and private funding. Strategies include: building upon work completed in 2019 to connect community colleges with Department of Labor funding for registered apprenticeships in health care, including STNA apprenticeships which serve as entry points to career ladders; and using Civil Monetary Penalties funds to support innovation in workforce programs across long-term care and end-of-life settings and supports.

The regulatory burden on Ohio aging services providers is significant. Long-term care is one of the most regulated sectors in the country. Simple changes could provide facilities with greater talent pools and more efficient use of current staff.

Proposals with the potential to help streamline services and remove regulatory and administrative barriers:

VIRTUAL TRAINING: Allow state-tested nurse aides (STNAs) to complete the classroom portion of training via virtual, asynchronous platforms.

WHY: The pandemic expanded the availability and quality of web-based training. Offering high-quality, cost-effective, accessible online/virtual training for STNAs will eliminate one barrier to entry into this important field.

MEDICATION AIDES: Reform the regulations for medication aide training programs.

WHY: Medication aides are under-utilized in long-term care in Ohio, because training program requirements are overly stringent. Removing regulatory hurdles would expand the use of medication aides and offer another career pathway in aging services.

ADULT DAY. Raise the ratio for adult day programs from 1 staff person per 6 participants to 1 staff person per 8 participants to allow for safe, more efficient use of limited staffing. Allow payment for 10 call-off absences per participant per 6 months in adult day settings.

WHY: Adult day providers in Ohio have experienced severe staffing shortages, difficulty in finding referral sources, and challenging payment. With the right emphasis, this model could provide more older adults with a less costly care model and more caregivers with needed respite. Adult day ratios should not be more stringent than those of higher-acuity settings like nursing homes. Allowing payment for unexpected absences will prevent staff from being sent home, stabilizing work hours and improving morale.

PASSPORT: Eliminate the two-hour minimum for PASSPORT visits.

WHY: Many PASSPORT visits could be completed in under 2 hours. With the advent of electronic visit verification (EVV), Ohio should begin planning to eliminate the two-hour requirement, allowing these scarce but crucial caregivers to move between clients at a frequency that better matches their clients' needs.

NON-EMERGENCY TRANSPORTATION: Reform requirements for non-emergency medical transportation, to allow Ohioans with serious but stable illness to access transportation to necessary medical appointments.

WHY: Individuals with serious illness requiring cot transportation are forced to use ambulances otherwise dedicated to medical emergencies. Ohio should review medical transportation to ensure services provided match patient needs.

NETWORK ADEQUACY: Ensure network adequacy and performance-based payment in managed care contracts.

WHY: Older Ohioans should not have to travel to the next county for care. Managed care plans should be accountable for adequate networks of providers and also for value-based contracts that drive quality.

PRIOR AUTHORIZATION AND CLAIMS PROCESSING: Streamline prior authorization and claims processing.

WHY: Amidst ongoing workforce shortages, healthcare providers should channel all of their energies towards patient care, not bureaucratic processes. LeadingAge Ohio supports reforms that minimize administrative burden so that providers can get back to what matters most: the people they serve.