

Ohio Association of Area Agencies on Aging Advocacy. Action. Answers on Aging.

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TESTIMONY BEFORE THE OHIO SENATE FINANCE

June 14, 2017 by Larke Recchie, CEO Ohio Association of Area Agencies on Aging

Chairman Oelslager, Vice Chair Manning and Ranking Member Skindell, and members of the Committee, thank you for the opportunity to testify on H.B. 49 today. I am Larke Recchie, CEO of the Ohio Association of Area Agencies on Aging (o4a).

Ohio's Area Agencies on Aging (AAAs) have been consistently voicing our concerns about the expansion of managed care to long term services and supports throughout this budget process. The Area Agencies on Aging have been administering home and community-based services and managing providers for older adults for over 25 years and have more recently been among the care coordinators for individuals under 60 receiving home and community based services. Additionally, seven of the twelve Area Agencies on Aging are integral partners in Ohio's managed care MyCare demonstration.

As a result, we have experience with both fee for service home and community-based services, and managed long term services and supports (MLTSS). This experience and our role as regionally based organizations embedded in our communities are the basis for our advocacy on MLTSS. Our ultimate commitment is to the consumers we serve and the local providers we partner with, not the payer.

We understand there is MLTSS language contained in a proposed amendment to Substitute HB 49 that goes a long way toward creating an innovative MLTSS system addressing many of the concerns we have raised regarding the move to MLTSS. That amendment along with the many conversations we have had with the Department of Medicaid establish safeguards and parameters for a system that maintains continuity for people in the current Medicaid home and community-based waivers moving to a MLTSS system. These proposals provide for continuity for essential home and community-based providers and for individuals who may change managed care plans.

First, the language in the proposed amendment creates a diverse Advisory Committee (including legislators) to assist the State with the roll-out and implementation of MLTSS. This Advisory Committee, along with the many meetings that have already taken place, is designed to avoid many of the implementation problems that occurred with MyCare.

Second, the proposed amendment requires AAAs to perform the role of care coordinator for the MLTSS managed care companies selected by the state. This is the same role AAAs currently provide in MyCare and a role former Medicaid Director McCarthy has numerous times stated, "the best decision I made in MyCare".

Finally, the proposed amendment to Sub. HB 49 contains language that encourages the MLTSS managed care companies to develop innovative models to further include AAAs in the delivery of home and community-based services. Managed care plans in other states, particularly California, have used a similar model with their Area Agencies on Aging. We feel that this last component can address many of the concerns you have heard regarding delays in services for consumers and payment for providers, especially those in rural Ohio.

With legislative oversight through an advisory committee, and additional language as proposed providing the expected roles for the Area Agencies on Aging, assures continuity of care for consumers but also maintains flexibility for managed care plans. Should the state take managed care forward to this new arena of services, an amended Sub. HB 49 as outlined would be a large step in the right direction. We support these efforts to address the concerns for consumer access to services and provider timely payment.

Addressing further cuts to the Senior Community Services Block Grant in Sub. HB 49, we request a restoration to 2001 levels of services. The cuts in the SCSBG represent an estimated 28,000 fewer meals and 7000 fewer trips statewide. Cutting the Senior Community Services Block Grant results in fewer services for vulnerable seniors and runs the risk that seniors will have to turn to Medicaid and more expensive institutional care. Our state already lags the nation in addressing senior hunger, and cutting these funds will only make it worse.

Thank you for the opportunity to testify today.