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**Testimony of Barbara Riley, Chair, Ohio Aging Advocacy Coalition  
Wednesday, May 17, 2017  
Senate Finance Health and Medicaid Subcommittee**

Chairman Hackett, Vice Chair Tavares, thank you for the opportunity to appear before you today in regard to HB 49. I am Barbara Riley, Chair of the Ohio Aging Advocacy Coalition, a group of seniors and their caregivers who have come together to make certain that the voice of Ohio's seniors is heard in the development of public policy affecting our growing older adult population. As some of you know, I previously served as both the Director of the Ohio Department of Aging and the Ohio Department of Job and Family Services; and in those positions I became acutely aware of the growing social and financial costs of our growing aging population. I am not going to report to you on those statistics as they are readily available through the Miami University Scripps Gerontology Center; rather I would like to focus on the very real ramifications to seniors and their caregivers of three of the provisions in Am. Sub. HB 49. I also want to acknowledge the difficulties you face as you work to balance this biennial budget, but I believe it is important to do so in ways that do not increase costs in future biennia.

- **The Ohio Aging Advocacy Coalition supports the earmark in ODJFS's budget that will provide \$10 million in child care funding for those who are Kinship Caregivers.**

Given the increase in grandparents caring for grandchildren, often a result of the opioid crisis in Ohio, this will be a significant help for those who find themselves continuing or returning to work in order to have the financial resources to raise a second generation of children.

- **The Ohio Aging Advocacy Coalition requests that you increase the appropriations for Adult Protective Services to provide \$60,000 a year to each county.**

This level of funding would allow every county to provide the bare minimum of investigation and intervention services necessary to address the seriously underreported incidence of elder abuse, neglect and exploitation. As the JFS director I encountered seniors who had been defrauded of all their savings by individuals ranging from the driveway blacktop "entrepreneur" who had all the right jargon, but none of the right equipment, to the grandchild they were raising who stole their grocery money to purchase drugs. To say nothing of the elderly couple who rented out a room to try and meet their mortgage, but suffered physically, emotionally and financially from a cruel manipulator who saw an easy mark. We must provide the counties with the ability to intervene and protect these vulnerable citizens.

- **We support a delay of the implementation of Managed Long Term Services and Supports and the creation of a study committee that includes representatives of seniors and their caregivers.**

Although it is accurate that the Managed Care Plans have made improvements in the three years of MyCare operations, and it is true that the Department of Medicaid's recent review indicates some procedural improvements, there is too much that we do not know. The Hedis measures that they spotlight in their review are not applicable to long-term care, as they focus on acute care measures. A thorough evaluation that compares participants' outcomes, satisfaction and access to care in non-MyCare vs. MyCare long-term services and supports would be more indicative of how successful the MCOs have been in administering and delivering these services.

Some of the difficulties we have encountered include the lack of understanding of the role of caregivers, delays in service authorization or uninformed denials of service, delays in payment forcing some of our providers out of business and limiting our choice of providers, and a lack of understanding of the needs of individuals using long-term services and supports. I encourage you to delay this implementation until we have an evaluation that clearly sets forth the outcomes of MyCare in relation to long-term services and supports.

Some of the difficulties encountered in MyCare could have been avoided if the timeline had been less compressed, and if potential consumers had better understood the process before being asked to comment. In fact, had they been part of the actual planning from the beginning, and if the implementation had reflected our concerns and needs, we might be less skeptical now of the effort to move all long-term service and supports consumers to managed care. Let's not make that mistake twice by moving too quickly.

- **We are requesting that the Senate remove the moratorium on rate increases for Personal Care Assistance and Assisted Living and add language that reserves the skilled nursing facility rate increase to those providing high quality care.**

Assisted Living costs reportedly exceed Medicaid reimbursement levels, and our Coalition fears that quality will be adversely affected with a rate freeze. Medicaid reimbursement has not been increased since the inception of the AL waiver, but costs have not been stagnant. Similarly, personal care assistance is one of the waiver services that is crucial to keeping older adults with disabilities in their own homes and communities, and if rates remain low the ability to attract and train a quality workforce is in question. It is the direct care workers in both AL and in seniors' own homes who provide crucial services and we know that quality is sacrificed when that workforce turns over often and does not receive adequate training, salaries and benefits.

Quality is also the focus when looking at rates for nursing facilities. We feel strongly that those who provide high quality care to our frailest seniors should be the ones who receive rate increases in order to maintain that quality. If those increases were significant, they would provide incentives to the others to improve quality in order to access a higher reimbursement rate.

- **Lastly, the Ohio Aging Advocacy Coalition asks you to restore the 1.5% cut to the Senior Community Services Block Grant (SCSBG), and also to return the appropriations to the 2001 level.**

These are the moneys that are available to the Area Agencies on Aging to provide services to older adults who are not yet Medicaid eligible, but will be, if they are not provided in-home assistance to maintain their independence and to relieve their unpaid caregivers from the overwhelming responsibility of attempting to keep their loved ones at home. We asked the Central Ohio Area Agency on Aging what the impact would be of the 1.5% cut in their SCSBG funding, and they estimate it would mean the loss of 1399 meals and 332 trips to the doctor, the physical therapist, or even to church. The current state funding is approximately half of what it was in 2001, but the number of seniors increases every year. Senior hunger is on the increase, homelessness among this population is a growing concern, caregivers are collapsing under the burdens of care and turning to costly institutions and ultimately reliance on Medicaid to provide the services their loved ones need. Increasing the availability of these services pre-Medicaid is the proverbial ounce of prevention.

Let me share a personal experience that may help highlight what these dollars can mean. I have just returned from about four months of helping my sister-in-law care for my brother who has ALS (Lou Gehrig's Disease). If you are at all familiar with this, you know that it causes massive neurological and muscular deterioration with a certain death sentence. At 65 and recently retired, he is confined to a wheelchair, cannot feed himself or do anything which requires arm strength or finger dexterity, his voice is failing, and he is frustrated, angry and sad. They are fortunate enough to be able to afford assistance, but many of our seniors can't. Part of my role and my husband's was to be there so that his wife could take a few moments to shop for groceries, go to church, get a haircut—luxuries that are denied those with no support system. The SCSBG dollars help provide that support system for Ohio's seniors. They are used to provide home delivered meals, to take someone out to buy their groceries, or to give an overtaxed caregiver training or respite. Imagine what good an additional \$7 million could do; imagine how many people it could help stay in their homes, avoiding Medicaid and far more expensive care. Imagine living your life without that sort of help and support in a time of crisis.

Thank you for your time and attention, and I would be happy to answer any questions.

Please feel free to contact me at the Ohio Aging Advocacy Coalition at [ohioagingadvocacy@gmail.com](mailto:ohioagingadvocacy@gmail.com).