

TESTIMONY  
**INVESTING IN OHIO'S FUTURE:  
FISCAL YEAR 2022 AND 2023 EXECUTIVE BUDGET REQUEST  
OHIO DEPARTMENT OF AGING**

BY  
**URSEL J. McELROY  
DIRECTOR**

BEFORE THE  
**OHIO HOUSE OF REPRESENTATIVES  
FINANCE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

MARCH 2, 2021

*Fostering sound public policy, research, and initiatives that benefit older Ohioans.*

## **Introduction**

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

I am Ursel McElroy, Director of the Ohio Department of Aging, Ohio's federally designated State Unit on Aging. On behalf of the department, the aging network, and 2.8 million older Ohioans who call this state home, thank you for the opportunity to speak to you today on H.B. 110, the proposed operating budget for State Fiscal Years 2022 and 2023. Thank you for your attention on February 10 when I testified before the full Finance Committee. During that testimony, I talked about our current state, provided an overview of our continuing requests, and highlighted new initiatives that will strengthen Ohio's response to older Ohioans.

I want to start today by acknowledging the tremendous support that you provide to older Ohioans and their families year after year, but especially this year. This has been a trying year for all of us. Your constituents have contacted you for help, to address their needs, hopes, desires and, quite honestly, their frustrations. We continue to do our part to address their needs and resolve the matters that they bring to our attention. We are fortunate to have programs in place that support older Ohioans and their caregivers, but I stand before you today recognizing that there is more work to do.

Our funding proposal for this coming biennium includes our all-funds budget request of \$117 million in Fiscal Year 2022 and \$107.6 million in Fiscal Year 2023 which includes our General Revenue Fund requests of \$35.4 million and \$30.4 million in those same years. Our budget request builds upon two foundational themes. We need to:

1. Position Ohio and our communities to anticipate and respond to the needs of older Ohioans; and
2. Enable ODA to effectively serve as Ohio's designated State Unit on Aging.

## **The past few decades**

For today's testimony, I wish to build upon my previous statements by diving deeper into the importance of our programs, elaborating on the state of aging in Ohio, and explaining in more detail, our path forward – both in the short term and in the long term.

Before I explain our future, however, I want to pause to quickly reflect on our past few decades. For years, home and community-based service experts and advocates sounded the alarms that our systems and workforces weren't sized to meet the imminent demand. Population health experts sounded the alarms that holistic changes to health policy were needed and about possible downstream impacts to health, opportunity, and longevity. Elder abuse experts sounded the alarms that crimes are increasing and offices charged to protect and prosecute are resource challenged. These alarms, when overlaid on the exponential growth of older Ohioans and the historic funding of aging services, explain why our budget request and your support are so critically important.

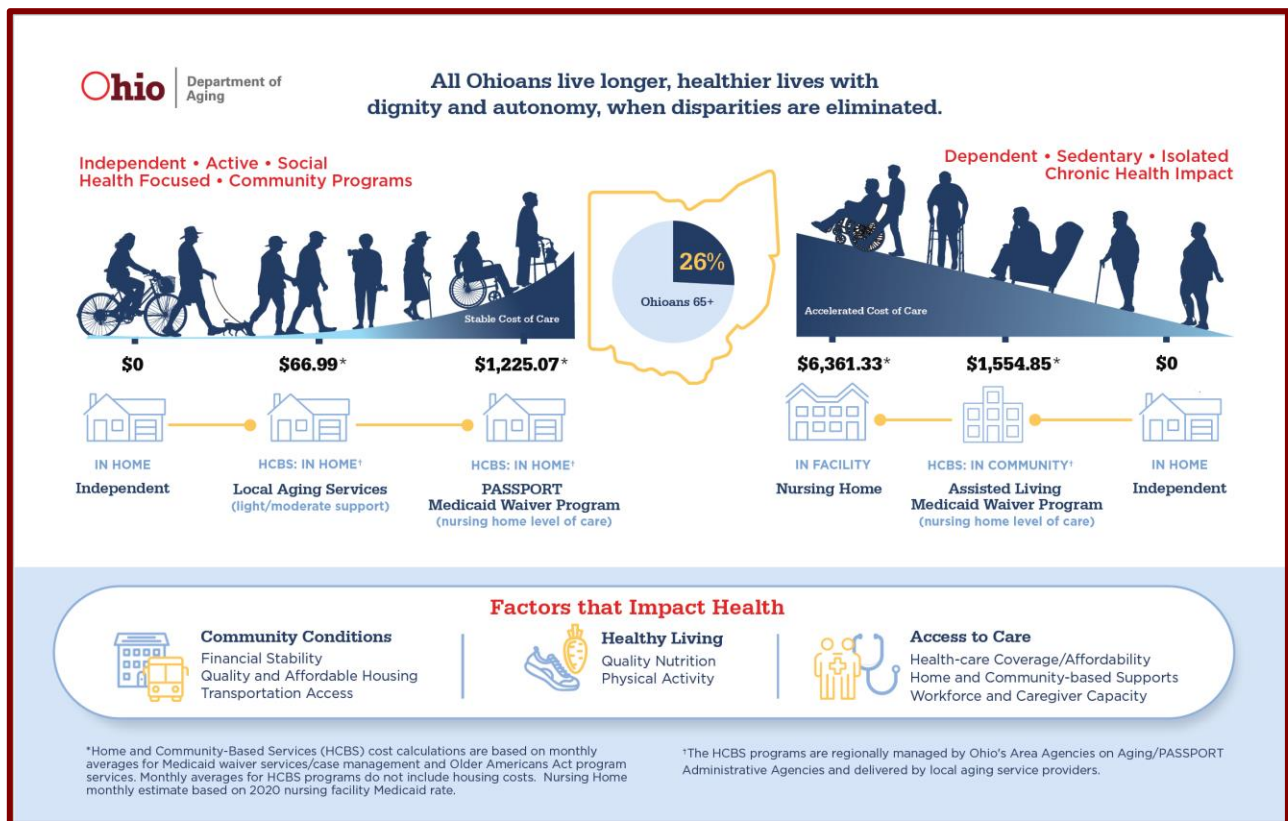
## **Investing in Ohio's future of early intervention**

Historic funding shows that federal policy makers chose to be more singularly focused on those with advanced care needs enrolled in Medicaid programs rather than those with earlier, emerging needs who are supported through our Older Americans Act federal funding and state Senior Community Services fund. According to the 2019 Health Value Dashboard, spending by Ohio's Medicare and Medicaid program enrollees are higher than the national average. Ohio ranks 39<sup>th</sup> in states for total Medicare spending per beneficiary. Ohio's per person spending for older Medicaid enrollees is 1.4 times more than the U.S. rate. This suggests that Ohio needs to support healthy aging and early interventions to reduce spending on costly sick care later in life.

Let's look at expenses for Fiscal Year 2020 for programs administered by our agency. For our Medicaid waiver programs that served 22,931 individuals who have a nursing home level-of-care, we expended \$376,696,956

for services across our PASSPORT, Assisted Living and PACE programs. For our Older Americans Act programs (which also rely on state Senior Community Services funds and local funds), expenses totaled \$96,666,936 to serve 392,496 individuals. Receiving a single service, such as a nutritious meal, installing a grab bar, or transportation to a doctor’s office can be critical for continued health and independence. Investing in these early intervention measures is essential to the solvency and economic stability of the individuals we serve, the aging network and, by extension, the state.

There are two paths that correlate with the costs of long-term care. One path, as illustrated in the graph below, shows that many older Ohioans are healthy and active into their very late years while others, through injury, social drivers of health, or personal decisions, may require accelerated and more costly care. While continued support of individuals with advanced care needs is critical, we also need to meet individuals where they are in the care continuum and effectively support them to maintain their healthiest lives possible. For this reason, our agency has been working hard to position the state to effectively demonstrate the benefits of early intervention.

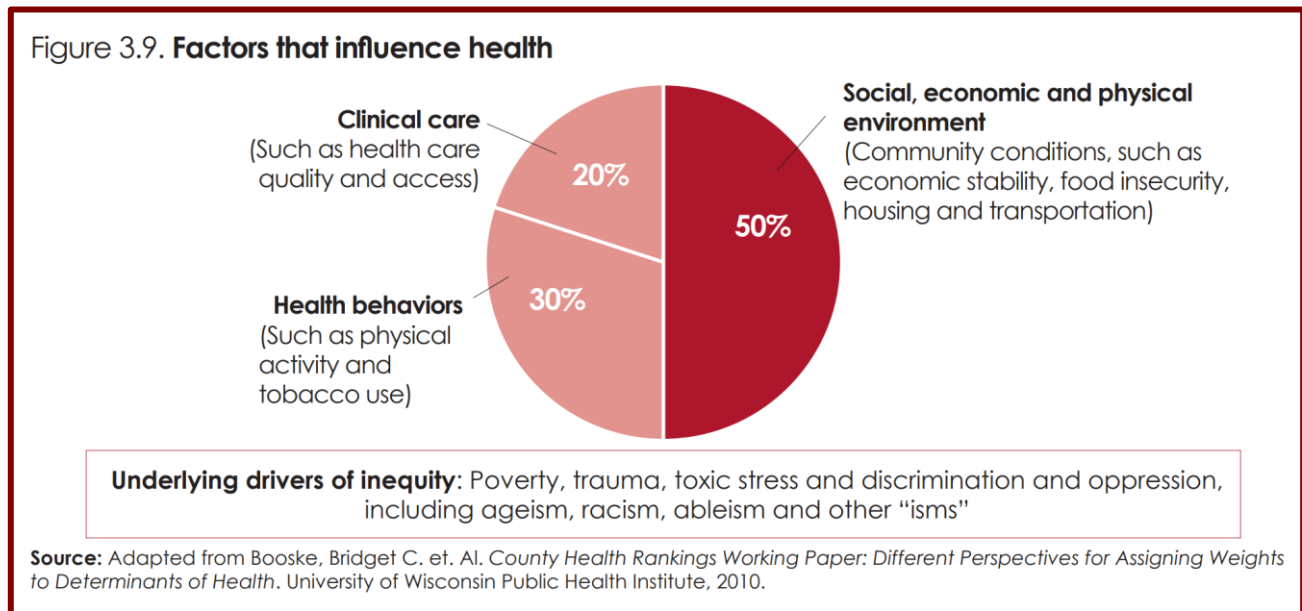


The Strategic Action Plan on Aging (SAPA), when released, will enable us to show disparities and the corresponding metrics and strategies that will show that early interventions do work. We have engaged aging experts across the state to create this plan and I again ask for your support of our investment efforts. I look forward to our next budget cycle when I can reveal the early impacts of our interventions and the advances made on changing the way we provide aging services to older Ohioans.

**Social drivers of health**

If we eat nutritious food, exercise, rest, and manage our stress, we can hopefully live a life that is long, free of disease, and low in medical expenses. What happens when Ohioans aren’t as fortunate? They worked hard, they tried hard, but greater forces prevailed. Forces that can begin as early as birth and can follow them into adulthood and beyond. Too often, older adults work hard their entire life and contribute to our

social support systems and suddenly fall ill or fall on financial hard times or both. We know Ohioans who despite their best efforts, have had a lifetime of struggles.



Summary Assessment of Older Ohioans, June 2020

When you add in social drivers of health, also referred to as social determinants of health, the impacts and disparities can increase and opportunities of achieving the American dream can remain out of reach. To improve the overall health and well-being of older Ohioans, these underlying drivers of health must be addressed. Health is influenced by several modifiable factors, including clinical care, health behaviors, and the social, economic, and physical environment.

An estimated 80 percent of the modifiable factors that affect our overall health are linked to social drivers of health and opportunities to make healthy choices including physical activity and tobacco use. Our life expectancy and quality of life is heavily reliant, by 50 percent, on social, economic, and physical environments that provide basic needs such as transportation, economic stability, and food security. The remaining 20 percent of our health outcomes are reliant on the quality of our care.

The aging network has long addressed these social drivers before they were found to have such significant and, ultimately, costly impacts on health outcomes, to our society, and the solvency of our long-term care system. For example, as shown in the graph on p. 2, our local aging service programs, which we revere as early intervention supportive services, we invest on average \$66.99 per month per individual we serve. These programs are funded by the federal Older Americans Act and the GRF Senior Community Services fund.

The ultimate example of social drivers of health that disproportionately impact older adults is through life expectancy. As you'll see in [Appendix A](#) at the back of my testimony, Ohioans living just miles apart experience strikingly different life expectancies. This isn't something unique to just urban areas of the state. As you'll see, two communities just 20 miles apart, experience an 18.5-year difference in life expectancy. This graphic is from our Summary Assessment of Older Ohioans.

## Strategic Action Plan on Aging

I want to now mention a few examples that will be included in the SAPA of how our agency and partners are aligned and positioned to support older adults and, ultimately, healthy communities. Let's start with financial stability. An important aspect of economic stability for older Ohioans is financial planning for life after work concludes due to retirement, disability, caregiving, or other reasons. Planning for the costs of healthcare and long-term care is particularly difficult because it is impossible to know how a person's health status will change as they age. The considerations and strategies included in the SAPA are ones that can support retirement and long-term care planning. While some of these strategies are targeted to older adults, they are ones that support whole communities.

I also want to point out that we've taken steps in the Plan to identify where strategies of our SAPA and strategies of the State Health Improvement Plan (SHIP) are in alignment. Aligning with our public health partners can facilitate prioritization, maximize community resources, and enable communities to really measure progress in a coordinated approach.

The second example is transportation. Transportation affects older adults, and their communities, in all parts of our state, urban, suburban and rural. Transportation is a critical factor for connecting older adults and communities, to places to work, to access healthcare, obtain healthy food, and worship. We're committed, along with our partners, to advancing accessible, affordable, and reliable transportation using the SAPA as our roadmap. For example, one strategy that has been successful in pilots across the state is expanding travel training programs that teach older adults the skills needed to travel safely and independently using public transportation.

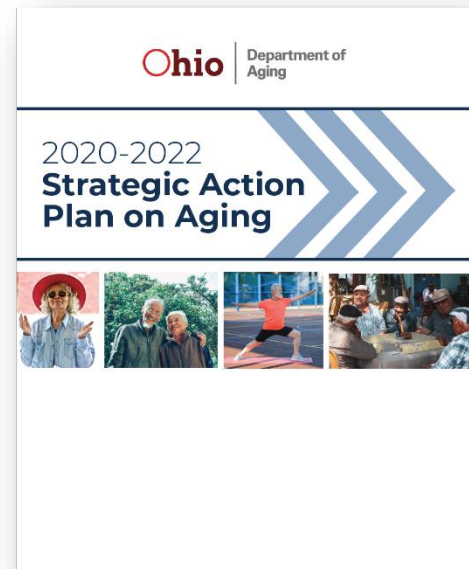
Lastly, and of utmost importance, is nutrition. We know that maintaining a healthy diet and eating nutritious food promotes healthy aging and disease prevention and management. While we continue to invest in and expand cost-effective and impactful programs such as home-delivered and congregate meals, we also know that we need to support broader community-based nutrition initiatives to support the lifespan to prevent diet-related conditions later in life. Programs such as the Senior Farmers' Market Nutrition Program support not only consumption of fruits and vegetables but invest in the local farming economy.

## Statewide Aging Initiatives

While we can't address all social disparities equally and at once, we have chosen, through our forthcoming SAPA, to focus on critical facets of healthy aging. I want to spend a few minutes talking about the importance of the new Statewide Aging Initiatives fund. As you heard during my first testimony, we have significant work to do for older Ohioans and we're committed to strategizing and pin-pointing where we'll apply these critical funds. While Ohio is fortunate to receive federal funding to support local aging programs, the funds are tied to laws and rules that govern how funds are used and limit the state from addressing historic gaps that must be closed.

There are historic issues for which solutions are long overdue. We know that statewide investments are needed for systemic and transformational change. This new fund will enable Ohio to address these historic gaps at a statewide level yet yield benefit at an individual level to older adults and their communities.

For example, we know that elder abuse is prevalent in all of its forms and is significantly underreported in Ohio. National studies suggest that as few as four to seven percent of cases of elder abuse are reported to authorities. Elder abuse increases an individual's risk of hospitalization by three times, nursing home



admission by four times, and mortality by three times. For all of Ohio, there is \$4.2 million annually distributed to our 88 counties for adult protective services. This equates to about \$48,000 per county annually. Older adults are reluctant to report for an array of reasons that include fear, embarrassment, and an unawareness of where to turn for help. We also know that investigations, forensics, prosecutions, and convictions of older adult crimes can be complex.

Through our statewide investment, we'll implement best practices and quality standards so that older adults will know that when they report, they will be protected. When adult protective services and law enforcement investigate, they will be better positioned to hand over more compelling evidence. When prosecutors present the evidence, judges are equipped to rule. Much work is occurring and we're grateful for the work by our adult protective service offices and those who are mandatory reporters. We know, however, that much work is still needed and with our commitment, your support, and a strengthened system of protection, change is coming and those hurting older Ohioans will be brought to justice.

Through the SAPA and through this new fund, we'll bring forward solutions for implementation that will result in measured impact. While change can take time, we'll be agile in dually focusing on both short-term benefits and long-term permanent improvements. We want statewide success of our initiatives so at the heart of our focus and design efforts will be our older Ohioans, their families, and the communities who serve them. I commit that we will strategically and wisely use these funds to bring systemic changes for older Ohioans especially those who are at risk or disadvantaged.

### **Independence through Home and Community-Based Services (HCBS)**

As we all know, older loved ones want to remain independent as they age, even if they begin to have some health or cognition challenges. We want that too, but we also want them to be safe and healthy to preserve their continued independence. We are grateful to our area agencies on aging and our aging service providers for enabling more than 25,000 older Ohioans annually on our programs, with nursing-home level of care needs, to remain in whatever setting they call home.

Rather than considering a placement in a nursing home, our agency's Home and Community-Based Services (HCBS) Medicaid waiver programs bring the services into participants' homes through meal deliveries, personal care, home modification, housekeeping, transportation assistance, independent living assistance, and much more. Participants are assigned a case manager to assist them and they receive a Medicaid card that entitles them to benefits including physician care, hospitalization, prescription drugs, and many other services. Our PASSPORT, Assisted Living, and PACE HCBS programs serve those who would otherwise be placed in a nursing home because of their level of care needs.

Due to our efforts and the efforts of managed care organizations, Ohio is now supporting more high-need individuals in home settings than in nursing facilities. Our PASSPORT Administrative Agencies (PAAs) carefully assess the level of care needed for each individual and assign case managers to ensure they're receiving the essential services and care needed to maintain their health and independence. Our PAAs perform critical work and are so important in our communities.

Aging in Ohio and long-term care have evolved over the past two decades. The location of care has changed and with it, so have the people providing services in those locations. These programs are cost-effective alternatives to nursing homes but, due to the level of care needed, you can see the critical importance of service provider capacity and family support to enable continued independent living in the community. This brings me back to our aging services workforce and the important role of caregivers.



### **Focus on our community capacity**

In my prior testimony, and as the aging network panelists spoke about last week, we must focus on strengthening the capacity of our workforce. There are long-standing concerns that deserve consideration and I am committed to working on them. Underscoring our need to solve these workforce issues is the reality that there will be fewer caregivers available to assist our older population. An AARP study shows that for the 80+ population, there are currently about six caregivers per person which will shrink to four caregivers per person by 2030. This care gap continues to decline to less than three per person in 2050, at a time when Ohio's 85+ population is predicted to grow 75% from 257,450 in 2020 to 448,790 in 2050. Plausible reasons for fewer caregivers are due to shrinking family sizes and composition as well as adult children needing to work longer to make ends meet.

Adult day services are a critical component in our continuum of care. They enable working caregivers to earn a living with the confidence their loved ones are safe and cared for during the day. The presence of this service in our communities can allow a family to avoid or delay the decision of nursing home placement. The March 2020 closure of adult day services during the pandemic affirmed their importance to working families. We're pleased that Ohio's service providers are organizing so we can work together to strengthen this service in our communities. We'll also work to inform and improve oversight so that we have better visibility of this industry and their needs.

### **Strengthen protections for at-risk older Ohioans**

Relative to our workforce, I want to touch on the importance that any Ohioan receiving an aging service should feel safe and confident in those providing their care. When our HCBS programs were originally conceived and funded, the risks associated with continued independence were not. Individuals in our HCBS programs are enrolled due to their high, nursing home level-of-care needs which can include a range of limitations such as cognitive decline and issues that can create feelings of dependency on others. We need to make sure that our most vulnerable population not only feels safe but are safe. This is why in addition to supporting our in-home care programs, we plan to strengthen Ohio's response to those who take advantage of our older population.

In addition to strengthening elder protections for Ohio, we'll further strengthen our safety net on the provider front. Our intent is to address both the intentional and unintentional behaviors that can harm older adults. We want to strengthen protections by utilizing the year-round Rapback background check program available through Ohio Attorney General Dave Yost's office. We'll use this program to strengthen protections for older individuals who have hired participant-directed providers. Rapback provides real-time notification if a participant-directed provider is charged with a disqualifying offense.

Prior to the COVID-19 emergency, aging services leaders had expressed concern that the direct-care workforce is predominantly unregulated. It is difficult to assess our capacity of workers without knowledge of those who work in this field. During the pandemic, this concern was amplified when we were unable to discern if direct care workers had more than one job in long-term care settings and could unintentionally cross-contaminate in multiple facilities where employed if exposed to COVID-19. For these reasons, state-level awareness is needed. We'll be working with this industry's associations to strengthen our and their visibility of this workforce.

We'll also focus on creating a certification program for our non-Medicaid providers who provide services that are funded by our agency. Providers that receive federal and state dollars as payment for services should expect and be held accountable by our taxpayers, across the aging continuum and most already are. This effort closes a gap by achieving certification across all programs thus strengthening standards and excellence in the care and services they are providing to older Ohioans.

### **Heighten advocacy and quality care**

I want to talk to you on behalf of the Office of the State Long-Term Care Ombudsman at the state and regional levels. We wish to thank you for working with them to respond to the concerns of older adults and their families throughout this trying time. As you know, the mission of the ombudsmen is to advocate for excellence in long-term services and supports wherever consumers live. The State Ombudsman and certified representatives seek resolution of problems and advocate for the rights of clients in HCBS settings and residents of long-term care facilities to enhance the quality of life and care they're receiving.

During the pandemic, ombudsmen have been a critical lifeline to facilitate compassionate care visits for residents and families and resolve thousands of concerns related to care and treatment. They have a regular presence in facilities so that the residents know they have an advocate they can count on. The State Ombudsman expects every program to achieve quarterly presence in all long-term care facilities in Fiscal Years 2022 and 2023. When residents have access to their advocate, they more readily speak up when they experience problems.

In Fiscal Year 2021, regional programs are using additional funds to: hire staff to handle complex complaints, improve their infrastructure by investing in technology, increase professional development of staff and volunteers, and maintain supplies for infection prevention and control. The expectation extends into Fiscal Years 2022 and 2023, with a goal of growing and sustaining a volunteer corps of at least 350; today there are 228 volunteers. As I mentioned in my prior testimony, they certified 111 new volunteers last year during a pandemic when other states were losing volunteers. Based on average productivity of volunteers, we estimate that 350 volunteers will contact about 68,000 people per year, primarily through regular visitation to long-term care facilities. Those visits include talking with residents about their rights, modeling respect for rights, advocating for quality of care through conversations with staff and administration, and raising concerns to the attention of staff ombudsmen.

During the pandemic, much of the focus was on long-term care facilities. In Fiscal Year 2022, the Office will increase efforts to educate older adults and people with disabilities in the community about the role of the Ombudsman in assuring the delivery of needed services to enhance their quality of life and quality of care. We seek your support to build upon the growth and improvement of this critical program.

### **Support through long-term care quality initiative**

Within our new Strategic Aging Initiatives Line, we have great plans to support Ohio's long-term care facilities. Through this investment, we'll work to support and empower Ohio's long-term care settings in strengthening the safety and quality of their programs. We will collaborate with industry leaders regarding lessons learned and best practices that have evolved during the pandemic. With industry input, and with input from the Ohio Department of Health on deficiency trends, we'll develop a robust arsenal of programs that will lead facilities to sustainable and meaningful solutions and improve the quality of life for our constituents living in nursing homes. We will build upon and enhance existing programs that have proven to be effective, such as the Nursing Home Quality Initiative administered by the Office of the State Long-Term Care Ombudsman. We'll use the best ideas to yield impactful and permanent changes. We seek your support of the proposed funding for this important work and the benefits to Ohioans living in our long-term care facilities.

We will also work alongside our partners at the departments of Health and Medicaid to implement a one-time Voluntary Nursing Home Bed Reduction Incentive Program. There are over 86,000 nursing home beds in Ohio and recent Certification and Survey Provider Enhanced Reports (CASPER) data shows that 18 percent of those 86,000 beds are vacant. The state is proposing to appropriate \$50 million to incentivize nursing homes to sell some of their vacant beds. This approach will offset costs on the state for paying for those beds. More importantly, this presents us the opportunity to restructure the institutionalized care model. Removing vacant beds incentivizes single room occupancy, greatly benefitting residents in multiple ways including:



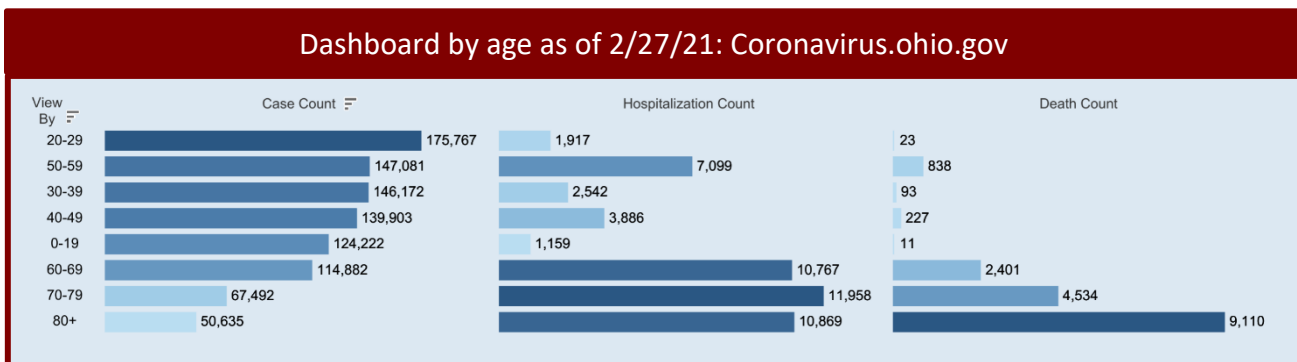
- Reducing double occupancy to reduce the spread of COVID-19 and support the state’s infection prevention and control efforts;
- Promoting residents’ choice to live alone or share a unit if desired; and
- Improving the overall environment of this entitlement.

Although Ohio has shifted more care into home and community-based services, nursing homes continue to represent the standard for long-term care for individuals requiring round-the-clock care that nursing homes provide. We are grateful for the roles that they perform in our communities to support those with the highest care needs.

### Ohio’s pandemic response for older Ohioans

Today, and as the final segment of my testimony, I want to pay tribute to our aging services providers and dedicated staffs who deserve our highest praise. At the beginning of this pandemic, we had to make very difficult but necessary decisions that directly impacted the long-term care continuum. In nursing homes, assisted living facilities, and other long-term care settings, we narrowed access to only essential employees. Ohio’s senior centers and adult day services were limited to non-congregate services. Reducing the risk of spreading the virus and supporting infection prevention and control efforts were, and remain to this day, a focal point of our response to the pandemic. Our approach has been and is transparent.

Hardships have been synonymous with this global emergency and those who serve older adults have been among those most impacted. For so many reasons, we wish this weren’t so. Those serving older Ohioans understand that this pandemic dangerously and disproportionately impacts our older adults. Among deaths in Ohio, those age 60 and above account for 93.0846435 percent of all deaths. I am stating every decimal point because every life lost should be represented in that number.



We have greatly appreciated the agility and resiliency of our aging services partners in navigating this emergency and balancing the safety of those they serve while worrying about their bottom line. This has not been an easy time for them, yet all have remained committed to making a difference. Eleven months ago and since then, we have worked with our various providers to help them transition their business models. For individuals of our HCBS programs, we’re grateful for the great work of clinicians, case managers, providers, and families that ensures our most critical populations continued to receive the services they need.

Two key examples of service providers that reinvented themselves to continue serving in their communities are adult day services and senior centers. Senior centers that historically provided warm meals to older members of their communities were able to start home-delivered meal programs or “grab-n-go” style meals to reduce the risk of spreading the virus to vulnerable individuals. Adult day service providers were able to provide telehealth services, checklists, toolkits, and related supports to help their participants maintain their quality of life in their homes. These augmented service models are still allowable today and will be through the end of this emergency. In September, we authorized the re-opening of congregate services in a safe way.

We have also provided relief funds to our providers across the aging and long-term care continuum to reduce financial hardships and encourage the voluntary re-opening of their services.

Our long-term care facilities have received the most attention during this pandemic and for good reason. Their work is invaluable to those who are unable to receive in-home long-term services and supports. Through collaborative efforts and most importantly, with support from our provider associations, we have been able to incrementally increase access to nursing homes and assisted living settings. Since the summer, these facilities, in accordance with federal guidance and related state public health orders, have been expected to provide visitation so long as safety measures are met.

Since October, we were able to expand visitation to include both outdoor and indoor visitation, along with compassionate care visitation for those most particularly aggrieved by their situation. We have also expanded the exemption for end-of-life visitation to allow families to spend more time with their loved ones at such a critical and difficult time. The Office of the State Long-Term Care Ombudsman has monitored and helped to facilitate and coordinate access to nursing homes and assisted living. I cannot thank them enough for their perseverance, expertise, and professionalism throughout this entire process.

We have been able to advance these efforts in safe ways. We want residents to be with their families and friends to reduce isolation and improve their quality of life. Our goal is to continue to examine ways to increase access to long-term care facilities while also preserving life.

I share this as a testament to the sacrifices and efforts made by our providers during this historic time and extend our gratitude and thanks for all that they have done and all that they will continue to do to safely serve their communities.

### **Conclusion**

In closing my testimony today, I wish to affirm that we have been thorough in developing our assessment of older Ohioans which demonstrates our current state. We've been collaborative and strategic in designing solutions that we believe can bridge short-term gaps and over time, close long-term gaps that enable lifelong health and independence as we all age in our great state.

You also heard that Ohio's older adult population will continue to grow. We need to increase the number of direct-care workers, support adult day services, and most important, encourage Ohioans to own their health and provide early interventions to boost their success. I also shared our commitment to our continued expansion of the Ombudsman reach and impact and our plans to working with our long-term care facilities to strengthen their standards and practices around safety and care.

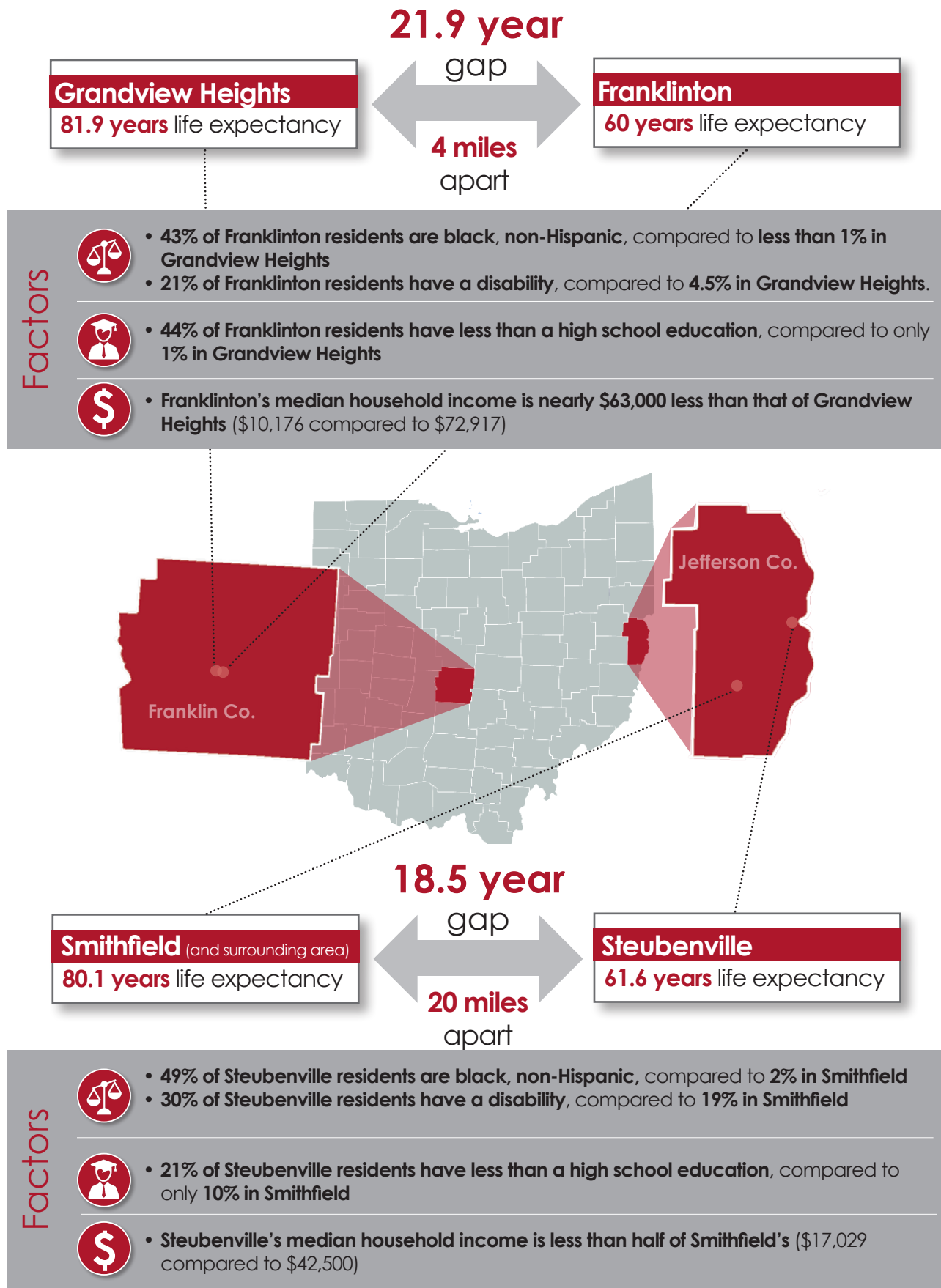
I wish to reaffirm Aging's commitment to our budget request and intention to execute on our plans that address key barriers in direct service delivery, improve health outcomes, and provide better protection of older Ohioans as they age in whatever place they call home. We seek your continued support of our request and we thank you for your advocacy for those in your districts and all Ohioans who count on all of us to provide the responsive communities that they deserve.

Chair Roemer, Ranking Member West, and Members of the House Finance Subcommittee on Health and Human Services: again, thank you for this opportunity to speak to you today. At this time, I will be happy to address any questions you may have.

# APPENDIX

Figure 3.3. Differences in life expectancy across select urban and rural census tracts in Ohio, 2015<sup>12</sup>

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).