

TESTIMONY BEFORE
THE OHIO HOUSE OF REPRESENTATIVES
FINANCE COMMITTEE
HEALTH AND HUMAN SERVICES SUBCOMMITTEE

Thursday March 16, 2017

OHIO ASSOCIATION OF AREA AGENCIES ON AGING

Presented by
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CEO

Chairman Romanchuk, Ranking Member Sykes, and members of the Subcommittee, thank you for the opportunity to speak to you today about H.B. 49. My name is Larke Recchie and I serve as the CEO of the Ohio Association of Area Agencies on Aging. Our Association represents the twelve regionally-based Area Agencies on Aging (AAA) in Ohio that fund, plan, and coordinate services for, as well as advocate for, older adults and their families throughout Ohio. Evidence of the AAAs integration into the community are the boards and advisory councils made up of volunteer community leaders covering their multi-county jurisdictions.

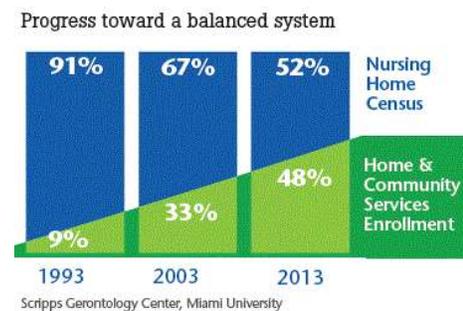
The AAAs administer and provide care management for the PASSPORT waiver and provide similar services for the Assisted Living waiver, Older American Act programs, Senior Community Services Block Grant and a variety of county levy programs. Seven AAAs provide waiver service coordination in the 29 mostly urban/suburban counties taking part in the MyCare Ohio demonstration. Ten of the AAAs provide care management services for the Ohio Home Care Waiver serving individuals under age 60. AAAs serve as the lead agencies for the Aging and Disability Resource networks that help seniors and people with disabilities remain in their homes and communities and the AAAs have participated in the HOME Choice program. Approximately 300,000 Ohioans are touched by the programs funded or care managed by Ohio's AAAs including an array of wellness programs.

O4a has three budget priorities: addressing the needs of people just above Medicaid eligibility to delay and prevent Medicaid enrollment through the Senior Community Services line item; funding basic adult protective services (APS); and questioning the administration’s managed long-term services and supports initiative (MLTSS). Our panel today will address the MLTSS initiative.

There are primarily three reasons states choose a MLTSS system: 1) to “rebalance” their LTSS system toward more home and community care; 2) to provide quality care coordination for a high need/high cost population and; 3) to control costs and make payments more predictable. To us, it seems moving PASSPORT to managed care may be a solution in search of a problem. The PASSPORT program already accomplishes the goals sought by an MLTSS system. Area Agencies on Aging provide quality care coordination, have rebalanced Ohio’s LTSS system toward more home and community based care, and have been able to control costs.

Rebalancing toward home and community-based care

The AAAs have administered 12 of the 13 regions for the last 30+ years in some regions and statewide since 1990. They have achieved remarkable success. PASSPORT has been a most effective tool to create savings in Medicaid and rebalancing expenditures from nursing facilities to home and community based services. From the inception of PASSPORT when the ratio of people age 60+ paid by Medicaid in nursing facilities vs those in home and community based care was 90 to 10, the AAAs moved the balance to nearly 50/50 before MyCare Ohio was launched in 2014.



PASSPORT evolved from a small nursing home diversion program into one of the best and largest Medicaid waiver programs in the country for people over 60. The AAAs have built provider networks from the ground up, developed care management practices to ensure smooth transitions, obtained consistent 95-99% consumer satisfaction, and have been stalwart in ensuring efficient, effective and appropriate use of public funds.

Care coordination

Evaluators over the years have heralded the care management system as “highly effective and widely praised by consumers and their caregivers.” Overall, the evaluations found that PASSPORT is a cost-neutral, effectively targeted, quality oriented, thoroughly monitored, consumer responsive home care program. (Scripps Gerontology Center, May 2007).

The charts below shows some basic data about the PASSPORT program and the numerous services provided.

PASSPORT Statistics – SFY 2016:
• 300,000 Information/Referral Calls
• 113,156 Individual Screening Contacts
• 51,301 In Home Assessments
• Care Management for 19,353 on average a month
• Enrollment to First Date of Service: 1.9 days on average
• 9153 Ohioans entered PASSPORT
• Average PMPM PASSPORT Cost = \$1078
• Enrolled in December 2016 (SFY 2017): 20,781

PASSPORT Waiver

Eligibility	Age 60 + Nursing Facility Level of Care
Services	Alternative Meals Adult Day Homemaker Personal Care* Chore Community Transition Emergency Response System Enhanced Community Living Home Care Attendant* Home Delivered Meals Home Medical Equipment & Supplies* Independent Living Assistance Minor Home Modification, Maintenance & Repair* Non-Medical Transportation Nutritional Counseling Out-of-Home Respite Pest Control* Social Work Counseling Transportation Waiver Nursing
Service Delivery Methods	Provider Managed *Also can be Self-Directed
Case Management Services	Provided as administrative case management Furnished by one of 13 PASSPORT Administrative Agencies
Provider Management and Relations	PASSPORT Administrative Agencies
Performance Management and Oversight	PASSPORT Administrative Agencies Department of Aging Department of Medicaid Ohio Attorney General Medicaid Fraud Unit Centers for Medicare & Medicaid Services

As previously noted, PASSPORT, with oversight from the Ohio Department of Aging, Ohio Department of Medicaid (previously ODJFS), the Centers for Medicare and Medicaid (CMS)

and outside evaluators, is thoroughly scrutinized and as one of the third largest waivers for many years has been looked to nationally as a model of success. That success is shown in the ability to rebalance toward home and community-based care for the age 60+ population despite the changing demographics of an aging Ohio. In comparing Ohio's proposal for MLTSS with other states it is important to understand the baseline with home and community based care in those states. The HEDIS scores improvement in Texas and Illinois previously noted in the Department of Medicaid's testimony are not directly related to the home care components of long term services and supports and are from states who started from a less effective HCBS waiver structure.

Cost containment and fiscal controls

The AAAs have their PASSPORT programs continuously audited by the Department of Aging, Medicaid and occasionally CMS.

PASSPORT has been responsive to cost controls and the varying economic times. An example is in 2011 during a deep recession the AAAs were able to carefully - with a person-centered approach - trim back care plan costs from an average of \$1120 per month to \$897 per month over a five month period. The State has since added services to harmonize all the waiver programs and to increase the ability of people to remain in their homes.

The administration in the budget policy briefs has indicated in its policy briefs that the move to managed long term services and supports will have no fiscal impact on the state budget.

MLTSS is not the same as MyCare Ohio

MyCare Ohio differs from the proposed MLTSS initiative. The promise of MyCare is the integration of the Medicare health care management such as physicians, hospitals and expensive medical treatment with coordination of long term services and supports, including the day-to-day provision of services to assist people in their activities of daily living to be able to remain in their homes and community or for residents of long-term care facilities. MLTSS, on the other hand, does not include the incorporation of Medicare health care management at all. It is strictly the coordination of long term services and supports by managed care plans, similar to what the AAAs already do in PASSPORT.

The landscape of the PASSPORT program was changed with the onset of Ohio's demonstration for people dually eligible for Medicare and Medicaid, MyCare Ohio has five managed health plans in seven mostly urban/suburban AAA regions. A key component of the demonstration includes a strong connection between older Ohioans and their community resources. AAAs with their 30 year history of PASSPORT service administration were obvious entities to fill this role. We are grateful the Administration, with input from the Ohio Legislature, crafted the demonstration to include AAAs as waiver service coordinators.

The AAAs continue their consistent commitment to quality service while meeting differing expectations among health plans. They offer a known community connection for consumers and providers. Along with their regional health plans they have worked with the state to identify issues preventing access to service and payment to providers which is necessary to sustain the diverse provider network required for an effective LTSS program.

Maintaining a role for the AAAs was an important addition to Ohio's demonstration program. It sets it apart from other states' demonstrations and is cited as a strength of the Ohio

demonstration by a Kaiser Family Foundation issue brief: *Early Insights From Ohio's Demonstration to Integrate Care and Align Financing for Dual Eligible Beneficiaries* (May 2015). The Kaiser report quotes stakeholders as viewing "AAAs' involvement in the financial alignment demonstration as a huge asset. Plans relied on them for their connection to community-based resources and their knowledge of services, service authorizations, and assessments. The requirement to include the AAAs in the demonstration as well as the continuity of care provisions built into the demonstration helped maintain continuity of care for seniors during the transition to managed care."

It is important to note that the AAAs in MyCare Ohio regions also continue to operate the PASSPORT program for people who are Medicaid only and for people who newly become dually eligible for Medicaid and Medicare. In these incidences PASSPORT is in place for two-three months stabilizing the home and community care before a person is eligible for MyCare and picks a health plan. A typical scenario for the latter group is someone who is over age 65 and receiving Medicare services who has spent their assets down while dealing with long-term care needs. In these situations, the AAA helps the individual become enrolled in Medicaid and on PASSPORT and deal with the immediate often critical home care needs. On average across the state PASSPORT is able to start services within 1.9 days after enrollment which is essential for stabilizing the home as a place of care. To visualize, imagine Mrs. Smith having suffered a stroke to return home with minimal skilled services. PASSPORT is able to develop a care plan including personal care, emergency response system, home delivered meals, grab bars within days, and a range of services as needed. The responsiveness of PASSPORT is essential during this period of transition to managed care.

By definition the MyCare Ohio program is a demonstration and we're only in year 3 of 5 of that demonstration. The state has not conducted an evaluation of the MyCare Ohio program, and in particular, the managed long term services and supports component and neither has CMS reported evaluation of the MLTSS. The state, while still pursuing the demonstration and without knowing its effectiveness, is proposing to expand managed care for long term services and supports throughout the state, including its most rural counties. While the demonstration is ongoing, the AAAs providing waiver service and care coordination in MyCare remain committed to creating successful health outcomes with their respective health plans for people with a nursing home level of care who want to remain in their homes. However, until the MyCare Ohio demonstration is completed, and a thorough evaluation of MyCare Ohio that would provide the data and context for looking at an expanded MLTSS program statewide is conducted, we are concerned that the move to managed long term services and supports in this biennium is premature.

Thank you again for the opportunity to testify this morning.