Ohio | Department of Aging

Mike DeWine, Governor
Jon Husted, Lt. Governor

Ursel J. McElroy, Director

TESTIMONY

MODERNIZING OUR APPROACH TO AGING
FISCAL YEAR 2024 AND 2025 EXECUTIVE BUDGET REQUEST
OHIO DEPARTMENT OF AGING

BY

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BEFORE THE

OHIO HOUSE OF REPRESENTATIVES
FINANCE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

FEBRUARY 23, 2023

Introduction

Chair Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee on Health and Human Services:

I am Ursel McElroy, Director of the Ohio Department of Aging. It is my privilege to serve on Governor DeWine's Cabinet, driving the issues that impact the lives of the 2.8 million older adults who call Ohio home, as well as their families, caregivers, and communities. As Ohio's federally designated State Unit on Aging, our department is responsible for developing and administering a multi-year State Plan on Aging: the strategic blueprint for planning, coordinating, and implementing activities the State will undertake to address the needs of older adults and build the capacity of the long-term care system.

Our department is an integral part of the State's aging network, from the development of fiscal policy to its execution through service delivery. We oversee 12 regional Area Agencies on Aging, which offer services that help older adults remain in their homes, if that is their preference, in coordination with local direct service providers.

We administer the Older Americans Act – a major vehicle for the organization and delivery of nutrition, social, and support services for older Americans and Medicaid waiver programs for eligible individuals who meet the nursing facility-based level of care and can receive services safely in their home and community.

The State Long-Term Care Ombudsman, the principal advocate for nursing home residents, and the Board of Executives of Long-Term Services and Supports (BELTSS), which licenses nursing home administrators and health services executives are housed within the department.

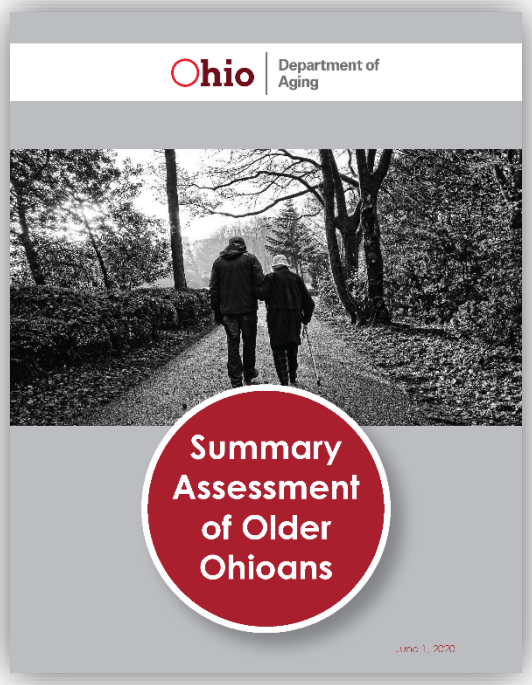
Our support touches the State's nursing facilities, assisted living communities, adult day centers, senior centers, and home- and community-based service providers. As a department, we respect our partners and rely on all our relationships in the aging network to achieve our shared goals of assisting older adults to live as independently as possible; promoting healthy aging and active community involvement; and supporting family members in their vital caregiving roles.

This is a department that I am proud to lead, a network I am honored to guide, and a cause I am prepared to champion. I am also enthusiastic to stand before you today to discuss the critical Aging initiatives included in the DeWine-Husted Administration Budget Proposal.

I thank you – members of the subcommittee – for your time and attention on February 8th when I testified along with my colleagues before the full House Finance Committee. And I thank you for the opportunity to address you today regarding House Bill 33 – the proposed operating budget for State Fiscal Years 2024 and 2025.

Current Landscape of Aging

Nationwide, Ohio has the sixth-largest population age 65 and older. According to Scripps Gerontology Center at Miami University, Ohio's overall population growth is projected to be flat between 2015 and 2030. During that period, the 65 and older population is expected to increase by almost 30%, with a 24% increase in those 80 and older. While overall life expectancy has increased, notable disparities exist. According to the Summary Assessment of Older Ohioans – a report that provides a comprehensive picture of the health and wellbeing of older Ohioans – there is a gap of more than 29 years in life expectancy depending on the zip code where a person lives. Appendix A



Moreover, an increased number of adults are living with chronic conditions that may not affect their length of life but will dramatically impact their quality of life (National Institute on Aging).

The changing age composition of our State's population requires an aging network that can diversify and expand at a speed matching this rapid population growth. Yet the workforce infrastructure, supported by direct care workers, family caregivers, and volunteers, is at risk of burnout at a time when the demand is growing. The complexity of care needs and associated costs are rising, and the consumer demand for services delivered in a variety of settings is increasing.

Building the capacity of our aging network is an essential investment that affects our economy, the sustainability of families, and the ability to provide the needed supports to older Ohioans. The bold transformation needed is urgent and our department's budget request, coupled with the political will of our State's leaders, are the necessary first steps. We look forward to publishing a biennial economic report on aging that will be made available to you, city planners, the business community, and local government.

During my previous testimony to the full House Finance Committee, I provided an overview of how our budget offers a sound pathway to support older Ohioans, strengthens the aging network, and helps ensure solvency of essential funds throughout the next biennium and beyond. Today, I will build upon my previous statements by diving deeper into programs and their funding.

Strong Budget

Our budget request includes all-funds of $171 million in fiscal year 2024 and $108.4 million in fiscal year 2025, which includes General Revenue Fund requests of $28.2 million and $27.4 million in those same years. Our budget request is sound. It is reflective of our moral imperative to see that all Ohioans have the tools and the understanding they need to live up to their God-given potential. In my role, I am privileged to work with and for older Ohioans every day. And, in this job, you come to understand quickly that the potential we each possess doesn't have an expiration date. With the right support, older Ohioans can and do contribute their talents and wisdom to their communities and our economy in meaningful ways long past retirement age.

Our budget request underscores our responsibility to our consumers and partners, as well as the taxpayers of Ohio. We assessed our services and structure as they exist and sought to address gaps and create efficiencies. To assure that we were targeting the right options for aging Ohioans, we used a results-based budgeting approach, based on evidence, research, and data, to evaluate the level of effective services that are currently being provided. We then set targets for levels of services that could be provided with the additional requested funding.

The funding streams for our programs are varied. We have General Revenue funds from the State, Medicaid federal matching funds and grant funding from the federal government, ARPA funding from the federal government, and revenue from fees and grants for various programs and activities, such as our Ombudsman program and BELTSS. In designing our budget, we were cognizant of the requirements of each funding stream and sought to maximize our revenue through, as an example, matching dollars from Medicaid and ARPA funding for programs where feasible. In addition, we needed to assure that the base budget for our department remained funded at a level to sustain our current operations, so that we can continue to provide programs and technical assistance to our clients and partners.

Specifically, the budget provides one-time revenue from federal ARPA dollars to disburse Healthy Aging Grants to local communities and update technology for those systems that support Medicaid and other programs. It provides additional General Revenue funding for two of our main State funded programs – Senior Community Services and Alzheimer's Disease and Other Dementia Respite. Further, it provides appropriation for us to send the final Older Americans Act ARPA funding to our partners to provide additional services for our seniors as we come out of the pandemic. And it provides additional funding for home- and community-based Medicaid programs through provider rate increases, which will allow aging Ohioans to receive nursing facility-based level of care in their own homes.

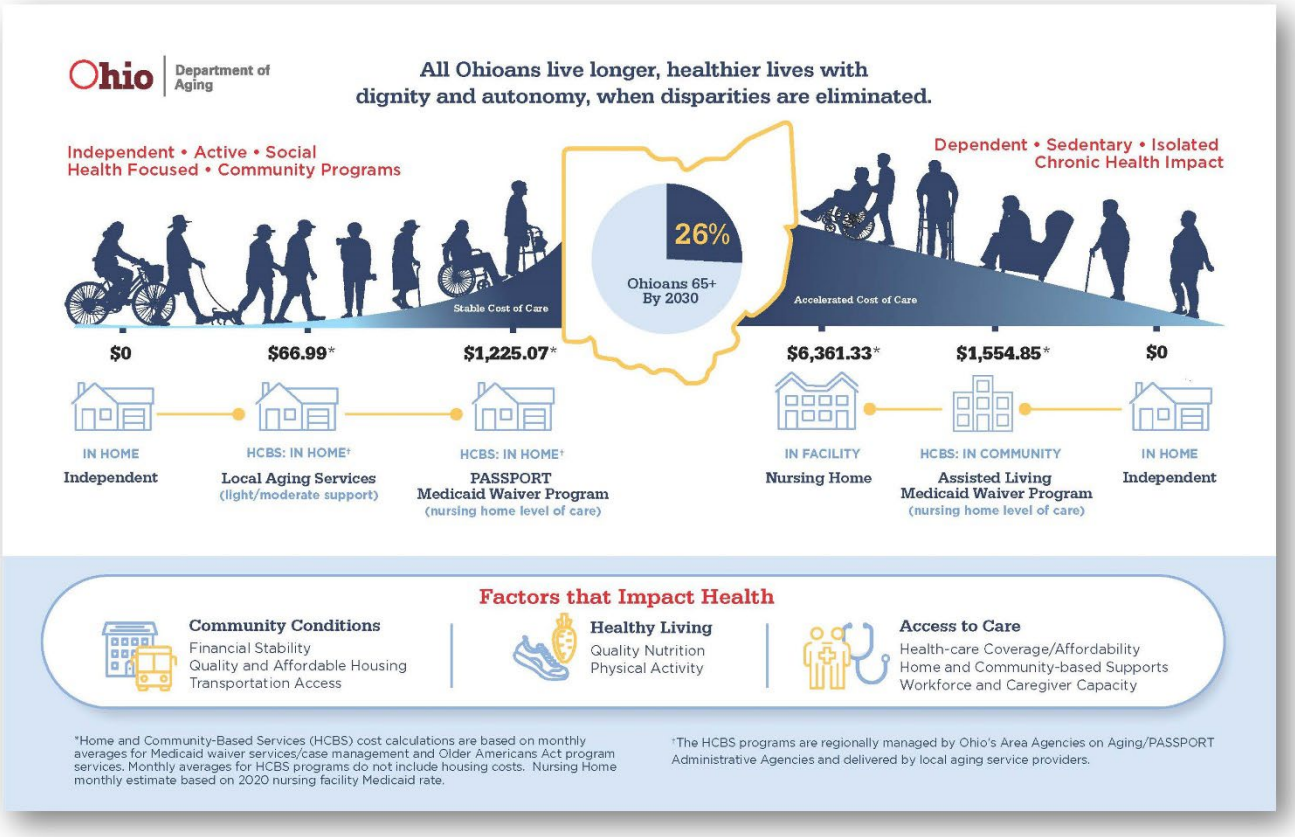
Healthy Aging Grants

Increasingly, a number of states are using alternative funding sources to better support healthier aging, focusing on evidence-based, preventive, life-style interventions, and services in the home and community.

Since announcing our budget request, the excitement and support of the $40 million Healthy Aging Grants has been considerable. Today, I stand here with strong letters of support for these transformational grants from the County Commissioners Association of Ohio and a joint letter from a large and diverse coalition of aging and community-based organizations, business leaders, healthcare providers, not-for-profit organizations and many more. All eager to be a part of this pioneering effort to keep at-risk aging Ohioans in their homes and communities while preventing or delaying the move to institutional care and reliance on Medicaid funding. Keeping dollars in the State by supporting local economies is good for the people served, local communities, and our State's economy.

Our philosophy is simple – empower local communities to serve their residents. Our choices on the design and resources to support these grants will impact overall success. By design, these grants are flexible, simple, and accessible to a broad network of providers. Local leaders know their communities best and will have an opportunity to strategically plan and deliver services tailored to the specific needs of their aging residents. They are best positioned to forge and cultivate relationships with providers that have a regular presence in their communities and can meet the many and diverse needs of their residents.

These grants will increase access to services and supports demonstrated to help aging adults stay healthy, live longer, and increase their independence in the community. This includes nutrition services, transportation, minor home modifications, chronic disease management, health promotion, personal care, respite, and more.



Compared to acute care, the state has limited investment in this area, even though, over the last decade in the U.S., the burden of chronic disease, healthcare costs, and fragmented care delivery have increased. Healthy Aging Grants are needed for these reasons, and a number of others:

- **Federal support has not kept up.** The Older Americans Act (OAA), the major federal vehicle for social support and care initiatives, has not increased with inflation or in conjunction with the growth of the older population (Congressional Research Services, 2018). Federal support generally is available only for low-income families, and often has long waiting lists.
- **Families are often called upon to provide needed care and support when services are not accessible or financially available.** According to AARP, in 2017, 41 million family caregivers provided 34 billion hours of care or $470 billion of unpaid contribution nationwide.
- **State and locally funded initiatives have become more important than ever to fill a gap in long-term services and supports for older adults.** Local initiatives fund aging services at varying levels in our state, typically funded at the county level through property taxes that raise funds for levies or through private foundations.

A measure of effectiveness is whether the Healthy Aging Grants provide access to the appropriate services and supports in a timely manner, and whether those services promote health improvements. We believe these grants will make it possible to engage during critical periods and capitalize on the optimal timing for intervention (National Institute on Aging: Directions for Research 2020-2025). This can reduce unnecessary use of the most expensive medical care (Lipson 2017).

Chairman Carruthers, with your permission, I would like to introduce Dr. John Weigand, medical director for the Ohio Departments of Aging and Health. As Director, one of the best decisions I made was to add an experienced geriatrician to our department's team for the first time.

Dr. Weigand Testimony on Healthy Aging Grants
(See Addendum)

Thank you, Dr. Weigand, for sharing your perspective.

Because federal policy addresses the growing number of older people requiring long-term services, primarily through Medicaid, older people must become impoverished to receive the type of assistance that can slow the health decline described by Dr. Weigand. More than nine in ten older Ohioans are not eligible for Medicaid, nor are they interested in relying on the program. However, when health and long-term needs become so great that personal and family resources are depleted, Medicaid becomes the dominant fallback for many.

We will provide each county a base allotment to ensure all counties receive sufficient dollars to expedite the start of the program. The additional payments would be prorated on the percentage of residents living in each county that are 60 years of age or older, and below the federal poverty line, and are not on Medicaid. A sample table of county-by-county allocations is available in Appendix B. Agreements with county commissioners will be executed to meet our obligation as a State to report to the U.S. Treasury.

Home- and Community Based Service Rates
Home- and community- based services (HCBS) waivers became available in 1981 to provide states with an option to provide long-term services and supports outside of institutional settings. Through Medicaid waiver programs, such as PASSPORT and the Assisted Living Waiver, direct care workers deliver hands-on assistance with activities of daily living such as bathing, toileting, dressing, and mobility to older Ohioans who meet a nursing facility-based level of care in their homes and communities. They can also assist individuals with everyday activities, like using the telephone, managing medications, doing laundry, cleaning, preparing meals, and managing finances. Without the services these waivers provide, many individuals would need to receive care in a nursing facility.

Per Scripps, as of 1993, more than 90% of older Ohioans on Medicaid received their long-term care in a nursing facility. Today, more than half of these same individuals now receive their care services in the community. Our State's HCBS waivers serve tens of thousands of consumers daily – the second-largest amount in the nation.

Today, the progress and viability of HCBS waivers are threatened by the direct care workforce shortage. The Medicaid and CHIP Payment and Access Commission (MACPAC) cited high rates of turnover driven by low wages, lack of advancement opportunities, and worker dissatisfaction as contributors. Indicators such as waitlists, inability to accept new clients, and discontinuation of programs underscore the problem in Ohio.

Recognizing that hiring, training, and maintaining frontline staff are critical to sustaining a viable HCBS workforce, the administration undertook an analysis of the existing rates and assessed its buying power. Specifically, we examined the impact on the ability of providers to offer a fair wage and sufficient levels of services to older Ohioans.

Rates for most of our providers are not regularly adjusted for inflationary and environmental factors. From 2020-2022, the DeWine-Husted Administration and the Ohio General Assembly provided swift and targeted one-time relief payments to providers using several federal sources. While that relief was welcome, it did not create a permanent fix to wage pressures and the difficulty attracting individuals for essential positions.

The administration seeks to have comparability across similar services. If this is not achieved, Ohio will continue to face the cyclical challenge of providers hopping back and forth between waivers based on differences in rates, regulations, and overall experiences. Targeted rate increases coupled with policy changes are critical steps in attaining waiver alignment and cultivating a robust workforce.

We approached the calculation of the critically needed rate increases for HCBS in multiple ways. First, the need to provide a wage increase to frontline workers is critical to the ability to attract and maintain a viable workforce. Second, we recognized that the impact of inflation was causing the buying power of the rates to decline across the board. Third, we determined that specific policy changes were needed where it was clear that the current structure was no longer addressing the needs of the consumer or the provider.

<u>Supporting wage increases for frontline workers</u>
Given the structural changes of the workforce and the difficulty recruiting and retaining qualified workers, it is necessary to increase rates to a level at which providers can reasonably compete. The Departments of Aging, Developmental Disabilities, and Medicaid collaboratively proposed a rate that would support providers paying an hourly wage of $16 per hour. Given relevant expenditure data, it was determined that 64% of the paid rate was supporting the wages of frontline workers. Using this factor to achieve the desired hourly wage of $16, all three agencies proposed an increase in personal care and other related services rates to $25 per hour. As an example, this methodology was used in four PASSPORT services - Personal Care, Consumer Directed Personal Care, Homemaker, and 2nd-Hour Services – making up the largest share (63.6%) of our requested rate increases.

It was requested in the full House Finance Committee that the departments calculate the rate increases for wages ranging from $17 per hour up to $20 per hour. That work has been completed and has been shared with the full House Finance Committee Chair as requested.

<u>Adjusting for inflation to increase the buying power for services</u>
For the balance of our HCBS rates, we calculated the inflationary growth based on Bureau of Labor Statistics data from the last rate increase for each individual service up to 2022. Then, we requested that the rate be increased by the inflationary growth since that last rate increase. This should allow the providers to at least keep pace with the increased cost pressures that have accrued over time. This methodology was also used for the remainder of the PASSPORT services, including meals, adult day, transportation, nutrition, and counseling.

Modernizing policy for more effective service delivery

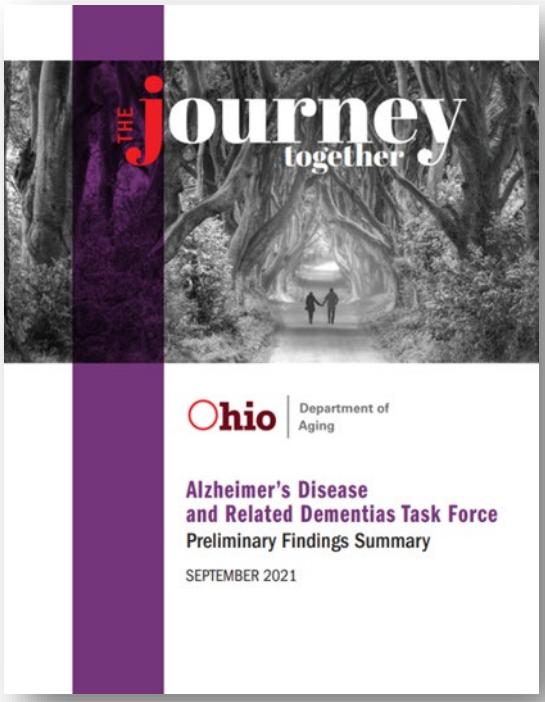
In analyzing rates and services, it became clear that the current three-tier rate structure for Assisted Living services was not useful any longer. Currently, 98% of all units of service for Assisted Living facilities are in the third tier of the rate structure, so this rate structure no longer reflects the reality of service provision. In addition, there is no recognition in the rate structure that those residents with a defined dementia diagnosis require additional services over and above the standard Assisted Living services. Given those two realities, the current policy was reviewed, and a new structure was proposed. This structure will eliminate the tiers currently implemented. The structure will provide one, base day rate for Assisted Living services and then provide an add-on daily rate for those patients with a defined dementia diagnosis. The overall increase in expenditures for services under the Assisted Living waiver will be 48%. We are still working on determining where the base rate and the add-on rate will be set, given the proposed funding level in the Executive Proposal.

One final note on the rates – the proposed calculations and the presentation of this work in the white paper that you have received shows aggregated percentage increases. Therefore, all rates included in each of the broader categories will not increase by this aggregated rate. They will increase at the disaggregated individual calculations, which may be above or below the aggregated rate in the white paper. Please see the sample chart below, which reflects figures from the white paper on total rate increases by type of service for the upcoming biennium:

Type of Service	FY24/FY25 Increase (in Millions)	% Rate Increase
Private Duty / Waiver Nursing / Home Health Nursing	$82.0	19.9%
Personal Care / Aide	$861.1	20.8%
Adult Day Services	$62.4	9.9%
Home-Delivered Meals	$24.6	22.2%
Assisted Living	$85.7	48.0%
Other Waiver Services	$4.2	7.6%
ICFs for Individuals with Intellectual Disabilities	$97.2	8.2%
Total	**$1,217.2**	**19.0%**

Alzheimer's Disease and Other Dementia Respite Line

The Alzheimer's Disease and Other Dementia Respite Line supports individuals living with dementia and their caregivers. According to the Alzheimer's Association, there are now over 220,000 individuals living with Alzheimer's disease and other dementias in Ohio – a number that is expected to double as the number of older Ohioans rises.



Respite services help and strengthen caregivers in local communities by providing a short-term break from caregiving duties. Increasing this line by the proposed amount – just over $1.8 million – would enable us to provide education, networking, and supportive services, such as personal care, chore services, adult day, and care coordination, while the person living with Alzheimer's disease receives care in a safe environment – all at no required cost to any participant.

According to the AARP Public Institute, in 2017, there were over 1.5 million family caregivers in Ohio, providing close to 1.3 billion hours of unpaid family care annually – an estimated value of $16.8 million. Nearly a quarter of all the caregivers in Ohio are providing care to a loved one with Alzheimer's disease or another dementia.

Nearly two-thirds of dementia caregivers in Ohio have been providing care for at least two years. And over one-third provide 20 or more hours of care each week. Over a quarter of Ohio's Alzheimer's and dementia caregivers report frequent poor mental health and nearly 40% report a history of depression. These people are exhausted – mentally, physically, emotionally – and many also have full-time jobs.

As Chair of the State's Alzheimer's Disease and Related Dementias Task Force, I am proud of our accomplishments that include forging partnerships to elevate and fund research on early detection and lifestyle interventions to mitigate the risk of neurological disorder development. This year, along with The Ohio State University, we will prepare to open the first State Caregiver Center for Dementia Care to provide up-to-date assistance and information to families and caregivers.

Aging Technology and Infrastructure Modernization

As the approach to health services continues to evolve towards a more integrated model, the need for comprehensive, inter-operable platforms has become increasingly apparent. By adopting modern, easy-to-use technology, we can offer an enhanced user experience to our service providers and the older Ohioans they serve.

Our department intends to embark on a modernization of our IT infrastructure, which is overdue and impacts the delivery of long-term services and support to aging Ohioans.

The requested one-time funding of $6 million will enable us to replace our legacy systems with state-of-the-art tools that streamline level-of-care assessments, care planning, mobile case management, business process automation, electronic grants management, and customer relationship management. Our current systems are incompatible, incomplete, outdated, and unable to support the current standard of care available in present day systems.

These inefficiencies make the jobs of department staff and the thousands of providers in the local communities that rely upon our systems more cumbersome than needed and with less features to enhance the consumer experience. I'll share examples of the real-world impact.

Making provider enrollment more efficient

Provider enrollment is the entry point to our profession for so many prospective direct care workers. In today's competitive labor market, expediency is important to job seekers, and most do not want to wait months navigating a complicated hiring process. Currently staff within our department and at the local PASSPORT Administrative Agencies that depend on our systems, must access five different systems to process and approve a provider application. The processing times are lengthy, and applicants have no ability to track the progress of their application in the system.

Integrating provider oversight

Integrating provider oversight systems bolsters monitoring and support capabilities – functions essential to maintaining good quality care for our most vulnerable waiver and other program participants. The existing legacy systems lack full integration capabilities meaning complete provider information, such as discipline or performance, is not fully viewable within one system. At this time, manual entries are required with limited capacity for automatic updates.

Enhancing care coordination in the field

The primary case management system is not on a mobile platform. Case managers must either download files before they meet with consumers in the community or print and carry along information. Case managers are unable to update case records in real time because the system is not web-based. Instead, they must transfer pertinent information into the case record at a later time. The system also does not accommodate a full case record. Documents cannot be uploaded, and to compensate for this, each consumer has two files: one electronic and one paper.

Creating transparency for consumers

Consumers do not have access to any type of "member portal" where they could log in to message their case manager, report a provider missed a visit, or see their care plan. Consumers are not easily able to access and review their own personal records, which can keep them and their families from being as active in driving their own care as they may wish to be. This can also lead to a lack of reporting issues such as changes in health conditions.

PACE

The Program of All-Inclusive Care for the Elderly, or PACE, is an innovative care model that helps people who meet a nursing facility-based level of care receive the services and support they need while in their own home and community. PACE provides the full spectrum of care covered by Medicare and Medicaid, including preventive, acute, and long-term care. Some of the services include adult day primary care, transportation to the PACE site, physical and occupational therapy, laboratory and x-ray services, prescription drugs, home care, hospital care, and more.

Care is coordinated by a team of clinicians, social workers, therapists, and direct care workers who continue to care for participants as their needs change or become more intensive. Research has shown that PACE participants receive high-quality care, resulting in improved health outcomes. Evidence demonstrates PACE initiatives are a cost-effective model of care delivery with high customer satisfaction.

Currently, access to this valuable service is only available in Cuyahoga County. This budget cycle, we sought to launch a long-overdue expansion of the program. We were extremely pleased and thankful to have the support of the previous General Assembly, which committed $50 million – via the passage of House Bill 45 – that is enabling us to embark on an exciting expansion of PACE into several new counties across Ohio.

Nursing Home Quality and Accountability Task Force

Before concluding, I would like to provide the Subcommittee with an update on the Governor's Nursing Home Quality and Accountability Task Force. Last month, during the 2023 State of the State Address, Governor DeWine announced that he would appoint a Task Force to study the issues surrounding quality of life and quality of care in our nursing homes. As Chair of the Task Force, I am honored to carry forth his mission of making excellence the expectation for all of Ohio's nursing homes.

The Governor has directed our group to complete our work on an expedited timeframe. The Executive Order officially forming the Task Force will soon be signed, members of the Task Force publicly named, and our first events have been scheduled – including an inaugural meeting on March 2nd, and our first listening session event on March 3rd – both in Columbus.

Over the next two months, the Task Force will travel to communities across Ohio. We will hear directly from residents and families – giving them a voice to share their experiences; consult with subject matter experts on post-acute and long-term care; and work cooperatively with the nursing facility industry and key stakeholders. We will deliver an actionable report to the Governor by May 26th.

As this General Assembly examines the rebasing system for nursing homes this year, please know that our administration looks forward to working with you and the nursing home industry to ensure the nursing homes are adequately funded and delivering high quality. I look forward to reporting back with the recommendations of the Task Force.

Task Force updates can be found on our recently launched webpage at aging.ohio.gov/nhtaskforce. The website is not only a repository of information, but a means for Ohioans who wish to comment on nursing home quality to have their voices heard, even if they cannot attend one of our in-person listening sessions. We welcome participation from everyone. We want to provide every avenue possible for Ohioans to share their stories, because the more people that participate, the more of an impact we will be able to make.

Conclusion

As I conclude my remarks today, I wanted to take a moment to acknowledge the importance of elder justice. Each year, millions of older Americans face physical, sexual, and psychological abuse, as well as neglect or abandonment and financial exploitation. The Ohio Department of Job and Family Services budget will provide additional system supports to prevent injury, illness, and suffering among victims of elder abuse in Ohio, and I wanted to voice my support for this important request.

Chair Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee, thank you, once again, for the opportunity to testify before you today. I hope we will have your support of our 2024-2025 budget request. Working together, we can make Ohio the best place to age in the nation. I welcome the opportunity to address any questions you may have.

ADDENDUM

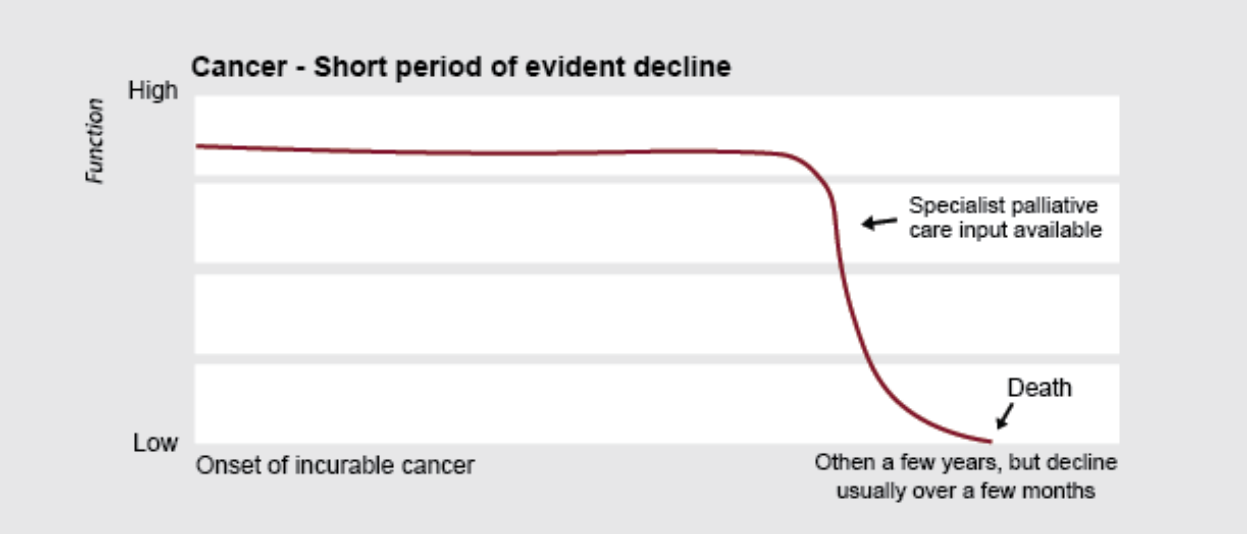
Additional Testimony on Healthy Aging Grants – Dr. John Weigand, Medical Director, Ohio Department of Aging & Ohio Department of Health

Chair Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee on Health and Human Services:

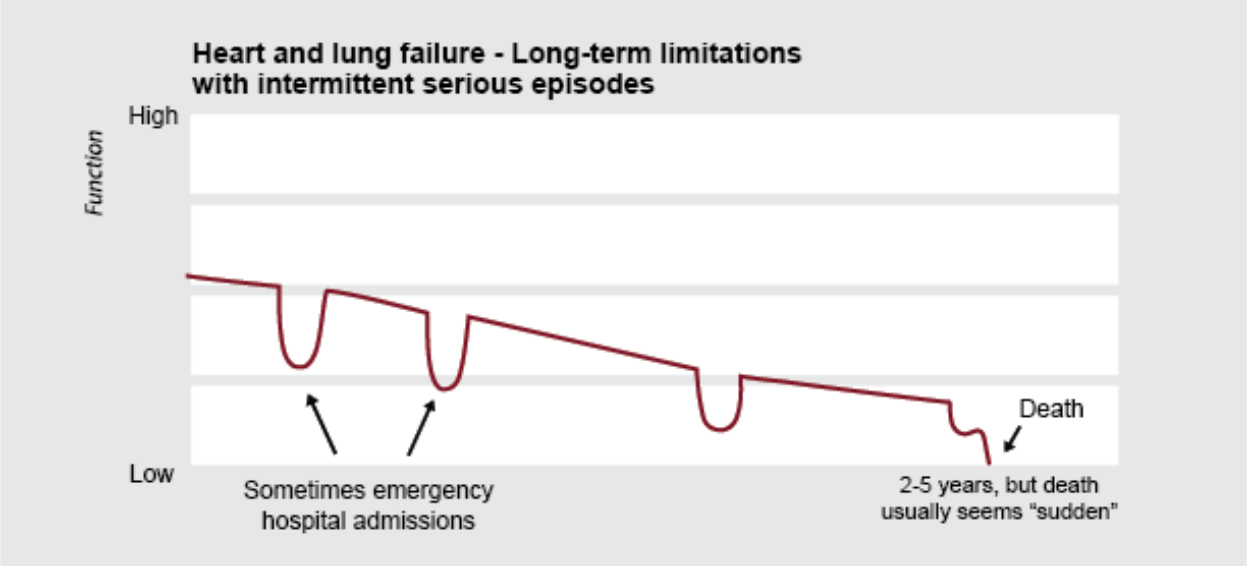
My name is John Weigand, and over the past 30 years, I've had the pleasure of working as a physician. For the past 20 years, I've dedicated my career to serving seniors as a geriatrician. I've worked in outpatient settings, as well as nursing homes and assisted living facilities, and I believe my experience can provide a unique glimpse into the personal side of this conversation – and why our department's request to fund these Healthy Aging Grants is so important.

Simply put, these Healthy Aging Grants will give us the opportunity to, quite literally, change the trajectory of the quality of life experienced by countless older Ohioans as they age.

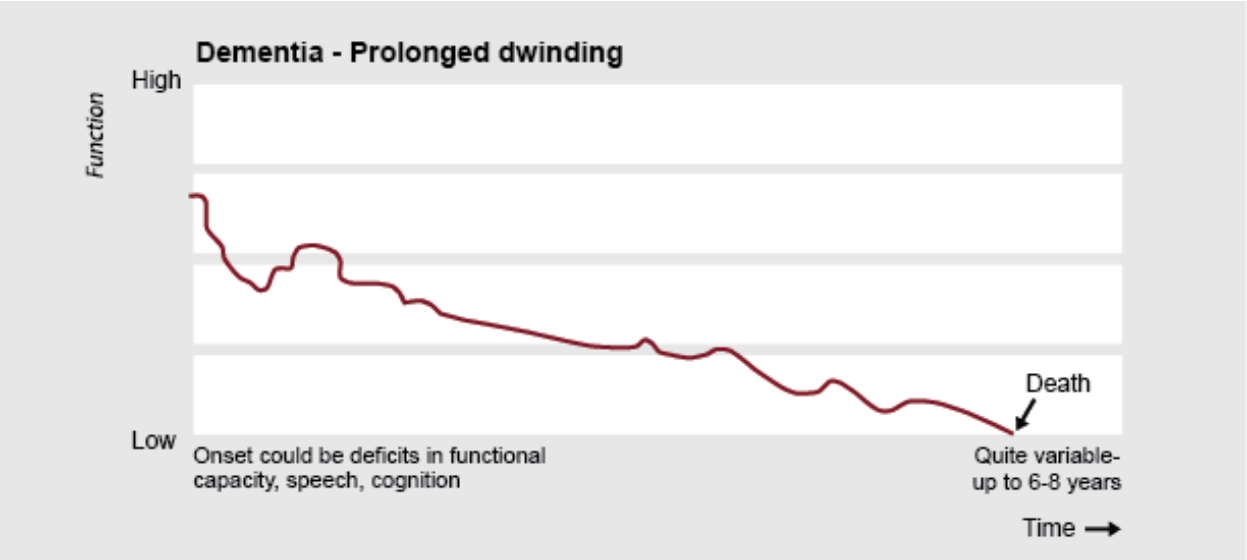
End-of-life trajectories were the subject of a study that was published in a prestigious peer-reviewed medical journal years ago. The study focused on three primary end-of-life trajectories for people with certain illnesses ([1] Illness trajectories and palliative care. BMJ, 2005 Apr 30; 330(7498): 1007-1011). But, in my experience, I've seen the same patterns time and time again when it comes to how people are able, or not able, to maintain their health as they age. These trajectories are visualized in the following charts, which display an individual's level of function over time.



The first chart displays what is often seen in younger patients who have cancer, but I've found the same pattern holds true for older adults who have practiced healthy lifestyles, who have not suffered from chronic illnesses, and who have maintained independence as long as possible. In this curve, the level of functioning remains extremely high for essentially the individual's entire life, until they experience a precipitous drop at the very end. As we all know, death is an inevitability of life. But, in this scenario, death is often fast and painless, and following a life well-led.



The remaining two scenarios are not as desirable. The second trajectory is what happens when an individual battles chronic illness, like heart or lung disease. This curve represents a progressive decline in function, exacerbated by multiple acute events – like congestive heart failure, or an acute exacerbation of chronic obstructive pulmonary disease (COPD). In this scenario, even upon release from the hospital, the patient never fully returns to their previous level of functioning. In this case, individuals often endure a long decline with a steep decrease in function, high costs of care, and high suffering that can occur for a long period of time. Even still – this trajectory can lead to sudden unexpected death.



The third trajectory is commonly seen in individuals who have either cognitive impairment or frailty. In these cases, individuals suffer from a persistent decline over the course of years or decades. This is accompanied by low function, a low quality of life, and, again, a high cost of care related to either the need for nursing home care or a high toll exacted on family caregivers.

One thing you'll notice about all three of these scenarios is that the individual's quality of life starts off at roughly the same point. But, even just halfway along the chart, there is a noticeable difference.

From a clinical standpoint, the preferred trajectory is the first one, where an individual can remain independent for as long as possible. So how do we get more people on that trajectory? When I meet with older patients, I often talk to them about the importance of maintaining the six domains of wellness, which include physical wellness, as well as emotional, social, intellectual, spiritual, and financial wellness, because when I see a patient who is experiencing difficulties in one of more of these domains, often times, their overall functioning and quality of life begins to suffer.

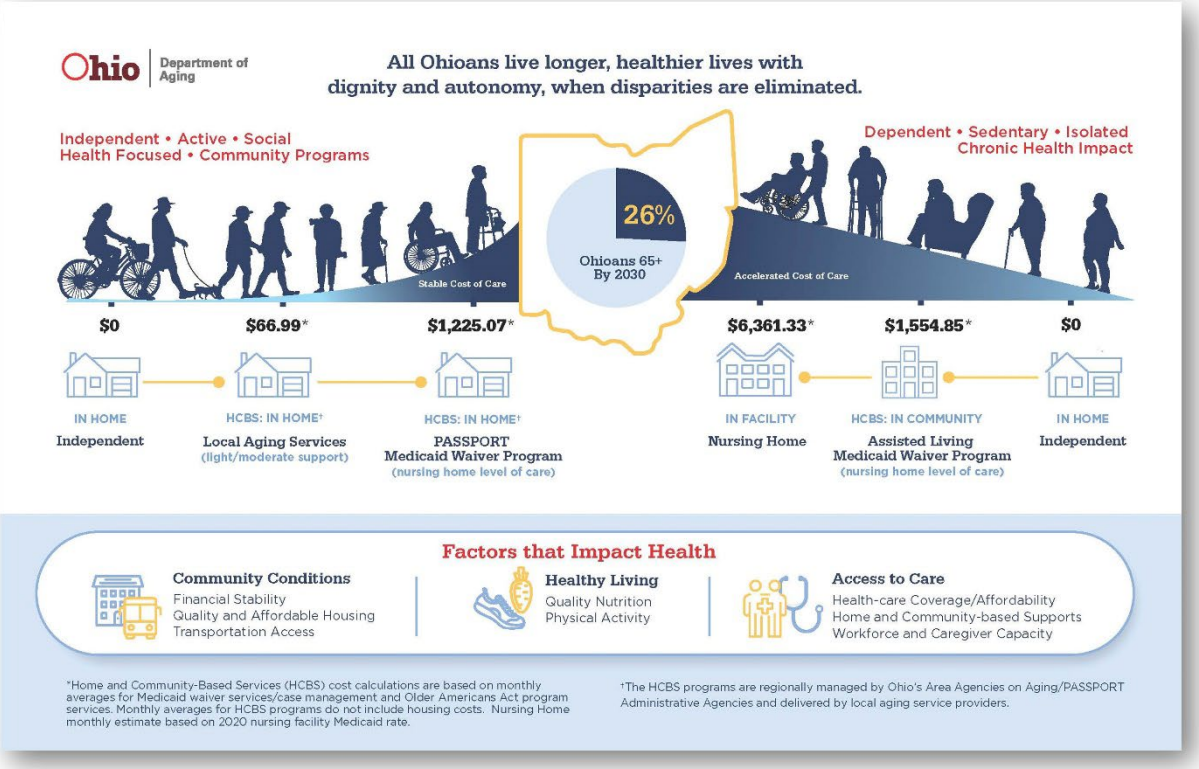
That's where Healthy Aging Grants come in. They achieve the balance needed to support that preferred trajectory. The idea is that we need to promote factors in our patients' lives that provide the best opportunity to maintain all of these dimensions of wellness.

By providing in-home services such as nutrition services, transportation, minor home modifications, chronic disease management, health promotion, personal care, respite, and more, Healthy Aging Grants are a wonderful proactive measure to make sure older adults can stay healthy, live longer, and remain in their homes and communities for as long as possible.

This will be especially helpful to the seniors whose financial dimension of wellness is already vulnerable. All too often, we hear about people who are close to the point where they would need Medicaid, but are resistant to seeking preventative medical care out of a concern for the associated cost, which often results in a faster, ultimately more expensive decline that was entirely avoidable.

The Healthy Aging Grants proposed in the Ohio Department of Aging budget request directly addresses these factors that increase the vulnerability of our state's seniors. Through a needs-based assessment of local communities, taking into account the number of seniors and the level of local senior levy support, Healthy Aging Grants will assist seniors who are considered at "rising risk" of economic instability before they are subject to reliance on Medicaid.

In my opinion, we have a real opportunity with these Healthy Aging Grants to help vulnerable populations become empowered to maintain their independence. In my practice, I've seen time and time again seniors who progress along the right side of the graphic on the following page:



They start out independent but, through a variety of life events, experience an accelerated decline and an increased chance of reliance on institutional facilities. These are the factors that would be addressed directly by the Healthy Aging Grants. What we want to do is to focus on proactive healthcare to prevent people from going through the decline demonstrated on the right side of the graphic, leading to expensive, institutionalized care. The Healthy Aging Grants would allow more seniors to remain on the left side of this graphic, which is preferred due to a maintenance of function, independence, and higher quality of life.

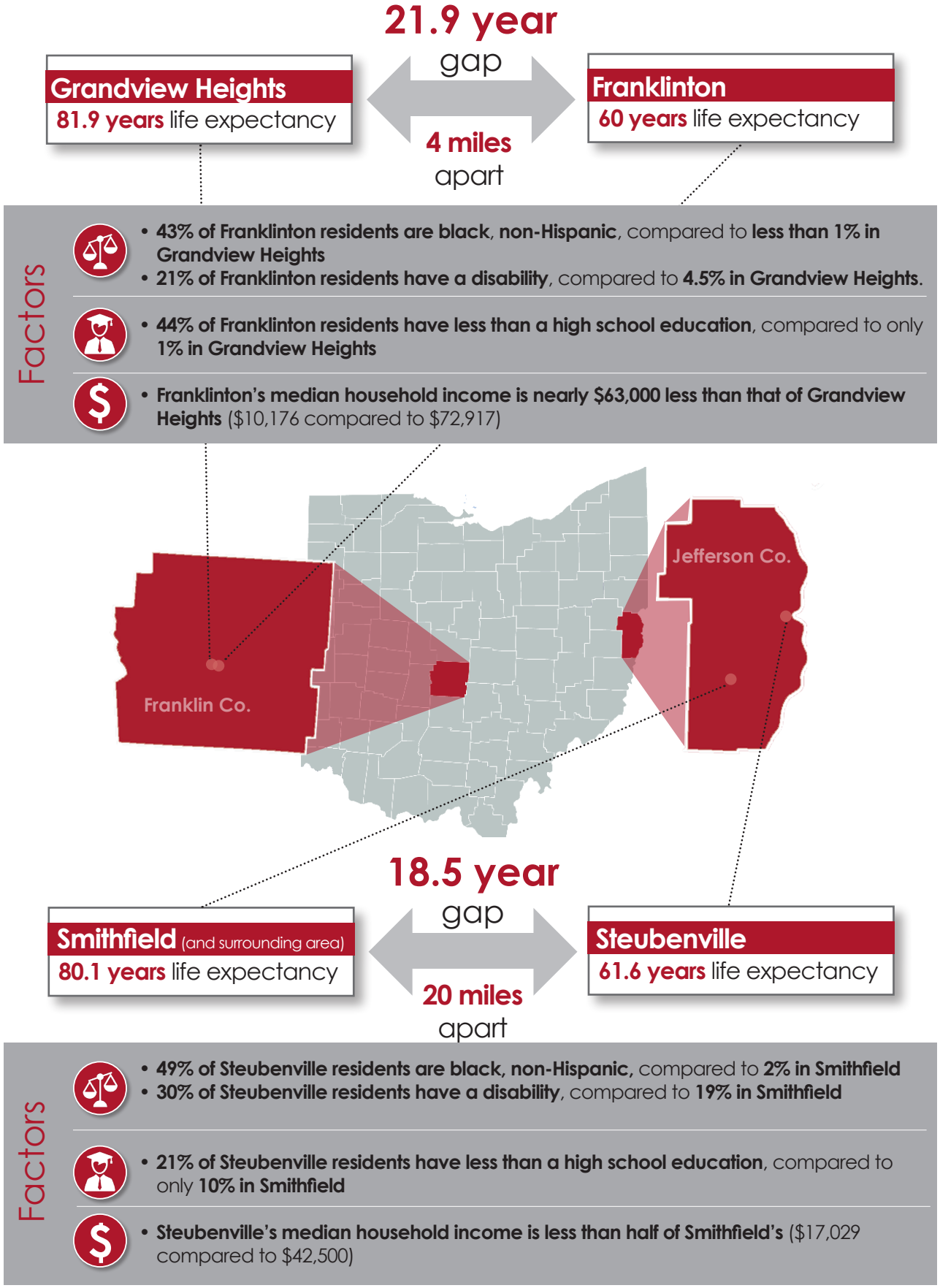
By addressing the areas that most adversely affect the dimensions of wellness and social determinants of health, like safe housing, food security, transportation, and avoidance of social isolation as previously described, Healthy Aging will provide direct return on investment through promotion of independence, maintenance, and potential improvement in quality of life and potential delayed increased utilization of long-term care services and supports.

Thank you, Subcommittee members, for your time and consideration.

APPENDIX

Figure 3.3. **Differences in life expectancy across select urban and rural census tracts in Ohio, 2015**[12]

Ohioans living just miles apart in urban and rural communities experience strikingly different life expectancies. Shorter life expectancy is driven by community conditions and access to resources, such as education and income, and disproportionately impacts black Ohioans and Ohioans with a disability.



Source: Life expectancy data from the Centers for Disease Control and Prevention, National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project – USALEEP (2010-2015). Demographic and socioeconomic factor data from the U.S. Census Bureau, American Community Survey, 5-year estimates (2011-2015).

APPENDIX B (Page 1 of 2)

Healthy Aging Grants

Allocations by County - Sample Table

ADAMS COUNTY - LAWRENCE COUNTY					
County	**Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Percent of Total County Population**	**Allocation Based on Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Base Funding**	**Total Allocation**
Adams	3,916	0.34%	$103,721.27	$100,000.00	$203,721.27
Allen	9,021	0.79%	$238,935.03	$100,000.00	$338,935.03
Ashland	4,968	0.44%	$131,585.11	$100,000.00	$231,585.11
Ashtabula	13,655	1.20%	$361,673.63	$100,000.00	$461,673.63
Athens	13,526	1.19%	$358,256.87	$100,000.00	$458,256.87
Auglaize	2,619	0.23%	$69,368.23	$100,000.00	$169,368.23
Belmont	4,709	0.41%	$124,725.09	$100,000.00	$224,725.09
Brown	5,330	0.47%	$141,173.23	$100,000.00	$241,173.23
Butler	31,794	2.79%	$842,112.89	$100,000.00	$942,112.89
Carroll	2,502	0.22%	$66,269.31	$100,000.00	$166,269.31
Champaign	2,913	0.26%	$77,155.28	$100,000.00	$177,155.28
Clark	14,355	1.26%	$380,214.21	$100,000.00	$480,214.21
Clermont	13,868	1.22%	$367,315.27	$100,000.00	$467,315.27
Clinton	4,413	0.39%	$116,885.08	$100,000.00	$216,885.08
Columbiana	9,285	0.81%	$245,927.48	$100,000.00	$345,927.48
Coshocton	4,636	0.41%	$122,791.58	$100,000.00	$222,791.58
Crawford	3,760	0.33%	$99,589.37	$100,000.00	$199,589.37
Cuyahoga	143,328	12.57%	$3,796,262.07	$100,000.00	$3,896,262.07
Darke	4,167	0.37%	$110,369.39	$100,000.00	$210,369.39
Defiance	2,726	0.24%	$72,202.29	$100,000.00	$172,202.29
Delaware	7,377	0.65%	$195,391.17	$100,000.00	$295,391.17
Erie	6,311	0.55%	$167,156.52	$100,000.00	$267,156.52
Fairfield	9,794	0.86%	$259,409.12	$100,000.00	$359,409.12
Fayette	3,099	0.27%	$82,081.77	$100,000.00	$182,081.77
Franklin	151,345	13.27%	$4,008,604.62	$100,000.00	$4,108,604.62
Fulton	2,749	0.24%	$72,811.48	$100,000.00	$172,811.48
Gallia	3,532	0.31%	$93,550.44	$100,000.00	$193,550.44
Geauga	3,835	0.34%	$101,575.86	$100,000.00	$201,575.86
Greene	13,756	1.21%	$364,348.77	$100,000.00	$464,348.77
Guernsey	5,508	0.48%	$145,887.83	$100,000.00	$245,887.83
Hamilton	88,978	7.80%	$2,356,718.90	$100,000.00	$2,456,718.90
Hancock	5,967	0.52%	$158,045.15	$100,000.00	$258,045.15
Hardin	3,199	0.28%	$84,730.42	$100,000.00	$184,730.42
Harrison	1,645	0.14%	$43,570.35	$100,000.00	$143,570.35
Henry	1,617	0.14%	$42,828.73	$100,000.00	$142,828.73
Highland	6,025	0.53%	$159,581.37	$100,000.00	$259,581.37
Hocking	3,099	0.27%	$82,081.77	$100,000.00	$182,081.77
Holmes	3,460	0.30%	$91,643.41	$100,000.00	$191,643.41
Huron	5,156	0.45%	$136,564.57	$100,000.00	$236,564.57
Jackson	3,610	0.32%	$95,616.39	$100,000.00	$195,616.39
Jefferson	7,807	0.68%	$206,780.38	$100,000.00	$306,780.38
Knox	5,216	0.46%	$138,153.77	$100,000.00	$238,153.77
Lake	13,137	1.15%	$347,953.61	$100,000.00	$447,953.61
Lawrence	8,352	0.73%	$221,215.54	$100,000.00	$321,215.54

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Healthy Aging Grants

Allocations by County - Sample Table

LICKING COUNTY - WYANDOT COUNTY					
County	**Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Percent of Total County Population**	**Allocation Based on Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Base Funding**	**Total Allocation**
Licking	11,698	1.03%	$309,839.48	$100,000.00	$409,839.48
Logan	3,335	0.29%	$88,332.59	$100,000.00	$188,332.59
Lorain	31,242	2.74%	$827,492.32	$100,000.00	$927,492.32
Lucas	61,177	5.37%	$1,620,366.74	$100,000.00	$1,720,366.74
Madison	2,589	0.23%	$68,573.64	$100,000.00	$168,573.64
Mahoning	26,699	2.34%	$707,163.99	$100,000.00	$807,163.99
Marion	5,471	0.48%	$144,907.83	$100,000.00	$244,907.83
Medina	7,083	0.62%	$187,604.13	$100,000.00	$287,604.13
Meigs	3,345	0.29%	$88,597.46	$100,000.00	$188,597.46
Mercer	1,418	0.12%	$37,557.91	$100,000.00	$137,557.91
Miami	5,905	0.52%	$156,402.99	$100,000.00	$256,402.99
Monroe	1,433	0.13%	$37,955.20	$100,000.00	$137,955.20
Montgomery	61,964	5.43%	$1,641,211.64	$100,000.00	$1,741,211.64
Morgan	1,857	0.16%	$49,185.50	$100,000.00	$149,185.50
Morrow	2,124	0.19%	$56,257.40	$100,000.00	$156,257.40
Muskingum	9,346	0.82%	$247,543.15	$100,000.00	$347,543.15
Noble	1,372	0.12%	$36,339.53	$100,000.00	$136,339.53
Ottawa	2,464	0.22%	$65,262.82	$100,000.00	$165,262.82
Paulding	1,501	0.13%	$39,756.29	$100,000.00	$139,756.29
Perry	4,281	0.38%	$113,388.86	$100,000.00	$213,388.86
Pickaway	5,729	0.50%	$151,741.36	$100,000.00	$251,741.36
Pike	3,500	0.31%	$92,702.87	$100,000.00	$192,702.87
Portage	13,285	1.17%	$351,873.62	$100,000.00	$451,873.62
Preble	2,440	0.21%	$64,627.15	$100,000.00	$164,627.15
Putnam	1,936	0.17%	$51,277.93	$100,000.00	$151,277.93
Richland	10,925	0.96%	$289,365.39	$100,000.00	$389,365.39
Ross	7,823	0.69%	$207,204.16	$100,000.00	$307,204.16
Sandusky	5,149	0.45%	$136,379.17	$100,000.00	$236,379.17
Scioto	12,355	1.08%	$327,241.14	$100,000.00	$427,241.14
Seneca	5,027	0.44%	$133,147.81	$100,000.00	$233,147.81
Shelby	3,764	0.33%	$99,695.32	$100,000.00	$199,695.32
Stark	35,554	3.12%	$941,702.26	$100,000.00	$1,041,702.26
Summit	47,596	4.17%	$1,260,653.11	$100,000.00	$1,360,653.11
Trumbull	25,670	2.25%	$679,909.35	$100,000.00	$779,909.35
Tuscarawas	8,508	0.75%	$225,347.44	$100,000.00	$325,347.44
Union	1,867	0.16%	$49,450.36	$100,000.00	$149,450.36
VanWert	1,891	0.17%	$50,086.04	$100,000.00	$150,086.04
Vinton	2,119	0.19%	$56,124.97	$100,000.00	$156,124.97
Warren	6,942	0.61%	$183,869.52	$100,000.00	$283,869.52
Washington	5,340	0.47%	$141,438.10	$100,000.00	$241,438.10
Wayne	8,855	0.78%	$234,538.27	$100,000.00	$334,538.27
Williams	2,802	0.25%	$74,215.27	$100,000.00	$174,215.27
Wood	13,837	1.21%	$366,494.18	$100,000.00	$466,494.18
Wyandot	919	0.08%	$24,341.13	$100,000.00	$124,341.13
TOTAL	**1,140,202**		**$30,200,000**	**$8,800,000**	**$39,000,000**