Testimony – House Bill 96
Ohio Senate Health Committee
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Council on Aging (COA)
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Chairman Huffman, Vice Chair Johnson, Ranking Member Liston, and Members of the Senate Health Committee,

Thank you for the opportunity to provide testimony today on behalf of the Council on Aging (COA) and the PACE Association of Ohio (PAO) in support of two policy recommendations to improve access to and expansion of the Program of All-Inclusive Care for the Elderly (PACE). My name is Nan Kohnen Cahall and I serve as the Government Relations Director at the Council on Aging in Cincinnati, Ohio.

The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive service model that provides both medical and social services to certain older adults living in the community. PACE operates as both the care provider and the Managed Care Organization (MCO), offering services that include primary and specialty care, adult day health services, personal care, inpatient hospital care, prescription drugs, occupational and physical therapy, and nursing home care. Services are delivered through an interdisciplinary team responsible for coordinating 24-hour care.

The vast majority of PACE participants are dually eligible for both Medicare and Medicaid. PACE was expanded statewide through House Bill 45 in 2022, and sites are now active or in development in Cuyahoga, Lorain, Summit, Lucas, Montgomery, Franklin, Hamilton, Trumbull, Mahoning, and Ashtabula counties. COA is working in partnership with TriHealth and the Hospice of Cincinnati to launch Hamilton County's PACE program.

There are two PACE-related amendments included in the House version of House Bill 96, for which we are very grateful. We are asking for consideration today of both keeping the amendments in the bill and making minor adjustments to the amendments.

## **Timely Enrollment for New PACE Participants**

The current enrollment process for PACE is overly lengthy and burdensome, often taking 6 to 8 weeks and resulting in the loss of potential participants with urgent care needs to other Medicaid providers with faster enrollment timelines. The current steps include:

• An initial eligibility determination (3–6 weeks) by County Job & Family Services and a level-of-care assessment by the Ohio Department of Aging.

- Approval by the PACE organization, Medicare, and Medicaid (1–2 weeks).
- Enrollment confirmation, effective at the start of the following month, after which a care plan is developed and implemented.

Other Medicaid programs allow individuals who are presumed eligible to begin receiving services while their eligibility is finalized. However, PACE is currently prohibited from serving individuals until the full process is complete, even when eligibility is almost certain. This delay can prevent timely care for potential participants.

PAO proposed a policy change to permit PACE organizations to begin services as soon as enrollment is possible—at the organization's own financial risk—for individuals who are highly likely to be eligible, which was included by the House in their budget bill. If the individual is ultimately found ineligible, the organization would forgo reimbursement and cover that cost. This simple change would allow more timely access to care for new participants, alleviate strain on families, and support the growth and sustainability of PACE programs in both established and newly developing sites. The language included in the House bill requires some minor tweaks after discussing with state and local partners, and we ask the Senate today to take up this new language.

It is worth noting that PACE is required under federal regulation to operate at less cost than the state's traditional Medicaid fee-for-service program, meaning that greater participation in PACE would lead to cost savings for Ohio.

## **Future Expansion of the PACE Model**

Through the 2022 passage of House Bill 45 and a subsequent Request for Proposals (RFP) process by the Ohio Department of Aging, PACE was able to expand to nine new Ohio counties. While this was a critical step forward, many regions of Ohio remain unserved and would benefit greatly from access to this high-quality, cost-effective model of care.

The House budget included language that directs the state to issue a new RFP for PACE expansion no later than July 1, 2026. This will ensure that the PACE model continues to move forward and provide more Ohioans in need with a high-quality, community based care option that reduces hospital visits and saves the state money.

## Conclusion

PACE is a proven model that improves health outcomes, reduces unnecessary hospitalizations and emergency care, and provides Ohio's seniors with the opportunity to

age with dignity in their communities. Both proposed policy changes are fiscally responsible and would support timely access and thoughtful growth of this vital program.

We appreciate your consideration of these amendments and your commitment to strengthening care options for older Ohioans. I am happy to answer any questions you may have at this time.