Chairman Romanchuk, Ranking Member West, and members of the Subcommittee, thank you for the opportunity to speak about H.B. 166, and in particular, the Senior Community Services program that is part of the Ohio Department of Aging’s budget. My name is Duana Patton and I am the CEO of the Ohio District 5 Area Agency on Aging, and the President of the Ohio Association of Area Agencies on Aging Board of Directors.

We are part of a national network of over 600 on-the-ground organizations in each state, mandated by the Older Americans Act, and charged with helping Americans thrive in our homes and communities as we age.

We are mission-driven primarily not-for-profit organizations that operate a complex service delivery system that provides access to community-based, in-home and elder rights services to older Ohioans and people with disabilities.

We are granted by the Older Americans Act with the flexibility to ensure that our communities’ local needs and preferences are taken into consideration and that the resulting local delivery system is tailored to our communities.
I would like to share one of our most recent success stories – an innovative inter-generational program that really goes to the heart of what Area Agencies on Aging do: establishing new partnerships and identifying ways we can all be engaged participants in our communities as we age. No matter how old we are, we are entitled to be treated as full members of our communities. That is what we strive to do.

The first of its kind, a partnership between my agency and the Ohio State University – Mansfield campus, allows older residents to visit the campus for meals, instead of the traditional congregate meal settings. Students and older adults often share tables in the cafeteria but more importantly- they are sharing their lives. One student was excited to share with the older visitors how he had made the best damn band in the land! Traveling with the band to perform in the Rose Bowl was a highlight of his school year – hearing that story and sharing in his joy was a highlight for the older visitors. This couple had never attended a traditional congregate meal site until the campus site was available.

A group of retired teachers who also had never attended a congregate meal site meet once a month at OSU to get caught up with each other. These ladies like dessert so they take turns bringing a homemade delight to share. Each month they go up to a student that is sitting alone and invite them to join their table for dessert. Dessert has led to wonderful conversations between students and the retired teachers.

This is an example of how we are looking toward the future at different ways to connect to older people in our community, even before they may have greater needs. Twenty nine percent of our participants in the campus dining program had never attended a congregate meal site before. Forty eight percent of those surveyed said the campus dining program helped them make new friends.

With this program we are not just providing meals to people in need. We are making connections, and reaching people who may not even be aware of the full array of assistance we
can provide. These are the success stories – they are more than a meal, or a trip, or other service. They are the connections we all need.

How well we thrive as we age is really a question of how well-equipped our communities are to tap into this resource by enabling us to be engaged participants. Everyone is more likely to enjoy positive aspects of aging like good health, personal growth, longevity and expanded productivity if we start to think a little differently about how we shape the places we live.

Programs that connect us to our communities at all stages of life are the most effective strategy for addressing social isolation. Without these programs, social isolation greatly increases our risk of neglect and abuse.

Among the social structures we rely on to connect us as we age is Ohio’s Senior Community Services program (ALI 490-411). Senior Community Services supports non-Medicaid services that address the social determinants of health for older Ohioans to allow us all to thrive in our communities as we age. Transportation, meals, housing assistance, personal care, and other types of support prevent social isolation and connect us to our communities. We leverage resources so that we have the flexibility to ensure our communities’ local needs and preferences are taken into consideration and that the resulting local delivery system is tailored to our communities.

We support a modest investment of an additional $1.9 million over the As Introduced version of HB 166 to bring the Senior Community Services program to the pre-recession level of $10 million per year to bolster and reinforce the effectiveness of the program, and we ask that the program retain the flexibility to meet local needs.

We are all aging, and we are living longer. We are fortunate to be in a period of time where we can say that we are living longer and healthier lives. This is Ohio’s Longevity Era. We greatly appreciate the Governor’s proposal to increase investment in the Senior Community
Services program, but it is simply not enough. The program has experienced cuts of over 50% in the last several years.

With a modest increase in the program, we can explore and expand innovative ways to deliver services that facilitate those important connections to community in a way that meets our local needs.
Examples of Current/Potential Innovations:

- Elder Abuse Victim Outreach – Area Agency on Aging 3 (Lima)
- Intergenerational Congregate Meals – Ohio District 5 Area Agency on Aging (Mansfield)
- Transportation Coordination – Area Agency on Aging 3 (Lima)
- Care Coordination – Direction Home Akron Canton Area Agency on Aging
- Meals as You Mend – Area Agency on Aging 9 (Cambridge)
- Housing Transition Care Coordination – Direction Home Akron Canton Area Agency on Aging
- Direct Care/Personal Care Workforce Recruitment

Low cost and less intensive interventions through Senior Community Services also:

- Delay and divert from enrollment in Medicaid,
- Address determinants of long-term poverty (Housing, Nutrition, Transportation, etc.),
- Enhance health and wellness programming (Healthy U, Matter of Balance),
- Support family caregivers,
- Include high risk and diverse populations (opioid crisis, rural capacity); and
- Maximize new and existing Medicare benefits.

Medicaid Programs:

For 40 years, Area Agencies on Aging have expanded meaningful, cost-effective options to live healthy, engaged, secure lives in our homes and communities. Our efforts saved the state an estimated $12 billion, even before managed care entered this space with MyCare Ohio.

PASSPORT and Assisted Living are Medicaid home and community-based (HCBS) waiver programs that have successfully enabled thousands of us to thrive in our homes and communities each year. We have promoted and implemented new services, improved access, and tested innovative approaches to expand and promote these programs.

We are at a crossroads right now. We have reached a point where we know these programs are successful, but the systems in place at this time are unable to support them. In particular, we are very concerned that our PASSPORT and MyCare programs are experiencing
significant challenges in finding personal care aides to provide services. Our Area Agencies on Aging have reported that across the state, in the last year, at least 62 personal care providers have dropped out, and at least another 10 have so far indicated they might do the same. We are not easily able to replace these providers. Providers face low rates, staffing shortages, difficult and conflicting bureaucratic hoops, and economic forces that combine to convince them that our programs are just not worth it to them. Without the ability to provide the services, eligible participants are turned away or disenrolled, and are forced to turn to options much more expensive to the state – nursing facilities supported by Medicaid.

We need forward thinking, common sense solutions to address what will otherwise become an unsustainable model for long term services and supports, putting our state’s fiscal health, and the health of all of us as we age, at great risk. Realigning Ohio’s investment so that we have parity for home and community based services (including assisted living) as well as nursing facilities, with a concerted effort to greatly increase home and community based placement, and promote an emphasis on workforce and small business development for personal care aides, is a path we encourage you to adopt.

We support a stronger focus on supports for going home from institutional care and building upon the Area Agencies on Aging successes by investing in home with increased rates, training and incentives so that we can have the right supports we need where we need them.

We support proposals to increase the assisted living waiver rates put forth by the Ohio Assisted Living Association and other organizations, and increased investment in personal care services in the PASSPORT program. We also believe that the state needs a longer term strategic plan that looks at all aspects of the workforce and the need, with specific strategies for building capacity for these important supports.
In sum, we must ensure adequate funding and system resources are dedicated to the full spectrum of supports to enable us all to live healthy, engaged and secure lives as we age and access the supports we need in our homes and communities.

To reiterate, we support a modest investment of an additional $1.9 million per year over the As Introduced version of HB 166 to bring the Senior Community Services program to the pre-recession level of $10 million per year so that we can bolster and reinforce the effectiveness of the Senior Community Services program, and we ask that the program retain the flexibility to meet local needs.

Thank you for the opportunity to testify. I am happy to answer any questions you may have.